

## THE SOCIAL EFFECTS OF GIGANTOMASTIA ON THE MENTAL HEALTH OF WOMEN IN NAIROBI COUNTY, KENYA

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### ABSTRACT

**Background:** Gigantomastia is a breast abnormality characterized by massive breast growth that affects women globally. Women with this condition are subjected to social stigma, rejection, and isolation. Studies on this topic have been conducted in Western Countries and West Africa, revealing lack of awareness of the condition despite its social impact on women. This position can be replicated in Kenya because there is no empirical study published on the social effects of gigantomastia.

**Problem statement:** Despite the social effects gigantomastia has on women, there is a low level of awareness that hinders women from detecting their condition for psycho-social support. There is no study carried out in Kenya to ascertain the social effects of gigantomastia on the mental health of women.

**Research objective:** To find out the effects of gigantomastia on the social health of women in Nairobi County, Kenya.

**Methodology:** The research adopted a descriptive research design using qualitative approach. Snowball sampling technique was used to obtain 50 participants from Nairobi County. Data was collected using a semi-structured interview guide conducted virtually via Zoom. Qualitative data was analyzed using thematic analysis and presented in themes related to social effects.

**Results and findings:** The social effects of gigantomastia were: difficulties with social interaction, labelling and social stigmatization, body image and sexualization issues, and social support challenges. Women experienced discrimination, isolation, and strained relationships due to their condition.

**Conclusions and recommendations:** The study recommends establishment of psycho-social support systems, public awareness campaigns, healthcare worker training, and community-based programs to address social stigma and improve social health outcomes for women with gigantomastia.

**Keywords:** *Gigantomastia, Social Health, Women, Mental Health, Stigma, Social Support, Nairobi County*

## **1.1 INTRODUCTION**

A female breast is a multi-functional organ that manifests femininity. It enhances the beauty, nurtures newborns and helps to create a bond between the mother and the baby. It is an important physical asset and a major feature that differentiates a male from a female (Agbenorku & Agbenorku, 2011). Culturally, the female breast is a sign of women's beauty and is supposed to be of normal size and shape (Otupiri & Fugar, 2013). Any deviation from the acceptable standards results in unattractiveness (Yang, 2015). The acceptable breast size ranges from 250ml to over 1,000ml, and when breasts exceed this range significantly, social challenges emerge (Moschella, Cordova & Toia, 2016).

Gigantomastia causes physical, social, and psychological distortions to the persons living with the condition. The social consequences caused by gigantomastia are depression and anxiety. Muddled manner of eating have also been observed in many teenagers with gigantomastia. The social consequences include poor stigma, isolation and struggles in socializing (Vohra, Desai, & Shah, 2015). Women with gigantomastia suffer socially as a result of low self-esteem in regard to physical being (Agbenorku et al., 2013). According to Long and Vasconez (2010), apart from undergoing difficulties of social stigma and sexual harassment, patients can develop a poor self-image and low self-esteem. Furthermore, patients ubiquitously report difficulty in finding clothes that fit properly forcing them to customize/make alterations that aggravate their feelings of unattractiveness.

Saarimiemi (2011) conducted a study on gigantomastia and spelt out its social consequences on the victims such as dissatisfaction with body image, difficulties to form intimate relations, inability to participate in sports and social activities. These consequences are replicated in study findings by Agbenorku (2012), citing worry, and isolation as a result of gigantomastia. According to Chacha (2018), women with large breasts often feel uncomfortable with their image and thus avoid interacting with people for fear of being judged and personal insecurities. Research findings by Naik et al. (2015), on gigantomastia complications revealed that this rare condition is particularly detrimental in developing countries as it prevents breastfeeding, which is crucial for the development of the infant, thereby affecting the mother-child social bond.

Despite the effect gigantomastia has on the social health of women, there is a low level of awareness that hinders the women from detecting their extraordinary breast abnormality for psycho social support (Chacha, 2018). It is of concern that despite the effects of gigantomastia on women, there is no study carried out in Kenya to ascertain the social effects of gigantomastia on the mental health of women. The available information is scanty, captured in gray literature and on televised video clips only. This study sought to explore the social effects of gigantomastia on the mental health of women in Nairobi County, Kenya. The insights facilitate the creation of awareness on the level to which gigantomastia affects women socially, and how to overcome challenges associated with it.

## **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 (Agrawal & Kriplan, 2012). It has physical, intense psychological and social problems that incapacitate women from participating in school activities and social relations (Ravichandra & Naz, 2016). These problems foster insecurity, deflate one's ego and erode self-esteem affecting the mental health of the patient (Kim et al, 2018). Despite the effect gigantomastia has on the social health of women, there is a low level of awareness that hinders the women from detecting their extraordinary breast abnormality for psycho social support (Chacha, 2018). It is of concern that despite the effects of gigantomastia on women, there is no study carried out in Kenya to ascertain the social effects of gigantomastia on the mental health of women.

## **1.3 RESEARCH OBJECTIVE**

To find out the social effects of gigantomastia on the mental health of women Nairobi County, Kenya.

## **1.4 RESEARCH QUESTION**

What are the social effects of gigantomastia on the mental health of women and in Nairobi County?

## **2.1 THEORETICAL REVIEW**

In Taylor's 1983 scholarly work regarding adjustment of threatening life events, the theory of Cognitive Adaptation is explained. It shows how people respond to a threatening event such as chronic illness. Gigantomastia could be part of the threatening events. Initially, Taylor (1983) argued that successful adaptation to victimization is a process which involves a series of slightly positive self-relevant cognitive distortions. An attempt to address this state involves 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 cognitive adaptation theory further explains how a person affected socially by the effects of gigantomastia can overcome the stigma and victimization. The large breasts can lead to inaccurate thoughts or negative perceptions of self-regarding beauty that contribute to emotional distress and mental concerns. The negative perceptions can cause distress and result in suicidal thoughts. In the long run, the negative thoughts of gigantomastia can lead to trauma, depression, anxiety, low self-esteem, or disordered eating habits. However, the cognitive adaptation theory spells out the aspect of unleashing one's potential and the use of a positive attitude to cope with challenging situations in a healthy manner as opposed to being pessimistic.

The theory can equally be applied in explaining the social effects of gigantomastia. Some of the behaviors exhibited by people living with gigantomastia range from having difficulty in maintaining close relationships with their peers or family members. The situation is attributed to the negative societal perception of people with gigantomastia. To diffuse the position, the

proponent of social cognitive adaptation theory stipulated that young adult needs to build a positive image of the self to live a meaningful life.

### **2.3 EMPIRICAL REVIEW**

Social effects are those related to the environment and biological factors on individual social aspects. Some of the common effects of gigantomastia include isolation, inability to participate in school activities, have relationships, cannot get proper fitting clothes, the right size of bra, strange glares, comments from the members of the public, stereotypes, and stigma. According to Long and Vasconez (2010), apart from undergoing difficulties of social stigma and sexual harassment, patients can develop a poor self-image and low self-esteem. Furthermore, the study findings amplify that patients ubiquitously report difficulty in finding clothes that fit properly forcing them to customize/make alterations that aggravate their feelings of unattractiveness (Long & Vasconez, 2010).

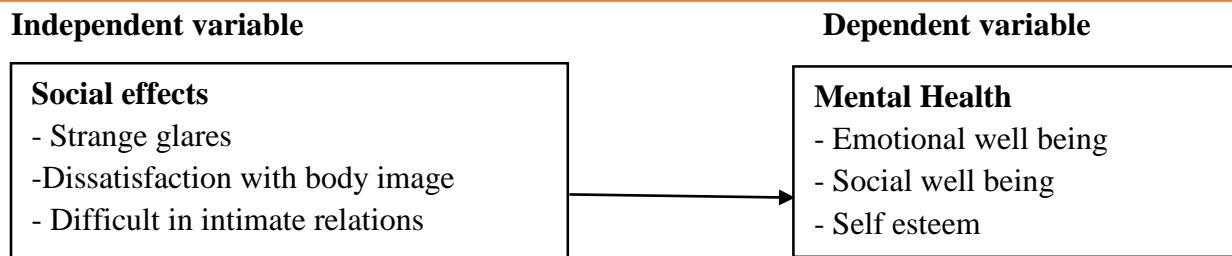
Saarimiemi (2011) conducted a similar study on gigantomastia and spelt out its social consequences on the victims such as dissatisfaction with body image, difficulties to form intimate relations, inability to participate in sports and social activities. These consequences are replicated in another study finding by Agbenorku (2012), citing worry, and isolation as a result of gigantomastia. Agbenorku affirmed the findings that women with gigantomastia suffer from mental health as an outcome of how they perceive themselves in regards to their physical appearances and fun made by their peers about them.

Similarly, research findings by Naik et al. (2015), on gigantomastia complications revealed that this rare condition is particularly detrimental in developing countries as it prevents breastfeeding, which is crucial for the development of the infant. This happens because the breasts are too big and due to ulceration and mastitis it is not appropriate to breastfeed. Therefore, effective contact between the mother and baby is prevented making bonding difficult (Naik, Diwakar, Patre, & Singh, 2015).

According to Chacha (2018), women with large breasts often feel uncomfortable with their image and thus avoid interacting with people for fear of being judged and personal insecurities. The author alludes that this is because beauty for women is an integral part of existence necessitating them to be conscious of their looks. It is for this reason that, some women given a chance may want to undergo breast reduction for aesthetic reasons.

### **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).



**Figure 1: Conceptual Framework**

### 3.1 RESEARCH METHODOLOGY

This study was qualitative in nature and applied a descriptive research design to explore the social effects of gigantomastia on the mental health of women in Nairobi County, Kenya. The study targeted women who are living with gigantomastia in Nairobi County, with a sample size of 50 women aged between 18 and 35 years. Snowball sampling technique was adopted to select participants since women with gigantomastia are a rare population with unique characteristics. Data was collected using a semi-structured interview guide conducted virtually via Zoom platform, with each interview lasting a maximum of 30 minutes. Qualitative data was analyzed using thematic analysis, categorizing generated answers into outstanding themes, identifying emerging patterns in the data, and reporting findings in narrative form. Ethical considerations included obtaining informed consent, ensuring confidentiality and anonymity of participants.

### 4.1 RESULTS AND FINDINGS

The other objective of the current study was to explore the social effect of gigantomastia. A thematic analysis was carried out and the following themes emerged as the social effects of gigantomastia; difficulty with social interactions, social stigmatization and labelling, body image and sexualization and social support.

#### 4.6.1 Difficulties with Social Interaction

Majority desired to live and do things the ordinary people would do. They cited having thoughts that people were gossiping about the size of their breasts, thus they became socially withdrawn and avoided public settings. As one respondent was quoted saying:

***“I would do everything in public very fast and come back home, I just wanted to be in my own space. I didn't want to be around people, it really affected me”*** (P/005/2024).

Another respondent stated:

***“The lack of social interaction can lead to loneliness and exacerbate feelings of depression and anxiety and mental health issues in general. I had psychic disorders mainly related to sexuality, feeling of inferiority, and difficulty of social interaction. This was according to my doctor”*** (P/016/2024).

They were not able to socialize with people and preferred to be alone ad developed social anxiety as one respondent stated:

***“I developed social anxiety, at some point I would not leave in class. I began having depression at that point. So high school was very, very bad. Then I went into campus, same thing. I couldn’t leave home”*** (P/022/2024).

Another respondent stated:

***“I did not feel interacting with people sometimes I did not feel like going to work but just to stay in the house the whole day”*** (P/023/2024).

At times because they were not open to friends they did not go to social places and opted to stay at home. As one respondent stated:

***“Because of our large breasts someone would think you are old yet you are only 15 or 16 years old. There are ways the society treats you, that are not normal, they are bad and shameful.”*** (P/027/2024).

Another respondent stated:

***“Sometimes when I was with my girl-friends I would feel like I was the only odd one because of my big boobs. People look at me and they are wondering how do they grow that big, and they ask you all sorts of questions. This discrimination”*** (P/029/2024);

Another respondent stated:

***“The big breasts just make you look old. So, when you tell someone that you have one kid, they are like no, no way. There’s no way you would only have one kid”*** (P/003/2024).

It was also very difficult to attend a church and praise God like one would desire. You would only be left with the option of sitting down and clapping your hands. As one respondent expressed.

***“Everybody’s eyes are on you because of the size of everything. You cannot jump and praise God. You just clap your hands”*** (P/011/2024).

For some it was very uncomfortable being in the social groups and even in family settings where they belonged. As one respondent expressed:

***“I was not comfortable in social groups even in families I felt I was not in the right place. I was not comfortable in any kind of social group, even in my family. I was just feeling out of place, uncomfortable, I was not ready to involve myself in in some of the team activities”*** (P/012/2024).

People lack empathy and understanding to people with large breasts. They stare at them making them feel unworthy in-front of people. As one respondent expressed:

***“The lack of understanding and empathy from some people has strained my relationships and it has created a sense of distance and some resentment”*** (P/001/2024).

The stares from people made one feel unpresentable and the odd one out, to some extent making one unable to open up to friends. As two respondents narrated:

***“People look at me and they are wondering how do they grow that big, and they ask you all sorts of questions. This discrimination”*** (P/029/2024).

***‘I was not comfortable in any kind of social group, even in my family. I was just feeling out of place, uncomfortable, I was not ready to involve myself in in some of the team activities’*** (P/012/2024).

Another respondent stated:

***“I have lost interest in social activities and hobbies that I once enjoyed, such as swimming and attending public events, because I feel uncomfortable and self-conscious about my body”*** (P/030/2024).

In social gatherings people make insensitive comments about people with large breasts. Some feeling uncomfortable sitting next to you thinking that you do not shower.

***“The society is very harsh you cannot even interact with people because all the time everyone is just telling you, you are too big to be with peers”*** (P/017/2024).

This made them fear that being around their peers would affect them negatively as one respondent was quoted saying:

***“I once attended a wedding and people commented “What did she come to do? Did she come to distract us, so that we can look at her boobs?”*** (P/013/2024).

At times people would be disrespectful towards one. As one respondent was quoted saying:

***“I'll give you a really specific example. We once went on a school trip to Mombasa. My friends extend an invitation to me to join them. They arrived there earlier than I did. I was entering the nightclub. Suddenly, a guy approached me, grabbed my breasts, and gave me a strange look. I retaliated. This man attempted to use violence. I hurried over to the bouncer and told him that the man was attempting to be violent. And he said, "That's your problem”*** (P/015/2024).

All these made the respondents feel that they do not fit into social expectations causing them to feel embarrassed and one responded was quoted saying:

***“There are ways the society treats you that are not normal, they are bad and shameful.”*** (P/027/2024).

Some other respondents cited frustration emanating from the members of the public:

***“For most victims, it is a personal daily struggle they would rather keep to themselves out of shame or embarrassment”*** (P/013/2024).

*“I presented psychic disorders mainly related to sexuality, feeling of inferiority, and difficulty of social interactionmotional and social effects. The size of the breasts lead to social embarrassment, resulting in anxiety, depression, and a negative body image”* (P/014/2024).

#### **4.6.2 Labelling and Social Stigmatization**

Women with large breasts are made fun of and are given names and are labelled based on the size of their breasts. Some are given nick names that describe their breasts which can be hurting. As expressed by two respondents who stated:

*“I was bigger upper, and I was small. So, they used to call me Johnny Bravo Syndrome. It didn't feel good, honestly. Called unproportional feels so bad. It's like, calling a blind person blind it would hurt them”* (P/028/2024).

Other respondents underwent stigma due to their body shape:

*“I felt judged, you don't know the characteristics of my boobs and how look, you judge me. I felt judged honestly”* (P/007/2024).

Some are labelled, “girls with big boobs”. And some make weird and funny remarks about them. This made them feel awkward in front of people as two people expressed:

*“Probably you are passing down the road someone will make a very weird and mockery remarks”* (P/026/2024).

Another respondent stated:

*“When I joined campus, it was hell on earth. I was stigmatized by other students who nicknamed me granny, because of my large breasts. I never had friends, as people choose friends according to those who resemble them and I did not look like them”* (P/002/2024).

The aspect of labelling affected both young and old. It deflated their self –esteem which caused heightened their excite levels as narrated by one of the respondents:

*“My college mates started poking and making fun at me and I became the laughing stock due to my humongous bust, and they gave me some funny names. I later learned was a medical condition called gigantomastia”* (P/010/2024).

People constantly make remarks carelessly about people with large breasts, making them feel stigmatized and humiliated even at an early age as one respondent expressed.

*“I was stigmatized while I was in primary school, this negatively affected my education”* (P/014/2024).

The negative treatment received from people made some of the respondents apply defenses to counter the effects:

*“Along the way, I became a bully to deter any untoward advances or name-calling, no one was ever courageous enough to say anything to my face. My bosom used to draw a lot of attention. I would be talking to someone, but their eye level focused on my bust, which was uncomfortable” (P/011/2024).*

The continuous insensitive comments from people made most of the respondents feel worried about people's opinions. At times some felt as if they were the reference points for people with big breasts as expressed by one respondent:

*‘I remember even one time in the office, we're doing something, and somebody even referred it and said, ah, something about big boobs. I was the reference point’ (P/029/2024).*

Additionally, their big breasts made them be labelled as people carrying breasts for the whole village. These comments came from strangers as well as people they knew. As two respondents were quoted saying:

*“Sometimes you are walking and strangers make nasty comments about you” (P/006/2024).*

*“Others gave me funny nick names because they thought my big breasts were a curse from sleeping with other women's husbands” (P/013/2024).*

Some respondents felt that this kind of stigmatization is from a point of ignorance and also see it as an element of immorality as one responded was quoted:

*“It's coming from a point of ignorance and that the society does not understand this condition like just any other but see it as a point of immorality” (P/008/2024).*

Another respondent stated:

*‘You are passing and people start calling me names, telling me that I am carrying boobs of the whole village. Friends would always laugh and say You have aborted, that's why your boobs are like that, she is always with men, and men are always touching her” (P/015/2024).*

Feelings of being judged negatively by friends and others was a major concern among the respondents. They were being judged as persons who are immoral and having procured abortions. As two respondents narrated:

*“You have aborted, that's why your boobs are like that, she is always with men, and men are always touching her (P/013/2024).*

*“Imagine a teenage girl who is young, who does not know anything and people in the community start saying she has aborted. The condition exposes a woman to name calling*

*and attracts attention to your burst. These has psychological effects in the long run”* (P/016/2024).

Sometimes when some of the respondents were defending themselves from these kinds of treatment, they were further humiliated as one respondent was quoted saying:

*“I remember there was a time we fought with a boy, I was called in the head teacher’s office and my mother was called to find out if I was pregnant”* (P/001/2024).

People continued to make fun of the respondents calling them unproportional while others proposed ways to help them reduce weight of their bursts. As one respondent stated:

*“I was always thinking about them and how I could change. I was searching for anything connected to losing weight on Google sometimes and getting an all manner of results. For instance, you might be put on a diet that isn’t real at all or advised to try eating ginger, and you would cling to them because they are the only things that are giving you hope at the moment”* (P/030/2024).

Additionally, people continued to look at them with curious eyes wondering how their breasts grew that big as one respondent quoted:

*“People look at me and they are wondering how do they grow that big, and they ask you all sorts of questions. This is discrimination”* (P/029/2024).

#### 4.6.3 Body images and sexualization issues

Due to the weight of the breasts majority of the respondents had unproportional bodies. These affected their self-esteem and also made them to have negative body image. Majority of them stated that they looked weird and not beautiful as one respondent was quoted saying:

*“There are times I used to look at myself and did not like how I looked. Women who are going through this are sexualized. Someone merely wants have sex. And then they depart after having taken advantage of the fetish”* (P/015/2024).

Another respondent stated:

*“You are so self-conscious of your appearance. I would never remove my sweater since I joined form 2 up to when I went to college. That was between 2004 up to 2010. In 2010, is when I started removing my sweater. Before then I could never remove my sweater”* (P/022/2024).

Some had serious desires to take photos but could not because of how they looked like on the photos:

*“That is why I don’t even like photos because when she looked at the photo, she felt she occupied a third of the photo”* (P/025/2024).

And another participant did not like mirrors:

*“I hated mirrors, I think I only started getting comfortable around mirrors around 2018 and 2019 but still would look at myself in sections”* (P/022/2024).

It was very hard for some participants to even appreciate how one looked:

*“It was very hard to even appreciate how one looked like because even when you are walking you look like you have a haunch. “It was very hard you pitied yourself, you don’t love yourself, why would you love yourself? How would you love yourself with this kind of weight and figure? You even walk like you are bending and have a haunch”* (P/024/2024).

Most of the respondents were highly sexualized. Most of the respondents reported receiving attention from men. However, they felt that these people only wanted to play games with them. As one respondent was quoted saying:

*“Being an outgoing person, I decided the only way I would defend myself from men’s vile comments was to embrace an aggressive personality. I would tell off anyone who dared comment anything about my appearance”* (P/003/2024).

Another respondent stated:

*“These men were not giving me attention because they loved me but wanted something”* (P/028/2024).

Additionally, majority of the respondents were aware that these sexual comments were not because men loved them but because they wanted something from them. As one respondent quoted:

*“I got a boyfriend then they broke up with me because I am fat”* (P/027/2024).

Other respondents reported the negative encounter with significant others:

*“Some men would tell you. Oh, I love your breasts so you end up being in love with this person for the wrong reasons”* (P/017/2024).

*“Curious men who wanted to touch my breasts and see if they were real. Once while on holiday abroad, I bumped into a guy who asked me if I had had implants”* (P/020/2024).

With regards to breast reduction, the respondent stated:

*“Reduction breast surgery has a positive impact on the health status and psychological function as well as on the sexual activity of patients and them”* (P/001/2024).

Another respondent stated:

*“Body image dissatisfaction is one of the major factors that motivate patients to undergo plastic surgery. However, few studies have associated body satisfaction with reduction mammoplasty”* (P/030/2024).

#### 4.6.4 Social Support

Some participant acknowledged that the biggest support system was their family members and friends. They accepted them as they were and empathized with their condition which insulated them from feelings of rejection:

*“Let me say, I have got a very supportive system of my parents, of a good friend. And I have... I have been trying to encourage myself. As much as it is very hard, I get those issues of mind, of the heart, of the body. I try to encourage myself. So let me say, I have tried to be a woman of substance as to where I am now. And the reason why I have a push for it is because I feel now... (P/019/2024).*

Some were lucky to have grown in an environment where they were never made to feel awkward as one respondent was quoted saying:

*“I have grown around people who really loved me and none made me feel awkward, they were supportive” (P/015/2024).*

Another participant responded:

*“My close relationships have been supportive but I feel often like a burden to them. They try to understand but it’s hard for them to grasp the daily challenge I face” (P/030/2024).*

For some, where parents made a mistake because of ignorance they still apologized still apologized as one respondent was quoted saying:

*“Even up to date my mother still apologizes she was coming from a point of ignorance and did not know what I was going through” (P/008/2024).*

Although some of the respondents felt their families were supportive, they were uncertain of what they would be thinking or saying behind their backs as one of the respondents stated:

*“I did not experience any negativity though I cannot know what they would say behind my back. I did not experience any challenges with my family members”. (P/011/2024).*

Though they received support from the parents, some of the respondents were uncomfortable reciprocating the support received with a hug from parents. As one respondent stated:

*“So, you feel like I hugged my father and may be touched my boobs so it was uncomfortable” (P/027/2024).*

Some of the participants experienced negative social support. To some their cousins made it worse by making triggering comments about the weight of their breasts. As quoted by one the respondents:

*“It was really irritating as one of my relatives came up to me and said, “You need to lose that weight on your chest. I did not experience any negativity though I cannot know what they would say behind my back. I did not experience any challenges with my family members” (P/011/2024).*

For those who were married their in-laws who are expected to be supportive, judged her and discouraged her husband leading to marriage break up as one respondent was quoted saying.

***“I was 22 when I was married. I believe my in-laws held me in low regard. They disgraced me, and I believe that is why my spouse became disheartened, thinking that perhaps wandering how large are those breasts”*** (P/001/2024).

There are those people who are supportive while others are not as one respondent stated.

***“There are those who are positive and those who are negative. Those that are negative would murmur and others would be like, what are you carrying?”*** (P/013/2024).

## 4.2 DISCUSSIONS

The objective aimed to understand the social effects of gigantomastia on the mental health of women in Nairobi, Kenya. The participants reported difficulties with social interaction, labeling and social stigmatization, body images and sexualization issues and social support. According to their narrations of the participants revealed that people within their social circles discriminated against them resulting to stigma and loneliness.

For some participants, close friends withdrew from them. While for other, close relations such as spouses made them feel uncomfortable and worthless by making unpleasant remarks about their condition. Some participants expressed anger and frustration. They revealed that there was permanent destruction of family relations such separations. Moreover, escalated to high emotional levels which severed the relationship leading to divorce.

A study by Vasconez (2010), indicated that, apart from undergoing difficulties of social stigma and sexual harassment, people can develop a poor self-image and low self-esteem. In addition, Saarimiemi (2011) conducted a similar study on gigantomastia and spelt out its social consequences on the victims such as dissatisfaction with body image, difficulties to form intimate relations, inability to participate in sports and social activities. These consequences are replicated in another study findings by Agbenorku (2012), citing worry, and isolation as a result of gigantomastia. Agbenorku affirmed the findings that women with gigantomastia suffer from mental health as an outcome of how they perceive themselves in regards to their physical appearances and fun made by their peers about them. The insights of the these study correspond to the findings of this current study.

Another study which was utilized to understand this objective was by Chacha (2018), he learnt that, women with large breasts often feel uncomfortable with their image. They avoid interacting with people for fear of being judged and personal insecurities. The author alluded that the avoidance of interactions is due to the importance women place on their appearance. According to them, beauty is an integral part of their existence. It is for this reason that, some women given a chance may want to undergo breast reduction for aesthetic reasons to boost their self esteem and beauty. This line of thought blends with narrations of some of the participants in this study.

## **5.1 CONCLUSION**

The study concluded that gigantomastia significantly affects the social health of women in Nairobi County, Kenya. Women with this condition experience difficulties with social interaction, labelling and social stigmatization, body image and sexualization issues, which collectively impact their mental health. The findings revealed that social support systems play a crucial role in helping women cope with the social challenges associated with gigantomastia, though many still face discrimination and isolation from their communities.

## **6.1 RECOMMENDATIONS**

- i. The Ministry of Health and NGOs should create monthly support group meetings in each sub-county of Nairobi for women with gigantomastia, facilitated by trained counselors from Kenya Association of Professional Counsellors.
- ii. The Ministry of Health in partnership with Kenya Medical Association should launch targeted social media and community outreach programs to educate the public about gigantomastia as a medical condition.
- iii. Kenya Medical Training College and nursing councils should implement mandatory training modules for healthcare providers on the social impacts of gigantomastia and appropriate counseling techniques.
- iv. Kenya Association of Manufacturers and local tailors associations should develop affordable, properly-fitting clothing options and establish referral networks for women with gigantomastia.
- v. Nairobi County Health Department should include social health assessments and interventions in the standard care protocol for women diagnosed with gigantomastia at all healthcare facilities.
- vi. Ministry of Education and Teachers Service Commission should implement age-appropriate educational sessions in secondary schools to prevent bullying and promote understanding of breast developmental conditions.

## REFERENCES

Agbenorku, P. (2012). Breast Developmental Anomalies: A Review of the Problem. *British Journal of Medicine & Medical Research*, 2(4), 587-596.

Agbenorku, P., & Agbenorku, M. (2011). Awareness of Breast Developmental Anomalies: A Study in Jamasi, Ghana. *Journal of Aesthetic Plastic Surgery*, 35, 745-747.

Agbenorku, P., Otupiri, E., & Fugar, S. (2013). Breast Developmental Anomalies in Dormaa Municipality of Ghana: Prevalence and Impact on the Life of the Individual. *Plastic Surgery International*, 1-7.

Agrawal, N., & Kriplani, A. (2002). Management of gigantomastia complicating pregnancy. A case report. *Journal of Reproductive Medicine*, 47, 871-874.

Chacha, G. (2018, May 15). *Effects of big breasts: Your big 'tunyosh' can break your back*. Retrieved from <https://www.standardmedia.co.ke/entertainment/lifestyle/2000215007/effects-of-big-breasts-your-big-tunyosh-can-break-your-back>

Kim, J. H., Baek, S., Yoo, T., Lee, A., & Young, D. (2018). Relapsed Bilateral Gigantomastia Caused by Pseudoangiomatous Stromal Hyperplasia after Reduction Mammoplasty. *Archives of Aesthetic Plastic Surgery*, 24(2), 78-82.

Long, J. N., & Vascone, L. (2010). *Macromastia and Reduction Mammaplasty*.

Moschella, F., Cordova, A., & Toia, F. (2016). Gigantomastia. *International Textbook of Aesthetic Surgery*, 19, 239-245.

Naik, M., Diwakar, K., Patre, S., & Singh, S. (2015). Gigantomastia: A Rare Complication in Pregnancy. *Journal of Medical Science and Clinical Research*, 3(7), 6873-6876.

Ratelle, C., Vallerand, R., Chantal, Y., & Provencher, P. (2004). Cognitive adaptation and mental health: A motivational analysis. *European Journal of Social Psychology*, 34, 459-476.

Ravichandran, D., & Naz, S. (2016). A study of children and women referred to a rapid diagnosis breast clinic. *European Journal of Pediatric Surgery*, 16, 303-306.

Saariniemi, K. (2011). *The Effects of Reduction Mammaplasty*. Finland: Academic Dissertation, University of Helsinki.

Taylor, S. E. (1983). Adjustment to threatening events: A theory of cognitive adaptation. *American Psychologist*, 38(11), 1161-1173.

Vohra, H., Desai, H., & Shah, N. (2015). Unilateral gestational macromastia -- a rare disorder. *Gujarat Medical Journal*, 70(2), 60-61.

Yang, J.-H. (2015). An idiopathic gigantomastia. *Annals of Surgical Treatment and Research*, 88(3), 166-169.