

## CHAPTER 5

### Conclusions, limitations and recommendations

#### 5.1 INTRODUCTION

Chapter 4 described the guidelines for the management of women diagnosed with HIV/AIDS and cervical cancer in a public health hospital and the community. This chapter concludes the study, discusses the conclusions and limitations, and makes recommendations for practice and further research.

#### 5.2 CONCLUSIONS

The main aim of the study was to understand the experiences of women diagnosed with HIV/AIDS and cervical cancer. The researcher asked questions like, "What is it like to live with HIV/AIDS and cervical cancer? What are these women going through? What is the impact of HIV/AIDS and cervical cancer on their lives and families? With the stigma attached to HIV/AIDS in the communities and families, how are they affected by the diagnosis of both HIV/AIDS and cervical cancer?" The number of women diagnosed with both HIV/AIDS and cervical cancer undergoing radiation therapy treatment at the Hillbrow/Johannesburg Hospital (in the Oncology Department) is increasing. It was important to study their experience of HIV/AIDS and cervical cancer in order to explore and describe these experiences in their lives. The researcher chose a qualitative research design with the use of in-depth phenomenological interviews. The reason for choosing this approach was that phenomenology determines what an experience means for the person concerned and allows a comprehensive description of it (Rice & Eezy 1999:16). De Vos (1998:241) states that a qualitative paradigm tries to understand social life and the meaning that people attach to everyday life while a quantitative paradigm tries to objectively measure

the social world, test hypotheses, and predict and control human behaviour. The researcher wanted to gain an understanding of the experiences of these women not measure behaviour. The time spent with the respondents was very interesting and the researcher was able to gain an understanding of their needs. The main theme that emerged was the women's experience of communication. Communication facilitates diagnosis, disclosure, acceptance and support of women with both HIV/AIDS and cervical cancer. The findings assisted the researcher to develop guidelines for the management and support of women diagnosed with HIV/AIDS and cervical cancer in public hospitals or in the community.

### **5.3 RECOMMENDATIONS**

#### **5.3.1 Importance of communication**

The findings demonstrated the importance of communication between women diagnosed with HIV/AIDS and cervical cancer, and their healthcare providers, that is, doctors, nurses and radiation therapy radiographers. The experience of physical symptoms, of living with HIV/AIDS and cervical cancer as well as the emotional experience were explored and described. At first, the respondents were sensitive and hesitant about their situation. Through communication, they were able to disclose their experiences to the researcher. Johnson (2003:39) points out that self-disclosure creates the potential for trust, caring, commitment, growth, self-understanding and friendship, and further, "to like me, to trust me, to be committed to our relationship, to facilitate my personal growth and self-understanding, and to be my friend, you must know me". This study found that through communication, the respondents were open about their experiences. Openness in a relationship refers to the willingness to share ideas, feelings, and reactions to the current situation or experiences (Johnson 2003:45).

Women with HIV/AIDS and cervical cancer need people who can understand, listen and care for them. Healthcare professionals must create an environment of trust so that they are free to share their experiences. Signs and symptoms of HIV/AIDS and cervical cancer may

be detected earlier. Blood tests should be done to determine their HIV/AIDS status, and Pap smears to determine whether they have cervical cancer. If abnormal cell division is detected with a Pap smear and treated as soon as possible, cervical cancer will not develop. If they have cervical cancer, it will be detected at an early stage. The management of these two illnesses will be planned early, and they will be given radical treatment (curative) to prolong their lives.

Some of the respondents were free to communicate their HIV/AIDS and cervical cancer status to their families while some did not want to. Studies in India by Chandra, Deepthivarma and Manjula (2003:213) and Hong Kong by Lau et al (2003:704) report similar findings. Family members need to play an important role in supporting women with HIV/AIDS and cervical cancer, socially and psychologically, so that they do not feel isolated or discriminated against.

### **5.3.2 Education**

Exploring and describing the lived experiences of women diagnosed with HIV/AIDS and cervical cancer was important and will help healthcare professionals to manage these patients and design health care programmes in the community. The findings also indicate the association between HIV/AIDS and cervical cancer and lifestyle. Education programmes are recommended that involve preventive care and health promotion in order to

- Inform the community about the dangers of HIV/AIDS and cervical cancer. Women in the community must know what HIV/AIDS and cervical cancer are all about.
- Emphasize the importance of changing lifestyles. Cancer caused through lifestyle in South Africa ranks among the highest in the world (The South African National Cancer Registry 1996:29). Moreover, cervical cancer is associated with sexual activity, mainly due to women starting intercourse at an early age and having several sexual partners.

- Explain and emphasise the importance of undergoing regular Pap smears to detect any abnormal cell division, which can result in cervical cancer. Women must be aware of this precautionary measure.

### **5.3.3 Further research**

#### ***5.3.3.1 HIV/AIDS and cervical cancer research***

HIV/AIDS women often present with advanced stages of cancer of the cervix and the response to radiation therapy is poor (see section 5.4). This is consistent with Singh, James, Aikins, Deger, Kin and Mikuta's (1994:375) findings with regard to metastatic cervical cancer and pelvic inflammation in AIDS patients. Despite radiation therapy, the malignancy spreads extensively and also recurs with a poor prognosis.

- Treatment approaches (clinical trials) for women diagnosed with HIV/AIDS and cervical cancer need to be developed because conventional strategies do not seem to be adequate (Singh et al 1994:375).
- More research into determining strategies is also required (Singh et al 1994:37).

#### ***5.3.3.2 Developing and testing community-based models of care***

In their guide to primary care management, Ungvarski and Flaskerud (1999:20) state that care of people living with HIV/AIDS is given increasingly in the community. In addition, "every aspect of health care for people living with HIV/AIDS, from health promotion to treatment and palliation, from physiologic to psychological, from acute to long-term, and from cost-effective home care to referral for care, may be studied in a community-based healthcare system".

- Research on women with HIV/AIDS and cervical cancer in the community with specific reference to community care and service needs of other populations should be undertaken (Ungvarski & Flaskerud 1999:20).
- Quantitative research, using a structured questionnaire, should be done on the topic. Polit and Hungler (1999:201) point out that questionnaires are different from interviews primarily because they are self-administered.

#### **5.4 LIMITATIONS**

The study had several limitations. Firstly, the respondents were women who were already undergoing radiation therapy and had attended radiation therapy clinics. Some of the women were being treated radically while most were receiving palliative treatment. The time they spent together in the waiting rooms might have affected their responses.

Secondly, some of the respondents receiving radiation therapy for cervical cancer were not HIV-positive. These patients stay in the same waiting room while awaiting therapy. Women who are not HIV-positive also receive chemotherapy and their response to treatment as well as their prognosis is better. When women with HIV/AIDS and cervical cancer see other women getting better, they become hopeful that their condition will also be better.

Thirdly, some of the respondents were diagnosed with HIV/AIDS before the diagnosis of cervical cancer and had already received counselling for HIV/AIDS. When they were diagnosed with cervical cancer, it was explained that they would receive radiation therapy and they became hopeful that they would be cured even though some were treated palliatively. This may have affected their response when describing their experiences of HIV/AIDS and cervical cancer.

Finally, the study only described and explored the experience of African women diagnosed with HIV/AIDS and cervical cancer. The findings of the study may not be generalised to

other ethnic groups or races. "In a qualitative study the obligation for demonstrating transferability rests on those who wish to apply it to the receiving context (the reader of the study)" (Babbie & Mouton 2001:277).

## **5.5 CONCLUSION**

This chapter concluded the study and discussed the conclusions reached and limitations of the study, and made recommendations for practice and further research. The chapter highlighted the importance of communication in the management and support of women diagnosed with both HIV/AIDS and cervical cancer.