



Original Research

Perceptions and attitudes toward partners support for cervical cancer screening among married men in Ghana



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ABSTRACT

Objectives: The majority of literature on cervical cancer (CC) and cervical cancer screening (CCS) focused on women all over the world. However, research has indicated that men's involvement in CCS can lead to improved health outcomes for women. Despite this, there is limited information available in the literature regarding men's attitudes toward CCS. This highlights the need for further study on the subject to increase understanding and improve outcomes. The purpose of this study was therefore to explore the perceptions and attitudes toward partners' support for CCS among married men from the Adentan Municipality.

Study design: An exploratory descriptive qualitative approach was used in the study to explore the perceptions of married men about male involvement in CCS.

Methods: Thirty-four married men were purposively selected to be part of the interviews. A semi-structured interview guide was used to collect data, which were recorded. The tape-recorded data were reproduced verbatim, and content analysis was carried out to generate the themes and subthemes.

Results: Three themes and nine subthemes were constructed from the data analysis. The study revealed that the perceptions of males about cervical cancer had a positive or a negative influence on women's behaviors toward CCS. It was interesting that some men constantly reminded their wives to participate in CCS. However, some barriers to men's support included fear of trauma to the wife's vagina during screening and concerns about exposure to the wife's nakedness.

Conclusion: It was therefore recommended that healthcare facilities should roll out sustainable programs and policies to involve men in CC prevention. In addition, health workers should devise innovative ways to make male involvement in CCS more attractive to men.

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Introduction

The existing body of literature predominantly centers around women's issues within the context of cervical cancer (CC) and cervical cancer screening (CCS) at a global level. However, it has

been discovered that men's active engagement in women's health matters significantly enhances health outcomes. Despite this recognition, there remains a dearth of comprehensive research on the specific ways in which men contribute to CCS.^{1–3} Consequently, it is imperative to undertake studies that explore men's perspectives and attitudes toward CCS to fill this knowledge gap.

Screening for CC is vital for early diagnosis and optimal treatment, which has helped decrease the number of cancer cases.⁴ Despite having several CCS centers in Ghana, there is no effective national CCS program, resulting in most women presenting the disease at a late stage.⁵ The low participation rate in CCS, which is approximately 2.8%, has been attributed to women's low health

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autonomy, poverty, male health personnel conducting the screening, and inadequate information about CC and CCS.⁶

Men's perceptions and attitudes toward CCS influenced the adoption of CCS by women around the world.^{7–9} Some men in the United States were observed by these researchers to provide support by accompanying their partners to CCS sessions and aided them in their finances. The growing acceptance of male involvement in women's health as a method for achieving improved health outcomes has necessitated greater research into men's perceptions and attitudes toward CCS.¹⁰

Despite the global significance of men's support for women's health-seeking behaviors, many lack awareness of CC and their partner's medical histories.¹¹ In Ghana, male support is crucial for the survival of CC patients.¹² However, there is a lack of research on male support during screening and treatment.¹³ Therefore, this study aimed to identify the attitudes and perceptions of married men in Adentan Municipalities toward supporting their spouses in CCS.

Methods

Design and ethical consideration

The study used a qualitative exploratory descriptive design to investigate language and behavior regarding married men's perceptions of CC and CCS. It involved interviews and observations and received approval from the Dodowa Health Research Centre Institutional Review Board with Protocol ID DHRCIRB/047/03/22.

Recruitment and data collection

The study used purposive sampling to select participants who could provide in-depth information. The sample size was determined by data saturation, which occurred after the 34th participant, indicating redundancy in data.

Data collection

A pilot study was conducted at Oyibi using five participants that met the inclusion criteria. The inclusion criteria for this study encompassed married men who were aged >18 years, expressed willingness to participate in the research, and did not have any significant physical or mental health conditions. The goal of the survey was to clarify any uncertainty that may arise before the main interview.¹⁴ Data were collected via face-to-face interviews using a researcher-developed semistructured interview guide containing open-ended questions based on inclusion criteria.

The study followed ethical procedures, including informed consent from eligible participants. Interviews were conducted in English, privately, and transcribed. Interviews lasted 50–60 min, and participants were thanked and informed of possible follow-up contact. The researcher used a digital recorder and took notes during interviews, which were conducted at a suitable time and place. Participants were encouraged to seek clarifications before signing the consent form.

Data analysis

The data were analyzed using content analysis following transcription of the interviews.

Trustworthiness

The researcher ensured the smooth running of data collection and gathering processes by verifying them. This included gaining participants' trust, recording all data collection activities, and

taking adequate notes to establish the study's truth and values. The credibility of the study was guaranteed by enrolling participants who provided informed consent and met the inclusion criteria. To enhance the credibility of the information obtained, instances where participants provided confusing or unclear responses were verified with the participants themselves. In addition, after transcribing the data, further clarifications were sought by reaching out to the selected participants via phone call.

Results

Sociodemographic characteristics of participants

Thirty-four married men between the ages of 32 and 65 years were selected from the Adentan Municipality. Table 1 provides details of participants' demographic characteristics.

Table 1
Sociodemographic characteristics of participants.

Variable	Frequency (n = 34)	Percentage (%)
Age group		
< 32	0	0
32–42	13	38
43–52	12	35
53–65	9	26
> 66	0	0
Religion		
Christian	26	76
Muslim	8	23
Traditional	0	0
Educational status		
Secondary	7	20
Tertiary	27	79
Occupation		
Teacher/lecturers	9	26
Nurses	7	20
Retired	4	11.7
Masons	5	14
IT technicians	2	5.9
Accountant	3	8.8
Pharmacists	2	5.9
Car mechanics	2	5.9
Income weekly (GHc)		
100–300	11	32.4
400–1000	23	68

Results in the context of what is known

Themes and subthemes

Three themes and nine subthemes were generated from the study analysis. Details are illustrated in Table 2. The presentation of the themes and subthemes are as follows.

Table 2
Themes and subthemes.

Themes	Subthemes
1. Men views about CC and CCS	1. Male partners' indifference to cervical cancer 2. Belief about contracting CC from wives 3. Menopausal-associated condition 4. Men's role in CCS
2. Attitudes and intentions of married men toward CCS	1. Supporting wife's decision to screen 2. Constant reminders 3. Keeping to one's marital promise
3. Barriers toward supporting CCS among married men	1. Fear of trauma to wife's vagina 2. Concerns about the exposure of wife's nakedness

CC, cervical cancer; CCS, cervical cancer screening.

Men's views about CC and CCS

Male partners' indifference to CC

It was identified that most of the men were of the belief that CC is a female-associated disease and hence, has nothing to do with them.

I know that this condition is a women's disease and only affects women, so I have not bothered to find ways of preventing it or managing it. [Ojoo]

I am a male so cervical cancer has nothing to do with me since I don't have a cervix. I remember when I was listening to a TV presentation of this particular condition and they mentioned that it affects the cervix of females. [Papa]

Why are you asking me questions concerning women? I think you are asking the wrong person because I don't have a cervix. [Paa]

Belief about contracting CC from wives

Interestingly, some married men perceived CC as a disease that could be transmitted from a female to a male.

For instance, let's say the woman has cancer and doesn't know, and she goes to sleep with a man, I think the man can get cancer transmitted through his manhood and it might affect his organs. I don't know how accurate that is though. I'm only expressing my thoughts. [Koo]

If I don't let my wife screen, I could also get an infection, which might affect my manhood and also risk losing my life or wife. I know cancer can be very deadly if care is not taken. [Fianyeku]

Menopausal-associated condition

Menopause was outlined to be an additional causative factor of CC by the participants during the interview due to low immunity and lack of sex.

Well, I think it happens to women who have their menopause and it rarely happens to young people. So, I'm talking about women who are 40 years and are not menstruating anymore. Those women are likely to get it, not the young ones. [Ankamah]

You know when you're young, your immunity is strong and will help protect you from all kinds of conditions, but during menopause, the immune system is weak, and hence, the women become prone to cervical cancer. [Abdallah]

I'm very sure that lack of sex in the woman's old stage causes the cervix to dry up. I don't really know what happens, but when that place becomes dry, the skin might crack open and all sort of bacteria can enter and cause cancer. [Christian]

Men's role in CCS

Participants in the study viewed it as the duty of men to support their wives in CCS. Some men saw it as an obligation to ensure their wives' health, whereas others accompanied them to the hospital.

As a man, it is our duty to take care of our wives in all manner of things, including health. So when she comes to me and tells me she wants to go and screen for this cancer, it would be right to encourage her, even accompanying her to the hospital. [Joojo]

I wouldn't know much about the disease until a doctor tells me, or my wife discusses it with me, because, I didn't even know there was

such a disease. So, now that I've heard about it, I think it is my responsibility to take her to the hospital for it. [Fianyeku]

Other participants revealed that, although they would support their wives to screen, their role was to support them, not coerce them into screening.

Whatever the woman decides, I'll support her. I don't have much knowledge about the condition, but if she needs money, I'll gladly give it to her because her health is important. [Dautey]

Attitudes and intentions of married men toward CCS

Supporting wife's decision to screen

Men in the study mostly supported their wives in CCS, considering it their responsibility as heads of the family. Some reported that their wives sought screening when they had their support.

I don't think it should be the responsibility of only women. It should concern we as men too because men have to take the health conditions of their wives very seriously. I believe whatever affects women can affect men too if care is not taken. If the woman is sick, the entire household becomes sick. You'll see that the house will become very quiet, no noise from the kitchen too. [Kwame]

My wife once told me she wanted to do the screening and I am planning to give her money at the end of the year to go for it because her health is a priority to me. [Koli]

My wife has never mentioned that she wanted to go for CCS, but anytime she wishes to go for it, I will support her. [Nortey]

Constant reminders

It was also identified during the interviews that some men resolved to remind their wives constantly about the days, times, and when to go for the screening. Some participants, especially the nurses, also revealed educating their wives on the importance of the screening to their health.

There was a particular period where Korle-Bu was doing the free screening. My wife was so excited when I informed her and I encouraged her to go and screen. I intentionally set reminders on my phone and hers so that we were reminded [haha]. [Nai]

I don't really know the years that a woman may get cancer, but the doctor we went to said that the screening can be done within 3-5 after the initial screening if the woman doesn't have cancer. So, I reminded her when the time was up and we went there together. Luckily, she didn't have. [Ansah]

A participant disclosed that his wife refused to go even after being reminded constantly.

I used to encourage my wife to go, but I stopped after a while. I looked for places where they were screening, gave her money, and kept reminding her, all to no avail. She was always too busy to go since she says she'll have to join long queues. So, I've stopped asking her if she'll go or not. Whenever she is ready, I'll support her. [Kyere]

Keeping to one's marital promise

The promise binding married couples was a motivating factor for some husbands to support their wives wholeheartedly to partake in the screening exercise since their lack of support was assumed to mean that they were breaking their marital promise.

Well, on my wedding day, I did promise to stick with her no matter what. So, if her health is on the line, seeking her welfare should be my priority. [Agana]

We made a promise to support each other in times of need and sickness so when it comes to anything concerning her health, I'll give my full support. [Abezo]

Others also recalled the counsels they received to take care of their wives and mentioned taking them to screen as soon as possible.

I was counselled to pay attention to the health of my wife, because many men ignore the health of their wives. So, I strive to support her when it comes to her health always. I have heard about this cancer before, and after discussing it, she said she'll do it. She is currently pregnant, so I believe after she gives birth, she will. [Bill]

Barriers and myths toward supporting CCS among married men

Fear of trauma to wife's vagina

Although few participants agreed to the advantages of screening, they withheld their wives from taking part in it because of their (husbands) perceived damage of the vagina during the screening.

You see, the first day I heard about the education on TV about the cancer and the screening, I was interested until they mentioned the process where they use some instrument inside the vagina. Look at how delicate the vagina is, I'm afraid it might cause some injury there. [Kodua]

I agree to this whole screening thing, but my brother's wife did some and later, she complained to my wife about some pain she had, although she also said the nurse told her she'll experience it for a short while. Honestly, my wife and I have become sceptical about the screening because I'm afraid it might harm my wife. [Okin]

Other participants also opined that their fears toward the use of unsterile instruments prevented them from taking their wives to the hospital.

I expect that the hospital and the instruments for the screening should be clean and neat. We are in Ghana, and with what I have heard about the screening, I won't be surprised if the instruments they use are reused for other people. I am afraid that maybe, the same will be done for my wife and she'll come back home with an infection she didn't bargain for. I explained it to her, and she decided to find out more about it. [Lamptey]

Concerns about the exposure of wife's nakedness

Every man is concerned in areas where his wife is to be seen by another man. Hence, participants also expressed the same worry as a factor preventing them from supporting women to do CCS.

I am very concerned, because it is not comfortable letting another person see your wife's private part, apart from a midwife. The thought of that alone prevents me from agreeing to the idea of her getting screened by a man. So, I would prefer it was done by a female alone. [Okyer]

I have heard that some doctors use that as a way to get into affairs with people's wives since the screening gives them the opportunity

to see the woman's nakedness. I don't think I will be okay with that. [Koranteng]

Although some participants objected to the screening because it exposed their partners' private parts, others co-operated because they thought they had no other option.

If it is a female, I'd be glad, but if it is a male and that is the only option, I will let my wife do it. [Boye]

Discussion

Men's views about CC and CCS

In the present study, many men believed CC only affects women, leading them to think they have no role in its prevention or management. Some men also believed that women are better equipped to handle issues related to female health, limiting their involvement in supporting their wives. Another study¹⁵ found that most men expressed a lack of interest in CC and were embarrassed to talk about women's health topics. However, some had fair ideas about the condition but maintained irrational indifference. These findings highlight the need for increased education on women's health to encourage men's involvement in preventing CC.

Despite the common belief among men in the study that CC is primarily associated with females, their support for CCS was considerable. This support stemmed from their understanding of the screening's efficacy in preventing transmission from females to males. The increased support for CCS, despite the initially poor perception, can be attributed to the deep love that the men held for their wives, as well as cultural influences. They explained that an undiagnosed woman may transmit the disease through sexual intercourse, causing deadly diseases that may affect vital organs and lead to death. These men endorsed the need for their wives and females to screen for CC. In other studies,^{16,17} men perceived that they could transmit human papilloma virus (HPV) to females during sexual intercourse, leading to complications like CC.

The support for CCS, despite the prevailing negative perception among the majority of men in the study, was rooted in their belief that it was their responsibility to safeguard their wives' health. This sense of responsibility motivated them to actively participate in the process, including accompanying their wives to the hospital for screening. They felt that men play a crucial role in their partners' decision to screen and should provide full support and consent. Similar findings showed that 77.9% of participants considered it important to accompany their spouses for emotional support during screening.¹⁸ Men who feel a sense of duty and care for their wives are more likely to encourage them to undergo CCS.

Attitudes and intentions of married men toward CCS

Men in the study set reminders or called their wives to remind them of the screening period, showing their intentional support. They picked suitable times to accompany their wives, as many participants in a Washington State study were motivated to make appointments after receiving reminders, feeling supported and cared for.¹⁹ Thus, studies suggest that reminders are effective in increasing CCS rates.

Half of the participants were motivated to fully support their wives in screening due to their wedding vows, promising to stay by

their partners through all situations. Men would thus support their wives to ensure they remain healthy to avoid breaking their vows. This study is the only literature exploring men's responses to encouraging their partners based on marital vows.

Barriers and myths toward supporting CCS among married men

Some husbands in the study forbade their wives from screening due to perceived risk of injury to the vagina. Some men who initially encouraged their wives later became sceptical due to reports of pain from relatives. Similarly, some studies have revealed that past vaginal examinations were uncomfortable for some women [20–22].

Clinical implications

Encouraging men's support for CCS is crucial, and healthcare providers should recognize and support their efforts. Improved communication skills among healthcare providers can enhance clients' comfort level and dispel misconceptions about CCS. Health education, especially through media campaigns, can help increase male involvement. Health promotion strategies, such as organizing outreach programs, community sensitization, and intensive health education in facilities' Out Patient Department (OPD) and antenatal sessions, can also improve knowledge about CC and CCS. Health education programs in various languages and formats can benefit people with literacy challenges and reach a wider audience.

Research implications

Nurses must provide evidence-based quality care to meet clients' growing needs, and CC research can reduce its burden. Future qualitative and quantitative community-based research involving both genders would be useful for developing targeted interventions to educate men on CC and improve their support for screening. Educational campaigns and interventions targeting men are critical to increasing their awareness of the importance of CCS and their role in supporting their partners. Finding solutions to perceived barriers will help develop strategies to address partner support barriers.

Strengths and limitations

The results may not be applicable to other groups, such as unmarried or older men. Future research could compare perspectives across different groups and combine qualitative and quantitative methods. This study is among the first in Africa to examine men's perceptions and attitudes toward supporting their partners in CCS. Interventional studies could also explore practical ways to involve men in the decision-making process for their spouses' screening.

Conclusions

The study revealed a significant link between men's perceptions and their behavior regarding CCS, with positive attitudes driving increased support. However, various obstacles, such as ignorance, privacy concerns, and enduring myths, hindered some men from effectively supporting their partners in the context of CCS. Nevertheless, despite these challenges, the majority of men in the study remained supportive of their wives by helping to pay for the CCS and accompanying them for the screening. This support was primarily driven by their deep love, personal commitments, and the influential impact of cultural norms.

Author statements

Author contributions

E.O.A., S.A.B, and A. Acquah contributed to conceptualization, data curation, formal analysis, investigation, methodology, project administration, resources, software validation, visualization, and writing, reviewing, and editing the article. M.A.B. contributed to formal analysis, investigation, methodology, resources, software validation, visualization, and writing, reviewing, and editing the article. A.M., A. Adusei, J.K., and E.K.N.S. contributed to investigation, methodology, resources, software validation, visualization, and writing, reviewing, and editing the article.

Ethical approval

Approval of the study was granted by Dodowa Health Research Centre Institutional Review Board (DHRCIRB) with a Protocol ID: DHRCIRB/047/03/22. Written informed consent was obtained from all subjects. All methods were carried out in accordance with relevant guidelines and regulations.

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Competing interests

There is no competing interests for this study.

Consent for publication

Not applicable.

Availability of data and materials

All supporting data have been made available and have been uploaded with the manuscript.

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