The Relationships between Sociodemographic factors, High-risk Behaviours & Clinical Depression in HIV positive individuals in a public health clinic

Naidoo, P; Adams, S., Rinquest-Arends, Z., Omar, N., Dirks, D., & Osman, A. PsySSA 2010



INTRODUCTION

- Study located in larger study investigating personal dilemmas & cognitive conflicts in health-decision making in HIV + ind.
- HIV/AIDS: perceived to be two of the most burdensome diseases in SA & sub-Saharan African (sSA) region
- SA: 11% of population is infected (estimated at 5.6 million). 20% are adults between 20-64 yrs. HIV in sSA: gendered (60%-females)



INTRODUCTION cont.

- Co-existing conditions in PLWH: TB & Mood Disorders
- Imp to ascertain mental health indicators (e.g. depression & anxiety)
- High-risk behaviour (HRB):defined: any behaviour which predisposes an individual to the threat or transmission of HIV infection
- HRB in this study: sexual risk behaviour, nonadherence to ARVs, & substance & alcohol use & abuse



INTRODUCTION cont.

- Well known: social, cognitive & occupational functioning of clinically depressed ind is adversely affected (includes impaired judgement)
- Hypothesized in this study: PLWH located in poorly resourced social & economic environments & engaging in HRBs are more likely to be depressed



INTRODUCTION cont.

 Aim: To establish the relationships between socio-demographic factors, high risk behaviour & clinical depression in HIV positive adults

METHOD: Study Design, Sampling & Procedure

- Main study design: quantitative, cross sectional
- Convenience, non-probability sampling
- 94 Adult male & female Xhosa-speaking (91.2%) participants:

M: 24 (25.5%) F: 70 (74.5%)

Mean Age= 31.56 yrs (range 18-54) sd=8.02



METHOD: Study Design, Sampling & Procedure cont.

- Procedure: Training/recruitment
- Data Collection Tools: Demographic Questionnaire, Semi-Structured Questionnaire for HRBs, & the BDI II
- Ethics: National & International guidelines followed

Approval obtained from Ethics Bodies

RESULTS

- Marital Status (N=90): Never married =54.4% Married/Living with Partner=35.6% Separated/Divorced/Widowed=10%
- Unemployed (N=91)= 86.8%
- Coexisting medical condition (N=89)= 31.5%
- AIDS Diagnosis (N=84)= *58.3%*
- In sexual relationship (N=91)=65.9%

RESULTS cont.

- Unprotected sex (N=90) = 15.6%Protected sex = 84.4%
- Majority: can ask partner to use condom & did not have multiple sex partners
- Unfaithful (N=86)= 14%
- Informed partner of HIV status (N=85)= 62.4%
- Adhering to ARVs/anti-TB (N=75)=69.3%

RESULTS

- Alcohol use (N=91) = 9.9%
- Cigarette smoking & using other substances(N=88)=10.2%
- Knowledge of how HIV can spread (N=89) =67.4%
- Does it matter if you know the people you may infect? (N=87)= 39.1%

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RESULTS cont.

Depression d (N=92): Mean= 13.76 (range 0-48) sd=11.22

Not $d = 48.9\% \ d = 51.1\%$

d: Mild: 18.5%; Borderline: 6.5%; Severe & Extreme: 12%

 Relationships between SES, HRB & Depression: Only significant finding (at 1%): between AIDS diagnosis & depression (0.09)

DISCUSSION

- SES risk factors: active mean age (31.56), with high unemployment
- Disease factors: nearly 60% diagnosed with AIDS
- Psychological factors:

Risk: Depression: fairly high @ 51.1% Potential Risk: Engaged in Sexual relationship (65.9%) & unprotected sex (15.6%)



DISCUSSION cont.

 Protective Factors: Can ask partner to use a condom & have informed partner of HIV status

Knowledge of how HIV spreads: high

Adherence to meds: high

AIDS diagnosis & depression: significant relationship



DISCUSSION cont.

- Nil significant relationships between SES, HRBs & depression?
- Contribution
- Limitations

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