

ABSTRACT

Background: Women and girls continue to be disproportionately affected by HIV in sub-Saharan Africa. In Zambia for instance, the epidemic now has taken a ‘female face’ with the prevalence rate of 14.3% among women aged between 15 – 49 years (UNAIDS, 2007). Gender Based Violence (GBV) and depression are being recognized as global problems and increasingly affecting women. Depressive symptoms have shown to impact the psychological quality of life especially for those living with HIV. Investigations that have focused solely on samples of women expressing depressive symptoms have found that women evidenced deficit in psychomotor speed, attention and memory functioning. The overall objective of this study was to find out the impact and association of GBV and depressive symptoms on the neurocognitive functioning in HIV positive women.

Methods: An International Neurobehavioral Test Battery (INTB) was used in a cross-sectional study to review the association of GBV and depression on neurocognitive functioning among HIV positive women in Lusaka’s selected urban clinics. Convenient sampling was used to recruit 263 participants comprising 107 (40.7%) males and 156 (59.7%) females, ranging in age between 20 and 65 years with 5 to 20 years of education. Of the 263 participants, 88 had impaired neurocognitive functioning with 35 (39.8%) males and 53 (60.2%) females.

Results: In this study, there was non-significant gender difference on the effects of GBV and depressive symptoms on neurocognitive functioning. Respondents who experienced GBV showed cognition deficits in working memory, verbal learning and recall. Pearson’s correlation test showed a negative correlation on both psychological and sexual abuse on working memory $r(263) = -.19, p = .002$; $r(263) = -.16, p = .008$ and verbal learning $r(263) = -.15, p = .018$; $r(263) = -.17, p = .006$ respectively. On recall memory tests, only sexually abused respondents indicated significant negative correlation, $r = -.12, n = 263, p = .044$. Those who reported depressive symptoms on BDI-II had impaired cognitive functioning on working memory, recall and motor functioning. Gender, age, education and marital status had non-significant effect on NP test performance. Association of GBV and depressive symptoms on Global Deficit Score (GDS) impairment index indicated no statistical significant $F(210, 1338) = 1.12, p = .137$.

Conclusion: The finding of the present study suggests that GBV and depressive symptoms are independent predictors of neurocognitive deficits in HIV positive women in Zambia.

DEDICATION

This dissertation is dedicated to The LORD, my GOD, Choolwe my first born son and Castinah my dear wife. Thank you for who you are to me.

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LIST OF ACRONYMS

AIDS	-	Acquired Immune Deficiency Syndrome
ART	-	Antiretroviral therapy
BVMT - R	-	Brief Visual Spatial Memory Test
BDI-II	-	Beck Depression Inventory Version 2.
COWAT	-	Controlled Word Association Test
CNS	-	Central Nervous System
DHMB	-	District Health Management Board
DRGS	-	Directorate of Research and Graduate Studies
GBV	-	Gender Based Violence
GDS	-	Global Deficit Score
HAND	-	HIV-Associated Neurodisorders
HIV	-	Human Immune Virus
HVLT – R	-	Hopkins Verbal Learning Test
INTB	-	International Neurobehavioral Test Battery
IHDS	-	International HIV Dementia Scale
NGOs	-	Non Governmental Organizations
PASAT	-	Paced Auditory Serial Addition Test
PV	-	Physical Violence
NP	-	Neuropsychology
UNZABREC	-	University of Zambia Biomedical Ethics Research Committee
VTC	-	Voluntary Testing and Counselling
ZP	-	Zambia police