



Health literacy, multimorbidity and its effect on mental health in South African adults

This study examined the association between health literacy and multimorbidity using repeated cross-sectional nationally representative data, with an emphasis on mental health among South African adults

Health outcomes are significantly influenced by health literacy, which affects people's capacity to understand, access, and effectively utilise health information. Health literacy is crucial in determining not only physical health outcomes (such as multimorbidity) but also mental health. This is particularly when it comes to conditions like depression and anxiety, in South Africa, where there are still gaps in access to high-quality healthcare.

This study examined the association between health literacy and multimorbidity using repeated cross-sectional nationally representative data, with an emphasis on mental health among South African adults (18 years and older).

Methodology

Following the first and second nationally representative panels, which were carried out in September–October 2021 (Panel 1: $n = 3,402$) and May–June 2022 (Panel 2: $n = 3,459$),

respectively, this cross-sectional study was repeated in April 2024 [now referred to as Panel 3]. Face-to-face interviews were conducted in panel 3, with 3,171 respondents from all provinces in South Africa (as shown in Figure 1 below).

The study acquired ethical approval from the Human Research Ethics Committee (Non-Medical) of the University of the Witwatersrand, South Africa (H21/06/36), and respondents provided written informed consent. Tablets were used to collect the data in real time, and a secure database system was used to manage it centrally. Age, gender, marital status, employment status, education level, and household assets were among the demographic data gathered from respondent households.

In order to determine socioeconomic status (SES), a household asset score was then calculated in accordance with the Demographic and Health Surveys household questionnaire.

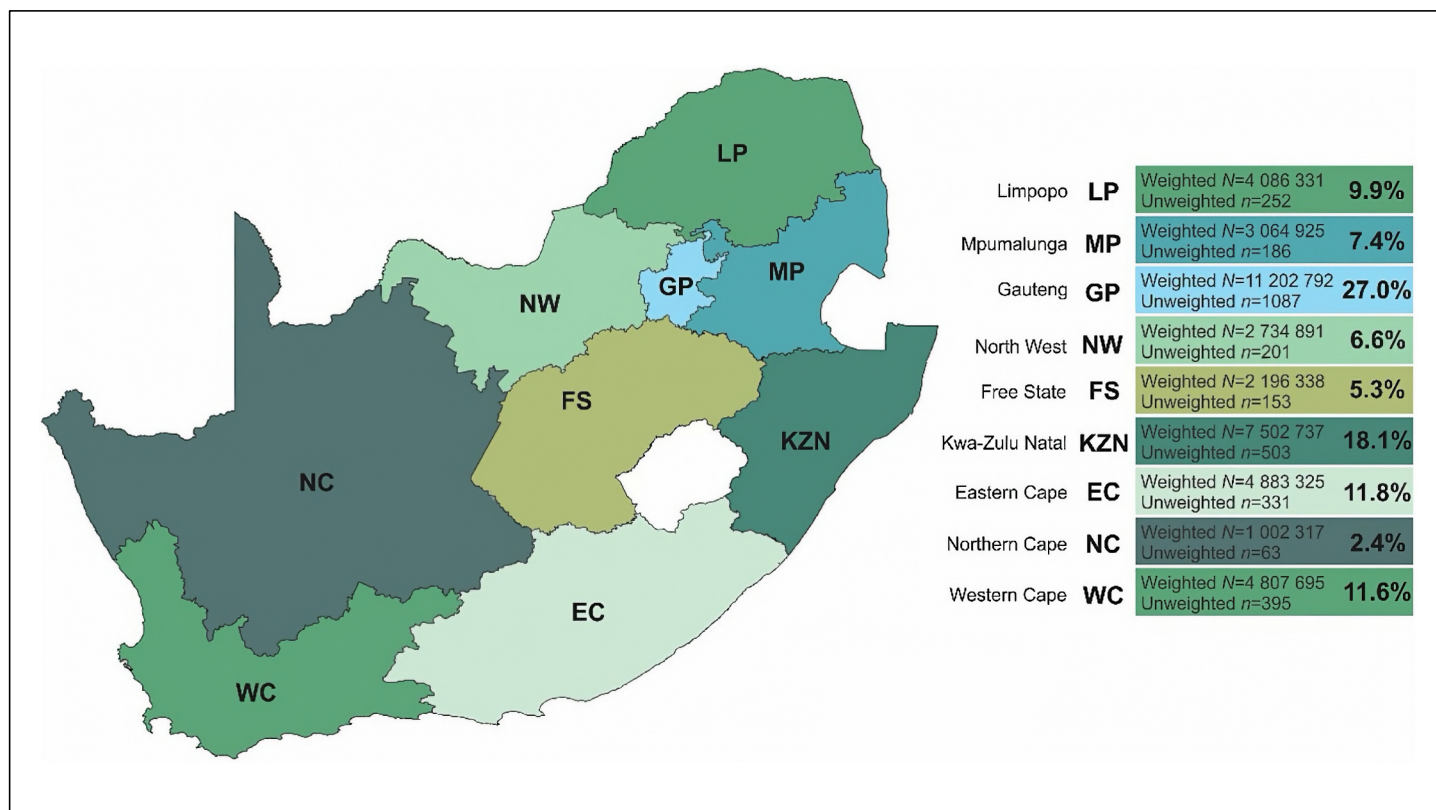


Figure 1: Data collected across South Africa in the April 2024 cross-sectional study

The Patient Health Questionnaire (PHQ-9) and the Generalised Anxiety Disorder (GAD-7) scale were used to gauge the respondents' mental health (depression or anxiety).

The HLS-EU-Q47, which consists of three different sets of questions about healthcare, disease prevention, and health promotion, was used to test health literacy.

The data was analysed and visualised using IBM® SPSS® version 29 (IBM Corporation, Armonk, New York), Stata® version 18.0 (StataCorp, College Station, TX, USA), and GraphPad Prism version 5.03 for Microsoft® Windows (GraphPad Software, San Diego, California, USA). South Africa's geographical location was also mapped and scaled using QGIS (Penn Libraries, Philadelphia, PA).

Key findings

According to the findings of this nationally representative study, a considerable percentage of adult South Africans are dealing with mental health issues (post COVID-19), with more than 21% showing symptoms of probable depression. This probable depression prevalence is lower than that reported in Panel 1 (25.7%) and Panel 2 (26.2%).

The majority of respondents (56.0%) had minimum risk scores, whereas those with more severe depressed scores

were 22.4% (mild), 14.3% (moderate), 5.6% (moderately severe), and 1.8% (severe).

In contrast to Panel 1 and Panel 2, Free State province reported the highest prevalence of probable anxiety (29.2%) and Eastern Cape province reported the highest prevalence of probable depression (30.1%), as shown on figure 2 below. With a mean score of 2.29 (SD: 2.26), the province of Limpopo had the highest level of childhood adversity. Furthermore, similar to Panel 2, household dysfunction accounted for 40.1% of reported adverse childhood experiences (ACE) (see Figure 2 below).

According to Panel 1 and 2, women ($\geq 14.0\%$), those who were widowed, divorced, or separated ($\geq 17.7\%$), and those who had only completed primary school and/or partial secondary school ($\geq 18.3\%$) had greater prevalence of probable depression and anxiety. Similar to Panel 1, those who were unemployed had the highest prevalence of depression (25.3%). In Panel 3, respondents with a SES score in the lowest tertile ($\geq 19.2\%$) also had a similar higher prevalence of probable depression and high exposure to ACEs.

Conclusion

In conclusion, the study found that one in every five South Africans has depressive symptoms, with significant

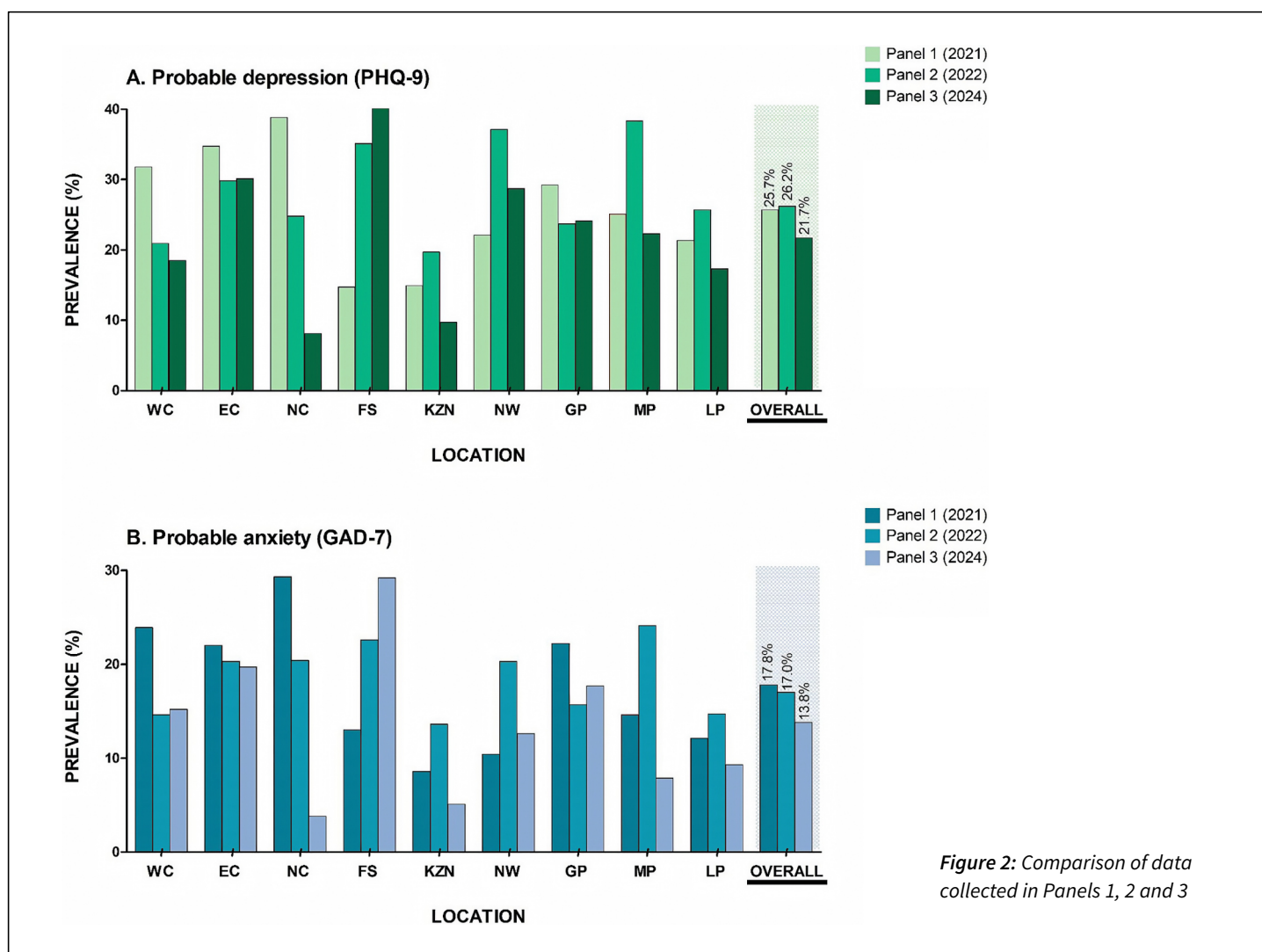


Figure 2: Comparison of data collected in Panels 1, 2 and 3

disparities in mental health prevalence across the nine provinces. The study also emphasises how childhood adversity, particularly dysfunctional households, is a major risk factor for mental health issues and higher rates of multimorbidity.

Furthermore, the association between SES and depression was found to be mediated by health literacy, indicating that lower health literacy may increase susceptibility to mental health issues. In order to lessen the burden of mental health in South Africa, these findings highlight the critical need for focused initiatives to address childhood adversity, improve health literacy, and enhance mental health resources across regions.

Reference:

Health literacy, multimorbidity and its effect on mental health in South African adults: A repeated cross-sectional nationally representative panel study.

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