

審査の結果の要旨

網谷 レイチェル マリー

Rachel Marie Amiya

This prospective cohort study was undertaken to facilitate a more robust and nuanced understanding of the temporal associations of perceived family support (PFS) with concurrent and prospective adverse mental health outcomes among people living with HIV/AIDS (PLWHA) in the low-income South Asian country of Nepal. Specifically, the main objectives were (1) to describe depression, suicidal ideation, and PFS as well as changes therein among adult PLWHA from one point to another over time; (2) to assess the concurrent (cross-sectional) associations of depression and suicidal ideation with PFS elements; (3) to determine the extent to which PFS dimensions at one point account prospectively for variations in subsequent experience of depression and suicidal ideation; (4) to examine potential moderating interactions between positive and negative dimensions of PFS in predicting subsequent experiences of depression and suicidal ideation; and (5) to determine whether changes in PFS dimensions from one point to another predict incident depression and suicidal ideation, as well as continuous changes in the severity of depressive symptoms and suicidal thoughts over the same period.

Cross-sectional and longitudinal analyses yielded the following key findings:

1. Among 322 participants surveyed at baseline, 26% met the Beck Depression Inventory (BDI)-Ia-defined threshold ($BDI-Ia > 20$) for depression and 14% reported suicidal ideation in the past 2 weeks. Since being diagnosed with HIV, 43% had *ever* thought about ending their lives and 17% had actually attempted suicide.
2. Significantly lower rates of both depression ($p < .01$) and suicidal ideation ($p < .05$) were observed among those with total PFS scores in the highest and middle tertiles relative to lowest-tertile scorers at baseline. Those reporting high levels of *positive* PFS were nearly four times *less* likely to register depression than those reporting low levels of such support ($p < .01$). Those reporting high levels of *negative* PFS were nearly four times more likely to be depressed and over four times more likely to report suicidal ideation than their counterparts with low negative PFS levels ($p < .01$).
3. Lower baseline levels of PFS were reported by female participants and those with higher levels of internalized AIDS stigma ($p < .01$). Conversely, those educated to the primary level or higher perceived higher family support levels ($p < .01$).

4. Among those depressed at baseline surveyed at follow-up, 16% (n=10) remained depressive after 18 months. Meanwhile, incidence of new depression was 8% (n=16).
5. Total perceived family support predicted depressive symptoms and suicidal thoughts in both concurrent ($p<.01$) and lagged structural equation models ($p<.05$). When considered in conjunction with the effects of baseline positive PFS, baseline negative PFS was a significant predictor of baseline depressive symptoms ($p=.001$) and suicidal thoughts ($p=.02$) but not of follow-up depressive symptoms or suicidal thoughts, consistent with a possible buffering effect through positive PFS. Baseline positive PFS, meanwhile, inversely predicted follow-up depressive symptoms ($p=.001$) and suicidal thoughts ($p=.01$) but was not associated with baseline mental health outcomes when considered alongside negative PFS.
6. A decrease or sustained low level of total PFS at baseline was associated at follow-up with higher incidence of new depression, while an increased or sustained high level of total or positive PFS was associated with lower incidence of new depression at follow-up ($p<.05$). Meanwhile, participants who experienced decreased or sustained low levels of negative PFS from baseline to follow-up were over six-and-a-half times *less* likely to report suicidal ideation after 18 months, and those who experienced increased or sustained high levels of negative PFS were over eight times *more* likely to report suicidal ideation at follow-up ($p<.01$).
7. Analyzed continuously, changes in both total PFS ($p<.01$) and positive PFS ($p<.05$) correlated negatively with changes in depressive symptoms across the 18-month follow-up period, though stratified analyses revealed that associations were only significant for those with low (below-median) baseline PFS scores. Corresponding changes in *negative* PFS, meanwhile, showed significant positive associations with changes in both depressive symptoms and suicidal thoughts, regardless of baseline negative PFS score ($p<.001$).

This study is among the first to shed light on important and distinct roles played by both positive and negative elements of PFS in immediately and prospectively determining the experience of serious psychological distress in a community-based sample of PLWHA residing in a low-income Asian country. Against heavy burdens of depression (26%) and suicidal ideation (14%), cross-sectional and longitudinal analyses showed that supportive family interactions may exert a protective effect and *unsupportive* family interactions a perhaps even stronger contributing effect. Analyses further identified female gender, low education levels, and high internalized stigma as specific risk factors for psychological distress among those living with HIV/AIDS.