

Common mental health disorders & HIV status among adolescents and young people in rural KwaZulu-Natal

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1. Background

- Adolescent girls and young women (AGYW) remain at disproportionately high risk of HIV acquisition in South Africa
- There is a bi-directional association of mental health and HIV, including willingness to use HIV prevention & care interventions
- Understanding the mental health of South African AGYW is therefore vital to tackling HIV
- We evaluated the prevalence and predictors of common mental health disorders among 13-22 year olds living in rural KwaZulu-Natal where HIV prevalence by age 25 is 49%



Fig 1. AHRI study location

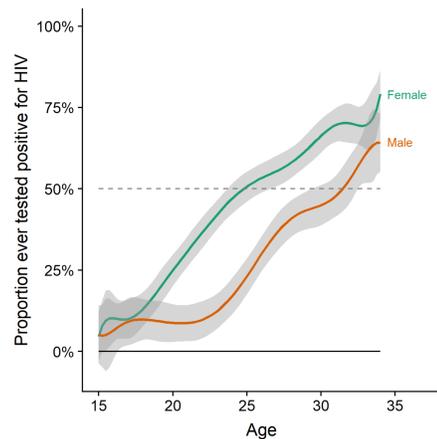


Fig 2. HIV prevalence at study location

2. Methods

- **Sample.** Baseline interview of representative cohort of 2184 AGYW in the AHRI population intervention platform surveillance area
- Common mental health disorders (CMD) measured using validated Shona Symptom Questionnaire (SSQ); ≥ 9 considered probable CMD
- HIV status measured through:
 - Linked HIV tests from AHRI home-based data collection, and
 - Self-report of HIV status
- DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) intervention uptake within last 12 months
 - Healthcare-related individual-level (7 interventions)
 - Family/community-level (9 interventions)
- Bivariate analysis (χ^2 tests) & multivariable logistic regression

3. Sample characteristics

- 75% were currently in school; only 1% were employed
- 31% reported history of food insecurity
- 19% had move home since age 13
- 35% reported experiences of gender-based violence
- 10% reported having drunk alcohol in the last month

4. Results

- 22.2% of respondents had probable CMD

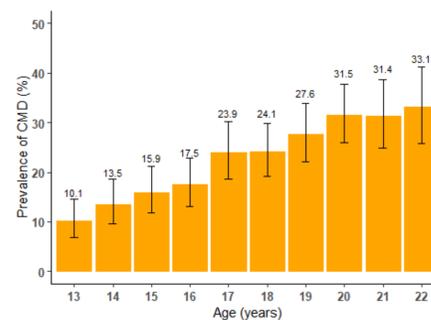


Fig 3. CMD prevalence by age

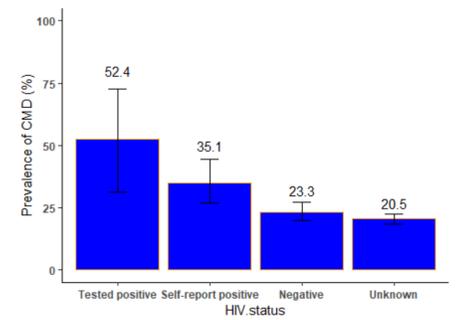


Fig 4. CMD prevalence by HIV status

- In multivariable analysis, CMD was significantly associated with
 - Residing in a peri-urban/urban vs. rural area
 - Reporting a history of food insecurity
 - Current use of alcohol
 - Experience of gender-based-violence
 - Testing positive for HIV
 - Having used ≥ 3 DREAMS individual-level interventions

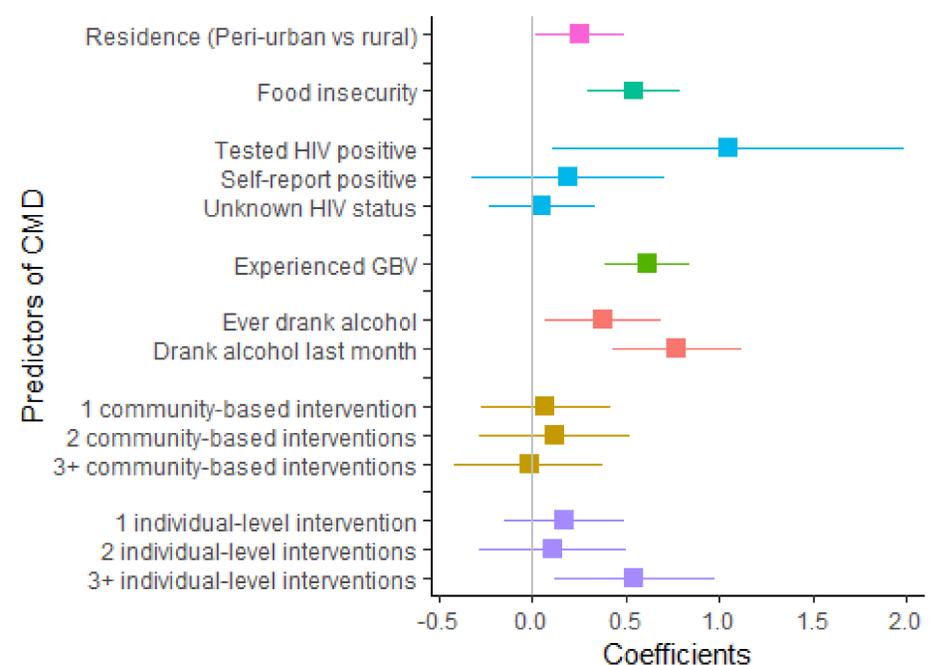


Fig 5. Logistic regression coefficients for CMD

5. Conclusions

1. CMD prevalence is high among AGYW in rural KwaZulu-Natal
2. CMD is associated with HIV and risk factors for HIV acquisition, suggesting the need for early management
3. Improved mental health services in these communities may have spillover benefits in preventing HIV
4. Community-based programs such as DREAMS may provide an opportunity for prevention, screening and treatment of CMDs

Acknowledgements