

# Clinical and Psychosocial Factors Associated with Depression Among Adolescents and Young People Living with HIV in Rwanda (Aged 10-24) in 2024

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## General

**Category:** B7: Antiretroviral therapies and clinical issues in adolescents and young adults

**Country of research:** Rwanda

**Please use the drop down list to indicate if your abstract relates to any of the below** Adolescents (10-19), People living with HIV

## Abstract Text (max 350 words)

**Background:** Depression is a major mental health issue among adolescents and young people living with HIV (AYPLHIV), affecting adherence to treatment and overall health outcomes. Identifying the clinical factors associated with depression in this population is crucial for developing effective mental health interventions. This study aimed to identify HIV-related clinical factors and experiences associated with depression among AYPLHIV in Rwanda.

**Methods:** This cross-sectional study was conducted in Rwanda in 2024, involving 457 adolescents and young people aged 10-24 years living with HIV. Data were collected using structured interviews, focusing on clinical factors such as HIV transmission mode, ART treatment history, caregiver support, and trauma exposure (including forced sex and physical abuse). Depression was assessed using a Patient Health Questionnaire-9 (PHQ-9) for depression. Statistical analyses included bivariate and multivariable logistic regression to determine the clinical factors associated with depression.

**Results:** The study identified several clinical factors associated with depression among AYPLHIV. Female gender was associated with higher odds of depression compared to male participants (Adjusted OR=0.482, p=0.002). Younger adults aged 20-24 years were more likely to experience depression than those aged 10-14 years (Adjusted OR=2.785, p=0.064). A history of orphanhood, particularly losing both parents, was strongly associated with depression (Adjusted OR=2.622, p=0.003). Living with both parents was found to be protective, with those in such households exhibiting lower odds of depression (Adjusted OR=0.308, p=0.001). Trauma exposure was significantly linked to depression, with individuals who had experienced forced sex (Adjusted OR=2.072, p=0.035) or physical abuse (Adjusted OR=2.853, p=0.009) showing higher odds of depression. Additionally, disclosure of HIV status was also significantly associated with depression (Adjusted OR=1.774, p=0.007). People with unknown viral load were at a higher risk of presenting with depression than those with known viral load (Adjusted OR=3.214, 95%CI:1.404-7.359, p=0.006).

**Conclusions:** The study underscores the importance of psychosocial factors such as gender, caregiver involvement, trauma exposure, and HIV-related history in the mental health of AYPLHIV in Rwanda. These findings call for targeted mental health interventions that consider trauma and caregiver support to improve both mental health outcomes and HIV care in this population.

## Additional questions

**Ethical research declaration:** Yes

## IAS digital learning platform

**IAS+:** Differentiated service delivery, HIV cure, HIV treatment

**Preconference: Co-infections, viral and host diversity: impact on HIV cure strategies:** Yes

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