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Prevalence of common mental health disorders and associated factors among sexual and gender minority youth in Nairobi City County, Kenya.

ABSTRACT

Depression is a leading mental health concern globally, particularly among disproportionately affected marginalized groups. Sexual and gender minority (SGM) youth experience elevated rates of mental health challenges, including anxiety disorders and post-traumatic stress disorders, compared to their heterosexual peers due to factors such as discrimination, stigma, and minority stress. Studies in the global north reveal high levels of depression among SGM youth, compounded by experiences of bullying, lack of social support, and internalized stigma. In Kenya, there is increasing openness toward sexual and gender minorities, however, SGM youth continue to face significant hostility. There remains a critical data gap as influences of common mental health challenges among SGM youth in low- and middle-income countries (LMICs) remain underexplored. This study addresses this by exploring common mental disorders and associated factors among SGM youth in Nairobi, where cultural, legal, and social environments differ significantly from high-income countries.

OBJECTIVE

To determine the prevalence of common mental health conditions and the risk and protective factors in SGM youth in Nairobi City County, Kenya.

METHODS

The study was a cross-sectional, questionnaire-based study, conducted in Nairobi County including adults aged 18 years and older residing in Nairobi. Participants were required to be fluent in English and identify as members of the LGBTQIA+ community. Snowball sampling was used to select participants from organizations working with SGM individuals. Data collection involved the use of standardized online survey questionnaires to capture demographic variables and sexual and gender identity information. The Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder-7 (GAD-7), and Primary Care Post-Traumatic Stress Disorder (PC-PTSD) tools were used to assess depression, anxiety, and PTSD, respectively. SPSS version 29.0 was used for data analysis. Descriptive statistics such as frequencies and means were calculated. To examine associations between the three mental health outcomes, chi-square tests and logistic regression analyses were performed. Ethical clearance was obtained from the KNH-UON Ethics Committee and NACOSTI.

RESULTS

A total of 172 sexual and gender minority (SGM) youth residing in Nairobi participated in the study. The prevalence of clinically significant symptoms was 52.9% for anxiety, 45.9% for depression, and 35.5% for PTSD. Emotional support emerged as a strong protective factor; participants who lacked consistent support had significantly higher odds of reporting anxiety (OR = 8.2) and depression (OR = 6.1). Bisexual individuals were more likely to experience both depression and anxiety compared to their gay, lesbian, or pansexual peers. Additionally, individuals with a college-level education had six times higher odds of reporting anxiety compared to those with postgraduate education. Alcohol and drug use were reported by 38.4% and 39% of participants, respectively. Systemic barriers were also evident with 48.3% expressed discomfort discussing mental health with healthcare providers.

CONCLUSION

The findings reveal a substantial mental health burden among SGM youth in Nairobi, driven by social, psychological, and systemic risk factors. Therefore, there is an urgent need for inclusive, affirming mental health interventions and services tailored to the unique needs of this population.

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