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Ghanaian women beliefs on the causes, prevention and treatment of cervical cancer: A qualitative Study

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ABSTRACT

Objective: The choice of the sick to access health care services in Ghana or consult a health care provider depends on the individuals' beliefs about the disease and available services. This paper seeks to explore the health beliefs of cervical cancer survivors in Ghana.
Methods: We employed an exploratory qualitative approach in this study. We interviewed 12 participants to gain an in-depth understanding regarding the beliefs, causes, prevention and treatment of cervical cancer in Ghana. Data collection and analysis were done concurrently, and themes and subthemes were generated through content analysis. Verbatim quotes were used to support the findings.
Results: Three themes emerged. 1. Beliefs about the causes of cervical cancer, which include the choices of cloths and criminal abortions. 2. Beliefs on cervical cancer prevention; early education of the girl child on vagina hygiene and avoidance of highly processed food products. 3. Beliefs on cervical cancer treatment; participants believed that cervical cancer is one of the diseases not well managed in hospitals in Ghana.
Conclusions: Mistrusts for orthodox cancer treatment is the leading rationale patients report late to the hospital in Ghana. Much is desired for public education on contemporary treatment and cure for cervical cancer disease.

1. Introduction

Cervical cancer is the number one cause of death in women diagnosed with gynaecological cancers in Ghana (Bruni et al., 2021). Ghana remains one of the leading countries with a high incidence of cervical cancer 18.3 per 100,000 women per year based on regional sampling (Bruni et al., 2021). New diagnosis of the disease in Ghana is estimated at 2797 with a mortality rate of about 1699 annually (Bruni et al., 2021).

Evidence shows that the belief systems of individuals influence their health-seeking behaviours especially when they are sick (Ase et al., 2017). This is so because one's beliefs about his or her illness determine which route the sick person should take to effectively treat or get the sickness resolved. Cancer beliefs in general can be a challenge to the strategies of cervical cancer prevention and treatment (Nwobodo & Ba-Break, 2016). Globally, the most common beliefs about cervical cancer are the fear of cancer diagnosis, the belief of not being at risk for cervical cancer, the perceived low benefits of cervical cancer screening, and the disbelief of cervical cancer existence (Mcfarland et al., 2016; Nwobodo & Ba-Break, 2016).

A study in Brazil on causal attribution for cervical cancer for women with and without the disease reported that women with the disease believed that cervical cancer is a bad luck disease and associated it with unbearable emotional situations in their life and therefore blamed themselves for the disease. Those without the disease attributed it to behavioural risk factors such as sexual risk behaviours (Mcfarland et al., 2016). Chinese American female immigrants believed that the transmission of human papillomavirus infection was through poor personal hygiene, the use of public toilets, and heredity (Marlow et al., 2015). Women also attributed human papillomavirus transmission to men's sexual behaviours specifically infidelity and poor hygiene. Some of the participants also believed that untidy public toilets and genetic traces could also cause human papillomavirus transmission (Ngoi et al., 2018).

In Africa, women and community leaders believed that cervical cancer results from the punishment of ancestors and gods to married women who indulge in acts of abnormal sexual behaviours. They also believe that it may be the works of the devil, the effects of menopause, or the retention of blood (Birhanu et al., 2012; White et al., 2012; Peuker et al., 2015). Furthermore, eating bad food, poor nutrition or poverty, and a family history of cancer were reported as perceived causes of cervical cancer among African women (Chirwa et al., 2010; Ngugi et al.,

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2012). In a focus group discussion in Ethiopia, women, and men believed that cervical cancer is caused by many births and unprotected sexual intercourse, and also believed that the disease is incurable and screening for it is not necessary (Demissie et al., 2022). Traditional and religious leaders, parents, teachers, and adolescents in a qualitative study in Nigeria believed that sexual promiscuity of women, curses, and lifestyle changes was the cause of cervical cancer (Balogun & Omotade, 2018).

Cervical cancer is preventable and WHO has approved two vaccines – Cervarix and Gardasil to be used by member countries for vaccination against the human papillomavirus infection. These vaccines were assessed and found to have 86–100 % efficacy (Mousavi et al., 2017), and also cost-effective (Silas et al., 2018). Although the presence of the vaccine is promising, the slow pace of the fight against cervical cancer coupled with variant negative beliefs about the vaccine is worrying. For instance, medical misconceptions about the vaccine were identified in Zambia where the women were reported to believe that the vaccine was to serve as a birth control measure, and the health professionals too thought there was inadequate empirical research on the vaccine. Thus, many Zambians did not patronize the vaccine (Chirwa et al., 2010). Some women also believed that eating fresh food, and fish, and living a stress-free life could serve as buffers for cervical cancer (Marlow et al., 2015). On the contrary, female inmates in the USA expressed frustrations about the age requirement for the HPV vaccine and therefore desire more HPV infection information and vaccinations before they get out of prison (Pankey & Ramaswamy, 2015).

It is widely believed that western medicine cannot cure cervical cancer because the cause of cervical cancer is believed to have no links with western medicine (Adams et al., 2015; Birhanu et al., 2012; León-Maldonado et al., 2016). However, women believed that cervical cancer could be cured with the use of traditional medicine and holy water (Das et al., 2015). They also believed that traditional healers perform a variety of roles which include being able to address the supernatural dimensions of the cause and provide spiritual support, and social support that promotes the healing and well-being of the patients (León-Maldonado et al., 2016).

Studies also show that there is perceived greater privacy in accessing traditional medicine, which is also considered effective as against hospital treatment for cervical cancer. These reasons make cervical cancer patients consult traditional healers first for counsel and advice in Zambia and Uganda (Mwaka et al., 2015; White et al., 2012; Aggarwal, 2014). Some other beliefs related to challenges of cervical cancer prevention and management identified in low-income countries were unfamiliarity with cervical cancer preventive services, service inaccessibility, taboos related to reproductive health issues especially cervical cancer, mistrust for physicians, and women's subordinate position in the family (Ase et al., 2017; Chidyaonga-Maseko et al., 2015; Silas et al., 2018).

As reported above in this document, Ghana is regarded as one of the countries with the high incidence of cervical cancer in the world (Bruni et al., 2021). However, studies on cervical cancer in Ghana were based on incidence, awareness, screening, lived experiences, and coping strategies with the disease (Binka et al., 2018; Edwin, 2011; Williams et al., 2019). Cervical cancer patients' beliefs about the disease are understudied even in the wider sub-Saharan Africa context. Therefore, the objectives of this study were to explore the beliefs regarding the causes, prevention, and treatment of cervical cancer survivors in Ghana.

2. Methods

2.1. Research design

The study used exploratory descriptive design, a qualitative inquiry to investigate the beliefs of cervical cancer survivors on cervical cancer. The exploratory approach allows the researcher the flexibility to probe into the participants' beliefs while the descriptive nature of the design permitted direct quotations from participants to support and fully describe the beliefs of cervical cancer survivors (Adams et al., 2015).

2.2. Study setting

The study was conducted in the Accra Metropolis using the cervical cancer screening centre in Greater Accra Regional Hospital (GARH) as an outlet for recruiting the participants. Greater Accra Regional Hospital was used as the outlet for the recruitment of participants because the Hospital has a Unit well-equipped for diagnosing cervical cancer and receives clients from other hospitals in the metropolis for cervical cancer diagnosis. The facility also treats cervical cancer using surgical operations (hysterectomy). They also, in turn, refer advanced diagnosed cervical cancer cases to Korle-Bu Teaching Hospital (KBTH) for chemotherapy and radiotherapy management. Accra Metropolis is used as the setting because of its cultural diversity of indigenes and immigrants living together and sharing beliefs.

2.3. Target population and sampling

The target population for this study was all women diagnosed with cervical cancer who have received hospital treatment and have used traditional medicine in the treatment of cervical cancer in the Accra Metropolis. Those who willingly accepted to be part of the study were recruited as participants. Purposive sampling was used to select women diagnosed with cervical cancer who had taken treatment for 6 months. Twelve (12) cervical cancer survivors out of 140 patients who met the above inclusion criteria were interviewed and data reached saturation.

2.4. Data collection procedures

The first author collected data for this study. Women screened and diagnosed with cervical cancer were identified through the institutional register by a staff of the facility. Their home addresses and contact numbers were given to the researcher who used the information to contact the participants. The purpose of the study was explained to the women and those who agreed and met the criteria for participation were scheduled for face-to-face interviews in English and Ashanti Twi within the period November 2017 to May 2018. Each interview session lasted between 60 and 90 minutes. The interviews were based on open-ended questions about cervical cancer beliefs, developed in a form of a semi-structured interview guide by the authors according to the objectives of the study. The following questions were asked (What do you think is the cause of your cancer; Share with me what informed the treatment options you chose for your cancer; How can this cancer be prevented). Participants' responses were probed appropriately, and the interviews were recorded with the participants' permission. Field notes on participants' gestures and researcher reflections were taken alongside the interviews to consolidate responses and feelings respectively.

2.5. Data management and analysis

Data collection and analysis were carried out concurrently. Content analysis procedures were employed in analysing the data. The first author transcribed the interviews and all authors read through the transcripts repeatedly to grasp the meanings of the responses. The ideas identified were coded and similar codes were re-grouped to form subthemes. The subthemes were then used to generate major themes which served as the organizing framework (Anderson, 2007). The data was managed by manually sorting the codes and quotes under respective themes and subthemes. These were reviewed by all the authors and a consensus was reached after the reviews.

2.6. Rigour

The study included women diagnosed with cervical cancer who used

both hospital and traditional treatment for the disease based on their health beliefs. The data collection and analysis were done concurrently which ensured member checks and follow-up on emerging themes. Field notes and reflective journals were also kept for audit purposes. The use of the same interview guide also ensured the rigour of the study.

2.7. Ethical considerations

Ethical clearance was obtained from Ghana Health Services – ERB and Noguchi Memorial Institute for Medical Research – IRB of the University of Ghana. Institutional approval was sought from the outlet health facility to use the register for women screened for cervical cancer. Participants were told that participating in the study was voluntary and refusal to participate will not in any way affect their healthcare at the facility. Individual informed consent forms were obtained from all the participants who willingly agreed to participate. The participants were represented using pseudonyms such as C1, C2, etc. in no special order.

3. Results

3.1. Demographic characteristics

Twelve (12) participants were involved in the study and their ages were between 35 and 68 years. The women were diagnosed with cervical cancer for a period ranging from 16 months to 6 years. They were all married, but 3 divorced before the cancer diagnosis and another 3 divorced after the cancer diagnosis. Their educational backgrounds were college level (4), SSS level (3), and basic level (5). All participants have children – the least number of children was (2), and the greatest number of children was (8). Nine (9) out of 12 participants had multiple sexual partners at the time of data collection, 7 participants had first-time sexual intercourse before age 18, and 8 of them ever used family planning. All were Christians and used both hospital and traditional medicines for the treatment of their cervical cancer.

3.2. Beliefs about the causes of cervical cancer

This theme describes the women's beliefs about the causes of cervical cancer. The subthemes included: biological causes, and behavioural and lifestyle causes of cervical cancer.

3.3. Biological causes of cervical cancer

The women believed that the anatomy of the cervix, the action of human papillomavirus, reduced body immunity, and the passing of cancer genes contribute to the cause of their cervical cancer.

Some participants identified the cervix as a hidden organ inside the woman's body. They also stated that the cervix bears the weight of the baby during pregnancy, and this contributes to cervical cancer development.

"…Where the disease is, is the cause of it. See where it is hidden inside the vagina. If something is wrong, how will you know … it is the same neck that holds your baby when you are pregnant. That is why I think that it is cancer…." (C11).

Again, some of the women indicated that human papillomavirus was responsible for the disease. They, however, believed that they contracted the virus through sexual infections from their husbands or their male sexual partners. Husbands or male sexual partners were therefore perceived as the reservoir or source of human papillomavirus.

"… Infections! I have two major infections of the vagina. I was itching and I have pains during sexual intercourse. … The last doctor who treated my infection also called for my husband, but he refused to go. From the gynaecologist, the disease can be caused by a virus gotten through sexual infections. He (husband) gave it to me, period!!" (C10).

A participant who is a retired health professional added that low immunity could also cause cervical cancer.

"*Human papillomavirus is responsible for this disease. It is only when you have sexually transmitted infections from your partner which goes on to decrease your immune system that can lead to the disease easily. …so when you have low immunity it is a cause too*" (C3).

Some participants considered cervical cancer as a hereditary disease and believed that they acquired the disease through their parents' genes especially genes from biological mothers.

"*That was 7–8 years later before he (uncle) told me that cervical cancer was the cause of death of my mother….so, I was looking to do the test and see what God has for me and look, it was passed on to me, I have it." (C2).*

3.4. Behavioural causes of cervical cancer

Some participants attributed the causes of cervical cancer to multiple sexual partners and lifestyles. The women made references to behaviours such as wearing inappropriate and unkempt underwear, eating imported food products (perceived chemically induced foods), and indulging in unprotected sexual intercourse.

3.5. Wearing inappropriate and unkempt underwear

According to the participants, one cause of cervical cancer is the use of non-cotton women's underwear. They also reported that wearing tight dresses could cause excessive heat production within the body and eventually cause cervical cancer.

"I will advise young ladies not to use these fitting dresses especially when the dresses are not cotton type. It's not good because it will give you heat and no air for you in that place (cervix). I don't know, but I think some of these things cause the problem (cervical cancer)" (C9).

A participant attributed the cause of cervical cancer to the prolonged use of the sanitary pad.

"*Our mothers were using these racks for their period, but we now use a pad, and someone will use the pad from morning to evening tonight and will not change it. The underwear too is not cotton; it may be the tighten one. All these can generate cervical cancer*". (5)

3.6. Inappropriate sexual behaviours

Most of the participants related the cause of their disease to their personal inappropriate sexual behaviours and that of their partners. They identified these inappropriate sexual behaviours as; first sexual intercourse at an early age, having multiple sexual partners, partner(s) having multiple sex partners, and indulging in indiscriminate unprotected sex.

Some participants stated that they had their first sexual encounter before age 13. They said that their early exposure to sexual intercourse with men contributed to the disease development.

"…to be honest with you I had my first sexual intercourse before my teen years. And this was not with small boys but with real men who knew what they wanted. I have really played the fool of myself for money at the time and the reward is cervical cancer for me …" (C11).

Also, some of the women attributed the cause of cervical cancer to the acts of having multiple sexual partners or male sexual partners having multiple sex partners.

"*Secondly, I was thinking it is because I was changing those men before marriage that has given me this disease. And even after my divorce …, I*

still have three (3) relationships with men who have wives. I know I have sinned against God with this" (C5).

Furthermore, indiscriminate unprotected sex was labeled as a contributory factor for the cause of cervical cancer. Some participants have expressed their inability to stop unprotected sexual intercourse with their suspected cheating husbands or sexual partners. The participants who reported that they resisted unprotected sexual intercourse with their partners got divorced.

"I don't want to talk about that man again. I have had enough of him – the lies, the cover-ups, and his unwillingness to use a condom with me. All these were the reasons why we parted before I even got to know that I have cervical cancer. I got the virus from him" (C3).

Criminal abortion was also reported in this study as a cause of cervical cancer. A participant linked the cause of her disease to the uncountable criminal abortions she did in the past.

"…at first at my young age, I did some abortions, yes! Many abortions on my own, so when it (cervical cancer) started I was thinking it is because of the abortions that made that place (cervix) cancer" (C5).

Interestingly, a participant mentioned eating imported food products or chemically induced food products as one cause of cervical cancer. She alleged that the cumulative effect of these chemicals in her body was the cause of her sickness.

"*We were consuming it with pig feet which were also imported. My idea is that those things have caused it (cervical cancer). Because these imported chickens are injected with some injections and these injections help them to grow fast and if you chew and chew the bones, some of the drugs they used to inject the animals are kept in the bones…and if you continue eating this for a long time, it can also affect you in that way…" (C3).*

3.7. Beliefs on cervical cancer prevention

Some participants believed that all women need reproductive health education, especially on vagina hygiene and how to have sexual intercourse safely. Others believed that getting access to the human papillomavirus vaccine is the surest way of preventing the disease. Eating organic food or foodstuff produced naturally devoid of chemical sprays and avoiding imported food products were also identified as preventive measures against the development of cervical cancer.

3.8. Vagina hygiene education

Participants stated that there is a lack of proper reproductive health education in Ghana. They expressed that vagina hygiene education is forbidden in Ghanaian society. They believed that giving vagina hygiene education to women will prevent cervical cancer.

Some of the women expressed worry about the use of sanitary pads without any authoritative information on their safety and effects on consumers. A participant shares her doubts and frustrations:

"… we now use pads and …nobody knows what exactly the (pads) are made up of and the effects the (pads) pose on us …we need proper education on some of these things" (C5).

A 60-year-old participant observed that women needed more knowledge on vagina care, but parents, teachers, doctors, and nurses have failed in imparting this knowledge to young girls. She attributed the failure to a lack of courage or expert knowledge on the subject. She laments:

"*All my years of life on this earth both in school and at home and going to the hospital, nobody was brave enough to look into my face and say this is the right way to take care of the vagina. The health workers should learn and teach women how to take care of the vagina" (C12).*

Another participant mourned her late mother and attributed her death to a lack of information about cervical cancer. And she proposed that there should be health education on cervical cancer in schools, churches, and mosques to help prevent the disease and its associated deaths in Ghana.

"…If my mother had known this, she will still be alive today. We must talk about all we know about it (cervical cancer) to young girls and all women on regular bases in schools, churches, and mosques…" (C2)

3.9. Human papilloma virus vaccination

The women mentioned the human papillomavirus vaccine as a preventive measure against cervical cancer development. They believed that getting all women and young girls vaccinated with the vaccine would prevent cervical cancer. Some of the participants expressed their desire to be vaccinated against the human papillomavirus to prevent possible recurrence of the disease.

"I was told there is a vaccine for cervical cancer, but it is not available. That is sad because all women and girls need it to protect them against the disease. If there is a way that government can help women with it, it will be good…" (C8)

However, one participant believed that eating organic food or food produced naturally could be a remedy for cervical cancer. She alleged that eating green vegetables, and nuts, drinking coconut water, and eating 'aluguntugui' (local apple) had helped her recover fully from cervical cancer.

"I was eating anything at all like imported chicken, meat, and sugary foods in abundance. But when I was diagnosed… I contacted a dietician who told me that if I stopped eating those things, it might help to clear the virus from my system. So, I change my eating style to organic foods. I think that has helped me recover fully" (C3).

3.10. Beliefs about cervical cancer treatment

The women expressed trust for their close friends, mistrust for hospital workers, and expressed that hospital treatment for cervical cancer is as deadly as cancer itself. These beliefs were discussed under two subthemes – trust issues with care providers, and perceived severity of cervical cancer.

3.11. Trust issues with care providers

The participants considered close friends, herbalists, natural remedies dealers, nutritional and dietary researchers, and health workers as health care providers.

Some of the women in this study expressed fear of the loss of personal integrity through the inadequate provision of privacy in the hospital.

"You know is not easy to go to the hospital to talk to people (doctors and nurses) about these things (reproductive health problems) … In the OPD the nurses will always try to know why you have come before they will write for you. There are also many people in the consulting room, sometimes you can't even talk" (C1)

Most of the participants, however, expressed total trust in their close friends and herbalists.

"I have full trust for my friend and that is why when she directed me to that woman who sells those things in the market, I had to look for the woman (herbalist) and bought the balm and the herbs" (C11).

Some participants believed in nutritional and dietary researchers and natural remedies dealers who speak on radio and TV programmes on cancer management. Even after Pap smear-positive results, some of the participants consulted these natural remedies providers first and later

reported to gynaecologists.

"When I was diagnosed, I talked to a person who has done a lot of research on that disease in relation to dietary management… I used to listen to him on the FM station in the evening before my diagnosis. I believed and trusted that he can manage my cancer" (C3).

3.12. Perceived severity of cervical cancer

The beliefs about the severity or how serious the patient or family members consider a particular disease such as cervical cancer, may be very instructive in the determination of treatment options. Some of the participants were unaware of cervical cancer seriousness.

Few of the women stated that they started traditional treatment initially because they considered the disease as vagina discharge.

"This is a hidden disease. You don't know that it is killing you and you will be using traditional medicine for it. It is when I came here (hospital) that I got to know how dangerous the disease is" (C4).

On the contrary, most of the participants stated that cervical cancer is a serious disease and believed that hospital treatment for cancer is as deadly as cancer itself. Thus, they tried to avoid hospital treatment for it.

"Yes, cancer is serious; those days when you hear that somebody has cancer, you are afraid…Because for cancer, there is no cure. The treatment (hospital) for it will even kill you…That is why I first went to my spiritual pastor before he contacted a professor and we went to the hospital for treatment" (C6).

However, hospital treatment for cervical cancer was considered by some of the participants as the last resort before death.

"My thinking was that the pastors could help me out because if you take the hospital treatment for cancer you will still die. So, when they were sending me to the hospital, I knew I was going there to die" (C12).

4. Discussion

The current study explored the beliefs about cervical cancer among women in Accra Metropolis, Ghana and these beliefs are discussed in relation to existing literature. The hidden nature of the cervix and its ability to bear the weight of the pregnant uterus contribute to cervical cancer development. The process of closing and opening the cervix each time a woman is pregnant, particularly in the cases of multiple pregnancies or multiparous women is a major factor associated with the cause of cervical cancer as reported in the literature as risk factors for cervical cancer (Driscoll, 2016; White et al., 2012) This implies that exertion of pressure on the cervix each time a woman is pregnant could be a sufficient stimulus to trigger the uncontrollable growth of the squamous-columnar cells of the cervix resulting in cervical cancer development.

The human papillomavirus is one of the biological agents that cause sexually transmitted infections such as cervical cancer (Ago et al., 2013) Hinnen et al., 2014). The virus is believed to be contracted through sexual intercourse with the opposite sex partners. Similarly, the women in this study believed that men are the reservoir of the virus and transmit the virus. However, most women attributed the cause of their cancer to multiple sexual partners, first sexual encounter at an early age, and unprotected sexual intercourse as confirmed in previous studies as risk factors for cervical cancer (Ago et al., 2013) Hinnen et al., 2014). It is, therefore, suggested that the sexual behaviours of individuals should be targeted when developing cervical cancer prevention campaigns (Chidyaonga-Maseko et al., 2015).

Nevertheless, the organism, human papillomavirus is considered a normal flora among adolescents and is responsible for several cancers such as neck and head cancers (Aggarwal, 2014). Studies have proven that low immunity of individuals is a major factor that facilitates the growth of normal flora such as human papillomavirus to cause infections including cervical cancer as also revealed in this study (Edwin, 2011). In highly immune individuals, however, the antibodies make the body cells resistant to infections and cancer-causing viruses (Edwin, 2011) making it difficult for cancer to develop even when one is exposed to the virus. A family history of cancer as identified in this study is also known in the literature as a predisposing factor to cervical cancer (Marlow et al., 2015). Children, who had acquired cancer hereditary tendencies from parents or grandparents, may develop cancer later in life (Ngoi et al., 2018).

It is acknowledged that there are reproductive health units in hospitals in Ghana but the education programmes do not address vagina hygiene issues and safer sexual practices (Tenkorang, 2012). The challenge is that traditions in some parts of Africa including Ghana forbid the mentioning of the vagina openly in the family (Ase et al., 2017; Chidyaonga-Maseko et al., 2015) and this prohibits vagina hygiene education. Similarly, (Binka et al., 2018) also identified that women lacked knowledge of preventive care for reproductive health issues, which is a challenge to the cervical cancer prevention campaign. However, vagina hygiene and safe sex practices education to women would not only prevent cervical cancer but also help to resolve female reproductive system infections and sexually transmitted diseases (Fiaveh, 2011).

Furthermore, the vaccination of women against the human papillomavirus was perceived as a preventive measure for cervical cancer in Ghana as reported in other studies (Mousavi et al., 2017; Aggarwal, 2014). The vaccine is also reported to be cost-effective (Silas et al., 2018). However, this finding is at variance with a qualitative study in Zambia, which testified to low patronage of the vaccine because the women of Zambia believed that the vaccine was meant to serve as a birth control measure, and the health workers were also afraid of possible side effects of the vaccine (Chirwa et al., 2010). The women in this study were eager to be vaccinated to prevent cervical cancer recurrence. Their challenge, however, was the general inaccessibility of the vaccine in Sub-Saharan Africa (Silas et al., 2018). Eating natural or locally produced food products (non-chemically induced food) is noted as a preventive measure against cervical cancer. This supports studies that reported that eating bad food (Chirwa et al., 2010; Ngugi et al., 2012) or poor nutrition is a major contributor to producing high incidence of cervical cancer in low-income countries. The belief is that continuous consumption of chemically induced food products may lead to a cumulative effect of chemicals in the body system. This effect could result in cervical cancer development in later life (Grosse et al., 2011).

There is complete trust for herbalists or traditional healers and mistrust for hospital staff in Ghana when treating cervical cancer. The mistrust of hospital staff was due to a perceived lack of privacy and confidentiality in the healthcare systems as revealed in previous studies (Bunduki & Matumo, 2015; Hinnen et al., 2014). On the contrary, a study reported a high level of trust and confidence in nurses providing psychosexual counseling to gynaecological cancer patients in the UK (Iavazzo et al., 2015). This is not surprising as the focus of that study was on psychosexual counseling after cancer treatment and not the treatment itself. Notwithstanding, it is suggested that the patient charter must be respected by all hospital staff to the latter. Governments through Ministries of Health and its agencies should further institute punitive measures against staff who break patients' privacy, especially in sub-Saharan Africa.

In context, cervical cancer is diagnosed in Ghana at the advanced stage (Williams & Amoateng, 2012). Late admission of cervical cancer patients in the hospital has a poor prognosis (Vistad et al., 2011). Many cervical cancer patients, therefore, died while receiving hospital treatment Maree et al., 2013), thus the notion that a hospital is a dying place for cancer patients in Ghana. Also, the stigma of cancer attached to such deaths (Myrick, 2017) (Rimande-Joel & Ekenedo, 2019) makes women believe that cancer has no links with orthodox medicines (Das et al., 2015). Consequently, the perception is that hospital treatment for cancer would rather facilitate the early death of the patients. This finding is

a wake-up call for general cervical cancer screening in Ghana to help dispel this dangerous cancer myth.

Moreover, ignorance about the seriousness of cervical cancer as identified in this study is reported in previous studies as a reason for women's use of traditional treatments for the disease (Taber et al., (2008; Vanderpool & Huang, 2010). In contrast, individuals who are aware of cancer seriousness also tried hard to avoid hospital treatment because they perceived hospital treatment for cancer as equally dangerous (Ma et al., 2012). This suggests that the perceived severity of signs and symptoms of a disease and its treatment effects accounts for medical avoidance. This implies that lack of screening and seeking traditional treatment for minor vaginal symptoms may result in late detection of cervical cancer and increased poor treatment outcomes.

4.1. Strength and limitation

The opened in-depth interviews enabled the researchers to probe into the findings identified. Our participants identified a lack of vagina hygiene education hampering cervical cancer prevention. The belief that cancer treatment in the hospital is deadly made participants in this study to sought for herbal treatment.

The limitations of the study include a lack of data triangulation from herbalists and hospital staff. The findings may not be generalizable to the entire Ghanaian cervical cancer survivors due to the small sample size.

4.2. Study implications

Our findings have policy implications for the development of appropriate interventions for cervical cancer prevention. Ministry of Health to institute and enforce punitive patient privacy guidelines, especially at reproductive health units.

We recommend further qualitative studies on cervical cancer survivors' experiences with traditional and orthodox diagnosis and treatment of cervical cancer.

5. Conclusion

The study identified the weight of the pregnant uterus on the cervix, wearing non-cotton panties and tight dresses, and prolonged use of sanitary pads as perceived causes of cervical cancer. There is absolute trust in traditional healers and mistrust in hospital staff when treating cervical cancer in Ghana. Causes and treatment beliefs on cervical cancer limit the patients' health-seeking behaviours towards early orthodox cancer treatment.

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Authors' contributions

DAA, LA & LAO conceived idea and developed the proposal together. DAA collected data and transcribed. DAA, LA, and LAO analysed the data. DAA drafted the manuscript and LA and LAO reviewed the manuscript. All authors read and approved the final manuscript.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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