

Health Systems Research Unit:
Research Briefs

The HERStory Series

Addressing the intersecting vulnerabilities in mental health and sexual and reproductive health amongst adolescent girls and young women in South Africa

SUMMARY

- Adolescent girls and young women (AGYW) in South Africa face substantial social adversities and related mental health challenges due to a range of sexual and reproductive health (SRH), social, economic, environmental, physiological and interpersonal factors
- AGYW vulnerability towards early pregnancy, HIV infection and poor mental health are bidirectional and interconnected
- The social context in which South African AGYW are situated is characterised by a lack of social support, economic insecurity, and stigma - exacerbating gendered and age-related vulnerabilities of this population.
- The interaction of socio-cultural, economic, structural, gendered, age-related and biological factors increase South African AGYW's heightened risk of negative SRH outcomes, co-occurring with psychological distress and poor mental health
- Despite the evidence of intersecting epidemics, mental health screening is not standard in HIV prevention and care settings and has not been added to the HIV care cascade.
- As psychological distress is associated with increased risk behaviours, it is critical that efforts to address early pregnancy and HIV infection amongst AGYW incorporate mental health components.
- Interventions to improve emotional wellbeing and coping mechanisms for AGYW are needed in order to improve sexual and reproductive health outcomes – especially in a context where HIV, STIs, and early pregnancy are common, it is critical that such interventions are integrated into SRH services and part of large-scale programmes for AGYW.

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These research briefs were developed by scientists at the South African Medical Research Council's Health Systems Research Unit to share findings from studies conducted by the organisation.


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THE ISSUE / CONTEXT / SCOPE OF PROBLEM

- South Africa has high rates of HIV and teenage pregnancy.
- Poor mental health, including depressive disorders and stress, contributes significantly to the burden of disease in South Africa, and is also associated with negative SRH outcomes for women, such as 'unintended' or early pregnancy, and increased risk behaviours for HIV.
- AGYW in South Africa are more susceptible to depressive symptoms than their male counterparts, and are likely to remain under-diagnosed and untreated.
- Adolescents' mental health status profoundly impacts their future health, social, and economic circumstances as adults, particularly in contexts of poverty and vulnerability.
- Adolescents growing up in socio-economically adverse communities are faced with additional psychosocial and health risks including exposure to HIV, substance use, violence, and other stressors, that evoke stress and negatively affect their mental health.
- Adolescent pregnancy poses a significant mental health burden, predisposing AGYW to adverse mental health outcomes.
- Depressive symptoms in AGYW are correlated with a lack of ability to withstand social pressure, including peer pressure to engage in risky behaviours, a tendency to be more subservient and less assertive in sexual relationships, as well as with being more vulnerable to intimate partner violence and abuse.
- In addition to links between depression and increased sexual risk taking, depression is also associated with impeded health seeking behaviour, including HIV testing.



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RESEARCH OVERVIEW: THE HERSTORY2 STUDY

Research activities took place in 5 districts in 6 South African provinces: Klipfontein, Cape Town (Western Cape), Uthungulu (KwaZulu Natal), Gert Sibande (Mpumalanga), Bojanala (North West), and Nelson Mandela Bay (Eastern Cape). All five districts are characterised by high HIV prevalence, and high rates of teenage pregnancy. Between August 2018 and March 2019 we conducted 63 in-depth interviews (IDIs) and 24 focus group discussions (FGDs) with a total of 237 AGYW aged 15–24 years.

WHAT WE FOUND

- Amongst AGYW, feelings of stress, anxiety and not being able to cope, to the point of suicide ideation, were associated with HIV status, unexpected discovery of pregnancy, early pregnancy and child-bearing, experiences of violence/abuse, and lack of emotional support.
- The emotional 'burden' of teenage pregnancy was described as a key contributing factor to poor mental health.
- AGYW who had been pregnant shared narratives of negative emotions they had experienced on discovering their pregnancy, leading to depression and suicidal ideation. The feeling that former dreams and aspirations for the future were shattered by unexpected pregnancies heightened feelings of hopelessness and depression.
- Thoughts about suicide were related to unexpected discovery of pregnancy and its consequences, HIV diagnosis, low self-esteem, and feelings of emotional isolation.
- Violence in relationships, a lack of emotional support from family and partners, and financial insecurity interact to exacerbate AGYW vulnerability to poor mental health and SRH outcomes.
- Lacking a supportive social environment negatively impacted on mental health and self-esteem, contributing to stress and depression amongst young mothers.
- AGYW described additional stress related to teenage pregnancy and child-bearing relating to concern around the ability to support a baby financially, especially when there was a lack of material and/or emotional support from the father of the child.

The combination HIV prevention interventions were funded by the Global Fund to Fight AIDS, TB and Malaria, and implemented in 10 districts in South Africa by a range of government departments and civil society organisations that were appointed by the organisations responsible for the management of the AGYW programme. The programme was aligned with the She Conquers campaign and was implemented with support from the South African National AIDS Council (SANAC) through the Country Coordinating Mechanism (CCM) and the CCM Secretariat.

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IMPLICATIONS FOR PRACTICE

Integration of mental health into SRH services for AGYW

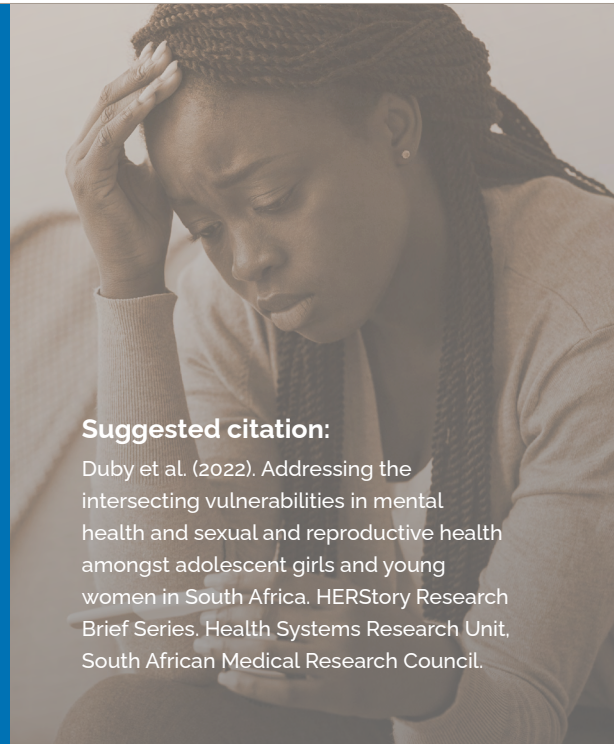
- Incorporating psychological health interventions is a critical part of any comprehensive strategy for mitigating HIV risk.
- There is a need for comprehensive HIV prevention programming inclusive of mental health support.
- Interventions aiming to reduce rates of teenage pregnancy and reduce HIV acquisition amongst AGYW in South Africa, need to incorporate mental health components.
- Links between mental health, HIV status, and 'unintended' pregnancy highlight the need to strengthen the integration of routine mental health screening in SRH and HIV programming.
- Addressing underlying mental health risks may be an important additional strategy to promote sexual risk reduction, and behavioural interventions which are able to improve mental health are also more effective in preventing negative sexual health outcomes such as HIV infection.

Mental health screening included in SRH services

- Screening for mental health disorders should be integrated into SRH services.
- Combination interventions inclusive of psychological and behavioural components may be able to achieve greater reductions in sexual risk behaviour among adolescents.
- Mental health services targeted at AGYW, especially those that are HIV positive and/or pregnant, need to be integrated into SRH services, especially those that aim to be "youth-friendly."
- Prevention, diagnosis and management of depressive symptoms should be included in the package of comprehensive services.
- Early mental health screening could help catch AGYW who might not yet be diagnostically clinical depressed.
- Practical recommendations for improving mental health care delivery to AGYW include improving mental health, advocacy, decentralization of services, task-shifting and on-the-job training.

Contextually relevant interventions

- The way in which mental health issues, such as stress and depression, are defined and conceptualised differs across settings and socio-cultural contexts, and interventions need to be contextually relevant.
- Mental health and SRH interventions and services need to be contextually appropriate and reflective of the reality of people's lives.
- Screening tools need to take into account the diversity of understandings of emotional suffering and distress, using appropriate terms, language and concepts.



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