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The Psychological Effects of Gigantomastia on the Mental Health of Women in Nairobi County, Kenya

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Abstract

Gigantomastia, characterized by excessive breast tissue growth, presents significant psychological challenges for affected women beyond its physical manifestations. This qualitative study examined the psychological effects of gigantomastia on women's mental health in Nairobi County, Kenya, through in-depth interviews with 30 participants aged 19-50 years using snowball sampling technique. The study employed a descriptive research design grounded in phenomenological epistemology and cognitive adaptation theory to explore the lived psychological experiences of women with this rare condition. Data was collected using semi-structured interviews conducted virtually via Zoom platform and analyzed through thematic analysis. The findings revealed four primary psychological manifestations: low self-esteem and negative body image resulting in feelings of unworthiness and body dissatisfaction, intense negative feelings and emotions including depression, anxiety, and social withdrawal, loss of interest in previously enjoyed social activities and personal pursuits, and adoption of unhealthy coping mechanisms such as social isolation and emotional masking. These psychological effects created cascading mental health complications that significantly compromised participants' emotional stability, self-worth, and overall psychological well-being. The study concludes that gigantomastia represents a substantial psychological health burden requiring comprehensive mental health interventions and support systems. Key recommendations include establishing specialized psychological support services, integrating mental health screening into routine healthcare, implementing public awareness campaigns to reduce stigma, and including mental health services for gigantomastia in national health insurance schemes to ensure accessibility and affordability for affected women.

Keywords: *Gigantomastia, psychological effects, mental health, women's health, self-esteem, body image, Nairobi County, Kenya*

1.1 Introduction

Gigantomastia is characterized by excessive breast tissue growth that significantly impacts women's psychological well-being and mental health. The condition manifests as massive breast enlargement that is disproportionate to the rest of the body, creating not only physical discomfort but profound psychological distress for affected women (Yang, 2015). Apart from physical complications, a person with gigantomastia suffers trauma, depression, low self-esteem, anxiety, shame, and deflated ego due to their physical appearance (Aseev, 2012). The psychological burden of this condition extends far beyond the physical manifestations, affecting how women perceive themselves, interact with others, and navigate their daily lives.

The psychological effects of gigantomastia are multifaceted and deeply interconnected with the physical symptoms. A study conducted by Mendle, Turkheimer and Emery (2011) revealed that girls who develop big breasts early are at higher risk of eating disorders, drug abuse, and depression. Furthermore, Wolfswinkel et al. (2013), contend that women with breast hypertrophy suffer from significant emotional distress, with the authors arguing that changes which occur during the adolescent stage, including new relationships, new roles and low level of human sexuality awareness lead to emotional volatility.

Research has consistently demonstrated the substantial psychological impact of gigantomastia on women's mental health. According to a study conducted by Kluwer and Williams (2014) on the impact of gigantomastia among teens on mental health, it revealed that large breasts have a significant effect on mental health. The large breasts affect the adolescent girl's self-esteem, emotional well-being and social functioning negatively. This finding is corroborated by research showing that patients suffering from breast asymmetry have poorer emotional well-being and lower self-esteem than their female peers (Nuzzi, et al., 2014).

The psychological manifestations of gigantomastia are particularly concerning given their potential for long-term mental health consequences. Another survey conducted by Rezai et al (2015), in Guinea, revealed that women with macromastia had a higher risk of disordered eating thoughts and behavior than normal teenagers. This study further revealed that women with macromastia have impaired health-related quality of life, lower self-esteem and more breast-related symptoms, in comparison with their peers. Unfortunately, women often internalize these stressors and fail to seek appropriate help since early identification and professional guidance may help to improve the quality of life in this population.

The severity of psychological distress associated with gigantomastia can reach extreme levels, with some women experiencing thoughts of self-harm. Stokes (2018) elucidated five ways in which women's breasts can impact their mental health. Firstly, large breast size causes depression and unhappiness which he claims affected 70% of the women in this study. The level of dissatisfaction forces some to undergo breast reduction to elevate their self-image. Additionally, body dysmorphia emerges as another significant psychological effect, characterized by an obsessive focus on perceived flaws in appearance, while adolescent insecurity and deflated self-esteem compound the psychological burden.

Despite the documented global occurrence of gigantomastia and its profound psychological effects, there remains a significant gap in understanding how this condition specifically affects women's mental health in the Kenyan context. While a similar study conducted by Sarwer, Brown, and Evans (2018) affirmed that large breasts take emotional tolls on women including suicide risks and a high rate of psychiatric hospitalization, no empirical studies have been conducted in Kenya

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to explore the psychological dimensions of this condition, creating an urgent need for context-specific research to understand how cultural, social, and healthcare factors may influence the psychological experiences of Kenyan women with gigantomastia..

1.2 Problem Statement

Gigantomastia is an unusual medical problem characterized by intensive breast growth that manifests itself at the onset of puberty or during pregnancy, causing significant psychological impairment that affects women's mental health and overall well-being (Agrawal & Kriplan, 2012; Yang, 2015). The condition causes intense psychological and social problems that incapacitate women from participating in normal activities and social relations, with these problems fostering insecurity, deflating one's ego and eroding self-esteem, ultimately affecting the mental health of the patient (Ravichandra & Naz, 2016; Kim et al, 2018). Despite the documented psychological effects gigantomastia has on women's mental health globally, including depression, anxiety, body dysmorphia, and suicidal ideation, there is a low level of awareness that hinders women from recognizing their condition and seeking appropriate psychological support (Chacha, 2018). It is of concern that despite the documented psychological effects of gigantomastia on women globally, there are very few studies carried out in Kenya to ascertain the psychological effects of gigantomastia on the mental health of women. Based on the available information being scanty and captured only in gray literature and televised video clips, creating a significant knowledge gap that this study sought to address that gap.

1.3 Research Objective

To establish the psychological effects of gigantomastia on women in Nairobi County, Kenya.

1.4 Research Question

What are the psychological effects of gigantomastia on women in Nairobi County?

2.1 Theoretical Review

This study was anchored on the Cognitive Adaptation Theory, developed by Taylor (1983) to address health problems such as women with chronic conditions, depression, anger control, pain management, and adjustment to physical health problems. In Taylor's scholarly work regarding adjustment of threatening life events, the theory of Cognitive Adaptation explains how people respond to a threatening event such as chronic illness, with gigantomastia being part of the threatening events that affect women's psychological well-being. Initially, Taylor (1983) argued that successful adaptation to victimization is a process which involves a series of slightly positive self-relevant cognitive distortions, with an attempt to address this state involving three stages: search for meaning whereby the individual focuses on maintaining an optimistic attitude to achieve or uphold a positive attitude towards the occasion or life, regain mastery of one's life and the refurbishment of self-worth (Ratelle et al., 2004).

The key assumptions of the cognitive adaptation theory include that products of our thinking are the main determinant of our personalities, with reasoning being a common explanation of this rational process, challenging the behaviorism theory that contends that human behavior is a result of simple cause and effect. Another assumption of the theory is that worrying events affect how people think about themselves and their environment, with the theory also assuming that everyone is a custodian of his or her own life and that better things are likely to happen to him or her more than bad things (Fritscher, 2020). The key strength of the cognitive adaptation theory is the

recognition that people can be resilient, maintain satisfactory levels of self-confidence and fortitude, which has helped young people master stages of human development and has been used to understand adaptation to developmental challenges such as transition to emerging adulthood (Helgeson, Reynolds, & Siminerio, 2014).

This theory can be applied in this study because having gigantomastia with larger breasts than normal is psychologically traumatizing for women. The condition can hinder a person from maintaining positive self-image, participating in social activities, and developing healthy relationships, requiring women to develop psychological resilience and adaptive cognitive mechanisms to cope with these challenges. According to cognitive adaptation theory, women with gigantomastia learn to use various coping mechanisms to overcome the negative psychological effects emanating from their condition, such as finding ways to rebuild self-esteem, developing positive self-perceptions, and creating meaning from their experiences. The theory further explains how women affected psychologically by gigantomastia can overcome the emotional distress and develop positive attitudes toward managing their mental health, as the negative psychological experiences can cause depression, anxiety, and low self-worth, but the cognitive adaptation theory emphasizes unleashing one's potential and using a positive attitude to cope with challenging psychological situations in a healthy manner rather than being overwhelmed by the emotional burden.

2.3 Empirical review

Psychological effects are those things that affect the mind, especially as a function of awareness, feeling, or motivation (Aseey, 2012). Apart from physical complications, a person with gigantomastia suffers trauma, depression, low self-esteem, anxiety, shame, and deflated ego due to their physical appearance. A study conducted by Mendle, Turkheimer and Emery (2011) revealed that girls who develop big breasts early are at higher risk of eating disorders, drug abuse, and depression. Wolfswinkel et al. (2013), contend that women with breast hypertrophy suffer from significant emotional distress. The authors argue that changes which occur during adolescent stage, are understood relationships, new roles and low level of of human sexuality awareness lead to emotional volatility.

According to a study conducted by Kluwer and Williams (2014) on the impact of gigantomastia among teens on mental health, it revealed that large breasts have a significant effect on mental health. The large breasts affect the adolescent girl's self-esteem, emotional well-being and social functioning negatively. This is in tandem with Dr. Labow who argues that patients suffering from breast asymmetry have poorer emotional well-being and lower self-esteem than their female peers (Nuzzi, et al., 2014).

Another survey conducted by Rezai et al (2015), in Guinea, revealed that women with macromastia had a higher risk of disordered eating thoughts and behavior than normal teenagers. This study further revealed that women with macromastia have impaired health-related quality of life, lower self-esteem and more breast-related symptoms, in comparison with their peers. Unfortunately, women often internalize these stressors and fail to seek appropriate help since early identification and professional guidance may help to improve the quality of life in this population.

Stokes (2018) elucidated five ways in which women's breasts can impact their mental health. Firstly, large breast size causes depression and unhappiness which he claims affected 70% of the women in this study. The level of dissatisfaction forces some to undergo breast reduction to elevate their self-image. Body dysmorphia is another effect of large breasts. This is a mental illness

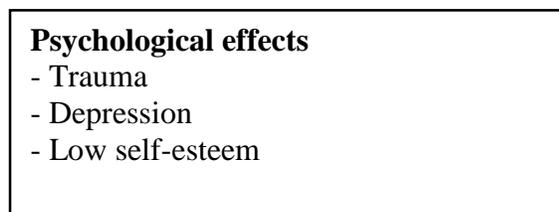
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characterized by an obsessive focus on flaws in appearance. The other impact of large breasts on mental health is adolescent insecurity and deflated self-esteem. A similar study conducted by Sarwer, Brown, and Evans (2018) affirmed that large breasts take emotional tolls on women including suicide risks and a high rate of psychiatric hospitalization.

2.4 Conceptual Framework

A conceptual framework is a diagram that shows how the independent variables are associated with dependent variables in a study (Kothari, 2010).

Independent variable



Dependent variable

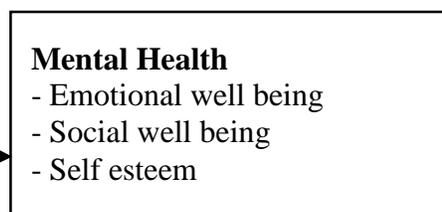


Figure 1: Conceptual Framework

3.1 Research Methodology

This study adopted a qualitative research approach using a descriptive research design grounded in phenomenological epistemology to explore the psychological effects of gigantomastia on women in Nairobi County, Kenya. The descriptive research design was chosen because it is used when the researcher can engage in a field survey by approaching the population of interest in order for the respondents to explain certain features about the problem under study, helping to gain new insights, discover new ideas and increase knowledge of the phenomenon (Mugenda & Mugenda, 2003). The study targeted women living with gigantomastia in Nairobi County, with a sample size of 30 participants drawn using snowball sampling technique, which is a non-probability sampling method used in medical and social science to source for respondents with unique characteristics that are rare (Kirchherr & Charles, 2018). Data was collected using a semi-structured interview guide through virtual interviews conducted via zoom platform, with each interview taking a maximum of 30 minutes and conducted in a language that participants understood, before being transcribed and analyzed using thematic analysis. Ethical considerations were ensured by obtaining permission from Tangaza University and NACOSTI, with participants being assured of confidentiality, voluntary participation, and the right to withdraw at any time, while strong privacy measures were implemented for the virtual interviews.

4.1 Results and Findings

The objective of the present study was to explore the psychological effects of gigantomasia. A thematic data analysis was carried out and the following themes emerged: low self-esteem and negative body image, intense negative feelings and emotions, loss of interest in activities they enjoyed doing, and eventually they employed unhealthy coping mechanisms.

4.5.1 Self Esteem and Negative Body Image

As the breasts continues to grow and increase in weight, the respondent's body took a different body shape. This change made majority of them to perceive themselves negatively and others feeling they are not in the right body as one respondent was articulated:

“The breast was so big and, you know, they’re falling, I started having body dysmorphia or rather feeling like I’m not in the right body. Due to lack of knowledge my aunties and mom used to tell me it's genetics. Your grandmother was also like that” (P/016/2024).

Another responded stated:

“I became anti-social and sought refuge in food and so, I naturally gained weight. There was this time I went to my aunt’s place and she asked me why I had huge boobs, yet in my family, they had small boobs. I was wearing the same size with her” (P/009/2024).

They had low self-esteem to the extent that some wished if they could develop some condition like cancer so that their breasts could be cut off. As one respondent stated:

“I remember there was a time I even said I would want to have cancer and they cut off my breasts because I did not like them” (P/001/2024).

The respondent narrated that:

“My big personality, in hindsight, was a distraction away from the body image issues I was dealing with privately (P/004/2024).

Most of them expressed a serious issue of confidence. In the situation when the respondents went for job interviews it would hit back on their appearance as one respondent was quoted saying:

“I mean my physical appearance definitely would affect me mentally in the sense that you're always so asking yourself about the extra portion you are carrying” (P/006/2024).

“I always felt like I was not looking my best. Because I did public speaking, I would always put on a nice scarf to hide my big burst. I eventually had lots of scarfs that I would use to hide and feel a little more confident” (P/029/2024).

Additionally, in a situation when others were hired and they were not, they felt that other people got the job because of pretty privileges, which made them feel that others were more deserving than them as two respondents shared out:

“It feels like when somebody else with a smaller chest is able to wear something comfortable, they look beautiful. But you feel less desirable because sometimes you look at people they're so pretty, and then you look at yourself, you feel so ugly. I Always hoped of becoming small, I worked out but you gonna die working out” (P/027/2024).

Another responded stated:

“Your self-esteem is somehow challenged. Because you tend to feel like you are not more deserving like other people are. In an event that needs to be attended, like an office event, and there is a clothing theme, you wonder if there is, something that will fit you in the theme (P/026/2024).

Majority of the respondents cited that they admired how they looked like before their boobs enlarged. At times they expressed desires making of memory by taking photos of how they looked but their physical appearance limited them leading to feelings of unworthiness and not being beautiful. As one respondent expressed:

“I would never see my-self-worth. You dress, but still, you feel like, no. I don't look good. I am always doubting myself. The biggest thing that affected my self-esteem, was that I couldn't even believe in myself. Even after finishing school and going to the university, I couldn't even, get myself out there, like going for job interviews. I was really, affected in that way that you can't even believe in yourself” (P/017/2024).

Further another respondent indicated that:

“I learnt of my condition in Class Six when my class teacher body-shamed me as my breasts were bigger than any other female pupils. My classmates really laughed at me that day. This really affected my self-esteem. It just went down” (P/002/2024).

On the same line there were moments when they would look at themselves on the mirror, and let them were left wondering whether they will remain the same for the rest of their lives. This made them to perceive themselves negatively with others expressing serious desires to work out to reduce their weight unfortunately this did not bear any fruit as one respondent stated:

“I Always hoped of becoming small, I worked out but you gonna die working out” (P/027/2024).

It is everyone's desire to look good and attractive but for the majority of the respondents this was only a wish since they had a limitation on what to wear and could only put on jeans with baggy T-shirts to accommodate their large breasts. The situation was worse for those in school. They were ghosted based on their appearance and they were never understood. This made them to withdraw from people as one respondent narrated that:

“My big breasts made me to be socially isolated and became emotionally distressed, this affected how I interacted with people and how I viewed myself” (P/010/2024).

The intense negative criticism and perception reached a situation where the respondents could not take them anymore as one respondent expressed that:

“You have negative perceptions. Works on my psyche, I was at a point where it was like an obsession of, “how do I fix this thing?”. Sometimes I'd be like, if only I could cut these things off and then give to friends who maybe don't have and wished I could transfer to them” (P/030/2024).

Some were forced to even go for counselling because they perceived themselves negatively as one respondent stated:

“You can't even say 2 words because you're wondering, like, all these guys are looking at my breasts. I even had to see a counselor at some point to accept myself. To the extent that you're going to see a counsellor, you must have perceived yourself, negatively, less fortunate, I felt wasn't beautiful enough” (P/028/2024).

Furthermore, for some, counselling did not work as one respondent stated:

“I developed poor self-image and a confidence young I tried talking to a counselor to overcome my concerns about my appearance but it wasn't working for me” (P/007/2024).

4.5.2 Intense Negative Feelings and Emotions

Majority of the respondents had emotional instability and expressed feelings such as fear, sadness, shyness, anger, unworthiness, irritability and being less fortunate. As one respondent cited that:

“It has taken a significant toll on my mental health contributing to persistent feelings of sadness, anxiety and low self-worth and also declining to my overall quality of life” (P/011/2024).

This made majority of them to desire being alone to the extent of some even crying in the toilets. As one respondent stated:

“Everyone is enjoying swimming. But then me, I feel like if I wrap up in a costume people will look at me. I remember at one point, I got so upset, I cried in the toilet because I just wondered, like, what is this? Because the people are just wearing their costumes, even the big people. Because the bust is not so big. Somebody's just in a costume and they're big and they're happy” (P/027/2024).

Many of the respondents expressed having gone through episodes of depression, because they were thinking a lot about themselves and also were worried about what their children would go through because of their condition. This was well articulated by one of the respondents:

“I also get stressed because I am human. I have a heart like any other person. So those things stress me. I also have fears about my children. How do the other children that they play with treat them because of my condition?” (P/001/2024).

Around people majority of the respondents experienced social anxiety because of their physical appearance. This made them feel uncomfortable especially when it seemed like everyone is looking at your chest. It also made them feel bad about their bodies as one respondent stated.

“I'll not entertain at times, if you get hard on me, I'll also get hard on you. I'll also start abusing you. Who do you think you are? And then I'll go down later and sit down and start crying and wondering what is wrong with my boobs?” (P/013/2024).

This staring from people created feelings of awkwardness, ugliness, embarrassment, inadequate, abnormal, insecure and feeling aged. It also made them to become highly sensitive and worried about how people were thinking about them as two respondents affirmed that:

“Because of negative emotions and anxiety, you constantly worry about what people are thinking about you. You are always constantly worried about your own self and you are just self-conscious” (P/006/2024).

“I felt unloved from a family of 6 ladies. We are 6 girls in a family, and it's only me who suffered that condition. So sometimes, I asked myself and or I would even ask God, ‘why me?’ “Why me only me in the family of 6?” You have that feeling of being unloved.” (P/023/2024).

Eventually majority of the respondents experienced mood swings of anxiousness and sadness as one respondent stated:

“My physical appearance has taken a significant toll on my mental health, contributing to persistent feelings of sadness, anxiety, and low self-worth. It has also led to a decline in my overall quality of life” (P/010/2024).

4.5.3 Loss of Interest of Social Activities

Growing up most of the respondents used to be active and engaged in sports like swimming, cross country and other outdoor activities. As their bodies took a different shape, they lost interest in activities they used to enjoy as one respondent stated:

“I was a good swimmer growing up. I was very light. I was just young and light but my body started taking a different shape” (P/026/2024).

Additionally, some felt uncomfortable when people stared at them doing their activities as one respondent was quoted saying:

“I was a hockey player once. I would engage in athletics. I would swim and play. But after that, I stopped doing all those things since it seemed like you were so unaware of your appearance. It seems as though everyone is focusing on you. People say really strange things in their remarks” (P/027/2024).

In circumstances where respondents would engage in sports like swimming, they complained of not fitting into costumes and feeling like they are wrapped in the costume. As one respondent expressed that:

“You barely fit into a swimming costume but I must still fit into it and you don’t look good” (P/006/2024).

Some expressed serious desire of some social activities they used to enjoy such as hiking expeditions and other social activities however they lost interest in them because when one engaged in such activities, they felt a lot of pain and got tired very fast, shy and feelings of insecurity, as two respondents illustrated that:

“I lost interest in social activities and intimate relationships due the feelings of shame and insecurity about my body” (P/009/2024).

“I have no interest because the moment you engage yourself you feel a lot of pain and a lot of weight and you get tired very fast” (P/011/2024).

4.5.4 Unhealthy Coping Mechanisms

The respondents devised ways of living with the condition to help them accept themselves and cope with the situation. But the majority accepted that it was challenging. For some when in public, they did what they had to do in hurry and went back to their home to be in their own space. In situations where they were asked questions, they acted confident but they were masking. You laugh with people but back in your mind a lot is taking place as one respondent quoted:

“I can say since I had it from a young age, I accepted it since I never thought it had a solution” (P/003/2024).

Another respondent stated:

“I started focusing on the negative aspects of my situations. There was a time I became suicidal. I was just so stressed. I started punishing myself by not eating” (P/014/2024).

In public they were forced to act happy however it was a false façade. As two respondents illustrated their frustrations:

“I did very good public speaking, encouraging students. But what used to discourage me after that, what I am preaching is not what I am practicing. Because I will go back and hide” (P/001/2024).

“I used to mask a lot I would pretend that I’m confident and then someone will look at me and I’ll snap back. it reaches a point I got very defensive” (P/007/2024).

Another respondent stated:

“Sometimes I would conform the people around me. It was probably because of my situation and the psychological effects it had on me” (P/010/2024).

Some of the participants while seeking to bear the situation, modified their coping mechanism as narrated by the following respondents.

“Imagine at class six, that is 12 years old. I had to develop a thick skin. So, that I would handle these abuses of, you’ve slept with a man” (P/008/2024).

“I was distanced and avoided myself from people apart from my family so as to avoid being stared at, or people making comments about my boobs. So I kept off completely. I became a loner. I separated myself from everything apart from myself and family” (P/010/2024).

However, a few respondents embraced positive coping mechanisms despite having the condition as indicated below:

“my self-esteem wasn’t really affected as I’m naturally a very bubbly outgoing person and made myself a jean’s girl. (P/008/2024).

Yet another respondent had learnt to live with the condition despite its challenges and adopted a positive approach towards life.

“Even though like most women, I loved trendy fashions, I opted T-shirts and jean. The use of bra made me look better” (P/011/2024).

4.2 Discussions

The objective of this study was to find out the psychological effects of gigantomastia on the mental health of women in Nairobi, Kenya. Questions from the interview schedule that pertained to this objective inquired about participants' experience on psychological effects with regards to gigantomastia on mental health. This conclusion corresponded with the testimonies by the participants on this current study.

The study findings revealed feelings of unworthiness to develop positive body image, persistent feelings of sadness and anxiety. These feelings collaborated with the conclusions from statistics by Lapid et al. (2013) which posited that the reasons why women suffering from gigantomastia undergo a breast reduction. The reduction was meant to relieve of are that back, neck, shoulder and bra grooving pains that deflated the patient’s self esteem and body image. Further a study by Mendle, Turkheimer and Emery (2011) revealed that girls who develop big breasts early were at higher risk of eating disorders, drug abuse, and depression. Wolfswinkel et al. (2013), confirmed that women with breast hypertrophy suffer from significant emotional distress. The intense

negative feelings and emotions- psychological effected the mind, especially as a function of awareness, feeling, or motivation as indicated by Aseeyn (2012). The study further amplified that,

apart from physical complications, a person with gigantomastia suffers trauma, depression, low self-esteem, anxiety, shame, and deflated ones ego due to their physical appearance.

One the same line, participants indicated of loss of interest in social activities and unhealthy coping mechanisms. These findings correlares to a survey by e t al. (2015) that reveavled that , revealed that women with macromastia had a higher risk of disordered eating thoughts and behavior than normal teenagers. The study further revealed that women with macromastia have impaired health-related quality of life, lower self-esteem and more breast-related symptoms, in comparison with their peers. Unfortunately, women often internalize these stressors and fail to seek appropriate help since early identification and professional guidance may help to improve the quality of life in this population. A study by Stokes (2018) explained five ways in which women's breasts can impact their mental health. Firstly, large breast size causes depression and unhappiness which he claims affected majority of the women in this study. He indicated that, the level of dissatisfaction forces some to undergo breast reduction to elevate their self-image.

5.1 Conclusion

The study's examination of the psychological effects of gigantomastia on women in Nairobi County reveals a condition that profoundly impacts women's mental health and psychological well-being. The findings demonstrated that women with gigantomastia experience significant psychological challenges including low self-esteem and negative body image, intense negative feelings and emotions, loss of interest in social activities, and adoption of unhealthy coping mechanisms. These psychological manifestations create serious mental health complications that compromise women's emotional stability, social functioning, and overall quality of life, highlighting the urgent need for psychological support services and mental health interventions to address the comprehensive psychological needs of women living with this debilitating condition.

6.1 Recommendations

Based on the study findings, the following recommendations are proposed:

1. The Ministry of Health should establish psychosocial support systems to offer psychological support and counseling services for women with gigantomastia to address issues of stigma, rejection, and mental health challenges.
2. Healthcare facilities should integrate mental health screening and psychological assessments into routine care for women with gigantomastia, ensuring early identification and intervention for depression, anxiety, and other psychological complications.
3. Public awareness campaigns should be implemented to educate communities, families, and caregivers about the psychological impact of gigantomastia, promoting understanding and reducing stigma associated with the condition.
4. Training programs should be developed for healthcare workers, counselors, and mental health professionals to enhance their capacity to provide specialized psychological support to women living with gigantomastia.
5. Support groups and peer counseling networks should be established to provide platforms for women with gigantomastia to share experiences, receive emotional support, and develop healthy coping mechanisms.
6. The government should include mental health services related to gigantomastia in national health insurance schemes to ensure accessibility and affordability of psychological interventions for affected women.

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