

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

Nondumiso Mthiyane<sup>1</sup>, Guy Harling<sup>1,2</sup>, Natsayi Chimbindi<sup>1</sup>, Kathy Baisley<sup>1,3</sup>, Janet Seeley<sup>1,3</sup>, Jaco Dreyer<sup>1</sup>, Thembelihle Zuma<sup>1</sup>, Isolde Birdthistle<sup>3</sup>, Sian Floyd<sup>3</sup>, Nuala McGrath<sup>1,4</sup>, Frank Tanser<sup>1,5</sup>, Maryam Shahmanesh<sup>1,2</sup> & Lorraine Sherr<sup>2</sup>

1 Africa Health Research Institute 2 University College London 3 London School of Hygiene & Tropical Medicine 4 Southampton University 5 University of KwaZulu-Natal

## 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

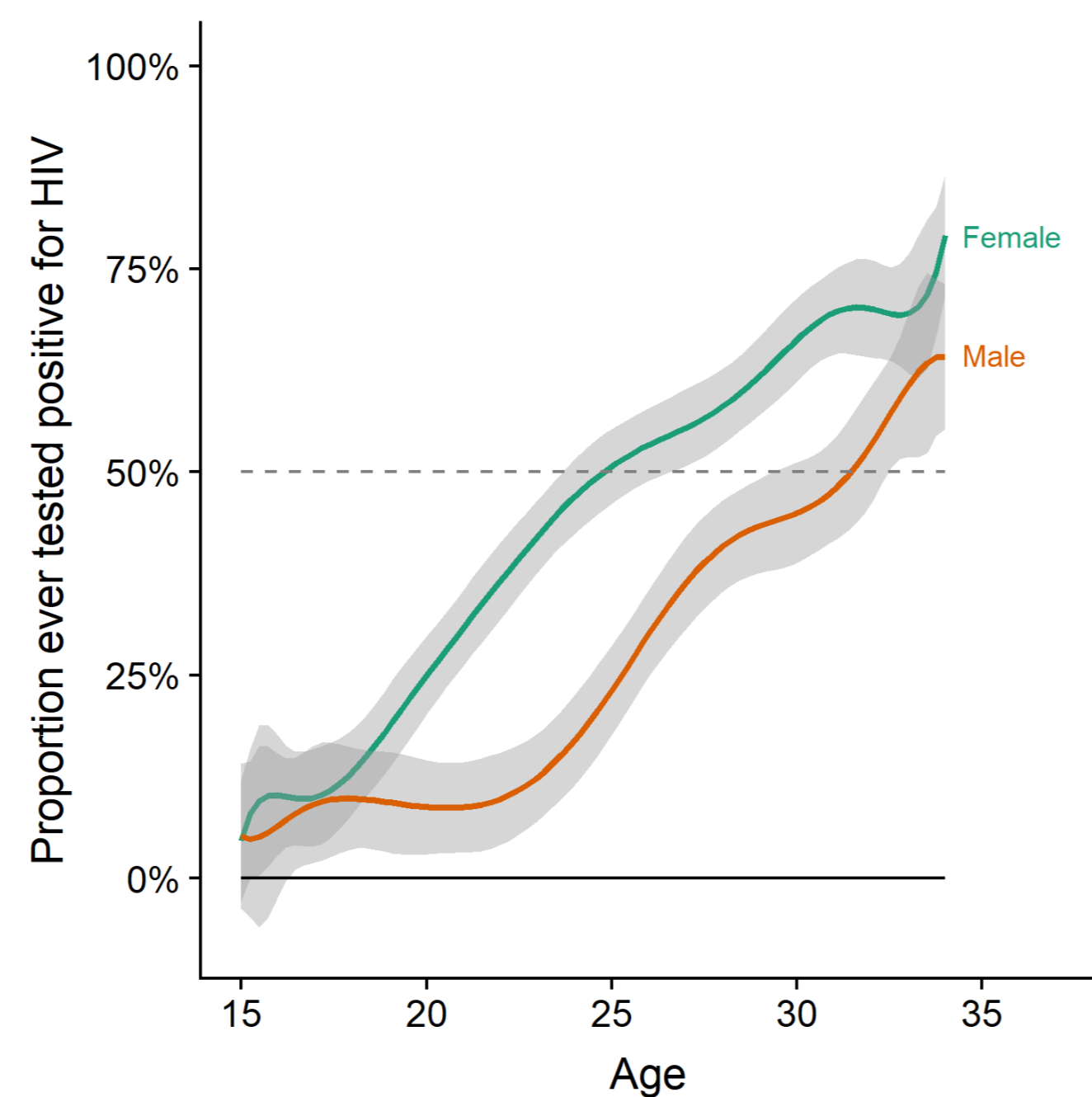


Fig 2. HIV prevalence at study location

## 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);  $\geq 9$  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 ( $\chi^2$  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

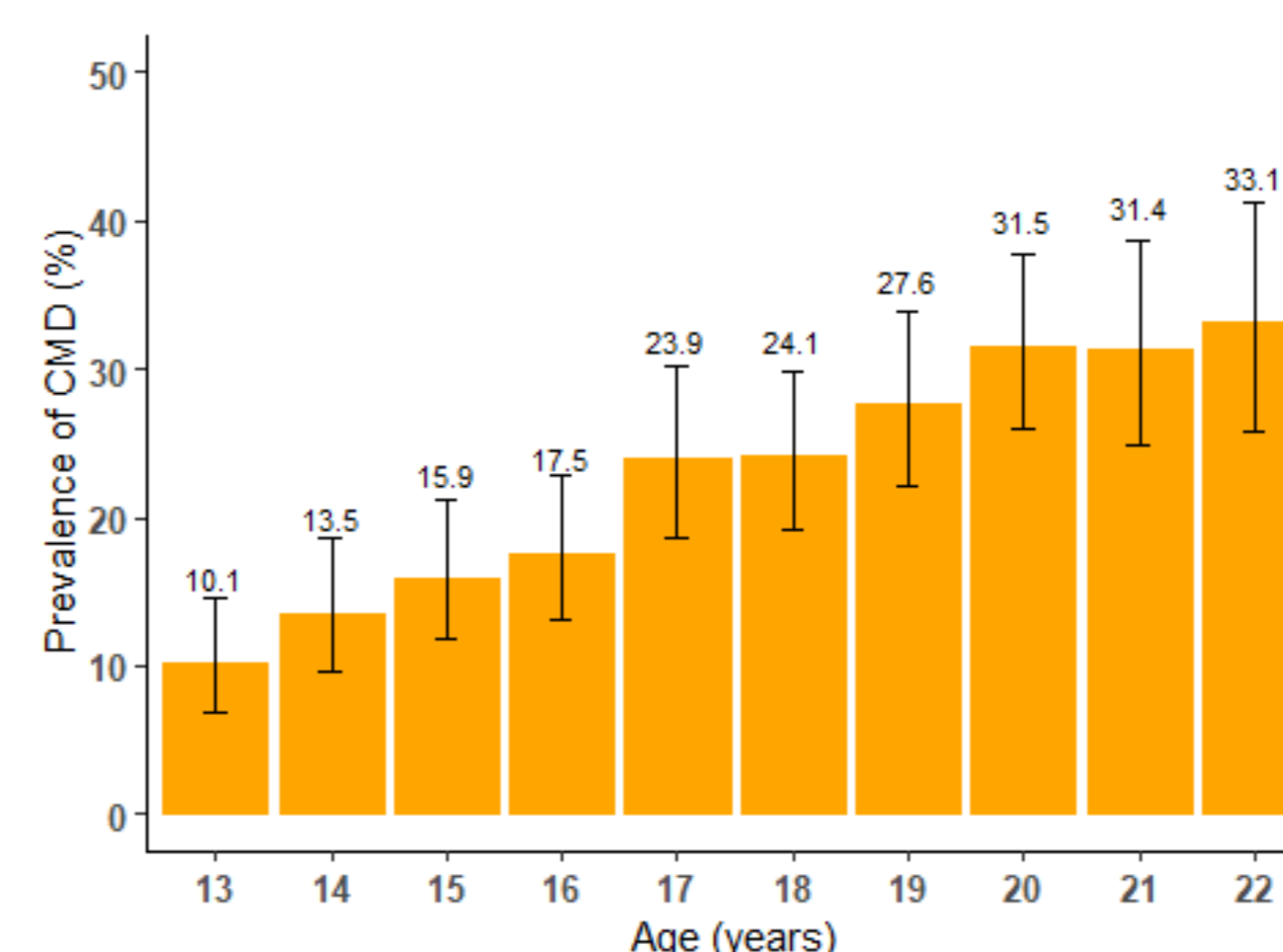


Fig 3. CMD prevalence by age

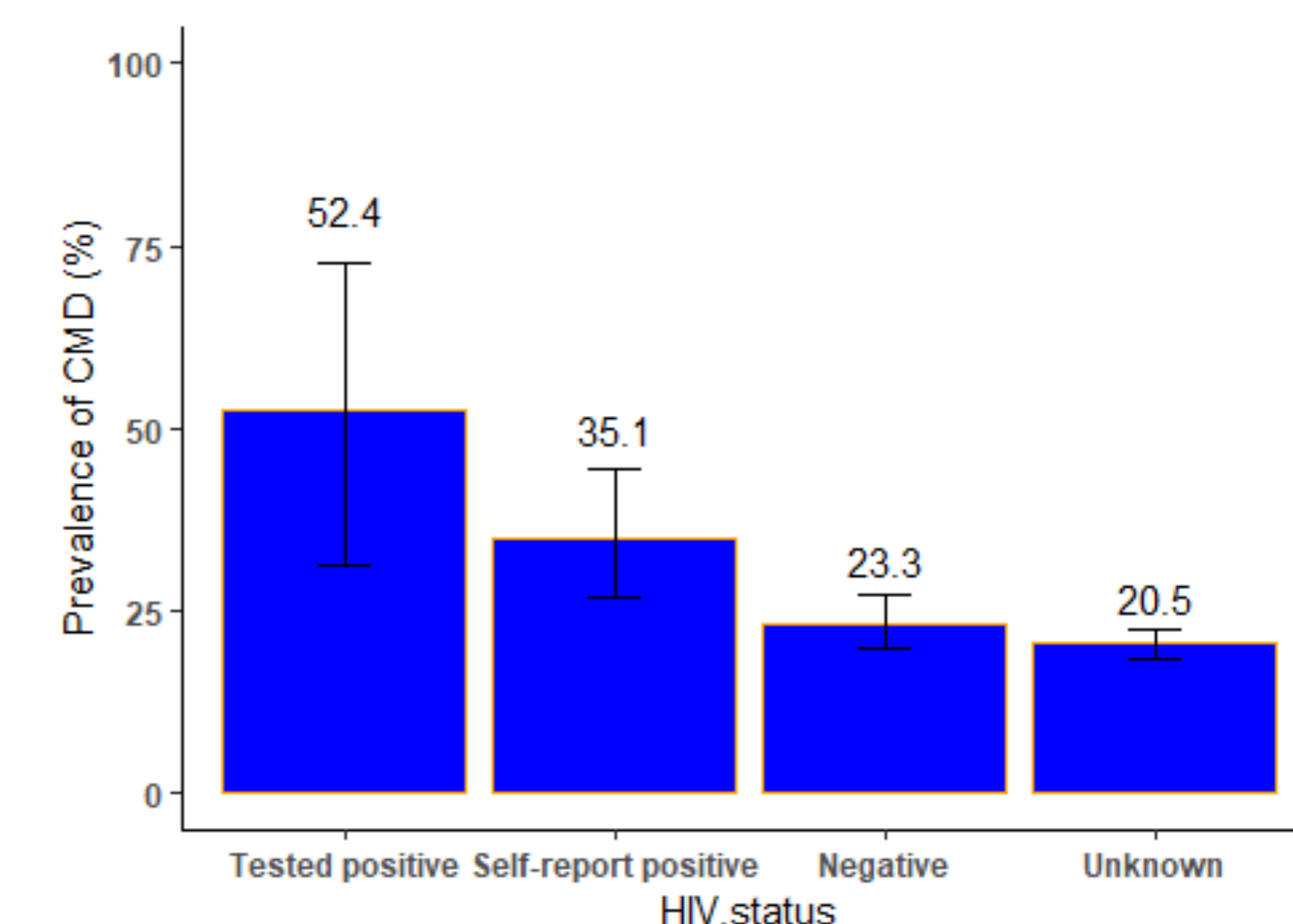


Fig 4. CMD prevalence by HIV status

- 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  $\geq 3$  DREAMS individual-level interventions

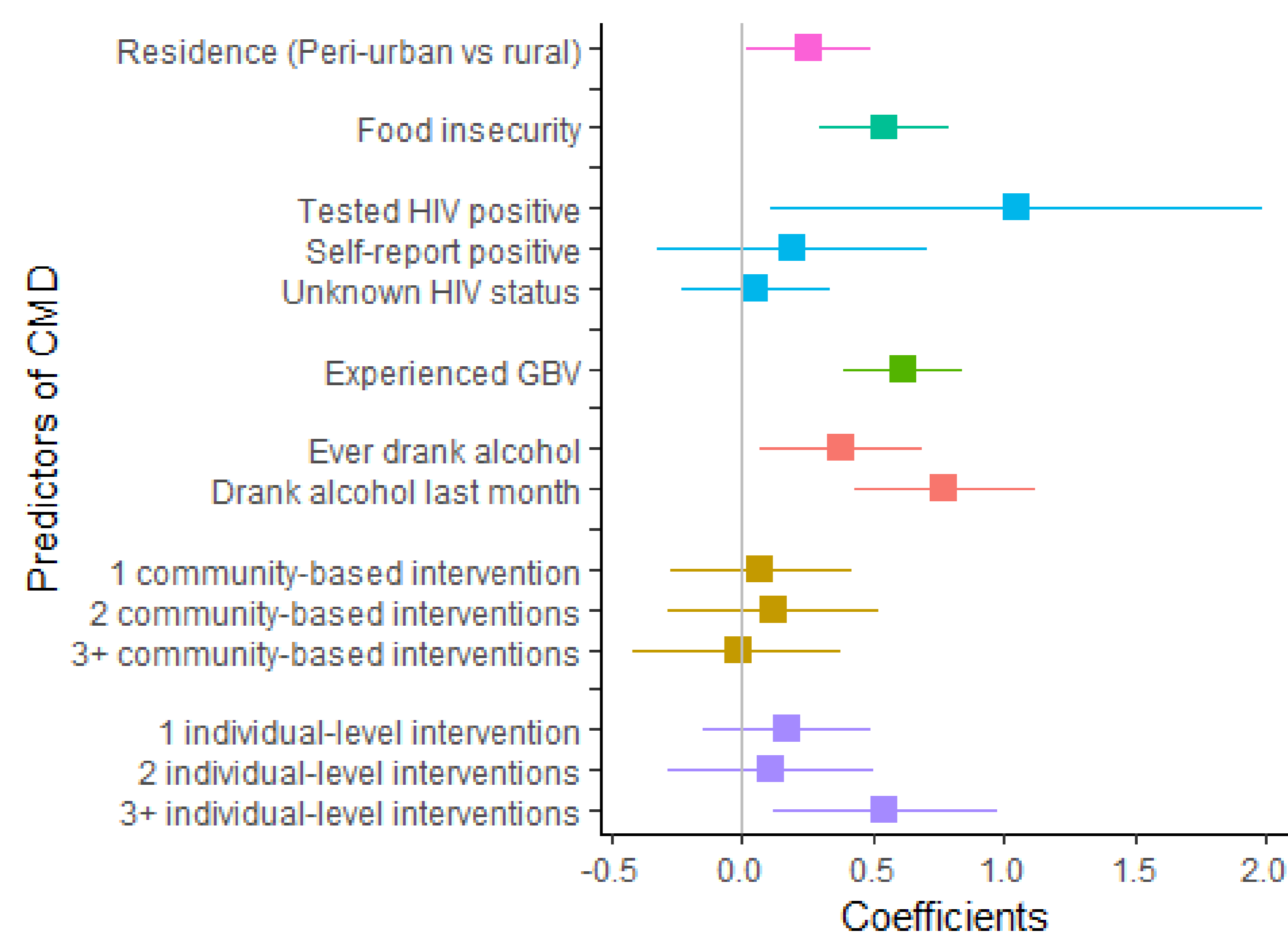


Fig 5. Logistic regression coefficients for CMD

## 5. Conclusions

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

## Acknowledgements