

Associations between partner violence and symptoms of anxiety and depression among pregnant women in Durban, South Africa and the implications for PMTCT

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BACKGROUND

Poor mental health has been associated with non-adherence to HIV medication and high risk sexual behavior; however, little is known about the correlates of anxiety and depression among pregnant women in South Africa. Understanding and treating their mental health needs may have implications for prevention of mother-to-child transmission of HIV and overall maternal and child survival. The objectives of the study were as follows:

1. To determine the proportion of women who had clinical symptoms of anxiety and depression
2. To identify risk factors associated with these symptoms during pregnancy



METHODS

Pregnant women enrolled in the South Africa HIV Antenatal and Post-test Support Study (SAHAPS) who completed the baseline survey were included in this cross sectional analysis (n=1,367).

Symptoms of depression and anxiety were measured prior to knowledge of HIV status using the Hopkins Symptoms Checklist (HSCL-25). Covariates for the generalized linear regression model included history of rape, violence and autonomy within the current partnership, social support, pregnancy intention and socioeconomic status.

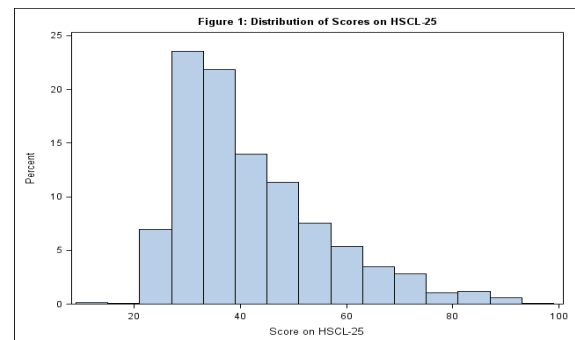
CONCLUSIONS

The high prevalence of distress in this population highlights the need for interventions to address mental health during the prenatal period. Such interventions may be of long-lasting benefit to maternal and child health, which is particularly important in contexts heavily affected by the HIV epidemic. Lastly, interventions that reduce violence during or prior to pregnancy may also ameliorate the development of health problems.

RESULTS

Age, mean (SD)		26.82 (5.48)
Years in relationship, mean (SD)		4.48 (4.11)
Marital status	Married	5.57%
	Partnered, living together	22.64%
	Partnered, living separate	71.79%
Education	Less than high school	7.10%
	Some high school	49.56%
	Completed high school	43.34%

Objective 1: The mean score on the HSCL-25 was 41.50 (sd: 13.86) (see Figure 1). 35% scored 44 or higher on the measure, indicating clinically significant distress.



Objective 2: History of rape, unplanned pregnancy, higher SES, higher levels of physical, sexual and psychological violence, and lower levels of autonomy in the relationship were each significantly associated with distress ($F=37.45$, $p<.0001$).

History of Rape	6.83 (1.49) **
Pregnancy Intention	-2.09 (.88)*
SES	.35 (.16)*
Power in Relationship	-.23 (.04)**
Violence in Relationship	.60 (.06)**
Social Support	.03 (.02)

* $p \leq .05$ ** $p \leq .01$