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Prevalence and determinants of depression and anxiety in adolescents in rural Mpumalanga, South Africa

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ABSTRACT

Background: An estimated 13% of the global adolescent population is struggling with mental health challenges. Left untreated, these disorders such as depression and anxiety among adolescents may result in school failure, alcohol and other drug abuses, family and community discord and violence and consequently later in life can result in complications such as physical disability, reduced or hindered chances for leading a fulfilling life and difficulty holding a job. There is limited research from rural South Africa which has investigated the prevalence and correlates of self-reported symptoms of depression and anxiety among adolescents thus, this study aims to specifically investigate these correlates among the adolescent population (14-19-years old) from two villages located in rural Mpumalanga, South Africa and hoping its findings will add on to an extensive understanding of the burden and factors of depression and anxiety thereby informing policymakers to develop interventions that may reduce the prevalence of these conditions among the youth.

Methods: The Patient Health Questionnaire-9 (PHQ-9) was used to assess self-reported symptoms of depression, the Generalised Anxiety Disorder-7 (GAD-7) for self-reported symptoms of anxiety. Several possible correlates including demographic (sex, age & education), socioeconomic (living arrangements, socioeconomic quintile & food security status) and psychological factors (time spent on the phone and watching TV) were explored for associations and regressed to the outcomes of depression and anxiety.

Results: The crude prevalence of self-reported clinically significant symptoms of depression (defined as a score of ≥10 on the PHQ-9) was found to be 11.1%, (95%CI: 7.1 – 15.0%) with females having a prevalence (13.2%; 95%CI: 6.9-19.5%) and males (9.2%; 95%CI: 4.1-14.3%; p= 0.33). The crude prevalence of self-reported clinically significant symptoms of anxiety

(defined as a score of ≥9 on the GAD-7) was found to be 5.3% (95%CI: 2.4 - 8.2%), with males reporting a prevalence of 6.2% (95%CI: 2.0 - 10.3%) and females (4.4%; 95%CI: 0.5 - 8.2%; p=0.89).

Discussion: The current study's prevalence of self-reported depression symptoms is in line with previous African and South African studies. The study's prevalence of self-reported symptoms of anxiety is slightly higher than the global estimates. No statistical significance of association was found between *a priori* correlates and the outcome variables; however, a statistically significant relationship between self-reported symptoms of anxiety and self-reported symptoms of depression (p<.001) was found, with 25% of participants reporting to having both, an association that is supported by previous international research in this age group.

Conclusion: This study presents some of the first estimates of the prevalence self-reported symptoms of depression and anxiety in a rural South African adolescent population. Given the inability to generalize these findings, there is a need to replicate it in other similar rural settings. Further research aimed at better understanding the intersection between self-reported symptoms of anxiety and depression and developing health care policies aimed at providing support to adolescents afflicted by these common mental disorders is warranted.