



**Morbidity, social support,
depression and HIV risk
behaviour among PLWHA on
ARV treatment in Cape Town,
South Africa**

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Structure of presentation

- **Background**
- **Methods**
- **Main findings**
- **Conclusions**

Social Aspect of HIV/AIDS
and Health

Background

- **Recently, there has been a dramatic increase in the availability and accessibility of anti-retroviral (ARV) drugs used to treat HIV infection throughout the developing world especially in Sub-Saharan Africa as a result of several international and national initiatives.**
- **Previous research in Western countries has shown**
 - **significant reductions in both mortality and morbidity due to AIDS-related opportunistic illnesses**
 - **improvements in the quality of life of HIV-positive individuals.**
 - **strong associations between HIV/AIDS and depression.**
 - **an association between HIV treatments and increased HIV transmission risk behaviours.**

Background

- We currently have little knowledge about the impact of ARV treatment among PLWHA in Southern African countries including South Africa and hence the present study.
- The study was undertaken as part of a SAHARA project in eight Sub-Saharan African countries including South Africa.

Objectives

- The present study investigated the levels of morbidity, social support, depression and HIV risk behaviour among PLWHA who are on ARV treatment compared to those who are not receiving treatment in Cape Town, South Africa.

Methods

- **Anonymous questionnaires were completed by 413 male and 641 female people living with HIV/AIDS (PLWHA) conveniently sampled from various social and health services for PLWHA in Cape Town.**
- **Demographic characteristics:**
 - **73% were younger than 35 years old;**
 - **70% African;**
 - **70% unemployed, and**
 - **75% unmarried.**
- **Hospitalisation and ARV treatment:**
 - **49% had been hospitalized for HIV-related conditions;**
 - **49.3% (42% males and 58% females) were receiving ARV treatment.**

Main findings

- **As expected, HIV-positive people who were on ARV treatment were found to be sicker than their counterparts who were not on ARV treatment:**
 - **had had HIV longer (3.1 years vs. 2.3 years)**
 - **displayed more symptoms (6.9% vs. 6.1%)**
 - **spent 2 or more days in hospital (37% vs. 22%)**
- **Those on treatment had less depression than the non-treated counterparts (CESD* scores 23.1 vs 24.5).**
- **The difference in social support was not significant (2.5 vs. 2.6).**

* The Centers for Epidemiological Studies Depression Scale

Main findings (contd)

- Although they were equally sexually active (N = 450, 87% for persons on ARVs and N = 452, 86% for those not on ARVs, OR = 0.9, 95%CI, 0.6-1.2), the PLWHA on ARV treatment were found to be generally safer in their sexual practices than their counterparts not on ARV treatment:
 - those on ARV treatment tended to have had fewer multiple sexual partners (3+ partners: 15% vs. 21%),
 - less unprotected vaginal sex with both positive (41% vs. 49%) and unknown partners, (30% vs. 37%),
 - also used condoms more with both types of partners than their counterparts not on treatment (% condom use: positive: 70% vs 60%; unknown status: 61.3% vs. 53%).

Main findings (contd)

- **Disclosure of HIV status to partners was poorer among those on treatment compared to those who were not (41% vs. 48%).**
 - **It has been predicted that increased use of ARV should result in greater openness about one's HIV status which should lead to more social and treatment support and ultimately less stress and depression**
- **Those on treatment were using alcohol (45% vs. 58%), dagga (11% vs. 24%) and mandrax (3% vs. 10%) less than those not on treatment.**
 - **Substance use is detrimental to ARV treatment as apart from making PLWHA to forget to take the medication, ARVs also react chemically with some of drugs.**

Conclusions

- **ARV treatment appeared to reduce the levels of depression compared to those who are not on ARV treatment.**
- **More importantly, the PLWHA on ARV treatment were found to be generally safer in their sexual practices and use of alcohol and other drugs than their counterparts not on ARV treatment.**

Conclusions (contd)

- Although the main findings were somewhat encouraging, there is still some concern about
 - relatively high levels of unprotected sex,
 - continued use of substance use, and
 - poor levels of disclosure of HIV status especially to sexual partners.
- As a result, our SAHA team is testing two interventions both as part of the eight-country SAHARA project in Cape Town and the PEPFAR*-CDC** Project in Mthatha in order to promote disclosure of HIV status to family and friends as well as sexual partners, reduce alcohol use and also to practice safer sex.

*President's Emergency Plan for AIDS Relief

** Centers for Disease Control and Prevention

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