

## Promoting mental health among pregnant adolescents living with HIV



Mental health is a core component of adolescent potential, and feeds into the success of future generations. To develop effective provision to support mental health it is crucial to understand mental health experiences in the context of the complex realities of adolescents' lives, especially when mental ill health is compounded by comorbidities or syndemic conditions.

Adolescent pregnancy (10–19 years old) remains a pervasive public health issue. Globally, approximately 15% of female adolescents will experience childbirth. Pregnancy and childbirth during adolescence has major health consequences for young mothers, fathers, and their children. Risks include maternal mortality, obstetric complications, and poor neonatal outcomes. Most existing research, advocacy, and policy efforts focus on preventing adolescent pregnancy (ie, delaying sexual debut and promoting contraception).<sup>1</sup> This emphasis has resulted in a lack of insight into the experiences of adolescent parents and their children, and how parental mental health affects or is affected by these experiences. Subsequently, provision to support mental health within pregnancy and among adolescent parents is often neglected from research and policy agendas.

Globally, more than 2 million adolescents are living with HIV.<sup>2</sup> Adolescent parents living with HIV are a core but relatively invisible population within the HIV response. They face multiple challenges including navigating adolescent development, pregnancy and repeat pregnancy (often unplanned and unsupported), childbirth, childrearing, stigma, and adherence to antiretroviral therapies.<sup>3</sup> In separate investigations, both pregnancy<sup>4</sup> and living with HIV<sup>5</sup> have been linked to mental ill health among adolescents. The combined experience could exacerbate or trigger mental illness. However, global understanding of mental health in this population is in its infancy. A 2021 systematic review of studies from sub-Saharan Africa identified only a single study on the mental health of this population.<sup>6</sup> Yet, it is not that data for this group do not exist, but that the attainment of such data is often met with challenges including a lack of stratification, the clustering of data from adolescents within broader ages or groups (eg, within data on child marriage), or cultural and legal

considerations (eg, the emancipation of adolescents when they have a child, resulting in adolescents being classified as adults).<sup>6</sup> A promising response to this evidence gap is beginning to emerge. A 2021 study from South Africa of 723 female adolescents reported the prevalence of pregnancy to be 15.2%. The prevalence of mental ill health was significantly higher among adolescent mothers living with HIV (23.0%) than among adolescent mothers not living with HIV (18.2%) and adolescents who had never experienced pregnancy (9.6%).<sup>7</sup> However, broader investigations are required. Mental health is often narrowly defined in studies, focusing on single diagnoses (frequently depression) and lacking a broader coverage of other mental health conditions or insight into positive mental health (eg, resilience).<sup>6</sup> Consequently, the features of effective mental health provision (preventative and responsive) for the specific needs of adolescent mothers living with HIV are unknown.

The effects of mental ill health often expand beyond the individual mother, with potential implications for the health and wellbeing of children born to adolescents living with HIV (eg, onwards HIV transmission<sup>3</sup> and child development outcomes). Efforts to explore the experience of children born to adolescent mothers living with HIV are emerging; for example, a 2022 study identified lower cognitive development scores among children living with HIV than among children who were HIV-exposed uninfected and those who were HIV-unexposed.<sup>8</sup> However, specific studies relating to parental mental health are still required.

The experience of adolescent parenting is not confined to females; however, adolescent males living with HIV who become fathers are completely out of focus. Given the importance of fathers in families and parenting, an understanding of their mental health, and broader familial mental health in relation to fatherhood characteristics, is also essential to provide effective support to promote the success of such families.

There is an urgent need to support mental health among adolescent families affected by HIV. This population might have needs that require specific intervention or adaptations to existing interventions. To provide effective support, an evidence base is



Stock/ima/Getty

**Lancet Child Adolesc Health 2022**

Published Online  
June 21, 2022  
[https://doi.org/10.1016/S2352-4642\(22\)00186-9](https://doi.org/10.1016/S2352-4642(22)00186-9)

For the joint *The Lancet Child & Adolescent Health*, *The Lancet Psychiatry*, and *The Lancet HIV Series* on alignment of mental health and HIV services see <https://www.thelancet.com/series/mental-health-and-HIV>

required.<sup>6,9</sup> Potential avenues exist for future mental health provision—for example, the Ask-Boost-Connect-Discuss intervention for adolescent mothers (including those living with HIV) delivered by peer mentors<sup>3</sup> has been piloted in Malawi, Tanzania, Uganda, and Zambia; however, the effectiveness of the intervention on mental health is currently untested. The prompt evaluation of existing successful models of care provision for adolescents, families, adolescent parents, and adolescents living with HIV could also inform mental health responses for this highly vulnerable group. Evidence-based interventions for adults in settings of high HIV prevalence that could provide insight include the Philani Intervention, in which home-based visits from community health workers improved both maternal mental health and child development outcomes.<sup>10</sup>

Challenges to future efforts remain. The COVID-19 pandemic has resulted in a global reduction in fiscal capacity and increases in pregnancy and mental ill health among adolescents, while existing mental health provision for adolescents is scant (particularly for severe mental ill health) and an absence of infrastructure (eg, trained providers) remains. Possible considerations also include the compounding of mental health challenges owing to the COVID-19 pandemic; the integration of mental health provision within existing services (eg, antenatal care), which could allow for low-cost, sustainable, and scalable responses; and the consideration of mental health through a family-level lens, to ensure benefits across generations.

Moving forward, investment is clearly needed to improve the mental health of pregnant adolescents living with HIV and adolescent families affected by HIV. Priorities include building an evidence base, introducing routine mental health screening, evaluating existing mental health provision, and exploring how sustainability and scalability of provision can be achieved.

I declare no competing interests.

*Kathryn J Steventon Roberts*  
**k.roberts@ucl.ac.uk**

Institute for Global Health, University College London, London NW3 2PF, UK

- 1 UNICEF. Early childbearing. May, 2021. <https://data.unicef.org/topic/child-health/adolescent-health/> (accessed Feb 6, 2022).
- 2 UNICEF. HIV and AIDS in adolescents. July, 2021. <https://data.unicef.org/topic/hiv-aids/> (accessed Feb 6, 2022).
- 3 Toska E, Laurenzi CA, Roberts KJ, Cluver L, Sherr L. Adolescent mothers affected by HIV and their children: a scoping review of evidence and experiences from sub-Saharan Africa. *Glob Public Health* 2020; **15**: 1655–73.
- 4 Corcoran J. Teenage pregnancy and mental health. *Societies* 2016; **6**: 21.
- 5 Dessauvagie AS, Jörns-Presentati A, Napp A-K, et al. The prevalence of mental health problems in sub-Saharan adolescents living with HIV: a systematic review. *Global Ment Health* 2020; **7**: e29.
- 6 Roberts KJ, Smith C, Cluver L, Toska E, Sherr L. Understanding mental health in the context of adolescent pregnancy and HIV in sub-Saharan Africa: a systematic review identifying a critical evidence gap. *AIDS Behav* 2021; **25**: 2094–107.
- 7 Roberts KJ, Smith C, Cluver L, et al. Adolescent motherhood and HIV in South Africa: examining prevalence of common mental disorder. *AIDS Behav* 2021; **26**: 1197–210.
- 8 Steventon Roberts KJ, Sherr L, Haag K, et al. Adolescent parenthood and HIV-infection in South Africa—associations with child cognitive development. *PLoS Glob Public Health* 2022; **2**: e0000238.
- 9 Laurenzi CA, Gordon S, Abrahams N, et al. Psychosocial interventions targeting mental health in pregnant adolescents and adolescent parents: a systematic review. *Reprod Health* 2020; **17**: 65.
- 10 Tomlinson M, Rotheram-Borus MJ, Le Roux IM, et al. Thirty-six-month outcomes of a generalist paraprofessional perinatal home visiting intervention in South Africa on maternal health and child health and development. *Prev Sci* 2016; **17**: 937–48.