Sub-theme: Healthcare and Service Delivery

Clinical Correlates of Suicidality in HIV/AIDS in Semi-Urban South Western Uganda

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Abstract
There is paucity of data on the burden of suicidality in HIV/AIDS and associated clinical factors in sub-Saharan Africa. Yet, the region accounts for 70% of the HIV burden. This study aimed to assess the rate and clinical risk factors for suicidality in HIV-positive individuals in semi-urban Uganda. It was a cross-sectional survey of 543 HIV-positive individuals aged 15 years and above recruited from two HIV specialized clinics in Mbarara. Using logistic regression analysis, factors significantly associated with suicidality at 95% confidence interval and p-value of ≤ 0.05 were identified. The rate of suicidality was 10% (n = 54; 95% CI: 5.00-15.00); suicidal ideation 8.8% (n = 48; 95% CI: 6.70-11.50) and suicidal attempt 3.1% (17, 95% CI 2.00-5.00). Risk factors for suicidality were: perception of poor physical health (OR 2.22, 95%CI 1.23-3.99, p = 0.007), physical pain (OR 1.83, 95% CI 1.01-3.30, p = .049), reducing on the work due to illness (OR = 2.22, 95%CI 1.23-3.99, p = 0.004) and recent HIV diagnosis (OR 1.02, 95% CI 1.01-1.03, p = 0.001). The findings suggest that HIV/AIDS in south-western Uganda is associated with a considerable burden of suicidality. HIV seems to work secondarily through clinical factors to increase vulnerability to suicidality. Suicide risk assessment and management should be an integral part of HIV care.

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