

The effects of nutrition and food accessibility on depression among adolescent and young people 10-24 years living with HIV in Rwanda, 2024

Code: EPO780

Authors: P. MUTESI¹, J.B. TUGIRIMANA², G. MUJAWAMARIYA³, D. MUTAMBUKA⁴, G. N. RWIBASIRA⁵

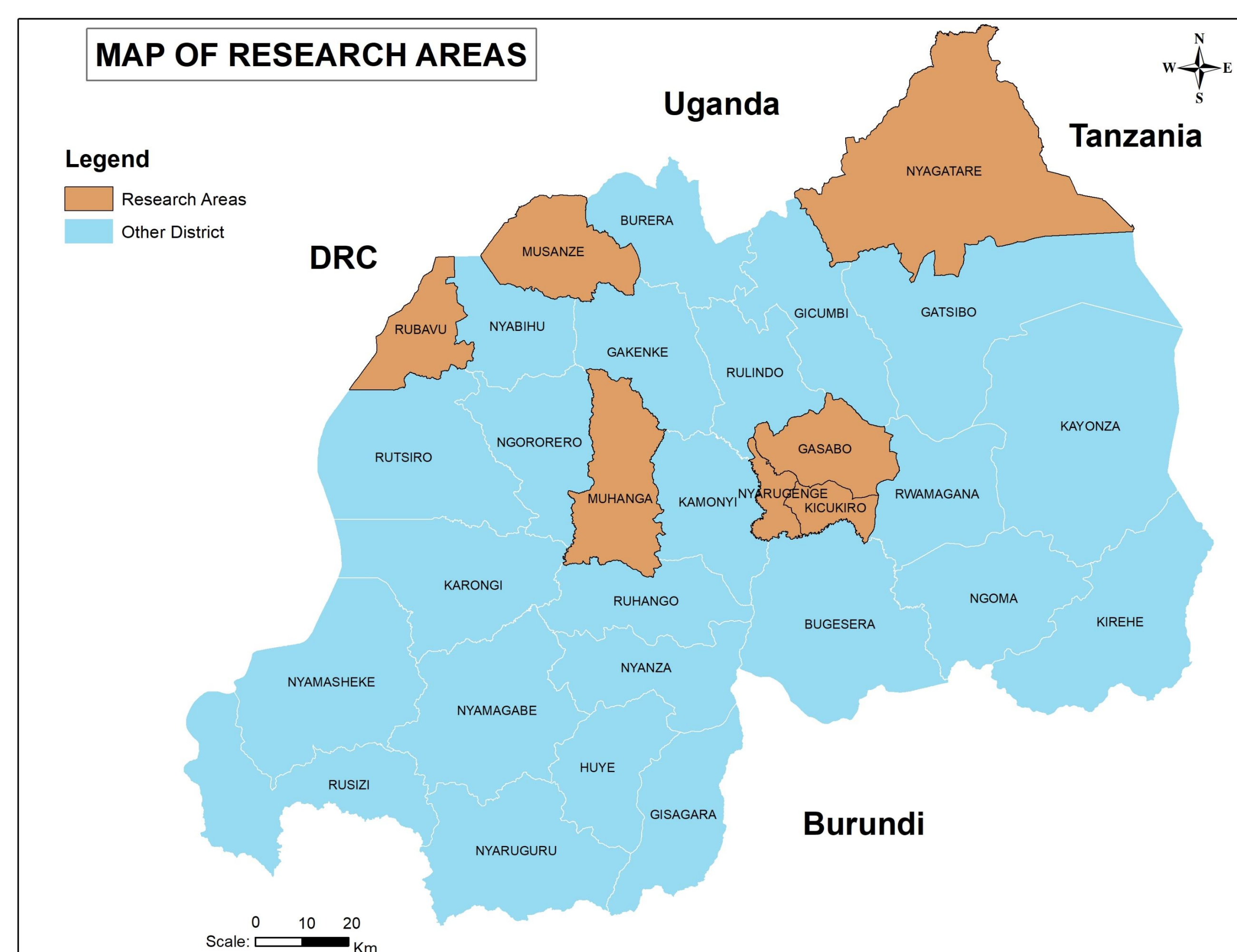
1,2,4: Rwanda Network of People Living with HIV / AIDS (RRP+)

3,5: Rwanda Biomedical Center (RBC)

Background

Even with the existence of well-developed HIV care programs, there is still limited integration with nutritional and mental health support services. The study aimed to assess nutritional, food availability, accessibility and diversity factors associated with depression among Adolescent and Young People 10-24 years Living with HIV (AYPLHIV) in Rwanda.

Method



In a cross-sectional study, 457 randomly chosen AYPLHIV who lived in Kigali and four secondary cities in Rwanda were assessed using the Patient Health Questionnaire-9 (PHQ-9) for depression. Data analysis and the scores used to classify people with depression were generated using STATA 16. The adjusted odds ratios (AOR) from bivariate and multivariable logistic regression analysis were used to measure the association, and a p-value.

Results

The prevalence of depression was 26.5%. BMI as a proxy for nutrition status (underweight, $p=0.603$ and overweight/obese, $p=0.636$) was not associated with depression and there was no evidence that lack of food availability or diversity was associated with depression but if you often ate a smaller meal than you felt you needed, you were 5.6 (95%CI:2.730-11.380) times as likely to be depressed than one who had access to enough food. Other factors significantly associated with depression were experience of being bullied for having HIV (OR=2.013, 95% CI:1.138-3.559), experiencing a family or household death(s) (OR=2.490, 95%CI:1.463-4.240), physical abuse, or witnessing physical violence in the home (OR=2.853, 95% CI:1.305-6.237), experience of forced sex (OR=2.072, 95% CI:1.053-4.075). Depression was approximately 4-5 times higher among AYPLHIV where the mode of HIV transmission was sexual as compared to those where the mode of transmission was vertical. The odds of being depressed increased with the length as AYPLHIV stayed on ART treatment (p -value=0.007). Depression was highest among AYPLHIVs who learnt about their HIV status when they heard others talking about it and lowest among AYPLHIV who were informed by their parents (OR=0.213, 95% CI:0.054-0.837).

Conclusion

The findings of this study highlighted the complex interplay of sociodemographic and psychosocial factors in influencing the mental health outcomes of AYPLHIV in Rwanda. The high prevalence of depression underscores the need for targeted interventions to address the mental health needs of this vulnerable population.