

## CHAPTER 3

### Findings and literature review

#### 3.1 INTRODUCTION

Chapter 2 covered the research design and methodology of the study. This chapter presents the research findings with reference to the literature review in order to contextualise the findings. The main purpose of the study was to explore and describe the experiences of African women diagnosed with both HIV/AIDS and cervical cancer.

During data collection and analysis, women's experience of communication as a strategy facilitating disclosure, acceptance, support and diagnosis of HIV/AIDS and cervical cancer emerged as the main theme, with three categories:

- The experience of physical symptoms
- Women's experience of communication
- The emotional experience of being diagnosed with HIV/AIDS and cervical cancer

#### 3.2 SAMPLE

In this study, the sample was drawn from all the women diagnosed with both HIV/AIDS and cervical cancer receiving radiotherapy treatment at the Johannesburg/Hillbrow Hospital (Oncology Department). The sample comprised eight (6) women who volunteered for in-depth semi-structured interviews. During data collection, data saturation occurred in the sixth interview, but the researcher interviewed all eight women and no new themes emerged. Table 3.1 below represents the sample distribution according to age.

**Table 3.1 Respondents' ages**

<b>AGE</b>	<b>NUMBER</b>
31	1
32	1
37	1
38	1
40	1
41	2
42	1
<b>TOTAL</b>	<b>8</b>

### **3.3 FIELD EXPERIENCE**

The researcher did not experience much difficulty in entering the research field and met with the respondents at the treatment machines (Oncology Department). The respondents were already on radiation therapy treatment, so they knew the researcher. The researcher is employed in an environment (Oncology Department) where clinical trials are conducted on a daily basis. Permission to conduct the study was requested and granted (see annexure 1). The authorities were interested in the research topic and the findings of the study.

The respondents participated voluntarily in the study although some were sensitive and hesitant at first, possibly due to their HIV-positive status. The researcher found that they wished to keep their status confidential. The researcher explained the purpose of the study, informed consent and their right to withdraw at any time should they so wish. In addition, he assured the respondents that they and the information would be treated with the utmost confidentiality and that the tapes would be erased after transcription of the interviews. Written consent was sought from each respondent (see annexure 2).

In-depth individual phenomenological semi-structured interviews were conducted with the respondents. The researcher applied facilitative communication skills effectively, used probing questions, and clarified answers with the respondents in order to understand and describe the real meaning of feelings and verbal comments observed during the interview.

The researcher found the time spent with the respondents challenging and interesting, especially in describing, exploring and understanding these women's experiences of their diagnosis of HIV/AIDS and cervical cancer. The interviews enabled the researcher to "study human action from the insider's perspective, also referred to as the 'emic' perspective" (Babbie & Mouton 2001:53).

### **3.4 COMMUNICATION AS A STRATEGY FACILITATING DIAGNOSIS, DISCLOSURE, ACCEPTANCE AND SUPPORT OF WOMEN WITH HIV/AIDS AND CERVICAL CANCER**

This theme deals mainly with how the respondents were able to communicate their own experiences of being diagnosed with both HIV/AIDS and cervical cancer to other people, that is, health professionals, family and/or peers. Through communication with other people, they were able to gain acceptance and support in order to cope with the two illnesses in their own lives. Being diagnosed with both HIV/AIDS and cervical cancer can be experienced strongly by the patient and family. The theme of communication emerged clearly in all the interviews. Johnson (2003:124) describes communication as follows:

*Our basic social nature demands that we seek out communication with other people. All of us have personal needs that can be satisfied only by relating to others. Interpersonal communication reflects our mutual need to establish contact and join our efforts to achieve mutual goals. The very process of communication, that is, exchanging messages to achieve understanding of each other's perceptions, ideas, and experiences, makes people interdependent. It takes two to communicate, and through the art of communicating with another person we begin to maintain a relationship. What prompts communication is our desire for someone else to know what we know, to value what we value, to feel what we feel, and to decide what we decide [OWN EMPHASIS].*

This theme has three main categories, namely, the experience of physical symptoms, women's experience of communication, and emotional experience of being diagnosed with HIV/AIDS and cervical cancer. Table 3.2 illustrates the categories revealed in the data analysis.

**Table 3.2 Themes associated with the experience of being diagnosed with HIV/AIDS and cervical cancer**

<p><b>(1) EXPERIENCE OF PHYSICAL SYMPTOMS</b></p>
<p><b>(2) WOMEN'S EXPERIENCE OF COMMUNICATION</b></p> <p>PATIENT-DOCTOR COMMUNICATION DOCTOR-PATIENT COMMUNICATION PATIENT-FAMILY COMMUNICATION</p> <ul style="list-style-type: none"><li>• Peer communication</li><li>• Patient-Patient communication</li></ul> <p>GOOD COMMUNICATION VERSUS POOR COMMUNICATION</p> <ul style="list-style-type: none"><li>• Proper communication associated with acceptance of disease</li><li>• Poor communication associated with lack of acceptance</li><li>• Shock versus acceptance associated with lifestyle patterns</li></ul> <p>THE EXPERIENCE OF BEING DIAGNOSED</p> <ul style="list-style-type: none"><li>• The experience of being diagnosed with HIV/AIDS</li><li>• The experience of being diagnosed with cervical cancer</li></ul> <p>Acceptance of both HIV/AIDS and cervical cancer</p>
<p><b>(3) EMOTIONAL EXPERIENCE</b></p> <p>Fear of dying Fear of leaving children alone Fear of the unknown Fear of alienation Hope in women diagnosed with both HIV/AIDS and cervical cancer</p>

### 3.4.1 Experience of physical symptoms

Maiman et al (1997:76) found that cancer of the cervix is an initial AIDS-defining illness. In this study, some women were first diagnosed with HIV/AIDS, and because they were bleeding a lot, diagnostic procedures were done to confirm the presence of cervical cancer. Others were diagnosed with cervical cancer and after blood tests were found to be HIV-positive. One of the respondents said,

*I got HIV/AIDS first, and then later on I got cancer of the cervix. The first thing that happened is that I went to the hospital and was diagnosed with cervical cancer. They then took blood because they noticed that something was wrong with me. I was told that I'm also HIV positive. They told me first about HIV, and I knew later about cervical cancer.*

Hudson, Lee and Portillo (2003:483) state that symptom experience may be due to the diagnosis of HIV, the side effects of medication or treatment, or associated with opportunistic infections. Hudson et al (2003:482) add that in HIV/AIDS patients there are symptoms related to disease, like shortness of breath, fever and fatigue, and also symptoms related to treatment, like nausea and vomiting.

In this study, the respondents had the following symptoms: per vaginal bleeding, pain, headaches, spending sleepless nights, loss of appetite and going to the toilet often. The respondents described their symptoms as follows:

*What was happening is that I had headaches, pains and began bleeding.*

*I was bleeding a lot and also having headaches and pains.*

*Because I was bleeding a lot ... What I can say to you is that I'm having terrible pains.*

*I don't even sleep at night. Pains in my whole body, it is like fire.*

*Sometimes, you find that I go to the toilet often and I don't eat ... Like now, I feel so weak and I can't eat. Sometimes I don't have an appetite for two to three days. It is just that I lose appetite.*

Rubin and Williams (2001:234) state that pain is a common problem for cancer patients, with about 70,0% of patients experiencing severe pain at some time in the course of their illness. Furthermore, despite its prevalence, pain is always under-diagnosed and inadequately treated.

### **3.4.2 Respondents' experience of communication**

Johnson (2003:56) states that when people put their own feelings and reactions into words, they become clearer, better organised, and take on new meanings. Furthermore, explaining one's own reactions and feelings to other people can also lead to new insights into oneself and one's own experiences. Johnson (2003:56) goes on to say that "oral explanation results in higher-level reasoning and deeper-level understanding". In this category, four subcategories were identified: patient-doctor, doctor-patient, patient-family and patient-peer, and patient-patient communication.

#### ***3.4.2.1 Patient-doctor communication***

The respondents' symptom experience led them to consult a doctor to find out what was wrong. That is where communication begins. The respondents described their experiences to the doctor, and this resulted in their diagnosis of HIV/AIDS and cervical cancer.

*I want to start by telling you that I went to the doctor at Zola Clinic and they took blood. I went to the hospital for tests ... I didn't have any problem to do blood tests ...*

According to Pervan, Cohen and Jaftha (1995:738), when patients seek professional help, the process of communication, relationships, sharing information, and counselling with healthcare providers is activated. In addition, the success of this interaction depends largely on the knowledge and skills of the healthcare provider or doctor in managing the patient faced with a terminal illness.

### **3.4.2.2 Doctor-patient communication**

Doctor-to-patient communication results when the doctor or caregiver has to communicate the diagnosis of HIV/AIDS and cervical cancer to women. The patient is told about the treatment and how the cervical cancer will be treated. Some of the respondents did not understand what cancer of the cervix is until it was explained to them at the radiation therapy department. According to some of the respondents,

*The doctor explained to me about the diagnosis of HIV/AIDS and cervical cancer. The doctor asked me questions about my life.*

*When I was bleeding the doctor thought that was the symptom of HIV/AIDS.*

*I was told that I'm also HIV positive. ... They said to me that there is treatment ...*

Symptom experience can be distressing and frustrating for patients and even caregivers, especially when they do not know what management (treatment) approaches, if any, are appropriate (Hudson et al 2003:483).

### **3.4.2.3 Patient-family and patient-peer communication**

Good relationships are very important for effective communication. Communication between patient and family is very important. As the respondents were open and communicated their diagnosis of both HIV/AIDS and cervical cancer, they received love, care and support from their family members. Johnson (2003:98) states that support is the communication to another person recognized as the other person that has the strength and capabilities needed to manage productively the situation that they are facing. Some of the respondents stated:

*After that I decided to tell my children and mother about the diagnosis. I didn't want to hide anything. I wanted them to know what is happening about me. Then they supported me.*

*Communication is very good. They don't want me to be alone. When I'm alone, they feel bad. They want me to be OK and talk a lot. Sometimes when I'm asleep and you find that I'm very quiet they think a lot, maybe I'm sick, you know, such things. I have the right family.*

*Mine is a family that is supportive. You know, because it happened, they are supportive. They encourage me a lot, they do all things for me.*

Besides communication between patient and family, the respondents also revealed the importance of communication with their peers. Effective communication occurred between the respondents and their peers, which also resulted in support from their peers. This shows the importance of social support network groups for women who are diagnosed with HIV/AIDS and cervical cancer. The respondents reported:

*I talk a lot to my friend, and we support one another. And again there is a group at Rockville that we met with, at the church. It is like in a class, and we sit in groups of five or ten and they give us HIV/AIDS books and we discuss HIV/AIDS. We talk about that when you are like this, you need to live this way, behave like this, and eat this type of food. The main thing is how you are supposed to live. They said to me I mustn't worry about anything, I will live like any other people.*

*Like HIV/AIDS, I mustn't worry because if I have worries I will be sick and I need to accept, go for treatment regularly, and eat the right foods. I must read books, have friends, speak to them and enjoy, then I will live for a long time. I only told one person, my sister. My sister didn't have any problem when I told her that I'm HIV-positive and have cancer of the cervix. She was OK and supported me. When I'm sick she is with me, and takes care of me. Like, when I need pills she will go and fetch them for me. She understands me a lot.*

Johnson (2003:129) states that effective communication "occurs when the receiver interprets the sender's message the way the sender intended it".



#### **3.4.2.4 Patient-patient communication**

When women with HIV/AIDS and cervical cancer first visit the hospital, they may be suffering from fear of the unknown (**see section 3.4.3.3**). They come to the hospital not knowing what radiation therapy involves and how their condition will be managed. Seeing and communicating with other patients who have received treatment gives them hope that they will be cured. They may have communicated with other women in the clinics where they go for review, or in the waiting rooms while waiting to receive treatment. Not all patients who receive treatment for cervical cancer have HIV/AIDS. Patients are normally worried about treatment. Communication helps to allay their fear of radiation treatment. The respondents reported the following:

*I've seen a lot of people there at the hospital. They said they were very sick and now they are better. Like yesterday, I met two women there. They said they had finished treatment two months ago, and they came for a check-up. And they said they were much better. Yes, about cancer, I asked them, and they said that they had pains and now they are better. They are healthy now.*

*Since I came here to the hospital I heard a lot people talking, saying that they are better because of the treatment.*

*So now I have seen a lot of people are living, and this means that, even myself I will live. Now I feel bold and strong, otherwise before I started treatment, I didn't have any hope that this thing will help. The main thing is if I can only get my treatment.*

#### **3.4.2.5 Good communication versus poor communication**

Pervan et al (1995:739) say that communication is the centre of all human interaction. In addition, it is an important means through which patient education is accomplished, whether communication is spoken information, a written guide of instruction or how the patient will be supported (Pervan et al 1995:739). Pervan et al (1995:739) point out that there are two aspects in a message that need to be considered, namely the content of the message and how the message should be interpreted.

The content of the message, the medium used to carry the message and the preparedness of women should be taken into consideration (Pervan et al 1995:739). In the diagnosis of HIV/AIDS and cervical cancer, the management approach has to be properly communicated to the patient. For example, women in the community must have knowledge about cancer of the cervix. Communication needs can be classified as social interaction, information, advice, reassurance, discussion of treatment and the outcome of the treatment (Pervan et al 1995:739). Moreover, it is important to discuss the patient's feelings and counsel the patient.

In this study, radiation therapy treatment and the prognosis of the treatment were not properly discussed with some of the respondents. Some were receiving palliative radiation therapy, but hoped that they would be cured. Some were worried about how their HIV/AIDS would be managed.

- ***Proper communication associated with acceptance of disease***

The data analysis indicated that some of the respondents accepted the two illnesses because they had knowledge about the treatment and the two diagnoses were properly communicated to them. They knew about HIV/AIDS and what cervical cancer is.

*I have accepted the two diagnoses because they told me about the treatment.*

*They had explained clearly to me about HIV/AIDS. I just accepted.*

*So here at the hospital they took us for counselling, where it was explained what cervical cancer is and how they are going to burn it. So they explained how we take care of ourselves and I listened to all those things, then I accepted everything.*

*Then they explained to me that I will get treatment and they will burn it and they explained everything about the treatment.*

- ***Poor communication associated with lack of acceptance***

A patient who has not received adequate information prior to any medical, nursing or radiological procedure, may experience more anxiety, pain and side effects (Pervan et al 1995:739). Some of the respondents indicated that they did not have much information about cervical cancer.

*Actually, they didn't explain a lot to me about cervical cancer.*

*What I only know is that I have cervical cancer. They didn't tell me more about the diagnosis of cervical cancer.*

- ***Shock versus acceptance associated with lifestyle patterns***

Some of the respondents were not shocked about their diagnosis of HIV/AIDS and cervical cancer because they associated their diagnosis with their lifestyle.

*So, because I was somebody who had many lovers before, that didn't worry me that much.*

*It is because if you are somebody who has moved around the world and had many lovers outside, when they told you about HIV/AIDS it cannot come as a shock.*

*I didn't say, "Hey, where did I get this disease from?" Anyway, I was sleeping around. You know, it is so painful when they tell you about a disease like HIV and you don't understand how you got that from, and from whom. If you know that you slept with somebody else you accept because you know that AIDS does not come from somewhere else. I didn't feel anything. You know, I was ready for anything.*

Some of the respondents were shocked at first when they were told about their diagnosis. However, when it was explained to them, they understood.

*My first experience is that I was shocked when they first told me that I have cervical cancer, and I couldn't understand what it is, even when they tried to explain it to me. I thought it is just a sore, it will go away. I was frustrated, crying, and when I told my family they also refused.*

*I have two years of not sleeping with a boyfriend, that is why I'm still shocked why I got this HIV, but I know where I got this from because I used to have one boyfriend.*

Kubler-Ross (1989:34) is of the view that when a patient is faced with the threat of imminent death due to a terminal illness (like HIV/AIDS), their first reaction is a temporary state of shock and numbness. Furthermore, they are totally immobilised by the fact that they may die.

#### **3.4.2.6 Experience of being diagnosed**

The data analysis revealed that the respondents were faced with the difficult decision of whether or not to disclose (self-disclosure) their illnesses to others. Chandra, Deepthivarma and Manjula (2003:207) say that the way each person experiences and copes with the diagnosis of an illness in their lives is reflected in this choice. Some of the respondents chose to disclose both their HIV/AIDS and cervical cancer to family members whereas others disclosed only their cervical cancer to family members.

*At home I didn't tell them about HIV/AIDS. I only told them about cancer.*

*I only told them about cervical cancer.*

*I only told my boyfriend about the two illnesses, and at home I told them only about cancer.*

*I decided to tell my children and mother about the diagnosis, I didn't want to hide anything. I wanted them to know what is happening about me.*

Some of the respondents did not want to disclose the HIV/AIDS for fear of discrimination, the stigma that goes with the illness. O'Sullivan and Thompson (1996:xii) emphasise that unless women can be more open about their status, they will remain hidden. Two of the respondents reported the following:

*You know, what makes me happy with my boyfriend is that when I told him, he didn't tell other people because they can spoil my name outside. It is because I know they will treat me badly.*

*My family are drunkards. At home I didn't tell them about HIV/AIDS.*

The respondents who were able to disclose their status received support. This means that they are open and can communicate their thoughts and feelings. Therefore they are able to cope with the reality of HIV/AIDS and cervical cancer. This shows a good relationship with their family.

The study also found the impact and emotional effect on women living with both illnesses. It was revealed that women diagnosed with HIV/AIDS and cervical cancer experience the following emotions: acceptance of the illnesses, shock, anger, sadness, denial, and fear of death.

- ***With HIV/AIDS***

Data analysis reveal that some women were experienced denial in their lives. They took time to accept the diagnosis of HIV/AIDS. Kubler-Ross (1989:34) says that when a patient is first told of the diagnosis of an illness may be characterised by a state of initial denial. Some of the women experienced the diagnosis of HIV/AIDS differently from cervical cancer (see their responses below).

*From the start I didn't accept ... But now I have accepted especially the HIV/AIDS, I took a long time to accept that I'm HIV positive All along I didn't take myself as a normal person, but now I told myself that life must go on ... In the beginning I didn't accept, I was frustrated, crying ... That is why even today I'm still shocked, where did I get this HIV/AIDS from, and from whom, because I used to have one boyfriend. When I told my family they said don't take it seriously because I haven't seen the symptoms yet. The second time they told me at the hospital and I didn't entertain it ... I just accepted it now when I hear from you because I told myself that, this is a big hospital and most of doctors here are specialists, and they cannot speak lies ... I was nervous, when I came to fetch the results I cried and my sister comforted*

*me, I thought at the hospital they are lying ... Then the next time when I was bleeding I went to Boksburg-Benoni Hospital, and they also told me that I'm HIV positive, I refused, I said how come ... The first time I never entertained it, and was not believing it, I thought they are lying ...*

- ***With cervical cancer***

Unlike HIV/AIDS, cervical cancer is curable or controlled, though patients are treated palliatively or radically depending on the stage of the cancer. The aim of palliative treatment is to relieve the symptoms while radical treatment is to try to cure the cancer. Women who have HIV/AIDS and cervical cancer receive palliative treatment if their CD4 count is less than 200, and radical treatment if their CD4 count is above 200. The respondents experienced cervical cancer differently from HIV/AIDS. They all hoped that radiation therapy treatment would work wonders for them (see limitations and recommendations in chapter 5).

*It was going to be painful for that moment because treatment is a good thing.*

*To die without treatment is what makes a person worry.*

*Now I feel bold and strong, otherwise before I started treatment, I didn't have any hope that this thing can help. I was fine until now. I have eight days on treatment, and today is the ninth one. I have already told you, it seems I have started treatment long ago. I'm not saying that I'm going to live, I'm alive. So, I told myself that if I get worried I will be sick, and won't be able to move forward, and the treatment won't go OK. The main thing is that if I can only get my treatment.*

*Without receiving treatment will cause you to think the other way: that I will die tomorrow. I you are feeling pain, there is nothing to take to feel better.*

The study found further that the respondents were only told that they were going to receive radiation treatment, but not whether it was palliative or radical. What they knew was that they had cervical cancer and would receive treatment. As one respondent explained,

*Because I was bleeding a lot, they told me that I have cancer of the cervix. They are going to burn it and then I will be all right. They told me that I'm going to get treatment.*

The data indicated that the respondents were more anxious about the treatment for HIV/AIDS (see section 3.4.3.3 on fear of the unknown).

- ***Acceptance of both HIV/AIDS and cervical cancer***

The study found that some of the respondents experienced HIV/AIDS and cervical cancer as similar diseases. A few of the respondents had some knowledge of HIV/AIDS so when told they had cervical cancer, they assumed the two were similar diseases. These women said that they did not need to worry about the two diagnoses and did not feel bad.

*I don't feel bad because already I knew about HIV/AIDS. HIV/AIDS and cancer are the same diseases. I just accepted everything. I took it like any other disease, and I just accepted it. I was not feeling bad after that.*

*Why worry because you can die if you are not accepting it. I'm saying that I have accepted the diseases. It has happened, I need to accept it. I know that I have two illnesses in my life, HIV and cervical cancer. But I told myself that is not something that must cause pain in me, I have accepted that I have these two illnesses.*

*The only thing that I can tell you is that I have accepted. I also told myself that I must eat the right food and take care of myself. Otherwise there is nothing that makes me feel bad. This means that I have accepted, and I'm now living with the illnesses.*

Kubler-Ross (1989:99-100) emphasises that acceptance is not a happy stage. At this stage the patient is neither depressed nor angry about the illness. Furthermore, the patient will have expressed feelings of envy for the living and the healthy, and anger at those who do not have to face death so soon (Kubler-Ross 1989:99). Acceptance means they have accepted uncertainty in their lives. The respondents had to acknowledge that HIV/AIDS, like cervical cancer, is a chronic illness. They have to learn to accept that HIV/AIDS is something they can live with instead of thinking that they will die of these illnesses.

### 3.4.3 Emotional experience of being diagnosed with HIV/AIDS and cervical cancer

Patients may try to deny death and their ability to defend themselves physically decreases, so their psychological defences increase. The study found that the respondents denied the fact that they would die. Kubler-Ross (1989:35) found that partial denial is used by almost all patients, not only during the initial stages of the illness, but also from time to time later on. Moreover, although patients are able to think about the possibility of their own death for a while, they put this consideration aside to enable them to get on with their lives.

In this study, the theme on emotional experience was divided into five sub-categories: fear of death, leaving children behind alone, the unknown and alienation, and hope.

#### 3.4.3.1 *Fear of death*

Women diagnosed with HIV/AIDS and cervical cancer are faced with the reality of death. The study found that the respondents were in denial about the fact that they would die.

*I don't even want to think that I'm sick, that one day I will die, I mean such things. I don't think a lot of such things because I know how a person with HIV/AIDS looks like. I don't think about such things because God knows how I'm going to die.*

*I don't think about such things I don't even think about it, I just ignore it. I'm not worried that I will die or what, I will stay longer.*

"To the unconscious mind, death is never possible in regard to ourselves. It is inconceivable for our unconscious to imagine an actual ending of our own life here on earth, and if this life of ours has to end, someone else always attributes the ending to a malicious intervention from the outside. In simple terms, in our unconscious mind we can only be killed; it is inconceivable to die of a natural cause or of old age. Therefore death in itself is associated with a bad act, a frightening happening, something that in itself calls for retribution and punishment" (Kubler-Ross 1989:2).



### **3.4.3.2 Fear of leaving children alone**

Some of the respondents experienced fear of death and its consequences, particularly about what would happen to their children when they died. This could be fear of leaving their children orphans.

*I told myself that every person dies. I only worry about my children that when I die, where will they stay, that is the only thing I'm worried about.*

*I thought I'm going to die and leave my children.*

"HIV/AIDS orphans are, in most instances, not provided with the traditional support and protection" (Altenroxel 2003:1). Moreover, when their mothers are no longer alive, these children may be rejected by their families or community. If all the children are still minors, it may be uncomfortable to take over the responsibilities of taking care for one another especially the responsibility of being a breadwinner.

### **3.4.3.3 Fear of the unknown**

When a person is diagnosed with cancer, fear of the unknown may cause more anxiety than the fear of pain or death (Rubin & Williams 2001:221). This study found that the respondents also feared the unknown. As one listens emphatically to these women, their fear subsides. A patient can ask questions like, "Will I have further treatment?" "Will it be painful?" "What will happen about the treatment for HIV/AIDS?" The study found that the respondents were more worried about the treatment for HIV/AIDS. This caused fear in their lives because they did not know what would happen about the treatment for HIV/AIDS.

*I asked you about treatment for HIV/AIDS. Since now I'm receiving my treatment for cervical cancer, what are they going to do about my treatment for HIV/AIDS?*

*Yes, how can they help me about HIV/AIDS? If they can give help I will stay for the rest of my life.*

*I spoke to my doctor about the treatment for HIV, and he said "Let's see first how the treatment for cervical cancer goes."*

*I asked you about the treatment for HIV/AIDS. The only thing that I want to ask you, am I going to be OK?*

This shows the role of treatment in women with both HIV/AIDS and cervical cancer.

#### **3.4.3.4 Fear of alienation**

According to Kubler-Ross (1989:231), people with a disease like cancer may feel abandoned and isolated. In addition, patients may feel they are no longer accepted as lover, parent or friend. A spouse may suddenly lose interest in sex. This study found that some of the respondents felt depressed and saddened by the diagnosis of HIV/AIDS and cervical cancer.

*When I'm in the midst of people I don't feel free, because they know that I'm ill and they can see that I had a nice body and now I'm losing weight.*

*Another thing I want to tell that I can tell you is about the father of my children. When I got sick, he decided to leave me and I experienced a lot of pain. He just left me like that.*

*Since I was ill my husband started having short temper. I was unable to do anything. Sometimes I felt so weak, even when we are asleep, and we are supposed to have intercourse I will say no.*

#### **3.4.3.5 The respondents' hope**

The study found that the respondents had hope, hope in God. Some stated that if they survived, they want to help others in the same situation.

*I told myself that God is there all the time, and everything will be OK.*

*Because now that I have cancer and HIV, it does not mean I'm going to die. I think that if I can live, if it is possible to advise other people. And again to be able to visit places of people who are HIV-positive and to help them.*

### **3.5 CONCLUSION**

This chapter discussed the research findings with reference to the literature review. Communication emerged as the main theme and the data analysis revealed the importance of support groups for coping with HIV/AIDS and cervical cancer.

Chapter 4 presents the guidelines for the management of women diagnosed with both HIV/AIDS and cervical cancer.