

IMPACT OF CERVICAL DYSPLASIA DIAGNOSIS ON HIV POSITIVE WOMEN AT THE DREAM CENTER, LANG'ATA NAIROBI COUNTY.

Margaret Ndiah Magambo

*School of Education and Social Sciences, Kenya Methodist University, P.O. Box 267-60200
Meru, Kenya*

Dr. Bernard Wamalwa

*Department of Theology, Religious Studies and Counselling, Kenya Methodist University, P.O.
Box 267-60200, Meru, Kenya*

Doreen Katiba

*Department of Theology, Religious Studies and Counselling, Kenya Methodist University, P.O.
Box 267-60200, Meru, Kenya*

ABSTRACT

Cervical dysplasia is the abnormal growth of pre-cancerous cells on the surface of the cervix associated with the human papilloma virus (HPV), a sexually transmitted virus. The risk for cancer is lower for mild dysplasia. Cervical cancer is one of the most prevalent cancers that affect women and that leads to deaths worldwide. The ultimate purpose of the study was examining the impact and make recommendations on critical psychological issues that should be addressed at the Dream center, Lang'ata Nairobi County. The study was conducted through descriptive research design. The study population was HIV positive women diagnosed with cervical dysplasia at the Dream center, Lang'ata Nairobi County between the months of October 2013-September 2016. Target population was 50 HIV positive women diagnosed with cervical dysplasia in Dream center Lang'ata Nairobi County, out of 200 women diagnosed with the same condition between the months of October 2013 to September 2016. The study used systematic random sampling technique to select 25% of the target population. The sample size of the study was 50 possible respondents, 10 clinicians and 10 caregivers were also targeted in the study. The researcher carried out a pilot study using a sample with similar characteristics as the sample for the study. The collected data was analyzed using descriptive statistics and inferential statistics. The organized data was interpreted on account of concurrence to objectives using assistance of Statistical Package for Social Science (SPSS) computer packages and Microsoft Excel Data and Analysis Tool Packs to communicate research findings. Based on the limited literature currently available, treatment for cervical and vulvar dysplasia appears to have a negative impact on sexual health. Information should be made available on cervical dysplasia to HIV positive women to ease impacts of cervical dysplasia diagnosis.

Key words: Cervical dysplasia, Biopsy, Social support, End cervical curettage, In- situ, Cervix

1.1 Background of the study

Dysplasia is a condition in which cells of the cervix transform in either size or shape. Dysplasia comes from Greek word for "difficult formation" (it is used in pathology to refer to an abnormality of development. This generally consists of an expansion of immature cells (such as ectoderm), with a corresponding decrease in the number and location of mature cells. It is indicative of an early neoplastic process. The term dysplasia is typically used when the cellular abnormality is restricted to the originating tissue, an example in the case of an early, in-situ neoplasm. One case dysplasia is epithelial dysplasia of the cervix (cervical intraepithelial neoplasia) a disorder commonly detected by an abnormal pap smear. (Baseman, & Koutsky, 2005) . It consists of an increased population of immature (basal-like) cells which are restricted to the mucosal surface, and have not invaded through the basement membrane to the deeper soft tissues. There are analogous conditions which include vaginal intraepithelial neoplasia and vulvar intraepithelial neoplasia. Myelodysplastic syndromes, or dysplasia of blood-forming cells, show increased numbers of immature cells in the bone marrow, and a decrease in mature, functional cells in the blood. Cervical dysplasia is the abnormal growth of pre-cancerous cells on the surface of the cervix associated with the human papilloma virus (HPV), a sexually transmitted virus. Without treatment 30 – 50% of severe cervical dysplasia progress to invasive cancer. The risk for cancer is lower for mild dysplasia (Hamilton, 2001).Ladies with HIV are at higher hazard. This hazard appears to increment as CD4+ tallies drop (Cleary & Hegarty. 2011). The cervix might be felt with the tip of a finger inside the vagina. It is the opening of the uterus that leads into the vagina. In dysplasia there is advancement of sporadic cells known as bruises on the surface of the cervix (Cleary & Hegarty , 2011).

On a global perspective (World Health Organization Institute Cetelad'oncologia WHO, (2010) established that there are nearly 1.3 million cases of clinically recognized cervical cancer. Institute Cetelad'oncologia WHO, (2010) research indicates that as many as 7 million women will have severe cervical dysplasia (almost becoming cancer) (WHO, 2010) globally 80% of these are in developing countries like Kenya. Cervical cancer remains the commonest genital tract cancer.

The fact that cervical dysplasia attacks the most important organs of women that is their genitals, makes women feel as though their feminine fertility is damaged and their self-esteem is negatively affected (Hamilton, 2001). In Kenya all HIV positive women with history of sexual activity aged 18 – 65 old should be screened for cervical cancer as part of the comprehensive HIV care. This is because HIV infection is known a significant risk factor for cervical cancer. It is also known that HIV positive women are approximately 20 times more likely to develop squamous intraepithelial lesions than HIV negative women Wright, (1994). Baseman & Koutsky (2005) has also confirmed these observations in Kenyan studies.

HIV, HPV and cervical cancer are epidemiologically linked whereby infection with one of these agents predisposes to infection. This can lead to the development of malignant disease. More

worse is that the proportion of women infected with HIV is increasing. In sub-Saharan Africa, women make about 55% of the HIV infected persons. Women are more vulnerable because biologically, women have larger mucosal surface area hence more prone to micro lesions, which can occur during intercourse in particular following coercion. There are also economic and socio-cultural reasons, which make women more vulnerable. Kareem, Elkanah, Astrid, Peter & John (2002) writes that cervical cancer is one of many epidemics that disproportionately affect low-income countries. Notable is the limited screening and diagnostic capabilities in these countries, most women present with late-stage, fatal disease. Deaths due to cervical cancer are projected to rise by almost 25% in the next 10 years. This is owing to increased population growth. In Kenya, the crude incidence of cervical cancer is estimated to be at least 16 cases per 100 000 women per year, although this is probably an underestimate. Thus, the need for screening for cervical cancer in Kenya has become an important health priority for prevention of cervical cancer thus increasing numbers for people diagnosed with cervical dysplasia,

According to WHO (2010) there are 500,000 new instances of and 275,000 deaths from cervical tumor every year around the world. Around 93% of deaths from cervical disease happen in low-wage nations. At Dream Center Lang'ata most of the cervical cancer screening clinicians offer information on cervical cancer screening procedures and no counseling is done to allow women to deal with their psychological problems of cervical dysplasia diagnosis. Women are unable to get any information from clinicians to understand oncogenic cervical dysplasia resulting in uncertainty. Women's feelings are often not considered even in difficult situations when they are told that cervical dysplasia has been diagnosed, even though cervical dysplasia is a highly distressing condition.

It is likely that there are impacts of cervical dysplasia diagnosis among HIV Positive women in Dream center Lang'ata Nairobi County. It is likely that there are problems created from cervical dysplasia diagnosis on HIV positive women diagnosed with cervical dysplasia at the Dream center, Lang'ata Nairobi County and it is likely that there are available services for HIV positive women diagnosed with cervical dysplasia at the Dream center, Lang'ata Nairobi County. Most studies on cervical dysplasia are limited and the data achieved is mostly Caucasian women (samples typically 90% Caucasian). These results are not limited to cervical dysplasia. They include other gynecological cancers in the samples and focus primarily on sexual functioning (Anderson, 2002). In a study of 100 women with gynecological cancers (including 38 with CCA) reported that identified mood states, ambiguity about illness-wellness state psychosocial concerns (worry, depression, anxiety, inadequate social support).

Studies show that research on cervical dysplasia specifically is insufficient. Most studies on ethnic minorities and cervical dysplasia have focused on epidemiological issues like; incidence, mortality and screening. Other studies have explored health beliefs and/or QOL issues with diverse groups of cervical cancer survivors (CCS). There is evidence that Latina CCS have significantly higher levels of depression than in other cancer patients and community samples of

Mexican-Americans and non-Hispanic Whites. There concerns include Social support, general stress, family issues, relational and sexual issues, physical symptoms associated with treatments, and barriers to obtaining treatment. Many of the countries with the highest burden of cervical cancer also face an unrelenting HIV epidemic; for example, the prevalence of HIV among women aged 15–49 years in Kenya was 8.0% in 2009. HIV infection confers a greater risk for developing cervical dysplasia and cancer. The incidence of cervical intra-epithelial neoplasia (CIN) is 4 to 5 times higher among HIV-infected women than among their uninfected counterparts (WHO, 2010).

The fact that these generalized studies depict high levels of psychological effects as general stress, family issues, relational and sexual issues means that even cervical dysplasia must be having adverse psychological effects. This is a gap that this study intends to fill since cervical dysplasia is an avoided stage of psychological problems yet it is the most important stage in the prevention of cervical cancer (Baseman & Koutsky, 2005).

When the diagnosis is dysplasia, the most common treatment is cryotherapy which kills abnormal cells by freezing them. The procedure is performed by a gynecologist's officer and takes less than 10 minutes. Although none of these treatments compromise a woman's fertility, extensive conization can make it difficult for a woman to bring a pregnancy to full term.

1.2 Statement of the Problem

Cervical cancer is one of the most prevalent cancers that affect women and that leads to deaths worldwide. Globally cervical cancer is the second most common female malignancy (and it accounts for approximately 300,000 deaths annually worldwide and half a million new cases are reported each year. It is therefore, one of the most preventable communicable disease through screening and early treatment. Early screening and treatment has been shown to effectively reduce the incidence of this Malignancy in developed countries, National Cancer Institute (2011) In Kenya all HIV positive women with history of sexually activity, and are 18-65 years of age are screened for cervical cancer as part of comprehensive HIV care. The projected new cervical cancer cases in Kenya in 2015 are 4261. In Kenya, 90% of patients with cervical carcinoma present with advanced stage of the disease. Cervical cancer can be prevented by treatment of cervical dysplasia to prevent development of cervical cancer. Some of the reasons that women give for non-treatment of cervical dysplasia is cost, inadequate communication on the importance of treatment, fear of losing fertility and psychological distress and effects on their sexuality and low self-esteem.

This study is designed for ultimate purpose of identifying the impacts of cervical dysplasia diagnosis for HIV positive women diagnosed with cervical dysplasia at the Dream center, Lang'ata Nairobi County and making recommendations on some of the critical psychological issues that should be addressed in Dream center Lang'ata. The study added up to the foundation of conducting more studies on impacts of cervical dysplasia diagnosis, identifying problems

created from cervical dysplasia diagnosis and exploration on available support services for HIV positive women diagnosed with cervical dysplasia

1.3 Objective of the Study

To identify the impacts of cervical dysplasia diagnosis on HIV positive women at the Dream center, Lang'ata Nairobi County.

2.0 LITERATURE REVIEW

2.1 General Information on cervical dysplasia

Cervical dysplasia is an abnormal change in the cells of the cervix in the uterus. The Early changes, are called low-grade lesions by doctors and may persist and develop into high-grade. These can lead to cervical cancer. Mildly abnormal cervical cells will often clear up on their own. Both cervical dysplasia can be treated effectively when they are caught early. A virus called HPV (human papillomavirus) causes most cervical dysplasia and all cervical cancers especially in women who are HIV positive, cervical dysplasia is common(Solanke, 2006).

The cervix is the opening of the uterus that leads into the vagina. It can be felt with the tip of a finger inside the vagina. In dysplasia, there is growth of abnormal cells on the surface of the cervix. These are termed as lesions. These lesions can shrink and even disappear. They can too, persist (the lesions remain present but don't change), or to become a high-grade lesion or cervical cancer. Cervical cancer is an abnormal growth of the cells of the cervix. Over several years, abnormal lesions on the cervix can slowly turn into cancer (Solanke , 2006).

Cervical dysplasia and cancer have been linked to a very common virus called human Papillomavirus (HPV). In over 100 strains of HPV, 40 can be transmitted sexually. These strains cause warts, as genital warts (abnormal growths on the skin), some lead to cancer of the genitals or anus, the intestines or the lungs, throat and mouth. Others have no known effect (Cleary, & Hegarty, 2011).

The immune system helps protect against the development of cervical dysplasia and cancer. In Women whose immune systems are weakened by transplant drugs or illnesses such as HIV, there is greater risk for HPV infection, cervical dysplasia and cervical cancer. Women with HIV are at higher risk. This risk seems to increase as CD4+ counts drop (Cleary,& Hegarty , 2011).

There are other factors that contribute to the development of cervical dysplasia and cancer apart from HPV. These include cigarette smoking has been linked to this condition. Cancer-causing chemicals in cigarette smoke concentrate in cervical fluids and these can affect the health of cervical cells, increasing the risk that these cells become abnormal. Other factors include having had a prior sexually transmitted infection (STI), having been pregnant many times and eating a poor diet. The fact that HPV is sexually transmitted, having multiple sexual partners will increase a woman's risk of being exposed to this virus. This does not mean that women with few partners are not at risk. Usually, there are no symptoms of cervical dysplasia. Genital warts are a sign that someone has been exposed to certain strains of HPV. Treating warts deals with lesions

but not the viral infection however, note that a woman or a man can have HPV and not have genital warts. Similarly, there are often no physical symptoms of cervical cancer, especially in the early stages. In advanced stages of cervical cancer, there may be pain in the abdomen or lower back, pain or bleeding while having intercourse, unusual vaginal discharge, or bleeding between menstrual periods (ACCP, 2004).

2.2 Impacts of cervical dysplasia diagnosis among HIV positive women at the Dream Center, Nairobi County.

Prior researches have shown that there are various impacts that arise from being diagnosed positive for cervical dysplasia. These range from elevated levels of anxiety to fears of losing spouse, fertility and acceptability in the society. The fear of death too is rife. Vlassoff and Ali (2011) clarifies that many studies on positive dysplasia results have a trend of depicting stress, sorrow, tension and lack social help.

2.3 Feeling of Fears, worry and anxiety on testing positive to cervical dysplasia

People with a stigmatized illness may experience fear, low self-confidence, stress, fear, shame, and guilt (Van & Stutterheim, et al 2012) this is felt stigma. In addition to this, health-related stigma may cause people with certain health conditions to withdraw from interpersonal relationships and social events (Balfe & Brugha, 2010). This can be depicted in a case where people with lung cancer stated that they were embarrassed to disclose their condition to family and friends and for this reason were unlikely to assess financial benefits, such as tax relief (Chapple et al, 2004). People with dysplasia often conceal their dysplasia diagnosis for fear of being stigmatized. They keep their diagnosis secret and withdraw from relationships or situations where talk of dysplasia might arise. (Balfe & Brugha et al 2010). The danger of this is that people with a stigmatized illness may be likely to continue to engage in risky behavior, ignore preventative behaviors, or default from treatment, the stigmatized nature of the illnesses may be a contributing factor (Duncan et al 2001).

Research suggests that women diagnosed with HPV or women who have had an abnormal Pap test result are afraid that others will stigmatize them (Perrin, 2006). Moreover, many women with HPV believe that stigma exists because the infection is sexually transmitted. They may be labeled promiscuous or dirty. People often have negative opinions of people with an STI. People believe that people with an STI should feel shame associated with their diagnosis (Foster & Byers, 2008). There usually is assumption that a person with an STI has participated in immoral or unacceptable sexual behavior, such as unprotected sex or sex with multiple partners (Fortenberry et al, 2004). There are worse beliefs as believing that an individual with an STI is more likely to engage in other immoral behaviors such as lying or shoplifting than an individual without an STI (Young, 2007). People with illness as cervical dysplasia may experience low self-confidence, stress, fear, shame, and guilt. Some have stated that they were embarrassed to disclose their condition to family and friends and for this reason were unlikely to assess financial

benefits, such as tax relief. People with dysplasia often conceal their dysplasia diagnosis for fear of being looked down upon (Stutterheim , 2012).

A research on Psychological impact, support and information needs for women with an abnormal Pap smear, comparative results of a questionnaire in three European countries shows that testing positive to cervical dysplasia leads to stress and anxiety adding that these emotions are often long lasting, being present up to two years after the test. Cervical dysplasia and womanliness are regularly focal worries to the ladies with HIV amid conceptive years. (Hamilton , 2001). Thus cervical dysplasia and femininity are often central concerns to the women with HIV during reproductive years. Cervical dysplasia may lead to the women worrying about being rejected by their partners and those that do not have partners may be anxious about dating due to their sense of unattractiveness. Being fertile is associated with feeling sexual and feminine(Schover, 1999).

Women of reproductive age report the fear of loss of reproduction functioning as distressing as the prospect of cancer. The feeling of distress includes a sense of shame or guilty concerning their positive test result. Increased public awareness about the role of the sexually transmitted human Papilloma virus (HPV) in cervical cancer also negatively impacts patient's feelings about their bodies and their perceived feelings of responsibility in developing cervical dysplasia.

A study done in India to examine the experiences of women with different stages of dysplasia participants considered cervical dysplasia to be highly distressing condition and experience monitoring as worrying delay before regression of the lesions or treatment should be initiated. Women expressed fear of cancer that was not proportional to the stage of their dysplasia, but was determined by their need for information and ensure better communication with medical practitioner about cervical dysplasia immediately after diagnosis, irrespective of the disease stage. There are studies of the psychological impacts of screening and diagnosis that have documented that an abnormal pap result, and the time period before, during, and following colposcopy are associated with anxiety and distress Baseman, & Koutsky, (2005). The impacts of treatment for HPV-associated disease on quality of life, sexual health, and sexual relationships are less known because Most of the available literature is focused on outcomes in patients treated for cervical and vulvar malignancies. However, given the prevalence of HPV and the widespread adoption of HPV testing in screening protocols, the treatment of premalignant HPV-related disease is far more common than treatment for cancer.

2.4 Depression due to cervical dysplasia diagnosis.

According to Lancaster, (2011) investigations have archived elevated amounts of misery, nosy considerations, and evasion adapting after a cervical dysplasia finding. The larger part of ladies decipher unusual Pap smear outcomes (cervical dysplasia) as a report of obtrusive malignancy. Ladies of conceptive age report the dread of loss of propagation working as upsetting as the possibility of growth. The sentiment of trouble incorporates a feeling of disgrace or liable concerning their positive test outcome. Expanded open mindfulness about the part of the sexually transmitted human Papilloma infection (HPV) in cervical malignancy additionally adversely

impacts patient's sentiments. The mental impacts of screening and conclusion of unusual pap result, and following colposcopy screening are related with tension. (Lancaster, 2011)

2.5 Cervical dysplasia reduces sex drive and fertility among HIV positive women diagnosed with cervical dysplasia.

Cervical dysplasia may lead to cancer and cancer treatments and treatment of these as effects as decreased elasticity, mucosal atrophy, shortening, and stenosis of the vagina, reduced lubrication and reduction / loss of vaginal sensation, dyspareunia, reduced sexual desire and arousal, and anorgasmia. There is growing evidence of sexual morbidity after treatment for cervical cancer. However, its proper assessment and management are still neglected in routine follow-up care. This implies that there is need for counselling so that patients to express their actual daily life situations is highlighted, emphasizing, in this regard, the specific assessment of sexual function, guidance with regard to resuming sexual activity after undergoing treatment, and the necessary interdisciplinary approach in the treatment of sexual dysfunction, when such a condition is identified (Baseman & Koutsky,2005).

A good sex life is an integral part of an individual's health and well-being, and is very important in a loving relationship. According to the World Health Organization (WHO), sexuality is one of the indicators of quality of life; it influences thoughts, feelings, actions, social integration, and therefore, physical and mental health. It is multi factorial and has a complex structure, influenced by biological, psychological, socioeconomic, intellectual, religious, and sociocultural factors, thus its practice depends on the integration of all these factors (Baseman, & Koutsky, 2005).

Dysplasia often lead to cancer and its treatments can affect sexual response cycle, through alterations of sexual response as disturbance in the processes that constitute the sexual response cycle, due to a lack, an excess, discomfort and/or pain in their expression and development. It is shown, therefore, that the sexual function of patients affected by cervical cancer calls for concern, and attention, since it has an impact on the quality of life of these women and their partners, which may negatively affect the couple's relationship, often resulting in sexual dissatisfaction, marital difficulties, and even abandonment of the women by their husbands, thus adding an increased overall burden of cancer on these women and their families.

In this regard, it is noteworthy that patients, in general, do not express their concerns about sexuality, leaving it to the professional to take the initiative to ask. Thus it is up to the health professional to provide, during consultations, a favorable environment and encourage patients to express their actual sex life situations. Cervical dysplasia may lead to infertility, which is emotionally painful event as an isolated health problem. It is not surprising that cancer survivors have higher level of distress over infertility than couples who are infertile due to other biological causes (Schover, 1999).

Patient diagnosed with cervical dysplasia or even cancer before childbearing age are obviously more distressed about infertility than those who have already had children, women tend to be more concerned with infertility than men. Schover (1999) argues that the distress results from the fact that women are more likely than men to see parenthood as an integral part of their socialized goals. Infertility tends to alter the feminine self-image because from childhood many women are

told that they will get married and have children. Some religious faith focusing on the notion that people should multiply also reiterate the importance of having children. As a result woman diagnosed with cervical dysplasia may become infertile due to the treatment procedure and she may feel unconsciously as though she may not be able to fulfill the nature's law that a female should bear offspring. The treatment procedure involved in the treatment of cervical dysplasia affect the structures that are involved in child conception and child bearing as well as sexual intercourse (Corney, 1992)

3.0 Research Design

This study was conducted through descriptive research design. In this study the researcher interacted with the respondents and conducted surveys to collect the necessary data. Descriptive research is used to describe characteristics of phenomenon or a population being studied.. The characteristics used to describe the situation or population are usually some kind of categorical scheme also known as descriptive categories. While conducting this survey to collect data attention was given to construct and content validity, reliable scoring, clear questions with precise, mutually exclusive answers and a representative sample.

4.0 Findings

4.1 Impacts of cervical dysplasia diagnosis among HIV positive women at the Dream Center Lang'ata, Nairobi County.

The research sought to identify whether there are impacts caused by cervical dysplasia diagnosis. Prior researches have shown that there are various impacts that arise from being diagnosed positive of cervical dysplasia. These range from elevated levels of anxiety to fears of losing spouse, fertility and acceptability in the society. The fear of death too is rife. Shepherd, (2011) clarifies that many studies on positive dysplasia results have a trend of depicting stress, sorrow, tension and lack social help.

4.2 Feelings of hopelessness, shame, anxious, embarrassed, worried, happy and traumatized on testing positive to dysplasia

The research sought to find out the impacts of cervical dysplasia diagnosis on HIV positive women at the Dream center, Lang'ata Nairobi County based on tags hopelessness, shame, anxious, embarrassed, worried, happy and traumatized. The research found out that on a scale tagged hopelessness, shame, anxious, embarrassed, worried, happy and traumatized the respondents rated hopelessness(10%), shame(13%), anxious(20%), embarrassed(17%), worried(9%) happy 0% and traumatized(23%).

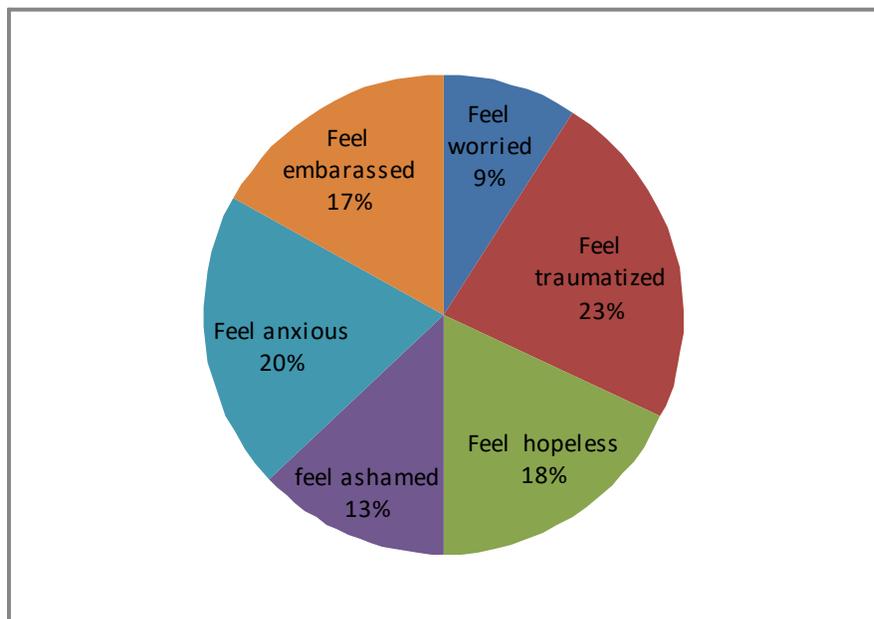


Figure 1 Feelings of hopelessness, shame, anxious, embarrassed, worried

These findings tally with a the findings of a research on Psychological impact, support and information needs for women with an abnormal pap smear: comparative results of a questionnaire in three European countries by Yanessa, Reece, & Basta, (2008) that shows that testing positive to cervical dysplasia leads to stress and anxiety adding that these emotions are often long lasting, being present up to two years after the test. Cervical dysplasia/and womanliness are regularly focal worries to the ladies with HIV amid conceptive years. These ladies stress over being rejected by their accomplices and those that don't have accomplices might be restless about dating because of their feeling of ugliness.

4.3 The biggest cause of worry after positive cervical dysplasia diagnosis

The research sought to find out what the respondents worried about. The research found out that 92% worried about contacting cancer as the major worry compared to 89% and 95% who said that their main worry was that they might die and that the dysplasia might turn to cancer respectively. However 8% said that they did not worry about having cancer. 11% did not worry that they might die and 5% did not worry that dysplasia might turn to cancer.

This has been supported by Halmiton, (2001) who argues that women diagnosed with cervical dysplasia have worries as fear of being rejected. He adds that they may feel anxious and feel a sense of unattractiveness. Some women worry that they already have cancer on a positive dysplasia screening result

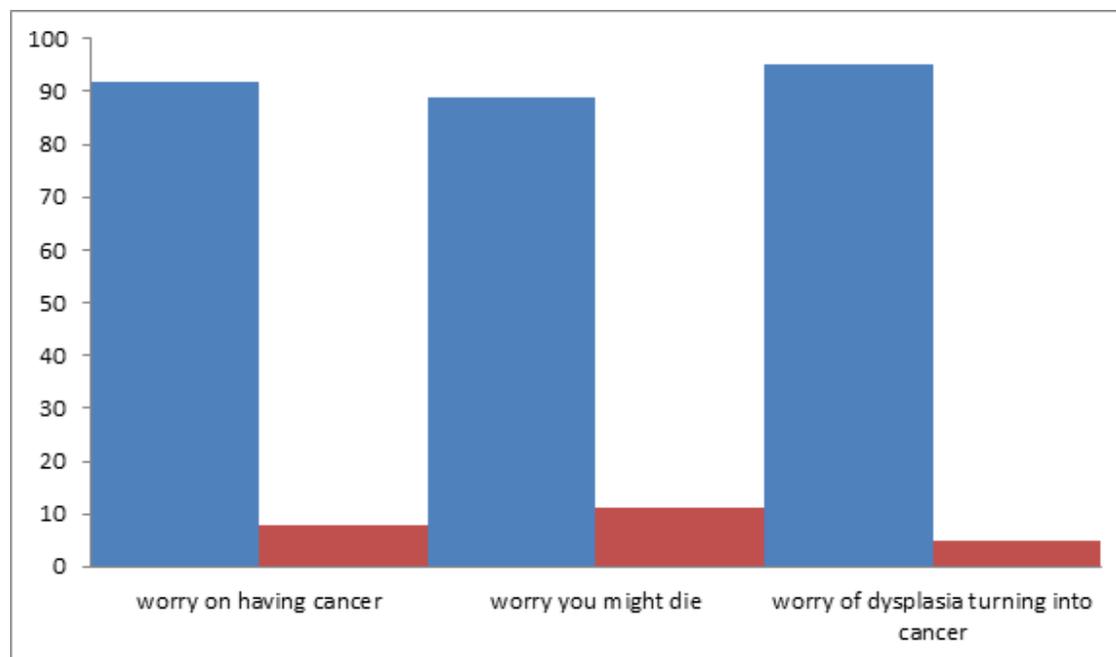


Figure 2 Impacts of cervical dysplasia diagnosis based on worry factor

5.0 Summary of the Findings

The research established that the earlier studied that there were impacts and problems arising from being diagnosed positive of cervical dysplasia were truthful. There ranges from anxiety, fears and worries arising from the fact that dysplasia might result in cancer, death, loss of spouse and fertility. The research further established that these impacts and problems can be managed better under conditions where there is social support as counseling, availability of information and being in social groups as focus groups. The theoretical review argues that locus control is essential in determining how they react to various psychological impacts and this explains why social support is essential to women diagnosed with cervical dysplasia.

5.1 Impacts of cervical dysplasia diagnosis among HIV positive women at the Dream Center Lang'ata, Nairobi County.

The research indicated that 10% felt hopelessness, 13% shame, 20% anxious, 17% embarrassed, 9% worried, 0% happy and 23% traumatized.

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dating because of their feeling of ugliness. The research found out that 92% worried about contacting cancer as the major worry compared to 89% and 95% who said that their main worry was that they might die and that the dysplasia might turn to cancer respectively. However 8% said that they did not worry about having cancer, 11% did not worry that they might die and 5% did not worry that dysplasia might turn to cancer.

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5.2 Conclusion on the Findings

The research found that as indicated in the early researches, the negative impacts of dysplasia diagnosis are also life at Dream center Lang'ata Nairobi County, the patient are traumatized, suffer anxiety, fear death, and are divorces among other effect. The research showed parallelism in the piloting and research results in that trauma was rampant. Given a choice to tick one such feeling, the respondents rated hopelessness (10%), shame (13%), anxious (20%), embarrassed (17%), worry (9%) and traumatized (23%). The deviations between pilot study and actual study was less than 0.5%. The patients that felt they were not well counseled are the ones that suffered more trauma and other negative impacts of positive dysplasia results.

The research established that there are problems created from cervical dysplasia diagnoses among HIV positive women diagnosed with cervical dysplasia. The respondents indicated that they had anxiety (7 %) as a great challenge, lack of family support(10%) disclosure (10%)loss of fertility (15%) , treatment outcome (20%),Cost of treatment(17%) stigma (10%), lack of information (11%), No challenges (0%) . This showed that there are psychological effects among HIV positive women diagnosed with cervical dysplasia at the Dream Center, Nairobi County.

The research found that no counseling (87%) after cervical dysplasia diagnosis (87%) 13% of the counseling done (13%) , clarifying that it was not sufficient. They added comments as not well, not much and for a short moment. The results for this short moment was attributed to few personnel who were not even professional counselors. This means that the level of counseling was low and insufficient.

The analysis sought to establish the rating of available support services for HIV positive women diagnosed with cervical dysplasia. Rated as good (2%) the way there results were given, fair (10%) poor (60%) and very poor(18 %). The findings indicated that 0% rated it as very good. The fact that only 2% said it was good means that the available support services were not sufficient.

The clinicians and caregivers could not give foundational available support services on HIV patients diagnosed with cervical dysplasia. As the researcher put it, "There were no specific interventions on counseling the dysplasia patients and the answers given were generalized as the

institution always counsel patients, Clinicians are trained to handle the situation.” Claims that there were focus group discussions and these were active could not substantiate as there work was not measurable hence negligible. Support given to care givers to support them in taking care of the HIV positive women diagnosed with cervical dysplasia research established that ,among the comments given were more handle the situation better today, they give her drug , no direct support .

5.3 Recommendations

Information should be made available on cervical dysplasia to HIV positive women to ease impacts of cervical dysplasia diagnosis . Physicians and caregivers should be able to give the information in the best methods possible. There is need establish counseling facility with trained counsellors at Dream Center Langa'ta Nairobi county and any other medical facility offering cervical cancer screening services to address the psychological effects of HIV positive women diagnosed with cervical dysplasia.

5.4 Suggestion for Further Findings

The study focus on the psychological effects of cervical dysplasia diagnosis among HIV positive women at the dream center in Lang'ata Nairobi County. Further studies should consider carrying a similar study in other health institutions such and public hospitals for the sake of comparing.

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