

**PSYCHOLOGICAL EFFECTS OF CERVICAL DYSPLASIA DIAGNOSIS AMONG
HIV POSITIVE WOMEN AT THE DREAM CENTER IN LANG'ATA, NAIROBI
COUNTY**

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**A Thesis Submitted to the School of Education and Social Sciences in Partial
Fulfillment of the Requirement for the Conferment of a Master of Arts Degree in
Counseling Psychology of Kenya Methodist University**

JULY, 2018

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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 psychological effects and make recommendations on some of the 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. This was done at the Dream center Lang'ata Nairobi with measures in place to ensure that those who participated in the pilot study were not included in the actual study. The results of the pilot study enabled the researcher to ascertain and enhance the validity and reliability of the research instruments. 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 Analysis Tool Packs to communicate research findings. Based on demographic profile, older respondents (above 40 years) had greater percentage of satisfaction on counseling than the young respondents (1% more). The research indicated 87% of the respondents said that there was no counseling before screening, 13% of the respondents said that they were counseled. The clinicians and caregivers could not give foundational support services for HIV positive patients diagnosed with cervical dysplasia. The research indicated that among the fears expressed was the fear of death (51%), fear to loose fertility (17%) fear of divorce (19%) and other fears as cost of treatment were 14%. Lack of family support, anxiety, stigma, lack of information was also other important psychological impact expressed. The researcher found out that there were slight variation on how respondents handled various situations as counseling based on various demographic profiles as religious background and level of education. Based on the limited literature currently available, treatment for cervical and vulvar dysplasia appears to have a negative impact on sexual health. Based on the information shared during focus group discussions, the researcher found that clinicians focused more on the physical needs of HIV Positive women diagnosed with cervical dysplasia. 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. Positive dysplasia result might culminate to bigger psychological problems as stigma, loss of spouse and lower quality of life. This calls for measures by government and social groups to ensure that persons with dysplasia have a quality life in the long run. There too should be stringent support services that are specific to dysplasia and the condition should not be generalized as it affects mainly a specific group of persons (women) and may not be understood by other groups who might stigmatize these. Relevant government ministry and departments as the department of culture, gender and social services should ensure this both at county and national level.