

Depression common among Rwandan youth who head households

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More than half of orphaned youth age 12 to 24 who head households in rural Rwanda meet criteria for depression, according to a report in the August issue of *Archives of Pediatrics & Adolescent Medicine*.

The combined effects of the 1994 genocide and the HIV epidemic give Rwanda one of the highest numbers of orphans in the world—an estimated 290,000 in 2005, according to background information in the article. "Most African orphans have been absorbed into informal fostering systems," the authors write. "Such systems, however, are increasingly overwhelmed, and many orphans either head households or live on the street."

Neil W. Boris, M.D., of the Tulane University School of Medicine, New Orleans, and colleagues assessed depressive symptoms in 539 youth in Rwanda who served as heads of households. Trained interviewers met with the youth (age 24 or younger, average age 20) and administered scales measuring symptoms of grief, depression, adult support and marginalization from the community. Questions about demographics, health, vulnerability and risky behaviors also were included.

The researchers found that:

- 77 percent of the youth were subsistence farmers
- 7 percent had attended school for six years or more

- 71.4 percent reported that both of their parents were dead and 26.2 percent reported that one parent was dead; of all of these, almost one-fourth indicated that at least one parent was killed in the genocide

- Almost half (44 percent) reported eating only one meal per day in the past week

- 80 percent rated their health as fair or poor

- The average score on a scale measuring depression was 24.4—higher than the most conservative published cutoff score for adolescents (24); 53 percent of the participants screened positive for depression

- 76 percent agreed with the statement that the community rejects orphans, and only 26 percent strongly agreed that they had at least one friend

- 64 percent said they had lost confidence in people, and 40 percent agreed that life was meaningless or reported losing faith in God since the deaths of their parents

"Hunger, grief, few assets, poor health status and indices of social marginalization were associated with more depressive symptoms in this sample," the authors write. "Ten years after the Rwandan genocide and in the midst of the HIV/AIDS epidemic, the effects of poverty and social disruption on the most vulnerable youth in Rwanda are evident."

"The effect of caregiver depression on younger children living in youth-headed households is not yet known," they conclude. "Further study of orphans and vulnerable children in countries such as Rwanda, in particular, studies that inform large-scale interventions, are necessary if the next generation of youth is to thrive."

Source: JAMA and Archives Journals

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