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health services among young people living with HIV and healthcare professionals in Mozambique: a content and sentiment analysis using the capability, opportunity, motivation and behaviour (COM-B) framework

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Abstract

Background Ensuring timely and effective access to mental health (MH) services is crucial in Mozambique, where the suicide rate is 13.7/100.000, twice that of sub-Saharan Africa. This is particularly significant for a MH at-risk group, such as young adults (YA) living with HIV. This study aimed to assess barriers/facilitators to access MH services for YAs, comparing by HIV status, in Beira, Mozambique.

Methods A cross-sectional study using focus groups and key-informant interviews was conducted between July and August 2023, involving YAs (18–24 years) with (YALHIV) and without HIV (YAHIV-) and MH staff of five health centres (HCs). A deductive approach was adopted using the COM-B framework to classify themes referring to barriers/facilitators to access MH services. Two researchers carried out the content analysis independently, assessing the inter-rater agreement through Cohen's K.

Results A total of 48 YAs (half with HIV), and 15 MH providers were involved. Of the 650 themes identified, 347 (53.4%) were labelled as barriers. Opportunities were the most frequent barrier (57.7%): social ones were related to community stigma, while physical ones to staff shortage, lack of community services, and distance from HCs. Physical opportunities were a more frequent barrier in YAHIV- ($p < 0.001$) and females ($p = 0.013$), and witho260.23541,k9(r)-7mo0.8a618(ical)]TJ

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psychiatry service, which can provide pharmacological therapy in addition to clinical psychotherapeutic interviews. The four HCs were selected on the basis of staff availability and the number of people assisted to facilitate reaching the sample size. Moreover, two peripheral and two central HCs were chosen to have a better representativeness of the setting.

All persons aged between 18 and 24 years who accessed SAAJ services during the study period were considered eligible for FGD. For YALHIV, those who had been

Opportunity refers to the external factors - physical and social - that allow the behaviour. Physical opportunity refers to the environment where behaviour takes place, but also to physical resources such as money or time. Social opportunity involves the socio-ecological context and the people who are closest and most significant to us. Motivation involves all the internal processes that either activate or inhibit a behaviour. These processes can be reflexive, involving plans, beliefs, attitudes or goals, and automatic, involving emotions and habits that may not be conscious [13].

Factors that prevented, limited or hindered people from accessing services were defined as barriers. Facilitators, on the other hand, were factors that encouraged, made it easier or helped people to access mental health services.

The “theme” was selected as a unit of analysis (i.e., to the basic text element to be classified during content analysis). Themes can be expressed as single words, phrases, sentences, or paragraphs [14].

Two researchers (AS and CM) read through all the FGDs and KIIs and labelled the relevant themes according to the COM-B framework categories. Discrepancies in the labelling process were discussed and resolved by involving a third rater (RB).

The following steps were applied to identify and codify the relevant themes in the FGDs and KIIs: (1) read the text repeatedly to obtain a complete overview; (2) highlight elements in the text that appear to capture a theme of interest; (3) reread the transcript of FGDs and KIIs and label the relevant themes as main areas (Capability, Opportunity or Motivation); (4) distinguished the areas in subareas accordingly with the COM-B framework; (5) assign each subarea a value as facilitator or barrier, based on the effect on access MH services.

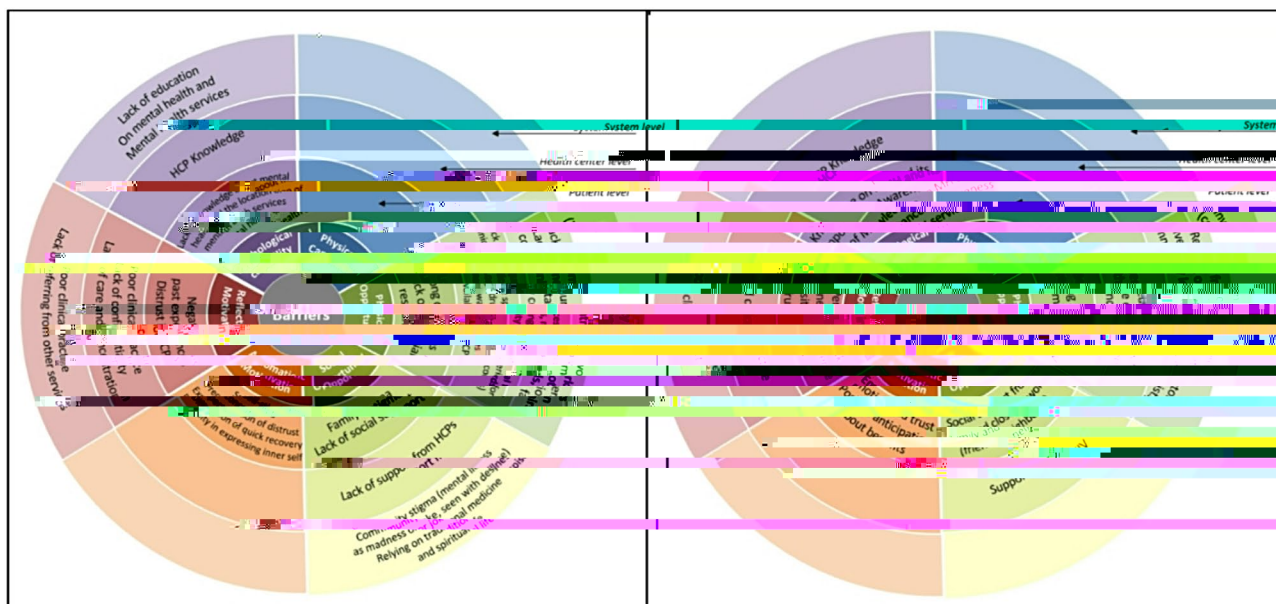


Fig. 2 Diagram of the main topics emerged from the content analysis of the focus group discussions and key informant interviews stratified according to the six sub-areas of the Capability, Opportunity, Motivation and Behaviour framework (COM-B) framework and based on the three levels (patient, health centre, system)

Table 1 Numbers and percentages of the retrieved themes in the content analysis of the focus group discussions according to the COM-B areas and subareas labelled as barriers or facilitators and distinguished by HIV serostatus and sex. Percentages for the COM-B categories were computed over the relevant themes

	Overall (n= 628)	YAHIV- (n= 306)	YALHIV (n= 322)	Female (n= 278)	Male (n= 350)
Opportunity	207 (41,5%)	84 (36,4%)	123 (45,9%)	89 (39,2%)	118 (43,4%)
Physical	90 (18,0%)	26 (11,3%)	64 (23,9%)	36 (15,9%)	54 (19,9%)
Barrier	63 (12,6%)	26 (11,3%)	37 (13,8%)	31 (13,7%)	32 (11,8%)
Facilitator	27 (5,4%)	(0,0%)	27 (10,1%)	5 (2,2%)	22 (8,1%)
Social	117 (23,4%)	58 (25,1%)	59 (22,0%)	53 (23,3%)	64 (23,5%)
Barrier	87 (17,4%)	50 (21,6%)	37 (13,8%)	39 (17,2%)	48 (17,6%)
Facilitator	30 (6,0%)	8 (3,5%)	22 (8,2%)	14 (6,2%)	16 (5,9%)
Motivation	177 (35,5%)	76 (32,9%)	101 (37,7%)	83 (36,6%)	94 (34,6%)
Automatic	63 (12,6%)	32 (13,9%)	31 (11,6%)	35 (15,4%)	28 (10,3%)
Barrier	32 (6,4%)	21 (9,1%)	11 (4,1%)	21 (9,3%)	11 (4,0%)
Facilitator	31 (6,2%)	11 (4,8%)	20 (7,5%)	14 (6,2%)	17 (6,3%)
Reactive	114 (22,8%)	44 (19,0%)	70 (26,1%)	48 (21,1%)	66 (24,3%)
Barrier	35 (7,0%)	8 (3,5%)	27 (10,1%)	14 (6,2%)	21 (7,7%)
Facilitator	79 (15,8%)	36 (15,6%)	43 (16,0%)	34 (15,0%)	45 (16,5%)
Capability	115 (23,0%)	71 (30,7%)	44 (16,4%)	55 (24,2%)	60 (22,1%)
Psychological	115 (23,0%)	71 (30,7%)	44 (16,4%)	55 (24,2%)	60 (22,1%)
Barrier	43 (8,6%)	33 (14,3%)	10 (3,7%)	15 (6,6%)	28 (10,3%)
Facilitator	72 (14,4%)	38 (16,5%)	34 (12,7%)	40 (17,6%)	32 (11,8%)
Not relevant	129 (20,5%)	75 (24,5%)	54 (16,8%)	51 (18,3%)	78 (22,3%)

“In my community they treat people with mental problems as crazy and there is no help for them, they condemn people with mental problems.” Male YAHIV-

“Mental health for my community means someone with a mental disorder being labelled as crazy, and this kind of behaviour means that people who have

problems don’t seek help for fear of being judged.” Female HIV-

“In my community they treat people with mental problems as taboo, they are despised and stigmatised and people in the community are afraid of them.” Male YALHIV.

“For my community, mental health was seen as a

through my father, who took me to the health centre.”
Male YALHIV.

Both showed a positive anticipation of the benefits to be gained from the support of a psychologist.

“The impact of HIV on an individual's mental health is that it can drive suicide, the person may not accept their status and may self-stigmatise” Male YALHIV.

“At first I had difficulties accessing mental health services, because I didn't want to go to appointments and I didn't take my medication, but I started going to hospital more often and I started accessing mental health services and I had a huge emotional and physical change” Female YALHIV.

“Follow-up psychology appointments build trust between the patient and the psychologist, and the latter becomes more open to talking about other issues.” Female YAHIV-.

“Yes, I met a person with mental health problems who became very depressed after the death of his father. As a result, he became addicted to drugs and his family took him to hospital to get counselling from a psychologist and after a while he began to feel better.” Male YAHIV-.

Reflective motivation was reported as a barrier especially by YALHIV (n=27/70, 38.6%) compared to young HIV- (n=8/44, 18.2%, p=0.037). This was due to negative experiences with counselling and MH services related to the lack of confidentiality and the psychologists' way of providing care.

“The way people are attended to at the first appointment and the lack of privacy, when it's not good the person tends not to return for subsequent appointments.” Male YALHIV.

“Some of the difficulties faced in accessing men-

“Mental health is mental well-being, because without it the individual cannot live a full life in society. Mental health is important because it prevents depression, low self-esteem, and combats suicide.” Male YALHIV.

Psychological capacity was more often a barrier in YAHIV- (n=33/71, 46.5%) than YALHIV (n=10/44, 22.7%) because they had less knowledge of the presence of a psychologist in the health centres and because they did not know where and when to seek assistance properly for MH problems. Psychological capacity was also a more frequent barrier in males (n=28/60, 46.7%) than in females (n=15/55, 27.3%, p=0.051).

“ e di culty I had was the lack of information, because I didn't know there were mental health services at the health centre.” Female YAHIV-.

“In my community they treat people with mental health problems like madmen, and I think they

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