

NARRATIVES OF MENTAL HEALTH AMONGST ADOLESCENT GIRLS AND YOUNG WOMEN IN FIVE SOUTH AFRICAN PROVINCES

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INTRODUCTION

Adolescent girls and young women (AGYW) in South Africa are at increased risk of depressive symptoms than their male counterparts. Poor mental health, including depression and stress, are linked with low self-esteem and associated with increased risk behaviours, including condomless sex, transactional sex, trans-generational sex, substance use, and unintended pregnancy. Depression is also associated with impeded HIV testing and care-seeking. Greater insight into the lived experience on the mental health challenges faced by AGYW in South Africa is needed. Although mental health was not an initial focus of our research, it subsequently emerged as a salient theme, warranting closer examination. We examined AGYW's qualitative narratives of their own mental health, that of peers, and of the surrounding emotional and psycho-social support context.

METHODS

The HERStory study, which evaluated the impact of a combination HIV prevention intervention for AGYW in South Africa, included a qualitative component. We conducted in-depth interviews, serial interviews, and

focus group discussions with 175 AGYW who had participated in the intervention and 47 AGYW who had not participated in any intervention components, in five South African provinces. As part of the qualitative analysis, we explored AGYW's perceptions of mental health, access to emotional support, and the perceived impact of intervention participation on these.

FINDINGS

Emergent themes in the qualitative data included AGYW narratives and perceptions of depression, stress, and suicide. In the accounts of AGYW, poor mental health, including depression and suicide ideation were linked to sexual/romantic relationship challenges, unintended pregnancy and early child-bearing, parenting responsibilities, experiences of violence/abuse, HIV status, and lack of emotional support. Suicide risk emerged as a salient theme and was associated with unintended pregnancy, discovery of an HIV positive status, low self-esteem, and a lack of anyone to trust or confide in. AGYW who had participated in intervention components described the positive impact it had on their mental health and well being, improving their ability and willingness to access emotional support. In general, AGYW voiced a need for more emotional support, additional information on mental health, and increased access to quality care and support.

SUICIDE IDEATION
There are people, I don't want to say 'depressed', but who do things like self-harming, and some attempt suicide... education about that would help a lot. (EC, IR, 15-18)

NO ONE TO TALK TO / CONFIDE IN / TRUST
When the nurse told her that she is HIV positive and she didn't know who to tell... so she took a rope and hanged herself because she had no one to talk to at home (WC, IR, 15-18)

LOW SELF-ESTEEM
It's a trend... some (girls) take pictures of themselves holding pills as if they are going to commit suicide... there are those who really suffer... (EC, IR, 15-18)

HIV+ STATUS
This thing of suicide is becoming popular now... even here at school... especially when girls are pregnant or HIV positive, because they can't share it with anyone, they don't trust anyone. (WC, IR, 15-18)

TEEN PREGNANCY
Most girls... have a low self-esteem... feel as though they don't belong in this world. That's why people commit suicide. I used to have that... mentality... Suicidal thoughts because of people... (NW, IR, 19-24)

POSITIVE IMPACT / PERCEPTIONS OF INTERVENTION
Pregnant girls feel sad... some even contemplate suicide... because of hearing unpleasant things about their life being spoken by other people. (WC, IR, 15-18)

FEAR OF GOSSIP / JUDGEMENT
When I found out I was pregnant... that was very difficult, I even thought about suicide... it was tough (KZN, IR, 19-24)

CONCLUSIONS
As a young pregnant girl... the challenges you could face are, you can find that the baby's father has denied the baby, there will be stress of how you are going to support the baby, because the grant is not enough... also maybe you will find out that he is HIV-positive... Those are challenges that can be a problem and you end up committing suicide... A better solution is to kill yourself. (KZN, IR, 19-24)

ACKNOWLEDGEMENTS
There is a high rate of rape in Cape Town and I wish (this programme) would reach out to every community... each community could have sessions... for women only... to engage on issues, like your mother would be given an opportunity to air out her problems... a lot of people commit suicide not knowing why they are committing suicide... if (this programme) could invite women and girls and engage, the rate of suicide would decrease in Cape Town and South Africa at large. (WC, IR, 15-18)

I was sexually harassed... I wanted to commit suicide. Then (the intervention facilitator) told me... things that I am supposed to do instead of wanting to commit suicide... what I have learnt... is that, do not hold on to the past while life is carrying on. (WC, IR, 15-18)

CONCLUSIONS

AGYW in South Africa experience mental health challenges due to a range of social, economic, environmental, physiological and interpersonal factors. As poor mental health is associated with increased risk behaviours, it is critical that efforts to address unintended 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. Understanding the context of mental health is crucial in order to design and implement effective mental programming, and to provide appropriate psycho-social support to young women, and in turn, address sexual and reproductive health challenges.

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