

**PSYCHOLOGICAL ASPECTS OF  
PAEDIATRIC CANCER PATIENTS AT  
THE KENYATTA NATIONAL HOSPITAL**

**A DISSERTATION SUBMITTED IN PART FULFILMENT  
FOR THE DEGREE OF MASTER OF SCIENCE IN  
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## ABSTRACT

**Objective:** To establish the psychological status of paediatric cancer patients at Kenyatta National Hospital

**Study design:** A cross sectional descriptive study of children with cancer at Kenyatta National Hospital. The study duration was from 27<sup>th</sup> April 2005 to 26<sup>th</sup> April 2006.

**Setting:** Kenyatta National Hospital; Kenya's largest referral and teaching hospital.

**Methodology:** The parents of 63 study cases and who gave consent were interviewed using a prepared questionnaire. The inclusion criteria consisted of tissue confirmed diagnosis of patients, admitted in the oncology unit and paediatric wards of Kenyatta National Hospital having children with cancer. The exclusion criteria were patients with diagnosed primary mental disorder. Those cases younger and older than the 4-16 years age category were also excluded from the study. The variables documented included sex, age, place of residence, family characteristics, cancer and treatment (s) modalities.

Screening for psychological aspects was done using the child behaviour Checklist and behaviour profile which were scored using manual developed for that purpose and subjected to DSM – IV TR. Data analysis was done using the non-parametric chi-square test procedure. The analysis of the overall data was done using SPSS and the findings reported in the form of tables, diagrams, charts, and percentages.

**Results:** According to age categories of the child behaviour checklist the study showed that 76% of cases were aged between 6 and 11 years while 18% were 4 and 5 years old. Only 6% were in the 12-13 years age group. A mean age of 8 years was found. Of these 62% were males while 38% were females with male to female ( M:F) ratio of 1:6:1. The

significant finding from the study was that the older children were more likely to have higher psychological morbidity, which was positively associated with low SES, unlike other socio-demographic factors. Lack of religious affiliation in the family and single parenthood were not found to be risk factors for developing child psychopathology. The current study found majority (98%) of the study cases as having come from families practising religion and parents staying together. Other than age and low SES, the other factors studied including family type level of formal education and alcohol use of parents and history of mental illness in the family did not show a statistically significant relation with psychological morbidity (PM). Chemotherapy causing alopecia and surgery leading to visible scars was found to increase morbidity ( $P=0.01$ ). A high positive correlation ( $r=0.84$ ) was found between the neoplasia and the severity of psychological morbidity. The prevalence was found to be 84% as identified with the use of child behaviour checklist and the behaviour profile. It was also found that 16% of the study cases did not show clinical psychological morbidity.

**Conclusion:** The study showed that there was PM of 84% of psychological disorders in children with cancer, with severity as being slight (10%), mild (30%) and moderate (40%).

The morbidity observed in the study cases was in the clinical level warranting therapeutic intervention. The morbidity was positively correlated with low SES of families of the study cases. Also older cases in the age group 6 – 11 years appeared to show increased morbidity as captured in the behaviour checklist.

**Recommendation:** The results of this study highly suggest that further study be carried out involving more centres, hospitals and cases so as to avail more information needed by psycho-oncology health staff to manage paediatric psychopathology in hospitals or clinics caring for children with cancer. Research is also necessary to identify exacerbating and ameliorating factors of the psychopathology in children suffering from cancer. Parents of such children with cancer should also be involved so as to equip them with skills enabling them and their children to cope with cancer.