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Depression in young South Africans linked to lack of access to labour market

Lack of access to the labour market is taking a toll on young South Africans' mental health, new research by the University of Cape Town's Alan J Flisher Centre for Public Mental Health reveals.

Titled "Understanding the complex relationship between multidimensional poverty and depressive symptoms among young South Africans: A cross-sectional study", the paper was recently published in the [*Journal of Affective Disorders*](#).

The research found a link between a lack of access to the labour market and depression, a relationship driven by increased odds for those not in employment, education or training. It also found that lack of household assets, living in an informal dwelling, and lower perceived social standing was associated with increased odds of depression.

The findings showed that the greater the youth's perception of their household's social standing was, the lower their likelihood of probable depression. This, said the researchers, suggests that individuals' subjective view of their household's economic well-being may be important, as individuals are more likely to consider non-monetary components such as household composition, assets, access to amenities or living conditions in general.

The researchers found that half of the participants reported poor sanitation, whereas a minority reported living in informal dwellings. "Poor sanitation may have been considered the norm and not exceptional, while the informal dwelling indicator may be a more important sign of inequality or exclusion and thus be more likely to be associated with probable depression," said Dr Emily Garman, lead author of the research.

The researchers used the Global Multidimensional Poverty Index (MPI) to explore how different dimensions of poverty more directly linked to young people are associated with depressive symptoms among South African youth. They also used data from the 2017 wave of the nationally-representative National Income Dynamics Study (NIDS) in South Africa and focused on a sample of 15–24 years old.

"Adolescence and early adulthood are accompanied by key social, emotional, and behavioural changes and an increased disability in a range of mental disorders, including

depression. Understanding the role of poverty in the development and persistence of mental health problems in this period is essential,” said Garman.

The researchers examined how individual dimensions and indicators of the MPI relate to depression compared to household income, subjective social standing, overcrowding and personal assets.

The study found that South African youth aged 15–24 years and identified as multidimensionally poor are not more likely to have probable depression compared to those not identified as multidimensionally poor. “Our findings indicate that this finding applies to both girls and boys. However, our analysis offers novel results showing that a single aggregate measure of deprivation across different dimensions, such as the Youth MPI, may conceal the complex relationships between specific deprivations and depression. We found no association with probable depression for three of the four dimensions of the Youth MPI (health, education and standard of living),” said Garman.

Given the high rates of youth unemployment in South Africa, Garman said findings suggest the need for further research examining whether improving retention in education, providing young people with opportunities for training and improving access to the labour market, may also offer potential entry points to improve the mental health of young people.

She added: “Further research should establish whether mental health care for depressed youth may be an important means of improving educational and labour market outcomes.”

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