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HEALTH BELIEFS ABOUT CERVICAL CANCER AND CERVICAL CANCER SCREENING AMONG WOMEN AT SHAI OSUDOKU DISTRICT

BY

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DECLARATION

I, Evans Osei Appiah declare that this thesis is a product of my original independent research under the supervision of Dr. Florence Naab and Dr. Mary Ani-Amponsah with the exception of published articles with has been duly referenced. I also declare that this work has never been submitted in any form to any other institution for an award or to any journal for publication.

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ABSTRACT

Cervical cancer is one of the leading causes of death among women in Ghana and the world at large. Cervical cancer screening has been proven to be effective in reducing the incidence, morbidity and mortality associated with cervical cancer worldwide. It helps to detect cervical cancer at precancer stage before cancer develops. Despite this, it is not always available in most low- and middle-income countries as compared to high income countries. In countries where it is available it is either expensive, or not covered by the NHIS coupled with other barriers that prevent women from engaging in the screening services. Patronage in cervical cancer screening is low in middle and low income as compared to high income countries due to some barriers including health beliefs of women. The study therefore explored the health beliefs about cervical cancer screening among women at Shai Osudoku District in the Greater Accra Region. Qualitative exploratory descriptive method was employed using purposive sampling technique to select participants. Seventeen (17) women were purposively sampled and engaged in an interview using a semi structured interview guide which lasted for 30-45 minutes. All interviews conducted were audio taped, transcribed verbatim and analysed using thematic analysis. Six major themes emerged based on the constructs of the HBM and two other themes emerged in relation responses of participants. In all, 31 subthemes were formulated. Findings of this study revealed several views women have about CC/CCS including meaning of CC/CCS, severity of CC, women susceptibility to CC, CCS benefits, CCS barriers, cues to CCS, reaction towards CC diagnosis and strategies to overcome CCS. Findings suggest that generally women have inadequate knowledge about CC/CCS leading to low patronage in CCS. Findings of this study have implications for nursing practice and nursing research policy regarding CCS cost, treatment and HPV vaccination, to help increase Utilization of CCS services.

DEDICATION

I dedicate this thesis to my family especially my father who supported me through my MPhil Nursing education.

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LIST OF ABBREVIATIONS

ACOG	American College of Obstetricians and Gynaecologist
ACS	American Cancer Society
CC	Cervical Cancer
CCS	Cervical Cancer Screening
CINAHL	Cumulative Index of Nursing and Allied Health
GSS	Ghana Statistical services
HBM	Health Belief Model
HIV	Human Immune Virus
HPV	Human Papilloma Virus
KBTH	Korle-Bu Teaching Hospital
NHIS	National Health Insurance Scheme
PRO	Public Relation Officer
USA	United States of America
USA	United States Affiliated Pacific Island Jurisdictions
UNFPA	United Nations Population Fund
USD	United Nations Dollars
USPSTF	United states Preventive Services Taskforce
WHO	World health Organization

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background

Cervical cancer ranks fourth in cancers among women worldwide (Ferlay et al., 2015; Torre et al., 2015), and it is the most common gynaecological cancer (Ahmed, Sabitu, Idris, & Ahmed, 2013; Torre et al., 2015) causing more than 270,000 deaths worldwide each year (Paul et al., 2013). It is one of the topmost cause of fatalities amongst gynaecological cancers worldwide (Ali et al. 2010). Despite this, there is evidence that cervical cancer screening (CCS) in developed countries has reduced mortalities associated with cervical cancer among women who go for screening early (Huh et al., 2015; Simard, Naishadham, Saslow, & Jemal, 2012).

Knowledge of cervical cancer screening in the USA and its surrounding Islands is high (Akinlotan et al. 2017). In the U.S. Affiliated Pacific Island Jurisdiction, women believed that protecting oneself from getting cervical cancer is a health priority (90.3%) and the same percentage indicated that the Pap test for CCS was the participants' preferred test (Townsend et al. 2014). That study further revealed that 77.8% of their participants have a positive perception of seeking cervical cancer screening. The researchers added that more than two-third of the participants (76.4%) were aware of the guidelines for CCS. Although knowledge about cervical cancer screening among women in the USA and its surrounding Islands is high, some women have negative perceptions, which hindered them from partaking in CCS (Townsend et al. 2014). Some of the negative assumptions held by participants that prevented them from getting CCS done are the high cost of CCS and having a support system. To help overcome these barriers and reduce the high rates of

cervical cancer in the USA, newly designed algorithms were suggested to help increase the interest of uninsured women in the south-eastern United States towards CCS (Baker-Townsend, 2014).

In Canada, most women agreed to go for CCS, but it was discovered that the willingness (or not) to screen may be influenced by a woman's educational level (Ogilvie et al. 2016). The respondents in that study reported that they were not afraid to disclose the results of the screening with their partners and they believed that their partners would accept and understand whatever comes out of the test. They further suggested that awareness of CCS among women should be intensified to help women overcome factors that hinder their participation in CCS. In addition to this, Care (2013) and Maar et al. (2013) discovered that strengthening women's knowledge on CCS and organizing screening services in the community could help increase their participation in the screening. For instance, some participants suggested organizing CCS on special events yearly like "Mother's Day" to increase CCS patronage. In Canada, it has furthermore been reported that some women were engaged in predisposing factors such as sexual contact with different men and smoking, both of which promotes cervical cancer (Smith et al. 2017).

In Ireland, women reported reasons for not participating in Pap smear screening to include it being painful, uncomfortable and embarrassing even though they believe that Pap smear was paramount in identifying cancer cells (Jassim, Obeid, & Nasheet., 2018). Similarly, some negative cultural beliefs were discovered as impediments to CCS in Ireland (Johnson, Mues, Mayne, & Kiblawi, 2008). Meanwhile, in Canada, it was discovered that the level of education, influence from health professionals, friends and partners motivated women to partake in CCS (Smith et al. 2017).

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In less advanced countries, cervical cancer is diagnosed to be common and ranks second among all cancers (Arbyn et al. 2011; Ferlay et al. 2015; Marth et al. 2017); and among women, it has been identified as the leading cause of deaths (Javed et al. 2018; Kadam, Doke, & Mathews, 2018; Sreedevi, Javed, & Dinesh, 2015). It has been recorded that 9 out of 10 women who develop cervical cancer in less developed countries die (Ferlay et al., 2015; Torre et al. 2015)

Mortality and incidence rates of cervical cancer are highest in sub-Saharan Africa, Southeast Asia, Latin America, the Caribbean, and Central and Eastern Europe (Torre et al. 2015). Most Hispanic women are of the belief that cancer cannot be cured, and a diagnosis for this illness is tantamount to a death sentence (Rasul, Cheraghi, & Moghdam, 2016). In Africa, it has been established that about 267.9 million women above the age of 15 are at risk of developing cervical cancer (Lim & Ojo., 2017). However, the rate at which cervical cancer affects women can be reduced by encouraging women to partake in regular CCS (Babazadeh et al., 2018; Manning, 2016; Schlichte & Guidry, 2015).

Cervical cancer can be detected through cervical cancer screening. It is preventable by screening for lesions at initial stages before becoming cancerous (Ahmed et al. 2013; Coldman et al. 2016; Torre et al. 2015; Yang, Soulos, Davis, Gross, & Yu, 2016; Castle, Feldman, & Perkins, 2018; Ragan, Buchanan Lunsford, Lee Smith, Saraiya, & Aketch, 2017). Sadly enough, it is seldom provided and rarely utilized (Ahmed et al. 2013). Screening for cervical cancer has been linked with a significant reduction of fatalities associated with it in developed countries due to early detection of the condition (Schiffman & Wentzensen, 2017; Vaccarella, Laversanne, Ferlay, & Bray, 2017). Hence to prevent pre-cervical cancer from becoming invasive, one should engage in screening and other preventive treatment modalities (Aranda et al. 2017). American College of

Obstetricians and Gynaecologist (ACOG), America Cancer Society (ACS); United States Preventive Services Taskforce (USPSTF) has proposed that women should begin CCS thus HPV testing at 21 years of age, regardless of age of their first sexual intercourse or vaccination status (Braun, 2015; Lees, Erickson, & Huh, 2016; Schlichte & Guidry, 2015; Tseng, Spinelli, Dawes, & McBride, 2017).

Kuguyo et al (2017) posited that the burden associated with malignancy of cervical cancer is still on the increase in Zimbabwe. According to them, the rise in the cervical cancer fatalities in Zimbabwe is as results of the prevalence of HIV and inadequate resources for CCS. It was attributed to the decreased patronage in CCS among women aged 20-24 (Castanon & Sasieni, 2018). It is therefore important for health staff to understand the decision of women in relation to CCS to enable healthcare providers to guide women towards deciding on going for CCS (Chang et al. 2017; Tung, Lu, Granner, & Sohn, 2017). The authors added that some women make positive decisions regarding cervical cancer screening by considering factors that serve as a barrier as well as factors that facilitate women to go for CCS. They further suggested that women who make negative decisions about cervical cancer screening, unfortunately, do not consider other benefits.

In Nigeria, cervical cancer is ranked first among all gynaecological cancers and the second in terms of frequency among all cancers in Nigeria that causes deaths among women (Akinde, Phillips, Oguntunde, & Afolayan, 2015; Okunowo et al., 2018). Findings from those studies further revealed that most Nigerians had poor knowledge about the clinical manifestations and predisposing factors of cervical cancers. Despite this, they found again that only a few of their respondents had the perception that they were susceptible to cervical cancer. In contrast to the findings above, Ibrahim and Owoeye, (2013) revealed that women in Nigeria are more knowledgeable about cervical cancer than

CCS. The results established that students had higher knowledge than the staff at Niger Delta University. The authors added that Pap smear was commonly known method than other screening methods. The researchers further suggested that the more knowledgeable women are about cervical cancer screening, the more likely they are to make screening visit and to adhere to recommended follow up. They further reported that, 50-90% of women who have been diagnosed of cervical cancer in Nigeria have never been screened against cervical cancer (Ibrahim & Owoeye, 2013) and reasons cited for not partaking in the screening includes: lack of awareness, inadequate access, exam discomfort, fear of finding cancer and logistical issues associated with obtaining screening. Furthermore, the parts of Nigeria where screening services are offered, other factors such as domestic responsibilities, absence of obvious symptoms, fear of partners reaction, financial problems, being tag as promiscuous, unfriendly attitude of health-workers to women were identified to impede cervical cancer screening uptake in Nigeria (Ofi, 2012; Glanz, Wright, Faseru, Kuyinu, & Faduyile, 2011).

In Kenya and Somalia, the cues to action that influenced women to seek cervical cancer screening uptake were women whose relatives died of cervical cancer, mass media, as well as women who were encouraged by health workers or family members to go for screening (Ngugi, Boga, Muigai, Wanzala, & Mbithi, 2012; Salad, Verdonk, De Boer, & Abma, 2015; Were, Nyaberi, & Buziba, 2011). Similarly, Ackerson, Zielinski, and Patel, (2015) discovered that some cues such as beginning sexual intercourse at an early age and those in long term relationship influenced women to go for routine CCS.

In Ghana, cervical cancer is the primary source of cancer deaths among women (Abotchie & Shokar, 2009; Adanu, 2002) and the commonest gynaecological malignancy seen at the Korle Bu teaching hospital (Adanu, 2002; Nkyekyer, 2000) but little is known about Ghanaian women's beliefs regarding cervical cancer screening (Abotchie & Shokar,

2009). Statistics have shown that 7 million and 8.57 million women above the age of 15 years are predisposed to cervical cancer in Ghana (Aboagye, 2017; Akugri, 2017; Nartey et al. 2017). Pap smear test and visual inspection with acetic acid are available at public and private hospitals in Ghana but only 2.7% of Ghanaian women obtain cervical screenings regularly (Williams & Amoateng, 2012a)

Again, Adanu et al. (2010), showed that the cues to action influencing women in Ghana to go for CCS are high educational level, high socioeconomic status and history over the past month of postmenopausal or inter-menstrual bleeding. A more recent study in Ghana identified radio campaigns, being referred by a doctor and fear of getting CC as the factors that motivate women to go for CCS (Ebu & Mupepi., 2015).

Furthermore, Williams and Amoateng (2012) found that some women in Ghana refuse to patronize cervical cancer screening due to some myths they have about cervical cancer, false beliefs about cervical cancer screening, being denied screening by their partners, cultural taboos, and stigma associated with women diagnosed with cervical cancer. Recently, some women in Ghana were of the belief that more women would go for cervical cancer screening if they are educated through mass media, more cervical cancer screening centres are set up, mass HPV vaccination done in Ghana, and migrating cervical cancer screening cost unto the NHIS (Ziba, Baffoe, Dapare, Shittu, & Antuamwine, 2015).

The World Health Organization (WHO) has predicted that5000 new cases of cervical cancer would be diagnosed and 3,361 lives would be claimed in the country as a result of cervical cancer (Mensah, 2016; Siegel, Miller, & Jemal, 2016; Torre et al. 2015). It is, therefore, necessary to identify various health beliefs of women regarding cervical cancer screening to help address this issue. The constructs of the health belief model will guide the understanding of cervical cancer screening among women at Shai Osudoku District.

1.2 Problem Statement

Cervical cancer is a problem of increasing magnitude in developing countries and the most common cancer among women in Ghana (Nartey et al., 2017). Even though the population of people living in Kumasi is higher than that of Accra, that is 4.7 million and 4 million respectively (World Population Review, 2018), Nartey et al (2017) established that the incidence of cervical cancer in Ghana is higher in Greater Accra Region than the Ashanti Region. For instance, most women with cervical cancer in Accra present late to the hospital when the damage has already occurred (Adanu., 2002). Recently, it was found that over 90% cervical cancer cases presented in health facilities in Ghana tend to be at the advanced stage (Binka, Doku, & Awusabo-Asare, 2017) making treatment difficult.

Cervical cancer affects the roles of women in the society which includes: sustainable development, contributing to thriving families, building more resilient communities, and powerful drivers of economic development (Aranda et al., 2017). Ghana's female population from 1995 to date, according to the World Population Review report in 2018, has always been higher than the males' population.

Similarly, the Ghana Statistical Service (2014) report has uncovered that the Shai Osodoku District has a population of 96,809 persons of which 46,550 (48.2%) are males and 50,259 (51.8%) are females. It is, therefore, necessary that more research works are done in relation to CCS and new strategies are developed to get more women to partake in CCS. This will help in early detection of cancer cells (Labeit, Peinemann, & Kedir, 2013; Castle, Feldman, & Perkins, 2018; Ragan, Buchanan Lunsford, Lee Smith, Saraiya, & Aketch, 2017) in order to preserve the lives and roles of these women.

In contrast to the above, one study found that cervical cancer screening is not universally available (Schlichte& Guidry, 2015) and according to UNFPA, (2016), the few institutions where these services are available, CCS is too costly for many women to

afford. Shai Osudoku District in Ghana where the study was conducted per the Poverty Mapping Report by the Ghana Statistical Service in 2015, reported that it is the poorest District among all Districts in the Greater Accra Region. Since CCS is costly and not covered by the NHIS, it is expensive for these women to afford even if they are willing to. Buttressing this, it has been suggested that women who are poor and do not have NHIS are at greater risk of developing cervical cancer (Siegel et al. 2016).

Availability and access to CCS in less developed countries is limited as compared to the developed countries (Lee, Kang, & Ju, 2016). In Ghana, there is no national screening program for cervical cancer (Handlogten et al. 2014). Even though a few hospitals in the country are performing CCS, it is not done in most districts and rural communities in Greater Accra where most women of low socioeconomic status live.

Again, the beliefs of women in Ghana greatly influence their decision to or not to partake in CCS services (Abotchie & Shokar, 2009). For instance, some Ghanaians believe that illnesses come as a result of a curse (Gyekye, 1995; White, 2015) and hence will consider spiritual and traditional intervention for their healing as a priority, before resorting to medical interventions. These false beliefs could lead to low participation of Ghanaians in CCS services and late presentation of women with cervical cancer to the hospital. Due to underreporting of women to the hospital, the true incidence of cervical cancer in most African countries has not been documented (Ibrahim & Owoeye, 2013). This implies that the true seriousness of cervical cancer will not be known for the necessary action to be taken towards cervical cancer prevention.

Low patronage in cervical cancer screening by women is attributed to factors such as the feeling of apprehension, bashfulness, physical limitations, some cultural or religious beliefs and lack of access to health care services (Braz et al. 2017). Some women in Ghana

were of the belief that Pap smear screening is painful and takes away their virginity (Abotchie & Shokar, 2009).

Personal experience at Korle-Bu Teaching Hospital in 2018 reveals that most women only come for screening upon referral by a doctor. The cost for screening even though has been reduced to 60 Ghana cedis (12.51 US Dollars) at Korle-Bu Teaching Hospital, the cost for vaccination for women whose results prove negative is still high (costing 180 Ghana cedi that is 37.54 USD per each shot and a female adult has to take three shots in all amounting to 420 Ghana cedis that are 87.59 USD). In Ghana, most women are poor and, as such, cannot meet the expense of screening services (Kloku, 2014).

Few studies have been done concerning the health beliefs of women with regards to cervical cancer screening in Ghana (Abotchie & Shokar, 2009). Limited studies in Ghana have used the health belief model as a guiding framework for their studies. No study with regards to CCS has been done in Shai Osudoku Ghana where this study was conducted. Some researchers have revealed that some Ghanaian women have certain misconceptions about the cause of cervical cancer such as poor eating habits, infertility, immoral lifestyles, and wound from cuts (Williams, Kuffour, Ekuadzi, Yeboah, Duah, &Tuffour, 2013).

Furthermore, communication and language barriers have been identified as an obstacle to CCS patronage (Abdullahi, Copping, Kessel, Luck, & Bonell, 2009; Ghebre et al. 2015). In addition, findings of a research that was done by Suarez, Roche, Nichols, and Simpson, (1997) showed that women who cannot express themselves well in English, have deficient knowledge about cervical cancer thereby serving as a barrier against partaking in screening services. It is obvious that health beliefs may have influence in the

low uptake on cervical cancer screening among women in Ghana, yet little is known about this in Ghana. In the Shai Osudoku District, it is not clear why women do not patronize CCS.

It is therefore pertinent that health beliefs regarding cervical cancer screening are explored among women at Shai Osudoku District, Accra, Ghana using the Health Belief Model as a guiding framework (Hoque, Ghuman, Coopoosmay, and Hal, 2014)

1.3 Purpose of the study

The purpose of this study is to explore the health beliefs about cervical cancer screening among women in Shai Osoduku District, Greater Accra Region, Ghana.

1.4 Objectives

The specific objectives were to;

1. Assess the knowledge of women on cervical cancer screening
2. Identify women's perception of their susceptibility to cervical cancer
3. Identify the perceived severity and threats about cervical cancer
4. Examine women's perceived benefits of cervical cancer screening
5. Describe the perceived barriers towards cervical cancer screening among women
6. Determine the cues influencing women in seeking cervical cancer screening

1.5 Research Questions

1. What is the knowledge level of women on cervical cancer screening?
2. How do women perceive cervical cancer in terms of its severity and susceptibility?
3. What perceived threats do women have regarding cervical cancer screening?
4. What is the perception of women on the benefits of cervical cancer screening?

5. What do women know about the barriers affecting cervical cancer screening decision making?

6. What are the cues that influence women to go for cervical cancer screening?

1.6 Significance of the Study

It is anticipated that the findings will create awareness and increase the knowledge level of Ghanaian women on cervical cancer screening. The findings would help change some negative beliefs and misconceptions about cervical cancer screening to help increase patronage of the screening.

The study will assist nurses and other healthcare workers to know the reasons why most women are not willing to be screened for cervical cancer. This information could help caregivers position themselves to find solutions to the issues that create controversies and misunderstanding among women encountered in health settings.

1.7 Definition of Terms

Beliefs: women perceptions or ideas about cervical cancer screening

Women: Females age 18 years and above

CHAPTER TWO

2.0 THEORETICAL FRAMEWORK AND LITERATURE REVIEW

In this chapter, both the guiding framework and relevant articles relating to this study has been discussed. This chapter explains the Health Belief Model (HBM), describes the assumption of the HBM and application of the HBM to the current study. Both qualitative and quantitative Studies on cervical cancer screening are reviewed in this chapter. The literature is organized based on the objectives of the study and the constructs of the health belief model.

2.1 The conceptual framework of the Health Belief Model

Theories serve as a foundation for forming policies to help modify individuals' behaviour (Michie, Johnston, Francis, Hardeman, & Eccles, 2008). In order to help change women's behaviour and attitude towards cervical cancer screening, several models were considered, namely; theory of planned behaviour (Fishbein & Ajzen, 1988) which was modified from the theory of reasoned action (Fishbein & Ajzen, 1975). The constructs were not relevant to the study because the researcher was not interested in the attitude and intentions of women towards cervical cancer screening. Social learning theory by Albert Bandura (Bandura, 1977) focused on helping an individual to change behaviour through the process of observation, imitation, and modelling (Bandura, 1965). This theory was not used by the researcher because it did not consider the individual health beliefs affecting behaviour change. The researcher therefore finally settled on the Health Belief Model which has all the constructs that are useful to the understanding of beliefs regarding CC/CCS. (See figure 2.1)

HEALTH BELIEFS ABOUT CERVICAL CANCER AND CERVICAL CANCER SCREENING

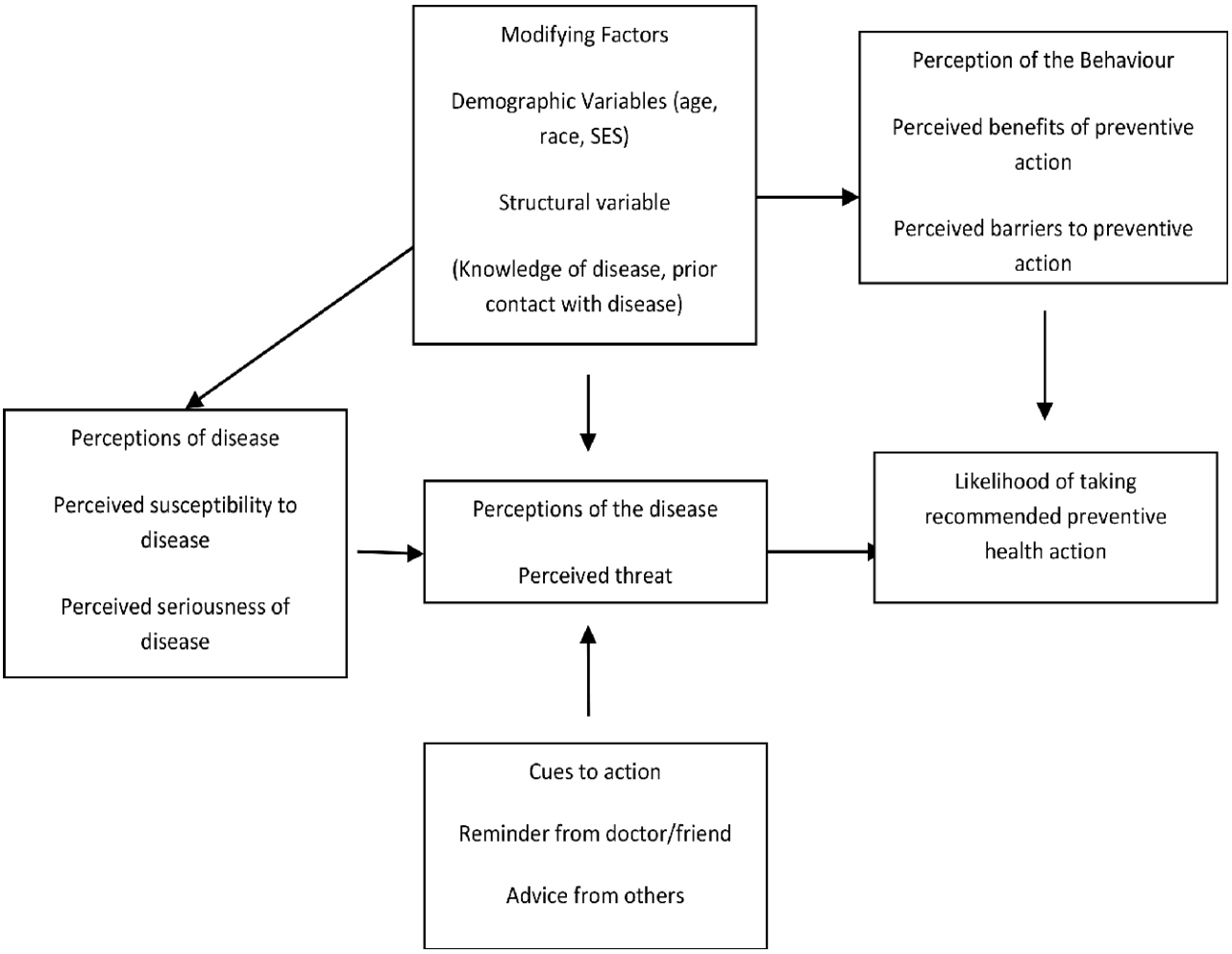

Figure 2.1: The HBM by Hoque, Ghuman, Coopoosmay, and Hal, (2014).

HBM was formulated in the year 1950 (Prentice-Dunn & Rogers, 1986; Rosenstock, Strecher, & Becker, 1994) to examine individual beliefs and behaviour (Burak & Meyer, 1997). Julinawati, Cawley, Domegan, Brenner, and Rowan, (2013) expounded on the HBM in 1966 and its association with CCS barriers to help identify measures to counteract the identified barriers. It helps to identify factors that prevent people from partaking in screening activities (Austin, Ahmad, McNally, & Stewart, 2002; Glanz, 2008) and used as a guiding framework to increase patronage in CCS programs (Mabeya, 2018; Nelson, 2015; Pieterson, 2017). The health belief model has four main constructs; perceived vulnerability to a health condition, perceived severity of a disease condition, perceived benefits of the recommended solution and perceived barriers to

partaking in available screening services to guide oneself against a disease condition. Later, cues to action and self-efficacy were added. The constructs are described as follows perceived susceptibility: the degree at which a person classifies himself or herself as prone to certain diseases; perceived severity: the views held by an individual concerning how serious a disease is; perceived benefits: opinion held by a person on the ability of screening programs or course of action to help prevent a condition; perceived barriers: a belief held by an individual to serve as an obstacle against a particular course of action being it financial, material or psychological; and cues to action: that is what an individual considers to positively influence him or her to take an action towards preventing a condition (Oliver, Ewell, Nicholls, Chapman, & Ford, 2016). A new construct known as self-efficacy was later identified which is described as the courage one has to allow himself or herself to be screened against a condition (Salari & Filus, 2017).

2.1.1 Assumption of the HBM

Three assumptions of the HBM in relation to implementing expected health-related actions were identified and elaborated on by Amason and Lee (2016) and Tarkang and Zotor (2015). According to the authors, the first assumption suggests if a person perceives that a disease can be prevented, then the individual will take precautionary measures to avoid it. They explained that this cause could be achieved by helping the public gain more knowledge in a particular condition. According to them, after the individual has gained adequate knowledge of the condition, they would be self-motivated to take positive action to avoid diseases.

It is suggested by the second assumption of the HBM that an individual will take action towards achieving the expected outcome if that person believes that a particular action can help protect him against acquiring a serious condition. The health benefits of avoiding that particular condition should be made known to the individual involved; this is

because if an individual sees no need in avoiding a condition, it will be difficult for a person to take up an action to protect himself or herself against it.

Finally, this model assumes that an individual will take action if he or she sees himself or herself as capable in preventing a particular condition. It is, therefore, necessary that the public is assisted in gaining more knowledge on their health to help motivate them and increase their confidence in taking the recommended action.

The Health Belief Model has been widely used to examine the effect of a person's belief on his or her health behaviour (Khorsandi, Fekrizadeh, & Roozbahani, 2017; Rahmati Najarkolaei, Tavafian, Gholami Fesharaki, & Jafari, 2015). Few studies have used the HBM as a guiding framework for cervical cancer screening among women in the country. The few studies that the researcher was able to retrieve on the internet search where HBM was used in guiding their study, the majority of them were quantitative studies. The researcher, therefore, employed HBM as a guiding principle to help examine the detailed description of women beliefs in Ghana, concerning cervical cancer screening using a qualitative approach.

2.1.2 Application of the HBM to this Study

This discussion is based on the constructs of the HBM as well as the assumptions. The first construct considered was perceived susceptibility. The study sought to find out from participants whether they view themselves as susceptible to getting cervical cancer. This is because if they view themselves as prone to getting cervical cancer, they will partake in CCS in order for them to be sure they do not have cervical cancer and to protect themselves against it.

The second construct of the model considered is perceived severity of the health problem. Based on this, the researcher sought to find out from his respondents their views

on how serious or deadly cervical cancer is. This is because, if respondents perceive cervical cancer as deadly, they will put up measures to protect themselves from contracting it; likewise, if it is seen being normal like any other minor ailment, they may not bother patronizing available screening services.

The model also looked at perceived benefits. The researcher found from respondents whether they know about various cervical cancer screening options available in the country and its possibility in early detection of cervical cancer at the pre-cancerous stage before cancer occurs. This is because, if respondents have the perception that CCS is beneficial, they will partake in it to prevent themselves against cervical cancer.

Moreover, under the constructs of perceived barriers, some researchers have identified several barriers that prevent women from seeking cervical cancer screening; hence the researcher used the model to elicit information from women in Shai Osudoku District as to whether there are barriers to seeking cervical cancer screening, what the barriers are, and how they intend to overcome these barriers.

Finally, the cues that influenced women who have undergone cervical cancer screening, as well as those who intend to go for the screening were elicited. The researcher will explore the views of participants with regards to the motivating factors increasing CCS patronage.

2.2 Literature Review

This chapter is a review of relevant research works related to this study under the various objectives that have been set. The databases where the literature was identified were CINAHL, Google Scholar, PubMed, Medline, Scopus, and Science Direct. Keywords used in searching for the articles were CCS, knowledge on cervical cancer, health beliefs and CCS, perceptions, awareness of cervical cancer, beliefs, misconceptions

about cancer screening, incidence, and prevalence of cervical cancer. This chapter is discussed under the main objectives of the study set forth below.

2.2.1 Knowledge on cervical cancer and its screening

Studies conducted in the United States have shown that knowledge of cervical cancer screening among women is high (Townsend et al. 2014). For instance, Akinlotan et al. (2017) in Texas among 433 women found that only 3.2% of the participants did not know about factors that make women susceptible to cervical cancer, which implies that the majority thus 96.8% were knowledgeable about the predisposing factors of cervical cancer. Over 70% of these respondents knew that women who engage in sexual intercourse without condom use and those infected with STD stands at a greater risk of contracting cervical cancer. Furthermore, more than half (60.5%) were aware that women who have sex with different men have a greater risk of getting cervical cancer. Moreover, findings of Shiferaw et al. (2016) among women diagnosed with HIV in Ethiopia showed that, although more than half of their respondents (71%) have heard of cervical cancer, only a few among this number knew about the causes and treatment of cervical cancer. A few participants (33%) were able to identify a treatment type for cervical cancer.

Obročníková and Majerníková (2017) found that women in Slovakia, Europe had inadequate knowledge on cervical cancer since only a few of the respondents (28%) were aware of the mode of transmission of HPV. Despite this, the majority of the participants, 84% were of the belief that cervical cancer could be prevented by gynaecological examination (90%), and Pap smear screening (83%). Similarly, Jassim et al. (2018)reported that most of their respondents (65%) were aware of Pap smear cervical cancer screening as a cervical cancer screening method. However, Belachew et al. (2018) in Ethiopia identified among women living with HIV that just few 21.2%were aware of the role of cervical cancer screening in the prevention of cervical cancer. Similar to this, it

was identified that close to half of women who participated in a study did not know about Pap smear screening, however, they were willing to participate in it (Tokuc, Eren & Saraçoğlu, 2017).

Some clinical manifestations of cervical cancer listed by respondents of Obročníková and Majerníková (2017) are abnormal discharge from the vagina (48%), metrorrhagia (43%) and painful coitus (33%). The source where women get their information on cervical cancer and cervical cancer screening are gynaecologist (51.5), relatives and friends (18%), and the media (13.4%), cells (Jassimet al. 2018). The results of Oluwole, Mohammed, Akinyinka, and Salako, (2017) and Babatunde, Olusola, Olusegun, and Sunday, (2017) showed that most of their respondents were informed about cervical cancer and its screening on the media and by health workers respectively. In addition, the majority of respondents of Abulizi et al. (2018) listed television as a type of media they were informed about cervical cancer screening, followed by their neighbours and few of them listed health workers. Another study was done by Modibbo et al. (2016) in Nigeria reported poor knowledge about signs and symptoms of cervical cancer among women. Some wrong responses by some respondents were abdominal pain and back pain even though a few of the participants knew that painful sex and heavy bleeding could be exhibited by women with cervical cancer.

In China, some students have established that the incidence of cervical cancer among women living in their rural areas is high (Song, 2017). Despite this, it has been shown that knowledge of CCS among these women is low (Di et al. 2015; Liu, 2017). Women in rural areas of China are less likely to have Pap smear screening tests done than those in urban areas (Wang, 2015). Abulizi et al. (2018) found that only 7.4% of their respondents have undergone Pap smear for cervical cancer screening and the majority of these women did not see the need to partake in this screening. It was identified that women

who are more knowledgeable about cervical cancer will be more willing to engage in cervical cancer screening (Jia et al. 2013). Furthermore, it was identified by Grigore, Popovici, Pristavu, Grigore, Matei, and Gafitanu (2017) that women living in rural areas and with low socioeconomic status knew little about Pap smear screening, and early detection of CC thereby leading to low patronage in CCS.

In Africa, detailed knowledge on cervical cancer and its screening is said to be low (Ogbonna. 2017). That study found that the respondents were more knowledgeable about cervical cancer screening than cervical cancer that is, 38.2% and10.8% respectively. This is supported by findings of Mofolo et al. (2018) which revealed that only a few of their respondents 15.4% knew that cervical cancer is caused by a virus even though they were aware that the cervix is the part of the human body it affects. Williams and Amoateng (2012) established based on their findings that most women in Ghana are not aware of the role of cervical cancer screening in the prevention of cervical cancer. In addition to this, Maree, Lu, and Wright (2012) found that most women in South Africa lack knowledge about CCS and only 3% believed that Pap smear screening for cervical cancer can protect a woman against cervical cancer.

Moreover, Abotchie and Shokar (2009) unravelled that most Ghanaian women did not know of the various cervical cancer screening methods available in Ghana and out of 140 students used only 7.9% of the respondents knew that HPV can cause cervical cancer. Despite the fact that women in most African countries have low knowledge about cervical cancer and CCS, a study identified that women in most African countries have positive attitudes towards CCS Mulatu et al. (2016).

In contrast to the above, some studies in African countries shows that women in Africa have high knowledge of cervical cancer screening (Mutambara et al. 2017; Tapera.

(2017). The majority of respondents from Dulla, Daka, and Wakgari's (2017) study in Ethiopia among female health workers had good knowledge on cervical cancer and its screening: that is, (86.9%) and (77.1%) respectively. Those who knew about cervical cancer screening methods were aware of the fact that the screening can help to detect changes in the cervix before it becomes malignant. Participants were highly knowledgeable on the predisposing factors to cervical cancer (89.6%), clinical manifestations (87.5%) and cervical cancer prognosis (80.4%), however, only 11.4% of the participants had done cervical cancer screening. Findings of Okunowo et al. (2018) in Nigeria revealed that more than half of their respondents are aware of Pap smear screening method for cervical cancer screening. Furthermore, Ogbonna (2017) found that those female African students from the Sub Saharan Region are knowledgeable about cervical cancer thereby positively influencing their screening rate.

Participants of Okunowo et al (2018) indicated that knowledge of cervical cancer and its screening methods can be influenced by knowing someone who is diagnosed with cervical cancer. They further found a positive correlation between a person's educational level, knowledge on cervical cancer and its screening method even there was no influence of educational level on cervical cancer screening uptake Similarly, Ogbonna (2017) and Akinlotan et al (2017) identified that a woman's educational level can positively influence her knowledge on cervical cancer and cervical cancer screening patronage. In Nigeria, Oluwole, Mohammed, Akinyinka, and Salako, (2017) found that more than two-thirds of the respondents (85%) had not heard about cervical cancer, which leads to low turnouts in cervical cancer screening uptake (13.3%). However, the majority of the respondents (86.7%) were willing to visit the cervical cancer screening centre for cervical cancer screening. Moreover, Babatunde, Olusola, Olusegun, and Sunday, (2017) in Nigeria exposed that very few of the respondents 6.5% and 4.8% knew about cervical cancer and

CCS respectively. Only a few of the respondents (2.3%) knew that cervical cancer has an association with a virus whilst the majority of them linked cervical cancer to a spiritual cause, contaminated water, and not maintaining one's hygiene.

2.2.2 Perceived Benefit of CCS

Findings from Jassim et al. (2018) showed that 64% of their respondents believed that Pap smear was helpful in detecting pre-cancer and cancer of the cervix, 44.3% believed that they should have a Pap smear at least every 3 years, and 67.7% knew that the purpose of the Pap smear was to detect abnormal cells in the cervix. Moreover, Nardi, Sandhu, and Selix, (2016) found that a Pap smear for CCS is most effective in finding pre-cervical cancer cells before becoming malignant. They acknowledged that Pap smear screening has been able to reduce the prevalence rate of cervical cancer in the USA. Similarly, Ibekwe, Hoque, and Ntuli-Ngcobo (2011) ascertained among women in Botswana that more than two-thirds (87%) were of the view that cervical cancer screening is necessary and three quarters (75%) proposed that it can help to detect changes in the cervix before it becomes malignant. Most of the respondents (84%) concur that detecting early changes in the cervix will make it easier for it to be treated although this result did not positively influence their willingness to partake in the screening.

Similar to the above, Leung and Leung, (2010) revealed that their respondents knew about the benefits that are associated with engaging in regular cervical cancer screening. These respondents knew the link between lifestyle modification and its impact on cervical cancer. Among the various screening method identified women, Yakout, (2016) found that most of the respondents 50.3% listed Pap smear screening as the most effective method in detecting cervical cancer early. Despite this, the study revealed a low participation rate in CCS leading to late presentation of women with cancer to the health facility. Some women who viewed cervical cancer screening as beneficial and participated

in it reported reduced anxiety levels and been filled with pleasure after CCS test (Korfage, Ballegooijen, Wauben, Looman, Habbema, & Essink-Botc., 2012). They further added that they were encouraged to engage in health practices after their results were negative.

American Cancer Society (2016) established that the most effective means for detecting cervical cancer early is through cervical cancer screening (Torre et al. 2015). They added that noticing it at the early stage will make it easier to manage it. This was supported with the fact that Pap smear screening has been able to reverse over 50% of cervical cancer in the U.S in the last 30 years. They recommended that the Pap test is necessary for all women of 21 years onwards and should be done together with HPV testing every 5 years starting from age 30.

In England, Landy, Pesola, Castañón, and Sasieni (2016) reveal that getting involved in CCS regularly can help curtail stage 1 cervical cancer and (67%) and (95%) of advanced cancer. They found in their study that cervical cancer screening can help avert about 70% of mortalities associated with malignancies of the cervix in England if all women in England were to patronize in cervical cancer screening on regular basis. A similar result was found by Abotchie and Shokar (2009) in Ghana where respondents believed that it was beneficial for them to engage in Pap smear screening and the majority were of the view that cervical cancer prognosis will be better if detected early, and a majority believed that treatment will be easier if detected early. Based on this, some studies have proposed the need for health workers to discuss cervical cancer screening and its benefits with their patients (Lunsford, Ragan, Smith, Saraiya, & Aketch., 2017).

In addition, Ibekwe, Hoque, and Ntuli-Ngcobo (2011) in Botswana found that 87% their participants knew of the necessity of cervical cancer screening but this results did not influence the possibility to partake in cervical cancer screening. Despite this, some

participants (62%) of Yakout, (2016) did not see the need for pap smear screening for women thereby leading to late presentation to the health facilities in Egypt.

2.2.3 Perceived Barrier to CSS

Marlow, Waller, and Wardle (2015) listed the following factors as impediments to cervical cancer screening; apprehension, humiliation, feeling unease, limited time, not having obvious signs of cancer and not viewing themselves as susceptible. Abotchie and Shokar (2009) found that from among their participants that the principal barrier to cervical cancer screening was a misconception that it is done purposely to diagnose cancer and not to prevent cervical cancer. Other factors identified were fear that their husbands will not permit them to go for the screening (40.6%), fear that the screening cost will be expensive (23.2%), inability to identify cervical cancer screening centre in the country (24.3%), belief that they will be seen as not faithful or spoilt (24.6%), and the false perception that it causes pain (9.4%). It has been established that to help women overcome these obstacles to cervical cancer screening, there is a need to strengthen education on CCS (Marlow, Waller, & Wardle., 2015). It was found in Columbia that most females who have not done CCS fall within the ages of 60 to 65 years (Crawford, Benard, King, & Thomas., 2016).

In addition to the above hindrances to CCS, Dulla et al. (2017) in Ethiopia discovered that fear of what will come out of the results and not knowing about what cervical cancer and its screening are about will hinder women from partaking in CCS. Akinlotan et al. (2017) and Lunsford et al. (2017) added that some women might not want to go for CCS based on the presumption that they might be screened by a male health worker who will see their nakedness. Other obstacles reviewed were a financial constraint (61.6%), fear that the results may reveal cervical cancer (53.1%), followed by being anxious about the procedure (38.7%), humiliation attached to screening (25.6%), fear that

it would be painful (23.6%). Moreover, Bukirwa et al (2015) unveiled that, false beliefs that the ovaries and womb of a person would be removed during the screening process, fear that it will cause pain, fear of exposing their nakedness, not being susceptible to CC, belief that they might waste a lot of time at the health facility during screening, lack of reminders and lack of encouragement and appreciation by health personals as impediments to CCS .

Furthermore, Urrutia and Poupin (2015) found that the main reason why women refuse to patronize cervical cancer screening was a postponement of the screening. They further identified the feeling of humiliation and not having time as a barrier to CCS. Socio-cultural, religious factors and paucity of CCS centres have been discovered to serve as an obstacle towards CCS (Salem, Amin, Alhulaybi, Althafar, & Abdelhai., 2017; McFarland & Gueldner. 2016). Jia et al (2013) added that some women will want to see obvious signs and symptoms of cervical cancer before partaking in CCS. Similar results were found by McFarland and Gueldner, (2016) found that women would be prevented from engaging in CCS if they have the perception that CCS test should be done only if they have obvious manifestations. Lunsford et al (2017) found that other factors that discourage women from engaging in CCS are; high charges for cervical cancer screening, negative reactions from husbands of these women, far distance to screening centres, and the worry that speculum inserted in the vagina can cause them to be barren

Crawford, Benard, King, and Thomas (2016) found that most females in Columbia who have not had cervical cancer screening done due to the barriers mentioned above fall within the ages of 60 to 65 years (27.6%). The alarming issue about this was that these same women were engaged in certain factors that predispose them to cervical cancer. Some of these factors identified were BMI of 30 and above (37.3%), being single (16.2%), cigarette smoking, and low income below$10,000 (11%). Modibbo, et al.(2016)

discovered that the following factors can serve as a barrier to cervical cancer screening; lack of awareness, being screened by male counterparts, fear of being told they have cancer, tendency of being maltreated by health workers, and the need to ask their husbands permission before partaking in the screening. Furthermore, ignorance about the screening, low educational status of women, financial difficulties, fear that their results will be positive and belief that participants were not at risk to cervical cancer was identified as factors that led to low patronage in CCS (Ndikom & Ofi, 2012).

It was discovered by participants of Momberg, Botha, Merwe, and Moodley (2016) with regards to CCS barriers that negative feelings by some community members with regards to CCS referrals and lack of encouragement by friends to engage in the screening are some of the factors that hinder women in South Africa from engaging in CCS. Khan and Woolhead (2015) identified that the perception that CC affects women who are promiscuous, apprehension women have for the screening, the feeling that it is painful, feeling of embarrassment during the screening and some cultural factors are the barriers that lead to low patronage in the cervical cancer screening. Again, participants of a study by Anisah, Paim and Samah (2013) found that the fear that the genitals will be exposed during CCS serves as a barrier to some women seeking CCS. Other forms of embarrassment indicated by participants were the sex of health personals and being shy of having issues with their genitals. The fear that something bad will come out of cervical cancer screening scared some women in India from participating in CCS (Rahman & Sumit, 2015). Some other challenges detected with regards to CCS were inadequately trained health professionals to contact the screening and difficulty experienced by some health personals to break a positive CCS results (Kivuti-Bitok, Pokhariyal, Abdul, & McDonnell 2013).

2.2.4 Cues influencing women to partake in CCS.

Peralta, Holaday, and Hadoto (2017) discovered in their study that the main factor influencing women to go for cervical cancer screening is, reading about cervical cancer and its screening on the media (67%). Other external factors that were identified are being asked by a person's mother (63%) to go for the screening as well as being told by a physician (56%). Similar results were discovered by Jeihooni, Kashfi, Bahmandost, and Kashfi, (2015) in Nigeria whose results uncovered that their respondents indicated being motivated by their health workers was the main motivating factor to CCS. Findings of Bukirwaet al, (2015) unveiled that respondents were willing to go for screening due to the assumption that they will have the opportunity to go through other physical exams during the process. In Germany, Ice (2012) discovered that being registered unto the NHIS could encourage women to go for CCS. In contrast to those results, Dulla et al (2017) found that being a female health worker does not have any significant influence on cervical cancer screening patronage.

Furthermore, the cues that influenced respondents in a study by Ncube, Bey, Knight, Bessler, and Jolly (2015) to seek CCS in Jamaica were being married, being within the ages of 40-49 years engaged in CCS more, followed by 50 years and above, 30-39 and 19-29 respectively. They added that having more children and beginning sexual intercourse early (below 16 years) is a contributing factor for women to engage in CCS. Jia et al (2013)added that having poor economic status, those who have a relative with cervical cancer, women who have secondary, tertiary or higher educational level, and those who have enough information on cervical cancer and its screening are other factors that encourage women to partake in CCS.

Moreover, some factors that motivated respondents of Visanuyothin, Chompikul, and Mongkolchati (2015) in Thailand to partake in a screening program for cervical cancer

are the type of work they do, their marital status and how well they are informed about CCS. Morema, Atieli, Onyango, and Omondi (2014) added that those who perceive themselves as prone to the condition and mothers who send their children to the Child Warfare Clinic are more prompted to go for cervical cancer screening. In addition, Ndejjo, Mukama, Musabyimana, & Musoke (2016) uncovered in Uganda that respondents who underwent CCS were influenced by the fact that they exhibited signs and symptoms of cancer, having personal motivation and knowing a screening centre.

Chang et al (2017) unveiled how rich or poor a person is can have an influence on their willingness to engage in cervical cancer screening. They added that other factors that prompt women to participate in cervical cancer screening were cigarette smoking and a person's employment status. Parish, Swaine, Son, and Luken (2013) found a positive correlation between good reception by hospital staff and cervical cancer screening patronage. They, therefore, encouraged health workers to develop a positive attitude towards women seeking CCS in other to increase women patronization in CCS.

Moreover, Matejic, Vukovic, Pekmezovic, Kesic, and Markovic, (2011) did research among women in Serbia with regards to what influence their determination to participate in cervical cancer screening and it was identified that the cues that motivate women to seek cervical cancer screening were having a consultation with a gynaecologist, women who a wealthier, having a conversation with other women who have cervical cancer and finally watching and listening to issues about cervical cancer on the media.

In addition, Chosamata, Hong, and Tiraphat, (2015) reported that the following cues are the factors motivating women to partake in CCS. The cues listed were; women who are older, women with more than one sexual partner, women who patronize the use of oral contraceptives, hearing and knowing about cervical cancer screening. Similarly, Cunningham et al. (2014) found that older age, being rolled unto the NHIS, being aware of

CCS/CC could also influence more women to participate in the CCS. Furthermore, Kim et al. (2012) discovered that the support received from husbands, friends, relatives and positive assurance from health workers can help increase CCS patronage. Widiasih and Nelson (2018) found that Muslim husbands had a major influence in various aspects of their wives' health even though the rate at which they supported their wives in going for CCS was limited.

Even though, Albeit, Peinemann and Kedir (2013) uncovered that women who are older, have ever done CCS, are employed and having a partner are a positive indicator for women to indulge in CCS, findings discovered that women who have children less than 4 years are less motivated to engage in CCS because of lack of time. Another cue identified by, Teng et al. (2014) is the media. They exposed that the media is an essential indicator to help overcome barriers related to CCS in order to increase the uptake of CCS. Other factors identified to increase women acceptance of cervical cancer screening and results were women who are not married and those who have some formal education (Kahesa et al. 2012). A study by Rosser et al (2014) among men, showed that these participants were willing to permit their wives to go for cervical cancer screening even though they were aware that a positive CCS would cause them psychological trauma.

2.2.5 Perceived Susceptibility

Concerning the perception that women have in relations to their predisposition to cervical cancer screening, Ncube et al. (2015) in Jamaica established that their respondents who had sex below age 16 years (30%) view themselves as more likely to get cervical cancer, as well as those who have had sex with different men. Ganesan, Michael, and Subbiah (2015) in their study among fisherwomen added that there is a positive correlation between old age, lack of education, low socioeconomic status, smoking cigarette, giving

birth severally, engaging in sexual intercourse before marriage, women having sex with other men besides their husbands, and using cloth as sanitary pads and cervical cancer. Both authors from the two studies further identified that some respondents were engaged in some factors that were found to predispose women to cervical cancer

Shrestha and Dhakel (2017) discovered from their study in Nepal that only a few (5.9%) knew of the factors that predispose them to cervical cancer. It was found that only a few of the respondents (21.91%) perceived themselves as prone to cervical cancer thereby resulting in a low participation rate in CCS. Similarly, Abiodun, Olu-abiodun, Sotunsa, and Oluwole (2014) uncovered that their participants have no idea about the fact that having a relative with cervical cancer, smoking, engaging in sexual intercourse with different men, malnutrition, and being infected with HIV virus put a person at risk of getting cervical cancer. This implies that these women might be engaging in some of these practices without caution.

In contrast to the above, Ibekwe et al. (2011) discovered that majority of the respondents 75%in their study were conscious of the factors that increase their risk to cervical cancer. That study found that women who have husbands, are working, and living in an urban area, view themselves as prone to CC as compared to those who are not. In addition, 65% of respondents in Abotchie and Shokar's (2009) study acknowledged that females in their youthful stage are prone to CC. It was further discovered by participants of Obročníková and Majerníková, (2017) that HPV can increase a person’s risk to cervical cancer (63%), women who have had a previous disease of the cervix (47%) as well as having sexual contact with several men (53%). It is recommended that women are educated on the risk of CC, and how prone they are to the condition to help encourage them to partake in CCS.

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Dulla et al (2017) suggested that females who are 21 years and above (67.3%) and those who have coitus with different men should have cervical cancer screening done. Salem, Amin, Alhulaybi, Althafar, and Abdelhai (2017) further identified that women who rarely go for cervical cancer screening (72.9%) and those whose immune system has been lowered (63.8%) are more prone to cervical cancer. Similarly, in Nigeria, respondents of Biobaku, Fatusi, and Afolabi, (2015) indicated that beginning sexual intercourse at a youthful age (87.3%), having sexual intercourse with various men (77.6%) increases a person's risk to cervical cancer. Furthermore, Crawford, Benard, King, and Thomas (2016) found that some of these females who had never screened for cervical cancer had BMI of 30 and above (37.3%), were single (16.2%), smokes a cigarette, and had income below $10,000 (11%).

2.2.6 Perceived Severity and Threat to Cervical Cancer

Ma et al (2015) discovered that some of their respondents believe that cervical cancer is a serious condition since it could claim lives of people causes a break in one's relationship and bring serious changes to a woman's life (40.14%). Sadly, they discovered that most of the participants despite having a positive perception towards cervical cancer severity have not undergone CCS. Out the total number of women who were involved in the study, the results showed that 53% had had CCS done. A similar result was found by respondents of Bayu, Berhe, Mulat, and Alemu, (2016) in Ethiopia who discovered that cervical cancer is deadly, can cause women with this condition to die (93.5%)and caused anger to their health (96.5%). Despite the positive perception respondents had towards cervical cancer severity, the majority of these women did not view themselves as prone to getting the condition (Pandey & Karmacharya., 2017; Bayu, Berhe, Mulat, and Alemu., 2016).

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Furthermore, Ibekwe et al. (2011) discovered among women in Botswana that being affected with cervical cancer can be problematic to women who have it. The respondents view this cancer being as burdensome as other cancers and added that cervical cancer can prevent a woman from giving birth. That study also identified that women who perceived cervical cancer as less serious, the less likely they are to partake in CCS. For instance, more than half of the respondents of Visanuyothin et al. (2015) in Thailand viewed cervical cancer as threatening to a woman's life (50.3%) which led to increase participation in CCS. For this reason, only a few of the respondents 17.5% had not been screened for cervical cancer and 8.2% had not thought of undergoing CCS. Moreover, a study by Lin, Jeng and Wang, (2011) among women infected with cervical cancer in Taiwan revealed that the majority of their participants had the perception that cervical cancer is more serious and can pose a threat a woman's life since it results in negative feelings including fear, worrying and suspicions. Some participants were of the fear that it can affect their relationships negatively as well as their fertility. Other participants further believed that it could cause sadness and depression to their partners as well.

The study by Mpata, (2015) in Zimbabwe unveiled that the majority of their respondents concede to the fact the women worldwide continue to die from cervical cancer and more than two-third of the respondents (73.2%) recognized that the virus that is linked to cervical cancer is deadly. It was therefore recommended that awareness of women should be strengthened on the link between CC and HPV. Moreover, Song et al. (2017) established an estimated number of 100,700 new cases of women being diagnosed with cervical cancer and 26,400 dying from cervical cancer in 2013. A similar result was found that some women perceived cervical cancer to be serious on the basis that it can negatively influence their desire as well as frequency of engaging in sex (Jeng, Wang & Lin, 2010). Some participants in this study reported that they did not have enough support from their

partners, friends and family members. Shankar et al. (2017) conducted a study in India and reported that there is a paucity of research with regards to the sexual function of women living with cervical cancer and hence suggested that more research work should be done in this area. Their findings revealed that 50% of their participants receiving cervical cancer treatment affirmed having sexual dysfunction.

Paul, Musa and Chungu's (2016) study among cervical cancer patients in Zambia found that most the cancer patients (80%) were having signs and symptoms of depression. Mantegna et al (2013) reported from a study among cervical cancer patients that 20-25% of cancer patients had emotional disturbances such as anxiety. According to the findings of this study, anxiety levels increase upon communication of positive cervical cancer results to victims affected. They further established that anxiety level increases more among those who live alone than those who live with their families or other people. Furthermore, it was identified that 22 participants who were diagnosed with cancer successfully committed suicide whilst 136 of the participants attempted suicide in Sweden (Lu, Fall, Sparén, Ye, Adami, Valdimarsdóttir, & Fang, 2013). In addition, Zhou et al (2019) found that 78% of their respondents reported having sexual dysfunction and Kyrgiou et al's (2014) findings revealed that the fertility rate is higher among women who with cervical cancer who have received treatment than those who are not.

Furthermore, it was discovered by participants in a study done by Nyblade, Stockton, Travasso and Krishnan (2017) in India on breast and cervical cancer that women with cervical cancer are stigmatized and neglected by husbands, family members and community members. According to participants in this study, most cancer patients are being discussed and gossiped about by love ones. On the contrary, it was found by Hobenu, (2015) that cervical cancer patients receiving treatment at Korle-Bu Teaching hospital in Accra are being supported by spouses, families and community members. It

was further established that these participants were using coping strategies such as trusting in God in dealing with cancer. The majority of participants of Patricia, Lonia, Margaret, Mutinta and Beauty, (2015) found that their participants viewed cervical cancer as severe on the basis that it could lead to eminent death; for this reason, most participants in this study think a diagnosis of cervical cancer could be emotionally distressing to women affected but better still suggested that women with this condition should find better strategies in coping with this condition. Nevertheless, it was identified by Binka, Nyako, Awusabo-Asare, and Doku, (2018) in Ghana that most women diagnosed with cervical cancer try to escape the stress that is associated with it by rejecting the diagnosis and abstaining from stress.

2.2.7 Summary of Literature Review

The HBM and relevant literature are discussed in this chapter. The various articles reviewed in this chapter range from 2009-2019 and were discussed under the various objectives formulated for the study. The gap identified in the course of the literature review is that most studies done in Ghana were quantitative studies with few using the HBM as a guiding framework

It was found that knowledge in cervical cancer screening is higher in advanced countries such as the USA and Canada than less advanced countries. In both advanced and middle-income countries, respondents identified similar sources of information on cervical cancer screening.

In relation to the benefits of CCS, the majority of the studies found that it helps to detect cervical cancer at the precancerous stage thereby reducing the incidence of cervical cancer even though it did not have a major influence on their participation rate.

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Furthermore, most participants listed apprehension, humiliation, the feeling of unease, limited time, not having obvious signs of cancer, not viewing themselves as susceptible and fear of the reaction from husbands as barriers to cervical cancer screening. Moreover, concerning perceived susceptibility, it was revealed that most women in the various studies perceive themselves as being susceptible to cervical cancer and selected being informed by a physician, family member and having sex at an early stage as the main motivating factors influencing women to partake in CCS.

Finally, the majority of the women viewed cervical cancer as a serious condition that can cause their death, break their relationship and cause them to be barren even though it did not really have an influence

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

Research methodology is defined as a systematic approach used by researchers in conducting their research (Babbie & Mouton, 2001). This chapter contains a description of the various methods used in conducting the study. The subheadings discussed in this chapter are the study design, the study setting, target population, sample size and sampling technique, study tool/instrument, data collection procedure, data management and analysis as well as the methodological rigour and ethical considerations of the study.

3.1 Research Design

A qualitative descriptive design using an exploratory approach was employed for this study since little was known about the phenomenon under study in Ghana. This design helped the researcher to explore and describe the beliefs associated with seeking cervical cancer screening among women in Ghana. Brink and Wood (1998) established that this design allows respondents to describe a given phenomenon in their own perspective. Therefore, participants in this study described cervical cancer screening using their own words and inculcating their own experiences and beliefs. This method was employed because even though quite a number of research works have been done on cervical cancer, few research works have been done on CCS in Ghana and none has been done in Shai Osudoku District where this study was conducted. This design allowed the researcher to capture data that were not verbally voiced out such as facial gesticulations and body language as well as the context under which data were collected in the field notes during the interview to enrich the meaning of their perceptions and beliefs about CC and CCS. Finally, this design allowed the researcher to ascertained responses that were not based on constructs to formulate emerging themes.

3.2 Research Setting

Shai Osudoku District is a district in the Greater Accra Region of Ghana located in South-Eastern part of Ghana**.** The capital of this district is Dodowa which is the largest among all the towns in the district (Ghana Statistical Service, 2012). The district has a total land area of about 968.361 square km. It shares boundaries with the North Tongu District to the North-East, Yilo and Lower Manya Districts to the North-West, Akwapim North District to the West, Kpone Kantamanso District to the South-West, Ningo Prampram District to the South and the Ada West District to the East. It lies between the latitude 5° 45' south and 6° 05' North and Longitude 0° 05' East and 0° 20' West. Most of the residents in this district are into farming and fishing (Ghana Statistical Service, 2015). The towns found in this district are Dodowa, Kordiabbe, Doryumu, Sota, Mokomeshitamohe, Kadjanya, Volivo, Agbekotsekpo, Abuvienu, Adakope, Ayikuma, Ayenya, Agomeda, Asutware, Osuwem, Tokpo, Agortor, Natriku, Kasunya, Chebitenya, and Odumse (Ghana Statistical Services, 2015).

Shai Osudoku District has a population of 51,913 in all with 48.7% being males and 51.3% being females (Ghana Statistical Service, 2012). The Shai Osudoku District has 140 basic schools. Fifty-one preschool institutions, (52) primary schools, and (37) Junior High Schools. Again, the district has six (6) SHS with a total enrollment of 3,501 comprising 1,735 boys and 1,766 girls (Ghana Statistical Services, 2015).

Even though there are a lot of natural resources in this district, it is less endowed financially among all the districts (Ghana Statistical Service, 2012). This district is endowed with hills (Shai Hills), rocks and the Volta River passes through. This district is among the districts in Ghana that have the hottest and the driest temperature, with the highest temperature occurring between the months of November – and March. Even

though it does not rain often in this district, it usually rains heavily in the month of September and November (Ghana Statistical Service, 2012).

The Shai Osudoku constituency in totality is a Tourism Destination with Historic Rain Forest, Ancestral Home Caves, Relics, Wildlife, Distinctive Festivals, Forts and a Beautiful Gulf of Guinea Sealine. Dodowa forest is the major tourist site. It is believed that this forest was a battlefield of a war between them and the Ashanti's which ended on 7th of August 1826, where they were able to defeat the Ashanti. Some of the weapons used in the war are found in this forest. Yearly, they celebrate their festivals known as 'Ngmayem in the last week of September and Dzehayem' on the first Friday of May.

Shai Osudoku District is largely rural. Agriculture (crop, livestock farming and fishery) employs more than half (58.65%) of the people living in this district, followed by trading (22.1%) (Ghana Statistical Services, 2015). Moreover, the district has about 252 kilometres of road network and a 14.8-kilometre railway line from Tema through Afienya to the Shai Hills which is out of use. Only one post office is found at Dodowa and Postal Agencies are located at Agomeda and Kordiabe.

According to the Ghana Statistical Services (2015), this district has only one bank located in its capital and an Agency at Asutware. Even though the majority of the households in this district have a bath (97.8%) and kitchen, there were limited toilet facilities (26%) either privately or publicly owned. There are 28 health facilities in the district. These comprise the ultra-modern hospital (Shai Osudoku District Hospital), 10 Ghana Heath Service Community-Based Health Planning and Services (CHPS) Zones, and 12 CHPS compounds.

3.3 Target Population

The target population includes women living in two selected communities in Shai Osudoku District (Dodowa & Ayikuma) above the age of 18 years. This age group was selected because there has been a scientific report that the majority of women within this age group are sexually active. Shai Osudoku District was selected because the Ghana Statistical Service (GDHS) in 2015 reported it to be the poorest district in the Greater Accra region. This was an important factor as Siegel et al. (2016) and Knaul, Rodriguez, Arroela-Onerlas, and Olson, (2019) established a link between poverty and cervical cancer.

3.3.1 Inclusion criteria

The inclusion criteria for the study were women: a)who reside in the two communities selected b) above 18 years c) who could express themselves in Twi (Local dialect), or English which are languages the researcher speaks frequently or Ga-Adangbe which is the native language of the people and d) who are willing to participate in the study.

3.3.2 Exclusion criteria

The following criteria were used to exclude respondents from the study: a) women who were not mentally stable b) those who were suffering from cervical cancer and c) those who had a hearing impairment

3.4 Sampling Techniques and Sampling Size

Purposive sampling technique was adopted to select participants for the study. Another name for purposive is “judgment sampling” (Etikan, 2016). This allowed the researcher to select participants who possess the appropriate qualities to help achieve the best results and participants who are knowledgeable about the phenomenon (Cresswell&

Clark, 2011). This method helped the researcher to select women who met the characteristics of the inclusion criteria and who were ready, and willing to partake in the study. The sample size was based on the point where saturation was reached. According to Guest et al (2006) even though there is not a specific limit for data saturation, it can be reached by as low as six interviews based on the population. This was confirmed by Dibley, (2011) who established that the richness of the data matters more than the size. The sample was saturated at the 17th participant because no new or additional information was observed.

3.5 Data Collection Tools and Techniques

The researcher used a semi-structured interview guide to conduct in-depth face-to-face interviews where primary data were elicited from participants. Questions in the interview are guided by the constructs of the health belief model. It was structured in six sections (A, B, C, D, E, F and G). Section A of the interview guide captured the participants' demographic data of participants. The rest of the sections of the interview guide were developed based on the constructs of the Health Belief Model and the objectives of the study. (See Appendix C).

A semi-structured interview guide was selected because it allows participants to describe their beliefs and perceptions in regard to the subject matter. The interview guide was pretested using 4 women who met the inclusion criteria at Oyibi community which has similar characteristics as the two communities used. Additions were made where appropriate, some questions were restructured and revised where necessary to improve on the interview guide.

3.6 Data Collection Procedure

The researcher collected the data himself together and recorded as the interviews were conducted. This ensured consistency and accuracy. Two (2) audiotapes which belong to the researcher was used during the interview process.

Before entering the community, Ethical clearance (appendix A) was sought from the Noguchi Memorial Institute for Medical Research Institutional Review Board (NMIMR-IRB) of the University of Ghana and an introductory letter (Appendix B) from the School of Nursing and Midwifery of the University of Ghana sent District Chief Executive to seek his permission to gain access into the community. Permission was also sought from the community leaders to gain entry into the community. Following this, the researcher visited gatherings like market places, churches, amongst others to talk to women there about the study, its purpose and requirement for participating in the study. The market secretary, together with the Public Relation Officer (PRO) and the market queen gave their permission for the market women to be engaged in the study by informing them at the information centre. Participants were informed about the study; their permission was also sought and were told about a consent form that will be provided for them to fill after they agree to participate in the study before the interview begun. They were also told about snacks in the form of bread and drink to compensate them after the interview. Contacts of those who were willing to participate in the study were collected. Volunteers were later phoned and arrangements were made concerning the place and time for the interview.

The researcher visited the participants at the agreed place and time with a semi-structured interview guide designed by the researcher. The researcher ensured that the place is free from any disturbances and participants were comfortably seated. The researcher visited the two communities (Dodowa and Ayikuma) on different days to select

women who are willing and ready to be interviewed. The researcher asked questions based on the semi-structured interview guide while he recorded as the interview went on using 2 audiotapes. The interviews were conducted at agreed venues and times until the same responses (saturation) were elicited from participants. The interviews lasted for 30-45 minutes. After the interview process, participants were tanked and given soft drink and bread as they were informed earlier.

3.7 Data Management and Analysis

The researcher listened to the recorded data and transcribed it unto a word document. The responses in English were transcribed verbatim and one recorded data in Twi was translated into English based on meaning by the researcher and verified by a proficient person of this language for correctness. The data was then analyzed using thematic analysis. Thematic analysis is a type of qualitative analysis that is used to categorized data and presents it into similar themes (Ibrahim, 2012). Also, Thomas and Harden (2008) established that there are three components of thematic analysis namely, coding, organization of the codes and developing themes from the codes.

Based on this, the researcher (after transcribing) categorized the data using number codes based themes and meaning, and according to the sequence in which the interview was conducted. This ensured that the researcher identified the responses with ease. The number codes were later replaced with pseudonyms such as days the respondents were born or respondents first names to ensure anonymity.

After coding, the entire transcription was read several times categorizing the codes that are similar into the same groups (Ibrahim, 2012). The researcher then put data that have similar meaning or content into one theme; after which, the researcher defined and reviewed the themes and any information that did not fall under main themes were placed

under sub-themes. Six Themes emerged in all based on the constructs of the guiding framework whilst two new themes emerged outside the constructs based on the responses by the participants. The soft copies of the transcribed responses were saved on the researcher's personal laptop with a password. Also, the signed consent forms are likewise kept under lock and key. The recorded information was kept on a personal pen drive under lock and key and saved on a personal laptop of the researcher with a password. Information elicited from participants is being treated confidentially. Whole or part of it was not be shared with any other party, relatives or friends of the respondents. Data collection and data analysis were conducted concurrently. Appropriate responses that were not found in the construct were analyzed using content analysis. Direct statements made by respondents during the interview are quoted verbatim to support findings.

3.8 Methodological Rigor

Rigor is a way of ensuring the results of the research is valid (Tobin & Begley, 2004). According to these researchers, research may not be of any use without ensuring rigour (Morse, Barrett, Mayan, Olson, & Spiers, 2002). Methodological rigor ensures trustworthiness and competency of the research (Tobin & Begley, 2004). According to Lincoln, Yvonana Guba, and Egon, (1985), trustworthiness in research is explained using the term credibility, transferability, dependability and confirmability

3.8.1 Credibility

Credibility is defined by researchers as the process of ensuring that the findings of research is truthful or authentic (Anney, 2014). This is achieved by ensuring the ideas of participants are maintained at the end of the analysis (Graneheim & Lundman, 2004). The researcher ensured that responses from participants were transcribed verbatim without altering any information given, the work was reviewed by the research supervisor several times to make sure the appropriate theory is used and the work is done according to the

objectives set. Moreover, an expert in English language, as well as colleagues, were allowed to review it to shape the work to make it more scholarly, feedbacks from Institutional Review Boards was factored and corrections sent back as required to ensure quality work is produced at the end. It was pre-tested among 4 volunteered participants from Oyibi community that have similar characteristics as the communities selected. Furthermore, to ensure that the findings are credible, only people who met the inclusion criteria were selected. Probing questions were asked to ensure that appropriate responses are received from participants. After the interview, member checking was done by discussing key issues with participants to ensure that the meaning of respondents 'perceptions and beliefs is maintained and to avoid misinterpretation of respondents' responses. This is a very vital part as far as credibility is concerned (Anney, 2014; Lincoln, Yvonana & Guba, Egon, 1985).

3.8.2 Transferability

Transferability is the process by which the results of research from one context or setting is applied to a different context (Anney, 2014). Transferability has been described by some researchers as comparable to generalizability (Tobin & Begley, 2004). According to him, giving a detailed description of a tool and technique used in selecting sample for the study will promote transferability. Finally, to ensure this, some researchers advocate that participants in a study should be selected using the purposive sampling method (Teddlie & Yu, 2007) since it allows the researcher to select individuals within the target population to help provide more detailed findings than other sampling methods (Anney, 2014). To ensure transferability, the setting of the study (Shai Osudoku District) has been vividly described. Again, the tools and procedure for the data collection have been discussed intensely.

Moreover, to achieve this, the researcher described vividly his interactions with participants during data collection, and some personal experience shared by participants. The duration for the data collection and how it was done was also be discussed. The researcher employed purposive sampling technique which made it possible for females who met all-inclusive criteria requirements, who were willing and ready to be interviewed to be selected. All these will help other researchers to replicate this study using a similar setting and data collection tool or procedure.

3.8.3 Dependability

This is defined by researchers as the process whereby similar results are produced by conduction the same study among the same target population, using the same sample size, tool and sampling technique (Shenton, 2004). The researcher ensured that the data is dependable by describing into detailed the research design used, the data collection techniques used in gathering data from participants. The researcher ensured this by formulating questions based on objectives of the study and ensuring that the questions are clear and easily understood by participants. Going strictly by the model used to guide the study was also ensured to guarantee the study dependability.

3.8.4 Confirmability

This is the process whereby the researcher ensures his views or opinions do not influence the study findings (Shenton, 2004). The researcher ensured this by presenting responses as it was given by respondents verbatim without making any changes even when it conflicted with his beliefs. Themes were formulated at the end of the interview and supported by direct quotes from the participants.

3.9 Ethical Considerations

Ethical clearance was sought from the Institutional Review Board of the Noguchi Memorial Institute of Medical Research, University of Ghana, Legon (See Appendix A). Permission letter together with ethical clearance certificates from the Institutional Review Board of the Noguchi Memorial Institute of Medical Research, University of Ghana, Legon and the Ethical Review Committee at Shai Osudoku District at Dodowa was sent to the community leaders to gain entry into the community.

Mantzorou and Fouka (2011) discovered four major ethical issues in research which are informed consent, maintenance of anonymity and confidentiality, beneficence, and respect for privacy.

In ensuring that the first principle, which is informed consent, was achieved, the researcher asked the consent of the women who were used in order to gain their permission before engaging them in the study. And women who refuse were permitted not to engage in the study. They were informed of their free will to participate and to opt-out anytime they want without any penalty. Respondents were made aware of the purpose of the study, the benefit to them and to the entire community. And finally based on this principle, a consent form was provided to the participants to fill to indicate that they are engaging in the study based on their free will without any coercion before the interview begins (See Appendix D for consent form).

Their beneficence was maintained by ensuring that participants do not incur any harm during the process of the interview. The researcher made respondents aware that in case any of them display any emotional discomfort during the process; they were free to opt-out or reschedule the interview which will not affect the study in any way. This was

also done to ensure that respondents do not feel any disappointment after the interview session.

Moreover, privacy was guaranteed by interviewing respondents separately at a private place of their choice. Furthermore, based on the principle of confidentiality, and anonymity respondents were told not to mention their names or give any information that may reveal their identity. Also, they were selected upon their own will and will be informed of their free will to terminate the interview process as they wish. Respondents were told that whole or part of the information collected from them will not be made available to anyone except the researcher and the supervisors. The recordings were kept under lock and key to prevent anyone from getting access to it after the study. Participants were given be given snacks and bread each to compensate them for their time and energy loss which will be the only form of compensation. The interview was carried out in English, Twi or Ga-Adangbe as preferred by participants.

CHAPTER FOUR

4.0 FINDINGS OF THE STUDY

In this chapter, the findings of the study are reported based on the constructs of the theoretical framework used and the study objectives. The socio-demographic characteristics of the participants are discussed first followed by six (6) themes and 26 subthemes based on the constructs. Two other themes and five subthemes emerged from content analysis.

4.1 Socio-demographic Characteristics of Participants

Seventeen females in all were interviewed for this study. The ages of the participants ranged between 22-45 years. Most of the participants (n=11) were below the age of 30 years. These women were selected from churches, schools and market places. Ten of the women were married whilst 7 were single. The language spoken by these participants during the interview were English and Twi. Almost all the participants sixteen (n=16) used English whilst one was interviewed in Twi. Fifteen (15) participants had some formal education with only one pursuing her masters. Eight (8) of the participants were still in school, four (4) were government workers, three (3) were housewives whilst the other two were self-employed. All participants were from different Christian denominations with one being a Muslim.

4.2 Organization of Themes

Six (6) themes were generated based on the constructs of the theory, whilst 2 emerged from content analysis. All the subthemes emerged from the data. Table 4.1 below presents the details of all the themes and subthemes.

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Table 4.1: Themes and subthemes from transcribed data

No	Themes		Sub-themes	Codes
	Theoretical	**Emerged**		
1.	Knowledge of CC/CCS		Meaning and description of CCS	Know
			Meaning of CC	
			Sources of knowledge about CC/CCS	
			Causes of CC	
			Signs and symptoms CC	
			Prevention of CC	
			Management of CC	
2	Perceived Susceptibility to CC		Perception of self-risk	Per Sup
			Perception about other women risk	
			Mixed perceptions	
3.	Perceived severity and threats of CC		Depression and anxiety	Per Sev
			Poor sexual performance/infertility	
			Self-Isolation	
			Social Isolation	
			Death	
4.	Perceived benefits of Cervical cancer screening		Prevention and Knowing your status	Per Ben
			Early detection	
5	Perceived barriers towards cervical cancer screening		Shyness Lack of time Financial difficulties Fear of being diagnosed with	Per Bar

			cervical cancer Ignorance Perceived pain Reactions from friends and health workers	
6	Cues to cervical cancer screening		Health workers Peer influence Spousal influence Media Influence	Cues
7.		Perception about women's' reaction to CC diagnosis	Accepting CCdiagnosis Denying CC diagnosis Mixed feelings	Rec
8.		Strategies to Overcome barriers towards cervical cancer screening	Creation of awareness Reducing Cost	Over Bar

4.3 Knowledge on CCS/CC

A woman is highly respected when she is able to give birth after marriage. The woman being able to carry a pregnancy to term depends on how healthy the cervix is. It is, therefore, necessary for women to be informed about cervical cancer to increase their awareness on CC/CCS and to increase CCS uptake. Most of the participants in this study shared diverse views and beliefs on CC/CCS based on what they have heard from people, what they have seen people go through and what they read or watched in the media. The women described their knowledge on CC and CCS in the following categories; meaning and description of CC/CSS, sources of knowledge about CCS/CC, causes of cervical cancer, signs and symptoms of CC, and prevention and management of cervical cancer.

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4.3.1 Meaning and description of cervical cancer and cervical cancer screening

Understanding the meaning and description of CC/CCS adds up to the knowledge level of the individual on CC and CCS. The women had varied meaning and description of CCand CCS and could not locate where CCS is done. This was revealed in the statement by Akua about CCS meaning:

> *Hmm, errrm I think it is a screening being done to determine if someone has cervical cancer and I think is mostly done if you see some signs that are not normal. They do it to alert you the individual for you to know whether you are having CC or you are at risk of getting it. Even though I don't know how it is done, I think they will do it in the part that the woman gives birth and I think they will take off your clothes. I don't know whether there are types and I don't know the hospitals in Ghana where this screening is done and I don't know if there are specific people who do it* (**Akua, 24 years).**

The following description about CCS was given by some participants as illustrated by a 25-year-old Adwoa:

> *I have never gone for one before so I don't know, and I don't know if there are types unless you tell me but I think the screening....it is actually done for women to know if they have it or have contracted it. I don't think the person will be exposed during the screening, I think it will be done in a room between the person and the health professional. I think maybe cervical cancer screening should be started at the age of 18 years because if you are 18 years, I think you are growing and most women at this age would have had sex. I can't specifically say where this screening is done*. **(Adwoa, 25 years)**

Other participants shared that CCS is done using the blood and urine of a woman as portrayed by a 37-year-old woman.

> *I think the screening is done when blood or urine is taken from the lady to check on it. It is done through the urine or blood of the lady to know if you*

> *have eeerrm is it bacteria or? Or that cancer. I think at the age of 12 years every woman should do it because you know at that age you are matured enough and you know what will make you sick* **(Ruth, 37 years)**.

Furthermore, other participants also gave varied meanings and description about CC as depicted in the narrations below:

> *I think it is cancer that affects the cervix of a female and the vagina. It is related to females because they have a cervix. Age does not really matter, it could happen to a 15-year-old, it could happen to a 30-year-old and even a 50-year-old. Someone in her menopause stage can also have this kind of disease. Age does not matter (***Akua, 24 years)**.

> *I don't know much about cervical cancer but what I know is that, is cancer that affects the vagina or abdomen of females. It can sometimes affect males as well females, even though is not very common.* **(Ramatu, 29 years).**

4.3.2 Sources of knowledge about CCS/CC

Being able to get information about a condition is very significant to the understanding of that condition. Sources about CC/CCS refers to where the individual retrieved their information about CC/CCS. Almost all the participants listed some sources where they got to know about cervical cancer or cervical cancer screening. But the majority of the respondents verbalized that they were informed about cervical cancer and cervical screening on the media, specifically, through television. This is illustrated in the statements below:

> *I have heard about it but I don't have detailed knowledge about it. I heard about it on the media and that is the first time of hearing about CC. It just came briefly on the news when I was watching television so I didn't really understand it.* **(Akosua, 30 years)**

> *I heard about cervical cancer on the radio but because I was kind of busy, I didn't have time for the person to talk to me, not that I was not interested but I was busy a little bit so I didn't have time to listen to it. I also heard them discussed screening for cancer but I was not really concentrating.* **(Afia, 26 years)**

Some participants indicated other sources apart from the media as:

> *I heard about cervical cancer from my father. He said, it was like he was just giving us a brief talk on it, he was just directing us, He just made mention of some types of cancer that affect females and he also talked about cervical cancer and he said so far as we are ladies we should be careful of cervical cancer since it can occur in any of us and he also said there is a screening so we should go for it.* **(Ramatu, 29 years).**

> *I heard about cervical cancer screening when I went to the hospital, and at the reception one of the nurses was talking about it but there was noise so I couldn't really hear her well* **(Ama, 29 years).**

4.3.3 Causes of cervical cancer

The majority of participants revealed different causes of CC. Few of the participants verbalised that sexual intercourse which is a medium for viral transmission is a cause of cervical cancer. Interestingly, other participants mentioned other causative factors such as changing pads during menstruation, excessive heat in the vagina, using soaps to wash the vagina, and intake of alcohol. Rebecca asserted that CC is caused by sexual intercourse;

> *I think, maybe when you have multiple sexual partners also you can get CC. Maybe you have partners who have infections, and maybe you are easily open to infection because you have unprotected sex with different partners and you cannot tell what they have so when you are exposed to them you might end up having infections which might result to cervical cancer* **(Rebecca, 24 years).**

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A 24 year-old participant indicated that CC is caused by the size of a man's penis.

> *And also with the causes, errrm from the little I have learnt I think errrm indiscriminate sex is a major factor, Like errrm and then errrrrm like the number of times you have sex and with different people, errrrm everybody have their own size of their reproductive organ like big small and those things so I think sleeping with men with very big size of penis can lead to cervical cancer* (**Akua, age 24 years).**

Few participants mentioned that cervical cancer is caused by a virus. This was evident in the narrations below:

> *I'm sure is caused by a virus, I'm sure, even though I don't know the type of the virus* **(Adwoa, 25 years).**

Apart from sexual means, other causes of CC were listed by some other participants as portrayed by Rose:

> *With the causes, I am not really sure, but I think it is caused by washing the vagina with soap, too much heat at the vagina and errmm not changing pads during menstruation. And also, I don't know if heat can also cause that? Because I learnt if you are a lady and you are going to bed… you have to sleep freely not even putting on under pant to prevent that heat since it can also cause cancer.* **(Rose, 28 years).**

4.3.4 Signs and symptoms of Cervical Cancer

Moreover, understanding the signs and symptoms about a condition can improve the knowledge of that person on the condition. Participants shared different views with regards to the signs and symptoms of CC as painful sex, vaginal discharge with odour, heavy bleeding, bleeding in between menses, pelvic pain, abdominal pain, painful urination and frequent urination. This is shared by some women concerning signs and symptoms of CC:

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> *I heard when you get CC you will have smelly vaginal discharges, pains when having sex, vaginal bleeding and in between menses and also swollen vagina.* **(Adwoa, 25 years)**

> *I also learnt errmm the pre-signs of cervical cancer is the bleeding vagina, severe pains after sex, and pelvic pains.* (**Akua, 24 years)**

Other women reported that women with cervical cancer could present with painful urination, frequent urination and abdominal pains. This is illustrated in the quote made by Abena below:

> *With the signs and symptoms, it is only the doctors that will know, but I think you will also have stuff over there …laughing… stuff like maybe during the menstrual period, you will feel pains or maybe when you are passing out urine maybe you can feel pain or have abdominal pains or even severe headache.* **(Rejoice, 42 years)**

4.3.5 Prevention of Cervical Cancer.

According to participants, cervical cancer could be prevented by abstinence from sex, sticking to one's partner, not engaging in douching, keeping the vagina neat and brushing the teeth. They, therefore, suggested the need to protect themselves from contracting cervical cancer which has no cure but can be prevented. Some participants expressed their views about CC prevention as illustrated in the statement below:

> *I think as women; we can prevent this cancer by not having multiple sexual partners and also as ladies we have to try to abstain from pre-marital sex till you marry. Abstinence is the best so if you abstain now in future you won't have issues with cervical cancer.* **(Rebecca, 24 years).**

A 28-year-old female responded that creation of awareness can help to prevent this condition

> *Why not? It can be prevented by letting the young ones know about the danger of it. What it is about, the causes and how they will end up if they*

> *get it. Like the way now people are afraid of HIV, the same way we can make them scared of CC* **(Rose, 28 years).**

Some participants believed that keeping the vagina neat like shaving can help protect women from cervical cancer and added that if cervical cancer is not treated it will cause complications;

> *I think every woman should keep her private part neat. Making sure you shave the place well and making sure that place smells good and doesn't have any odour and also not inserting things in the vagina, when you get it and you don't treat it, it can cause your vagina to rupture and get damaged.* **(Ramatu, 29 years).**

Brushing of teeth and changing of clothes were suggested by some participants to prevent CC as proposed by Rosina:

> *Of course, cervical cancer can be prevented. Make sure you are neat like bathing, brushing of teeth, changing clothing and all that.* **(Rosina, 34 years)**

4.3.6 Management of Cervical Cancer

The findings suggest that these women have a fair knowledge of the management of CC. Some of the management strategies reported by participants in this study for managing cervical cancer are drugs, undergoing surgery, and radiation therapy. This is how Rebecca described the management of cervical cancer;

> *Of course, there is treatment. I think when you get it and you go to the hospital, you will be given some medicine for treatment so that even if you will die very soon it will like to prolong your death.* **(Rebecca, 24 years).**

In addition to the drugs, some participants were of the view that surgery can be done to treat cervical cancer as revealed by Afia;

> *I also think if a person has it, the person can have surgery for the cells that have been affected to be removed or some drugs to help reduce the pains*. **(Afia, 26 years)**

Although caesarean section has nothing to do with the management of CC, some participants reported caesarean section as a management strategy.

> *I know that with the prevention you can have a caesarean section or radiation, and also you first have to visit the hospital, is that severe that is when a surgery will be done or you will have to go through radiation but it is not that severe there are medicines that can cure it* **(Abena, 25 years)**

4.4 Perceived Susceptibility to Cervical Cancer

Perceived susceptibility refers to the likelihood of an individual to develop a condition/disease. Participants in this study asserted various ways concerning how they view themselves or other women as prone to CC. Participants in this study shared different views with regards to what increases their risk to cervical cancer or other women risk to cervical cancer. Their perceived susceptibility to CC was categorized into perception about self-risk, perception about other women's risk and mixed perception.

4.4.1 Perception about self-risk

Self-risk has to do with the beliefs that one has with regards to her likelihood to contract a disease. Generally, the majority of the participants did not perceive themselves as being at risk of CC as reported below:

> *I don't view myself as prone to CC no..no..no because it will be so strange because when it comes to the hereditary aspect, my family members don't have it also I try to eat healthily, I eat a lot of the healthy spices, the gingers, and the green vegetables. And I try to drink a lot of water minimize all those unhealthy stuff even though sometimes I eat some of the unhealthy stuff*. **(Rita, 22years).**

> *I don't believe I will get that cancer you are talking about, is a big No oo, and I don't see myself to be getting it because there are certain women who keep on inserting things in their vagina and I am sure that one can also cause cervical cancer but I know I'm not doing that and also I don't use contraceptives or public washrooms so I know I will never get it*. **(Ruth, 37 years)**.

A 29 years old woman indicated that she is not prone because she trusts God:

> *I don't think I will get this cancer because I believe in God and I will pray to God not to get the condition and I will also help myself. I am a virgin, am conscious of what I eat and maintain my personal hygiene like bathing, changing my undies and brushing my teeth* **(Ama, 29 years).**

4.4.2 Perception about other Women's risk

This section explains the perception of participants regarding how they view other women as likely to get CC. Even though these women perceived themselves as not at risk, they view other women as prone to CC: The following expressions buttressed the statement that participants viewed some women as prone to CC:

> *I think it is only women who don't take good care of themselves that will get it. This is because different women have different lifestyles and different genetic makeup. So, I think those women who take good care of themselves are not at risk but those who take their health for granted are at risk to cervical cancer*. **(Abena, 25 years).**

> *I don't think it is all women that are likely to get cervical cancer, I think is only those who use contraceptives, those who are older, those whose family members have it and those who don't keep the place neat could get cervical cancer.* **(Yaa, 28 years).**

A 28 years old woman shared that it is common among women above age 18 years.

> *It is only some women who are at risk. I think it depends on the person's age that is, is more common from 18 years upwards. I also think nowadays*

> *certain foods that we eat and certain chemicals we use at the vagina can increase the likelihood of some women*. **(Rose, 28 years).**

4.4.3 Mixed Perceptions

Few participants in the present study perceived that all women including themselves were at risk to CC because of certain common lifestyle practices among women. Below are some narrations to support mixed perceptions about perceived susceptibility:

> *Yes, all women, so far as you are a woman, you know you have the cervix and also use of public washroom and all that, it has become something that is part of us. So, I think everyone is prone so there should be more education on CC for all women to go for the screening.* **(Rosina, 34 years)**

> *Of course, all women are at risk, you see as women definitely you will have your menstrual period and every woman will be in labour someday and you know how it is painful so I think every woman is prone.* **(Afia, 26 years).**

4.5 Perceived Severity and the Threat of CC

Perceived severity and threat deals with how serious or severe women view cervical cancer. Participants narrated that CC is serious because it can lead to death of the women affected, cause depression, affect sexual function of women, cause women to be infertile and finally cause some women to isolate themselves from people or people to neglect the individual. Therefore, perceived severity and the threat to CC is categorized into depression and anxiety, poor sexual performance and infertility, self-isolation, social isolation and death.

4.5.1 Depression and Anxiety

Depression and anxiety are experienced by most women who contract life-threatening illnesses of which cervical cancer is not exempted. Participants shared their diverse opinions concerning the severity of cervical cancer by recounting that most

women who get this condition feel extremely sad and depressed. According to participants, women with cervical cancer become depressed due to the fact that cervical cancer cannot be cured, it can cause divorce, and finally with the reason that it can cause a woman to spend all her money on the treatment. The following statements depict what some participants have to recount about depression:

> *I also think cervical cancer can make women very depressed because you know oo it cannot be cured especially when it has gotten to the late stage it gets to worse, and you know nothing can be done about it, it can even cause divorce and make women depressed for the rest of their lives.* **(Adwoa, 25 years)**.

> *It can make women life miserable, that is the cost involved, where you have to spend all your money on drugs and sometimes surgery and all that, some women have to sell that they have before they can get money to do this, so it will definitely affect the woman psychologically and can cause some women to even commit suicide.* **(Rita, 22years).**

The minority of the participants shared their thoughts concerning anxiety as illustrated by Rafiatu:

> *Hmmm, it is serious and I think it will cause most women to be anxious because they are not sure of the outcome and sometimes discouragement from friends and other people can worsen this anxiety*. **(Rafiatu, 45 years).**

4.5.2 Poor sexual performance and Infertility

Cervical cancer affects both sexual function and fertility of women due to the interrelation of the reproductive organs. It is therefore not surprising that poor sexual performance and infertility were reported by participants as perceived severity of CC. The explanations participants provided for this perceived severity were; pains during intercourse, discharge from the vagina that smells, sores in the vagina and decreases

libido. Participants made the following statements with regards to poor sexual performances.

> *This cancer is serious because it can cause sores in the vagina and when you have these sores you will feel pains during sex, so you can't also have sex.* **(Yaa, 28 years).**

> *If what I said is right about smelly discharges then definitely, as a woman you can't have sex when that place smells because whenever I have candidiasis I don't want any man to see till I treat it and I guess it can also decrease libido.* (**Rexy, 32 years).**

Below are the narrations of some participants with regards to infertility as perceived severity and threat to cervical cancer:

> *Cervical cancer is serious it can affect the female reproductive system causing a woman to be infertile. Since all the reproductive organs are related, if it affects the cervix, it can also affect the vagina, so it can make a woman barren.* **(Adwoa, 25 years).**

> *Also, I think it will make labour difficult and most women with this cannot have babies looking at where it affects.* **(Akosua, 30 years).**

4.5.3 Self Isolation

Most women in an attempt to cope with anxieties and stress related to cervical cancer diagnosis, isolate themselves from people. Varied perceptions were held by participants regarding why women with cervical cancer isolate themselves from people. The statement below depicts self-isolation as shared by Ramatu:

> *And I think maybe you may get some wounds in the vagina, maybe some rashes at the vagina, when this happens you cannot even go out with your friends to places where you use to go again. You have to be indoors all the time.* **(Ramatu, 29 years).**

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Some participants had the perception that due to the change in appearance resulting from the CC, infected women will want to isolate themselves to prevent other women from gossiping about them. This is portrayed in the statement below:

> *You know everything but you asking, ok. I know that the form of the person with cancer also changes and you know with that people will start saying all kinds of things about you, some will even think is HIV or juju and based on what you will be hearing, you won't feel like going close to people.* **(Ruth, 37 years)**.

Other women shared that CC will lead to faecal and urinary incontinence in women causing them to isolate themselves as illustrated in the statement below:

> *Cervical cancer is very serious, even cancer itself, the word cancer is very dangerous and it can pose a threat to the woman. You know a woman if you are in free-range you can't control it like if you can't feel like you are going to the toilet or you are urinating and it just comes. This can make the woman isolate herself from people.* **(Akosua, 30 years).**

4.5.4 Social Isolation

Sometimes women with cervical cancer are neglected or ignored by friends, families and loved ones due to perceptions people have about cervical cancer and the changes it causes in the life of victims. Participants in this study shared varied reasons why women with cervical cancer are ignored by friends and love ones. Some of the reasons include: change in appearance, a misconception that it is contagious, and financial constraints. Some women had this to share:

> *Sometimes too when you see people with cancer, they have lost so much weight that at times friends and other loved ones ignore them. Some health professionals even discriminate these women.* (**Akua, 24 years).**

> *And sometimes people who suffer this cancer friend and loved ones neglect them at the hospital probably not because they want to but they have spent*

> *so much and they can no longer afford to take care of them*. **(Rebecca, 24 years).**

According to other participants, women with cervical cancer are neglected on the basis that it is contagious as portrayed by Ruth:

> *And also, you know this cancer when someone gets it probably when you get close to them and do things with them you can also get it so people will be cautious of going closer to them. So, it is not infectious then you people should educate us. (***Ruth, 37 years)**.

4.5.5 Death

Cervical cancer is one of the gynaecological cancers causing female mortalities worldwide. Even though there are treatment available for managing cervical cancer, participants in this study had various perspectives with regards to the higher mortality rate associated with cervical cancer. Participants based their arguments on the fact that it has no cure. Some participants expressed their thought about death as perceived severity of cervical cancer as:

> *From errrm the program I watched and what I saw on TV errrrrrm a lot of women die out of cervical cancer, a lot of women around the world so it is very serious and it is very important that we all go for screening and all that.* **(Adwoa, 25 years)**

> *When you get this cancer, it will damage that part. It will gradually cause your death, is very dangerous than most of the conditions because this cancer will be inside your stomach when you get it, so you won't see it until you die.* **(Rejoice, 42 years).**

> *I heard most people who are suffering from cervical cancer hardly survive it that is about 99% don't survive it, so I think is very dangerous if you have it may endanger your life*. **(Rosina, 34 years)**

4.6 Perceived Benefits of CCS

Cervical cancer screening is vital in early detection of precancer cells before it becomes malignant. Almost all the participants perceived cervical cancer screening to be beneficial and shared their opinions about the benefits of cervical cancer screening. They narrated that cervical cancer screening helps a woman to know whether they have cervical cancer or not, protect women against cancer and by helping in early detection and treatment. The perceived benefits were therefore categorized into prevention and knowing your status, and early detection and treatment of cervical cancer.

4.6.1 Prevention and Knowing your Status

The majority of participants knew that going for cervical cancer screening will help prevent cervical cancer and help women to know their status for them to be sure whether they have cervical cancer or not. These responses were shared by participants regarding the benefits of

> *Yes it is very beneficial, I'm sure errrm..you will get to know your status and if you have any other problem I think they will advise you, so that you will get to know the dos and don'ts about certain things so you don't contract the disease so I think the screening is very beneficial.* **(Adwoa, 25 years).**

> *I think cervical cancer screening is very beneficial to women because if you go for the screening you will also get the opportunity to be educated on the condition, the doctor will educate you on cervical cancer ways to prevent it and ways not to get it or so as to protect you so that in the nearest future you don't develop this cervical cancer.* **(Rebecca, 24 years).**

A 30-year-old Akosua added that because it is beneficial, all women should go in their numbers for the screening

> *I think the screening will help you to know whether you have it or not so I think if they are screening for cervical cancer I think women so*

> *participate, we should go in our numbers, to me if you have that sickness you are in danger so if they are screening they are screening we should all go so that we can prevent ourselves against this cancer.* **(Akosua, 30 years).**

4.6.2 Early detection of Cervical Cancer

Most of the participants were cognizant of the fact that cervical cancer screening helps to detect cervical cancer early in order to receive timely intervention to prevent them from dying or having complications. This was evident in the expressions below:

> *The screening will help you to know what is wrong with you, so you so that you will know whether you are developing this cancer. When you are being screened and even if you have it at the end of the day medications or other treatments would be administered to you and then you will be free at the end of the day.* (**Rexy, 32 years).**

> *Every screening is beneficial because it will help you to know whether you are sick or not so I think if you do this screening it may help you to detect whether you have cervical cancer or not as early as possible but most of the time in Ghana we wait till we see something serious before we get to the hospital for screening but I this point very little can be done about it.* **(Afia, 26 years).**

> *I think this screening is beneficial to people who are affected by cervical cancer since it will help you to really know what is wrong with you and how the condition is like and then how to cure you.* (**Akua, 24 years).**

Regina, a 26-year-old, shared her testimony about her friend as this*:*

> *My friend like this she went to the hospital for the screening and she was told she has cancer. And she has been receiving treatment since then and she is still alive and responding to the treatment so imagine when she has not gone for this screening, probably it might have gotten worse or she might not be alive by now so I think is beneficial.* **(Regina, 26 years).**

4.7 Perceived Barriers to cervical cancer screening

Even though cervical cancer screening is beneficial, women in this study believed that there are some obstacles that decrease the willingness of women to participate in CCS. These obstacles or barriers refer to various factors that prevent women from engaging in cervical cancer screening. Participants in this study listed several obstacles that hinder women in Ghana from seeking cervical cancer screening. Amongst them are shyness, lack of time, fear, financial difficulties, and ignorance.

4.7.1 Shyness

Most women feel shy when undergoing procedures where their reproductive organs (the vulva or vagina) will be exposed. Since cervical cancer screening has to do with the reproductive organ (through the vagina to the cervix), it is not surprising that shyness was listed as one of the factors that serve as a barrier against CCS by women. Participants gave the following explanations to why women will feel shy to engage in this screening. The fear of being seen by friends and other people, exposing of their nakedness during the screening, a male doctor conducting the screening or the perception that some women may have a bushy or unkempt private part were some of the reasons associated with being shy. Below are quotes denoting shyness as a perceived barrier:

> *Yes because of shyness, you know most of us are kind of secretive, we don't tell our parents about certain things so mostly when we have a problem at our genitals, we wait till it gets to the worse stage before we report it. Because if it gets to the worse stage you have no other choice because now that it is worsening, there is nothing you can do about it.* **(Adwoa, 25 years)**

> *Yes, I think so, one may be shy of the body like taking off off her clothes for a male doctor to see my nakedness, for instance when I go to the hospital and is a male doing the screening, I will be a bit shy and I will not do. Like*

> *when a male touch your body like you feel something, like to me I feel some sensations so I won't allow.* **(Ramatu, 29 years).**

Few participants were of the notion that some women will feel shy because they don't keep their private parts neat. This was portrayed in Afia's statement:

> *I think so, you know a lot of people they have some kind of shyness in them, some don't keep their private parts clean, you see laughing…they don't really take their bath regularly or shave there and some also have other diseases there and because of this, they will not want to come for screening for people to notice it.* **(Afia, 26 years).**

Some participants shared their own personal experience with regards to shyness as demonstrated in a 45-year-old Rafiatu's narration of childbirth:

> *I remember during giving birth to my first child when the doctor told me to lie down and remove everything, I was shy. I was really shy so I was there for some time before removing everything when the pain was severe because I had no option so I think most women will feel shy to go for the screening too but I don't think it should prevent us since screening is good.* **(Rafiatu, 45 years).**

4.7.2 Lack of Time

Lack of time was identified as another barrier to cervical cancer screening. Ghanaian women were reported by participants to be so busy with other duties to the extent that there have little or no time for matters relating to their health including going for CCS. Participants, therefore, suggested that cervical cancer screening be made available at their doorsteps for more women to be motivated to partake in the screening. Akosua and Rosina shared their thoughts on lack of time;

> *I think some people too don't have time, if the person is a government worker, he works from Saturday to Sunday. Is the only weekend that the person will have time so is they can also do some on Saturdays and Sundays*

> *it will help so that women can go for it after church. Again, the screening centres are not closed to us making it difficult for us to spend time for it.* **(Akosua, 30 years).**

> *And most women don't have time to go for the screening, especially those who are married, you have to wake up early, sweep the house, wash dishes, bath children, cook, send children to school before you go to work by the time you come you are exhausted so you can't get any extra time to go for cervical cancer screening so if you can bring some to our community it will help to save time.* **(Rosina, 34 years).**

On the contrary, Rita thought engaging in screening services is not something black women allocate time for.

> *You know in our world, in the black world we are always busy with other activities that we don't engage in screening services until we see that something is wrong before we go to check it up otherwise, we don't really make time for those things.* **(Rita, 22years).**

4.7.3 Financial Difficulties

Financial constraint was another factor identified by participants as an obstacle for cervical cancer screening. They expressed that the financial constraint is attributed to the fact that Ghana's economy is unstable making it difficult for most women in Ghana to afford the cost of cervical cancer screening. They added that the NHIS that is supposed to reduce the cost of CCS to solve this problem does not cover CCS and therefore recommended the need for CCS to be rolled on the NHIS. Another group of the participants indicated that Ghanaian women spend the little money they have on things like food, clothes, makeups and other upkeep rather than using it for CCS which they perceive to be costly. Some women who believe that cervical cancer screening is costly and hence most women cannot afford shared this:

> *I know the screening is not free because in Ghana nothing in the hospital is free and because of that most women cannot get money to attend most of our hospitals. If they make it free, I will go myself*. **(Rosina, 34 years).**

> *I think the cost too, there are people who are very sick and wish to go to the hospital but they don't have money to do that. And the National health insurance too does not cover most of the things in the hospital, maybe paracetamol and your folder are the only things it will cover so women cannot afford*. **(Rejoice, 42 years).**

Akua shared her personal experience as:

> *I think it is not for free because the last one I did it wasn't for free even though our school subsidize it small, still some students were not able to afford to partake in it so maybe a financial problem will also prevent someone from engaging in it.* (**Akua, 24 years).**

Other participants suggested that because of financial difficulties, women will consider other alternatives rather than coming for the screening, even with obvious signs and symptoms as illustrated in Akosua's words:

> *I think they have been collecting money for the cervical cancer screening so if the person does not have money the person will not go for it, so women in Ghana will rather prefer going to see a herbalist or their pastor or even a ritualist when they have problem rather than going to the hospital for this screening because of the cost.* **(Akosua, 30 years).**

4.7.4 Ignorance

Creation of awareness is vital in improving knowledge on CC & CCS. Lack of awareness about cervical cancer screening and cervical cancer was another major factor participants indicated as a barrier towards CCS. Participants testified that they were ignorant about what causes cervical cancer and where to go for the screening and therefore

suggested the need for awareness to be created on CCS/CC to help increase the screening patronage. Most of the participants had this to say about ignorance:

> *I think education is not there, we are not open to it that is why we don't go for it. People don't know that there is something like cervical cancer or screening. They mostly know about Ulcer…. So about cervical cancer is not something that is known.* **(Rebecca, 24 years).**

> *As for me, I don't know anything about it. Is today I'm hearing of it so I don't know that something like this exists, how will I be encouraged to go for it? That is why I have not gone for the screening.* **(Ruth, 37 years)**.

Some participants suggested that ignorance about cervical cancer screening and cervical cancer is more common among women living in rural areas of Ghana. This is evident in the narration below:

> *Another factor is people living in the rural areas, I will call that illiteracy, they don't know about this cancer or the screening and hence will not even bother to go for the screening and some also don't know where to go for the screening since it is not available anywhere*. **(Abena, 25 years).**

Few participants have the perception that Ghanaian women will attribute whatever is wrong with them to spiritual causes and will therefore not engage in any screening services. This is what Akosua had to say.

> *Some women are also ignorant about the condition since they think every condition is spiritual so they might go and see juju man or to churches for prayers, they have the feeling that juju men and the pastors can do more than the doctor so some of us that's our belief.* **(Akosua, 30 years).**

4.7.5 Fear of being diagnosed with CC

Fear refers to the response of an individual towards a real or perceived danger or something that the person finds it difficult to escape from. A greater number of participants confirmed this by stating that most women are scared to go for CCS.

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According to the participants, women are afraid of what the screening might reveal, and being told they have cervical cancer after the screening. They, therefore, preferred not to know they have cervical cancer by not going for the CCS. Below are some narrations to depict this:

> *Being scared with cervical cancer screening, because most women know that when you get it, is death, the end time is death. So, I won't even bother going to check for it in the first place.* **(Rose, 28 years).**

> *Some women are also afraid because they have no idea of the outcome of this screening, the fear of being diagnosed with cancer alone can deter us to go for the screening.* **(Rafiatu, 45 years).**

Some participants were of the view that some women merely have the fear of going to the hospital as portrayed in the statement below:

> *Some people too it is because they have this phobia for going to the hospital. Some even get sick immediately they enter the hospital due to the scent and seeing sick people so they will not even want to go to the hospital for the screening so if you can do this screening from house to house it will be good*. **(Ruth, 37 years)**.

4.7.6 Reaction from friends, people and health workers

This section focuses on the reaction's women receive from friends, family members and significant others as they go for the screening. According to participants, negative reactions from friends and family members can be an impediment to CCS. They again uttered that the willingness to go for cervical cancer screening could be influenced by the attitude of some health workers**.** This is illustrated in the statements below:

> *When you go for screening and people see you, the way they will talk about you. Friends will start painting you. They can tell you that you went to do something wrong when you were young, maybe you were just moving about from men to men that is why.* **(Rose, 28 years).**

> *Sometimes too some women fear that people will tag them as spoilt when they are going for such screening and hence will decide not to go to avoid such comments.* **(Afia, 26 years).**

A few women shared the attitude that some health personals can deter women in seeking CCS as demonstrated in the narration below:

> *Sometimes the comments from some health professionals when you go to the hospital can prevent women from going for this screening. Especially when this woman is having infections there and the place smells she will not want to go because she thinks the nurses and doctors will insult her.* **(Ruth, 37 years)**.

4.7.7 Perceived Pain

Most of the participants expressed that, the difficulty most women have in participating in CCS is due to the perception that the screening will be painful. Some reported that they are sure it will be painful because every procedure done in the hospital is painful and therefore preferred not to go for the screening to avoid the pain associated with it. These expressions were made by some participants about perceived pains:

> *And I guess it will be painful. Always doctors and nurses will be convincing you that, oh is not painful is something small but by the time they finished you will be feeling pains so even though they are saying is not painful I think they are just deceiving us*. **(Rose, 28 years).**

> *I think it will be painful too, that's why some women will not want to go because you know in the hospital, everything is painful, like injections. Yes, maybe they will inject you and draw your blood in the process.* **(Rafiatu, 45 years).**

A 32year-old participant who had the idea that something is passed through the vagina during the process made this statement:

> *As for me, I think the screening will cause pains because I learnt they will put something through your vagina and even sex sometimes is painful so I guess it will be painful.* **(Yaa, 28 years).**

Few participants who had a contrary view said they don't think the screening is painful. This is illustrated in a narration below:

> *But I don't really think it will be painful. Because I have never heard that the screening is painful so I think women should not be afraid of going for it.* (**Rexy, 32 years).**
>
> *Probably most women think it will be painful but the health screenings which I have done mostly is painful. They just check your pressure, weight, height etc. so I guess it will be cool and won't cause pains*. **(Afia, 26 years).**

4.8 Cues to cervical cancer screening

Cues refer to factors that motivate or influences women to participate in cervical cancer screening. Participants in this study listed some cues that influence women either negatively or positively in seeking cervical cancer screening. The cues mentioned by participants were health workers, peer influence, marital status, and the media

4.8.1 Health Workers

Most participants believed that health workers play a significant role in increasing women's' participation in cervical cancer screening. This is evident in the statements made by the following women:

> *If health workers from various health facilities can put it upon themselves to at least go round once a month to educate the community on CC and CCS just as they have done for polio and other diseases it will bring their attention on it and more women will go for it.* (**Akua, 24 years).**
>
> *Once your health professionals tell women about the possible death that could occur, so you tell us it could end our life…there will be awareness,*

> *there will be…what should I call it? A need for women to go and check-up to see if they are having this or not.* **(Abena, 25 years).**

Rosina was of the view that the attitude of health workers could either be a positive or negative influence on CCS. This is how she narrated it:

> *I think how health professionals relate to we patients can either encourage more woman to go or not to go for the screening because sometimes when you just go to some of our hospitals that you are not sick but you are just coming for screening, how they will treat you, you might never want to go to the hospital for screening again.* **(Rosina. 34 years).**

A 25year-old participant was of the view that apart from doctors educating more women to go for the screening, they themselves should be educated on it so they can influence more women to go for the screening. This is what she has to say:

> *When we go to the hospital for treatment for other sicknesses, the doctors there should educate the women about ccs as well tell them something little about it so that we will be aware of what it is and go for it. It is also necessary for the health professionals themselves to be educated about it so they can know about it and educate other women.* **(Adwoa, 25 years).**

4.8.2 Peer Influence

Apart from health professionals, peers were another factor indicated by participants to positively influence women to seek cervical cancer screening services even though few had a contrary view that friends could discourage women from participating in the cervical cancer screening. The following statements were expressed by some of the women:

> *I think friends can influence their peers who are women to go for it. You know how women are, the way they can gossip, if they here of something how they will say it, so even if their colleagues have not decided, they can make them decide by convincing them.* **(Afia, 26 years).**

> *Friends, you see errm people we are closer to, have a lot of influence in our lives, maybe you have a friend whom you trust so much so whatever the person tells you, you know if this your friend do it and come to tell you about it that is not anything serious you will also want to go and do it just because your friend has done it.* **(Abena, 25 years).**

Some participants expressed that they will be encouraged to partake in the screening if their close friends suffer from CC:

> *Ok as you know…as in we are all here and then I hear that this my friend is suffering from this sickness. So she went to the hospital and then they got to know that she had cervical cancer. I will say eiiii! I have not done it before so let me try it, let me try*. **(Yaa, 28 years).**

Few participants shared a contrary view that sometimes friends can discourage their colleagues from going for the screening. This is illustrated in the statement below:

> *And sometimes Friends can discourage you from coming for the screening as in…… maybe you are thinking of going and the kind of things that your friends will start saying like, if you go and you get it you will die and you can't also continue chilling again and they will be scaring you. This can prevent women from going for the screening.* **(Rose, 28 years).**

4.8.3 Spousal Influence

Whilst the majority of women believed husbands could be of good influence to their wives in seeking CCS others thought that husbands will prevent their wives from partaking in the screening due to some reasons listed. This is evident in the statements below:

> *I think those who are married their husbands can encourage them, to go for this screening, most especially men who are well enlightened and knows about this cancer.* **(Akosua, 30 years).**

> *I think all men should encourage their wives to go for the screening. Because if you love your wife you should be able to allow your wife to go for the screening so that she will have good health. Also, whether you are married or not we should all go.* **(Rafiatu, 45 years).**

A 29-year-old woman had mixed feelings about these cues to CCS.

> *Some men are jealous and will not allow other men to look at their wives' private parts whilst other men who are educated and care so much about their wives health will not mind their wives going for it. But sometimes if you are not married like me no one controls me so I decide whether to go for it or not to go for it.* **(Ramatu, 29 years).**

4.8.4 Media Influence

The majority of the participants identified the media as a factor that influenced women to engage in cervical cancer screening. Among the media sources, television was reported to be the main medium to encourage more women to partake in the screening followed by radio and the internet. This is shown in the narrations below:

> *Creating awareness on the media thus TV, radio etc. especially on special occasions such as mother's day etc. can help more women to be aware so that they will willingly go for the screening because I guess the low attendance is due to the fact that we don't know".* **(Ama, 29 years).**

> *"It is not about education on TV alone but they should show us how the screening is done to clear the misconceptions that some of us have so that we all can come for the screening and sometimes too what we read on the internet have so much influence on us to or not to engage in the screening". (***Ruth, 37 years)**.

On the contrary, some participants shared a different view that some programme done on the media could discourage women from participating in the screening as shown below:

> *The media can also influence women negatively because if you are researching on the net and you see that when you get it you are going to die*

anyway. So, you will just forget about the screening and move on with your life". **(Rita, 22years).**

4.9 Perception about Women's Reaction to CC Diagnosis

Reaction to cervical cancer screening was a major theme that emerged based on responses from participants outside the constructs of the theory. This section deals with the perception of how women react to the diagnosis with cervical cancer. Participants in this study expressed how they will behave or what they will do in case they are diagnosed with cervical cancer. Their responses were grouped into whether they will accept their diagnosis and move on, deny their diagnosis or demonstrate a mixed feeling.

4.9.1 Accepting CC Diagnosis

Most of the participants had the perception that they will accept a positive cervical cancer screening results and move on with their life by going for treatment. The reason mentioned by participants with regards to why they will accept the results is because they cannot change the results because there is treatment available for CC, because they don't have a choice and with the belief that everyone will die. This is demonstrated in the following expressions:

eeeerrm I will just go cool with it and ask for some help because I know the doctors can help me so I will ask them for how possible they can help me because you know that once you are told you have it, no matter what you do it won't change the situation so I just have to take it like that and look for a way out. **(Akua, 24 years).**

I wouldn't really be much worried about it because I have been told, is different from not visiting the hospital at all and then waiting for say 4 or 5 months and then later when the thing is severe, you are told you have it and it has destroyed this organ so if I am told I will look for ways of solving it, I will, try and get some medications. **(Abena, 25 years).**

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Some women had the perception that after all, every woman will die and hence will accept CC diagnosis as portrayed in the statement below:

> *Hmmm is not easy but I will accept. After all, I am 42 years now and I know everybody will die so I will just go and gather money for treatment till I die because whatever I do, I can't get the condition out of my system.* **(Rejoice, 42 years).**

Rafiatu added that she will accept the diagnosis because it can be cured.

> *I have grown to believe that anything can happen in this world at any time, the young, the old can die so if I am diagnosed, I will accept the diagnosis since it can be cured and I will take my medicines to cure it.* **(Rafiatu, 45 years).**

4.9.2 Denying CC Diagnosis

Most people do not initially want to accept the diagnosis of serious or life threatened illness. It was therefore not surprising that some participants in the current study reported that they will refuse the diagnosis of cervical cancer and never wished to be diagnosed of it in their lives with the reason that it is deadly and has no cure. Others shared that they will reject a positive CCS results on the basis that they are too young to contract CC and diagnosis of it means that one is cursed. This is illustrated in the following narrations:

> *God forbid, I will have collapsed (laughing). Because I am too young to get this kind of cancer, cervical cancer so I won't accept it and no one in her right senses will accept this kind of disease and I am not planning to die anytime soon so I reject this kind of disease.* **(Ramatu, 29 years).**

> *I won't accept this because accepting it will make you feel sad because of all a sudden you are diagnosed with this cancer. Like hmm, it will be very difficult for me to believe.* **(Afia, 26 years).**

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A 34year-old participant likened cervical cancer diagnosis to HIV diagnosis and hence declared that she will not accept the diagnosis.

> *When I am told I am sick of cervical cancer, of course, I will not accept it. Because the diagnosis of cervical cancer is just like HIV. You will feel sad; you will feel down, you will feel like the world has ended so for me I will not accept it.* **(Rosina. 34 years).**

Ama shared that she will rather commit suicide than to accept cervical cancer diagnosis.

> *If I am told I have CC I think I will be surprised, And I will be like why?..how? What went wrong and I will be in shock and I will rather commit suicide than to live with it.* **(Ama, 29 years).**

4.9.3 Mixed Feelings

Some participants had mixed feelings concerning their reaction to cervical cancer diagnosis by saying that even though it will be difficult for them to accept it initially, as time goes by, they will learn to accept it and move on. These are expressions to show mixed feelings as shared by some participants:

> *Ha-ha ok first I will be in a state of shock, as in I will ask questions like, how could I get it? So, at first, I won't accept it, I will try and go to other hospitals to find out but as time goes on, I will learn to accept it and then find the treatment to it that is if really there is the treatment.* **(Adwoa, 25 years).**

> ***"****Hmm, I will not believe it because I am too young to suffer this kind of disease. But if it is really true, I will keep it to myself and wait for me to die because I learnt it has no cure, right? And also, if you tell people they are going to gossip about you and spread the news so I will keep it to myself****".*****(Yaa, 28 years).**

A 32year-old Rexywho had a perspective that she does not deserve the diagnosis of cervical cancer, indicated that it is better to accept CC diagnosis and treat it early.

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> *Eiish cervical cancer! it will be difficult to believe because I have not done anything to deserve that but if it is true that I have it then I think the earlier I start treatment, the better so that it doesn't become worse.* (**Rexy, 32 years).**

4.10 Strategies to overcome barriers to cervical cancer screening

Although overcoming barriers was not part of the constructs of the theory adopted for this study, this emerged as one of the major themes as participants suggested several ways that can help women to overcome the barriers to cervical cancer screening in order to increase women's' participation in CCS. Some suggestions made by participants to help reduce the barriers to cervical cancer screening were the creation of awareness on the cervical cancer screening and cervical cancer, and reducing the cost for screening and treatment,

4.10.1 Creation of Awareness

Increasing the knowledge on CCS/CC was one of the strategies suggested by participants to help increase cervical cancer patronage in Ghana since they believed most Ghanaian women are unaware of the screening: Some women suggested that there should be increase education on cervical cancer screening in the media.

> *I think is because most women don't have knowledge about it so errm so publicizing it on TV on Radio I think will reduce these barriers. They should educate women too, the young women in schools, tertiary, to help them to be aware of the screening.* **(Adwoa, 25 years).**

Other women suggested that flyers could be created as a means of strengthening education on CCS/CC.

> *I think creating awareness of it, doing advertisement and all that, some people ones they see an advertisement, they know that this is very beneficial for their kids so they will allow their kids to get involved in it. And also,*

> *spreading the news about the screening as used in marketing as in creating flyers on the screening*. **(Ama, 29 years).**

A 30-year-oldAkosua proposed that educating women in their different local languages can help to increase the screening patronage

> *We should give more education like, The TV should do their work, the media, and people should, we should educate women and translate it to different languages so that people will be aware, … if they understand what is the meaning…and you ask them to come for the screening they will go.* **(Akosua, 30 years).**

Few of the participants shared that educating men too can help reduce the obstacles to CCS:

> *I will say awareness campaigns, and then you educate both the old and then the young, and even males about this kind of disease because maybe a female might be having it and the possible signs may show but will not know and a male who knows about it might be able to give a helping hand and encourage them to seek treatment.* **(Abena, 25 years).**

4.10.2 Reducing Cervical Cancer Screening Cost.

Some women had the perception that if cervical cancer screening cost is reduced, more women will patronize in cervical cancer screening especially those who are poor. This is depicted in the expressions of some participants:

> *I think the government should also make policies to subsidize the screening cost, the drugs, and other treatment interventions by making it easy and accessible so that everyone can afford if possible, it should even be made free so that more women can go for this screening*. **(Adwoa, 25years).**

Other participants shared that the screening cost should be covered by the NHIS.

> *I think with the NHIS more women will go for the screening because sometimes some Ghanaians actually go to the hospital without any money just the insurance, so if the insurance covers the screening, I guess more women will go for it.* **(Ama, 29 years).**

> *If it covers it is good because we Ghanaians mostly like free things or cheaper or less expensive things, so if the NHIS insurance covers more women will go for it.* **(Rita, 22years).**

A few suggested that husbands should pay for their wives to motivate them to for the screening.

> *If you a man and you have a wife you should either pay for your wife or support your wife to pay for the screening so that they will be motivated to go for it and for them not to transfer it to you if they have it. (***Akua, 24 years).**

4.11 Summary of the findings

The study assessed the health beliefs about CC/CCS among women at two communities in Shai Osoduko District. The study reported that the age range of the participants was 22-45 years with the majority (15) being Christians and minority (2) being Muslims. The study revealed that more than half (15) of the participants had a formal education. The study also showed that women who were younger and have higher educational status were more knowledgeable about CC/CSS than women who were older.

The study revealed that women in this district have inadequate knowledge about cervical cancer and cervical cancer screening thereby affecting their participation in the screening since the majority (16) had not done cervical cancer screening. Participants listed various sources where they were informed about CC/CCS with the media forming the majority.

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It was discovered that the majority of the participants in this study perceived themselves as not prone to cervical cancer. Nevertheless, these participants believed that other women are prone to cervical cancer. Sexual intercourse was listed by participants as a major factor that increases women's' risk to CC.

In relation to the severity of CC, the majority of the participants in this study confirmed that CC is serious. Participants explained the CC severity on the basis that it is causing death of most women and leading to depression, isolation and suicide.

Almost all the women in this study were aware that CCS is beneficial in the early detection of cervical cancer and protecting women against cervical cancer in order to reduce the mortalities associated with cervical cancer.

The results of this study again revealed that there are some obstacles that decrease the willingness of women to participate in cervical cancer screening. While the majority of the participants indicated that they were shy and lack the financial support for the screening, others reveal that they had not gone for the screening due to lack of time and fear that the screening will be painful

Moreover, the present study ascertained that the majority of the participants believed that factors such as the media, peers, health workers and spousal influence have an impact on the willingness of women to seek CCS.

The study revealed the way women will react to CC diagnosis since it could positively or negatively influence CCS uptake. The majority of the participants shared that they will reject the screening results, followed by those who indicated they will accept the results. Less than half of the participants had mixed feelings with regards to their reaction to CC diagnosis.

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Finally, the study identified perceptions of participants with regards to how CCS barriers could be mitigated to increase CCS uptake. Participants suggested that CCS uptake could be increased by the creation of awareness and reducing cervical cancer screening cost.

CHAPTER FIVE

5.0 DISCUSSIONS OF FINDINGS

This chapter discusses the findings of the study. The demographic characteristics are discussed first followed by the thematic areas.

5.1 Demographic Characteristics of Participants

Participants of the present study were within their reproductive ages (22-45) with more than half being married. It was not out of order for this age group to be selected because ACOG, ACS; USPSTF recommend that every woman at age 21 and above should begin CCS whether or not they have had sexual intercourse.

Again, participants had varied educational background ranging from formal, primary, junior, senior High and Tertiary. A few of the participants (2) were uneducated. Since the majority of participants (15) in this present study had formal education it was expected to reflect on the screening rate since Ogilvie et al. (2016) and Smith et al. (2017) discovered in their studies in Canada that the level of a woman's education can positively influence their ability to screen. Even though the majority of participants in the present study had formal education, only one had done CCS. This finding contradicts findings of Ogbonna (2017) and Akinlotan et al (2017) who identified that the higher a woman's educational level, the more likely they are to go for CCS. This implies that it is not enough for women to obtain formal education alone but it is necessary for women to be educated on CC/CCS no matter their level of educational status.

Again, participants of this current study were selected from two rural communities in Shai Osudoku District. Hence the poor cervical cancer screening uptake among participants in this present study could be attributed to the fact that they were selected from rural areas. Consistently, studies have revealed that women in rural areas are less

likely to go for CCS as compared to women who are residing in urban areas (Wang, 2015; Grigore, Popovici, Pristavu, Grigore, Matei, & Gafitanu, 2017)

Knowledge on CCS/CC

This section discusses the knowledge of participants regarding cervical cancer and cervical cancer screening. Participants in this present study revealed varied knowledge levels pertaining to cervical cancer and cervical cancer screening ranging from poor, moderate and good. The knowledge about CC/CCS in this study was centred on the meaning and description of cervical cancer and cervical cancer screening, sources of knowledge about CC/CCS, causes of CC, signs and symptoms of CC and prevention and management of CC.

The women in this present study defined and described cervical cancer in varied ways. The findings of this study suggest that the participants have poor knowledge about cervical cancer and cervical cancer screening as reported in other parts of Africa (Ogbonna., 2017; Babatunde, Olusola, Olusegun, & Sunday, 2017; Oluwole, Mohammed, Akinyinka, & Salako, 2017). For instance, only a few of the participants in this present study were aware that cervical cancer affects the cervix of women which was inconsistent with studies by Mofolo et al. (2018) and Dulla, Daka, and Wakgari, (2017) that found a higher percentage of their participants being cognizant that cervical cancer affects the cervix. In the present study, only a few participants were able to identify where cervical cancer screening is done, when to start the screening and the duration for CCS with none cognizant of the types of CCS. This finding is in consonance with other studies conducted in Africa (Ogbonna., 2017; Belachew et al. 2018; Mofolo et al. 2018; Abotchie & Shokar. 2009). Unlike findings of the present study, some studies have ascertained a higher level

of knowledge about cervical cancer screening among women in high-income countries (Akinlotan et al. 2017; Townsend et al. 2014; Obročníková & Majerníková., 2017).

The present study established that the knowledge on cervical cancer and cervical cancer screening were retrieved from various sources. The media was identified as the main source with television being the highest among the media sources. This finding was consistent with a study by Oluwole, Mohammed, Akinyinka, and Salako, (2017) and Babatunde, Olusola, Olusegun, and Sunday (2017) who echoed that the media is the chief source of information on CC/CCS. Similarly, Abulizi et al. (2018) identified television as the key source among the media types. A few participants in the presents study acknowledged health workers as a medium through which women get to know about CC/CCS. Unlike the findings of the present study, Obročníková and Majerníková (2017) found gynaecologist (51.5%) to be key with regards to retrieving information about CC/CCS as compared to the media (13.4%). This may be attributed to the fact that in Ghana, most hospitals lack gynaecologist and most women in Ghana only visit the gynaecologist when they have reproductive issues.

It was discovered in the present study that the majority of participants had poor knowledge about cervical cancer causes with only one acknowledging that cervical cancer is caused by a virus. This finding concurs with several other studies in Ghana (Abotchie & Shokar, 2009) and abroad (Mofolo et al. 2018; Shiferaw et al. 2016). The poor knowledge on CC causes, as revealed by the present study, was evident in the responses such as not changing pads during menstruation, not washing the vagina, using soaps to wash the vagina, certain foods, surgical intervention, as well as too much heat in the vagina. This finding was supported by a study conducted by Babatunde, Olusola, Olusegun, and Sunday, (2017) in Nigeria which revealed poor knowledge (2.3%) on cervical cancer

cause identifying spiritual belief, contaminated water, and not maintaining one's hygiene as causes of cervical cancer.

The present study likewise showed that women had varied beliefs with regards to the clinical manifestations of cervical cancer. Few participants (5) in the present study gave correct responses to signs and symptoms of cervical cancer including painful sex, vaginal discharge with odor, heavy bleeding, bleeding in between menses and pelvic pain. Similar to findings of this study are those of a study in Slovakia by Obročníková and Majerníková (2017)which found vaginal discharges, painful sex and heavy bleeding as CC manifestations. Modibbo et al. (2010) in Nigeria reported abdominal pain and back pain as signs and symptoms of cervical cancer. Likewise, the present study revealed some signs and symptoms that were not linked to cervical cancer such as frequent urination, painful urination, abdominal pain, vomiting, and headaches. Inconsistently, a study done by Dulla, Daka, and Wakgari, (2017) in Ethiopia revealed a higher knowledge on CC signs and symptoms among female health workers.

The present study indicated that almost all the participants believed cervical cancer can be prevented and managed. Unfortunately, few of the participants knew about the mode of prevention and various management techniques available for it. This finding was in conformity with some studies done in Ghana, S.A and Ethiopia (Williams & Amoateng, 2012; Maree, Lu, & Wright, 2012; Belachew et al. 2018). For instance, the present study revealed interesting ways of preventing cervical cancer such as changing clothes, keeping the vagina neat and brushing the teeth. A few participants in the current study described cervical cancer prevention as abstinence from sex, sticking to one partner, and creation of awareness. This finding was indirectly linked to several studies by Smith et al. (2017), Ncube et al, (2015), Akinlotan et al. (2017), Abiodun, Olu-abiodun, Sotunsa, and Oluwole (2014), Obročníková and Majerníková, (2017), which identified multiple sex partners, and

early sexual intercourse as predisposing factor to CC. Treatment of cervical cancer was described by a few participants in the present study in terms of using drugs and through surgical means. The majority were unaware of the various treatment methods as was consistent with the findings of Shiferaw et al. (2016) and Obročníková and Majerníková (2017) that few of their participants knew the treatment types for cervical cancer

5.2 Perceived Susceptibility to Cervical Cancer

It was found that women in Shai Osudoku District have different beliefs about their perceptions to cervical cancer susceptibility. Their perceived susceptibility was discussed based on: perception about self-risk, perception about other women's risk and mixed perception

The findings in this study depicted that the majority of women in this district do not perceive themselves as susceptible to cervical cancer. The finding that a few women perceived themselves as susceptible to cervical cancer was congruent with Ncube et al. (2015)who discovered among their participants who have had sex below age 16, that only (30%) perceived themselves as risk to cervical cancer. Similarly, a report by Shrestha and Dhakel (2017)reveals that more than half of their participants view themselves as not being prone to CC. Participants not viewing themselves as susceptible is a cause for alarm since the level of women's' perceive susceptibility could negatively or positively affect their willingness to partake in CCS as found by Shrestha and Dhakel (2017). Surprisingly, even though the majority of participants in this study did not perceive themselves as prone, most of the participants have had sexual intercourse and are above age 20 years but only one had done CCS. This finding corresponds to findings by Crawford, Benard, King, and Thomas (2016) who found that most of their participants who had not done CCS were exposed to some risk such as BMI of 30 and above, cigarette smoking, and low income below $10,000 even though the specific risk were not directly linked.

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The perception that other women are susceptible to cervical cancer was attested by the majority of participants in this study. According to participants, factors that increase women's' risk are early sexual intercourse and multiple sex partners as consistent with several studies both locally and internationally (Smith et al. 2017; Akinlotan et al. 2017; Ncube, Bey, Knight, Bessler, & Jolly 2015; Ganesan, Michael, & Subbiah, 2015; Obročníková & Majerníková,2017; Dulla et al, 2017) and inconsistent with a study by Abiodun, Olu-abiodun, Sotunsa, and Oluwole (2014) whose participants were ignorant that having multiple sex partners increases a woman's chances of getting cervical cancer. The findings of the present study further suggest that advanced age and having a relative with cervical cancer forms a smaller percentage in increasing women's risk to cervical cancer. This was related to a study by Ganesan, Michael, and Subbiah (2015) who found a link between old age and cervical cancer risk.

A category of women in this study had mixed perceptions that other women including themselves are at risk of CC. Relatedly, Dulla et al. (2017) proposed that every female of age 21 years and above is likely to get cervical cancer. This finding was inconsistent with several studies that found only female of a youthful age (Abotchie& Shokar, 2009), those who do not partake in CCS (Salem, Amin, Alhulaybi, Althafar, & Abdelhai 2017), and those who engage in sex at an early age (Biobaku, Fatusi, & Afolabi, 2015) as susceptible to CC.

5.3 Perceived Severity and Threat of CC

The perception that women have with regards to cervical cancer severity is an important determinant to whether or not they will be willing to partake in CCS. It was, therefore, necessary for participants in this study to share their views pertaining to the severity of CC. Death, low sexual performance; infertility, depression, anxiety, and

isolation were identified by participants in this study as accounting for cervical cancer severity.

Depression and anxiety are major factors that participants suggested threaten the lives of women living with cervical cancer. According to participants in this study, some women diagnosed with CC feel extremely sad and worried due to the danger cervical cancer poses to women affected. For example, participants attributed the anxieties and depression experienced by women with cervical cancer to the fact that it has no cure. This finding was in conformity with a study by Ma et al. (2015) in Uganda. Similarly, Lin, Jeng and Wang, (2011) in Taiwan revealed a finding that, women with cervical cancer through some negative feelings such as worrying. Moreover, anxiety and depression were exhibited by participants of Paul, Musa and Chung (2016) and Mantegna et al. (2013). Suicide is another remarkable finding that was revealed by participants in this study to result if depression is not managed properly. The findings concur with Lu, Fall, Sparén, Ye, Adami, Valdimarsdóttir, and Fang's (2013) study among Swedish women diagnosed with cancer that some of the participants committed suicide whilst other attempted suicide. This implies that women with cervical cancer should be given the necessary support and care required from friends, families and other significant others in order to manage depression and to help reduce suicidal ideations.

Another finding worth noting in the present study with regards to cervical cancer severity is poor sexual performance. Participants in this study attributed the sexual dysfunctions women experienced to pain during intercourse, foul-smelling vaginal discharges, decreased libido and feeling of fatigue or sick. According to participants in this study, if the sexual dysfunction is not managed it may lead to a break in marriages. This finding was similar to several other studies whose participants diagnosed with cervical cancer experienced sexual dysfunctions such as reduction in the desire as well as sex

frequency (Jeng, Wang & Lin, 2010; Shankar et al. 2017; Zhou et al. 2019). This implies that more research should be done with regards to sexual dysfunctions experienced by women with cervical cancer in order to manage their sexual issues. Participants claimed women with cervical cancer may have issues with fertility and that is congruent with findings of previous studies (Lin, Jeng & Wang, 2011; Kyrgiou et al. 2014).

Isolation was discovered by participants in the current study to accounts for cervical cancer severity. Participants suggested that it is either women with cervical cancer who disengage themselves from people or other people (friends, family and significant others) neglect them. The reasons listed for the isolation were; fear of what people will say, the misconception that one is HIV positive, the misconception that one has engaged in money ritual, change in their physical appearance, and financial constraints. These findings were linked with other studies that detected isolation and lack of support from partners, friends and family members among cervical cancer patients (Jeng, Wang & Lin, 2010; Mantegna et al. 2013; Nyblade, Stockton, Travasso & Krishnan, 2017). Lack of support was found by these researchers to increase the anxiety levels of women with cervical cancer. On the contrary, findings of Hobenu, (2015) study done in Ghana which revealed adequate support from friends, husbands, families, workplace and health workers towards cervical cancer patients.

Virtually all participants in this study considered death in relation to cervical cancer seriousness. They expressed that most women who are affected with cervical cancer do not survive it and suggested that measures should be put in place to reduce the number of deaths caused by this cancer including screening, and timely interventions. Similarly, other studies in Uganda, China Ethiopia, and Zimbabwe have discovered that the majority of women with cervical cancer die (Ma et al. 2015; Songs et al. 2017; Bayu, Berhe, Mulat, & Alemu, 2016; Kuguyo et al. 2017). For instance, in 2012 an estimated

number of 265,700 deaths from cervical cancer worldwide were recorded (Torre, Islami, Siegel, Ward & Jemal, 2017). The high perceived severity among participants in the current study did not reflect in their willingness to screen. This finding contradicts the results of Visanuyothin et al. (2015) in Thailand who identified that the higher the perceived severity, the higher the chances of these women engaging in the screening.

5.4 Perceived Benefits of CCS

Per the findings of the current study, virtually all the participants were aware of the role cervical cancer screening plays in detecting cervical cancer early and protecting women against this cancer. Participants, therefore, focused their descriptions about CCS perceived benefits on early detection and prevention of CC.

Knowing a woman's cervical cancer status as well as keeping oneself from getting cervical cancer was suggested by more than half of the participants as the main benefits of CCS. The higher perceived benefit revealed in the latest study was supported by several other studies both in Ghana and Abroad (Leung & Leung, 2010; Abotchie & Shokar, 2009; Jassim et al. 2018; Nardi, Sandhu, & Selix, 2016). For example, in 2016, The American Cancer Society and Landy, Pesola, Castañón, and Sasieni'sestablished that CCS has been able to avert over 50% of cervical cancer in U.S.A and about 70% in England respectively. Based on this, participants in this study further revealed the need to intensify education on the screening to help reduce CC incidence rate as supported by findings of Lunsford, Ragan, Smith, Saraiya, and Aketch. (2017) who found it necessary for workers to discuss cervical cancer screening benefits with their patients to increase their patronage. Again, the higher perceived benefits in the current study did not positively affect cervical cancer screening rate among these women as supported by Ibekwe, Hoque, and Ntuli-Ngcobo, (2011).

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Participants in this study suggested that identifying cervical cancer early to initiate early treatment was another benefit of CCS. According to them, this will prevent the condition from getting worse and makes treatment easier. Related to this findings are several other studies that showed CCS can detect cancer cells early to prevent complications (Jassim et al. 2018; Ibekwe, Hoque, & Ntuli-Ngcobo, 2011; Yakout, 2016).

5.5 Perceived Barriers to Cervical Cancer Screening

This section discusses the various obstacles that hinder the willingness of women to partake in CCS thereby decreasing patronage in CCS. Participants in the current study shared their thoughts about the various impediments preventing women from partaking in cervical cancer screening. Some barriers mentioned by participants include shyness, lack of time, fear, financial difficulties, and ignorance.

The finding revealed that amongst the various obstacles towards CCS, the most common obstacle women faced was shyness. According to participants in this study, several reasons were given why women feel shy to engage in CCS. This finding is consistent with previous studies that found feeling of embarrassment to be a barrier to cervical cancer screening (Marlow, Waller, & Wardle, 2015; Anisah, Paim & Samah, 2013). Surprisingly findings revealed that some women were shy to participate in CCS due to having problems with their genitals such as diseases or unkempt hair as is consistent with Anisah, Paim and Samah (2013)'s findings. Another remarkable finding as to why participants in this study felt shy was the assumption that they may be screened by a male health worker who will see their nakedness. The finding corresponds to two studies in 2017 by Lunsford et al. and Akinlotan et al who stated that some participants were reluctant to go for CCS to avoid exposing their nakedness to male health workers.

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The findings from the current study indicated that lack of time was another obstacle that prevents women from engaging in CCS. The lack of time reported by participants was attributed to the need to fulfil the job and marital duties and based on this they suggested the need for the screening to be accessible in their communities in order to increase CCS patronage. This finding is similar to the findings of Marlow, Waller, and Wardle, (2015) and Akinlotan et al (2017) whose participants mentioned lack of time as one of the impediments to CCS. For instance, the belief held by some participants that they will spend a lot of time at the hospital during the screening in a study by Bukirwa et al (2015) deterred them from going for the screening. Even though participants in the current study did not directly recount that far distance could prevent them from engaging in the screening, they suggested that if the screening could be brought closer to them, they would be willing to participate in it. This was consistent with a study by Lunsford et al. (2017) who identified that some women may be prevented from engaging in CCS due to a far distance to the screening.

Money is very essential in seeking health care, and most people who are sick wait longer in the house until the condition has gotten worse before attending to the hospital due to financial constraint. Hence, the financial problem was listed by almost all participants in the current study as an obstacle to CCS. Participants in the present study verbalized that most women in Ghana are not patronizing the screening because they are poor and hence cannot fund the screening cost. They added that the NHIS does not cover the cost for the screening to help minimize the screening cost for women. Some participants expressed their concerns that women who are able to afford the screening cost are not able to bear the cost of treatment when detected positive and found no reason why they should, therefore, go for the screening. The results were supported by other studies

whose participants perceived CCS cost to be too high (Abotchie & Shokar, 2009; Lunsford et al. 2017) for most women to afford (Akinlotan et al. 2017).

Furthermore, gaining understanding about cervical cancer and cervical cancer screening has been found to reduce CCS barriers and increase patronage in CCS. For this reason, lack of awareness about CCS/CC was another factor participant in this study indicated as a barrier to CCS. This is similar to findings by Marlow, Waller, and Wardle, (2015), Jia et al. (2013), Modibbo et al. (2016), and Ndikom and Ofi, (2012) where due to ignorance, about CCS/CC, women did not partake in CCS. For instance, Bukirwa et al (2015) found misconceptions that the ovaries and womb of a woman are removed during the process of the screening prevented women from taking part in the CCS. Notably, findings that women in this study were ignorant about where to go for the CCS serve as a barrier to the screening as consistent to another study done in Ghana by Abotchie and Shokar (2009) who found that not knowing where CCS is done could hinder CCS uptake.

One other remarkable finding in the present study under barriers to CCS was fear. Fear is an emotional response of an individual towards danger or a major negative life change. According to participants in this study, the fear that women harbour towards CCS uptake is based on the fact that they may be detected positive after the screening. Relatedly, not knowing the outcome of CCS, and being diagnosed with CC are the reasons why participants in some studies fear to partake in CCS (Dulla et al. 2017; Ndikom & Ofi, 2012; Modibbo, et al. 2016; Akinlotan et al. 2017; Rahman & Sumit, 2015) thereby leading to low patronage in CCS. A few participants in the current study feared that their husbands will not accept their idea of going for CCS. This finding is consistent with another study in Ghana by Abotchie and Shokar (2009) which found that some women refuse to go for CCS for fear that their husbands will not permit them.

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Aside from the aforementioned factors serving as barriers towards CCS uptake, reaction from friends, and relatives have been identified as decreasing the willingness of women to partake in CCS. Participants in this study thought that they may be gossiped about or stigmatized when seen going for the screening and hence preferred not to go. Similar to this finding are several other studies that found negative reaction from people can serve as a barrier to CCS uptake (Momberg, Botha, Merwe, & Moodley, 2016; Khan &Woolhead, 2015). For instance, some women were unwilling to participate in CCS on the basis that they will be tagged as spoilt or not faithful (Abotchie & Shokar, 2009). Apart from relatives and friends, negative reaction from health workers was found in the current study to decrease the willingness of women to partake in CCS. Buttressing this finding is a study by Modibbo, et al. (2016), which established that poor treatment received from health workers could hinder uptake of CCS.

Finally, the perception that the CCS will be painful was indicated by the majority of the participants in the current study to serve as a hindrance towards seeking CCS. Participants gave interesting explanations to why they think cervical cancer screening will be painful such as every procedure done in the hospital is painful. A similar perspective was held by participants in other studies in Ghana, USA and Kenya (Abotchie& Shokar, 2009; Akinlotan et al. 2017; Lunsford et al. 2017). This perception was found by other studies to decrease patronage in CCS (Bukirwa et al. 2015; Khan &Woolhead, 2015).

5.6 Cues to Cervical Cancer Screening

Cues are factors that encourage women to go for CCS. Almost all participants in the present study believed that the rate at which women participate in cervical cancer screening could be influenced by some factors including the media, friends, family members, and health workers. Similar to this finding is a study by Ebu and Ogah, (2018)

in Ghana who identified that there are some cues that influence women participation in CCS and added that the higher the cues the higher the probability to partake in CCS.

A health worker was a significant cue that was identified by the majority of participants in this study to increase the willingness of women to engage in CCS. According to participants, health workers play a vital role in the creation of awareness on CC/CSS thereby increasing CCS uptake. Other women in the present study held the view that a positive relationship between health professionals and their patients can motivate more women to partake in CCS. This finding is congruent with several others studies supported the idea that physicians play a significant role in increasing CCS uptake (Peralta, Holaday, & Hadoto, 2017; Parish, Swaine, Son, & Luken, 2013). For instance, encouragement received from health workers was detected to motivate women to partake in CCS (Jeihooni, Kashfi, Bahmandost, & Kashfi, 2015). Even though the present study was not directly linked to a study by Bukirwa et al. (2015), it has some relation since participants in this study thought that some women are motivated to seek CCS with the notion that other physical exams will be done by health workers during the process of the screening. Consistent with findings of the current study is a previous study by Morema, Atieli, Onyango, and Omondi (2014) whose results showed that the majority of women who send their children to the Child Welfare Clinic are motivated more to participate in CCS than those who are not. This implies that health workers in Ghana should do their part by educating more women on CC and CCS in order to improve CCS uptake among women in Ghana.

Furthermore, peer influence was identified as another factor to encourage more women to seek CCS services. Friends have a major influence on the various decisions and choices of their peers including health. Hence, the majority of participants in the current study indicated that friends have a positive influence on women's willingness to seek

CCS. Participants based their argument on the fact that friends will gossip or make noise about the screening when they hear about it to other friends to make more women aware and go for it. Other participants reported that some women are motivated to go for the screening by the mere fact that their friends have gone for it or have been diagnosed with CC. Similar to this finding, friends were identified to be influential in CCS uptake (Kim, Ati, Kols, Lambe, Soetikno, Wysong, Tergas, Rajbhandari, and Lu, 2012). For instance, Matejic, Vukovic, Pekmezovic, Kesic, and Markovic, (2011) reported that women who engage in conversation with other women who have cervical cancer were more likely to go for cervical cancer screening. On the contrary, Peralta, Holaday, and Hadoto (2017) identified mothers (63%) to have a higher influence on their daughters' willingness to participate in CCS.

It was discovered that spousal influence is a cue to CCS. The majority of the participants in the current study suggested that husbands can influence the wives positively to seek CCS. They added that husbands who are more enlightened, love and understand their wives more will influence their wives more than those who are not. Comparable to findings of the current study, a study by Ncube, Bey, Knight, Bessler, and Jolly (2015) in Jamaica and Visanuyothin, Chompikul, and Mongkolchati (2015) unravelled that being married is a positive determinant to CCS uptake. For example, husbands were identified by Kim et al (2012) to influence their wives to participate in cervical cancer screening as well as a cervical cancer treatment. In contrast to the present study, a study by Widiasih, and Nelson (2018), although reporting that Muslim husbands support their wife's health in various aspects, with respect to cervical cancer screening, participants indicated that there were limited support and influence from their husbands. Husbands are therefore to be educated and encouraged at various gatherings on the need to support their wives to partake in CCS to help reduce the incidence of CC in Ghana.

Finally, the media was suggested by most participants in this study as a key motivator to CCS uptake. The media types listed to influence women to partake in CCS were TV and radio. The media as a cue to cervical cancer screening as indicated by participants in the present study was supported by Peralta, Holaday, and Hadoto, (2017). Findings of the current study were supported by Teng et al. (2014) which ascertained that media campaigns can help overcome impediments to CCS such as shyness and increase CCS uptake. It was therefore proposed by Ziba, Baffoe, Dapare, Shittu, and Antuamwine, (2015) that there is the need to strengthened education on CC/CCS on the media to increased utilization of CCS.

5.7 Perception about Women's' Reaction to CC Diagnosis

Being diagnosed with a life-threatening disease is one of the most difficult life experiences patients encounter and find it difficult to cope with. Participants in this study shared varied means by which they will react to cervical cancer screening diagnosis which is categorized into accepting the diagnosis, rejecting the diagnosis and having mixed feelings.

Even though being diagnosed with cancer may cause psychological trauma and anxiety to women affected, some participants in the present study reported that they will accept to go for cervical cancer screening and accept the results even when it is positive. They added that after accepting the results, they will find ways of dealing with it so that their condition does not worsen. Similarly, Patricia, Lonia, Margaret, Mutinta and Beauty, (2015) found that cervical cancer screening diagnosis causes distress to individuals affected but recommended the need for them to accept the diagnosis and adopt ways for dealing with it properly. Relatedly, Rosser, Zakaras, Hamisi, and Huchko (2014) revealed that some men even though disclosed they will go through emotional trauma upon hearing that their partners are diagnosed with cervical cancer, they were still willing to encourage

their partners to go for the screening. Women who are aware of CCS and CC are more likely to accept CCS uptake (Kabalika, Mulenga, Mazaba, & Siziya, 2018). For the women who professed that they accept CC diagnosis, their reasons are probably due to the fact that they are enlightened about it and believe in orthodox intervention.

Some participants in the current study ascertained that they will reject a positive cervical cancer screening results due to the emotional stress associated with it to the extent that some preferred committing suicide to living with cervical cancer diagnosis. Similar findings of the present study were disclosed by Binka, Nyako, Awusabo-Asare, and Doku, (2018) in that individual diagnosed with cancer try to cope with the stress associated with it by rejecting the diagnosis. On the contrary, Viviano et al (2017) found that some of their participants who were diagnosed as HPV positive through CCS and referred to undergo colposcopy accepted and went whilst quite a few refused to go for the screening. Findings of a study by Kivuti-Bitok, Pokhariyal, Abdul, and McDonnell (2013)**,** even though not directly related to the present study revealed that some physicians even have difficulty disclosing a positive cervical cancer screening results for the fear of causing emotional stress to their patients. Rejection of CC diagnosis among these participants could be attributed to the fact that they have poor knowledge regarding CC/CCS and due to some religious and cultural beliefs.

Another cardinal finding related to perception about women reaction to CC diagnosis that some women in the present study had mixed feelings. They asserted that they will initially reject a CC diagnosis to seek further opinion from different hospitals but will accept later when they cannot do anything about it. This makes sense since nobody initially will want to accept situations that will cause distress or a major change to their lives initially. This explains why most Ghanaian women wait until they are down with a condition before visiting the hospital.

5.8 Strategies to overcome barriers to cervical cancer screening

Women in this study suggested that obstacles preventing women to partake in CCS services could be overcome in various ways as supported by findings of Baker-Townsend, (2014) in USA who identified newly designed algorithms to overcome CCS barriers thereby increasing CCS uptake. Some strategies suggested by participants in the present study to CCS barriers are the creation of awareness on CC/CCS and reducing the charges for CCS.

It was identified that CCS barriers could be controlled by creating awareness of CCS and CC. Participants in this study suggested that awareness should be created using the media, schools, and making fliers. Supported by findings of this study are several other studies that identified that creation of awareness about CCS/CC on the media and other sources can help counteract barriers to CCS and increase CCS uptake (Teng et al. 2014; Matejic, Vukovic, Pekmezovic, Kesic, Markovic, 2011; Chosamata, Hong, &Tiraphat, 2015; Visanuyothin, Chompikul, & Mongkolchati, 2015; Peralta, Holaday, & Hadoto, 2017). Another finding worth noting is that participants suggested that the awareness about CCS/CC should be extended to males as well since they have an influence on women's decision making regarding their health. This finding is related to some previous studies that acknowledged the influence husbands have on their wives decision about CCS uptake (Abotchie & Shokar, 2009; Lunsford et al, 2017; Modibbo, et al, 2016).

An equally important finding of this study is the fact that participants identified that reducing CCS charges could increase CCS patronage among women. Others suggested that the government should not only help to subsidize the screening cost but the cost of treating cervical cancer. Other women in this study recommended the need for the CCS cost to be rolled unto the NHIS. This is logical because people always want to patronize services that are cheap. Furthermore, Ghana is considered a middle-income

country and this study were conducted among women living in rural communities in Ghana who are considered poor so this suggestion by participants was not out of order. This finding is not surprising since several studies have identified high charges as an impediment to CCS uptake (Lunsford et al, 2017; UNFPA,2016; Abotchie & Shokar, 2009; Townsend et al. 2014). Findings of this study agree with findings of Chang et al (2017)who found that how rich or poor a person is can have an influence on their willingness to engage in cervical cancer screening. For example, Ziba, Baffoe, Dapare, Shittu, and Antuamwine, (2015) in Ghana suggested that more women will go for CCS if the cost is covered by NHIS. This is true because some Ghanaians come to the hospital with only their NHIS to seek care.

5.9 Summary of the discussion

In summary, this section covered a discussion of women health beliefs about CC and CCS. The discussion was guided by the constructs of HBM as well as the emerging themes which are: knowledge on CC/CCS; perceived susceptibility to CC; perceived severity and threats of CC; perceived benefits of CCS; perceived barriers towards cervical cancer screening; cues to cervical cancer screening; perception about women's reaction to CC diagnosis and strategies to overcome barriers towards CCS.

The study revealed poor knowledge with regards to cervical cancer and CCS description and meaning, signs and symptoms, causes, prevention and management that lead to poor CCS patronage. The study disclosed that a greater number of women saw themselves not vulnerable to getting cervical CC even though they perceive other women as susceptible. Few participants in the study perceive themselves as well as other women as being prone to CC

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Almost all participants had the notion that CC is a life-threatening condition that causes several changes in the life of women affected including depression, isolation, anxiety, sexual dysfunction, and death. Furthermore, participants discovered that CCS is beneficial to women who participate in it by helping them know their status early for timely intervention and to help in early detection of precancer cells before they become cancerous

Nevertheless, most women believe there are several factors serving as obstacles to CCS uptake. Some of the factors ascertained by participants were shyness, financial constraint, perception that it will be painful, reactions from other people and lack of time. Some cues were identified to influence positively CCS uptake including the media, peers, health workers, and spousal influence

Women in this study expressed the way they will react to CC diagnosis. The reactions ranged from acceptance, denial and having mixed perceptions (initial denial and later acceptance). Two strategies were suggested to help overcome CCS barriers: reducing cost and creating awareness about CC/CCS.

CHAPTER SIX

6.0 SUMMARY OF THE STUDY, IMPLICATIONS, LIMITATIONS, CONCLUSIONS AND RECOMMENDATIONS

Outlined in this chapter are the study summary, implications of the study, limitations of the study, conclusions dawn, and recommendations.

6.1 Summary of the Study

Cervical cancer is considered one of the deadly cancers claiming lives of women worldwide. Consequently, cervical cancer screening has been introduced to help in early detection of precancer cells to help reduce cervical cancer incidence and mortality. The beliefs women have with regards to CC and cervical cancer screening have been found to influence cervical cancer screening uptake. This study therefore explored the health beliefs about CC and CCS among women at Shai Osudoku District of Ghana using the Health Belief Model (HBM) by Hoque, Ghuman, Coopoosmay, and Hal, (2014) as a guiding framework. The constructs of this theory guided the formulation of the study objectives. The study employed an exploratory descriptive qualitative design with purposive sampling technique being used to engage seventeen (17) women who met the inclusion criteria of the study, in individual face to face interviews. Ethical approval was sought from the Institutional Review Board of the Noguchi Memorial Institute for Medical Research, University of Ghana. A semi structured interview guide was pretested using four women at Oyibi community who have similar characteristics as the communities selected, followed by gathering of the data. Following the pretesting, women in the two communities selected who agreed to partake in the study, were informed about the purpose, guided to sign, or thumb print a consent form before the interview commenced.

HEALTH BELIEFS ABOUT CERVICAL CANCER AND CERVICAL CANCER SCREENING

Each interview was audiotaped and transcribed verbatim. Analysis of data was done concurrently with data collection using thematic analysis.

The study reveals several beliefs held by women in this district with regards to cervical cancer and cervical cancer screening. The beliefs were categorized based on constructs of the study into knowledge about CC/CCS, perceived susceptibility to CC, perceived severity of CC, perceived benefits about CCS, perceived barriers towards CCS, and cues to cervical cancer screening. Two other categories based on the responses of participants emerged which were; perception about women's reaction to CC diagnosis and strategies to overcome barriers to CCS.

The knowledge of women in the study was assessed around the definition/descriptions of CC/CCS, signs and symptoms, causes, prevention and management of CC. Generally, the knowledge of women in this study about cervical cancer and cervical cancer screening was low. The Majority of participants were not able to define and describe cervical cancer and cervical cancer screening correctly. Even though most participants had the perception that cervical cancer could be prevented and managed, few were able to list the preventive and management strategies for CC.

The majority of participants in this study believed there were not at risk of getting CC, nevertheless they believe other women were at risk. Few women had the perception that they and other women were prone to cervical cancer with the justification that they are all women and exposed to similar risk. According to these women, things that increase their risk and other women's risk are: early sexual intercourse, multiple sex partners, hereditary, some foods, douching, using soaps to wash the vagina and not keeping the vagina neat.

HEALTH BELIEFS ABOUT CERVICAL CANCER AND CERVICAL CANCER SCREENING

It was discovered that women in this study viewed CC as serious and life threatening on the basis that it has no cure and leads to the death of most affected women. Moreover, women in this study described CC severity on the basis that it leads to infertility, isolation, depression and poor sexual performance.

The study disclosed that the majority of participants' perceived cervical cancer screening as beneficial in the sense that it helps women to know their status, and to detect cancer cells early for prevention and treatment. Yet, most participants were not able to mention the mode of prevention and treatment.

It was discovered that there were some obstacles that prevent women from partaking in CCS uptake. The majority of the participants believed that shyness is the main barrier towards CCS uptake. Participants were shy of the fact that their nakedness will be exposed, or they may be humiliated. Other barriers identified were; lack of time to go for the screening, ignorance about CC/CCS, financial constraints, fear of being diagnosed with CC, reaction from friends, health workers and relative, perception that the procedure will cause pain.

Participants had the perception that there are some factors that motivate women to participate in CCS. The various cues identified were; health workers, peer influence, spousal influence and influence from the media. Amongst these, the major cues identified were the media and health workers, followed by the others.

Out of the responses of participants two other themes emerged. The majority of the participants disclosed that they will accept CC diagnosis, some recounted that they will reject the diagnosis and a few mentioned that they will initially reject but later accept and live with it. Also, suggested by participants were varied ways to control CCS barriers which include creation of awareness and reducing CCS cost.

6.2 Implications of the Study

The findings of the study have implications for nursing practice, nursing research, and policy formulation.

6.2.1. Implications for Nursing Practice and Education

The findings of the study revealed poor knowledge about CCS and CC. It is therefore pertinent that awareness is created among women about CC and CCS. It is imperative for women to be educated for them to understand: how susceptible they are to CC; how severe CC is; and how beneficial cervical cancer screening is in preventing CC. Furthermore, women should be made aware of the various barriers that reduce their interest in CCS uptake and factors influencing them to partake in CCS in order to increase their; willingness to partake in CCS by overcoming the screening barriers. It is also vital for women to be informed about how women react to CC diagnosis since it can positively or negatively affect CCS uptake. Men should also be sensitized on CC/CCS since they play a major role in women's' decision to or not to partake in CCS, and also provide financial support. Periodic in-service training for nurses and physicians is also necessary to improve women's' understanding on CC/CCS in order to help overcome CCS barriers and to increase screening patronage.

6.2.2 Implications for Nursing Research

Findings reveal that the beliefs and perceptions held by women with regards to CC/CCS could positively or negatively affect their uptake in CCS. Therefore, understanding beliefs and perceptions of women regarding CC and CCS is vital. Moreover, further research among women focusing on CC, CCS can help to identify other ways of increasing CCS uptake. Other research should focus on men's' understanding of CC/CCS in order for them to influence women positively to engage in CCS. Other research work should also be focused on how women will react to the diagnosis of CC,

since it was found to influence the willingness women have towards CCS. Knowledge from these studies may guide nurses and other health workers to know the type of education to give in order to increase women's' understanding about CCS/CC and promote utilization of CCS.

6.2.3 Implication for Policy Formulation

Findings suggest that knowledge on CCS/CC is low and CCS cost is high. It is therefore necessary for policy to be formulated on mandatory education to mothers about CCS/CC during antenatal and post natal services. There should also be innovative policy regarding CCS cost, treatment and HPV vaccination, to help increase Utilization of CCS services, increase early reporting of CC to the hospital, acceptance of CC treatment and reduction of the incidence rate of CC.

6.3 Limitations of the Study

Using only women in their reproductive age from 22 and above (excluding some women in their teens who might have initiated sexual intercourse) was a limitation. However, all women above the ages of 21 years as recommended by American Cancer Society who were willing to partake in the study, who are not diagnosed of CC and have idea about the phenomenon of study were recruited.

6.4 Conclusion

The health beliefs about CC and CCS among women at Shai Osudoku District was assessed using the Health Belief Model as a guiding framework. It was ascertained that generally, the knowledge of women in this district about CC/CSS was poor. Perceived susceptibility to CC with regards to self was poor even though the susceptibility about other women was high. There was a high perceived severity (death, poor sexual performance, anxiety, isolation, depression, and infertility) and benefits (Knowing a

woman's status, early detection of CC and prevention of CC) as well as barriers towards CCS such as shyness, fear that is painful, fear that their partners will not permit them, the belief that the screening is costly. even though it did not have any influence on the willingness of women in this district to screen since only one participant among the women interviewed had done CCS. There is, therefore, the need for women in this district to be sensitized on CC and CCS to help increase the understanding of women on CCS and CC and to increase patronage in CCS.

6.5 Recommendations

The following recommendations have been made to the Ministry of Health, Ghana, The District Health Management Team, and GHS based on the findings of this study.

6.5.1 The Ministry of Health, Ghana

The Ministry of Health should:

1. Collaborate with the government to subsidize CCS cost for more women to afford.
2. Advocate for reduction of the cost for HPV vaccination to help increase women utilization in order to increase their protection against the CC.
3. They advocate for the coverage of CCS cost as well as the cost for HPV vaccination by the NHIS.
4. Introduced more CCS centres to several hospitals in the country to help overcome some barriers to CCS and increase CCS patronage.
5. Ensure that seminars and workshops are conducted to educate nurses, physicians and other health workers on CC/CCS in order to for them to provide accurate information on CC/CCS to improve CCS uptake.

6. Engage in more research work in the area of CC/CCS with emphasis on psychological stress and sexual dysfunctions women with CC experience and how women react to CC diagnosis.

6.5.2 District Health Management team (DHMT), Shai Osudoku District

The DHMT is under the Ghana Health Service, and should ensure that:

1. Nurses, midwives, physicians and other health workers under the district catchment area are trained on CC/CCS to update their understanding on it.
2. CCS unit is introduced in the catchment area in order to help overcome some barriers to CCS and increase CCS patronage.
3. Flyers are distributed to women and men to help inform them and to improve their understanding about CC/CCS
4. The cost for CCS is subsidized for women in the catchment area to increase CCS utilization.
5. Community durbars are periodically organized various sub-districts to sensitize women on the need to accept CCS services and men on the need to support women to partake in CCS.
6. Women groups are created in the community dedicated for creation of awareness on CCS/CC.

6.5.3 Ghana Health service

The GHS should ensure that;

1. Time is allocated on the various media platforms to sensitize the public about CC severity and CCS uptake in other to increase women acceptance of CCS.
2. Flyers on CC/CCS are made available to every woman who is 21 years and above seeking health in any hospital in Ghana.

3. Measures are put in place to help reduce cost for CCS services to increase women participation in the screening.

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APPENDICES

Appendix A: Ethical Clearance

NOGUCHI MEMORIAL INSTITUTE FOR MEDICAL RESEARCH
Established 1979A Constituent of the College of Health Sciences
University of Ghana

INSTITUTIONAL REVIEW BOARD

Phone: +233-302-916438 (Direct)
+233-289-522574
Fax: +233-302-502182/513202
E-mail: nirb@noguchi.ug.edu.gh
Telex No: 2556 UGL GH

Post Office Box LG 581
Legon, Accra
Ghana

My Ref. No: DF.22
Your Ref. No:

21st December, 2018

ETHICAL CLEARANCE

FEDERALWIDE ASSURANCE FWA 00001824 **IRB 00001276**

NMIMR-IRB CPN 036/18-19 **IORG 0000908**

On 21st December 2018, the Noguchi Memorial Institute for Medical Research (NMIMR) Institutional Review Board (IRB) conducted an expedited review and approved your protocol titled:

TITLE OF PROTOCOL : **Health beliefs about cervical cancer screening among women at Shai Osudoku District**

PRINCIPAL INVESTIGATOR : **Evans Osei Appiah, MPhil Cand.**

Please note that a final review report must be submitted to the Board at the completion of the study. Your research records may be audited at any time during or after the implementation.

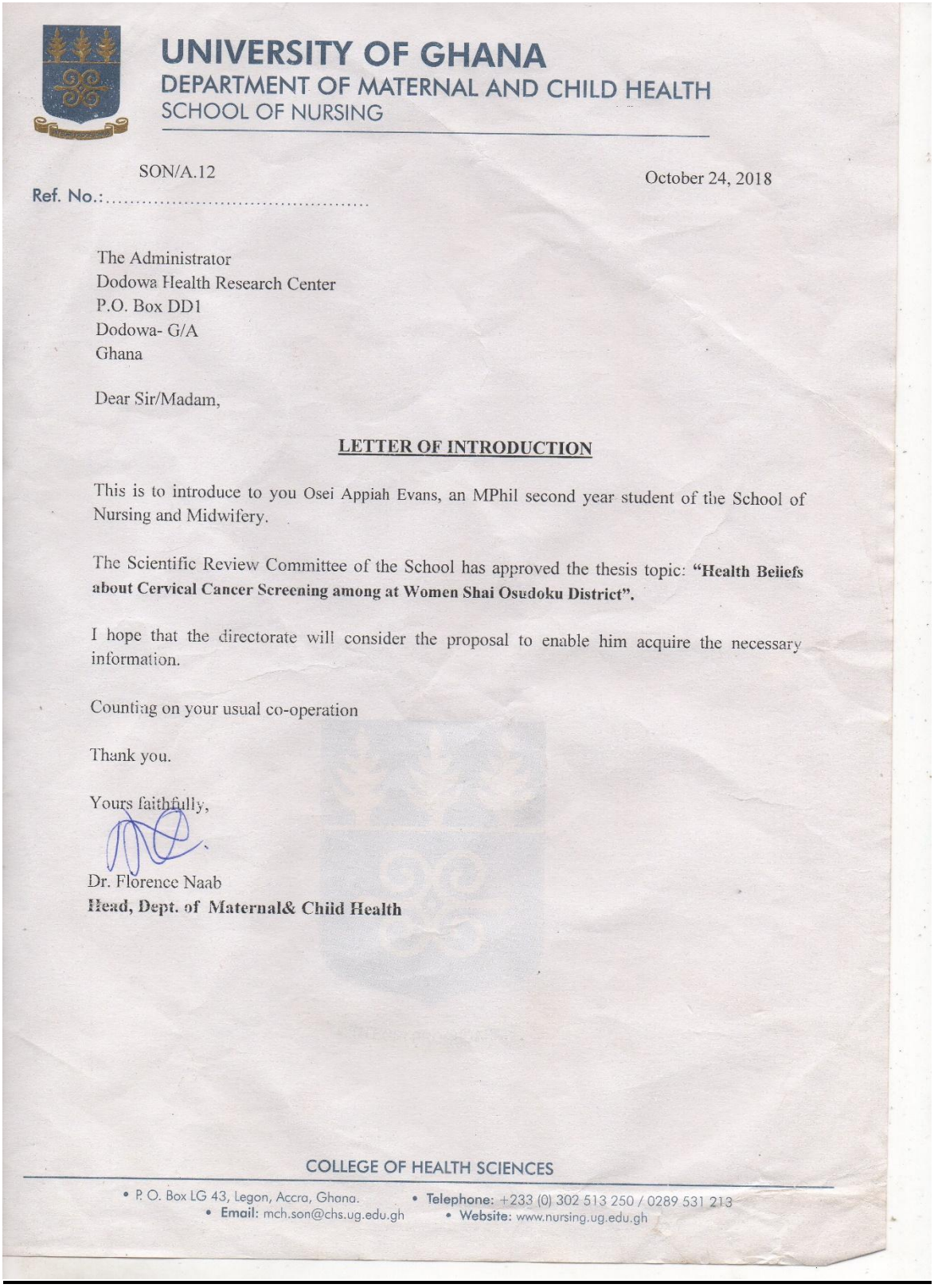
Any modification of this research project must be submitted to the IRB for review and approval prior to implementation.

Please report all serious adverse events related to this study to NMIMR-IRB within seven days verbally and fourteen days in writing.

This certificate is valid till 20th December, 2019. You are to submit annual reports for continuing review.

Signature of Chair: .....
Mrs. Chris Dadzie
(NMIMR – IRB, Chair)

Appendix B: Introductory Letter



UNIVERSITY OF GHANA
DEPARTMENT OF MATERNAL AND CHILD HEALTH
SCHOOL OF NURSING

SON/A.12

Ref. No.:.....

October 24, 2018

The Administrator
Dodowa Health Research Center
P.O. Box DD1
Dodowa- G/A
Ghana

Dear Sir/Madam,

LETTER OF INTRODUCTION

This is to introduce to you Osei Appiah Evans, an MPhil second year student of the School of Nursing and Midwifery.

The Scientific Review Committee of the School has approved the thesis topic: **"Health Beliefs about Cervical Cancer Screening among at Women Shai Osudoku District".**

I hope that the directorate will consider the proposal to enable him acquire the necessary information.

Counting on your usual co-operation

Thank you.

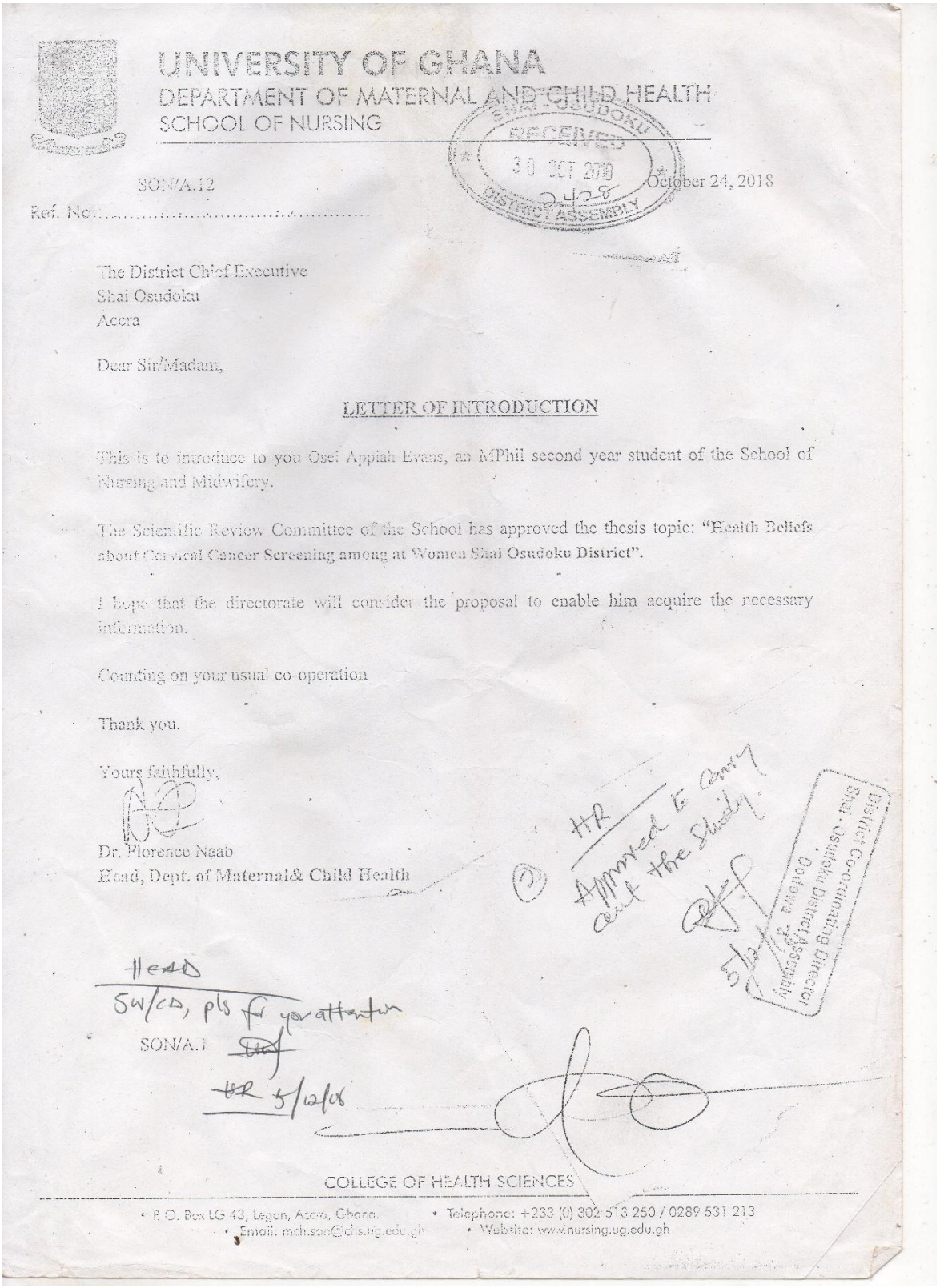
Yours faithfully,

Dr. Florence Naab
Head, Dept. of Maternal& Child Health

COLLEGE OF HEALTH SCIENCES

• P. O. Box LG 43, Legon, Accra, Ghana. • Telephone: +233 (0) 302 513 250 / 0289 531 213
• Email: mch.son@chs.ug.edu.gh • Website: www.nursing.ug.edu.gh

HEALTH BELIEFS ABOUT CERVICAL CANCER AND CERVICAL CANCER SCREENING



UNIVERSITY OF GHANA
DEPARTMENT OF MATERNAL AND CHILD HEALTH
SCHOOL OF NURSING

SHAI OSUDOKU
RECEIVED
30 OCT 2018
DISTRICT ASSEMBLY

SON/A.12
Ref. No.:.....

October 24, 2018

The District Chief Executive
Shai Osudoku
Accra

Dear Sir/Madam,

LETTER OF INTRODUCTION

This is to introduce to you Osei Appiah Evans, an MPhil second year student of the School of Nursing and Midwifery.

The Scientific Review Committee of the School has approved the thesis topic: "Health Beliefs about Cervical Cancer Screening among at Women Shai Osudoku District".

I hope that the directorate will consider the proposal to enable him acquire the necessary information.

Counting on your usual co-operation

Thank you.

Yours faithfully,

Dr. Florence Naab
Head, Dept. of Maternal& Child Health

HR
Approved to carry out the Study

District Co-ordinating Director
Shai - Osudoku District Assembly
Dodowa

Head
SW/CD, pls for your attention
SON/A.1
HR 5/12/18

COLLEGE OF HEALTH SCIENCES
P. O. Box LG 43, Legon, Accra, Ghana. Telephone: +233 (0) 302 513 250 / 0289 531 213
Email: mch.son@chs.ug.edu.gh Website: www.nursing.ug.edu.gh

Appendix C: Interview Guide

Introduction

I am Evans Osei Appiah, MPhil nursing student at the University of Ghana, Legon. My research topic is on Health beliefs of cervical cancer screening among women at Shai Osudoku District. This interview is for academic purpose so you are please encouraged to answer the questions without any hesitation. Also, you are permitted to ask for clarification to any of the questions that is not clear to you. You may also skip any of the questions if you are not comfortable to respond without any sanctions. Your responses will be kept confidential. You will not be identified with any of your responses. Thank you

BACKGROUND CHARACTERISTICS

1. How old are you? .....

2. Sex ……

3. Marital Status……..

4. Religion……..

5. Employment Status…… Specify……

6. Level of education……

Knowledge on cervical cancer and screening (CCS)

1. What do you know about cervical cancer?
2. Tell me about cervical cancer screening?
3. What were you told about cervical cancer?
4. Which part of the body does it affect?
5. Tell me where cervical cancer screening is done in Ghana?
6. Which of the types of cervical cancer screening do you know?
7. Tell me about the various ways to prevent cervical cancer?
8. If yes, How? Or mention some ways to prevent it?

HEALTH BELIEFS ABOUT CERVICAL CANCER AND CERVICAL CANCER SCREENING

9. In your opinion, what do you think brings about cervical cancer?
10. What is your view concerning the fact that increasing awareness on CCS screening increases women participation?
11. For how long should a woman be going for CCS?
12. What are some of the factors that could increase knowledge on CCS?
13. How will you accept the idea of cervical cancer screening if it is covered by the NHIS and if someone encourages you to?

Perceived Benefits

14. What in your view are the benefits of going for CCS?
15. What will be your reaction if your results show negative or positive?
16. How frequently do you think cervical cancer screening should be done?
17. When should a woman start CCS and why?

Perceived barrier

18. What do you think are the barriers preventing women from engaging in cervical cancer screening?
19. In what ways can these barriers be overcome?

Cues to action

20. What do you think are the reasons why women go for cervical cancer screening?
21. What is your view on having cervical cancer screening yourself?
22. Who do you think influences women to go for cervical cancer screening?

Perceived susceptibility

23. What do you think makes a person susceptible to cervical cancer?
24. Do you view yourself as prone to CC
25. What makes you see yourself as susceptible to cervical cancer?

HEALTH BELIEFS ABOUT CERVICAL CANCER AND CERVICAL CANCER SCREENING

Perceive severity

26. Can you describe cervical cancer in terms of its severity?
27. What link exists between cervical cancer and the death rate of women in the country?

Thank You.

Appendix D: Consent Form

NMIMR-IRB CONSENT FORM

Title: Health beliefs about cervical cancer screening among women at Shai Osudoku District Hospital

Principal Investigator: Osei Evans Appiah

Address: Address: P.O.BOX DT LG 25, University of Ghana, Accra.

Phone number: +233261755152

Email: oseiappiahevans@ymail.com

General Information about Research

This study is to explore the health beliefs of cervical cancer screening among women living in Shai Osudoku District. You have been selected to participate in this study because you are a female, 18 years and above, live in Shai Osudoku District and can speak English, Twi or Adangbe. Even though I will need your indulgence, you have the right to refuse and also to withdraw anytime you deem fit. After you have agreed to take part in this study, you will be required to sign this form after which you will be invited for an interview which will be recorded. You are required to answer the questions that are asked based on your knowledge on it. The interview may last for 30-45 minutes.

Possible Risks and Discomforts

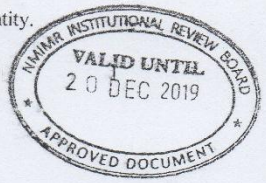
There are no anticipated potential risks or discomfort as you engage in this study. **It is possible to encounter discomfort with some of the questions asked but you are not obliged to answer questions that will cause discomfort.**

Possible Benefits

It is expected that findings of this study will inform other women on cervical cancer and screening to help increase women participation in cervical cancer screening.

Confidentiality

You are not required to mention your name or give any information that will reveal your identity. The interview content that will be recorded will be kept under lock and key to prevent any other person from having access to it. The actual recording will be accessible only by the principal investigator and the research supervisors for research purposes. Your actual name will be protected by using codes (initials of participants' names). The recorded data will be destroyed after 5 years. Publication of this study will not include any information that may reveal your identity.



Compensation

You will be given snack in a form of bread and soft drink for your time and energy spent in answering the questions

Voluntary Participation and Right to Leave the Research

You have a free will to or not to engage in the study. After deciding to engage in this study you are free to withdraw from the study at any point in time. Note that your decision to withdraw from this study will not affect that interpersonal relationship that exists between you and the researcher. As soon as you withdraw, all your recorded information will be deleted.

Contacts for Additional Information

In case of any questions or further clarification please contact any of the following individuals:

Name: Evans Osei Appiah

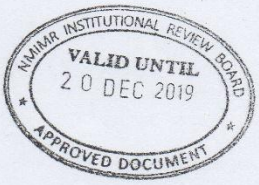
Contact: 0261755152

Name of Supervisor: Prof. Ernestina Donkor

Contact: 0243144968

Your rights as a Participant

This research has been reviewed and approved by the Institutional Review Board of Noguchi Memorial Institute for Medical Research (NMIMR-IRB). If you have any questions about your rights as a research participant you can contact the IRB Office between the hours of 8am-5pm through the landline 0302916438 or email addresses: nirb@noguchi.ug.edu.gh



2

VOLUNTEER AGREEMENT

The above document describing the benefits, risks and procedures for the research title ***(Health belief about cervical cancer screening among women at Shai Osudoku District)*** has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

_____ _____

Date Name and signature or mark of volunteer

If volunteers cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

_____ _____

Date Name and signature of witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

_____ _____

Date Name Signature of Person Who Obtained Consent

NMIMR INSTITUTIONAL REVIEW BOARD
VALID UNTIL
20 DEC 2019
APPROVED DOCUMENT

Appendix E: Codes and Description

Codes	Descriptions
Know	Knowledge about CC/CCS
Per Sup	Perceived Susceptibility to CC
Per Sev	Perceived Severity to CC
Per Ben	Perceived Benefit to CSS
Per Bar	Perceived Barriers to CCS
Cues	Cues to CCS
Rec	Women's reaction to CC diagnosis
Over Bar	Strategies to Overcome Barriers to CCS