



**COLLEGE OF HEALTH SCIENCES
SCHOOL OF NURSING AND MIDWIFERY
POSTGRADUATE PROGRAM**

**LIVED EXPERIENCE OF WOMEN WITH GESTATIONAL
TROPHOBLASTIC NEOPLASIA TREATED WITH
CHEMOTHERAPY IN SELECTED HOSPITALS, ADDIS ABABA,
ETHIOPIA, 2023/24: QUALITATIVE STUDY**

BY:

ASHEBIR TUFA TELILA (BSc)

**A RESEARCH THESIS SUBMITTED TO THE SCHOOL OF
NURSING AND MIDWIFERY, COLLEGE OF HEALTH
SCIENCES, ADDIS ABABA UNIVERSITY IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR A DEGREE OF
MASTERS IN MATERNITY AND REPRODUCTIVE HEALTH
NURSING**

MAY, 2024

ADDIS ABABA, ETHIOPIA

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APPROVAL BY BOARD OF EXAMINATION

This thesis by ASHEBIR TUFA is accepted in its present form by the board of examiners as satisfying thesis requirement for the degree of masters in maternity and reproductive health nursing.

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STATEMENT OF DECLARATION

By my signature below, I declare and affirm that this thesis on lived experience of women with gestational trophoblastic neoplasia treated with chemotherapy in selected hospitals, Addis Ababa, Ethiopia, is my own work. I followed all scholarly ethical principles in the preparation, data collection, data analysis, and completion of this thesis. All scholarly material included in the thesis has been acknowledged with citations. I confirm that I cited and referenced all sources used in this document. In preparing this thesis, every effort was made to avoid plagiarism.

This thesis is submitted in partial fulfillment of the requirement for a graduate degree from the Addis Ababa University at College of Health Sciences, School of Nursing and Midwifery, Department of Midwifery. The thesis is deposited in the Addis Ababa University Digital Library and is made available to local, national and international scientific community. I solemnly declare that this thesis has not been submitted to any other institution anywhere for the award of any academic degree, diploma or certificate.

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LIST OF ABBREVIATIONS AND ACRONYMS

AMH- Anti-Müllerian hormone

ETT - Epithelioid trophoblastic tumour

HCG - Human chorionic gonadotropin

HM - Hydatid form moles (HM)

FIGO - International Federation of Gynecology and Obstetrics

GTD - Gestational trophoblastic disease

GTN- Gestational trophoblastic neoplasia

PSTT- Placental-site trophoblastic tumours

SPHMMC -Saint Paul's Millennium Medical College

TASH -Tikur Anbessa Specialized Hospital

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ABSTRACT

Introduction: Gestational trophoblastic neoplasia (GTN) is a cancer related to pregnancy that contributes to maternal morbidity and increases the risk of maternal mortality if not detected and treated early. GTN is generally curable with chemotherapy; however, patients may experience different adverse effects of chemotherapy, including physical and nonphysical adverse effects. In Ethiopia, there are different studies done on the magnitude of GTN, but the experiences of women with GTN treated with chemotherapy about the life changes they faced, supportive care conditions, and coping techniques used are not explored.

Objectives: This study aims to explore the experiences of women with GTN during and after treatments with chemotherapy in selected hospitals in Addis Ababa, Ethiopia, 2023/24.

Methods: A descriptive, phenomenological, qualitative design was used from February to March 2024, in SPHMMC and TASH among purposively selected survived women with GTN treated with chemotherapy. Data was collected by using face-to-face in-depth interviews. Then, it was transcribed verbatim and translated into English. After that, it was imported to ATLAS.ti 9 software to aid the coding process. To analyze the data, we used both inductive and deductive thematic analysis. The study results were presented through thick and in-depth narration and by using direct quotes from participants' statements to describe the main themes.

RESULT: Five major themes emerged from the data analysis, both inductively and deductively with 12 women. Deductively emerged themes were life changes women with GTN experienced, supportive care conditions, and coping techniques women used. Whereas inductively emerged themes were women's lack of awareness and emotional reaction to GTN and their perspectives on what's needed as a priority and improvement related to the treatment process.

Conclusion and recommendation: There was a lack of awareness about GTN, and women's lives faced different changes during and after treatment. So, good supportive care, effective coping techniques, and concerns about medications and lab investigation unavailability needed to be prioritized and improved during the treatment process to cope with these adverse effects, get good benefits from their anticancer treatment, and improve the quality of life. This study recommends creating pre-chemotherapy educational programs, social support groups, individual effective coping techniques, and training for health care providers to increase awareness about GTN.

Keywords: Experience, Gestational trophoblastic neoplasia, chemotherapy, women.

1. INTRODUCTION

1.1. Background

Gestational trophoblastic disease (GTD) refers to a group of uncommon malignancies that are caused by the aberrant growth of trophoblastic cells within a woman's uterus. It can be benign or malignant, benign lesions consist of hydatid form moles, complete and partial, while malignant lesions include invasive moles, choriocarcinoma, placental-site trophoblastic tumours (PSTT), and the extremely rare epithelioid trophoblastic tumour (ETT). Gestational trophoblastic neoplasia (GTN) is the term used to describe a subset of malignant lesions with varying propensities for metastasis and local invasion (1,2).

Incidences of GTD varies, the highest incidence of GTD was recorded at 1/125 live births in Taiwan, Compared to 2/1000 pregnancies in Japan and Southeast Asia and lowest in the United States of America at 0.6 to 1.1 per 1000 pregnancies(3,4). GTN is generally curable with chemotherapy. The stage and classification of GTN determine the optimal regimen (5,6).

According to the International Federation of Gynecology and Obstetrics (FIGO) grading system, GTN patients are classified as low- or high-risk. Actinomycin D and methotrexate were administered to the low-risk group. While the high-risk group received the etoposide, methotrexate, actinomycin-D/cyclophosphamide, and vincristine (EMA/CO) regimen. It is estimated that approximately 90% of patients respond well to these types of regimens. Salvage therapy consisted of etoposide, paclitaxel/paclitaxel, and cisplatin (EP/TP). After normalization of beta-HCG levels, treatment was continued for three cycles, after which patients were monitored regularly (7,8).

Chemotherapy is a commonly used treatment for GTN. Both GTN and chemotherapy can have significant impacts on the lives of women. This may include physical effects, emotional impacts, fertility issues, long-term follow-up, and other treatment challenges. So the perspective of this patient on chemotherapy was far deeper than what an outsider would express; hence, the patients themselves are the finest sources of information regarding their experience(9–11).

Lived experience is the first-hand involvement or direct experiences and choices of a given person and the knowledge that they gain from it. It is used to describe a patient's first-hand experiences of living in a particular place, including their thoughts, feelings, opinions, and attitudes toward that place. Therefore, the narration of experiences throughout chemotherapy allows a more in-depth understanding of the adaptive experiences that arise, and it includes social support and coping strategies women receive during chemotherapy treatment(11–13).

Additionally, women diagnosed with GTN and in the treatment process need supportive care. Supportive care is the avoidance and treatment of unwanted effects associated with cancer and its treatment. This involves alleviating both physical and psychological problems and side effects during the cancer journey, from diagnosis to management and aftercare. It involves a coordinated, person-centric, and holistic (whole-person) approach, which should be guided by the individual's preferences and should include the appropriate support of their family and friends(14–16).

Furthermore, these women need coping techniques for the different challenges they face. Coping strategies refer to how people respond to stress as they contend with real-life problems. According to the theories of Richard Lazarus and Susan Folkman, coping is classified as problem-focused or emotion-focused based on its function. Problem-focused coping methods include those that include acting on the environment (e.g., inquiring for assistance from others to alleviate the problem) or the self (e.g., cognitive restructuring). Emotion-focused coping strategies include those used to regulate one's stressful emotions (e.g., using substances, and emotional ventilation)(17,18).

1.2. Statements of problem

GTN is a cancer related to pregnancy that contributes to maternal morbidity and increases the risk of mortality if not detected and treated early. According to a study conducted in Brazil, out of the 2186 GTN patients included in the study, 2092 (95.7%) survived, while 89 (4%) passed away as a result of GTN(19,20). Furthermore, a study done in Pakistan revealed that 9 out of 90 patients diagnosed with GTN died during initial treatment giving an overall mortality of 10%, and an Indian study revealed a mortality rate of 9 % due to GTN. As well a Chinese study shows that of 109 GTN patients with brain metastasis, there were 26 (25.7%) patients died after initial treatments(21–23).

In Africa, a study done in Tunisia among 109 women with GTN included in the study, patients presented with metastases in 43% of cases. After a median follow-up of 46 months, 12 patients died, 19 progressed, and 8 relapsed (24). Additionally, South African case series reported mortality rates of 10% due to GTN. Furthermore, a study done in Rwanda shows that from the 30 patients receiving systemic therapy for GTN, 12 (41.4%) were alive and disease-free, and 6(20.7%) died(25,26).

In Ethiopia, a study conducted in Addis Ababa, at SPHMMC shows that the magnitude of GTD was 6.3/1000 deliveries. The diagnosis of GTN was made in 28 (22.4%) of the cases. Additionally, study done in southwest Ethiopia shows that the magnitude of GTD was 7.2 per 1000 deliveries and GTN was diagnosed in 9.1% of patients. So incidences of GTD and GTN were high in Ethiopia when compared to other countries(27,28).

By 2030, the Sustainable Development Goal (SDG) target is aimed to eliminate preventable maternal death and bring the worldwide MMR down to fewer than 70 per 100,000 live births. The World Health Organization (WHO) also recommended, addressing all causes of maternal mortality and maternal morbidities, by strengthening health systems that respond to the needs and priorities of women and girls to end preventable maternal deaths. So it is important to address the concerns and priorities of women with GTN during the treatment process with chemotherapy to achieve these goals(29,30).

GTN is generally curable with chemotherapy; however, women diagnosed with GTN face a different emotional impact, such as fear of being gravely ill, losing their own lives, and the hopes and delights of pregnancy give away. Additionally, chemotherapy drugs have different physical and non-physical adverse effects(31–33). Adverse effects of chemotherapy are associated with different factors such as age, pre-existing health conditions like heart and kidney disease, Genetic factors, nutritional status, type and dose of chemotherapy, and psychological factors(34,35).

Some of the common physical side effects include headache 43%, fatigue 90%, hair loss 76%, nausea 77%, vomiting 75%, diarrhoea 31%, abdominal cramps 40%, mouth sores 47%, dry mouth 74%, memory impairment 14%, and others blood clots, lingering cough, skin change, a metallic taste in their mouth, weight gain, blurry eyesight, and low blood counts. Furthermore, Psychological or emotional reactions to treatment include altered body image, low self-esteem, issues with fertility and sexuality, sadness, anxiety, or depression(36–39).

Chemotherapy has a significant financial burden on cancer patients and their families or caregivers. Such as a high percentage of out-of-pocket expenditure, loss of income, and productivity. Additionally, it has significant social impacts such as social withdrawal, isolation, and inability to work and participate in social activities (40,41). Also, GTN women often undergo chemotherapy treatment while caring for their children at home, often requiring travel for medical care and overnight stays in hospitals (42).

Therefore, women who experienced adverse effects of chemotherapy need supportive care and coping techniques as the most effective ways to enhance quality of life, and clinical outcomes, minimize medical costs, and ensure that individuals with cancer get the greatest benefit from their anticancer treatment(14,43,44). However, there is limited research in sub-Saharan Africa exploring the unique lived experiences of these women, including the effect on their quality of life, coping techniques, and social support systems.

For instance, in Ethiopia, there are different studies done on the magnitude of GTN, but the experiences of women with GTN treated with chemotherapy, about the life changes they faced, during and after the treatment process are not explored. Therefore, this study aims to explore the life changes women faced, their perspectives and priorities. As well as supportive care conditions, and coping techniques women used for problems they experienced.

1.3. Significance of the study

For women: understanding the lived experiences of women with GTN treated with chemotherapy can provide important insights into the physical and non-physical issues they confront during treatment and recovery. Therefore, their concerns, priorities and needs are considered during the treatment process.

For Healthcare Providers: This study will improve healthcare providers' understanding of patients' experiences with chemotherapy and provide them with the opportunity to discover more about the effects of chemotherapy on women and their families at home.

Healthcare organizations: The study's findings will be used to modify care delivery based on patients' primary concerns and needs to provide quality care that is supported by research.

For Policy Makers: With different similar studies, it will assist policymakers in improving access to complete care for women with GTN, such as psychosocial support services during and after chemotherapy. Since this woman loses a pregnancy, the joy of pregnancy and treatment process may affect physical, psychological socioeconomic, and future reproductive health. So policymakers can use these findings to give special attention to women's needs for information and support in general.

For Academicians: This study adds a qualitative perspective to the current GTN literature by providing direct descriptions of women's experiences with chemotherapy treatment.

For other Researchers: The findings of this study can guide future research on enhancing the quality of life for women undergoing chemotherapy for GTN by providing supplemental data for future studies on the experiences of women with GTN about chemotherapy.

2. LITERATURE REVIEW

2.1. Introduction

GTN is a rare cancer that can be treated with cytotoxic chemotherapy. GTN is diagnosed in three ways: firstly, by HCG criteria after molar evacuation: sustained HCG level plateau \pm 10% of 4 values over a 3-week duration; sustained HCG level rise greater than 10% of 3 values over a 2-week duration; and persistence of detectable HCG more than 6 months after molar evacuation. The second one is by the presence of metastatic disease, and lastly by histologic diagnosis of GTN such as invasive mole, gestational choriocarcinoma, PSTT, and ETT (45,46).

Different varieties of GTN exist: An HM that has larger molar villi that penetrate deeply into the myometrium is known as an invasive mole. Invasive moles develop in less than 1 out of 5 women who have had a complete mole removed. It was differentiated morphologically from choriocarcinoma by the presence of villi, which are typically lacking in the latter. Cytogenetically invasive moles are mostly diploid but some are aneuploidy(1,47).

Choriocarcinoma is another malignant form of GTD. Fifty percentage of all Choriocarcinoma commenced as molar pregnancies. Women who have a miscarriage or induced abortion may experience about 25% of these types of problems. , or tubal pregnancy (the fetus develops in the fallopian tube, rather than in the uterus). Another quarter (25%) develop after normal pregnancy and delivery. Histologically, choriocarcinoma shows absence of chorionic villi and presence of abnormal intermediate trophoblast and cytotrophoblast, rimmed with syncytiotrophoblasts with areas of necrosis and haemorrhage (1,48).

PSTT is normally identified with the aid of using Dilatation &Evacuation or hysterectomy. It was manifested as white-tan to yellow nodular masses in the end myometrium that range in size from 1 to 10 cm (average 5 cm), with half of the cases deeply infiltrating the myometrium. From a histological perspective, PSTT originates from the mononuclear intermediate trophoblast located on the maternal side of the placental bed(6,48).

On the other hand, ETT is an extremely rare type of GTD that can be hard to diagnose. It has a color ranging from white tan to brown. A small percentage originate in the fundus and wide

ligament, and almost half is in the cervix or lower portion of the uterus. Histologically, the chorionic-type intermediate trophoblast is the source of ETT(1,6).

FIGO Anatomical Staging for GTN is based on how much cancer is in the body, where it was first diagnosed, if the cancer has spread and where it has spread. Stage I: Disease confined to the uterus, Stage II: GTN extends outside of the uterus, but is limited to the genital structures (adnexa, vagina, broad ligament), Stage III: GTN extends to the lungs, with or without known genital tract involvement Stage IV: All other metastatic sites(48,49).

There are various treatments options for GTN; Surgery (suction curettage and evacuation, hysterectomy), chemotherapy, radiotherapy, and psychological support(6,48).

The principal treatment for GTN is chemotherapy, based on the individual patient's risk. The (FIGO) system recommends single-agent chemotherapy, which is actinomycin D or methotrexate, be used for low-risk GTN patients (Score 0 to 6 Low risk for resistance to single-agent chemotherapy) and multi-agent chemotherapy, such as etoposide, methotrexate, actinomycin-D/cyclophosphamide, and vincristine (EMA/CO), be used for high-risk GTN patients (Score >7 High risk for resistance to single-agent and will require combination chemotherapy)(5,50,51).

GTN is higher in those at extremes of age, especially those above or equal to 40 years, who travel long distances to obtain care, especially black women. Women who have a history of GTD, oral contraceptive users, and have other environmental factors(28,47,52,53).

The adverse effects of chemotherapies are higher in women of older ages due to decreased organ function and overall health status; in patients with pre-existing health conditions such as diabetes, heart disease, or kidney disease; in malnourished patients; chemotherapy has a greater negative impact on these patients; in women who may be subjected to a higher dose of chemotherapy; In patients with high levels of anxiety or depression, higher doses are associated with an increased risk of adverse effects; these patients may experience more severe adverse effects of chemotherapy(54–56)

2.2. Experience about chemotherapy

2.2.1. Life changes

2.2.1.1. Physical changes

A qualitative study done in England among women with GTN treated with chemotherapy revealed that the most common physical side effects experienced by women's during treatment were severe diarrhea, nausea, vomiting, extreme exhaustion, a sore mouth, and difficulty in eating or drinking(57).

Another cross-sectional survey conducted in Australia shows that the most prevalent physical symptoms (reported by more than 50%) were baldness, general weakness, loss of taste, and nausea. Furthermore, a study conducted in Indonesia on the perceptions of cancer patients about chemotherapy side effects revealed that the most disturbing side effects of chemotherapy were physical problems. Those are: nausea (59.5%), feeling of weakness (36.9%), and hair loss (35.7%)(58,59).

Furthermore, according to a Taiwanese study on perceptions of chemotherapy adverse effects, the most commonly reported symptoms were peripheral numbness of limbs (58.6 %t), fatigue (55.%), and hair loss (49.9%), as well as other side effects with varying degrees of frequency, such as loss of appetite, changes in taste, muscle ache, insomnia, dizziness, constipation, nausea or vomiting, skin color change, and facial flushing (60).

2.2.1.2. Cognitive changes

A study done in New York revealed that among the cognitive changes reported, problems with concentration, memory, and thinking were reported by 38%, 32%, and 21% of survivors treated with high-dose chemotherapy, and 31%, 28%, and 11% of survivors treated with standard-dose chemotherapy respectively (61).

Another qualitative study conducted in Kansas showed that participants described difficulty with short-term memory, focusing, word finding, reading, and driving. Neuropathy, balance, and coordination were concerns for the patients(62).

2.2.1.3. Emotional changes

A retrospective cohort study done in Brazil revealed that among the emotional aspects observed in women whose disease progressed to GTN and who needed chemotherapy were feelings of inferiority, low self-esteem, fear about living with a “damaged” uterus, guilt for being ill, anxiety, and depression(63).

According to a qualitative study done in England among women with GTN treated with chemotherapy, they revealed negative emotions and thoughts, such as fear, panic, and concern about losing life as a result of the treatment or disease. Furthermore, a study done in New York among women treated for GTN shows that twenty-seven patients (56%) expressed worry about treatment harm, 30 (60%) expressed concern about recurrence, and twenty percent reported significant depressive symptoms(57,64).

According to a qualitative study conducted in Ethiopia among cancer patients undergoing chemotherapy treatment, each cancer patient faced a variety of psychological and emotional challenges as a result of their cancer diagnosis and treatment. They discovered that the most common psychological issue among cancer patients was negative feelings. It brought with a flood of complex emotions, such as uncertainty, fear, anxiety, and depression, which proved as difficult to bear as the disease itself (65).

2.2.1.4. Others life changes

2.2.1.4.1 Reproductive health changes

A systematic review done in Sweden on fertility and pregnancy outcome among GTD women’s demonstrates that single-agent therapy has no effect on fertility or subsequent pregnancy outcome. Miscarriage is more common in women who conceive within 6 months of finishing chemotherapy. Multi-agent chemotherapy delays natural menopause by three years and frequently causes temporary amenorrhea, but it rarely causes chronic ovarian failure or infertility in young women. High-dose chemotherapy is known to cause lifelong amenorrhea, and no pregnancies have been documented following high-dose treatment for gestational trophoblastic neoplasia(66).

According to a case-control study done in Iran among patients with GTN treated with chemotherapy revealed that the mean serum levels of anti-Müllerian hormone (AMH) in the GTN group were significantly lower than those measured in the control group after chemotherapy(67).

A mixed study conducted in Turkey among patients receiving chemotherapy for a gynecologic oncology disorder found that chemotherapy had a negative impact on sexuality in 55.9 percent of the cases. Since receiving the diagnosis, 52.9 percent of women had had no sexual intercourse at all, and women reported being afraid of sexual intercourse, postponing the relationship, and shifting the priority of sexuality in their lives. The most frequently reported problems by women were feelings of dissatisfaction, pain, and dryness during intercourse(68).

According to an Australian study, 52 percent of women reported sexual dysfunction. The majority of women (81%) felt well supported by their partners during the illness, 19% thought the relationship had changed, and 26 percent thought GTD had negatively impacted sex life. This impression was stronger for those who had chemotherapy (69) .

2.2.1.4.2. Socioeconomic and family impacts

A study done in New York shows that during the completion of treatment, cancer patients face problems related to returning to their social roles in the family, workplace, and community, and the patients' needs help in integrating the cancer experience into their lives to increase a sense of purpose, direction, and wellbeing(70).

According to a qualitative study done in England among women with GTN treated with chemotherapy, all participants were concerned about the effect of their cancer and treatment on their children. Some of the children were worried and anxious about being separated from them during treatment, and they were becoming more needy, clingy, or emotional. Those with school-age children are also worried about their children's education and experience at school(57).

According to a study done in Germany on families affected by parental cancer, the study revealed both positive and negative effects. Helpfulness (reported in 19 of 44 youngsters) was the most commonly mentioned positive change. While fears and worries were the most often mentioned unfavorable changes (11 out of 43 children), the youngsters also showed more clinginess and aggression/irritability (8 of 43 children) (71).

According to a qualitative study conducted in Ghana on the experiences of women with cancer undergoing chemotherapy, among the significant obstacles participants faced were a lack of resources, financial restraints, and social isolation. Additionally, a study conducted in Ethiopia

shows that patients have experienced functional impairment in their roles and responsibilities at work and home that has a negative impact on their lives(65,72).

2. 2.2 .Supportive care condition

2.2.2.1. Information

A qualitative study conducted in Uganda found that almost all participants actively dealt with the discomfort and negative experiences of side effects. This was due to the information they given prior to beginning treatment. However qualitative study conducted in Ghana revealed that inadequate access to information from healthcare providers were major challenges (72,73).

A qualitative study done in Ethiopia on experiences of women with cancer During Follow-Up Care, revealed that most of patient's were not satisfied with their healthcare experience. They described health care providers as unsupportive and uncaring. The medical personnel did not clarify all facets of their disease. They were unsure about the adverse effects of their treatment. (74).

2.2.2.2. Social support

A qualitative study conducted in England among women with GTN treated with chemotherapy revealed that sources of social support were family, hospital services, schools and teachers, and specialist services(57).

Another qualitative study conducted in Ghana on the experiences of women with cancer undergoing chemotherapy revealed experiences with social support systems as the main themes. Support from healthcare providers' information needs during and after treatment, support from significant others, and lack of resources and support for the treatment are among the subthemes identified(72).

A qualitative study conducted in Ethiopia on the experiences of cancer patients undergoing chemotherapy treatment The majority of study participants reported receiving good social support from family members, particularly their spouse, children, and parents, during their cancer diagnosis and treatment, which was the most stressful time for them(65).

2.2.3. Coping strategies

2.2.3.1. Problem focused

According to a qualitative research done in Turkey among patients receiving chemotherapy for a gynecologic oncology disorder, the women said that they tried to handle sexuality difficulties by talking to their spouses, using resources such as the internet, or postponing or ignoring the problems(68).

Another qualitative research conducted in Kansas on chemotherapy-related cognitive impairment in cancer patients discovered that exercise and enough rest are beneficial and advised activities to excite the mind(62).

2.2.3.2. Behavioral

A qualitative research done in Chinese on the coping strategies of cancer patients throughout chemotherapy identified three basic themes: sustaining optimism, and spiritual growth, were used by the patients' (75).

An exploratory qualitative study conducted in Ghana on disease perspective and coping techniques among women getting cancer treatment discovered that their disease is treatable with medical treatments and the assistance of God. Individuals' key coping strategies were spirituality and social support. Additionally, a study conducted in Turkey revealed that religious practices are one of the coping techniques used by patients(76,77).

2.2.3.3. Emotion focused

A qualitative study conducted in Turkey on the coping strategies of women receiving treatment for cancer revealed that coping techniques such as positive thinking and hobbies were used by women's (76) .

A qualitative study done in turkey revealed that understanding the value of health and greater appreciation for life are among the coping strategies used by patients. Another study done in Nigeria also revealed hope, faith and courage sustained treatment as coping techniques used by patient(78,79).

2.3. Theoretical framework

Theoretical framework for experiences of women with GTN treated with chemotherapy based on Contextual Model of Lazarus' Stress and Coping Theory. This theory offers a framework for analyzing the process of dealing with stressful situations. Stressful encounters are understood as individual-environment transactions that are influenced by the external stressor's impact(80).

Chemotherapy is an external stressor for women with GTN, causing a variety of physiological and psychological adverse effects (fear, stress, anxiety, and depression). This stress pushes individuals to seek coping mechanisms that will prevent subsequent psychiatric problems and maintain psychological well-being. Adequate social support and good coping methods dramatically minimize the symptom-related misery of patients with chemotherapy(80–82).

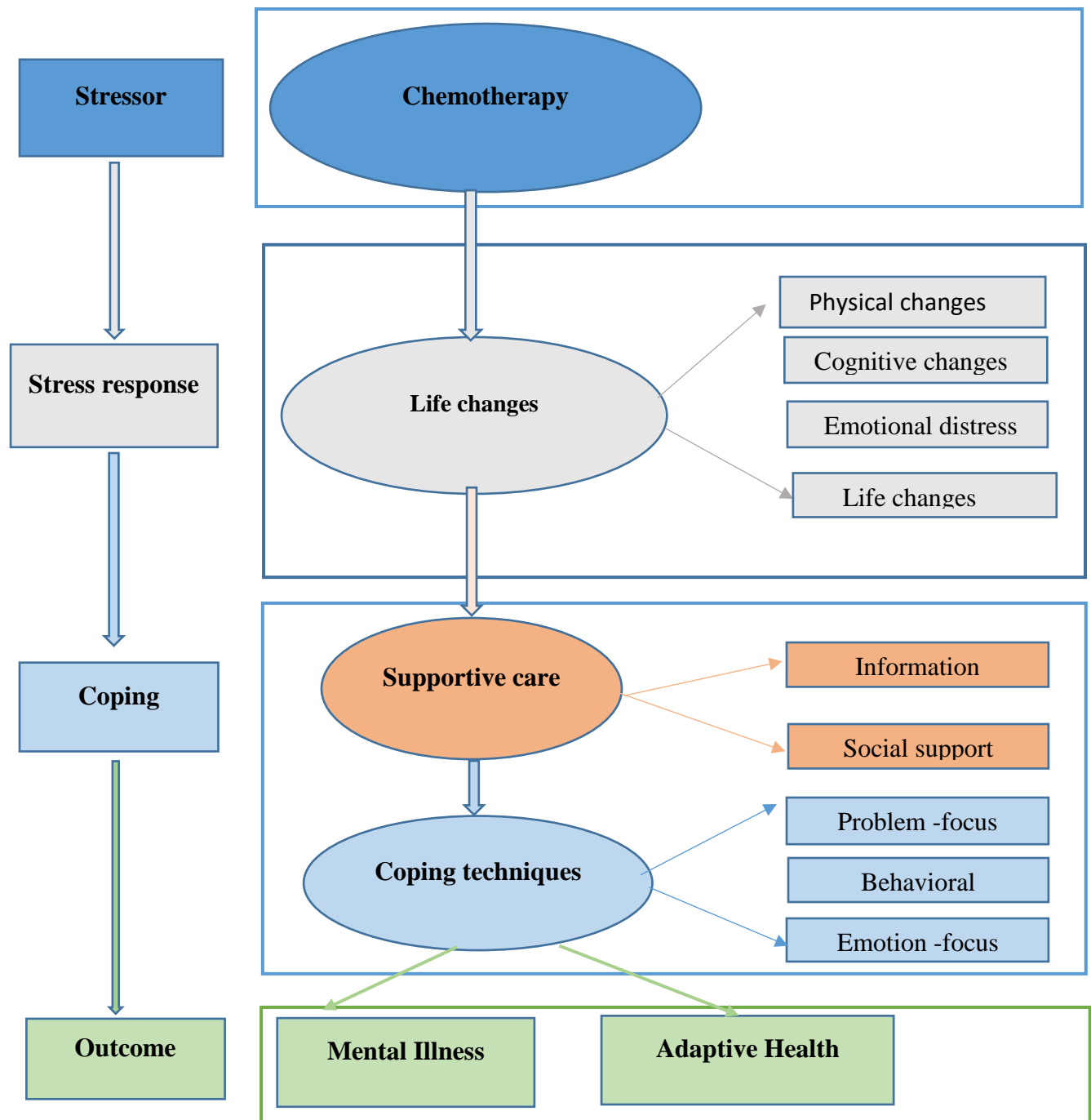


Figure 1. Theoretical framework for experiences of women with GTN treated with chemotherapy based on Principles and framework of Lazarus's psychological and coping theory. (Color figure online)(83).

3. OBJECTIVES

3.1. General objective

- ✓ To explore the lived experiences of women with GTN during and after treatments with chemotherapy in selected hospitals in Addis Ababa, Ethiopia, 2023/24.

3.2. Specific objective

- ✓ To describe the life changes experienced during and after treatments with chemotherapy in selected hospitals, in Addis Ababa, Ethiopia, 2023/24.
- ✓ To understand the supportive care situation women experienced during the treatment process with chemotherapy in selected hospitals in Addis Ababa, Ethiopia, 2023/24.
- ✓ To explore coping strategies women used for problems they encountered during treatment process with chemotherapy in selected hospitals in Addis Ababa, Ethiopia, 2023/24.

4. METHODS AND MATERIALS

4.1. Study Setting and Period

4.1.1. Study Setting

Addis Ababa is the capital city of the Federal Democratic Republic of Ethiopia, which is located in the center of the country. The city is divided into ten sub-cities and 116 Woredas. Addis Ababa has 51 hospitals, six of which are owned by the Addis Ababa City Administration Health Bureau, four by the Federal Ministry of Health, one by Addis Ababa University, three by non-governmental organizations, three by the Defense Force and Police, and 34 by private organizations. The study was conducted at Tikur Anbesa Specialized Hospital(TASH) and Saint Paul's Millennium Medical College (SPHMMC).The TASH is Ethiopia's only center for cancer offering radiotherapy with one cobalt-60 tele therapy machine, oncologic surgery, and chemotherapy . The hospital had a capacity of 600 beds. According SPHMMC human resources report, the hospitals has over 700beds.It serves an average of 200,000 patients and clients daily and has a catchment population of more than 5 million. There is over 3,162 clinical and non-clinical staff with over 13 departments(84,85).

4.1.2. Study Period

The data collection was conducted from February March 2024

4.2. Study Design

A descriptive, phenomenological, qualitative design was implemented.

4.3. Study Participants

Purposively selected Survived women who had received chemotherapy for GTN and who fulfilled the inclusion criteria were participated.

4.4. Sampling Methods

4.4.1. Sample size

The data was collected from study participants who met inclusion criteria. The number of participants was 12 women ,determined by information saturation or redundancy, which is the point at which no new themes, coding, or information occurred from the data(86). To ensure saturation, the data was checked for the occurrence of codes or categories, at the end of each day

of interview, to see if further interviews were needed in a preliminary style. And the researcher was making sure that no new information was generated via interviews, as fresh interviews often duplicate the data that has previously been gathered. As well, when recorded data was no longer producing new code after repeatedly providing similar responses or thoughts.

4.4.2 Sampling Technique

Participants were purposefully recruited from all surviving patients who have received chemotherapy for GTN and on surveillance for HCG from the registry database by contacting staff that works in the unit. Variations in the classification of GTN, participants' age, marital status, and educational attainment, as well as the number of children and cycle of chemotherapy taken, were considered.

4.5. Eligibility Criteria

4.5.1 Inclusion Criteria

Survived Women who have received chemotherapy for GTN and were on surveillances

4.6. Data Collection Tools and Procedures.

In-depth face-to-face interviews were carried out using a semi-structured interview guide. The interview guide was created after reviewing different pieces of literature that represent the aims of the study and following consultation with qualitative study experts. Then staff that works in the unit was contacted to get information from the registry data base and for recruitments, and participants were contacted during their surveillance's time for HCG after their follow-up process. During their discharge time, after the study objective was explained to them, voluntary participants were interviewed in a quiet room which was arranged by communicating with the unit coordinator. With the participants' permission, an audio-tape recorder and field notes were used to document the conversation during the interview as well as the participants' facial expressions.

The participants were asked open-ended questions with prompts that provided structure, enabling them to provide in-depth information about their experiences. First, the questions were created in English, and then they were translated into Amharic and Afaan Oromo. Then questions were translated back into English prior to data collection to see whether the Amharic and Afaan Oromo versions adhered to the original document. The semi-structured interview guide comprises the topics and probing questions were used.

The data was collected by the principal investigator (PI) and by female staff assistance that works in the units after training on qualitative data collection was given to them since they were more familiar with and knew the patients. So the patients shared their lived experiences in depth. The interview was begun with a warm-up and general questions, and in the middle of the interview, probing questions were used; if the response was too little for the scenario, they were asked throughout the data gathering process. The interviews were audio recorded, and field notes were taken with assistance from all of the participants.

4.7. Trustworthiness

4.7.1 Credibility

To maintain credibility, the investigator used different approaches. The first one is that the data were collected by the principal investigator and staff assistants that work in the units, who knew the local language fluently. This is crucial to lower the likelihood of misunderstandings throughout the research and ensure the credibility of the findings. Secondly, the investigator used peer debriefing strategies during writing the reports; the researcher got feedback from peers and staff who received training in qualitative data collection and analysis; and lastly, by employing an audio recorder when conducting interviews.

4.7.2. Dependability

To ensure dependability, audio records of participants' interviews and notes that were taken during the interview and transcribed verbatim were saved for cross-checking and to affirm the uniformity of the interpretations.

4.7.3. Transferability

To maintain the transferability of the overall research process, the methods section included information about the research's setting and study participant characteristics. During data collection, purposive sampling was employed, which helps the investigator focus on selected participants who can provide rich information about the issues under investigation, and probing interview techniques were used in between each question, which involve asking further questions to gain an in-depth understanding of their experiences. The data collectors used a tape recorder and field notes to record the interviews. Lastly, the thick description was concluded.

4.7.4. Conformability

To maintain conformability, the data was gathered by interview guides that were translated into local languages, and the questions were asked in the participant's preferred language to reduce bias and errors. In order to minimize researcher bias, the primary investigator made an effort to put aside their assumptions, opinions, and beliefs and previous knowledge during data collection, coding, and analysis, and we used participants' words from interview transcripts to ensure that the data interpretation revealed accurate participants' own words.

4.8. Method of Data Analysis and Processing

The audio-recorded interview data was first transcribed verbatim in Amharic and Afaan Oromo. Then the transcribed data was translated into English by PI and a professional assistance translator. The translated data was cross-checked with the audio file to ensure its proper transcription and translation, and it was imported to ATLAS.ti 9 software to aid the coding process, and the data was coded line by line. To analyze the data, we used both inductive and deductive thematic analysis.

The code book was developed to ensure coding consistency. Coding was done primarily by the investigator and assistant coder, and differences in the identified codes among the coders were resolved through discussion. Coding with the investigator was reviewed and discussed to clarify the research findings. Then all identified codes were assigned to subthemes based on their similarities and differences, and similar sub-themes were grouped into main themes. The results of the study were presented by using direct quotes from the statements of participants to describe the main themes, and the sociodemographic characteristics of the participants were presented in the table.

4.9. Ethical Consideration

Ethical clearance and official letter asking for support were received from Addis Ababa University, College of Health Sciences; School of Nursing and Midwifery postgraduate program and submitted to TASH and SPHMMC. The staff's that works in the unit were provided with information about the confidentiality of the data and the objective of study verbally, to get information, from the registry database and for recruitment. Then participants were contacted during their surveillance's time for HCG. After their follow-up process, during their discharge

time, we informed them about the objective of the study. At the time of the interview, volunteered participants were asked once more for their written consent before participating in the study. Participation was voluntary, and participants have the right to refuse or withdraw whenever they wish. Confidentiality was maintained by omitting their names and personal identifiers throughout the study.

4.10. Dissemination of Study Findings

The findings of this study will be submitted to Addis Ababa University, College of Health Science and Medicine, School of Nursing, and Midwifery Postgraduate Programs. After the document has been updated with all the feedback, it will be distributed and reported to TASH and SPHMMC, where the data will be generated. Finally, the findings will be sent to peer-reviewed and reputable journals in both national and international research publishing institutions for publication.

5.RESULTS

5.1 Socio-demographic and clinical characteristics of Participants

A total of 12 participants with a mean age of (35.1± 6.7) who have received chemotherapy for GTN participated in the study. Majority of the participants were married and all were able to read and write. Regarding their clinical features, most of the participants were diagnosed with HR GTN and the women received 5-12 cycle of chemotherapy. See tables 1 and 2.

Table 1: Sociodemographic characteristics of women who have received chemotherapy for GTN

| Age and identifier | Educational levels | Occupation | Marital status | No of children's |
|---------------------------|---------------------------|-------------------|-----------------------|-------------------------|
| GTNsp1(21) | Primary | Student | single | No |
| GTNsp2(34) | primary | House wife | married | 2 |
| GTNsp3(33) | Secondary | House wife | Married | 2 |
| GTNsp4(42) | Preparatory | Private | single | No |
| GTNsp5(28) | Degree | Engineer | married | 2 |
| GTNsp6(32) | primary | House wife | Married | 3 |
| GTNsp7(45) | Primary | House wife | Widow | 5 |
| GTNsp8 (34) | Secondary | House wife | Married | 3 |
| GTNsp9 (30) | Degree | Private | Married | 2 |
| GTNsp10(42) | Primary | House wife | Single | 1 |
| GTNsp11(40) | primary | Daycare | Married | 4 |
| GTNsp12(40) | primary | House wife | married | 4 |

Table 2: Clinical features of women who have received chemotherapy for GTN

| Diagnosis | Date of diagnosis | Stage of GTN (WHO score) | Cycle of chemotherapy taken | Previous surgery for GTN(if any) |
|-----------|-------------------|--------------------------|-----------------------------|----------------------------------|
| HR GTN | 19/7/2014 | 10 | 9 cycle of(EMACO) | No |
| HR GTN | 20/12/2013 | 9 | 10 cycle of(EMACO) | No |
| LR GTN | 15/5/2014 | 4 | 9 Single agent | No |
| LR GTN | 3/4/15 | 3 | 5 (Single agent) | No |
| HR GTN | 18/12/2013 | 8 | 8 cycle of(EMACO) | No |
| LR GTN | 1/9/2015 | 2 | 10(Single agent) | No |
| HR GTN | 12/2015 | 14 | 8 cycle of(EMACO) | No |
| LR GTN | 4/5/2015 | 4 | 10(Single agent) | No |
| LR GTN | 13/3/2015 | 5 | 8(Single agent) | No |
| HR GTN | 10/12/2012 | 14 | 12 cycle of(EMACO) | TAH+BS |
| HR GTN | 1/10/15 | 7 | 5 cycle of(EMACO) | no |
| UHR GTN | 21/9/2015 | 14 | 5 cycle of(EMACO) | TAH+BS |

GTN: *Gestational trophoblastic neoplasia*

GTNsp: *GTN survived participants*

LR GTN: *Low risk GTN*

HR GTN: *High risk GTN*

UHG TN: *Ultra high risk GTN*

EMACO: *(Etoposide, methotrexate, actinomycin-D/cyclophosphamide, and vincristine)*

TAH+BS: *Total abdominal hysterectomy and bilateral salpingectomy*

5.2. Emerged Themes

Five major themes emerged from the data analysis, both inductively and deductively. Deductively emerged themes were: life changes women with GTN experienced during and after treatments with chemotherapy; supportive care conditions; and coping techniques women used for problems they experienced. Whereas inductively emerged themes were women's lack of awareness and emotional reaction to GTN and women's perspectives on what's needed as a priority and improvement related to the treatment process. See table 3.

Table 3: Summary of emerged main themes, sub-themes with corresponding codes

| No | Themes | Subthemes | Codes |
|----|--|---|---|
| 1 | Lack of awareness and Emotional reaction to GTN | lack of awareness about GTN | <ul style="list-style-type: none"> ✓ Not knowing about it before ✓ Not heard about it ✓ Seeing on herself |
| | | Emotional reaction to GTN | <ul style="list-style-type: none"> ✓ When I heard it ,am frustrated ✓ I was shocked. ✓ I was very saddened ✓ Angry with self at that time |
| 2 | Life changes of women's with GTN experienced | Physical changes during and after | <ul style="list-style-type: none"> ✓ Gastrointestinal system change ✓ Integumentary changes ✓ Musculoskeletal changes ✓ Neurological changes ✓ Respiratory system changes ✓ urogenital system changes |
| | | Cognitive changes during and after | <ul style="list-style-type: none"> ✓ Difficulty with paying attention ✓ Forgetting behavior's ✓ Fatigues ✓ Problems with memory recollection ✓ Loos of consciousness ✓ Difficulty with remembering ✓ Difficulty with finding words |
| | | Emotional changes during and after | <ul style="list-style-type: none"> ✓ Mood changes ✓ Emotion outburst ✓ Emotional dysregulation ✓ Emotional withdrawals |
| | | Reproductive health issues during and after | <ul style="list-style-type: none"> ✓ Changes related menstrual cycle ✓ Sexual activity concerns ✓ Relationship status |
| | | Social and family impacts during and after | <ul style="list-style-type: none"> ✓ Creating emotional changes within family, neighbors and relatives ✓ Social withdrawals ✓ Social gossip |
| | | Financial impacts during and after | <ul style="list-style-type: none"> ✓ Missing treatments and appointments due to financial issues ✓ Challenges with fees expensiveness' ✓ Asking for financial support ✓ Depleting assets used for sustaining life ✓ Effects on future plan |
| 3 | Supportive care conditions | Level of Supportive care | <ul style="list-style-type: none"> ✓ Comforting supportive care ✓ Lack of supportive care |
| | | Types of supportive care | <ul style="list-style-type: none"> ✓ Instrumental support ✓ Emotional support ✓ Informational support ✓ Appraisal support |
| | | Sources of supportive care | <ul style="list-style-type: none"> ✓ Health care providers ✓ Family, neighbors, and relatives ✓ Supportive others |
| 4 | Coping techniques women used | Types of coping techniques | <ul style="list-style-type: none"> ✓ Emotion focused coping techniques ✓ Behavioral Copping techniques ✓ Problems based copping techniques |
| 5 | What's need priority and improvement related to treatments process | What needs priority | <ul style="list-style-type: none"> ✓ Information on medication side effects ✓ Medication and blood investigation availability ✓ ways of approaching women's ✓ Establishing a social support group for women's |
| | | What's needs improvements | <ul style="list-style-type: none"> ✓ To those related to health care providers ✓ To those related to hospitals ✓ To those related to runners |

5.2.1. Theme one: women's lack of awareness and emotional reaction to GTN

Two sub-themes have been identified under these main themes. These were, women's lack of awareness about GTN and their emotional reactions when they heard that, they had GTN.

Sub-theme 1: lack of awareness about GTN

Most women have stated that they didn't know about GTN, they didn't hear about it before, and they didn't understand it well before they were experienced, but they just saw and understood about GTN for themselves after they were experienced with these diseases. Some of the women stated that they might hear about cancer on television or elsewhere, but they didn't have any awareness about GTN. These were how most participants described their experiences:

"Ahhh... I didn't know about it. I saw it on myself, and when it was first happened, I was confused because I didn't know anything." (GTNsp 5)

"I didn't hear about this before; after my pregnancy was confirmed, I came here for check-ups because of leakages and cramps. During my visit, they ordered an ultrasound and informed me that it was not a pregnancy that would be continued. It was like that; I saw it on myself; even though I hadn't seen it on others before, I got it." (GTNsp9)

"I didn't have any awareness about it; I didn't hear about it; I was just seeing it myself. During that period, I got headaches, I was vomiting everything I ate." (GTNsp1)

Sub-theme 2; Emotional reactions of women's when they heard that they had GTN

This subtheme explored that, how women were reacted emotionally when they heard that they had GTN and when they told them, you have to start chemotherapy. So, based on the findings of the study, most of the women were shocked, saddened, frustrated, and angry with themselves. As well as being difficult to believe what they told them by saying how it could be like that and being concerned by thinking about what would happen to her after they heard about their condition. Furthermore, some of them had headaches after they heard these breakings. These were narrated by women's as follows:

“Ahhh... Just what I had said to you, I was very shocked. I got a headache. I didn’t know if it was a little different from another cancer. I thought I would die, by leaving my children.”(GTNsp5)

“I was shocked at that time, wondering how this could have happened to me. Then, I accepted it as God's will, entrusting all things to Him.” (GTNsp3)

“You know I felt an impossible feeling; why?” “By saying that, how could I be like this?” At that time, I was very angry with myself and I was frustrated.” (GTNsp1)

5.2.2. Theme Two: life changes of women’s with GTN experienced during and after treatments with chemotherapy

Within this theme, five subthemes’ have been identified, these were, physical changes, emotional changes, cognitive changes, financial impacts, and social and family impacts women’s with GTN experienced during and after treatments with chemotherapy.

Sub-theme 1: physical changes women’s with GTN experienced during and after treatments with chemotherapy

Physical changes during chemotherapy

Among these subthemes, women’s GTN experiences a variety of physical changes related to chemotherapy. The majority of participants experienced the most common physiological side effects from chemotherapy, especially these side effects, which were more common in those mothers who had high-risk GTN than low-risk GTN. Some of the side effects reported while they were undergoing chemotherapy were *gastrointestinal tract problems* such as loss of appetite, abdominal cramps, diarrhea, gastric ache, food indigestion, food intolerance, nausea, vomiting, dryness, and pain in the throat. Women also described experiencing *integumentary problems* like alopecia, changes in nail color and removal, soreness around the back, and changes in skin pigmentation.

Furthermore, women also experienced *musculoskeletal system problems* such as, cramping on the waist, difficulty with hand movements, leg cramping, pain around the kidneys and tenderness, generalized body swelling, generalized body weaknesses and edematous hands and legs.

Additionally, they experienced *neurological problems* such as: eye problems like excessive blinking, burning sensation, excessive tears to the eyes, and blurry vision; others' problems such as dizziness, loss of taste, difficulty with sunlight exposure, ringing in ears; insomnia, one-sided difficulty; lack of thirst; feeling of coolness; and burning sensation to the legs.

In addition, *respiratory system problems* such as, blockage of voices and mucus dripping from nose and *reproductive systems problems* such as, burning sensation in uterus, uterine tenderness and discharges from the uterus. Few of women also narrated *hematologic problems* such as anemia and leucopenia. The others regards to weight conditions, most of women were lost weight and few of them gained weight while they were undergoing chemotherapies. Some of the women's shared their experiences as follows;

"Ohhh....my god! The first one is that it finished your hair completely; the other is that it ate your body; it makes you thin and wasteful because you don't eat food, and if you ate it, it was not tolerable with you; if it was not tolerable, it doesn't work, then your diseases become worse."(GTNsp1)

"There were many physical changes. I had taken blood from fifty-four people. I was also having blood taken, but it was bleeding through my uterus. My body became progressively weaker and more emaciated. Ahhh...my body wasted away, and my leg became edematous. I couldn't eat solid foods; I was on glucose. And also I was taking twelve white blood cells during that period while I was taking chemotherapy." (GTNsp10)

"Ahhh... when I was undergoing chemotherapy, I had problems with food digestion and headaches, which challenged me the most. Then, my nails changed to black, and finally, they were taken off. With regard to my weight, during that period it increased, but others who had a similar condition as me said they were losing much weight. Another issue was my hair condition did not change until the fifth cycle of chemotherapy, then it started to fall out after the fifth cycle, and I just shaved the rest. Additionally, my hand became black and swollen, and I had difficulty with hand movements for almost three months." (GTNsp5)

Physical changes after chemotherapy

Some of the women's, especially those who were high-risk GTN have mentioned their physiological experiences after they completed their chemotherapy's, as follows: difficulty of sight and blurry vision; mouth and tongue dryness; numbness of the leg and problems with nerves; removal of the uterus; uterine tenderness; gastric ache; weakness of the body; and grove on the hand. The others, some of the women's, gained weight, and the others lost weight after completing their chemotherapy treatments. But the majority of women shared their experiences, as they did not face that many physical changes after completing chemotherapy. Some women have described their experiences as follows:

“After I completed the treatment, the other physical changes are that now I am experiencing pain in my leg and I have leg cramps. I have numbness in my leg, and for this, I am going to nerve class. I think this is also due to the effects of medications.”(GTNsp10)

“After I have completed, all thing were good again, my hair also retuned back for me but gastritis was still there and I am continuing to take its medication, because my gastric developed soreness. The other thing that challenges me now is that I have leg cramps, and a burning sensation in my legs.” (GTNsp11)

“Ahhh... After completing the medication, I was not able to stand up frequently. Since I am Muslim, I was not able to stand and bow during prayer. I have a general burning sensation that starts from my head to my legs.”(GTNsp2)

Sub-theme 2: Emotional changes women's with GTN experienced during and after treatments with chemotherapy

Emotional changes while they were undergoing chemotherapy

Within this subtheme's women's have experienced different types of emotional changes while they were undergoing chemotherapy. Some of the women have shared that they were experiencing *mood changes* such as anger with themselves, worrying, anxiety, and depression, a lack of happiness, shock, sadness, stress, and suicidal thoughts. Furthermore, some of the women also *experienced emotional withdrawal*, such as feelings of loneliness, fear of sleeping, giving up while taking chemotherapy, and difficulty with engaging in recreational activities.

Additionally, some of the women's shared that they were experiencing *emotional outbursts* like blaming others, crying, hating of voices, hating people and shouting behavior. Expressions of *emotional dysregulation* such as being impatient with everything's, whining behaviors, yawning, questioning themselves, and questioning why these things happen to them. These were the narrations from some participants:

"Ahhh... Even now, I have depression, unless I avoid it by myself, unless I do something, I have depression; my mind becomes depressed, and I have feelings of loneliness. I think about what I have gone through. During that period, I had anxiety, I was stressed very much, especially when I was in this hospital, it pushed me towards thoughts of self-suicide, it made me yawning, it made me yell at that time (chuhi chuhi yilegnal)."(GTNsp 10)

"You know, I was stressed for a long period of time. I started to worry because I have children, and I thought I would die, leaving my children behind. For this reason, I was depressed."(GTNsp5)

"At that time, I was stressed, everything was disturbing to me. Even when I heard the voices on television, it bothered me. Sometimes I stayed in my bedroom because when I felt depressed, there were times I just stayed in bed and I didn't leave the house often."(GTNsp12)

Emotional changes after chemotherapy

The majority of women shared their experiences, as they did not face that many emotional changes after completing chemotherapy. They also shared their experiences as follows: after completing chemotherapy, they were happy people; it created so much happiness within their family, and it was surprising for them and their family. But on the other hand, the majority of them were afraid that the disease might reappear again. These were some of the experiences shared by participants:

Ahhh....Now I have completed my treatment, I am a happy person, and thanks to my Lord, there are no more lingering concerns" (GTNsp5)

"After finishing the treatment, I expressed gratitude to the Lord. I am happy person and my family were happy for me. I was then advised to continue monitoring for a year, but my intention was to relax after completing treatment, by saying, now I would be sit down.

Ahhh... you now .you will come for checkups, I was stressed until it reaches that one year by saying that, may be it come back again. Thankfully, it did not return, and I found relief. Despite these worries, everything turned out fine.”(GTNsp3)

The other participant narrated that she was experiencing different emotional changes after completing chemotherapy. Some of these emotional changes were: carrying away by thought, considering that family might blame her, and thinking of sacrifices that family made for her. The others were regretting, self-blaming, and stressing herself by recalling the stress family members endured, loneliness, feeling ashamed and shocked when sitting with her family, and the feeling that people might ridicule her. These experiences were narrated by the participant as follows:

Ahhh...you become stressed because of everything you have been through, recalling the stress your family endured. I get angry with myself, thinking my family might blame me. I couldn't free my mind to enjoy life. I question myself by saying that, who caused all that money to disappear? Who led to the destruction of my family's finances? It was me, by my actions. I feel ashamed and face challenges when trying to laugh and play with them. There was a day when I locked myself inside and tried suicidal attempts, but my family broke down the door and prevented me from doing so. I was angry with myself, as I believed that this disease had put my family in challenging situations. This was the struggle I faced after completing my treatments.”(GTNsp1)

Sub-theme 3: Cognitive changes women’s with GTN experienced during and after treatments with chemotherapy

Cognitive changes while they were undergoing chemotherapy

Under these subthemes, women's faces have faced different cognitive changes while they were undergoing chemotherapy treatments. Some of the cognitive changes that were described by the women were: loss of consciousness, difficulty with remembering, difficulty of reading and writing on white paper, difficulty with paying attention to things, forgetting behaviors, and fatigue while they were undergoing chemotherapy. These experiences were shared by some participants, as follows:

“Ahhh...yes, during chemo there was a vision problem. I could see for distance but not near objects, I could not read easily, I didn't pay attention to things, and I was forgetting everything. But after completing the chemotherapy, everything is reversed.”(GTNsp2)

“Before, I used to remember everything's, after I started taking this medication, I started to forget things, and especially these things were much more while I was on chemotherapy.”(GTNsp8)

“At that time, I was forgetting things; someone would tell me something, and I wouldn't remember. It was difficult for me to pay attention when someone talked to me. I had blurry vision during that time, and my eyes were blinking a lot.” (GTNsp12)

“During that time, I had a burning sensation in my eyes. For example, when I was trying to read and write, it was challenging for me. When I tried to look at and read white paper, my eyes would tear up.”(GTNsp10)

Cognitive changes after chemotherapy

Some of the women also reported some cognitive changes after they completed chemotherapy. Those cognitive changes that were reported by women after completing chemotherapy were: difficulty with finding words, difficulty with paying attention to things, forgetting behaviors, fatigue, and problems with memory recollection, like difficulty with remembering where they were put things. Some individuals expressed their experiences as follows:

“Ahhh...Even now, I find it difficult to pay attention, when I try to read something, I can't see the crumbles one, and it was like this for me. They were even considering ordering eyeglasses for me because I can't read unless the text is close to me and in well bright places.”(GTNsp10)

“Also after completing chemotherapy, regarding forgetting, I am good. But regarding my sight now also there is difficulty. But I don't know whether it's the effects of medication or not. Now, I have blurry vision. Regarding my sight, it has decreased from what it was before. I can see from a distance but have difficulty seeing from a little closer.”

“I was in tears a lot. Then when I asked others, they told me that yes, this medication has that side effect. I didn’t face that much in forgetting something, but I had faced difficulty in reading something.”(GTNsp4)

Women also shared their experiences, as they didn’t face many challenges regarding cognitive changes. They also shared their experiences as follows: no problems with finding words, memory, or readings, and they were also described as having decreased forgetting behaviors after chemotherapy, even though they were experienced while they were taking chemotherapy. These were some narratives from women’s:

“Ahhh... regarding cognitive condition, I didn’t encounter any changes during or after treatments. Even during that period, I had tasks to be completed, I continued with my usual work at home using a computer, which wasn't too difficult. This helped me to think less about my problems. I utilized a work diversion mechanism. Also, I didn't experience any issues with memory or reading during that time.”(GTNsp5)

Sub-theme 4: Reproductive health issues women’s with GTN experienced during and after treatments with chemotherapy.

Reproductive health issues while they were undergoing chemotherapy

Within this subtheme, women’s reproductive health was challenged while they were undergoing chemotherapy treatment. Some of the reproductive health issues that were shared by the women were: *changes related to the menstrual cycle*, such as prolonged heavy bleeding, irregularities of menses, amenorrhea (absences of menses), and worrying about absences of menses by thinking as if they were pregnant again.

Furthermore, women also shared about their *sexual activity experiences*, such as painful sexual activity (dyspareunia), decreased desire for sexual activity, and abstinences from sexual activity while they were undergoing chemotherapy. Additionally, participants were narrated about their *relationship status* as follows: some experienced a decreasing and changing of relationships with spouses or friends until divorcing; on the other hand, most women shared their experiences of their relationship with their spouses or friends, as there was understanding and respect for their

diminished sexual desire from their spouses. Some of these experiences were shared by the women's as follows:

"While I was undergoing chemotherapy, I experienced excessive bleeding during my menstrual periods. It was flowing excessively, and I suspected it might be related to the medication."(GTNsp6)

"My relations with my friends?" It was lowered from what it used to be, and it was lower than he loved me before, since I was a sick person with an illness. No one liked it, and no one expected me to survive." He hated me and thought I would not live, and I had no hope." (GTNsp1)

"Ahhh... of course, sometimes we tried to do sexual intercourse, but there was pain during that time, and it was very painful, making it a little difficult. He understood me in terms of what was happening, and he was the one caring for me and accompanying me here, so he understands everything about me. During that time, it was very painful, making it a little difficult."(GTNp9)

"At that time, I didn't engage in sexual intercourse, but a little after I was taking medication, I didn't face that many challenges with my husband regarding sexual relations. He told me that what takes priority is your health." (GTNsp11)

Reproductive health issues after chemotherapy

Women were also faced with different reproductive health challenges after they completed chemotherapy. Some of these challenges that were explored by the women were changes related to the *menstrual cycle*, such as dysmenorrhea, Absences of menses were concerns for those women whose age was above 35, but for the others, it was returned after they completed a salvage dose of chemotherapy. The other issues were irregular menses and prolonged heavy bleeding.

Women were also described as experiencing changes related to relationships and sexual activity, such as decreasing desire for sexual activity, fear and stress of disease reappearances, when thinking about marriages, being close to men, and trying to consider another pregnancy. Additionally, the other changes that were narrated by women's were concerns about lack of

children's and challenges with not having spouses. Some of them women's stated their experiences as follows:

"Ahhh...Regarding my menstrual cycle, there haven't been any occurrences. It has been almost two years since I took that medication, and I haven't experienced any menstruation since then. Additionally, now I have no any longer desire for sexual intercourse."(GTNsp7)

*"Then, after I was stopped chemotherapy, it would stay for long duration, for example when it came, it would stay for 13 or14 days, Sometimes, I had to change pads frequently within a day. After completing my treatment."*GTNsp6

"Then, when my menses was came, I had feelings of weakness and tenderness in all of my body. I was in severe pain, then it was stopped on the fourth day's .Now, when it comes for the second time, it was also like that."(GTNsp8)

"As for the desire for sexual intercourse regardless of some decrements, it no longer affects me as there is no disease now. However, I am scared to get close to men. I have doubts to engage with men and tend to avoid them, because of what I went through during the one year of treatment. This fear has led me to hate men, as I am terrified that the illness may return. I am also scared about getting married, fearing the disease might reappear. Even when I try to interact with men in a lighthearted manner, I keep my distance from them due to these concerns." (GTNsp1)

"Especially when I was thinking about the future related to giving birth, I am in frighten by saying that, will this things may happen again?, by saying that, from the beginning, this thing was happened to me due to pregnancy, so now, I am in fear."(GTNsp11)

Sub-theme 5: Social and family influences women's with GTN experienced during and after treatments with chemotherapy

Social and family influences while they were undergoing chemotherapy

Within this subtheme, women shared social and family impacts of chemotherapy while they were undergoing chemotherapy .Some of the impacts that were shared by the women were: becoming burdens for neighbors, relatives, and families; *creating emotional changes* such as fear, sadness, stress, anxiety, shock, loss of hope, and worries within neighbors, family, relatives, and colleagues.

Furthermore women's were narrated challenges they faced such as, having child's they were caring for, children's were terminated of their education and *socials withdrawals* such as, separation from her children's from prolonged chemotherapy regime, difficulty with enjoying and interacting with friends and different *social gossip*, such as various speculations about their condition .Some of these social and family impacts of chemotherapy were narrated by the women's in this way;

"Ahhh... even my eldest son, he was the one, who came here with me, by leaving school, and wandering with me here in hospitals and at home. Even one day, when the doctors told us, my results shows a little increments, he became sad and shocked."(GTNsp11)

"My family and my colleagues were stressed; a lot and they didn't know what to do. Additionally, my husband was very much stressed, but he was trying to hide that from me. I have two children, and this issue arose when we were considering having a third child. The first one is seven years old. She used to ask, "Mom, where are you going?" when I went to hospitals for treatment because it sometimes involved overnight stays."(GTNsp5)

"You know, they used to talk about me while drinking coffee, but they didn't know what was actually happening to me. They would say, 'Oh, that girl is sick, she had liver disease, blood is coming out of her mouth.' They believed that those with liver disease would die and were of no value, destined for a wasted life."(GTNsp1)

Social and family impacts after chemotherapy

Additionally, women shared that they experienced different social and family impacts after they completed chemotherapy. Those impacts that were narrated by participants were social withdrawal, such as difficulty of interacting with family, and withdrawals from her colleagues. Also, some women were experiencing the scattering of children's due to divorcing, these experiences were shared by some participants, as follows:

Ahhh... had faced that there was one patient who couldn't afford anything and she faced a lot of challenges. I mean, she even reached a point where she was divorced from her husband due to these difficulties. Now were in contact She said, "I just scattered my children, and I have no money for treatments or sustaining life "(GTNsp6)

“Even after completing my chemotherapy treatment and getting cured. I feel ashamed and face challenges when trying to laugh and play with them due to this I would sit alone and I was not interacted with anyone.”(GTNsp1)

Sub-theme 6: Financial impacts women’s with GTN experienced during and after treatments with chemotherapy

Financial impacts while they were undergoing chemotherapy

Women's experiences with GTN revealed that they were experiencing a lot of financial challenges while they were undergoing chemotherapy. Some of those challenges that were described by participants were: *challenges with fees' expansiveness*, such as fees for medication, food, blood investigation, bed, and transportation fees. Additionally, women shared that they sold any things they had or sold their possessions for expenses, and they were also borrowing and asking for financial support from family, relatives' neighbors, and at church and mosques for expenses. Some women's shared that they missed appointments and treatments due to financial issues. Some of those experiences that were shared by participants were in this manner:

“Ahhh... financial problems were very challenging. Sometimes there isn't enough money on hand to purchase medications. During chemotherapy, we faced challenges with laboratory investigations since they were done every 15 days and were costly. Ahhh... We also struggled to afford food and water. When we faced challenges of getting money, my husband and I would ask for money around the mosque area, or even around the churches, even though I am Muslim. We would seek help from any family member or any other person.”(GTNsp2)

“During that time, we needed money mainly for medications. For example, lab investigations were not available at healthcare facilities; they were done outside. You know about the costs outside; it was expensive. Even basic tests at private diagnostic centers were costly. For instance, at a nearby private diagnostic center, it was particularly expensive. It was frustrating when you were told that tests could be done in compounds, but when they said they weren't available, these left us discouraged because we were already relying on loans. "This was the reality at that time.” (GTNsp6)

“Ahhh...there were days when I faced difficulties. You know, we sold our cattle, farmland, and exhausted all our resources, reaching the end of our means. Then, we turned to others for help, begging our neighbors who had means by explaining our dire situation and by saying if we reached this point and she passed away, it would bring embarrassment upon us and peoples laugh at us, to travel from where I lived to Addis Ababa there was transportation fees and lab work. Then I was asking for help, if I found it, I would go, if I didn't found it, I would stay at home, by missing the treatments and appointments and these was what challenges me most.”(GTNsp1)

Financial impacts after chemotherapy

Furthermore, women with GTN were narrated as experiencing a lot of financial impacts after chemotherapy's. Some of these impacts were: depleting assets used for sustaining life and falling into poverty; stopping work; and affecting future plans due to depleting assets and money on bank accounts. As well, as they were described, they faced many challenges with blood investigation fees, transportation fees, and a lack of suitable clothes and shoes during the surveillance period. Some of these impacts were explored by the women's in this way:

“After that, it left many challenges, we spent a lot of money on the treatment processes. So, the things you had thought of doing and the things you had planned were left. Just like this, it has impacts.”(GTNsp9)

“After I was completed, related to these things, I was completed the money which was on my accounts, now, there are no any things left for sustaining life. Even I have no jobs now, it affects the life like this .The one who had work and the one who didn't was not equal, I spent a lot.”(GTNsp11)

"After I was completing the treatment, the surveillance, and securing the transportation fees from here to Addis Ababa posed a challenge for me. I had to request money to cover the expenses. I even lacked suitable clothes and shoes to make the journey. Following my recovery, adapting to life as it was before became difficult due to financial constraints. My family endured immense difficulties, having sold the farmlands that sustained us, they were not as such as before, sinking us into poverty because of me.”(GTNsp1)

5.2.3. Theme three: Supportive care condition women experienced during treatments processes

Under this theme, three subthemes have been developed. These were the types of supportive care women's experienced and the sources of that supportive care women's with GTN experienced.

Subtheme One: level of supportive care;

Most women narrated that they were experiencing comforting supportive care from nurses .On the other hand, some of them also shared that, they lacked supportive care such as , no supports from other hospital personnel, regardless of who was treating them, and they didn't get any support from supportive others, social groups, or hospitals regarding finances. These experiences were explored by participants in these ways:

"Ahhh....for example, there were many nurses, whom I will never forget them in my life, I can't repay them for what they did for me .what I say is, may my god repay them. All of them were nice person for me, they were like my own children's, they were praying for me, they were washing my body, and I can't express with my own words the depth of their patience's and their kindness."(GTNsp10)

"Supportive care was, in general, good. For example, when I started my treatment, the nurses were supportive and kind to me. The chemotherapy room was clear and isolated from other rooms, which allowed us to feel free and relaxed. As well we had plans to thank the nurses in the unit with my husband by organizing a program at the hospital."(GTNsp5)

"Ahhh... Here, nurses and doctors treated me in a good manner. I didn't see other hospital personnel, regardless of who was treating you, and I didn't get any financial support from supportive others." (GTNsp9)

Subtheme two: Types of supportive care women's experienced

Within these subthemes, women with GTN stated that they received various forms of supportive care during the treatment process. These were related to four common kinds of social support. So supportive care that was described by the participant were: *Emotional support* such as, praying for them showing compassion, love and empathy for them, *Instrumental supports*, like dietary support, Financially support and dedicating time and efforts to help them with everything they could. And

caring for her children's, *Informational supports* such as advising to be patient and emphasizing that patience is beneficial for everything, information from those who have similar condition and Detailed information about medication. As well as *appraisal support* for instance, Advising and reminding to learn from past experiences and move forward, encouraging by stating that those who undergo tests will eventually see positive outcomes. These experiences were shared by some women in this manner;

“Ahhh...during that time, they supported me by saying, be brave, be strong, you would be survived, yours case was curable and they were showing to me their love and empathy. They also provided emotional supports to my brothers, by saying that, don't worry, your sister would be fine.”(GTNsp10)

“Apart from financial assistance, my brother's advice me to not to go back to that thing. Ahhh....by saying that some of men were trying to be smart and he reminding me to learn from past experiences and move forward.”(GTNsp1)

“Ahhh.... when my neighbors, family, and even relatives outside of my immediate family heard about my illness, they provided support in various ways. They offered money for medications and drugs, as well as assistance with food and drinks, from hospitals they provided me with milk and food.”(GTNsp2)

Subtheme three: Sources of supportive care

Under this subtheme, participants explored that they have gotten different supportive care from different sources. Those sources that were shared by women during the treatment process were: supportive care from family's, relatives', neighbors' nurses and doctors, colleagues, hospitals, husbands' friends', and messengers. These sources were narrated by the women in this manner:

Ahhh... Supportive care from my spouse was nice, and also from my family. It was good, they showed mercy. They came here and saw me by asking what would happen today and tomorrow.”(GTNsp6)

“While I was taking medication, here in the hospitals, they gave us food. If medication were available, we could take it with health insurances but most of the time it was not available. The nurses, they gave us moral supports, they told us, yours was in good

condition, yours was very simple, by saying these, they gave us moral support ,the doctors ,were also told us these .”(GTNsp11)

“Especially, I had social support there through my brother friend. He supported me with everything, emotionally, financially and by dedicating his time and efforts to help me with everything he could ".All of them, the doctors, and the nurses treated me as if I were their own family or sister. If there were no available beds, they made arrangements for me promptly.”(GTNsp1)

5.2.4. Theme four: Coping techniques women’s used for problems they were experienced

Three subthemes have been emerged from the findings under these theme by relating to contextual model of Lazarus stress and coping theory. These were emotion focused coping techniques, behavioral based coping techniques and problem based coping techniques.

Subtheme one: Types of coping techniques

Within this subtheme, women used different, types of coping techniques aiming to reduce distress and minimize psychological discomfort from chemotherapy. Some of these coping techniques that were narrated by the women’s were *emotional-based coping techniques such as:* being faithful, being hopeful, crying for some relief, and distracting oneself with other things. Furthermore, women were also told other techniques, such as diverting to positive thinking, humbling, entrusting, expressing gratitude, and praying to God for forgiveness and healing. Additionally, they were also narrated as having hope when witnessing improvements in themselves and others who had been cured. The others were, preferring quiet and stable environments, thinking about the future and the hope that medicine offers, sharing and make funs with others or spending time with family. These emotional-based coping techniques were mentioned by the participant in this manner:

“During that period I was crying a lot, because when I cried, I felt relieved to some extent. But I always hoped for the day when these challenges would be over, and I thought about the future, about my children.”(GTNp5)

“I don’t like to think and remembering, about that what happened to me, if I thought it I would tried to divert to other thing immediately, especially to those of positive thought. I think about, that good things god had done for me “(GTNsp10)

“Ahhhwhen I went there I was trying to accept, that what happening to me ,I would humble myself before God, acknowledging His supreme knowledge and entrusting myself to His will. This attitude gave me hope, especially as I began to witness improvements in my condition. I disliked noise and sought a quiet, stable environment. I found relief and solace when left alone, free from pain and stress. Furthermore, during moments of crying, I felt as though a heavy burden had been lifted from me, providing a sense of release and relief.”(GTNsp1)

Additionally women were used *behavioral coping mechanisms* such as go out and get some fresh air, exercising, having patience and less thinking, or keeping away from worrying, stressing, and breaking issues. The others were going to religious places, like holy water and doing religious activities such as listening to different spiritual things like sermons, hymns, and movies of monasteries. As well, women were described as using work, watching movies and health programs on television, as diverting mechanisms, these behavioral coping techniques were shared by the women’s as follows:

“In order to watch good things, for example, when I am alone, I used to watch spiritual things like hymns, sermons, and movies of monasteries. When I did this, the things that made me anxious, yawning, and stressed would leave me.”(GTNsp10)

“Ahhh...besides, since I am orthodox, I used to go to church and prayed to my Lord to forgive me and heal me. Also, I used to go to holy water, in addition to medications during and after treatments.” Furthermore, to forget things, since I am an engineer, I continued my usual work with the computer, even though not in the office. The other thing I used to do was watch movies with my husband, and sometimes I did physical exercises at home.” (GTNsp5)

Furthermore participants shared various *problem-based coping techniques* that they were using to ease problems they encountered. Some of those techniques were: amendments within their foods; Googling to understand what food was recommended or not; buying vitamins and other appetizers;

accepting reality; and taking responsibility for what happens. Additionally, they shared that they were asking for information from health care providers and getting information from those who have similar conditions. These problem-based coping techniques were mentioned by participants as follows:

“ As I told you before, I can't ate food, when there was cancer, I just ate small things and then I was trying to do what craves me ,but that also ,not that much, then I was trying to buy vitamins and others appetizer.”(GTNsp10)

“Ahhh...besides, during that period, I was asking for information from those who have a similar condition to mine. In addition, I was googling about the disease and about chemotherapy to see what types of food are recommended and what types are prohibited.”(GTNsp5)

5.2.5. Theme five: women perspectives on what's need priority and improvement related to treatment process?

Two subthemes have been identified under this theme .these were women's perspectives on what needs priority and improvements related the treatment process

Subthemes one: women perspectives on what needs priority related to treatments process

Under this subtheme, women's perspectives on what should be prioritized during the treatment process were discussed. Those perspectives that were shared by women's were: approaching women's with kindness, love, humility, and patience; challenges with medication unavailability in compounds; lack of information on medication side effects; and mobilizing social support groups that support women's, which were shared as what needed priority during the treatment process. Some of these perspectives were shared by women, like so:

“Ahhh...regarding about them.it were what it told you. Hearing them, if women asked, listening them with love, you have to asked them by saying, mother what can I help you? You know, love will win any things, and if every things has done with love, it would be better, this what I thought it.”(GTNsp10)

“I have said this before: for me, the most challenging and what needs priority is about medication availability. The other issue is that some healthcare providers are ignorant; they don’t have patience. So, it is better if this also needs priority, since these patients come to hospitals because they believe in them. If they were treated kindly, they would develop hopes.”(GTNsp5)

“Towards the end of my message, the crucial point was that governments or affluent individuals should support these women. They play a vital role in giving birth to children, which is significant for families, the country, and all of us by bringing new life into the world and even by scarifying her life. It would be beneficial for them to receive support from anyone willing to help. This was the message I wanted to convey, as I have witnessed many women who cannot afford medications facing challenges and missing treatments including me.”(GTNsp1)

Subtheme two: women perspective’s on what’s needs improvements?

Within this subtheme, women also mentioned that what things are needed to be improved in order to make the treatment process more advanced. Thus, some of these perspectives that were mostly described by women were: *those related to hospitals*, what needs to be improved were: challenges of medication and lab investigation unavailability in hospitals; saying that having health insurance has not much effect due to medication unavailability and lack of information about hospitals; additionally, *related to health care providers*, what needs to be improved were delays in getting treatments. Inadequacy and lack of information on her condition and on medication side effects as well, women were also explored in terms of approaching, understanding, and treating women with kindness, love, humility, and patience. *Those related to porter were*: Some messengers were unkind and unpleasant, and they didn’t hear you. These are some perspectives of the women on what needs to be improved in hospitals. Health care providers and messengers were shared like this:

“Regarding health professionals, no one told me like this, I didn’t know, I didn’t face any health care providers who told me this, I never faced health care providers who told me, this medication has these side effects before I took chemo. no one told me that, this food

can be recommended and this can't be, ahhh... no one told me this, no one provided me with this information”(GTNsp4).

“Ahhh... When I started from the hospital, it was what I told you before, regarding that situation with affordability. So, at least if the medication was available in the hospital pharmacy, buying it inside rather than outside would be less expensive. I think if these things could be fixed.”(GTNsp9)

“It was very challenging, especially concerning to the doctors at the room where the injections were administered. At that place, if those issues were fixed, it would be better. Ahhh...I mean, after you went there, you have to pleading them repeatedly, saying, "Doctors, I had chemotherapy? .It was one injection, Why If they gave you?" They didn't hear you, you know, at that place it was horrible, think about it, you were coming at early morning and even sting there was difficult.”(GTNsp6)

6. DISCUSSION

This qualitative study tried to explore the lived experiences of women with GTN during and after treatments with chemotherapy. Women shared their experiences while they were undergoing chemotherapy and after they completed chemotherapy during their surveillance time. From this study, five main findings were explored: lack of awareness about GTN and their emotional reaction to this disease when they heard from health care providers. Additionally, the findings provide further evidence on the life changes women experienced due to the adverse effects of chemotherapy, coping techniques to address these adverse effects, the need for supportive care to cope with distressful events, and what things needed to be prioritized and improved related treatment process.

In this study, most of the women narrated that they didn't have awareness about GTN. Most consider the disease new as they have not heard about it before and have not known anyone with this condition prior. These might be due to the fact that GTN was not well known in countries. Further women's faced different emotional reactions when they heard about the GTN for the first time, such as not believing what they told them, sadness, and anger with themselves. These might be due to a lack of awareness of their condition.

Findings from this study revealed different life changes related to chemotherapy, including physical, cognitive, and emotional. Reproductive, social, family, and financial adverse effects occurred while they were undergoing chemotherapy treatments and after they were completed chemotherapy. The most common physical side effects experienced by the women based on systems were gastrointestinal problems such as loss of appetite and nausea, and the most common integumentary problems were alopecia and changes in nail color. Under musculoskeletal problems, the most common problems reported were leg cramps and generalized body weaknesses. Furthermore, neurological problems shared by the women's were excessive blinking, burning sensations to the eyes and legs, insomnia, and dizziness. This finding is consistent with studies done in England, Indonesia, and Taiwan, which reported that physical side effects experienced by women during treatments with chemotherapy were diarrhea, nausea, vomiting, a feeling of weakness, hair loss, loss of appetite, changes in taste, muscle ache, insomnia, and dizziness. These might be due to the fact that physical side effects of chemotherapy are generally universal and can

occur in any patient since it targets rapidly proliferating cells, cell DNA, and the immune system.(57,60,87).

Finding from this present study revealed some participants experienced cognitive changes during and after treatments process, these were, loss of consciousness, difficulty with remembering, finding words, and paying attention ,forgetting behavior's ,fatigues, and problems with memory recollection. Almost all of these cognitive changes were also reported by some women after they were completed chemotherapy and it were more common in women with high risk than low risk GTN. This finding is consistent with study done in New York and Kansas which, revealed cognitive changes such as, difficulty with short-term memory, concentration, word finding and reading. These may be due to chemo agents may affect the DNA of cells in the brain, neurotransmitters, and blood-brain barrier. These may cause cognitive impairments by altering brain function(61,62).

Further analysis from this current study offered strong data that individuals on chemotherapy had various emotional changes throughout and after treatment processes. These were *mood changes* such as anger with themselves, worrying, anxiety, depression and. the other were *emotional withdrawals* such as such as feelings of loneliness, *emotional outbursts* like crying, hating of voices, hating of people and shouting behavior. *Emotional dysregulation* such as impatience with everything's, whining behaviors and yawning. Some of women also experienced these emotional changes after completed chemotherapy, these were, afraid that the disease might reappear again, regretting, self-blaming, suicidal thought and thinking of sacrifices that made for them. These findings support study done in England, New York and Ethiopia among patients undergoing chemotherapy treatment, which revealed negative emotions and thoughts, such as fear, panic, concern about recurrence and anxiety, and depression. These may be related to physical side effects of chemotherapy, such as nausea, alopecia, and hormone imbalances, which can create changes in emotions and hamper women's ability to carry out routine tasks. (57,64,65).

The study revealed reproductive health issues experienced by women during and after treatment process. Including prolonged heavy bleeding, irregular menstrual cycles, amenorrhea, painful sexual activity, decreased desire, abstinence, and changing relationships, these were experiences shared by some of the women. On the other hand, most women's shared their experiences of their relationship with their spouses or friends, as there was understanding and respect for their

diminished sexual desire from their spouse. Further they shared about, fear and stress of disease reappearances, when thinking about marriages, being close to men, and trying to consider another pregnancy.

Additionally, some women were concerned about lack of children's and challenges with not having spouses. Absences of menses were concerns for those women whose age was above 40, but for the others, it was returned after they completed a salvage dose of chemotherapy in most of the women's for both high risk and low risk GTN. These result were congruent with study done in Turkey and Australia, which revealed, feelings of dissatisfaction, pain, and dryness during intercourse and the majority of women felt well supported by their partners during the illness, and some thought the relationship had changed(68,69).

The study also revealed different social and family impacts of chemotherapy women's experiences while they were undergoing and after the treatment process. These were creating different emotional changes within families, neighbors, and relatives. The others experienced social withdrawals, different social gossip, and the scattering of children's due to divorcing. These findings are in line with studies done in England, Germany, and Ghana, which revealed social isolation, fears, and worries within families. Those with school-age children are also worried about their children's education and experience at school.(57,71,72).

Additionally, this study revealed the financial impacts of chemotherapy that women's faced during and after treatment processes. These included challenges with the expensiveness of medication and laboratory investigations, asking for financial support, depleting assets used for sustaining life, impacting future plans and missing treatments and appointments due to financial issues. As well, blood investigations and transportation fees were other concerns during the surveillance period. These results were harmonious with studies done in Ethiopia and Ghana on the experiences of women with cancer undergoing chemotherapy, which show a lack of resources, financial restraints, and functional impairment in their roles and responsibilities at work and home that has a negative impact on their lives(65,72).

Furthermore, this study revealed supportive care situations, types, and sources of supportive care women's experienced during treatment processes. Women's shared that they got different types of supportive care; from different sources in general, it was good, but not enough. Regarding

healthcare providers, most women narrated that they were experiencing comforting, supportive care from nurses. These findings contrast with a qualitative study done in Ethiopia, which revealed that most patients were not satisfied with their healthcare experience. They described health care providers as unsupportive and uncaring. The difference might be related to differences in study settings or it might be survived patients may not focus on negative experiences they got from health care providers because this experiences explored from survived women(65).

Women experienced different types of social support, such as emotional, instrumental, informational, and appraisal support. Sources of supportive care include families, relatives, neighbors' nurses and doctors, colleagues, hospitals, husbands' friends', and messengers. This finding supports a qualitative study done in England and Ethiopia, which revealed that sources of social support were family, hospital services, and specialist services. (57,65)

Findings from this study revealed women were used different, types of coping techniques aiming to reduce distress and minimize psychological discomfort from chemotherapy by relating to contextual model of Lazarus stress and coping theory. Some of these coping techniques that were narrated by the women's were *emotional-based coping techniques*, that are not aimed at solving problems directly but at changing a person's thoughts, such as: being faithful, being hopeful, crying for some relief, and distracting oneself with other things. These result is consistent with other study done in Turkey and Nigeria which revealed, understanding the value of health and greater appreciation for life and hope, faith and courage sustained treatment(78,79).

Additionally women were used *behavioral coping mechanisms* that focuses on changing behavior rather than thought or emotion such as, go out and get some fresh air, exercising, keeping away from worrying, stressing, and breaking issues and going to religious places. These finding related with previous study done in China and Kansas which discovered that exercise, enough rest, sustaining optimism, and spiritual growth were coping techniques used by patients(62,75).

Also problem-based coping techniques that aim to analyses and explore the causes of stressful events, seek relevant information and social support, eliminate or solve problems, set goals and change personal expectations. Some of those techniques were: amendments within their foods; Googling to understand what food was recommended or not; buying vitamins and other appetizers; accepting reality; and taking responsibility for what happens. Additionally, they shared that they

were asking for information from health care providers and getting information from those who have similar conditions. This finding supportive of qualitative study done in Turkey which revealed, discussion with their spouses, using resources such as the internet, or postponing or ignoring the problems(68)

Further finding in this present study revealed about women perspectives on what needs priority related to treatments process. These were, Information on medication side effects, Medication and blood investigation availability in compound, ways of approaching women's and Establishing a social support group for women's were what needs to be prioritized. Also it revealed about what needs to improved, in order to make treatments process more advance. These were mostly those related to health care providers such as, delays in getting treatments. Inadequacy and lack of information on her condition and on medication side effects .The other which related to hospitals, including's, challenges of medication and lab investigation unavailability and information about hospitals and also some runners were unprofessional. This findings supports qualitative study done in England which revealed particular service needs, including family-centered care, pretreatment preparation, rehabilitation, and late effects services. The importance of services developed with an understanding of the needs of women (57).

7. STRENGTH AND LIMITATION

The investigator made a concerted effort to involve women from all backgrounds in order to acquire diverse viewpoints and ensure data saturation. Further we attempted to explore experiences both while they were undergoing and after completed chemotherapy to compare each other's.

The study employed retrospective interviews to induce individuals to remember previous experience. The women's recalls of their experiences may have been impacted by the time that had gone since their treatment and subsequent occurrences, since there were women who had been on therapies for lengthy and short periods of time. And also there were social desirability bias.

Findings from the study cannot be generalized due to its qualitative nature with small sample size of 12 .Because the study's goal was to thoroughly investigate the experiences of a small number of patients, the findings cannot be concluded beyond this sample of women with GTN.

8. CONCLUSION AND RECOMMENDATION

8.1. Conclusion

This study revealed the lived experiences of women with GTN during and after treatments with chemotherapy in a holistic manner. There was a lack of awareness about GTN, and women's lives were affected in many ways during and after treatment due to the adverse effects of chemotherapy. So, good supportive care, effective coping techniques, and concerns about medications and lab investigation unavailability needed to be prioritized and improved during the treatment process to cope with these adverse effects, improve quality of life, and ensure that the women with GTN got the most benefit from their chemotherapy treatment.

8.2. Recommendation

Based on the study's findings, the following suggestions were made.

For health care providers: health care providers should give all GTN women and their families with necessary information about the disease as well as psychological support during the treatment procedure. And be aware of unique experiences and challenges faced by women to provide, individualized care that addresses physical, emotional and social needs

For Health institution: working on the affordability of chemotherapy therapy medication and lab investigations. As well as training for healthcare providers, providing patient education programs, and establishing social support groups to increase awareness and the needs of follow-ups for women with GTN, address concerns, and prioritize the needs of these women during the treatment process with chemotherapy.

For policy makers: The study suggests developing pre-chemotherapy care programs, creating social support groups, and developing policies that provide compressive support to women with GTN in order to address their physical , psychological, social and economic needs.

For researchers .It suggests to conduct a further research on to explore long term effects of GTN treatment on women physical, mental or quality of life.

Implications for Nursing Practices, researchers, and policymakers

For nursing practice

It allows nurses to deliver complete treatment tailored to each patient's particular requirements, such as supportive care, customized coping strategies, and health education programs. It helps nurses to prioritize physical, psychological, reproductive, social, family, and economic needs of women with GTN who received chemotherapies to address accordingly.

For Policymakers

Policymakers should develop policy that inspire early detection of GTN and ensure that women with GTN have access to high-quality, affordable healthcare services, and they should support researchers on GTN research and its treatment.

For Researchers

Researchers should continue to explore more on long term adverse effects of chemotherapy on quality of life of women with GTN. Additionally to suggest and evaluate chemo agents to increase their quality of life.

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8. ANNEXES

Annex, A - English Version Information Sheet

Self-Introduction

Hello, my name is ASHEBIR TUFA. I am conducting a study on lived experience of women with gestational trophoblastic neoplasia treated with chemotherapy. As part of this, I'd want to ask you some questions regarding your experiences with chemotherapy during and after treatment. If you accept to engage in the interview, there is no any risk. Your information will be kept completely confidential; your name will not be used, and you will not be identified in any way. This interview may take 25-35 minutes to finish. Your participation is entirely voluntary, and there are no consequences for declining to participate. You are free to ask any questions you like; you are free to decline to participate in the interview; you are free to refuse to answer any question in the interview; and you are free to end the interview at any time.

Name of Advisors;

1. Semarya Berhe (BSc, MSc, Asst. Professor. PHD fellow)
2. Kerebih Abere (BSc, MSc, lecturer)

Name of the Organization: Addis Ababa University College of Health Science, School of Nursing and Midwifery.

Title: lived experience of women with gestational trophoblastic neoplasia treated with chemotherapy in selected hospitals, Addis Ababa, Ethiopia, 2024: qualitative study

If you agree to engage in this study, I appreciate your honesty, and after having this permission form read to you, please put a sign below to indicate your willingness to participate (No need of writing your name).

Are you willing to take part in this research? Yes [] No []

Thank you for your participation in this study!

Annex B - English Version Informed Consent

I _____ (The participant's code name) offer signed permission to engage in the research study titled. Lived experience of women with gestational trophoblastic neoplasia treated with chemotherapy. I read and comprehended the information letter and had the opportunity to ask questions. I am completely aware of my rights as a participant and volunteered to take part in this study.
Signature: _____ Date: _____

Annex C - English Version of General Questions and In-Depth Interview Guide.

1. Code Number _____

a. Date of interview ____/____/____ (Day/Month/Year)

2. Name of the Interviewer _____

Do you have any questions concerning this study at this time?

Yes____ No__

Individual Participant Characteristics:

- ✓ Age.....
- ✓ Marital Status.....
- ✓ Occupation.....
- ✓ Educational status
- ✓ Diagnosis.....
- ✓ Date of diagnosis.....
- ✓ Stage of GTN.....
- ✓ Cycle of chemotherapy taken.....
- ✓ Previous Surgery for GTN (if any).....
- ✓ Number of Children (If you have).....

In-Depth Interview Guide

1. Awareness of women's about gestational trophoblastic neoplasia

- ✓ What is your understanding of gestational trophoblastic disease? Have you heard about this disease before you got it?
- ✓ What was your reaction when you first found out you had gestational trophoblastic disease?

2. Life changes women with GTN experienced during and after treatments with chemotherapy

- ❖ Tell me about the physical side affects you experienced during and after treatment with chemotherapy? (Probe, for example, where there days or moments you had nausea or vomiting. Diarrhea, loss of taste, abdominal cramps, and feelings of weakness? How about your hair condition? What types of changes have you faced regarding your body weight?
- ❖ Let's talk about the social and family impacts you have experienced during and after treatment with chemotherapy. (Probe, for example, what types of feedback do you get from neighbors? What types of changes have you seen in your children's lives, and how does it affect your family?
- ❖ Tell me about the emotional changes you have faced during and after treatments with chemotherapy.(probe, for example where there days or moments you recall you being anxious or depressed)
- ❖ Could you tell me about the cognitive changes you have faced during and after treatments with chemotherapy? (Probe, for example where there days or moments that you faced forgetting, difficulty in paying attention and findings words.)
- ❖ Could you tell me about the reproductive health issues you have encountered? (Probe, for example, how about your menstruation cycle? Your relationship with your spouse during and after treatments, what type of difficulty you have faced?
- ❖ Let's talk about financial burden you have encountered during and after treatment with chemotherapy? (Probe, for example where there days or moments that you missed treatments due to money or you have asked others for treatments)

3. Experiences about supportive care condition

- ❖ What are your opinions about supportive care conditions? How was it? During and after the treatment process?
- ❖ Let's discuss about supportive care did you get during and after the treatment process? (Probe, for example, where there the days or moments you have gotten financial, emotional, informational, or other support during and after treatment?)
- ❖ What is the source of that supportive care? If any? (Probe, for example, how was support from your spouse and family members? What about healthcare providers and hospitals? Or is there any other support you get from a social worker?)

4. Coping strategies used by women for problems they were experienced

1. What does the term "coping strategies" mean to you?
2. Let's talk about coping strategies you used for problems you encountered?
 - ✓ (Probe, e.g., where there days or moments you have cried, accepted reality, being hopeful and faithful, trying to think less, diverting attention to another thing, you did relaxation exercises, you watched movies?)
 - ✓ (Probe, e.g., where there days or moments you went to a religious place try communicate with religious leaders, try to maintain your usual roles.
 - ✓ (Probe, e.g., where there days or moments you adjusted your diet, you have asked support from others?)

5. Women perspectives and priorities regarding treatments process

- ❖ Is there anything we could do to improve the care we give to patients with GTN who receive chemotherapy?
- ❖ What needs priority during the treatment process in the care we give to patients with GTN who receive chemotherapy?

6. Closings

- ❖ Thank you for your time and thoughtful responses, is there anything you would like to add that you feel is important

Thankyou!

አባሪ፣ ሀ - የመረጃ ቅጽ በአማርኛ

ራስን ማስተዋወቅ

ሰላም **አሸብር ቱፋ** እባላለሁ። በኬሞቴራፒ የታከሙ የእርግዝና ትሮፖብላስቲክ ኒኦፕላሲያ ያለባቸው ሴቶች የሕይወት ተሞክሮ ላይ ጥናት እያካሄድኩ ነው። በህክምና ወቅት እና ከህክምና በኋላ በኬሞቴራፒ ያለዎትን ተሞክሮ በተመለከተ አንዳንድ ጥያቄዎችን ስለምጠይቅዎት እንድትተባበሩኝ እጠይቃለሁ ። በቃለ መጠይቁ ውስጥ ለመሳተፍ ፈቃደኛ ከሆኑ፣ ምንም አይነት ጉዳት አይኖርም. የእርስዎ መረጃ ሙሉ በሙሉ በሚስጥር ይጠበቃል; ስምዎ ጥቅም ላይ አይውልም, እና በምንም መልኩ አይታወቁም. ይህ ቃለ መጠይቅ ለመጨረስ ከ25-35 ደቂቃዎች ሊወስድ ይችላል። የእርስዎ ተሳትፎ ሙሉ በሙሉ በፈቃደኝነት ነው፣ እና ለመሳተፍ ፈቃደኛ አለመሆን ምንም ቅጣት የለም። ማንኛውንም ጥያቄ ለመጠየቅ ነፃ ነዎት; በቃለ መጠይቁ ላይ ለመሳተፍ ፈቃደኛ አለመሆን; በቃለ መጠይቁ ውስጥ ማንኛውንም ጥያቄ አለመመለስ ይችላሉ። እና በማንኛውም ጊዜ ቃለ መጠይቁን ለማቆም ይችላሉ ።

የአማካሪዎች ስም;

- 1. ሰምርያ በሪሄ (BSc, MSc, Asst. Proff. PhD fellow)
- 2. ከረቢህ አበረ (BSc፣ MSc፣ Lecturer)

የድርጅቱ ስም :- የአዲስ አበባ ዩኒቨርሲቲ የጤና ሳይንስ ኮሌጅ እና የነርቲንግ እና ሚድዋይፈሪ ትምህርት ቤት።

ርዕስ:- በኬሞቴራፒ የታከሙ የእርግዝና ትሮፖብላስቲክ ኒኦፕላሲያ ያለባቸው ሴቶች የሕይወት ተሞክሮ በተመረጡ ሆስፒታሎች ፣ አዲስ አበባ ፣ ኢትዮጵያ ፣ 2023/24 ፣ የጥራት ጥናት

በዚህ ጥናት ውስጥ ለመሳተፍ ከተስማሙ ለእውነተኛነትዎ አድናቆት አለኝ።እናም ይህን የስምምነት ቅጽ ካነበብኩ በኋላ እባክዎን ለመሳተፍ ፈቃደኛ መሆንዎን ለማሳየት ከዚህ በታች ምልክት ያድርጉ (ስምዎን መፃፍ አያስፈልግዎትም)።

በዚህ ጥናት ውስጥ ለመሳተፍ ፈቃደኛ ነዎት? አዎ [] አይ []

በዚህ ጥናት ውስጥ ስለተሳተፉ እናመሰግናለን

አባሪ ለ - የስምምነት፡ቅጽ

እኔ _____ (የተሳታፊው የኮድ ስም) በኬሞቴራፒ የታከሙ የእርግዝና ትኩረት-ብላስቲክ ኒኦፕላሲድ ያለባቸው ሴቶች የሕይወት ተሞክሮ በሚል ርዕስ በተጠቀሰው የምርምር ጥናት ላይ ለመሳተፍ በጽሑፍ ፈቃድ እሰጣለሁ፡፡ የመረጃውን ደብዳቤ አንብቤ ተረድቻለሁ እንዲሁም ጥያቄዎችን የመጠየቅ ዕድል ነበረኝ፡፡እኔ እንደ ተሳታፊ መብቶቼን በሚገባ አውቃለሁ እና በፈቃደኝነት በዚህ ጥናት ውስጥ ለመሳተፍ ፈቃዴን ሰጠሁ፡ ፈርማ፡ _____ ቀን፡ _____

አባሪ ሐ - አጠቃላይ ጥያቄዎች እና ጥልቅ የቃለ መጠይቅ መመሪያ ::

1. ከድ ቁጥር _____

ሀ. የቃለ መጠይቁ ቀን ____/____/____ (ቀን/ወር/ዓመት)

2. የጠያቂው ስም _____

ይህን ጥናት በተመለከተ በዚህ ጊዜ ማንኛውም አይነት ጥያቄዎች ለእኔ ካለዎት?

አዎ ____ አይ ____

የግለሰብ ተሳታፊ ባህሪያት:-

1. እድሜ
2. የጋብቻ ሁኔታ
3. ሙያ
4. የትምህርት ደረጃ
5. ምርመራ
6. የምርመራ ቀን
7. የጂቲኤን ደረጃ
8. ምን ያህል የኬሞቴራፒ ዙር ወስደሽል.....
9. የቀድሞ የጂቲኤን ቀዶ ጥገና (ካለ)
10. የልጆች ብዛት (ካላችሁ).....

የጥልቀት ቃለ መጠይቅ መመሪያ

1. ስለ እርግዝና ትሮፖብላስቲክ ኒዮፕላሲያ ተሞክሮዎች

- ✓ ስለ እርግዝና ትሮፖብላስቲክ በሽታ ያለዎት ግንዛቤ ምንድነው? ስለዚህ በሽታ ከመያዙ በፊት ሰምተዎት ያውቃሉ?
- ✓ የእርግዝና ትሮፖብላስቲክ በሽታ እንዳለቦት ለመጀመሪያ ጊዜ ሲያውቁ ምን ተሰሞት?

2. ጂቲ ኤን ያጋጠማቸው ሴቶች ሕይወት ለውጦች በኬሞቴራፒ ሕክምና ወቅት እና በኋላ

- ❖ በኬሞቴራፒ ሕክምና ወቅት እና በኋላ ያጋጠሙዎትን አካላዊ ጉዳዮች ይንገሩኝ?**(ምርመራ ለምሳሌ ማቅለሽለሽ ወይም ማስታወክ ፣ ተቅማጥ፣ ጣዕም ማጣት፣ የሆድ ቁርጠት እና የድካም ስሜት ያጋጠመዎት ቀናት ወይም ጊዜያት ያሉበትን ፣ ስለ ፀጉርዎ ሁኔታስ? የሰውነት ክብደትን በተመለከተ ምን አይነት ለውጦች አጋጥመውዎታል?**
- ❖ በኬሞቴራፒ ሕክምና ወቅት እና በኋላ ስላጋጠሟቸው ማህበራዊ እና የቤተሰብ ተጽእኖዎች እንነጋገር። **(ምርመራ፣ ለምሳሌ ከጎረቤቶች ምን አይነት ግብረመልስ ያገኛሉ? በልጆችህ ሕይወት ውስጥ ምን ዓይነት ለውጦች አይተሃል፣ እና በቤተሰብህ ላይ ምን ተጽዕኖ አሳድረ)**
- ❖ በኬሞቴራፒ ሕክምናዎች ወቅት እና በኋላ ምን አይነት የስሜት ለውጦች አጋጠሙዎት ነበረ። **(ምርመራ ፣ ለምሳሌ የጭንቀት ወይም የመንፈስ ጭንቀት እንዳለህ የምታስታውስባቸው ቀናት ወይም ወቅቶች ያሉበትን).**
- ❖ በኬሞቴራፒ ሕክምናዎች ወቅት እና በኋላ ስላጋጠሙዎት የግንዛቤ ለውጦች ሊነግሩኝ ይችላሉ? **(መርምራ፣ ለምሳሌ የመርሳት ፣ ትኩረት መስጠት እና ቃላትን ማግኘት ያክስቻጋሪ የምታስታውስባቸው ቀናት ወይም ወቅቶች ያሉበትን)**
- ❖ ስላአጋጠሙዎት የስነ ተዋልዶ ጤና እክሎች ልትነግረኝ ትችላላህ? **(መርምራ፣ ለምሳሌ የወር አበባ ዑደትን በተመለከተ? ከትዳር ጓደኛዎ ጋር በህክምና ወቅት እና ከህክምና በኋላ ያለዎት ግንኙነት ላይ ምን አይነት ችግር አመጣ?)**
- ❖ በኬሞቴራፒ ሕክምና ወቅት እና በኋላ ስላጋጠሙዎት የገንዘብ ችግሮች እንነጋገር? **(መርምራ፣ ለምሳሌ በገንዘብ ምክንያት ህክምና ያመለጡባቸው ቀናት ወይም ሌሎችን ለህክምና የጠየቁ ወቅቶች)**

3. ስለ ድጋፍ ሰጪ እንክብካቤ ሁኔታ ተሞክሮዎች

- ❖ ስለ ድጋፍ ሰጪ እንክብካቤ ሁኔታዎች ምን አስተያየት አለዎት? አንዴት ነበር? በሕክምናው ወቅት እና በኋላ?

- ❖ በሕክምናው ወቅት እና በኋላ ስለ ድጋፍ ሰጪ እንክብካቤ ሁኔታ እስኪ እንደሚኖረው? **iመርምር**፣ ለምሳሌ፣ በህክምና ወቅት እና ከህክምና በኋላ የገንዘብ፣ የሞራል፣ መረጃ ፣ ወይም ሌላ ድጋፍ ያገኘህባቸው ቀናት ወይም ጊዜያት ነበሩ?)
- ❖ የዚህ የድጋፍ እንክብካቤ ምንጭ ምንድን ነው? ካለ?**(ምርመራ**፣ ለምሳሌ፣ ከትዳር ዳደሻዎ እና ከቤተሰብዎ አባላት ያገኛች ድጋፍ እንዴት ነበር? ከጤና ባለሙያዎች እና ሆስፒታሎችስ? ኢና ከማህበራዊ ጉዳይ ሰራተኛ ያገኙት ሌላ ድጋፍ ከነበረ?)

4. ሴቶች ያጋጠሟቸውን ችግሮች ለመከላከል የሚጠቀሙባቸው ዘዴዎች

- ❖ የመቋቋሚያ ስልቶች የሚለው ቃል ለንቺ ምን ትርጉም አለው?
- ❖ ለጋጠሙዎት ችግሮች የተቀሙትን የመቋቋሚያ ስልቶችን እስኪ እንነጋገር?
 - ✓ **(ምርመራ**፣ ለምሳሌ፣ ያለቀሱበት ፣ እውነታን ለመቀበል የሞከሩበት፣ ተስፋ ማረግ እና ወደ ፊትን መሰብጠት፣ ትንሽ ለማሰብ የሞከሩበት፣ ትኩረትን ወደ ሌላ ነገር በማዘር ፣ የመዝናኛ እንቅስቃሴዎችን መስራት፣ ፊልሞችን ማየት ፣ ቀናት ወይም ወቅቶች ያሉበትን).
 - ✓ **(ምርመራ** ፣ ለምሳሌ፣ ወደ ሃይማኖታዊ ቦታ የሄድክባቸው እና ከእምነተ አባቶች ያወራቹበት ፣ የተለመደውን ሚናህን ለመጠበቅ መሞከር ፣ ቀናት ወይም ወቅቶች ያሉበትን).
 - ✓ **(ምርመራ**፣ ለምሳሌ፣ አመጋገብዎን ያስተካክልክባቸው ፣ የሌሎችን ድጋፍ የጠየቁበት፣ ቀናት ወይም ወቅቶች ያሉበትን).

5. የሴቶች አመለካከቶች እና ቅድሚያ የሚሰጣቸው የሕክምና ሂደቶች

- ❖ ኬሞቴራፒ ለሚወስዱ ጂቲኤን ለታካሚዎች የምንሰጠውን እንክብካቤ ለማሻሻል ልናደርገው የምንችለው ካለ?
- ❖ የኬሞቴራፒ ሕክምና ለሚወስዱ ለጂቲኤን ታካሚዎች በምንሰጠው እንክብካቤ በሕክምናው ወቅት ቅድሚያ የሚያስፈልገው ነገር ምንድን ነው?

6. መዝጊያዎች

- ❖ ለጊዜዎ እና ለአስተዋይ ምላሾችዎ እና መሰግናለን ፣ አስፈላጊ ነው ብለው የሚሰማዎት ማክል የሚፈልጉት ነገር ካለ?

አመሰግናለሁ!

Dabalata, A - Waraqaa Odeeffannoo Afaan orommottin

Of ibsuu

Akkam jirtu maqaan koo ASHEBIR TUFA jedhama. Muuxannoo jirenyaa dubartoota gestational trophoblastic neoplasia qaban kan kemooteraapiin yaalaman irratti qorannoo gaggeessaa jira. Iti aansuun muuxannoo yeroo wal'aansaa fi booda keemooteraapii irratti qabdan ilaalchisee gaaffii tokko tokko isin gaafachuu barbaada. Yoo Af-gaaffiin kana irratti hirmaachuu barbadan midhaa tokkollee hin qabu. Odeeffannoon keessan guutummaatti iccitii ta'ee ni eegama; maqaan kee hin fayyadamu, akkasumas karaa kamiinuu adda hin baafamtu. Af-gaaffiin Kun xumuruuf daqqiqa 25-35 fudhachuu danda'a. Hirmaannaan keessan guutummaatti fedhii keessaniin kan raawwatamu yoo ta'u, hirmaachuu diduunis rakkoo tokko hin qabu. Gaaffii isinitti tole gaafachuuf bilisa; gaaffii fi deebii kana irratti hirmaachuu diduu ni dandessu; gaaffii fi deebii keessatti gaaffii kamiyyuu deebisuu diduu mirga qabdu; akkasumas yeroo barbaaddetti gaaffii fi deebii kan xumuruuf bilisa.

Maqaa Gorsitootaa;

1. Semrya Berihe (BSc, MSc, Gargaaraa Prof. PhD fellow).
2. Kerebih Abere (BSc, MSc, Barsiisaa).

Maqaa Dhaabbatichaa: Yuunivarsiitii Addis Ababa, Kolleejjii Saayinsii Fayyaa, Mana Barumsaa Narsii fi midwifery.

Mata-duree: muuxannoo jireenya dubartoota gestational trophoblastic neoplasia qaban kan kemooteraapiin yaalaman, hospital filataman keessatti, Addis Ababa, Ethiopia, 2023/24

Yoo qo'annoo kana irratti hirmachuuf walii galte, amanamummaa kee nan dinqisiifadha, unka hayyamaa kun erga siif dubbifamee booda ,mallattoo armaan gadii kaa'uun fedhii kee hirmaachuu nuf agarsiisa (Maqaa kee barreessuu hin barbaachisu).

Qorannoo kana irratti hirmaachuuf fedhii qabduu? Eeyyee [] Lakki [].

Qo'annoo kana irratti hirmaannaa keessaniif galatoomaa!

Dabalata B - Hayyama Odeeffannoo Afaan Oromootin

Ani_____ (Maqaa koodii hirmaattotaa) qorannoo mata duree issaa. Muuxannoo jirenya dubartoota ulfa trophoblastic neoplasia qaban kanneen keemooteraapiidhaan yaalaman jedhuu. Xalayaa odeeffannoo dubbisee hubadhee gaaffii gaafachuuf carraa argadhe. Akka hirmaataa tokkootti mirga koo guutummaatti waanan beekuuf tola ooltummaadhaan qorannoo kana irratti hirmaadheera. Mallattoo: _____ Guyyaa: _____

Dabalata C - Gaaffii Waliigalaa fi Qajeelfama Af-gaaffii Gadi Fagoo

1. Lakkoofsa Koodii _____.

Guyyaa af-gaaffii ____/____/____ (Guyyaa/Ji'a/Waggaa).

2. Maqaa Gaaffata _____.

3. Eenyummaa Af-gaaffii..... .

4. Qorataan kan sakatta'ame: Mallattoo _____.

Guyyaa: ____/____/____ (Guyyaa/ Ji'a/ Waggaa) .

Yeroo kanatti qorannoo kana ilaalchisee gaaffii qabduu?

Eeyyee_____ Lakki_____.

Amaloota Hirmaataa Dhuunfaa

- ✓ Umurii.....
- ✓ Haala Gaa'elaa.....
- ✓ Hojii.
- ✓ Haala barnootaa.....
- ✓ Qorannoo.
- ✓ Guyyaa dhukkubni Kun itti adda baafame.....
- ✓ Sadarkaa GTN.....
- ✓ Marsaa meqa kemooteraapii fudhate.....
- ✓ Baqaqsanii hodhuu kanaan dura GTN (yoo jiraate).....
- ✓ Baay'ina Ijoollee (Yoo qabaatte).....

Qajeelfama Af-gaaffii Gadi Fagoo

1. Muuxannoo waa'ee ulfaa trophoblastic neoplasia

- ✓ Dhukkuba ulfaa trophoblastic irratti hubannoon isiin qabdaan maali? Dhibee kana osoo hin qabaamin dura dhageessanii bektuu?
- ✓ Yeroo jalqabaaf dhukkuba ulfaa (gestational trophoblastic disease) akka qabdu yeroo bartu maal tu siti dhagahamee?

2. jijjiirama Jireenyaa, dubartoota GTN qaban yeroo wal'aansa keemooteraapii fi booda isaan mudate

- ❖ Dhiibbaa gama qaamaatin yeroo wal'aansa keemooteraapii fi booda si mudate natti himaa dandesu? (**Qorannoo**, fakkeenyaaf, guyyoonni ykn yeroowwan, jijjiirama dhandhamaa dhabuu, garaan kee sii muruu fi miira dadhabbi? Haalli rifeensa kee akkam ture? Ulfaatina qaama kee ilaalchisee jijjiiramni gosa akkamii si mudate?) .
- ❖ Mee waa'ee dhiibbaa hawaasummaa fi maatii yeroo wal'aansa keemooteraapii fi booda si mudate haa dubbannu. Fakkeenyaaf, yaada gosa akkamii ollaa irraa argattan? Jireenya ijoollee keessanii keessatti jijjiirama gosa akkamii argitan, maatii keessan irrattis dhiibbaa akkamii qaba ture?
- ❖ Jijjiirama miiraa yeroo wal'aansa keemooteraapii fi booda si mudate natti himi. Fakkeenyaaf, dhiphina ykn yaaddoon sitti dhaga'amee? (**Qorannoo**, fakkeenyaaf guyyoonni ykn yeroowwan yaaddoo ykn dhiphina keessa turtan).
- ❖ Jijjiirama hubannoo yeroo wal'aansa keemooteraapii fi booda si mudate natti himuu dandeessuu? (**Qorannoo**, fakkeenyaaf guyyoota ykn yeroowwan ,dagachuu, xiyyeeffannoo kennuu irratti rakkachuu fi jechoota argachuu irrattii siin mudatan)
- ❖ Rakkolee fayyaa walhormaataa isin mudatan natti himuu dandeessu? (**Qorannoo**, Fakkeenyaaf, marsaan lagu kee akkam? Hariiroon hiriya gaa'elaa kee wajjin qabdu yeroo wal'aansaa fi booda, rakkoon gosa akkamii si mudate?)
- ❖ Mee waa'ee ba'aa maallaqaa yeroo wal'aansa keemooteraapii fi booda si mudate haa dubbannu? (**Qorannoo**, fakkeenyaaf guyyoota ykn yeroowwan sababa maallaqaatiin wal'aansa irraa hafte ykn namoota biroo gargarsaa gaafatte)

3. Muuxannoo waa'ee haala kunuunsa deggersaa

- ❖ Haala kunuunsa deggersaa ilaalchisee yaadni keessan maali? Akkam ture? Yeroo wal'aansaa fi booda?
- ❖ Yeroo adeemsa wal'aansaa fi booda kunuunsa deggersaa akkamii argatte mee yaa mari'anuu? **qorannoon** Fakkeenyaaf, , guyyoota ykn yeroon ,deeggarsa maallaqaa, kan miiraa, odeeffannoo ykn kan biraa argatte jiraa yeroo wal'aansaa fi booda?)
- ❖ Maddi kunuunsa deggersaa sanaa maali? Yoo jiraate? (Fakkeenyaaf, deggersi abbaa warraa kee fi miseensota maatii kee irraa akkam ture? Ogeessota eegumsa fayyaa fi hospitaalota hoo? Ykn deeggarsa biraa hojjetaa hawaasummaa irraa argatte jiraa?)

4. Tooftaalee dubartoonni rakkoo isaan mudatan itti dandamattan

- ❖ Jechi ""tooftale ittin dandamattan jedhuu, siif maal jechuudha?
- ❖ Rakkoolee si mudataniif tooftaa akkamii fayyadamttan mee yaa hasoofnu?
 - ✓ Fakkeenyaaf, guyyoonni ykn yeroon itti boosse, dhugaa jiru fudhachuu, abdiif fi amanamaa ta'uu, xiqqeessuuf yaaluun, xiyyeeffannaa gara waan biraatti jijjiiruu, shaakala boqonnaa itti goote, fiilmii ilaalte?)
 - ✓ (**Qorannoo**, fkn, guyyoota ykn yeroowwan bakka amantii deemte, gahee kee isa barame eeguuf yaali gote?).
 - ✓ (**Qorannoo**, fkn, guyyoonni ykn yeroowwan nyaata kee sirreessite, namoota biroo irraa deeggarsa gaafatteetta?)

5 .Adeemsa wal'aansaa ilaalchisee ilaalchaa fi dursa dubartootaa

- ❖ Kunuunsa dhukkubsattoota GTN qaban kanneen kemooteraapii fudhataniif kenninu fooyyessuuf wanti gochuu dandeenyu jiraa?
- ❖ Kunuunsa dhukkubsattoota GTN qaban kanneen kemooteraapii fudhataniif kenninu keessatti adeemsa wal'aansaa keessatti maaltu dursa barbaada?

6. Cufinsa

- ❖ Yeroo fi deebii, akkasumaas ,yaada nuuf kennitaniif galatoomaa.wanti itti dabaluu barbaaddu barbaachisaa ta'ee issiniti dhaga'amu yoo jiraate

Galatoomaa