

Human Interest Story - PMCT

“I WANT TO LIVE, I WILL LIVE, MY CHILD WILL LIVE”

-The story of a HIV Positive Mother

Edited by Leslyn Thompson: 2007/01/31

When 34 year old Grace St. Hill-Thorne found out she was HIV positive, she didn't know what to do or who to speak to about her status. It was the beginning of what she described as “a whole new world and a whole new experience”.

Doing the HIV test was “scary” and when she was told that she was HIV positive, she found it hard to believe and told the nurse to “find my results, because that cannot be mine”.

It took a while before Grace faced reality and when she did, she began a long journey to breaking the news to her family and friends.

“When I broke the news to them, they didn't want to believe me, they cried because they thought that they were going to lose me right now, I knew it was going to be different because I had my two children to live for”, Grace said.

That life she was going to live involved her husband who has twice tested negative for HIV and she is grateful for that. Grace would not go into the details about how she may have contacted the virus but said she is “happy everyday I wake up and see the sunrise because then I know life goes on”.

At age 34, Grace is eight months pregnant with her third child and is currently receiving counseling from the field worker Sis Persis Halley attached to the Prevention of Mother to Child Transmission of HIV program under by the Ministry of Health in collaboration with UNICEF.

The pregnancy she easily explains and smiles as she does so, “me and my husband practiced safe sex all the time. I wanted another child but knowing the risks involved, I visited my doctor who told me that I would need to do an artificial insemination to ensure my partner does not get infected.

After being told about that, I put the child plans behind me until one night we realized after that the condom was burst. A few weeks later I was feeling ill and then I found out that I was pregnant. I was happy and cried tears of joy all along.”

But Grace said she finds it difficult to sell that story to her family especially her mom who insists that the couple was having unprotected sex. ***“I am HIV positive and that's nothing to be ashamed of, I am pregnant and I have a child on the way.. a child that I will have to live for, a child that I must live for, it's simple as that”.***

Grace still holds her job at the Guyana Post Office Corporation. She said her workers are all aware of her HIV status and have all accepted her and have embraced her although “from time to time some of them would throw it in my face when we have an argument”. That’s not often she said and the support she gets from them everyday makes life a whole lot easier for her.

“I have told my two older kids that I am HIV positive, I don’t think they quite understand any of this, but like me they are looking forward to having a new baby in the house and we are all excited about that”.

Grace does not miss a single PMTCT clinic session conducted by Sis Halley at the Public Hospital and says she has learnt many things from her counselor who offers her advice on her health as well as her baby’s health and are assisting her through her pregnancy.

“I know my child will live”, she says confidently.



Grace at one of her PMTCT counseling sessions

PMTCT Programme In Guyana

Guyana is one of the countries most affected by HIV/AIDS in the Caribbean with a HIV prevalence rate in the ante-natal settings estimated between 2-3%.

The Prevention of Mother to Child Transmission (PMTCT) program started in 2001 with 11 sites in 2 of the 10 regions in Guyana -eight (8) sites in antenatal clinics and 3 in public hospitals. By the end of August 2006 there were 75 sites in 9 Regions- 59 in ante-natal clinics and 17 in hospitals, including 2 private hospitals. By the end of 1995 some 93 % of all pregnant women were accessing antenatal care. That private hospitals are involved in this program is a great achievement for public-private sector collaboration.

The program is also able to provide psychosocial support and nutritious enhancement diets to families. An additional feature of the program is that, it is now providing Rapid Testing on the Labour Wards of the hospitals where there are the highest number of deliveries.

The PMTCT Program, despite its success, faces some challenges such as stigma and discrimination shown to clients and this impacts on people being reluctant to disclose their status and follow through on care and support. However this is being addressed by the Behavior Communication Change (BCC) campaigns. Getting male partners involved

in ante-natal care is a big problem but is nevertheless being addressed. There is a shortage of health personnel due to migration and having regard to the very difficult terrain, access to “hard to reach” communities in the isolated areas of the country is proving a challenge.

HIV treatment in Guyana is free.