BACKGROUND & CONTEXT

There have been several key successes in the South African public ART program, nevertheless, it is also inevitable to argue that some of the key challenges requires thorough and careful attention, thus, one of which is adherence to ART.

A major challenge with treatment adherence is to stop people from defaulting but in several studies, it has been shown that depressive symptoms directly affects the health outcomes of PLWH. Furthermore, studies have documented that, PLWH lack adherence to ART due to multifaceted factors that influence it.[10] Predictors of adherence to ART among adult PLWH have been broadly studied[10][11] but very little is known pertaining to the interactive mechanisms by which psychosocial factors influence adherence to ART among this population in South Africa.

High levels of HIV stigma are thought to impede disclosure of seropositive status which then inhibit PLWH from receiving social support that may bolster their adherence to ART.[12] Extensive research has largely focused on the investigation of the direct relationship between HIV stigma, depression and adherence to ART among adult PLWH[13] but, there is a dearth of South African studies which have explored the intervening effect of self-efficacy and social support among this key population.

Therefore, guided by Health Locusts of Control, and Social Support Theories, the study investigated the relationship between depression, HIV stigma, and adherence to ART and whether these relationships are mediated by self-efficacy and social support.

AIM AND OBJECTIVES

The study aimed to investigate the relationship between depression, HIV stigma and adherence to ART among adult patients living with HIV/AIDS at a tertiary hospital in Durban, South Africa and the mediating roles of self-efficacy and social support. Among adult PLWH receiving ART at a tertiary hospital, the objectives of the study were to:

1. Examine the relationship between HIV stigma and adherence to ART in Durban, South Africa.
2. Examine the relationship between depression and adherence to ART in Durban, South Africa.
3. Examine the mediating role of social support on the relationship between HIV stigma and adherence to ART in Durban, South Africa.

RESEARCH QUESTIONS

H1: Depression predicts adherence to ART
H2: HIV stigma predicts adherence to ART
H3: Self-efficacy mediates the relationship between depression and adherence to ART
H4: Social support mediates the relationship between HIV stigma and adherence to ART

METHODS

Research site:
The study was conducted at King Edward VIII tertiary hospital based in Umbilo a central suburb of Durban, KwaZulu-Natal, South Africa.

Design:
The study employed a quantitative, cross-sectional research design to explore the relationships between central study variables.

Population and Sampling:
The population of the study were PLWH, and adult patients living with HIV on registered ART program were sampled from this target population. Time Location Sampling (TLS) technique was used to recruit 201 adult patients aged (18-75 years) living with HIV, receiving antiretroviral therapy (ART) at King Edward VIII tertiary hospital.

Study Hypothesis:

H1: Depression predicts adherence to ART
H2: HIV stigma predicts adherence to ART
H3: Self-efficacy mediates the relationship between depression and adherence to ART
H4: Social support mediates the relationship between HIV stigma and adherence to ART

Hypothesized Model of the Central Study Variables

RESULTS

VARIABLES & MEASURES

Table 1: Socio-Demographic of the Study Participants (N=201)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency (0)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>201</td>
<td>100</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>68</td>
<td>34</td>
</tr>
<tr>
<td>Female</td>
<td>134</td>
<td>66</td>
</tr>
<tr>
<td>Educational level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary level</td>
<td>58</td>
<td>29</td>
</tr>
<tr>
<td>Secondary level</td>
<td>97</td>
<td>48</td>
</tr>
<tr>
<td>Tertiary level</td>
<td>47</td>
<td>23</td>
</tr>
<tr>
<td>Employment status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed</td>
<td>132</td>
<td>66</td>
</tr>
<tr>
<td>Unemployed</td>
<td>69</td>
<td>34</td>
</tr>
</tbody>
</table>

Using a cross-sectional approach, face to face structured interviews were conducted and the data were collected utilising a self-administered questionnaire administered in either IsiZulu and English.

The data were analysed using SPSS version 27 and several statistical analyses were performed namely bivariate analysis between the main variables, binary logistic regression analysis, and mediation analysis using Sobel test for indirect effect.

DISCUSSION & CONCLUSIONS

The study hypothesized that depression predicts adherence to ART. This hypothesis was supported by bivariate regression results as the finding indicated that depression was significantly correlated with adherence, consistent with the study conducted by Malawi by Omar et al.[11, 12]

The study hypothesized that HIV stigma predicts adherence to ART. This hypothesis was not supported by bivariate regression results, which was contrary to several previous studies.[13][12][11] This finding suggests that in this patient population, HIV stigma does not predict the odds of adherence to ART.

The study further hypothesized that self-efficacy mediates the relationship between depression and adherence to ART and the hypothesized mediation role of self-efficacy was not corroborated by a multivariable regression and single mediator model. In the regression model the effect of self-efficacy was significant when the effect of depression was controlled. Thus, the results indicate that both self-efficacy only predicted the odds of adherence to ART in the combined effects with depression, however self-efficacy was not a significant mediator.

The study hypothesized that social support mediates the relationship between HIV stigma and adherence to ART. The hypothesized relationship was not supported by a series of regression tests, therefore the null hypothesis was retained, and the study was unable to proceed with mediational analysis.

Limitations:
The study could not account for possible direct association between HIV-stigma and depression and most participants were female which was indicative of that males were not well represented.

REFERENCES