UNIVERSITY OF CAPE COAST

LIVED EXPERIENCES OF PATIENTS WITH CERVICAL CANCER

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BY

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DECLARATION

Candidate's Declaration

I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in the University or elsewhere.

Candidate's Signature……………………………………….Date……………

Name……………………………………………………………………………………

Supervisors' Declaration

We hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

Principal Supervisor's signature……………………….... Date………………

Name……………………………………………………………………………..

Co-supervisor's Signature……………………………….Date………………..

Name…………………………………………………………………………………

ABSTRACT

The purpose of the study was to explore the lived experiences of cervical cancer patients. The study engaged a sample of fifteen cervical cancer patients selected through purposive sampling. The interpretative paradigm was used to guide the study since the emphasis of the research was on lived experiences of cervical cancer patients. Semi-structured interviews facilitated data collection while the Interpretative Phenomenological Approach was adopted for data analysis. The study generally confirmed the Biopsychosocial-spiritual model (BPS—spiritual) of health and disease. Most women with cervical cancer, in this current study, were confronted with physical, psychological, social, spiritual and health system related problems which exacerbated their general being. The biopsychocial approach to health and illness is suitable in the management of symptoms and treatment of cervical cancer patients since the approach takes into account all the dimensions of human experience. Health professionals should step up educational programmes on cervical cancer and adopt a national health policy to immunize women and girls against human papillomavirus (HPV).

KEY WORDS

Biopsychosocial

Cervical cancer

Lived experiences

Physical Well-Being

Psychological well-being

Social Well-being

Spiritual well-being

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To all the cervical cancer patients, I thank you for the invaluable information you willingly provided which is the basis of this study. I pray that the Good Lord would intervene in these trying times and heal you all from this dreadful disease.

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DEDICATION

To my ever-loving parents, the late Chief J. J. Dam (may your soul rest in perfect peace) and my mother, Mrs Abiba Dam, who is still alive.

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CHAPTER ONE

INTRODUCTION

Cervical cancer is one of the deadliest but preventable ailments that affects women worldwide (WHO, 2015). It is the commonest of all the cancers in women with the highest death rate worldwide (WHO, 2015). Even though the menace of cervical cancer affects every country, the prominence of the disease is much more predominant in low and middle income countries. It was estimated in 2018, that for the over 311,000 cervical cancer deaths worldwide, almost 90% occurred in low and middle income countries (Hull, Mbele, Makhafola & Hicks, 2020). In Ghana, cervical cancer ranks highest among female cancers (HPV Facts Sheet, 2021). Research indicates that Ghana has a population of women who are 15 years and above standing at about 8.57 million who are at high peril of developing cervical cancer (Manortey & Agyemang, 2018). Despite the high risk, a study by Binka, Doku, and Awusabo-Asare (2017) stated that this disease eludes the awareness of many Ghanaians.

The present study was therefore intended to explore the lived experiences of patients with cervical cancer guided by the biopsychosocial model (BPS) of health and disease as postulated by Engel, (1977). The BPS approach justifies the influences of the biological, psychological and social dynamics which are interconnected in the understanding of health, illness and the delivery of services in the health care sector.

Background to the Study

Cervical cancer is a feared malevolent disease associated with femininity with manifold implications. The disease has been identified to have a significant effect on the physical and psychosocial aspects of life of the victims (Vistad, Fossa, & Dahl 2006). Around the 20th century, there were several technological developments in the search for a solution to limit the devastating effects of the disease. These technological developments included Pap smear test, radiotherapy, the search for the stage for cancer tumors development and the best way to treat it, and mass education for early screening in order to detect precancerous lesions of the cervix (Lowy, 2011). This became the convention for the diagnosing, treating and preventing the spread of cervical cancer.

In the late 20th century, another scientific discovery was made which implicated selected strands of Human Papillomavirus (HPV) in the origin of cervical cancer and linked to a sexually transmitted disease (Lowy, 2011; Hu & Ma, 2018; Magana-Contreras, 2015). As a result of the link of the disease to lifestyle choices, it created a stigma for the patients. This, however, opened up opportunities for vaccinations against the spread of the disease. Currently, it is known that there are over 100 HPV genotypes and 15 of these have been discovered to be the origin of cancer that affects the cervix and other locations (Lowy, 2011; Bzhalava, Eklund, & Dillner, 2015). Cervical cancer can spread from the cervix to other body sites including the rectum, bladder, vagina, liver, as well as the lungs (de Sanjose, Saraiya & Ferlay, Bray, 2018). It is established that HPV 16 and 18 are the commonest oncogenic types which are the basis of roughly 70% of all global cervical cancers cases. The disease, from the 21st century onwards was dissociated from other gynecological disorders and became a distinct disease (Lowly, 2011).

Globally, there is no country that is not affected by the debilitating effects of this disease. However, there are variations in the prevalence of cervical cancer between countries. The world age-standardized rates (ASR) for cervical cancer ranges from as low as 4.4 to 75.9 per 100,000 population. (Cecilia, Rosliza, & Suriani, 2017). The lowest rates worldwide were found in Western Asia 4.4 per 100,000 and Australia/New Zealand 5.5 per 100,000 population (Cecilia, Rosliza, Suriani, 2017). The High-risk regions with estimated ASR are South Africa and Eastern Africa with 43.1 and 42.7 per 100,000 population respectively. The lowest cervical cancer ASR in Africa was observed in North Africa which may be attributed to traditional factors and conformist sexual behaviours .(Zhang, Zeng Cai, 2021).

Sub-Saharan Africa is one of the regions with a high predominance of HPV infection worldwide (Ntekim, 2012). According to GLOBACON, (2018) reports, cervical cancer accounted for 21% deaths amongst women in Sub Sahara Africa, of all the cancer deaths. Ghana is one Sub-Saharan Africa country most affected by this public health challenge. Ghana with a population of about 8.57 million women aged 15 years and more are at high peril of developing cervical cancer (Manortey, *et al.*, 2018).

Cervical cancer is a debilitating ailment that affects patients physically, emotionally, as well as their psychological well-being (Mian, Silfvast-Kaiser, & Paek, 2019). It is in the context of this public health challenge that cervical cancer is being studied to find out its debilitating effects on the physical, psychological and social wellbeing of cervical cancer patients.

Statement of the Problem

Cervical cancer remains the major cause of illness and death among females universally (Wilailak & Kengsakul, 2021). Global trends of cervical cancer incidence were estimated to surge between 2018 and 2030 from 570, 000 to 700, 000 (WHO, 2015). In addition to this, the annual deaths rates have also been anticipated to increase between 2018 and 2030 from 311, 000 to 400, 000 (Wilailak *et al*. 2021). Africa, with the female population, over 15 years, was estimated at 267.9 million women who were at the peril of being infected with cervical cancer (Denny & Anorlu, 2012). Out of this number, it was estimated that 80,000 of them were diagnosed yearly as having the cervical cancer with more than 60,000 deaths. This disease is on a steady rise in Sub –Saharan Africa, as fresh cases and deaths are reported yearly at more than 75,000 and 50.000 respectively, and the situation is further exacerbated by HIV infection (Mboumba, Prazuck, Lethu, Jenabian, Meye, & Belec, 2017). It should however be noted that there is always an under-reporting of cervical cancer cases in numerous countries in Africa. This is because only few hospitals do have registers of this canker which is just a fraction of the real figure (Small, Bacon, Bajaj, Chuang & Fisher, 2017).

In Ghana, cervical cancer ranks highest among all female cancers (HPV Fact Sheet, 2021). With a yearly diagnosis of 3,151 cervical cancer cases among women, 2,119 die from the disease (Effah, & Agboyibor, 2020). In 2013, the World Health Organization (WHO) projected that new cases of cervical cancer in Ghana could be over 5,000 with at least 3,300 deaths by the year 2025. The rate of cervical cancer and associated deaths in Ghana turn out to be ranked among the highest in the world (Binka, Doku, and Awusabo-

Asare, 2017). It is also reported by Williams, Kuffour, Ekuadzi, Yeboah, Duah, and Tuffour (2013) that the mortality rate of cervical cancer patients was three times higher than the global cervical cancer mortality rate in Ghana. It is therefore difficult to ignore this public health concern.

It is reported by Vu, Yu, Aluwode, and Chuang, (2018) that whilst the disease is decreasing in the developed countries it is the opposite in the developing world. In contrast to developing nations, developed countries have successful screening programmes which minimize the mortality rates of cervical cancer. Developed countries organize screening and vaccination programmes that have reduced the incidence of cervical cancer (Vu *et al.*, 2018). The high rate of death among cervical cancer patients is a challenge in developing economies (Buskwofie, David-West, & Clare, 2020). This is of great concern because, with the current technological knowhow, it is a preventable and curable disease associated with low treatment cost when detected at its early stages (Nair, Raj, Tiwari, & Piang, 2013). In Sub-Sahara Africa, the high prevalence of cervical cancer with its associated high death rates among women is because there are no permanently established screening programmes for early exposure of precancerous lesions (Ntekim, 2012).

In Ghana, a study by Dunyo, Effah and Udofia (2018) indicated that even though cervical cancer was the leading most common female cancer, screening coverage was 2.8% and late presentation of cases. Also, the provision of services to screen for cervical cancer are not readily available in all hospitals in Ghana. Only few public health facilities can provide these services as referral centres. There are only three hospitals that offer radiotherapy for cancer which are the Komfo Anokye Teaching Hospital

(KATH), Korle Bu Teaching Hospital (KBTH) and the Swedish Medical Centre. The study of Williams, Kuffour, Ekuadzi, Yeboah, Duah, and Tuffour (2013) revealed several psychological barriers that impeded knowledge of the risk factors of the disease, misapprehension about screening for cervical cancer, myths related to the disease, the stigma attached to the disease among others. This shows the low uptake in screening for cervical cancer in Ghana which should be of concern because of its associated high rate of death among women.

Despite its debilitating effects, studies have indicated that most women with cervical cancer attend hospital after the disease had developed to an advanced stage and this is because of lack of knowledge of the symptoms associated with this canker (Shen, Hung, Kung, Yang, & Wang, 2016). Generally, poor knowledge of the disease in Africa has been reported in several studies (Assoumou & Mabika, 2015). In Ghana, a study by Binka, Doku and Awusabo-Asare, (2017) found that cervical cancer patients had inadequate knowledge about the disease, its symptoms, risk factors, treatment and prevention prior to being diagnosed of the disease. A study has revealed a low knowledge of cervical cancer among Ghanaian women and men (Ebu, Mupepi, Siakwa and Sampselle (2014) that 68.4% had never heard about cervical cancer, 93.6% had no knowledge of the risk factors, 2.3% reported multiple sex partners and being sexually active as risk factors and 92% did not know about prevention and treatment of cervical cancer.

In a study, approximately 65.97% of cancer cases were in their advanced stages before patients attended the hospital (Dunyo, Effah & Udofia 2018). A study by Nartey, Hill, Amo-Antwi, Nyarko, Yarney and Cox's

(2017) in Ghana, also found majority of the women with cervical cancer presented with advanced disease. Patients delay visiting the hospital because they are not aware of the signs and symptoms of the disease. These patients were diagnosed late because they usually sought treatment elsewhere before reporting to health facilities. The traditional and alternative medical practitioners constitute a significant proportion of the health care delivery system in Ghana. These practitioners are the first point of contact for many health-related issues and this is often associated with a late stage of cancer at diagnosis (Clegg-Lamptey, Dakubo, Attobra, 2009).

It is evident that lack of knowledge and delays in visiting health care centres to screen for cervical cancer constitute a threat to its prevention and treatment in Ghana. The need for public awareness is therefore an imperative since majority of Ghanaians do not have much knowledge and the risk factors associated with the disease.

Cervical cancer patients experience incapacitating physical, psychological, and social challenges in their daily lives which affect their quality of life. Cervical cancer patients face a lot of physical challenges that range from sexual dysfunction, body disfigurement, gastrointestinal disorders, and gynecological challenges such abnormal vaginal bleeding, offensive vaginal discharges, bleeding, and other abnormalities in the nature of vagina dryness and atrophy which are some of the well-known symptoms that patients experience (Gupta, Kakkar, & Bhushan, 2019; Sinha, Kumar, Singh, & Saha, 2020; Kurtzman, Wlaker Bissram and Jansen, 2021; Cheville, Smith, Barksdale & Asher,2021). Cervical cancer patients most often have glitches with their sexual functions, fertility, self-identity and self-image because of the cancer location that involves the treatment of reproductive organs and hormonal functions (Soanes & White, 2017). The treatments such as surgery, radiation, and chemotherapy given to such patients may affect their sexual function and psychological well-being (Vitale, La Rosa, Rapisarda, 2018).

It is also revealed in a study that the diagnosis of cancer has psychological implications for patients who eventually end up having depression, anxiety, and distress (Conversano & Di Giuseppe, 2020). More often, these patients encounter pain and display a variety of emotional reactions that include fear, anxiety, and depression (Hanprasertpong, Geater, & Jiamset, (2017). It is also reported that survivors of cervical cancer go through a lot of constant health, psycho-social and interpersonal problems (Kebede & Kebede, 2017). According to Khalil, Faheem, Fahim and Innocent (2016), most cervical cancer patients have reported that their care givers sometimes do not appreciate their (patients') psychological needs, fail to be familiar with and deal with the depression and anxiety they experience, and also fail to refer them to available resources such as counsellors or psychiatric care. Thus, such caregivers do not consider unique provision of health care services to include psychosocial support for patients. However, it is recognized that social support plays a critical role in buffeting the adverse psychological reactions in cancer patients (Celik, Cakir, & Kut, 2021) but this form of support is inadequate or unavailable in developing countries.

In their quest to survive the disease, cervical cancer patients report different kinds of religious or spiritual experiences. As a result, there is an increasing focus on religion as a modifiable factor that can improve health. Studies indicate valuable benefits that are consequential to religious and spiritual participation across a number of health outcomes. A link between religiosity or spirituality and health has been recognised for decades if not centuries (Koenig et al 2012; Lavretsky, 2010). Due to the challenges patients face, a lot of them adopt various coping strategies and spirituality being the most common strategy (Amissah, 2020)), whose study revealed the significance of spirituality in understanding health outcomes. Religion has explicitly been established to bring to bear positive effects on infirmity and depressive outcomes of older persons (Lavretsky, 2010). It is also shown that religiosity and spirituality relate to depressive and anxiety outcomes, particularly among older persons (Koenig, 2013). Religion or spiritually therefore plays a crucial role in alleviating pain and bringing about positive health outcomes in all kinds of afflictions that include cervical cancer.

Although cervical cancer has an incapacitating effect on the physical, psychosocial and social well-being of patients, studies in Ghana, have mostly dwelt on the epidemiology of the disease, knowledge of the disease among patients and uptake in cervical screening (Binka, Nyarko, & Awusabo-Asare, 2019). Much is unknown about the experiences of women living with cervical cancer in relation to their physical, psychological, social and spiritual wellbeing. This lack of empirical literature in this area of study could undermine the provision of health and psychosocial care services to the patients. It is this urgent need for relevant information in this area that sets the grounds for this study. The current research is therefore designed to examine the lived experiences of patients with cervical cancer in relation to the physical, psychological, social and spiritual wellbeing. The study which is being conducted at National Radiotherapy Centre and Nuclear Medicine, Korle Bu Teaching Hospital in Accra Metropolis will complement the current literature and inform service providers of the psychosocial needs of cervical cancer patients. This would enable good practices in the care of cervical cancer patients and enhance their general well-being.

Purpose of the Study

The main purpose of this research is to examine the lived experiences of patients with cervical cancer at the National Radiotherapy Centre and Nuclear Medicine, Korle Bu Teaching Hospital. Specifically, the study investigated:

1. the physical well-being of patients with cervical cancer.
2. the psychological state of patients with cervical cancer.
3. how patients with cervical cancer relate to others in their community.
4. the spiritual wellbeing of cervical cancer patients.

Research Questions

The following research questions have been stated to guide the study.

1. What is the physical well-being of patients with cervical cancer?
2. What is the psychological state of patients with cervical cancer?
3. How do cervical cancer patients relate to others in their community?
4. What is the spiritual well-being of patients with cervical cancer?

Significance of the Study

The current research provides data on the lived experiences of patients with cervical cancer, which will augment existing information for healthcare providers and policymakers in handling cervical cancer. An improved knowledge of the lived experiences of cervical cancer patients will help in defining effective mediations that can advance care and tailoring these mediations to the exact needs of these patients. Findings from the study will also inform relatives of cervical cancer patients, and the general public of the needs and the support needed by people diagnosed with this condition. The conclusions of this current study hope to augment the existing understanding on the lived experiences of cervical cancer patients and can be used to develop training programmes to improve care for people living with cervical cancer.

Delimitation of the Study

The current research is restricted to patients suffering from cervical cancer within the Accra Metropolis. The data is particularly delimited to patients of the National Radiotherapy Centre and Nuclear Medicine, Korle Bu Teaching Hospital in the Accra Metropolis.

The study was confined solely to Korle-Bu Teaching Hospital which is a uniquely convenient location where the researcher could get easy access to cervical cancer patients to be able to meet the objectives of the study.

Also, the selection of Korle Bu Teaching Hospital, because of its proximity, determined the researcher’s requirement to work together with patients who are infected with cervical cancer to address the study objectives.

The current research as well, limited itself to the lived experiences of cervical cancer patients.

The purposive sampling was used to deliberately select the patients who could provide the relevant information to answer the research questions.

Limitation of the Study

As a result of the fact that the sample size is relatively small and this is a qualitative study, general conclusions cannot be drawn as a representation of findings that cover the plight of cervical cancer patients across Ghana. Also, since the study uses only interviews as a data collection instrument, it limits the objectivity of the research. Thus, the responses of the participants may be subjective. Some participants may even exaggerate their experiences, while others may choose to cover up their experiences.

Definition of Terms

The following terms have been adopted and used in the context of this study:

Cervical Cancer**:** This refers to an anomalous development of body cells in the cervix of the uterus.

Lived Experience**:** This refers to the daily hassles of a woman living with cervical cancer.

Quality of Life**:** quality of life refers to the impact of cervical cancer and its treatment effects on patients which affect their ability to live meaning lives.

Physical Well-being**:** This refers to the level of satisfaction with life due to one’s experiences with cervical cancer and its treatment effects.

Psychological Well-being**:** This refers to the ability to maintain a positive mental state as one experiences the signs and symptoms of cervical cancer and its treatment effects.

Social Well-being**:** is the ability to maintain positive relationships with members of one’s family and the larger community as the cervical cancer patient experiences signs and symptoms of cervical cancer and its treatment effects.

Spiritual Well-being: refers to the spirituality or religiosity of cervical cancer patients as they attempt to explain the cause of the disease and how they are coping with it.

Organisation of the Study

This research has been arranged into five chapters. The first chapter, which is the introduction, discusses the background of the study; the statement of the problem; the objectives; research questions; the relevance of the study; the limitations and delimitations; and the organisation of the study. Chapter two discusses the biopsychosocial model as the theoretical framework of the study. It further discusses a review of related empirical literature on the study. Chapter three discusses the methodology. It examines the research design, population, sampling procedure, data collection instrument, and data analysis procedures. In the fourth chapter, the focus is on the presentation and discussion of the findings. The fifth and final chapter provides a summary of the study, a summary of findings, a conclusion, and recommendations for further studies.

CHAPTER TWO

LITERATURE REVIEW

This research examines the lived experiences of patients with cervical cancer. The chapter presents the theoretical framework and empirical review.

Theoretical Framework

Biopsychosocial Model of Health

The biopsychosocial model of health which examines the health status of individuals from an interdisciplinary perspective was propounded by George Engel (Engel, 1977). The biopsychosocial model views causation of illness as the interaction of biological, psychological and social factors. The diagram below gives an illustration of the model:

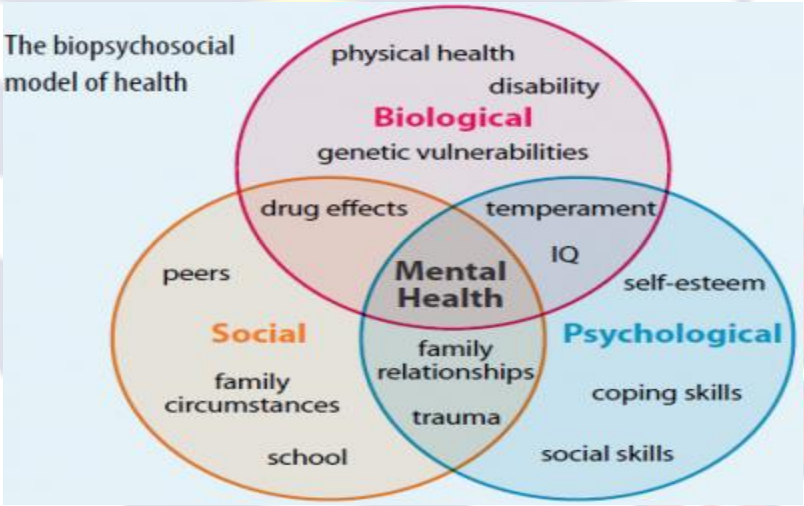

Figure 1: The Biopsychological Model of Health
Source: Adapted from Engel (1977)

Biological

In the biopsychosocial model, the 'Bio' or biological refers to physiological pathology which is often associated with the relationship of disease and bodily health. Biology refers to our physical health, disability and genetic vulnerabilities. Our physical health impacts our mental health and vice versa. It is reported that approximately one in three persons with a long term physical health disorder has a mental health difficulty which mostly manifest in anxiety or depression (Weich, Bebbington, Rai & Stranges, 2013). Research also indicates that a person with a mental health issue is likely to have an avoidable health condition such as heart illness (Doherty, & Gaughran, 2014) and in this study cervical cancer.

Additionally, just as we can have genetic predisposition to a physical disability, mental health has genetic roots as well. Genetics are the most basic level by which mental health is influenced and on some level has an impact for everyone. The genes that make it more probable that you will get a mental health issue might also play a role in physical health. In other words, whatever the phenotypical expression, genetics does play a role to some degree and the expression is in turn influenced by the environment.

In the treatment of cancer for example, the long term health problems must be addressed by the medical expert. Acute health problems like cervical cancer necessitates instant medical treatment because of its disruptive effects on daily life. Even though the medical aspect is important on the treatment of physical diseases, there are the psychological and social factors that have to be looked at as well.

Psychological

The 'Psycho' in the biopsychosocial model refers to the thoughts, emotions and behaviours such as psychological distress, beliefs anxiety/avoidance, current coping strategies and attribution. These are the characteristics of mental and emotional wellness that also relate to behaviour. Our bodies and minds are not distinct, and as such it is not unexpected that mental ill health can upset one's body. The changes in our lifestyles due to disease can have detrimental effects as this can lead to the experience of mental health disorders like anxiety or depression (Megan, 2021). The BPS model therefore recognizes that incidents of stress and poor mental health can contribute to physical ailment. During periods of high stress, many people struggle with the maintenance of mental health. An increased depression and anxiety has been linked to increased risk of infections or illness. One's psychological wellbeing therefore impacts both mental and physical health. Unhealthy and maladaptive thoughts, moods and behaviours can all be symptoms of mental health conditions and in turn can contribute to our overall health. Mental health and behaviour can be cyclical; for example, an individual who self isolates as a symptom of depression may experience increased depressive symptoms as a result of isolation. The problems linked with cervical cancer can aptly be seen the light of the above.

Social

The social in the biopsychosocial model refers to the socio-environmental, socio-economical as well as the cultural aspects such as work anxieties, family circumstances and safety. The social and environmental factors in which the patient strives could be beneficial and supportive or detrimental and traumatic for the improvement of the health condition of the patients. It would therefore be imperative to look at the housing and living conditions, social setting, work, bond with the partner and so on. Relational dynamics such as social connections and communal involvement play a crucial role in our overall health. Isolation whether deliberate or not has negating influences on a person's capability to socialize or sustain healthy relationships with others in the community. Such deficiencies in social life can lead to feelings of isolation and imbalanced lifestyle. In situations of extreme mental and/or social turmoil, research has found patients show lowered immune systems and healing processes (Uchino, Bowen, Kent de Grey, Mikel, & Fisher, 2018). The BPS model thus provides one explanation if a patient is struggling to heal or maintain their health during a prolonged stress event. The variations in one's environment can influence mental health both positively and negatively. An individual who has adequate social support experiences fewer mental health concerns compared to those without this support (Alsubaie Stain, Webster & Wadman, 2019). An individual who is struggling with their mental health might need social support and environmental changes just as much as they need therapy or medication for their symptoms.

The conventional practice was that health care concentrated predominantly on the medical and biological side of patients' needs and mental health also paid much attention to the psychological side. However, an all-inclusive approach to care that has the purpose to address the social as well as the psychological and biological contributions to disease can be more health-promoting. For instance, addressing an underlying social need or environmental stressor can improve mental health more effectively than either psychological or biological treatment.

Spiritual

One other dimension to the treatment and care of patients is spirituality. For example, cancer treatment not only underscores biomedical aspects but also connects to matters of quality of life and spirituality especially in palliative care. Spiritual wellbeing is defined by McClain, Rosenfeld and Breitbart (2003), 'as a sense of meaning and purpose of life, faith and comfort with existential concerns' is increasingly being acknowledged as an important element in assessing the quality of life of terminally ill patients. Increased psychological and spiritual wellbeing was found to be related to reduced feelings of anxiety and hopelessness and increased coping with illness in patients with advanced cancer (McClain, *et al.*, 2003)

At present, the biopsychosocial model has been extended to encompass the spiritual dimension as well and has a huge following from many notable researchers. One of such researchers is Amissah, (2020), whose study has revealed the significance of spirituality in understanding health outcomes. Saad, de Medeiros and Mosini (2017) rationalizes the extension of the model to a biopsychosocial-spiritual one by remembering that genuinely all-inclusive health care must address the entirety of the patient's interactive existence. In their view, this will bring about to a more wide-ranging model of care and research that takes account of patients in their completeness (Saad *et al.*, 2017). Also, the World Health Organisation (WHO) highlights the relevance of the spiritual aspect for the purposes of clinical practice (Saad *et al,*).

It can be seen in the above that, in assessing, preventing, and treating diseases, a holistic model should encompass the combination of biological, psychological, and social factors (Kusnanto, Agustian & Hilmanto, 2018). The model does not reduce the importance of biological factors but rather expands a narrow approach. The biopsychosocial model gave rise to the growth of an interdisciplinary field- particularly the field of health psychology and psychoneuroimmunology. This climaxed in an impetus for many studies on how psychological and social factors influence the progression and effect of a disease. The involvement of psychosocial factors on health inspired greater interest in medical theory and practice to better understand the impact of these factors in order to provide an all-inclusive approach to the treatment of patients.

Context of the Study

In the context of the current study, cervical cancer patients go through different kinds of challenging experiences that are related to their physical, psychological, and social wellbeing. In the light of such challenges, a lot of them adopt various coping strategies and spirituality being the most common strategy. The experiences of cervical cancer patients gathered from previous studies make the biopsychosocial health model so relevant to this study. The biopsychosocial model will provide a circumspective approach to understanding the lived experiences of cervical cancer patients by situating their experiences within its major tenets biology, psychology, social circumstances, and spirituality (Onyigbuo, 2016).

Empirical Review

This section reviews research works related to the current study in an attempt to situate the study within the realm of existing literature so that an appropriate direction can be carved out. It reviews literature on the physical, psychological, social, and spiritual wellbeing of cervical cancer patients.

The Physical Well-being of Patients Living with Cervical Cancer

Various studies on cervical cancer have discovered pain, abnormal vaginal bleeding, and nasty vaginal discharges as some of the prominent symptoms of advanced cervical cancer (Sinha, Kumar, Singh, & Saha, 2020). These symptoms, together with the adverse side effects of the treatment practices affect the physical wellbeing of patients. The review discusses in detail various symptoms of cervical cancer as recorded in the available literature.

Pain

Various scholars have discovered pain as a prominent physical adversity that cervical cancer patients face in living with the illness (Ochoa, Carrillo, & Sanabria, 2019). According to Milgrom, Lad and Koniaris (2017) pain caused by cancer is mostly as a result of a lesion, tissue damage, or bone metastasis. Different studies have presented different discoveries regarding the pain associated with cervical cancer.

In a study by Stover, Kurtzman, Wlaker Bissram and Jansen (2021), it was discovered that at the initial stages of the cancer, participants experienced pain in various parts of their bodies, including the bladder, lower abdomen, legs, and sexual organs, especially during sex. This resonates with aspects of Seven, Sahin and Yilmaz (2016) study who found that the quality of life of patients who lived with various gynaecological cancers experienced poor physical health, and severe pain especially in the vagina which was described as severe burning. Cheville, Smith, Barksdale and Asher (2021) also discovered that some patients experienced abdominal pain, severe leg pain, as well as back pain during the later stages of cervical cancer.

A comparative study of terminally ill patients in Scotland and Kenya showed that Scottish participants were more concerned about the emotional pain of facing death, while the Kenyan participants were experiencing severe physical pain (Chitani, 2018). The findings by these studies indicate that cancer patients usually have poor physical health and go through a lot of physical and emotional pain.

Cancer survivors have reported various methods adopted to remedy the pain they experienced. The majority of patients manage their pain through the use of analgesics. This is in sync with WHO’s recommendation of analgesics, which help patients attain about 75% pain relief. It is, however, worth noting that WHO has acknowledged pain management as a global challenge (Hochberg, Sharon, Bahir, & Brill, 2021). In a number of situations, the use of analgesics does not completely alleviate the cancer pain (Collinet, Fritel, Revel-Delhom, & Ballester, 2018). As far as pain management is concerned, some studies have also identified music as an alternative non-pharmacological pain management technique. For instance, Bradt, Potvin, Kesslick, Shim and Radl (2015) indicated in their study that participants reported a decrease in pain attributable to music therapy. A similar report was given by Huang, Good and Zauszniewski, (2010) who said that their study among cancer patients in Taiwan revealed that the majority of participants listen to music in order to relax and distract themselves from pain.

Gynaecological Challenges

Several studies on the gynaecological challenges of cervical cancer patients identified offensive vaginal discharges, bleeding, and other abnormalities in the nature of vagina dryness and atrophy which are some of the well-known symptoms that patients experience (Gupta, Kakkar, & Bhushan, 2019; Osei Appiah & Amertil, 2021). A related report is given by Adoch, Garimoi and Scott (2020), who stated that one of the participants in their study described the discharge from her vagina as resembling a *"dead rat"* and that she had to allow air into the room by opening doors and windows to create an escape for the smell to leave the room.

Similar studies by Jurgenliemk,-Schulz, Segedin and Tan (2019), have also found that a number of cervical cancer patients experience alteration of the vagina, especially at the advanced stages of the illness. They further stated that participants experienced excessive bleeding to the extent that diapers used by babies were utilised to manage the situation. The severe nature of the bleeding, according to some of their participants, resulted in blood transfusion. Also, other study reports indicate that patients encountered various forms of unusual bleeding such as post-coital bleeding; inter-menstrual bleeding, and postmenopausal bleeding (Kareem Aledan, & Hussien 2021). This unusual bleeding, which mostly comes with pain, had an adverse effect on the quality of life and general wellbeing of participants (Ghant, Sengoba, Recht, & Cameron, 2015).

As part of the devastating consequences of the cervical cancer disease, reports from the American Cancer Society (Faizan & Muppidi, 2020) show some premenopausal survivors of cervical cancer suffer sterility as a surgical treatment effect. Infertility happens to be the second most common concern among participants in various studies, besides death. Survivors have expressed concerns regarding how their fertility caused by the treatment of cancer has made them useless (Ellis, Wakefield, & McLoone, 2016). This is because many societies perceive the womb as the symbol of womanhood; hence, its removal renders the victim non-feminine (Kitur, 2018).

Some participants who linked childbirth with femininity have reported feelings of low self-esteem and lower self-image as post-treatment effects (Gilbert, Ussher, Perz 2011). In Mutambara, Sodi, Sandra and January (2016) work, they conducted a multicultural study of cervical cancer patients and revealed that infertility was a very distressful concern for victims as some of them considered themselves damaged, worn out, or useless. It must be noted, however, that the attitude of survivors towards infertility varied among participants depending on their childbearing needs or status on the childbearing scale. According to Paluch-Shimon, Halaska and Uzan (2019), women who had finished giving birth did not have many issues when they lost their fertilities. Such survivors were more concerned about how to cater for their children. On the contrary, survivors who still had an interest in giving birth felt less like women when they became infertile.

Impaired Sleep

One of the commonest concerns of cervical cancer disease identified in various studies is sleep disturbance (Rutherford, Mercieca-Bebber & Tait, 2019). Impaired sleep among cancer survivors, according to Tian, Chen and Zhang, (2015) can be ascribed to diverse factors, including pain, treatment side effects, and psychological disturbances. Itani (2021) reported that pain was the major source of impaired sleep among cancer patients which is similar to Hu, Ma, Zhang, Gao, and Kong, (2018) study. According to them, the severe nature of the pain during the night could cause victims to wake up frequently.

Gastrointestinal Disorders

One of the challenging symptoms that various studies on cervical cancer have highlighted is the inability of survivors to maintain good eating habits. At the advanced stages of the illness, survivors experience anorexia and dysphagia as nutrition-related conditions that interrupt good eating behaviours (Arends, Baracos, Bertz, & Bozzetti, 2017).

A study conducted by Venkatas and Singh (2020) stated that loss of appetite, which is a product of cervical cancer treatment options and side effects, mostly has negative implications on the quality of life of cancer survivors. According to Small Jr. Bacon, Bajaj, Chuang and Fisher (2017), there are four main treatment opportunities accessible such as: surgical treatment, radiotherapy, chemotherapy, and brachytherapy. The adoption of any of the treatment choices is reliant on the phase of the illness. Each treatment choice has its own unique effects on the victim.

According to Cohen, Jhingran and Oaknin (2019), all the treatment options pose a particular physical disorder. Many participants of various studies in Asia, Dahiya, Acharya and Bachani (2016) and in the Western world, Yeh (2021), who have been treated for gynaecological cancer reported nausea, vomiting, as part of the major side effects of the treatment. This was also a finding of Rajendran, Ruthrani, Princely and Kanchana (2016), whose study of Swedish patients receiving chemotherapy treatment revealed that the most common effects of cervical cancer was nausea and vomiting which affected their daily lives, ranging from irregular food consumption to loss of weight and interrupted sleep patterns. In addition, some other reports have identified diarrhea as a common side effect caused by chemotherapy and radiotherapy treatment methods (Benson, Ajani & Catalano, 2004; O'reilly, Mellotte, & Ryan, 2020; Zhang, Wang, Jia, & Kong, 2018).

The gastrointestinal symptoms caused by the side effects of the treatment options have dire consequences for the general well-being of cervical cancer survivors.

Body Disfigurements

Cervical cancer and its treatment side effects could have negative effects on the physical outlook of patients. One study on gynaecological cancers generally, and particularly cervical cancer, has revealed that the majority of survivors of advanced cancer experience weight and hair loss and a change in complexion (Bae & Cho, 2021).

Skin reactions happen to be the most obvious side effect since the patient's skin is the main target of chemotherapy and radiotherapy treatments (Akbari, Kariznavi, Jannati, & Elyasi, 2020). Various studies have cited hyperactive and hypoactive skin colour changes, moist desquamation, erythema, atrophy, and necrosis, as the most reported side effects of chemotherapy and radiotherapy treatments (Robijns & Laubach 2018).

It is worth noting that changes in the body mostly occur when survivors are being treated. Some of these physical abnormalities are less visible. Patients, however, find various means of concealing the visible changes through the use of heavy clothing and the wearing of wigs (Lewis-Smith & Harcourt, 2018).

Fatigue

Fatigue happens to be one of the most reported symptom linked to the diagnosis and treatment of cervical cancer (Steen, Dahl, Hess, & Kiserud, 2017). According to Lewandowska, Rudzki and Lewandowski (2020), about 93% of cervical cancer patients who participated in their study reported fatigue as a very disturbing symptom of the treatment process.

Another study conducted by Turk, Fillingim, Ohrbach and Patel (2016) discovered that the fatigue that cancer patients experience affects the general functions they perform in society. Notwithstanding the fact that their study is quantitative by nature, it gave details, especially with regard to the various types of fatigue that participants experienced which were identified as: mental exhaustion, reduced activity and motivation. Reduced activity refers to a reduction in patients’ active nature. Reduced motivation is the absence of incentive to carry out activities: and mental exhaustion makes reference to the situation where the patient has difficulty concentrating on things (Maslach & Leiter, 2016).

Fourie, Jackson and Aveyard (2018), have described fatigue as a symptom that has a holistic effect on all facets of patients’ lives. Thus, it can affect the relationship between the patients and their children, husbands, and even friends. As a result of fatigue, cervical cancer survivors have to do their daily activities at an extremely slower pace, have to pause intermittently between activities, and mostly have to partake in less demanding activities (Sekse, Dunberger, & Olesen, 2019). Several researchers have linked fatigue to treatment-related effects (Ehlers, DuBois, & Salemo 2020). Findings from all these studies point to the fact that fatigue has a very negative effect on the quality of life and the physical wellbeing of patients living with cervical cancer.

Fatigue, therefore is a prevalent symptom among members of the cancer community in general and has an impactful influence on the lives of survivors.

The Psychological Well-being of Cervical Cancer Survivors

This segment presents the literature review on the psychological wellbeing of patients living with cervical cancer. The discussion focuses on depression, anxiety, inadequate information, suicide ideation, fear of death, and distress of diagnosis that affect psychological wellbeing of cancer patients.

Depression, Anxiety and Low Self-esteem

Several studies have acknowledged that the physical circumstances in which cervical cancer patients find themselves have a lot of impact on their psychological wellbeing (Autrilia & Pohan, 2019). This assertion is backed by the QOL-CS model propounded by Ferrell, Grant and Hassey-Dow (2019) where participants in various studies have complained about depression, anxiety, frustration, low self-esteem, and distress as the common psychological challenges they face.

In a study by Conversano, Di Giuseppe and Miccoli (2020), it was revealed that the diagnosis of cancer has psychological implications for patients such as depression, anxiety, and distress. They posited that since most of the cervical cancer victims have low income statuses, the overwhelming nature of financial responsibility in terms of medication and child care exposes them to depression. It was further discovered that anxiety is mostly associated with less educated patients who do not have private health insurance and have to pay for treatment themselves (Galvin, Garg, & Matthes, 2021).

Furthermore, the correlation between pain and psychological morbidity in cancer survivors is quite prominent in the discussions of scholars. Thus, a number of studies have established that when cancer pain increases, anxiety also increases (Saritas & Özdemir, 2018). Weeratunga, Senadheera and Ekanayake (2016), studied the incidence of pain and its associated physical and psychological implications their report indicated that there was a lateral connection between the pain, depression, and anxiety.

In another study conducted by Ali (2021), anxiety, depression, distress of burdening the family and worries dominated the list of psychological effects that cervical cancer had on participants. One other study by Shi, Cai, Wu, Jiang and Gan (2020), which sought to discover the survival of cervical cancer patients, revealed that participants reported various forms of depression, fear of cancer reoccurrence, and low self-esteem. They also indicated that survivors suffer rejection from society, which adversely affects their emotional and psychological well-being.

It can be seen that depression, anxiety and low self-esteem are common complaints among cervical cancer patients.

Fear of Death

Death has been discussed as one of the major issues that strikes fear in the hearts of cervical cancer patients. Hanprasertpong, Geater and Jiamset (2017), for example, stated in their study that patients that suffer from various gynaecological cancers entertain serious fears as far as death is concerned. They stated in their study that participants had emotional problems, especially when their sickness was taking longer than expected to be treated.

Opoku (2018) also recorded instances when participants reported entertaining fear of death because of the continuous pain they experienced on a daily basis. A lot of them actually believed they were going to die. Fear of death among patients heightens when they feel that their illnesses are worsening exponentially or when they get reports about the deaths of others who were suffering from similar gynaecological cancers.

Eschler and Pratt (2017), also indicated in his report that participants entertain so much fear when they look at themselves in the mirror. Obviously, the deformities that patients go through strike fear of death in them. The majority of the victims were afraid to die and, at the same time, were mindful of the welfare of their children after their death (Bateman, Blakemore, & Koneru, 2019).

Death is therefore feared among patients suffering from cervical cancer due to uncertainties associated with the disease.

Suicide Tendencies

The physical and psychological effect of cancer diagnosis and treatment is so enormous that it creates a lot of burden on survivors, which can cause them to contemplate committing suicide (Zucker, 2019). A study by Prasongvej, Nanthakomon *et al.* (2017) found that 17.7% of their participants (cervical cancer patients) had thoughts of suicide. Riihimaki, Paavonen and Luukaala (2017) also reported that women with gynaecological cancers complain of poor physical looks and unattractiveness, which creates both emotional and psychological stress as well as suicidal thoughts. There have also been reports from Ravaioli, Crocetti, Mancini and Baldacchini (2020) that the excessive pain experienced by the survivors is a key factor that causes them to contemplate suicide. They further stated that psychological variables like depression, anxiety, and distress can cause survivors to hasten their death.

The tendency of cancer patients attempting to commit suicide has been attributed to some variables such as: physical dysfunction; absence of social support networks; being single; and physical pain (Granek, Nakash, Ariad, & Shapiram 2019). Additionally, most of the survivors who had suicidal ideas attributed it to the fact that they had become absolute dependents and served as burdens to their families and friends who took care of them (Zhou, Xian, Zang, Yang, & Fang, 2019).

Considering the general outcome of studies on suicide amongst survivors of cervical cancer and the frequent cause of death among them, Kim, Conwell and Caine (2018) suggested that survivors of cervical cancer should be periodically screened for psychological distress and other variables that can arouse suicidal thoughts among them. Such patients can be taken through counselling sessions to help alleviate the psychological challenges they face.

The Social Well-being of Survivors of Cervical Cancer

The section presents reviewed literature on the social wellbeing of patients living with cervical cancer. The discussion centres on sexual inactivity and dysfunctional relations; altering roles, household tasks and family distress; loneliness; social support networks; and economic effect.

Sexual Inactivity and Dysfunctional Relations

One of the major challenges that gynaecological patients, in general, face is their inability to maintain positive sexual relationships with their partners. Findings from Sayed and Masoud (2018) showed that the majority of patients diagnosed with various gynaecological cancers suffered from sexual inactivity caused by the symptoms of the disease and its treatment side effects. There have been several reports regarding the challenges survivors face when it comes to sexual desire or arousal, lubrication of the sex organ, and reaching orgasm (Huffman, Hartenbach, & Carter, Rash, 2016). In a research conducted by Osei Appiah *et al.* (2021), they established that most gynaecological cancer survivors who suffered infertility complained bitterly of painful coitus anytime their partners penetrated. Their study revealed that about 62% of participants reported painful penetration; 56% complained of low sexual desire; and 67% expressed complete displeasure with the entire sex encounter.

Derks, van Lonkhuijzen and Bakker (2017) study among cervical cancer patients in Greece showed that survivors who underwent radiotherapy treatment suffered more sexual inactivity than those who underwent surgery and chemotherapy. Their study also revealed that participants who received solely radiotherapy treatment experienced some physical abnormalities like tightening of the vagina, low libido, and poor quality of life as compared to those who received both radiotherapy and chemotherapy. Fakunle and Maree (2019) quantitative study indicated that sexual dysfunction came from women who had received radiotherapy treatment beyond two years. As a result of the low sexual desire and the alteration of the vagina, patients mostly shy away from engaging their partners in sex (Shankar, Patil, Luther, & Mandrelle, 2020).

Reports, however, show that few cervical cancer survivors willingly participate actively in sexual intercourse for reasons of psychological fortitude; the desire to be womanlike; or maintenance of associations (Zhou *et al.*, 2016). Some of the survivors had to succumb to the pressure from their partners to fulfil their sexual obligations even in their distressful conditions (Del Pup, Villa, Amar, & Bottoni, 2019).

Amoo, Olawole-Isaac and Okorie (2018), attributed the rising relationship issues among cervical cancer patients and their spouses to the failure of couples or partners to communicate their sexual feelings and desires. They assert that sexual activity and intimacy have a direct relationship between them. Thus, when the activities of sex cease or decrease in a relationship, intimacy is bound to reduce as well (Gewirtz-Meydan & Finzi-Dottan 2018). This lack of communication and intimacy, according to Halpern and Katz (2017) can arouse tension and displeasure in relations, which becomes part of the already existing predicament of the cervical cancer patient.

The absence or reduction in sexual activities between couples sometimes sparks anger and quarrels, which in most cases may lead to divorce or separation (Kirchhoff, Wright, & Warner, 2012). The findings of Amoo *et al.* (2018) buttress this assertion by revealing that a number of survivors' partners asked their wives to separate and get treatment because of their inability to succumb to their partners' consistent requests for sex. They further stated that few of the survivors had to willingly ask their husband to get different partners due to their inability to withstand the routine pressure to have sex with them. Just like married couples, Yilin and Zhou (2019) reported that unmarried survivors had to end their interactions with their male counterparts due to sexual pressure from them.

However, a study by Bae and Park (2016) established that even though cervical cancer diagnosis and its treatment effects have an adverse impact on marital relationships, patients who had stable marriages before diagnosis actually had improved relations with their partners during the treatment process. They indicated in their study that it was those survivors who were in unstable relationships before diagnosis who had worsened relations with their partners during treatment. Based on this, Amoo, *et al.* (2018) concluded that having a peaceful and stable marital relationship could be a positive instrument for managing and coping with the effects of cervical cancer.

In general, the literature reveals that the disease has a substantial negative influence on the lives of women with cervical cancer and their partners.

Altering Roles, Household Tasks, and Family Distress

Several studies have acknowledged that the advent of cervical cancer diagnosis brings with it some dynamics in the daily roles played by victims and their families (Chan & So, 2020). Due to the physical, psychological, and social challenges that cancer survivors encounter, most patients with advanced cancer cannot perform their daily activities (Soetrisno, Sulistyowati, & Ardhianto, 2017). Various reports show that roles related to household activities are taken over by the survivor’s relatives, including husbands, siblings, children, and parents. For example, in the work of Autrilia et al (2019), they revealed that most of the household activities were done by their husbands and parents after participants were diagnosed with the disease. This is because the quality of life of cervical cancer patients is usually adversely affected by their conditions. For instance, Smet, Potter, Haie-Meder and Lindegaard, (2018) reported in their study that participants reported tiredness and body weakness; even though they did not need assistance with their daily activities. This is similar to Berhe, (2019) study that cervical cancer patients complained of fatigue, tiredness, and difficulties in carrying out daily activities after radiotherapy.

It is shown in the above that there are challenges cervical cancer patients and their families face because of the ramifications of the disease.

Social Isolation in Cervical Cancer Patients

Researchers have identified several factors that can cause social isolation in the lives of cervical cancer patients. The physical manifestations of the sickness, like offensive vaginal discharges and bleeding, have been discussed in various studies as part of the dominant factors that cause isolation among survivors. The study by Maree et al. (2021), buttresses the statement that unpleasant bleeding and vaginal discharges can lead to isolation among cervical cancer survivors. According to them, some participants complained of feeling isolated in their communities because no one paid them a visit when they were home. Similarly, participants reported that they could not join church services, for doctrinal reasons, for women to participate in church congregations while bleeding.

In Van Hollen (2018) study, one of the participants reported that she had to send her grandchildren somewhere else so that she could manage the scent in her room by doing thorough cleaning and opening windows and doors to pave the way for the scent to escape from the room. This created loneliness for her.

The patients isolated themselves from society because of body deformities. A study conducted by Wijayanti and Ediyono (2021) stated that participants reported various forms of body deformities like darkening of their skin, loss of weight and hair as some of the reasons they had to stay indoors to avoid series of questions from their colleagues and peers. Most survivors felt marked, and in an attempt to avoid stigmatisation, they preferred to stay indoors and live lonely lives. This supports the affirmation that body disfigurements caused by various cancer treatment options limit the desire of survivors to interact with the ordinary community (Burnette, Roh, Liddell, & Lee, 2019). Further reports indicate that survivors feel more deformed after surgical sessions (the abdominal scars) and that such psychological states affect their relationships with people and society as a whole (Threader, 2015).

As a result of the prestige attached to childbearing in many societies, many cervical cancer survivors who lost their fertilities felt marked and found it difficult to visit friends, peers, and even attend social gatherings (Guzik, McKinney, Ulack, & Suarez, 2021).

Social Support Networks

Giovannoni (2020) in their study argued that support from people serves as a protective shield for cervical cancer patients and that survivors who have support have the chance of living healthier lives even in the face of the life-threatening effects posed by the cancer disease. On this subject, Patel-Kerai, Harcourt and Rumsey (2017) studied the relevance of social support networks among black Caribbeans and white British cancer survivors. Their findings showed the existence of a partner or spouse constituted an important part in the social support network. Also, participants made reference to close relatives, neighbours, friends, and extended relatives as relevant sources of the support network. The participants indicated that the support they got from their spouses was phenomenal since they were there to help them when they (patients) were in their weakest moments. Furthermore, Binka and Nyarko (2018) stated in their study that some of the survivors of cervical cancer had support from direct and extended relatives such as children, spouses and mothers. According to the study, sometimes relatives escort them to the health centres, support their transportation and even household activities.

The relevance of social support networks for the survival of cervical cancer patients has further been highlighted by Zhou *et al.*, (2016). They mentioned in their study that most of the survivors of cervical cancer who were having radiotherapy treatment in Kenya got assistance from relations and other networks and engaged in activities that got them relaxed. In contrast, Nastiti, Pradanie, Susanti, and Tristiana (2020) revealed in a research that participants who lacked enough social support were living distraught lives.

Maree et al. (2021), further made mention of majority of the survivors of cervical cancer depended on their partners for financial support, which served as bolster for some of the patients to cope well with the illness. It was also stated in the same study that regular communication between partners has been identified as an important element in supporting the survivors to cope with their situation.

It is noted from the above that cervical cancer survivors need social support network to navigate through their predicaments. The support given by various members of the support network provides a relatively stable emotional, psychological, and physical grounding to combat the pain of the cancer and its related effects.

Work-Related Issues among Cervical Cancer Survivors

Cervical cancer has serious impact on survivors' jobs when one is diagnosed and treated with the disease (Nakamura, Masuyama, & Nishida, 2016). There have been several reports regarding the disruptions that the cancer illness has brought as far as the working patterns of survivors are concerned (Blinder & Gany, 2020). A lot of the women who were employed found it difficult to go back to work as a result of the physical effects of the disease and its treatment even though employment happens to be the major source of financial security, health promotion, and motivation for social interaction (Reuschke, 2016). According to Mwaka and Okelle (2015), the heavy bleeding and offensive discharges that come with the disease process make it difficult for survivors to continue working; hence, most of them stay away from work so that they could manage the situation at home. Some studies in America and Europe show that the physical deformities of cancer patients can cause patients to experience restrictions and some difficulties regarding work (Thapa, Maharjan, & Petrini 2018). Most of these challenges are attributed to the absence of backing from fellow workers and management, including the somatic and intellectual demands of the job (Fitch & Nicoll, 2019). Cancer survivors in the UK generally stop working after diagnosis, mainly because of their conditions (Blinder et al. 2020). However, the same study revealed that some survivors who still saw the need to work reduced their working hours to help them cope, which obviously reduced their income status since fewer working hours attracted less income.

Ndejjo, Mukama and Kiguli, Musoke (2017) stated in their study that a number of their participants were uncomfortable revealing their cervical cancer status to their supervisors after diagnosis. According to the participants, they had fears that they may not be able to work as expected of them and they feared that it might lead to the loss of jobs, which in essence would affect their ability to cater for their children. As a result, most of them did not let their supervisors know about their conditions because they did not believe their bosses would support them. Even though some of the cancer survivors reported to their supervisors, none acknowledged receipt of any form of support. A number of the participants acknowledged that their co-workers who were aware of their situation were rather helpful as they treated them as delicate and feeble, and did not allow them to do any hard work. It should be noted, however, that there have been no reports indicating that a specific cervical cancer patient has faced workplace discrimination as a result of their condition.

Some cancer survivors who had support from their managers reported that their support was key in their lives since it helped them financially, socially, and even psychologically (Singh, Verma, Rahmanm, & Qureshi, 2019).

It is apparent that support from managers and co-workers is critical in helping cancer patients to able to continue working to support themselves financially.

The Economic Impact of Cervical Cancer

In several countries around the world, the process of diagnosing and treating cervical cancer is time-consuming and costly; thus, one must be financially secure before embarking on the quest for treatment (Bongaerts & Ridder, 2021). The process includes transportation, accommodation, feeding, treatment of other related ailments, and time lost from work ((Hofmarcher, Lindgren, & Wilking, 2020).

In a South African study, Nastiti *et al.* (2020) mentioned that even though some survivors got financial support from their partners and families, they reported that the cost of treatment was too much to bear. A study in Tanzania showed that poor financial support was their greatest challenge (Owenga & Nyambedha, 2018). Owenga (2019) study of the effects of cervical cancer diagnosis and treatment among patients receiving radiotherapy in Kenya showed that about 53% of the participants had poor quality of life because of financial constraints and lower income generation. A similar study done in Greece (Hossain, Akter, & Banu, 2015) among survivors of cervical cancer indicated that the greatest threat to the patients' general well-being is the financial constraints associated with their treatments. Mbatha (2021) indicated from their study that the root of the financial constraints is the frequent visitations to health centres and joblessness.

It is noted in the above that financial constraint is a major problem affecting cervical cancer patients.

The Spiritual Well-being of Survivors of Cervical Cancer

The section presents reviewed literature on the spiritual wellbeing of patients affected by cervical cancer. The assessment focuses on the concepts of spirituality and religiosity, the meaning of illness, sense of optimism and will to live as well as how cervical cancer patients maintain hope and cope with the disease.

Spirituality and Religiosity

Religion and belief in spirituality serve as relevant assets among cervical cancer patients in their determination to survive the disease (Maree & et al., 2021). Most survivors who believe in religion and are spiritual turn to a higher power for help (mostly a supreme being) as a coping strategy (Delgado-Guay, Palma, & Duarte, 2021). Religiosity has been discussed in many studies as a relevant coping strategy for cancer patients (Nejat, Whitehead, & Crowe, 2017). These strategies are meant to alleviate the effects that cancer has on the physical and psychological wellbeing of survivors (Alessi, 2016; Matos, Meneguin, & Ferreira, 2017).

A number of religious practices that survivors engaged themselves in as part of their coping strategies have been outlined. Studies have revealed that group religious activities, frequent church attendance, the engagement with spiritual texts, watching television programmes that have religious content, worship and consistent prayer constitute some of the coping strategies adopted by cancer survivors (Saad & de Medeiros, 2012; Thein, Erim, & Morawa, 2020).

Furthermore, Saad *et al.* (2017) reported that most cervical cancer survivors focused on praying and in search of God’s protection and support to cope with the disease. The doctors in this study were perceived as the channel through which they could receive healing from God. Most of the participants believed that the sickness was beyond the power of any human and that their survival and possible recovery was only tied to the mercy of God.

Some of the participants in Saad *et al* research were identified to have received tremendous support from the leadership of their church as well as the congregation. This took the form of visitations to the houses of survivors in groups and holding prayer sessions for them. These prayers from congregations might have had a very positive impact on the psychological states of survivors and quality of life.

The Meaning of Illness among Survivors of Cervical Cancer

Various cervical cancer survivors have different meanings they associate with the disease that confronts them. Their understanding of what sickness is, where it comes from; and its impact on their lives all depended on their religious view and their level of spiritual connection with their supreme beings (Zinnbauer, Pargament, Cole, & Rye, 2015).

Laurin (2021) mentioned in a study that a lot of their participants traced the source of the sickness to God since they believe it is only by his permission that they can fall sick. They believed that God allowed them to contract the sickness so that after he makes them recover, they can serve as living testimonies to others. This perhaps helped them to cope effectively with the sickness. Some participants in Lauri (2021) viewed the sickness as an agent of transformation in their lives since the disease has caused them to cherish life more; appreciate relationships; increase intimacy between them and their partners; and has created a more harmonious family relationship. There are other studies that hold similar views regarding survivors' perception of cervical cancer as a form of rebirth and an opportunity to seek God's mercy (Hobenu, 2015). For example, some of Soetrisno et al. (2017) participants reported that they saw the disease as an opportunity to draw closer to God and repent from their sins. Thus, the thought that they could die from their illness at any time caused them to reassess themselves and try to make amends with their maker so that He might have mercy on them and grant them healing. Furthermore, the belief of the survivors has been reported to have made them sensitive to the needs of other people (Vermeer, Bakker, & Kenter, 2016). Similarly, Ding, Hu, Hallberg, (2015) discovered in their study that cervical cancer survivors saw the disease to have had a positive effect on the type of lives they lived and also making them value life more. Other survivors mentioned that they saw the need to give back to society, which is a positive outcome of their cancer experience.

It should however be noted that some of the cancer survivors in Mutambara *et al.* (2016) attributed the disease to the devil and witchcraft. Cervical cancer was reported in their study to be a form of punishment or a curse for immorality on the part of the patient. This created some form of disappointment in them against God (Laurin, 2021).

In all, cervical cancer patients acknowledge the importance of the Supreme Being in their lives who they solely rely on for their healing.

The Sense of Optimism and will To Live

In the study of Holt, Caplan, Shulz and Blake (2009) cancer patients were reported to have a firm belief that they would survive their ailments. They believed the human mind is a powerful tool and that with positive thoughts, positive results can be achieved in the midst of the physical, psychological, and social challenges they encountered while living with cervical cancer. Participants were said to have reported that they needed to live for the sake of their children. Some also perceived their sickness as a godly project that would yield a rewarding testimony at the end of the cancer experience, which gave them reason to live.

Hope

Several studies have considered hope as a very effective coping mechanism and an impactful resource in attaining quality of life (Li, Lin, Liang, Hu, & Chen, 2017). Hammer, Mogensen and Hall (2009) conducted an interview among newly diagnosed gynaecological cancer patients to find out their understanding of ‘hope’. Their findings revealed that cancer victims had hope in God, and so prayed fervently to Him for a cure. The majority of patients in Li *et al.*, 2017, coped with the disease by fantasizing about being cured one day. Similarly, This is similar to Fu, Huang, Liu, Ren, Zhang, (2020) study where participants were very optimistic about higher chances of recovery through the mercy of God.

Various survivors derive their hope from different sources. Hope happens to be an essential component of life; the will to stay alive and find a reason to live. Fu *et al.* (2020) present hope as a relational concept that stems from significant others and affection from partners, children, and other relatives who give the participants hope to cope.

In conclusion, the empirical review shows that cervical cancer patients suffer from physical, psychological, and social problems. It is observed that majority of the studies were conducted in advanced countries and very few in the African context that includes Ghana. The few studies that have been conducted in Ghana dwelt on the epidemiology of the disease and uptake in screening and therefore not much is known about the lived experiences of cervical cancer patients which this study seek examine.

Health System-related Factors

Inadequate information from healthcare professionals has, for some time, been a major complaint among cancer patients. This happens to be a common practice in the health systems (Mugassa & Frumence, 2020).This lack of inadequate information could lead to anxiety, depression and fear especially when patients begin to experience treatment side effects. For example, Fontham, Wolf and Church (2020) discovered in their research on the quality of life cervical cancer patients the United States that the majority of participants reported not having enough information about the treatment effects of their conditions. As a result, they became anxious when their systems began to change. Also, Maree and Holtslander (2021) reported that about 48% of their participants could not tell the cause of the symptoms they experienced after they started treatment.

As part of the barriers to quality information, participants mentioned the reluctance of health workers to give detailed information regarding their conditions and possible treatment options available as well as their side effects (Czapka & Gerwing, 2019). They stressed that the provision of necessary information to patients is a key contributor to the psychological readiness of the patients for treatment. This buttresses the assertion that the provision of enough information to survivors constitutes the most relevant supportive cancer care strategy in the entire cancer treatment process (Musa, Achenbach, Dwyer, & Evans, 2017). Thus, it helps lower the chances of depression and anxiety and promotes the well-being of survivors.

Another outstanding challenge that caused anxiety, frustration, and depression among survivors was the delay in receiving medical treatment at the health centres. A study conducted by Wigginton, Farmer and Kapambwe (2018) in Uganda among cervical survivors revealed that as a result of the existence of very few specialised cancer treatment centres in the country, patients had to wait in long queues waiting to be attended to. Some had to travel long distances to face such frustrations and these happenings complicate the psychological conditions of the survivors.

Other studies, such as Aka, Horo, Fanny, Koffi and Olou (2021), reported that cancer survivors experienced various forms of misdiagnosis, which appears to be a common complaint among survivors, in addition to their displeasure with the unnecessary delays at the treatment centres. Studies reveal that many patients were initially diagnosed as having fibroid which turned out to be cervical cancer after series of tests were conducted by different health facilities (Yin *et al.*, 2016). That will likely discourage patients from pursuing treatments agenda from those doctors which will in the long run affect their general wellbeing (Kebede *et al.*, 2017). Mullen, Barr and Franco (2021) attributed part of the delay in diagnosis to the series of misdiagnosis that occur before survivors finally get to know their status.

The general report from the literature, Hesse and Rauscher (2019) also asserts that participants in various studies have expressed satisfaction in their relationships with doctors as far as the support given to them (patients) is concerned. Although there appears to be a good relationship between survivors and their doctors on the whole, most of them were dissatisfied with the lack of information the doctors provided them regarding their test results and even the side effects of disease treatments.

Summary of Literature Review

There are several studies that have been conducted on cervical cancer using the biopsychosocial model propounded by George Engel (Engel, 1977).

These studies have discovered pain in the bladder, lower abdomen, legs, sexual organs especially during sex, pelvic, and back pain during the later stages of the disease (Cheville, Smith, Barksdale & Asher,2021; Kurtin & Fuoto, 2019; Kurtzman, Wlaker Bissram & Jansen, 2021; Seven, Sahin & Yilmaz, 2016). According to Milgrom, Lad and Koniaris (2017) pain is mostly as a result of a lesion, tissue damage, or bone metastasis.

Several other studies have identified gynaecological abnormalities as major challenges faced by cervical cancer patients such as offensive or nasty vaginal discharges, abnormal vaginal bleeding, unusual bleeding in the form of post-coital bleeding; inter-menstrual bleeding, and postmenopausal bleeding. Other abnormalities are vagina dryness and atrophy, alteration of the vagina which are some of the well-known symptoms that patients experience (Gupta, Kakkar, & Bhushan, 2019; Jurgenliemk,-Schulz, Segedin & Tan, 2019; Kareem Aledan, & Hussien 2021). Some premenopausal survivors of cervical cancer suffer infertility (Ellis, Wakefield, & McLoone, 2016; Faizan & Muppidi, 2020;) which happens to be the second most common concern among participants in various studies, besides death.

Some of the challenging symptoms that studies have highlighted are the inability of survivors of cervical cancer to maintain good eating patterns due to nausea, vomiting, diarrhea anorexia, dysphagia, and loss of appetite (Arends, Baracos, Bertz, & Bozzetti, 2017; Binka, Doku, & Awusabo-Asare, 2017; Cohen, Jhingran & Oaknin, 2019). These challenges are due to surgical treatment, radiotherapy, chemotherapy, and brachytherapy (Bacon, Bajaj, Chuang & Fisher, 2017) with each treatment choice having its unique effects.

Other studies have acknowledged that the physical circumstances in which cervical cancer patients find themselves have a lot of impact on their psychological wellbeing (Autrilia & Pohan, 2019). Cervical cancer patients in these studies complained about depression, anxiety, frustration, low self-esteem, lower self-image, emotional pain of facing death, fear of cancer reoccurrence, fear of death, suicide tendencies, worries of burdening the family and distress as the common psychological challenges they face (Ali, 2021; Chitani, 2018; Conversano, Di Giuseppe & Miccoli, 2020; Ferrell, Grant & Hassey-Dow, 2019). One of the commonest concerns of cervical cancer disease identified in various studies is sleep disturbance (Rutherford, Mercieca-Bebber & Tait, 2019; Tian, Chen & Zhang, 2015) that can be ascribed to diverse factors, including pain, treatment side effects, and psychological disturbances (Harries, Scott, & Walter, 2020).

Researchers have identified several factors that can cause social isolation in the lives of cervical cancer patients. The physical manifestations of the sickness, like offensive vaginal discharges and bleeding, have been discussed in various studies as part of the dominant factors that cause isolation among survivors (Gupta, Kakkar, & Bhushan, 2019; Kareem Aledan, & Hussien 2021; Osei Appiah & Amertil, 2021).

Fatigue happens to be the most reported symptom linked to the diagnosis and treatment of cervical cancer (Lewandowska, Rudzki & Lewandowski, 2020; Steen, Dahl, Hess, & Kiserud, 2017) where patients have difficulty concentrating on things. Several researchers have linked fatigue to treatment-related effects (Ehlers, DuBois, & Salemo, 2020).

One major challenge that gynaecological patients, in general, face is their inability to maintain positive sexual relationships with their partners that lead to divorce or separation (Bae & Park, 2016; Huffman, Hartenbach, Carter, & Rash, 2016; Klugel, Lucke & Meta, 2017).

Religion and belief in spirituality serve as relevant assets among cervical cancer patients in their determination to survive the disease (Maree & et al. 2021). Most survivors of cervical cancer believe in religion and spirituality therefore turn to a higher power for help by participating in group religious activities such as frequent church attendance, worship and prayer activities, and the engagement with spiritual texts, watching television programmes that have religious content and consistent prayer as a coping strategies (Delgado-Guay, Palma, & Duarte, 2021; Matos, Meneguin, & Ferreira, 2017; Nejat, Whitehead, & Crowe, 2017). Alessi (2016) mentioned that spirituality can help save survivors from desperation, frustration, and depression.

Inadequate information from healthcare professionals has, for some time, been a major complaint among cancer patients. For example, Fontham, Wolf and Church (2020) indicated that having enough information about the treatment effects of their (cancer patients) conditions make them less anxious when their systems began to change. It helps to lower the chances of depression and anxiety and promotes the well-being of survivors (Czapka & Gerwing, 2019).

Aka, Horo, Fanny, Koffi and Olou (2021), reported that cancer survivors experienced various forms of misdiagnosis, which appears to be a common complaint among survivors, in addition to their displeasure with the unnecessary delays at the treatment centers. Mullen, Barr and Franco (2021) attributed part of the delay in diagnosis to the series of misdiagnosis that occur before survivors finally get to know their status.

Cervical cancer patients, therefore, go through diverse physical, psychological, social and even health sector related issues that affect their quality of life. Majority of studies on cervical cancer have been conducted in the developed world with few in the African milieu that includes Ghana. Few of the studies on cervical cancer in Ghana are based on the epidemiology of the disease and screening uptake. This study attempts to examine the physical, psychological and social factors bedeviling cervical cancer patients and proffer recommendations to enhance their general wellbeing.

CHAPTER THREE

RESEARCH METHODS

Introduction

This chapter outlines the qualitative research approach and the phenomenological perspectives which were employed to examine the lived experiences of cervical cancer patients. The study area, population, sampling procedure, data collection procedures, data processing and analysis, ethical considerations and the conclusion are delineated.

Research Design

A research design encompasses the outline for the collection, assessing, and analysis of data in a research study (Johnson & Lancsar, 2013). The possibility of misleading and questionable findings can occur if the researcher uses 'poorly executed' methods and insensitive research approaches (Nelson & Simmons, 2017). Research methodology talks about the approaches the researcher uses to accomplish his/her inquiry (Taylor, Bogdan, & De Vault, 2015). The research methodology depends on the preferred paradigm that directs the inquiry process (Grant & Giddings, 2002). There are different research paradigms and philosophical assumptions that underpin the strategy and conduct of research tasks. These paradigms consist of four philosophical elements namely axiology, ontology, epistemology, and methodology (Cresswell, 2013; Hennink, Hutter, & Bailley, 2010).

This study uses the epistemological approach that deals with the study of knowledge and belief. It describes the methods of how knowledge about realism is obtained, understood and applied (Babbie, 2020). This paradigm highpoints the association between the inquirer and the known -what is accepted as knowledge. Epistemology is essential because it aids to upsurge the researcher's level of self-confidence in the facts. There are several epistemological positions that researchers may take to conduct research such as positivism, interpretivism, critical theory and pragmatism. This study uses the interpretivism, position which is grounded on the belief that data is fashioned based on human interpretation and social interaction. It gives prominence to the idiosyncratic and interpretive nature of human experience (Cresswell, Hanson, Clark Plano & Morales, 2007). Scholars who assume an interpretivist posture search for the idiosyncratic understandings of individuals and the meanings they ascribe to their experiences. For illustration, a scholar studying the experience of chronic pain might use qualitative methods to discover patients' descriptions and viewpoints on living with pain.

The current study becomes grounded on the qualitative approach to an inquiry and is used to illuminate how human beings experience a specific phenomenon (Neubauer, Witkop, & Varpio, 2019). This kind of research approach will assist in the exploration of social phenomena in natural settings as well as the organization of data into categories and the establishment of patterns (relationships) among other categories (Bouncken, Qiu, & Sinkovics, 2021; Teherani, & Martimianakis, 2015). Phenomenology is well thought-out to be the most apt because the researcher is determined to set aside biases and preconceived assumptions about human experiences, feelings, and responses to a certain situation (Neubauer *et al.*, 2019). The design further allows the researcher to probe into the perceptions, viewpoints, understandings, and emotional state of those people who have actually experienced a situation of interest (Neubauer *et al.*,). As a phenomenological research, the focus of this is on describing the cervical cancer phenomenon from the experiencers' (cervical cancer patients') perspective. The certainty of the impact of cervical cancer only exists in the consciousness of the patients who have ever experienced it. The qualitative research method and the Interpretive Phenomenological Approach were therefore applied in this study.

In order to appreciate the lived experiences of study participants, Stahl and King (2020) opines that the approach relies on 'bracketing', a key approach that enables Hursselian-related phenomenological studies. Bracketing aids in constraining the researcher from being influenced by his/her personal knowledge to misrepresent presented participants' narratives (Matua & Van Der Wal, 2015). This will enable the researcher to achieve 'transcendental subjectivity' so that his/her predisposition and pre-conceptions do not prevail over the explanation of studied events (Lopez & Willis, 2004).

The qualitative and the phenomenological approaches to the study have advantages and disadvantages. The advantages of the qualitative technique are that it is holistic, and it provides contextual knowledge of participants' lived experiences (Alase, 2017). Furthermore, it is more persuasive and appealing than statistical power, generalized and replicated results (Wallace, Simon, & Wegener, 2021). It does not deal with numerical representations, and it is better suited to phenomena that are difficult to quantify. However, this design has some few flaws, including generalizability issues, time constraints and difficulty showing cause and effects (Queiros, Faria & Almeida, 2017).

The Interpretive Phenomenological Approach (IPA) is more psychologically oriented and a better way to communicate the lived experiences of women with cervical cancer (Maguire, Kotronoulas, Simpson, & Paterson, 2015). It gives the participants the freedom to express themselves in any way they deem fit. In comparison to data collection such as questionnaires and inventories, the phenomenological approach aids the researcher in gathering in-depth information and interpreting a coherent narrative about the event (Tracy, 2019)

As is the case with any research design, phenomenological studies have strengths and limitations. The merits include the fact that phenomenology pursues an inquest to unearth the common nature of an experience and offer a profound understanding (Alharahsheh & Pius, 2020). Also, phenomenology aids to understand the lived experience and gives meaning to it. This may contribute to the advance of novel theories, bring about modifications in policies, or alterations in responses (Wilson, 2015).

Irrespective of its advantages, phenomenology has some limitations. One of these limitations is that, even though participants should be able to articulate their thoughts and feelings about the experience being studied, it may be difficult for some to express themselves due to dialectal barriers, age, cognition, embarrassment and other factors (Barken & Thygesen, 2018). Furthermore, phenomenology necessitates researcher interpretation which might affect the ability of the researcher to reduce biases, assumptions, and preconceived notions about an experience or phenomenon (Neubauer, Witkop, & Varpio, 2019). Also, researcher bias is difficult to determine or detect (Creswell, 2013).

Study Area

The National Centre of Radiotherapy and Nuclear Medicine at the Korle Bu Teaching Hospital was used as the study site. This facility is located within the Accra Metropolis in Ghana. The National Centre of Radiotherapy and Nuclear Medicine began its operations in 1997 through a combined effort between the Government of Ghana represented by the Ministry of Health, the Ghana Atomic Energy Commission (GAEC) and the International Atomic Energy Agency (IAEA). The centre is equipped with a unit for the administration of chemotherapy, a Cobalt 60 Teletherapy Unit (f), a Gamma camera, a simulator, LDR brachytherapy, a film processor, an Orthovoltage Unit, a Treatment Planning Unit 2D, and a C-arm fluoroscopy machine, among others. In terms of human resource capacity, the facility has professionally trained nurses, radiation therapists, radiation oncologists, medical oncologists, technicians, and engineers among other cadres of ancillary staff.

Cervical cancer cases contribute up to 25% of the case load at the centre, topping the list, followed by breast cancer and head and neck malignancy. An average of 20 cases of cervical cancer are seen weekly at the outpatient department of the centre.

Population

The Human Papillomavirus (HPV) Facts Sheet 2021 indicated that, in Ghana, 3,151 women were diagnosed with cervical cancer and 2,119 died from the disease in 2020. Also of all the female cancers, cervical cancer is the second most common among women aged between 15 to 44 years. It was found out that 57.8% of Ghanaian women who attended the Korle-Bu

Teaching Hospital with gynecological cancer had cervical cancer as well. In the surveillance of 348 females diagnosed with cervical cancer, almost 60% were verified positive for HPV type 16 and 18 which is a contributing factor of cervical cancer.

In this study, all patients with cervical cancer were the target population while the accessible population were patients with cervical cancer seeking treatment at the National Centre for Radiotherapy and Nuclear Medicine at the Korle Bu Teaching Hospital. Information obtained from the records section of the Centre, in 2021, revealed that there were about 215 patients seeking treatment. It was therefore possible to have access to cervical cancer patients in the study site.

Sampling Procedure and Sample Size

The purposive sampling technique was used in this study to sample patients with cervical cancer. In purposive sampling, the sample is selected with the prospect that each participant will provide exclusive information with regards to the phenomenon of study (Etikan, Musa, & Alkassim, 2016).

In order to arrive at an appropriate sample size for this study, the researcher relied on the recommendations of Creswell (2014) who suggested that for qualitative studies, a sample of 5 to 25 individuals is appropriate. Although the study targeted 25 respondents, the researcher relied on the idea of saturation as used in qualitative research. According to Creswell (2014), saturation is the point where no more additional data is necessarily required to make conclusions. For this study, saturation was observed in 15 participants.

Description of Sample Size

The sample consisted of cervical cancer patients who were seeking treatment of their disease at Korle Bu Teaching Hospital. The number of patients who were accessible was 215 from which a sample of 15 participants were used to conduct the study. All the participants were suffering from the advanced stage of cervical cancer and were either undergoing radiotherapy or chemotherapy. While ten (10) of the patients were taking chemotherapy and radiotherapy as their treatment models, three (3) of them were receiving only radiotherapy and the remaining two were taking only Chemotherapy. It was a representative sample that could be used for the research.

Inclusion Criteria

1. Women diagnosed with cervical cancer and not any other cancer
2. Women who can express themselves in English Language, Twi and Hausa
3. Women with no psychiatric disorders.

Exclusion Criteria:

1. Women diagnosed with other cancers other than cervical cancer.
2. Women who may be too ill to speak meaningfully or participate in the research.
3. Women with psychiatric disorders

Table 1: *Demographic profiles of cervical cancer patience*

Pseudo-names	Age	Marital status	Educational level	Religion	Profession	Age of sexual encounter	Age of marriage	No. of years patients used contraceptives	Type of therapy	surgery
Jam	45	married	nil	Christian	Petty trader	20	20	3	Chemotherapy/ radiotherapy	hysterectomy
Nel	50	widow	basic	Christian	Petty trader	19	19	4	radiotherapy	None
Del	60	married	Nil	Muslim	Petty trader	13	13	5	Chemotherapy/ radiotherapy	None
Dan	55	Married	Nil	Muslim	Petty trader	13	13	Nil	radiotherapy	None
Lam	47	divorced	Nil	Christian	Petty trader	18	18	7	Chemotherapy/ radiotherapy	hysterectomy
Jal	49	married	Nil	Christian	Petty trader	15	17	6	Chemotherapy/ radiotherapy	None
Mag	51	widow	Nil	Christian	Petty trader	17	17	3	Chemotherapy/ radiotherapy	None
Kel	62	divorced	Nil	Christian	Petty trader	19	23	4	Chemotherapy/ radiotherapy	None
Nal	54	widow	Nil	Christian	Petty trader	18	18	5	radiotherapy	None
Jel	45	divorced	Nil	Christian	Petty trader	24		6	Chemotherapy/ radiotherapy	Fibroid
Jak	56	married	Nil	Christian	Petty trader	21		Nil	Chemotherapy	None
Dal	66	widow	Nil	Christian	Petty trader	21		7	Chemotherapy/ radiotherapy	None
Gil	49	widow	Nil	Christian	Petty trader	16		5	Chemotherapy	Fibroid
Bel	58	married	Nil	Christian	Petty trader	14		4	Chemotherapy/ radiotherapy	hysterectomy
Tel	60	divorced	Nil	Christian	Petty trader	15		5	Chemotherapy/	None

Data Collection Instrument

A vital part of planning an inquiry is the choice of the instrument by which data is collected. Since this study employed the qualitative approach, an interview is considered the most appropriate data collection instrument. Thus, this study used a semi-structured interview guide as the instrument. A semi-structured interview is a scientific inquiry instrument often applied in the social sciences (Bartholomew et al. 2021). While a structured interview has a well laid out set of interrogations which do not allow one to sidetrack, a semi-structured interview is open, permitting novel thoughts to be conveyed up all through the interview as a upshot of what the interviewee declares (Gani, Imtiaz, & Rathakrishnan, 2020). The interviewer, largely has a structure of themes to be probed (Brown & Danaher, 2019). In this study, the semi-structured interview guide was adapted from Hobenu (2015) which was dependent on literature in the research area (Kallio, Pietila, & Johnson, 2016).

The study used the semi-structured interview guide based on themes from which the number of research questions were examined. The themes the researcher engaged in focused on physical, psychological, social and spiritual well-being of cervical cancer patients and the health system-related factors.

The interview guide can be found at Appendix B which is divided into sections 1, 2, 3, 4. 5 and 6. The section 1 considered the background information of patients namely the age, place of residence, marital status, education, occupation, religion and so forth. In section two (2) the interview guide delved into the Physical well-being of patients with cervical cancer; section three (3) the psychological state of patients with cervical cancer; section four (4) the relationship cervical patients have with others in their communities, section five (5) handled the spiritual views of cervical patients and section six (6) the health system-related factors.

Pre-testing of the Instrument

The instrument was pre-tested on patients with cervical cancer at the Sweden-Ghana Medical Centre at East Legon, Accra. Sweden-Ghana Medical Centre was selected for the pre-testing because it provides care for patients with cervical cancer and access to the targeted group of patients were readily available. The pre-test was conducted to find out if the instructions in the instrument were understandable and adequate enough without ambiguities or any verbosity to enable respondents to complete it accurately (Nayak & Singh, 2021). The pre-test results indicated that the instrument was well-suited to carry out the current research.

Data Collection Procedure

In collecting data for the study, a letter of introduction and ethical clearance were attained from the Department of Education and Psychology and the Institutional Review Board (UCC-IRB), respectively, at the University of Cape Coast. Introductory letters and ethical clearance were submitted to the authorities of the Korle Bu Teaching Hospital seeking permission to conduct interviews with the patients. The researcher was taken through further ethical clearance procedures at the Korle Bu Teaching Hospital. (See Appendices C, D and E for copies of the introductory letter from the Department of Education and Psychology, UCC, and the ethical clearance forms from the University of Cape Coast and the Korle Bu Teaching Hospital, respectively).

After going through the necessary clearance procedures consent forms were given to patients to sign to participate in the study (see Appendix A) and data collection carried out with the aid of a developed semi-structured interview guide (Appendix B is a copy of the guide). The interview was designed along the themes in the interview guide (Cassell, & Bishop, 2019). It was not essential for patients to provide any form of identification. The permission of the patients, was sought before the interviews were audio taped. The researcher kept the patients at ease during the audio recording by informing them it was just meant for academic purposes (Roulston, DeMarrais, & Lewis, 2003). The audio recording was to assist later in transcribing the data. Data transcription is a critical phase in the analysis of phenomenological gathered data (Alsharari Al-Shboul, 2019; Porteous & Machins, 2018). Patients were required to elaborate on responses that were deemed unclear or responses that required additional information. The audio recordings were all kept under lock and key. The interviews were conducted in English, as well as in Akan and Hausa by the researcher. At the completion of every contact with patients, the researcher verbally thanked them for their time and invaluable contributions towards the study. Finally, transcriptions were done, at the end of each fieldwork day, of the recorded interviews for future data analysis.

During the interviews, only one spoke in the English language, two (2) Hausa and twelve (12) spoke in Twi. The researcher conducted the interviews and each interview took between 35 and 45 minutes to complete. It took a period of two months, in October and November 2021, to accomplish the collection of data. A few challenges were encountered during the interview process. The researcher had to make phone calls and trace some of the patients to their homes which put a lot of strain on me locating their homes. There were instances the researcher scheduled to meet some patients at their residences but upon arrival, their mobile phones were unreachable and the researcher had to return without conducting the interview with them. Some of the patients were also somehow reluctant to participate in the study but time had to be taken to explain the ethical issues involved before they accepted the request to provide relevant information for the study.

The data was collected during the outbreak of COVID-19 and all protocols were adhered to. This included physical distancing and the wearing of face masks during interviews.

Data Processing and Analysis

The run of activities taken to analyse the data collected aims at inferring from the results in ways that answer the research questions. According to Brink (2018), data analysis produces information to answer research questions. Tafreshi (2020) additionally emphasizes the explanatory nature of qualitative data analysis ‘to make the world visible’. The aim of this study is to attain visibility and understanding of the data collected with emphasis on drawing conclusions from cancer patients’ lived experiences (Bengtsson, 2016)

Data derived from the research questions were analyzed qualitatively using the thematic analysis approach. Braun and Clarke (2019) suggested six steps in the thematic analysis process which are explained below.

In the first step all audio-taped interviews (raw data) were transcribed verbatim (Trainor & Bundon, 2021). All of the fifteen recordings were transcribed in a similar fashion. The transcription was done through a one-by-one engagement of interview transcripts by an iterative process (Trainor et al., 2021). Transliterating is a laborious process, but it is valuable since it aids the researcher to become familiar with the data and offers the occasion to begin to contemplate about probable codes (Braun et al., 2019). During this familiarization stage, the researcher thoroughly searched for meanings and inclinations while reading the transcripts from the participants. During this stage, it was important to scribble notes around probable types of coding that possibly will be established in successive studies.

Familiarizing oneself with the data through the verbatim transcription gave the occasion to identify precipitate errors and obscurities in the recordings for later elucidation and rectification All other errors, as well as typographical inexactness, spelling slip-ups and oversights were afterward revised. The completed transcripts were printed out and each hardcopy was placed in branded folders to guarantee easy identification.

The printed transcripts were read over and over again to the end while taking down notes on pertinent thoughts, uttered by the participants. The look of the over-all depiction of the data from the sequences of appraisals, formed an imagery of patients' perception of their lived experiences with cervical cancer. Notes were taken on the parallels and dissimilarities in participants' expressed beliefs, opinions, feelings, their language use and personal observations.

The second stage is initial code generation. Upon familiarity with the results, the researcher identified the first list of codes. Creating codes aids grouping of the data into meaningful components, but they are not yet placed in themes, which are wider and could comprise more than a few codes (Braun et al.). It is important to code for various potential themes as are possible. This is because the importance of some codes turn out to be apparent later in the process and more than one code may be useful to parts of the dataset (Braun et al.,). In this current study, coding process was done with more focus on the explanations patients presented in the reading of the transcripts- a process Stahl and King (2020) referred to as bracketing. Bracketing prevents the researcher from assigning personal biases into the transcript reports and further keeps the researcher from doing any premature analysis of the presentations. In this way participants' views captured in the phrases were maintained.

The third stage is the construction of themes. This was where the researcher explored for themes in the collected data. Braun et al mention that if the data is coded and the content falls under the equivalent codes placed together, then a search for themes is underway. This stage includes considering how various codes would fit into one broader theme. In this current study, the theme creation process began by noting similar views espoused by patients captured in their own phrases through the interviews that were transcribed. A natural clustering patterns in views of patients was observed and these were organized into themes. Once the re-organization was done, the transcripts were cross-checked to ensure that the themes reflected the patients' offered opinions. This continuous cross scrutiny of transcripts brought about a back and forth movement pattern in the theme formation procedure.

At the fourth stage, there is a revision of themes. At this stage, Bruan *et al.* mention that the themes are well-known and categorised. After recognising an assortment of potential themes emerging from the data, there was a necessity to appraise and redefine the themes. This was because certain themes are not central to the questions of the study, while others merged into larger concepts or formed separate themes. Again, Braun et al recommend that at this stage, reading the complete data over again helps collect data that is consonant with the themes that were unexploited in prior coding. At this stage, the researcher capitalized on more advanced themes, through the literature review, to re-organize them in a way that highlighted the concerns of cervical cancer patients. Braun *et al.* (2021) recommended that the themes be organised into major themes and subthemes. This current study further broke down the themes into subthemes.

The fifth stage is the definition of themes. It includes the thematic description and naming of the data. Braun et al state that at this phase, if there is a thematic map of the data, there may be additional improvement of the themes. The vital assignment here is to outline the fundamental idea in each theme and provide it a name that captures the concept in a concise manner.

Finally, the sixth stage deals with generating the report of the analysis. The research report is written after the themes and their interactions are completely branded. The report presents the analysis in a way that is expressive and the person who reads could appreciate it as dependable (Braun *et al.,*). This involves including data excerpts that definitely demonstrate the themes as well as considerations of the choices that were made all through the progression of the study. The report of the study needs to go beyond a modest explanation of the data to a further advanced argument, as Braun et al mentioned, and this is exactly what this study did.

Below is Figure 1 presents the processes I engaged in data processing and analysis.

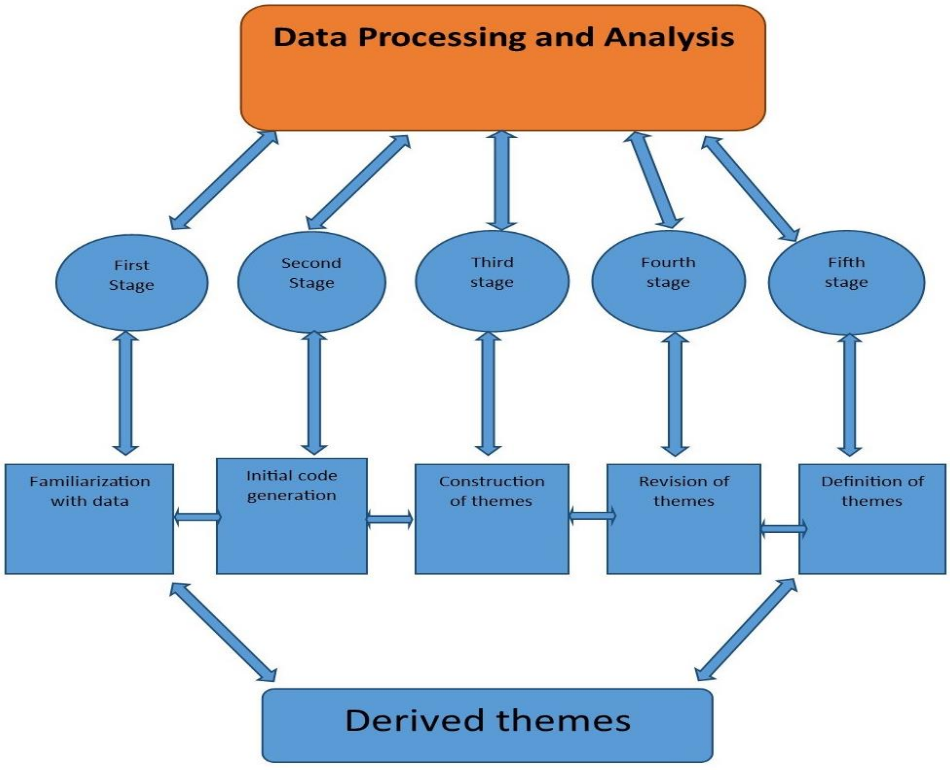

Figure 2: Data processing and analysis

Establishing Trustworthiness in the Study

The concepts of credibility, transferability, dependability and confirmability (Henry, 2015) in qualitative studies, are the trustworthiness issues that must be explained. The attempt is therefore made to elucidate in what way each of these requirements were handled in the current study.

Credibility

Credibility basically means building truthfulness or assurance in the study conclusions (Henry, 2015). The researcher's role in qualitative research, advances the trustworthiness of the research (Daniel, 2018). The credibility in the current study was attained through regular and comprehensive communications with study participants through semi-structured interviews

(Clissett, 2008). The researcher's determination at forming trustworthiness informed the researcher's primary choice to concentrate on Korle-Bu Teaching Hospital which means nearness to the study location to guarantee regular and easy access to study participants (Citera, Beauregard, & Mitsuya, 2005). An easy data collection process was more relaxed and unhurried because of nearness to the study site. The knowledge acquired by the researcher as an aspiring counselor helped in item construction for the comprehensive investigation of the phenomenon throughout the interview sessions. This was supplemented by the respectable interrogative abilities the researcher acquired through her education and practice to access in-depth data.

During the interviews, the researcher intermittently sought for clarification of patients' interpretations by re-framing the interrogations at certain stages to establish the uniformity of patients' responses. Finally, the patients were also reached out to, through some few phone calls to explain the thoughts expressed in their transcripts. As a result limited modifications were afterward made to the transcripts. The research aims were achieved at the end of data collection and analysis.

Transferability

Transferability provides confirmation that the research conclusions could be relevant to new settings, circumstances, times, and population (Maxwell, 2012). Through a detailed presentation of the processes and approaches adopted in this study, transferability was achieved. This included the presentation of the purpose of the study, research methodology, research design the findings and conclusions. By this, other researchers would be convinced about the credibility of the study and subsequently transfer the methodology to their personal contexts.

Dependability

Dependability simply implies constancy in the outcomes of a research over a period (Kivunja & Kuyini, 2017). This will enable other researchers to replicate the study and confirm the results (Kivunja *et al.*, 2017). Dependability has effects for the worth of the study because it augments the precision of the study population being evaluated. By implication, only reliable study conclusions are provable and thus dependable. The dependability of a study in turn has effects on the worth of the study as it improves the exactness of the population quality being assessed.

In this current study, the effort was made to achieve dependability and that was validated by the presentation of a comprehensive explanation on the entire research process (Ibiamke & Ajekwe, 2017). A thorough presentation of the research procedure dismisses misgivings about the study (Ibiamke *et al.*, 2017). Every detail was explained in this study that guarantees that other researchers could easily reproduce the study in diverse sites and at different times (Tuval-Mashiach, 2021). Despite confining the study focus to Korle Bu Teaching Hospital, there is confidence that any researcher who conducts a study in any other hospital where cervical cancer patients are treated will replicate the same results (Ibiamke *et al.* 2017).

Confirmability

Confirmability accentuates the validity or fairness in which the researcher shapes the study conclusions with participants' interpretations (Multas & Hirvonen, 2021). In this current study, an effort was made to curtail any personal judgments, beliefs and interests from colouring the truths. This demonstrated the fact that the study conclusions are not the researcher's individual insights, but rather, those derived from the data.

The nature of the current study, for example, cannot allow for a manipulation of patients' behaviour as they are already having cervical cancer and experiencing all kinds of problems that only need to be investigated. This implies presenting the prevailing reality, short of one's desire or prejudice (Barrett, 2007). The ethics of conducting research was taken into consideration since the researcher has the unique role as the sole research instrument to conduct a study and present an accurate study report (Sanjari, Bahramnezhad, & Fomani, 2014). The study also sought to accomplish authenticity, according to acceptable research standards through which genuine findings were arrived at and presented in this study report. By embracing constant data analysis approaches and the presentation of literal expressions of participants, the current study established the beliefs and insights of cervical cancer patients which are impartially presented.

Reflectivity

Crimmins (2016) describes reflectivity as a "personal tale of what went on in the backstage of doing research". The personal and practical motives for conducting a research is the result of the researcher's interest and background. This research was therefore conducted due to the researcher's training in Clinical Health Psychology which has undeniably been the key purpose in the researcher's life. This justified the selection of a research topic in counselling in furtherance of researcher's education. This research is considered as a personal contribution to the promotion of effective counselling services in

Ghana. The research topic selection was accordingly based on the researcher's desire to establish some evidence on the impact of the researcher's profession on the lives of cervical patients, who need counsellors.

With the researcher's background in Clinical Health Psychology, research questions were framed to capture the values, passions and preoccupations of the researcher. The researcher's reflections were taken into consideration during fieldwork in a personal journal to enable the researcher to note all emerging opinions, ideas, observations and personal discourses with patients for insight into their experiences regarding their lived experiences with cervical cancer. These notes assisted the researcher in maintaining the focus on the research process and continually permitted the researcher to evaluate the entire data gathering process for continuous improvement. The reflective process further plunged the researcher into deeper insight regarding cervical cancer patients and ultimately enhanced the researcher's interpretation process. Also the researcher's counselling background resulted in the in-depth interpretations of participants' responses to the research questions in the current study (Monroe, 2018).

Ethical Considerations of the Study

Research ethics is an essentially necessary aspect of the planning and research work, and in this particular study, they were taken seriously (Busher & Fox, 2021). In this study, sound ethical procedures were adopted to obtain credible research findings. The research processes started by an introductory letter obtained from the Department of Education and Psychology of the University of Cape Coast and ethical clearance from the University of Cape Coast Ethical Review Board as well as Korle Bu Teaching Hospital-Scientific and Technical Committee/Institutional Review Board (KBTH-STC/IRB/000 45/2021). The above processes were in line with the ethical principles of research that primarily shows concern, respect and causing no harm to human participants (Baer, Crane, Kuyken & Miller, 2019). After receiving ethical approval and permission, the researcher started the data collection. The participants were assured of their anonymity and confidentiality. These ethical issues were adhered to since the patients were not required to disclose their identity. Instead of using their real names during the entire data collection, analysis and report writing processes, the researcher generated pseudonyms to refer to each of them (Brear, 2018). The views of the patients were handled with the utmost care and confidentiality. It indicated that confidentiality be accorded to the report received from participants, not to infringe on their rights to provide trustworthiness of the study. Consent forms were provided and signed by patients to indicate their willingness to participate in the study (see appendix A). Seeking patients' informed consent means not coercing or deceiving participants to engage in a research (O'Neill, 2017). Accordingly, time was taken to thoroughly brief study participants about the purpose of the study, their roles as participants and the activities they would be engaged in during the study (Bertram, Formosinho, Gray, & Pascal, 2016). It was also indicated to them that they were at liberty to opt out of the study. Voice recordings will continue to be kept safe by the researcher for three years, as (Cresswell, Cunningham-Burley, & Sheik, 2018) recommends, before being discarded as approved by UCC-IRB, the official institutional review board of the University of Cape Coast.

Conclusion

It was a good experience achieving the goal of conducting this research despite the few challenges the researcher encountered in the fieldwork of collecting data. The ultimate goal of the research was to derive meaningful findings that can add knowledge to understanding cervical cancer patients and provide counselling services to them. The research design was suitable that facilitated the mobilization of meaningful findings among cervical patients which will benefit both patients and counsellors.

CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

This chapter presents the findings on the lived experiences of cervical cancer patients who sought medical treatment at the National Radiotherapy Centre and Nuclear Medicine, Korle Bu Teaching Hospital in Accra. The study used purposive sampling, semi-structured interviews, the qualitative research approach with the Interpretative Phenomenological Approach (IPA) to conduct the research and analyse the data collected. The chapter discusses and interprets the narratives of the patients using the biopsychosocial model (BPS—spiritual) strictly in line with the listed objectives of the study. Findings from the data are categorised thematically to reflect the lived experiences of cervical cancer patients. The analysis begins with demographic background of participants and subsequently the thematic analysis as shown below.

Demographic Characteristics of Patients

In the sample, the youngest cervical cancer patient was forty-four (44) years old while the oldest was sixty-six (66) years. Fourteen (14) of the participants did not have any formal education and only one had basic education up to the Junior High School level. All fifteen (15) participants had been married in their life time before. Six (6) of the participants were still married at the time of the research. Five (5) patients were widows and four (4) were divorced. Three (3) of the four divorcees were divorced before being diagnosed of the disease while one got divorced after the diagnosis. Two (2) of the patients who were muslims had their initial sexual encounter at a very tender age of 13 years, the age they got married. All participants except two (2) admitted to having used some oral contraceptives for extended periods of between 3 to 7 years. Three (3) of the women recounted that they had gone through hysterectomy while two others went through fibroid surgery. There were only two (2) Muslim women participants and thirteen (13) were Christians. All the participants have at least one (1) to seven (7) children at the time of the interview. All the patients were petty traders. It was however worth noting that the participants were not working at the time of the data collection.

For ethical reasons, pseudonyms were used in place of the names of patients throughout the discussion such as: Jam, Nel, Del, Dan, Lam, Jal, Mag, Kel, Nal, Jel, Jak, Dal, Gil, Tel and Bel

Results

The findings are presented based on the research questions and the themes that emerged from the study. The themes were further separated into meaningful sub-themes and the verbatim expressions of the patients were used to support them. Further discussions and interpretations of the themes generated appropriate responses to the primary and secondary research questions. In all, five (5) themes emerged from the study which are: (1) physical well-being of patients with cervical cancer (2) psychological well-being of patients with cervical cancer (3) social well-being cervical cancer patients (4) the spiritual well-being of cervical cancer patients and (5) the Health system related factors which emerged as an additional theme in the study.

Below is figure 3 that summarises the themes and sub-themes of this study.

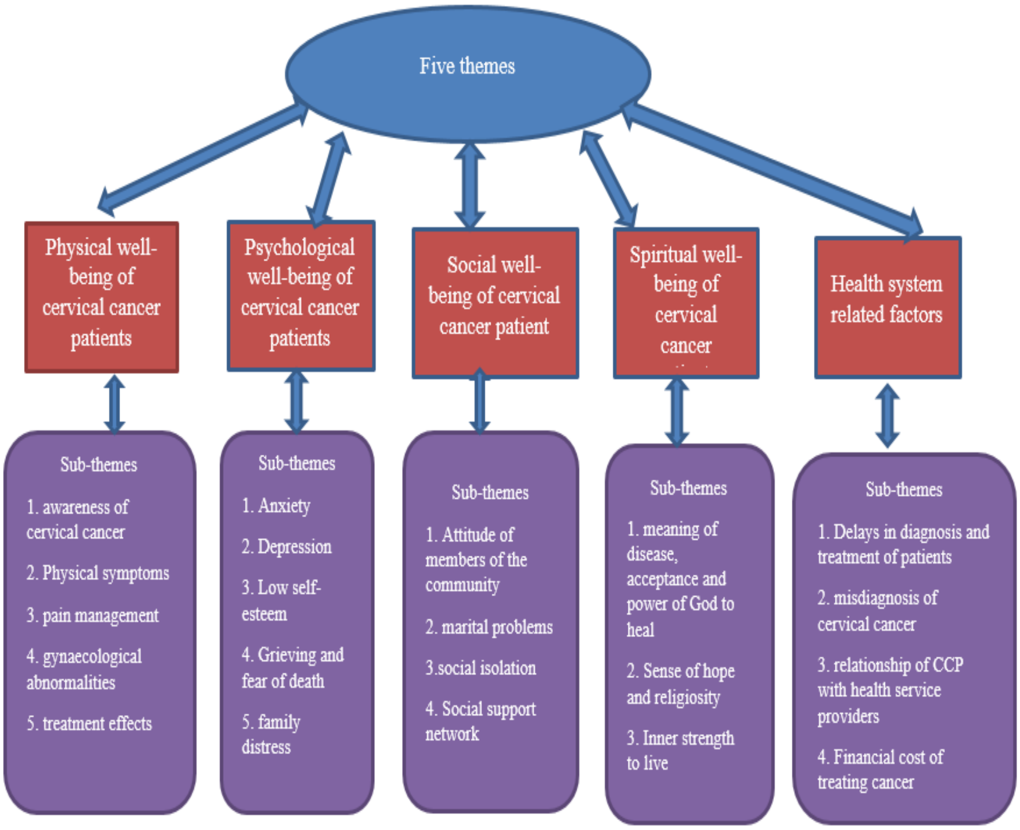

Figure 3: Summary of the Study Findings

Research Question 1

What is the Physical Well-being of Patients with Cervical Cancer?

This research question attempted to examine how the cervical cancer patients perceived the disease when it started, the symptoms they experienced, the treatment they received and how they were managing to live with the disease. The findings on this research question are put under one (1) theme: physical well-being of patients with cervical cancer.

THEME 1: Physical Well-Being of Patients with Cervical Cancer

This theme emerged from the BPS-spiritual model of health and diseases and the verbatim reports of cervical cancer patients are presented in line with the stated objectives of the study which fit into the model. The use of the word physical in the theme refers to the biological aspect of the model.

Under this theme, four (4) sub-themes emerged which are (1) the physical symptoms of cervical cancer, (2) management of pain (3) gynaecological abnormalities and (4) the treatments received and their effects (i.e. chemotherapy, radiotherapy and drugs).

The overall assessment of patients' verbatim reports revealed that all of them had poor physical health and this is one of the major themes that explained the lived experiences of patients with cervical cancer.

Sub-theme 1: the Physical Symptoms of Cervical Cancer.

The physical symptoms of cervical cancer included pain and gynaecological abnormalities**.** The most common symptom that cuts across the experiences of the patients is the condition of pain. Patients described the pain they experienced in various ways and in different parts of their bodies as follows:

Pain

Pain as in Child Birth (labour)

According to some of the patients, the pain was unbearable such that it was equated to the pain that women go through during child birth or labour. Two (2) cervical cancer patients' verbatim responses in support of this are presented below:

"… I started bleeding and feeling like I was in labour; as such, I was rushed to Korle-Bu. I was admitted, and they also made me to do a scan." ***Jam***

Another said this:

"When I sit, is like there is something in my abdomen; it moves like a baby. I was scared that I was pregnant and something went wrong" **Del**

Persistent Pain

One of the cervical cancer patients indicated in her narration that the pain is persistent. **Dan** asserted this claim in the following verbatim extract:

"It all started, the pain was always nonstop; when I sit and want to stand up, I will feel pains in my tommy"

Unbearable Pain when Urinating

The pain cervical cancer patients go through is described as unbearable when urinating as revealed in **Jam's** verbatim statement'

"*Nowadays, it pains me. When I urinate, I feel a lot of pain"*

Another one also said:

During the bleeding, when I urinate, I feel a lot of pain. Sometimes it comes into my stomach unless I take pain killer. I can't really sleep. I don't sleep" ***Gil***

Pain in the Thighs, Waist, Backbone, Stomach and Uterus

As part of the experiences of pain, three (3) of the cervical cancer patients complained of severe pains in their thighs, waist, backbones, stomach and uterus. The three patients revealed their experiences in the following excerpts:

"*When I urinate, I feel a lot of pain. Sometimes, it comes into my stomach other times my thighs, waist and even my back bone. Trust me, it's unbearable"* ***Jam***

"It all started when I sat and wanted to stand up… I will feel pains in my tommy. The pain was so serious" ***Nel***

"During the bleeding, when I urinate, I feel a lot of pain. Sometimes it comes into my ***stomach*** *and uterus unless I take pain killer. I can't really sleep.* ***Gil***

In summary, cervical cancer patients' verbatim reports indicated that they were going through a lot of persistent and unbearable pain such as pain in the form of birth pangs, pain in the lower abdomen, pains in thighs, waist, backbone, stomach and uterus.

Sub-theme 2: Pain Management

The patients had resorted to various methods in order to manage the severe pains posed by the cervical cancer disease. These included use of medication and psychological techniques.

Use of Medication

The verbatim reports from the patients showed that all of them used medicines to manage the pain. Some of the medicines were prescriptions from the medical doctors while some were over the counter drugs. Those who acquired their own drugs claimed that the prescribed medicines by the medical practitioners were ineffective in the management of their pain. They complained that the medications were only effective for a short period after which the pain returned.

Three (3) of the patients had this to say:

"My head was aching so, I was given pain killers and it only worked for some time. The pain will come back. Several labs have been conducted." **Lam**

"The doctor prescribed some powdered medicine which I apply on the wounds. One container of the medication is twenty (20) Ghana cedis which I bought about twenty (20) of them from a chemical shop. It was ineffective" **Jam**

"Sometimes it comes into my stomach unless I take pain killer but I can't really sleep. I don't sleep. ***Gil***

Use of Distraction Techniques

Apart from medicinal remedies in managing pain, one of the cervical cancer patients adopted various distraction techniques that minimized her pain. The distraction techniques adopted were listening to music, watching movies or going on Facebook. These entertainment sources, she claimed, took her mind off from the pain whenever it was severe. **Jal** said:

"Mostly when I am suffering, I watch movies, listen to music or go on Facebook to watch comedy to reduce the pain."

In the management of pain, cervical cancer patients mainly used medication as prescribed by the medical practitioner or purchase over the counter drugs which they however described as often ineffective. Some others used distraction techniques to lessen their pain by listening to music, watching movies or going on a Facebook to entertain themselves.

Sub-theme 3: Gynaecological Abnormalities

As part of the symptoms of cervical cancer, all fifteen (15) cervical cancer patients reported various forms of gynecological abnormalities in the form of vaginal bleeding and discharge. These contributed to the uncomfortable experiences that they went through as the consequence of cervical cancer.

Vaginal Bleeding

Cervical cancer patients in this study have all admitted to having experienced various levels of vaginal bleeding especially as part of the initial symptoms of the disease. Some of them experienced a continuous heavy flow while others had inconsistent flows in their bleeding. **Jam** and **Lam** disclosed their experiences below:

Substantial and Constant Bleeding

The patients bled a lot and in some cases the bleeding is persistent

"I used to bleed a lot nonstop. So, I run short of blood in my body." **Jam**

"When it started like two months ago, unexpectedly, I started flowing heavily. It attacked my leg so, I couldn't walk. **Mag**

"When it started, I was bleeding a lot which was alarming, so if you don't have money, it will worry you" **Lam**

Bleeding without Triggers

A number of the cervical cancer patients also reported that the bleeding came without any triggers as it did not follow the normal menstrual cycle women generally experience. There was no form of activity prior to the bleeding as it appears unexpectedly. Two (2) cervical cancer patients' verbatim statements in respect of this are:

"I was flowing a lot of blood all of a sudden without me doing anything. I thought it was my menses so, I didn't give my attention to it." **Jal**

"When it started like two months ago, unexpectedly, I started flowing heavily. It attacked my leg so, I couldn't walk. **Mag**

Bleeding of Clots of Blood

Other patients complained of bleeding blood clots. Three (3) of them believed it was miraculous for them to bleed such clots and still be alive. They had this to say:

"I started bleeding very heavily, plenty clots, and if not because of God, nobody can bleed that kind of bleeding and still be on the land of the living" **Kel**

"Oh! I was feeling that pain in my uterus and also had a little bleeding of blood clots…" **Nel**

"As I was saying, I was bleeding profusely most at times and had dirty blood, blood clots." **Jam**

Varying Periods of Bleeding

The time periods within which patients bled varied. Generally speaking, the bleeding period ranged from a few days to weeks. One patients narrated her experience as follows:

"Sometimes, it flows very continuously for days and sometimes, the blood flow breaks" **Jal**

Bleeding when the Womb has Been Removed

Patients even bled when the womb had been removed. One patient had this to say.

"…….but it became worse, somebody that they removed the womb, I wasn't supposed to bleed again. I started bleeding again so I had to rush back to the hospital again, to Korle-Bu" **Jel**

Bleeding at Menopause

The bleeding experienced by patients is not dependent on their menstrual cycle as reported by two (2) of the patients.

"In my case, I started bleeding while I had stopped menstruation, ten years ago. So one day, I started bleeding t..." **Del**

“*I had stopped menstruating for about two years ago getting to three years now. So I was there one day when I started bleeding suddenly again.”* **Jak**

Bleeding that is Different from Normal Menses

The vaginal bleeding, was also a common symptom among patients in the reproductive age. Even though patients were still in their reproductive ages they also experienced serious heavy and prolonged blood flows different from their normal menses. **Jal** has narrated her situation as follows:

“I was flowing a lot of blood all of a sudden without me doing anything. I thought it was my menses so, I didn’t give my attention to it. It was there like that and I gave birth to my last born and the blood was still flowing”

As reported by the patients themselves above, bleeding is a common phenomenon among patients with cervical cancer. Cervical cancer patients generally bleed a lot. The bleeding occurs when the menstrual cycle had stopped and bleeding is irregular without any triggers. In their reproductive age, women with cervical cancer bleed and this does not follow the normal menstrual cycle. Sometimes, the cervical patients bleed blood clots. They even bled when the womb had been removed.

Effects of Bleeding on Patients

The bleeding had a number of devastating effects on the patients. Some of them collapsed while others lost blood and had to go through blood transfusion. Three (3) patients narrated their ordeals during the interview as follows:

Running Short of Blood and Collapsing

Two (2) others ran short of blood

"I used to spit a lot but when I came for the medicine here that it stopped. I used to bleed a lot so I run short of blood in my body" **Nal**

"I started bleeding again so I had to rush back to the hospital again, to Korle-Bu. When I went, I was told I have run out of blood, that means I bled for almost one year which is not good" **Jel**

One patient collapsed

"I think last year July-August there about, that the blood clot was flowing "bumbum" to the extent that I collapsed, I was weak." **Lam**

The above narratives of patients indicated the problems they faced in the form of running short of blood and collapsing due to the effect of the heavy flow of blood they experienced.

Vaginal Discharge

Apart from bleeding, one other issue that affected patients who participated in this study was the discharge of dirty and smelly substances from the vagina. Some described the watery but colorful discharges as ugly and nasty.

One of the patients narrates how a greenish substance was discharged from her vagina in her story as follows:

"One day, I went to bath after sex and I realized that some green thing (substance) was coming out of my private part very ugly that made my heart to jump" **Mag**

As narrated in the above, a patient experienced vaginal discharge which she described as nasty and ugly.

Management of Bleeding and Discharge

In such critical situations, patients reported that they attempted to manage their conditions as much as they could. Some relied on sanitary materials while others resorted to using cloths in managing the bleeding. In using pads, diapers and cloth as sanitary management materials, patients had to change several times within a day which created a lot of discomfort for them. The comments by patients below buttresses the above assertion.

Use of Pads, Diapers and Cloth

"Every day there is a lot of fluid and blood coming out of my private part. I have to put on pad and sometimes diapers and every day I will be feeling heat under my private part. Also, I change them so many times in a day which is worrisome. **Jak**

"I always use cloth to clean or collect the discharge, then, wash and use again. Sometimes, I buy pads and be changing. Other times, I even use diapers" **Jak**

One patient had to take her bath several times.

"I use only pad but I take my bath many times a day to look nice and clean" **Lam**

In the above narratives, patients use pads, diapers, cloth and bath several times in managing the blood flow and discharges.

Sub-theme 4: The Treatment Received and its Effects (i.e. chemotherapy, Radiotherapy and drugs)

The cervical cancer patients' verbatim reports indicated that they all had either radiotherapy treatment, chemotherapy or both. The chemotherapy and radiotherapy processes involved in the treatment of cervical cancer patients had a number of side effects on them. A lot of them experienced various forms of the treatment effects including infertility/pseudo-menopausal changes, gastrointestinal disorders, body disfigurement, impaired body function, insomnia and restlessness. These are discussed in details below.

Infertility/ Pseudo-menopausal Changes

The most common side effect of the treatment process as reported by the patients was infertility/ pseudo-menopausal changes. Some were unable to bear children anymore since they had their wombs removed through a complete abdominal hysterectomy. A number of the patients who already had children welcomed the decision of the doctors to remove their wombs. They expressed more concern about their lives than their ability to give birth to children. Three (3) of the women narrated their experiences in the following extracts:

"…and the bleeding started again because I thought the bleeding would have stopped but it became worse. Somebody that they removed the womb; I wasn't supposed to bleed again." **Jam**

"They carried out the surgery, to remove the womb. It was there that they gave the statement that I had cancer" **Jak**

"He referred me there and the gynae people suggested to carry out operation to remove my womb. There, I said if that will make the blood stop flowing and give me a good health then why not?" **Lam**

It must be noted, however, that some cervical cancer patients within their reproductive years were ready to resist any attempt by the doctors to suggest an operation that might lead to the removal of their wombs. Even though some of them had one or two children, they still believed they needed to have more children to have fulfilled lives. **Jel** and **Del** had this to say:''

"Nobody told me about removing my womb. For this one I won't agree even if the doctor says so. I only have one child and I need more children. I can't just be like this without womanhood at my age" **Jel**.

"If they remove my womb, I can't give birth again but I'm still young. I need to have more children for my husband. I won't allow the doctor to remove it (the womb)" **Del**

From the above narrations from patients, it is noted that in some cases the womb of cervical cancer patients is removed to save their lives. Some welcome the removal when they are in their menopause and the younger ones in their reproductive age will not accept it.

Gastrointestinal (GIT) Disturbance

As part of the effects of the drugs for treating cervical cancer patients, they experienced a number of gastrointestinal disturbances ranging from loss of appetite, nausea, vomiting and diarrhea. These symptoms, they reported, were attributable to the chemotherapy and radiotherapy treatments they received.

Loss of Appetite

A number of the women mentioned loss of appetite as a key side effect of the treatment process. They claimed they did not have the zeal to eat at all anytime they received treatment especially chemotherapy. Two (2) patients had this to say:

"Oh yes, as I was saying, the frequent defecation, skin turning dark and loss of my hair, loss of appetite and small appetite for food, nausea, pains. **Lam**

"*…as for eating, even as at now, I'm not able to eat properly."* **Jak**

Nausea, Vomiting and Spitting

The patients also indicated that anytime they took any of the treatments (chemotherapy and radiotherapy), it weakened their systems and made them feel nausea and they sometimes vomited. Five (5) patients reported their experiences in the following quotes:

"Oh yes, as I was saying, the frequent defecation, skin turning dark and loss of my hair, loss of appetite and small appetite for food, nausea, pains" **Lam**

"I have undergone chemotherapy six times and some of the symptoms I get from the therapy are; headaches, hair loss and nausea" **Del**

"It is just that I used to feel like vomiting when it started. I used to spit a lot but when I came for the medicine here that it stopped" **Jel**

"….No, the sickness is not from anybody. Vomiting…." **Dal**

"I used to spit a lot but when I came for the medicine here that it stopped" **Nal**

Diarrhea

The cervical cancer patients also reported the frequent passages of watery stools which they claim was a result of the chemotherapy and radiotherapy treatments they received from the hospital. Most of them reported that they became weak as a result of the frequent diarrhea. Two (2) had the following to say regarding diarrhea:

"Oh then, when I started coming here I was okay till I started going for the chemo and I came to lie on the machine it makes me run diarrhea" **Dal**

"*…but I, the first time I went for the chemo, I also run diarrhea apart from that, nothing happened to me again as I'm standing here"* **Jak**

In the above narratives, the gastrointestinal problems patients encountered were loss of appetite, nausea, vomiting and spitting as well as diarrhea.

Body Disfigurements/Deformities

Some of the patients experienced various forms of deformities during the treatment process. Some of them lost their hair and weight while others experienced changes in their complexions. It was a common complaint among patients that after a few regular doses of the chemotherapy and radiotherapy, they began to lose their hair and most of the patients grew darker in complexion.

Hair Loss

In their verbatim reports, some of the patients indicated that they lost their hair in the treatment process as a result of undergoing chemotherapy treatment. **Lam** and **Del** narrated their experiences as follows:

"……I was saying, the frequent defecation, skin turning dark and loss of my hair, loss of appetite and small appetite for food, nausea, and pains were some of the side effects of treatment I experienced" **Lam**

"I have undergone chemotherapy six times and some of the symptoms I get from the therapy are; headaches, hair loss and nausea…." **Del**

Changes in Skin Colour

With regards to change in skin complexion, some patients complained about the sudden darkening of their skin after they started treatment. **Jel** and **Lam** shared their experiences below:

"The radiotherapy is a machine you lie in for it to point out the various parts of your body that you have problem; the chemo is also like you are receiving drip in the form of medicine. During the chemo, my body became dark" **Jel**

"….as I was saying, the frequent defecation, skin turning dark **a**nd loss *of my hair, loss of appetite and small appetite for food, nausea, and pains were some of the side effects I experienced…."* **Lam**

Weight Loss

Just like the hair loss and skin colour changes, some cervical cancer patients referred to weight loss as one of the troubling concerns in the treatment process. Two (2) women narrated their accounts as follows:

*"…side effects "dier" are many, the body will lose weight, ooh, the body "dier"…my back because I lay on the side …the machine will roll and go up "aaa"…***Jel**

"When it started I couldn't work again, me I'm not a slim person "ooo" I'm "obolo" it's the sickness that has made me like this." **Dal**

The patients in the above narrated how they suffered hair and weight loss and changes in their complexion.

Impaired Body Functions

The accounts given by the patients showed that as a result of the treatment they went through their body systems were always weak. Thus, they found it difficult to carry out any activity on their own. This condition may be by-products of the excessive bleedings, loss of appetite and the medications they received from their hospital. Some of them claimed they felt like they had been beaten or had engaged in doing some very hard work which made them feel pain all over their bodies. Two (2) patients had the following to say regarding this:

"For side effects, they are many; some days when you take the chemo, nothing happens but till two days-time, it makes you weak; you cannot get up, maybe the whole day you can't do anything because they are giving you medicine and they are still giving you injection." **Dal**

"After chemotherapy, I feel very weak and nauseated. I was unable to sit…" **Gil**

Feeling of Dizziness

The study also showed that some patients felt fatigued leading to dizziness. This assertion is supported by **Gil** and **Nal** in the following narratives:

*"I will feel dizzy. I will feel dizzy. To even go and bathe, unless they fetch warm water for me. But to be able to walk and go, I will feel so dizzy…." **Gil***

"During such heavy flows I become weak, tired and dizzy…." **Nal**

Inability to Groom Themselves

Patients' reports showed that those who suffered impaired body functions found it difficult to groom themselves as expected. Some of them had to seek the support of others to get all these done. **Gil** had this to say:

"I will feel dizzy. To even go and bathe, unless they fetch warm water for me. But to be able to walk and go, I will feel so dizzy…"

Impaired Rest and Sleep

Some cervical cancer patients complained about their inability to sleep and feel restless. Reports from the patients indicated that they experienced unstable sleep patterns and they always felt restless. This might be both a symptom of the disease and/or a side effect of the treatments they received. Two (2) patients had this to say regarding sleep:

"When the sickness first started you cannot sleep "ooo" when everybody is asleep you are awake and coughing and bringing out phlegm in the night, till you get better and sleep. **Del**

".... when it started, most at times I barely slept, I would roll around on the bed most nights in pain before I could get a little rest. **Dal**

"The chemo too makes me weak in the body, you cannot sleep, for sleep "paa dier" you cannot sleep" **Dal**

The impaired body functions included bodily weakness, feeling of dizziness and inability to groom themselves

In the above verbatim reports by cervical cancer patients, the study found out that the treatments they received had a telling effect on them. They experienced infertility/pseudo menopausal changes, gastrointestinal disturbances, impaired body deformities, body disfigurements and impaired body functions.

Research Question 2

What is the Psychological State of Patients with Cervical Cancer?

This research question examined the mental health of cervical cancer patients when they were diagnosed with the disease and how they were coping with it. The discussions of this research question are classified under one theme: psychological well-being of patients living with cervical cancer

THEME 2: Psychological State of Patients Living with Cervical Cancer

Psychological well-being, in the context of this study, refers to the mental health of cervical cancer patients. It concerns the ability of cervical cancer patients to manage their feelings, fears and anxieties when they were diagnosed with this deadly disease. It includes their perceptions, beliefs, pain experience and emotions. The patient's ability to maintain a positive mental state in the midst of the worrying symptoms of this disease and its deadly outcome is referred to as the psychological well-being. The study identified sub-themes in line with patients' experiences that seemed to explain the psychological conditions of the patients as they lived with the cervical cancer disease. Almost all the participants have, in their submissions, expressed various forms of psychological difficulties classified under six (6) subthemes: (1) Shock and disbelief (2) Anxiety, (3) Depression, (4) Low self-esteem, (5) grieving and fear of death and (6) family distress. These sub-themes explained the psychological reactions of patients to the cervical cancer disease.

Sub-theme 1: Shock and Disbelief

All the patients interviewed during the study admitted that they experienced some symptoms which showed the beginning of cervical cancer but could not determine that they had the disease until they got to the hospital. Some of them expressed shock and disbelief and others expressed indifference to the diagnosis of cervical cancer. Some of the verbatim reports are as follows:

One patient expressed disbelief and even called the doctor a liar. **Del** reported her experience as follows:

"*When I was told I had cervical cancer, I nearly told the doctor it was a lie but I felt they were experts so I believed he knew what he was saying. But frankly, I was more than the word worried. I was broken*"

One of the patients indicated she was worried and even cried as revealed in this verbatim report:

"*The first day I was told I had cancer; I was worried and even cried in front of the doctor"* **Nel**

Indifference to the Diagnosis of Cervical Cancer

Even though others were worried of the disease, one patient reported that when she was diagnosed of the disease, she saw it as a normal sickness and decided to start with the treatment process.

"*Laughter" when I was told what was wrong with me, it was only monetary issue that was my problem not that I was afraid because I was laughing. The doctor said hey! do you know what is wrong with you and you are laughing like that? Then I said, me it is the amount involved which is my problem not the sickness, human being "dierr" you can even have headache and die so I'm not afraid of the sickness"* **Nal**

Sub-theme 2: Anxiety

There had been various indications of anxiety as patients with cervical cancer expressed worry about the deadly disease. Worrying left the patients anxious about what was happening in their lives. This could be because cervical cancer mostly resulted in negative outcomes. Some of the patients who were worried had this to say:

"Sometimes I cannot sleep. For worry the sickness is a worry to me, now they have to know the cause of the sickness" **Gil**

Lam comments on this in her verbatim statement below:

"*When I'm going to bath, the clot of blood can even be dropping I have to look for poly bag and be putting it inside. I was feeling nervous and frightened and did not know what to do about the situation*" **Lam**

Dal also had this to say about her experience

"Eeeeh! If I see someone going through similar situation I will advise her not to sit with it. This sickness has worried me more than any sickness. The bleeding alone is worrisome"

Another patient said the following:

"Sometimes I cannot sleep. For worry the sickness is a worry to me, now they have to know the cause of the sickness" **Gil**

Some of the patients were worried because of death.

"*The first day I was told I had cancer I was worried and even cried in front of the doctor, I cried because I believed I was going to die"* **Jak**

Others were concerned about death because of their children. **Del** bemoaned in the following extract:

"*The truth is one, when I was first informed of the diagnosis I cried, … then I told God that my children are still very young, this sickness dierr I learnt it's for rich people, how come. If I should die, who will look after my children?*"

Those who were experiencing post-menopausal bleeding were worried because they believed their menses were starting again. **Jak** and **Del** had this to say:

"*So I was there one day when I started bleeding suddenly again. The bleeding didn't stop for about a week, so I informed an elder and he advised me that it was a post menstrual bleeding. I was worried. I thought my menses were returning again*" **Jak**

"In my case, I started bleeding while I had stopped menstruation, ten years ago. So one day, I started bleeding then I decided to seek medical attention at the Tema General Hospital. I was worried because I thought my menses came back" **Del**

A patient was worried after a radiotherapy treatment and had this to say.

"My worries increased after I went through the radiotherapy treatment because I thought I had another cancer when my skin became dark immediately. It was the same thing when I began seeing boils around my vagina and anus. The doctors have to tell us everything so that we won't be worried when we see those signs" **Nel**

Similarly, some could not also sleep as a result of fear. Because some of them were afraid of what would happen to them in the future, they got disturbed and could not sleep. **Jak** had this to say:

''… I went to the hospital, when I was coming I started flowing very heavily till I came home I was now afraid. I couldn't sleep then I came to Korle-Bu the fluid that was coming…''

"For me, I couldn't sleep well when the sickness started because the sickness has not been long…." **Nal**

"During the bleeding, when I urinate, I feel a lot of pain. Sometimes it comes into my stomach unless I take pain killer. I can't really sleep. I don't sleep. **Gil**

"When the sickness first started you cannot sleep "ooo" when everybody is asleep you are awake and coughing and bringing out phlegm in the night, till you get better and sleep. **Del**

"…. when it started, most at times I barely slept, I would roll around on the bed most nights in pain before I could get a little rest. **Dal**

It can be deduced from the above that most of the patients were anxious. From their verbatim reports the patients were restless, had difficulty controlling their feelings, had sleep problems, felt irritable, pain etc. which suggest anxiety.

Sub-theme 3: Depression

The study as well revealed some forms of depression based on the verbatim reports of patients. The seemingly depressed patients set themselves aside from their peers and the rest of society and that made them feel different and lonely. They appeared to exhibit persistent feeling of sadness and loss of interest in daily activities that impaired their daily functions. The self-imposed isolation by some patients was therefore a contributory factor to the depression they experienced. **Nal** had this to say:

"*Mostly I don't go out because I have grown so lean that I am deeply sad with my situation"*

"I was sad about it. How can I be bleeding and washing like a teenager when I am already in my menopause? I feel very low and moody because of that"

Jak

In the case of **Jam**, she wept anytime she looked at herself in the mirror she will not go out because of the excessive weight loss. She lamented:

"*I weep like a child anytime I look at myself in the mirror because I have become a shadow of my former self as such I don't go out"*

In the same light, one of the patients got depressed because of the sudden change in their complexions.

“*I am always sad because I cannot imagine all of a sudden how I have become very dark when I was light in complexion. I have stopped all forms of outings and visitations because of my current looks”* **Jel**

Also the attitude of some friends and family members may worsen the depression of these patients. **Nal’s** account supports this statement:

“*So I went to the hospital and when I got back, that was when my aunty stopped visiting me and cut communications with me, so whenever I start bleeding, there was no one present to help me out”*

It can be noted from the above that cervical cancer patients were going through some form of depression and as a result, isolated themselves from others and social functions as they felt low and moody.

Sub-theme 4: Low Self-esteem

Low self-esteem seemed to have affected some of the patients with cervical cancer. They seemed to have lost confidence and felt inadequate about themselves. This prevented them from visiting places of interest and having fun. They did not see themselves as being like other people because they’ve either lost weight or their complexion has changed which made them critical about themselves. Below are the verbatim reports of some of the patients.

“After I was diagnosed with the sickness I don’t go anywhere, even church or wedding, I don’t even visit friends because even if I say I want to…. ” **Jel**

Jam wept anytime she looked at herself in the mirror because of the excessive weight lost. She lamented:

“*I weep like a child anytime I look at myself in the mirror because I have become a pale shadow of my former self”*

One other patient said because she was lean she refuses to socialize.

"*Mostly I don't go out because I have grown so lean that I am depressed with my situation"* **Nal**

Dal did not want to get close to her husband because of the stench emanating from her vaginal discharges. She felt she wasn't deserving to be around her husband.

"*It's probably more than a year now since my husband and I met because of smelly discharges from my vagina and sometimes pain.*

One patient lamented about her weight loss and felt inadequate for the husband.

"*Even though my husband said nothing regarding my loss of weight, I know my husband likes fat women so I began to feel that he won't be attracted to me anymore because of my new look"*

One can observe from the verbatim reports of patients in the above that they no longer felt they were normal just as any other person and have therefore refused to socialize with the larger community. This suggests that they have low self-esteem.

Sub-theme 5: Grieving and Fear of Death

Some of the patients knew of the consequences of contracting this disease as it has poor prognosis. The painful and disturbing nature of the symptoms created that impression of fear and death. One of the patients had this to say:

"*The first day I was told I had cancer I was worried and even cried in front of the doctor, I cried because I believed I was going to die.* **Jak**

Some of the patients were more concerned about the welfare of their children if they died. **Del** bemoaned this in the following extract:

"... *then I told God that my children are still very young, this sickness "dierr" I learnt it's for rich people, how come. If I should die, who will look after my children?*

It can be inferred from the above verbal narratives of patients that they were having mental health challenges. This assertion is as a result of the fact that they expressed various forms of psychological difficulties which suggested anxiety, depression and low self-esteem. The enormous challenges of this disease caused patients to grieve on its consequences which usually end in death. Their psychologically well-being was therefore affected.

Sub-theme 6: Family Distress

The psychological problems patients had did not affect them alone but the whole family as well. Many families became worried of the disease that afflicted their members. Even before the diagnosis of cervical cancer, some families were experiencing distress. **Del** reported that her family waited anxiously for the outcome of the lab results because they were afraid of the outcome. It created worry and unhappiness among her family members. Her verbatim statement to this effect is as follows:

"*My whole family was worried and waiting for the lab results. They were scared that I may be diagnosed of a deadly sickness"*

One of the patients also reported that her husband was worried because he thought she was going to die**.** Below is her verbatim statement:

"*My husband did not take it lightly, because we have stayed for long and we have four (4) children who are now grown-ups. He follows me everywhere. My* *family too is worried. They are always calling to find out what is going on. He was worried because he thought I was going to die and leave him"* **Lam**

Another patient indicated that her children were more worried in the family than anyone else. **Jam's** verbatim response indicated how her children were worried:

"*As for my family, when it happened it was my children that were worried, why will our mother at this age have something like this happening to her and our father too passed away and left her alone with us and they then get worried"*

It can be noted from the above that cervical cancer, like any other disease that has poor prognosis, greatly affects the mood of the family.

Research Question 3

What is the Relationship between Cervical Patients and Others in their Communities?

This third theme was also derived from the BPS-spiritual model. The nature of relationship between patients with cervical cancer and others in their communities is seen as the social well-being under the model. The study attempted to examine whether there had been any change in the way people were relating to cervical cancer patients because of the disease. It was also meant to know whether the cervical cancer patients received support to help them in their current predicament.

THEME 3 Social Well-being of Cervical Cancer Patients

In the quest to understand the lived experiences of cervical cancer patients in their relationship with the communities, four (4) sub-themes emerged from the study as follows: (1) Attitude of family members and others in the community, (2) marital problems due to lack of sexual activities, (3) social isolation and (4) social support network.

Sub-theme 1: Attitude of Members of the Community

The attitude of some family members and some significant others was not helpful to patients with cervical cancer. They began dissociating themselves from the patients because of the disease. Some husbands denied their wives the care and protection in this difficult time. Below is a report from a patient on this issue:

"I usually bled after every intimacy…as a result I stopped having sex with my husband for about a year now. This has made my marriage unstable. My husband returns home only after 10 pm and does not care about me. **Del Nal's** verbatim report also asserts this point about an extended family member:

"So I went to the hospital and when I got back, that was when my aunty stopped visiting me and cut communications with me, so whenever I start bleeding, there was no one present to help me out"

Sub-theme 2: Marital Problems due to Lack of Sexual Activities

Verbatim reports from the patients revealed that the disease prevented them from engaging in sexual activities that created tension in their marital relationships. This lack of sexual activity with their spouses was because of the pain, excessive vaginal bleeding and discharge associated with cervical cancer. The absence of sexual intercourse, according to some of the patients, led to series of heated arguments, quarrels and sometimes fights to the extent that one of them suggested that the husband should find another woman since her situation did not allow her to satisfy him sexually. **Dal** narrates her predicament as follows:

"I love my husband and always want him to be happy. So to stop him from quarrelling with me because of sex therefore causing instability in the family, I angrily told him to get someone else who can satisfy him since my situation doesn't allow me to do so"

One of the patients' husbands became unfaithful because of her sexual inactivity. **Jel** reported in the following extract, how her husband was chasing another lady in their neighborhood because she could not have sex with him:

"At a point, my husband could not control himself because it has been two years since we had sex. So he began going after another lady in our neighborhood"

The disease has compelled one of the patients to seek divorce voluntarily in order to have peace of mind to treat herself. She claims her husband's sexual demands are high which she cannot satisfy him in her condition. This is her verbatim statement on the issue:

"*We all realized that after sex I always bleed but we kept quarrelling daily because he always insisted on having sex with me in this condition so I'm asking for divorce so that I can have time to treat myself*" **Jak**

Sub-theme 3: Social Isolation

The study also revealed that patients living with cervical cancer isolated themselves from social gatherings and sometimes from their own friends and peers because of their experiences with the disease. The patients preferred to stay indoors because of the symptoms of the disease such as vaginal bleeding and discharge which they have to manage at home. One of the patients stated this during the interview as follows:

"*I couldn't go anywhere because when I do I will soil myself, so am in the room alone, because people who know me ask plenty questions about my hair and my color. To stop answering such questions, it is better to stay home alone.* **Lam**

Nel said she stayed home because of her dark skin to avoid people looking at her:

"*My light skin has now turned extremely black such that everyone will be staring at you if you go out. So I prefer to stay in the house and avoid public attention*"

Weight loss also happened to be one of the common factors that influenced the patients' decision to isolate themselves from social gatherings. Their lost in weight affected their general appearance. One of the Muslims among the patients stopped attending mosque to avoid colleagues asking her questions at the mosque. She reported that she was uncomfortable with how people looked at her anytime she went out so she chose to stay indoors. Her verbatim statement is:

"*I had to stop going to mosque and even outside to avoid people asking me what happened to me and all that… staying indoors is the best option I have*"

Lam

Some of the participants felt that their partners had no love towards them anymore because of the weight loss. **Nel** sadly reported how unattractive she felt to her husband:

"*Even though my husband said nothing regarding my loss of weight, I know my husband likes fat women so I began to feel that he won't be attracted to me anymore because of my new look*"

Vaginal bleeding is also one key factor that the patients reported made them stay away from social events and even church services. They felt uncomfortable around people and therefore stayed home. Two (2) women stated this in their verbatim reports as follows:

"*After I was diagnosed with the sickness I don't go anywhere, even church or wedding, I don't even visit friends because even if I say I want to, when it is small then I'm tired, even church for the past 2 years I haven't been going, you go and be standing up frequently I don't like it.*" **Jel**

Sub-theme 4: Social Support Network

Even though some cervical cancer patients did not receive any support, the study revealed that the survival of most of the patients was dependent on the support they received from their spouses, extended family, religious groups and health workers.

Family Support

Even though some patients had difficulties in their marital relationships others enjoyed the support of their spouses. The verbatim reports of some of the patients indicated that their husbands provided support financially, emotionally, socially and spiritually. Some patients narrated how their husbands, children and family members supported them.

"*… my husband and children that give me some support ….because my father and mother are deceased. And even with my extended family only my kid sister is aware that I am in this situation*" **Lam**

"My husband is doing well. He is very supportive. He was supposed to come and pick me but because he is busy that is why he cannot come." **Jam**

"For support, they are doing well, ... Even when I was coming here somebody gave me money. When I started, it was my husband, and it was later that one of my brothers also helped,…The rest of my siblings also stay elsewhere but they have been helpful financially because they know that I am not well" **Dal**

The spouses did not only help financially, emotionally and socially, some helped their wives spiritually. **Dal** revealed this when she said:

"My husband has always prayed for me and anytime he prays, I get better"

The extended family also helped some of them.

"I stay alone with my children and husband. The rest of my siblings also stay elsewhere but they have been helpful financially because they know that I am not well. When it started, it was my husband, and it was later that one of my brothers also helped. Even when I was coming here somebody gave me money" **Dal**

Spiritual Support

Apart from praying on their own, some of the patients also received prayers from various religious groups which helped them to cope with the situation. The spiritual help took the form of prayers from their families, relatives and church members. The quotes below reflect such instances:

"I have nowhere for hope, only my children and church members also come and pray for me and also comfort me. **Del**

"When it happened it got to a stage that I could not sit for long, so I wasn't going to church, so I made the church members aware of it… so they agreed with me to stay home; they come to pray for me and encourage me" **Lam**

Support from Health Personnel

Some of the patients acknowledged that the nurses were receptive and good mannered in attending to them. A participant had this to say about a hospital as a whole:

"*This hospital they are taking good care of us especially the young boys doing the screening, ooh! Here at this hospital they do very well, when it comes to patients care" **Jam***

It can be seen from the above that some of the patients got support financially, emotionally, socially and spiritually from their families, extended family members, religious organizations and health personnel.

Research Question 4:

What is the Spiritual Wellbeing of Patients with Cervical Cancer?

This research question attempted to examine how cervical cancer patients were attributing causes to the disease and their coping strategies. These are explained under the derived theme: spiritual well-being of cervical cancer patients

THEME 4: Spiritual Well-being of Patients with Cervical Cancer

Spiritual well-being is the cervical cancer patients' search for sources of consolation that gives a possible explanation to their quandary. Being spiritual is one of the coping skills that gives an inner strength to cervical cancer patients to be able to deal with the ordeal. The study has revealed that all patients have adopted a number of coping strategies which are more spiritual in nature in order to explain their situation. It was obvious that all the patients in their narratives indicated some reliance on a spiritual being to heal them. Their verbatim reports on their adoption of spirituality to explain their predicament generated three (3) sub-themes which include: (1) Meaning of the disease, acceptance and power of God to heal (2) Sense of hope and religiosity and (3) the inner strength to live.

Sub-theme 1: Meaning of the Disease, Acceptance and Power of God to Heal

In their verbatim reports, there were indications of patients attaching spiritual meaning to the sickness. In their demonstration of spirituality, patients' verbatim reports indicated they made both positive and negative attributions to the dilemma in which they've found themselves. These are captured in the ensuing discourses.

Two patients were superstitious. **Jam** seemed to be blaming the church that she was spiritually attacked and they probably were doing nothing about it when she said this:

"*The church is not serious about me. The sickness is a spiritual attack. The sickness is not normal but an attack*".

Dal believed God will heal her and her enemies will be put to shame:

"*The Lord will heal me. I know the living God exists. He will heal me and put my enemies to shame*"

Others believed in a God who is all forgiving and can heal.

"*Even if you have sinned against God that caused the sickness, God will forgive you. We human beings that find it difficult to forgive but God said it was finished on the cross he came and died for our salvation*. **Nel**

One patient also said in the same vein above:

"So I will not say that a witch is causing the sickness. It's a sickness that has come if you pray to God that it's because of some sin that you have committed and you ask for forgiveness he will forgive you and heal you. **Jel**

God is the healer as indicated by one of the patients:

"*Me I don't know where the sickness comes from; me my mind is that God can do it for me, that is my thinking that God is the healer"* **Nel**

One of the patients who is a muslim believed Allah will heal her

"*I told Allah not to allow my children to suffer, because He is the giver of life and if it is not yet my time to join my ancestors then heal me. However, if I will have to die through this sickness, then let me go peacefully. Allah gives life and gives illness, so I know Allah will heal me"* **Dan**

One patient was asking God for healing and long life to be able to work again.

"For the future, I pray to God to heal me and grant me long life, a healthy life I will work again" **Lam**

A patient grew more compassionate towards other unfortunate people due to the pain she was experiencing because of the cervical cancer. **Nel** stated in her responses that:

"*Because of this sickness and God's love, I feel compassionate for human beings when I see them suffering"*

Sub-theme 2: Sense of Hope and Religiosity

A careful assessment of the narratives of the patients revealed that a lot of them developed more hope and reliance on God after being diagnosed of cervical cancer. They apparently became more religious and faithful to God with the hope that God will grant them healing.

Dal indicated that her sickness increased her faith in God and she knows that she is already healed:

“*Because of this sickness I believe more in God and I know I am already healed. The Lord will heal me. I know the living God exists.”*

Patients also resorted to the reading of their religious books on regular basis. It has become part and parcel of their regular daily activities. One Christian participant narrates how the reading of the book of Psalms has become her daily prayer:

“*Sometimes I feel a lot has changed me and I get so worried and in such circumstances, the only thing I could do was to start reading the book of Psalms especially Psalm 116. This soothes my heart and gives me hope for the future.* **Jel**

One other patient was always involved in prayer all the time when the pain comes. **Dan** gave her position on this in the following verbal response:

“*Anytime I am going through pains I start praying which reduces the pain”*

Some of the patients had hope in God that He was the one who heals and not the doctors as recounted by **Dal**:

*“What gives me hope is God, God alone that I’m looking up to. These doctors they can do whatever they can but if the hand of God is not involved, you will not be healed***,** *so everything is prayer, you put everything before God in prayer that he will have mercy on you and heal you”*

It is the prayer of some of the patients that God will give knowledge to the medical team to be able to provide proper medical care to heal them

"As for healing, it is in the hands of God Almighty. Human beings do not have the power to heal. It is God that will give them the knowledge to heal. So me, I'm looking up to God to come to my aid" **Nal**

A patient was hopeful she was recovering because of the hand of God. **Jel** declared her hope in the following response when she said:

"I now have hope that by the Grace of God I will be ok. I'm on the machine, I didn't do some of the chemo"

Sub-theme 3: The Inner Strength to Live

Some of the patients reported that they had a very strong will to live and triumph over this sickness. That determination to survive kept most of them moving on with their lives:

"I have confidence that I will survive this. I am not ready to die yet" **Jel**

One other said:

"I am very sure that I will recover in no time from this ailment" **Kel**

Some of the patients' quests to survive were just to take good care of their children. They seem to be more worried for their children than themselves:

"I stated crying, and then I told God that my children are still very young. I want to live for them" ***Del***

In conclusion, it can be observed that patients who participated in this study demonstrated unwavering faith in God and looked up to him as the sole source of healing. They ascribed the disease to their God who will forgive and heal them even if they've committed any sin. The adoption of spirituality to explain the disease, the tenacity of godliness and the will to live helped them attain a positive spiritual well-being.

THEME 5: Health System Related Factors and the General Well-being of Cervical Cancer Patients

Even though the above subject was not originally part of the study it emerged as an important theme that needs to be discussed. Beyond the symptoms and post treatment side effects of cervical cancer, which are the core determinants of the patients' general wellbeing, the health sector as a system has its own contributions towards influencing the wellbeing or otherwise of patients. This is because the behavior of the health sector workers towards patients plays a crucial role in the general well-being of patients. It is therefore important to note that the kind of relationship that ensues between the patients and the medical team can impact on the patients' well-being. In addition to that is how patients are able to manage the cost of medical treatment. In the reports of patients four (4) sub-themes emerged from this theme as follows: (1) Delays in diagnosis and treatment of patients, (2) misdiagnosis of cervical cancer, (3) the relationship of cervical cancer patients with health service providers and (4) financial cost of treating cervical cancer.

Sub-theme 1: Delays in Diagnosis and Treatment of Patients

Some of the patients expressed frustration in relation to the delays they encountered at the hospitals when they went for treatment. Some of them had to attend the health facilities several times before receiving treatment. This is what some of the patients had to say:

"*Some liquid came from my body so I visited about three hospitals in North Kaneshie. A lot of labs have been conducted but nothing was found. It was a hospital Called "Emmanuel" that gave me a letter to come here. So I started coming to "Korle Bu" around 16th March, last year".* **Nal**

"So, I informed my husband and then went to the hospital. So when I went to the hospital, they started their diagnosis, is been four months now. They initially diagnosed me for about two months and later gave me a referral to another hospital in Twifo praso for about two months also. They also gave me another referral to be taken to the Interbetton hospital. For Interbetton I stayed there for a very long time because at that time my bleeding had become excessive, each time it could last for about seven (7) to eight (8) days" **Kel**

The participants also raised complaints about the constant rescheduling of appointments that they go through anytime they attended hospitals for treatment. **Del** and **Kel** narrated their experiences as follows:

"*Sometimes when you come, they tell me that they cannot attend to me and rather tell me to come on another date."* **Del**

"*So they did that when they went and checked they said it didn't get to the womb but just that it only touched the entrance of the womb, that a sore has occurred so they will refer me to the radiotherapy people. When I went there they also gave me date, and now I go and come, go and go come by the grace of God this year July when I came they started the treatment"* **Kel**

Sub-theme 2: Misdiagnosis of Cervical Cancer

Some of the patients were misdiagnosed of having some other disease before they were finally given the proper diagnosis of cervical cancer. Some patients recounted how they were initially diagnosed of fibroids and later cancer. Below are the verbal statements of two (2) patients about this:

"So when I first came they made me to do a lot of lab test. This thing they said it was fibroid but when I did the test it wasn't fibroid. I also did kidney and

many other test later on, they made me to do cervical cancer test and I was told it was cervical cancer so I was sent to the theater" **Jel**

"*When I did the scan they told me it was fibroid, so they gave me medicine and asked me to come back the following week , so I went back the following week and they told me they were to refer me"* **Nal**

Sub-theme 3: The Relationship of Cervical Cancer Patients with Health Service Providers.

Some patients complained about the negative attitudes of some health workers towards them during the treatment process. Some of the patients had problems with how the doctors addressed their issues:

"*…but the doctor I met there early the attitude he showed me put me off, but I said to myself that its nothing, I'm not the first person to get cancer, he insulted me, he said we are not serious if we don't bring the twelve thousand and that if we don't bring the twelve thousand we should go and look for a place and sit and that there are a lot of folders waiting for her to attend to"* **Jam.** She was referring to twelve thousand Ghana cedis meant for treatment.

Another patient also recounted how she had issues with one doctor who shouted at her and she decided to skip treatment for a whole year. She complained bitterly about it in her verbal statement below:

"She was shouting at me, it was even the nurse that was with her that came to console me. I cried a lot; in fact, it pained me and I came and sat in the house for a year because I know she is my doctor and she is keeping my folder and I didn't want to go in front of her the second time, maybe she will not help me" **Lam**

In the above narratives, patients encountered health system challenges in the form delays in diagnosis and treatment, misdiagnosis of cervical cancer and poor relationship between some medical staff and patients.

On the other hand, a patient commended some of the health personnel for their professional conduct. The nurses, according to her, were receptive and good mannered in attending to her. She had this to say about a health facility

"*In this hospital they are taking good care of us especially the young boys doing the screening, ooh! Here at this hospital they do very well, when it comes to patients' care" **Jam***

Sub-theme 4: Financial Cost of Treating Cervical Cancer

The study established there were dire financial implications for a lot of the patients when they were diagnosed and being treated of cervical cancer. A number of them were unable to meet the financial exigencies of the treatment and had to request help from external sources. All the patients had stopped work because of the effects the diseases had on their physical health. This therefore made them totally dependent on social relations like family, friends and religious groups for survival and treatment. It was evident from the verbatim reports of the patients that treatment cost for cervical cancer which comprised chemotherapy and radiotherapy were too expensive for the ordinary citizen. A patient complained bitterly on how expensive the cost is for the poor. This is what **Del** had to say:

"*...you see this cancer illness is very scary and expensive as you can see that the surgery I had at Morton hospital amounted to 4700 cedis, excluding the drugs I had to personally buy myself and the hospital bill costs and when I* *was referred here too, my expenses is about 2000 cedis even though I buy everything on my own"*

One of the patients who was unable to meet the treatment cost had to stop going to hospital. She stayed home with the disease until she decided to go and beg for a reduction in the cost of treatment. She sorrowfully said:

"I am actually here to beg the hospital to help me. The cost is too high for poor people like me. I was here some months ago and I was diagnosed of this cancer but I didn't have that amount of money for treatment so I went and sat in the house. It is getting serious so I am here to beg them to help me" **Jam**

Nal and **Lam** expressed their predicaments in the following quotes:

"*Then I said, the amount you mentioned is my problem and not the sickness, human being you can even have headache and die so I'm not afraid of the sickness"* **Nal**

"…they gave me another date to come for the chemo, the amount involved was 12,000, so when we came we did not get the money to go back, so I came home and did not go back" **Lam**

Two (2) patients expressed their sentiments by calling on the government do something about the cost in the following extracts:

"The government should reduce the cost of this cancer treatment because it's very expensive. Right now everything is expensive" **Gil**

Another said

"So I was hoping that the government could do something about it especially for the poor people because for the rich they can pay for this cost, but what about the poor." **Del**

The above are some of the problems patients encountered at the health centres which included delays in diagnosis and treatment of patients, misdiagnosis of cervical cancer, the kind of relationship cervical cancer patients had with health service providers and the financial cost of treating cervical cancer. These are altogether referred to as the health system-sector related factors.

Discussion of Findings

This section seeks to contextualise the study within the broader spectrum of literature in the area. The discussion is based on themes that emerged from the research questions posed to patients to probe their lived experiences with the cervical cancer disease. Based on the tenets of the BPS-spiritual theory, findings from the study were categorised thematically and discussed in line with the objectives of the study. These themes were the physical well-being of patients with cervical cancer, psychological well-being of patients with cervical cancer, social well-being of patients with cervical cancer, spiritual well-being of patients with cervical cancer and health system related factors. The discussion starts with the physical well-being of cervical cancer patients.

Physical Well-being of Patients with Cervical Cancer

The findings in this study indicated that the physical health of patients with cervical cancer was generally poor. The study revealed that most of the cervical cancer patients suffered from the advanced form of cancer and experienced severe pain and gynaecological abnormalities.

Pain

The description of pain by the patients indicated that they experienced a lot of persistent and unbearable pain in the form of birth pangs, pain in the lower abdomen, thighs, waist, backbone and stomach. This confirms other studies which describe pain as one significant physical obstacle that women face with an advanced cervical cancer (Maree *et al.*, 2021; Ochoa, *et al.*, 2019; Stover *et al.*, 2021). These findings are also in support of a research on cervical cancer that patients suffer abdominal pains, leg and back pain (Cheville *et al.*, 2021; Chitani, 2018; Seven *et al.*, 2016)). Similarly, WHO (2006) listed severe back pains as one of the common symptoms of advanced cervical cancer.

Pain associated with gynaecologic cancer can be austere that could possibly limit the therapeutic management of the malignancy, and frequently impair quality of life. Pain syndromes commonly seen in gynaecologic cancers can result from three main etiologies. The most common pain experienced by individuals with cancer originates from the tumour (Wordliczek, & Zajaczkowska, 2013). Pain can also occur as a result of therapy aimed at reducing the tumor, including surgery, chemotherapy, radiation therapy, and hormonal therapy (Armstrong, Bundy, Wenzel, Huang, Baergen Lele, Copeland, Walker, Burger, 2006). Finally, people with cancer can develop pain totally unrelated to cancer or its treatment. Common pain syndromes related to cancer are: ascites, acute abdomen, adnexal torsion due to ovarian cancer, bone metases, bowel obstruction, fistula formation, skin maceration, and fungating tumour (Portenoy, & Ahmed, 2018). Pain syndrome unrelated to cancer or its treatment include arthtritis and migraine (Cherny, 2007).

Pain Management

The cancer patients in this study resorted to various methods to manage the severe pains which included use of medication and psychological techniques. The medication was prescribed by the medical practitioner or over the counter drugs purchased by the patients. The use of medication is in line with the recommendation by WHO that the usage of analgesics can attain 75% pain relief. Some of the patients in this study, however, indicated that the use of medication was not effective confirming the study of (Collinet, *et al.*, 2018; Gauthier *et al.*, 2009) that analgesics does not completely alleviate the cancer pain in some situations. It is worth noting that WHO has acknowledged pain management as a global challenge (Hochberg, et al., 2021).

This study has also revealed that some cancer patients used psychological techniques such as distraction to lessen their pain by listening to music, watching movies or going on Facebook to entertain themselves. In pain management, some studies have also identified music as an alternative non-pharmacological pain management technique (Bradt et al., 2015) where study participants reported a decrease in pain attributable to music therapy. Similarly, it is revealed in other studies that majority of cancer patients listen to music in order to relax and distract themselves from pain (Howlin, & Rooney, 2020; Huang et al., 2010).

The Role Music in Pain Management

Whether guided or used as part of self-care, music has the power to reduce pain and associated feelings of anxiety, depression and isolation. Music therapy is often recommended or integrated into biopsychosocial care. As a robust stimulus, music impacts the brain in many ways. Therapeutic music experiences have been shown to yield evidence of more regulated states, including improved capacity to self-regulate and connect with others (Porges, & Rossetti, 2018); decreased anxiety and pain (Hong, & Cho, 2010); increased activity in reward and pleasure areas of the brain (Koelsch, 2009); and increased oxytocin production and decreased stress-induced hormones (Keeler, Roth, Neuser, Spitsbergen, 2015) Music was, therefore, appropriately used by patients to alleviate their pain.

Gynaecological Abnormalities

The cancer patients, in this study, also reported various gynecological abnormalities in the form of vaginal bleeding and discharge that made them feel very uncomfortable. The patients experienced excessive bleeding which occurred even when their menstrual cycles had stopped and in some cases when the wombs were removed through surgery. The bleeding was also irregular without any triggers or unexpected bleeding. In their reproductive ages, the patients had abnormal and heavy blood flow. Some of the cervical cancer patients bled clots of blood. Many researchers (Eze *et al.*, 2013; Langley *et al.*, 2012; Maree *et al.*, 2015; Osei Appiah *et al.*, 2021) confirm that there is evidence of excessive bleeding and vaginal discharges as key symptoms of cervical cancer survivors. Other studies also indicated that patients encountered various forms of unusual bleeding after sex; bleeding in between menses, and postmenopausal bleeding (Kareem *et al.*, 2021; Eze *et al.*, 2013). The excessive bleeding compounded the problems of patients as some run short of blood and even collapsed.

Apart from the excessive bleeding, one other issue that affected patients was the discharge of dirty and smelly substances from the vagina.

Some described the watery but colorful discharges as ugly and nasty. A study confirms this finding that the offensive odour from the vaginal discharges was described by a patient as a “dead rat” and she had to allow air into the room by opening the doors and windows for the smell to escape (Adoch *et al.*, (2020).

Management of Bleeding and Discharge

The study revealed that patients tried to manage the excessive vaginal bleeding and discharge as much as they could. The patients mostly relied on sanitary pads while others resorted to using cloths in managing the bleeding and discharge. The discomfort experienced by the patients made them to change the sanitary management gears several times within a day. Some also had to bath a number of times to feel a little bit of relief. The study of Maree *et al.* (2021) confirms these findings when they stated that participants experienced excessive bleeding to the extent that they utilised diapers meant for babies to manage the situation. Most patients in this study were experiencing advanced cervical cancer which resulted in this excessive vaginal bleeding and discharge.

Treatment Effects

The cervical cancer patients in this study indicated that they had either radiotherapy treatment, chemotherapy or both. These treatment protocols had a number of negative effects on the health of the patients. These effects included infertility/pseudo-menopausal changes, gastrointestinal disorders, body disfigurement, impaired body function, insomnia and restlessness which are discussed below.

Infertility/Pseudo-menopausal Changes

The most common side effect of the treatment process, as reported by the patients, was infertility/ pseudo-menopausal changes. Some of the patients would not be able to bear children anymore since they had their wombs removed through surgery. This finding aligns with the American Cancer Society, (2015) report that premenopausal cervical cancer survivors suffer infertility as a surgical treatment effect. In this study a number of the patients who already had children welcomed the decision of the doctor to remove their wombs. They expressed more concern about their lives than their ability to give birth to children. It must be noted, however, that some cervical cancer patients within their reproductive years were ready to resist any attempt by the doctor to suggest an operation that might lead to the removal of their wombs. Even though some of them had one or two children, they still believed they needed to have more children to have fulfilled lives. Similar studies showed that women who had finished giving birth did not have many issues when they lost their fertilities (Halaska *et al.*, 2019; Paluch-Shimon *et al.*, 2019, Stead *et al.*, 2007). Such survivors were more concerned about their health than having children. On the contrary, some survivors who still had an interest in giving birth felt less like women when they became infertile (Ellis *et al.*, 2016). Studies have indicated that the womb is perceived as the symbol of womanhood in many societies and it renders women non-feminine when it is removed (Gardino *et al.*, 2011; Kitur, 2018). In addition, studies highlighted the concerns of survivors regarding how their fertility caused by the treatment of cancer has made them useless (Ellis *et al.*, 2016; Mutambara, *et al.*, 2016; Nieman *et al.*, 2006). The above studies therefore support findings in this current research which found that the attitude of survivors towards fertility or infertility depended on either their health issues or child bearing needs.

Gastrointestinal Disturbances

As part of the treatment effects, cervical cancer patients in this study, experienced a number of gastrointestinal disturbances ranging from loss of appetite, nausea, vomiting and diarrhea. These symptoms were attributable to the chemotherapy and radiotherapy treatments they received. Venkatas *et al.* (2020) supports one of the findings that the loss of appetite is a product of cervical cancer treatment options and side effects. Numerous other studies confirm the findings in this study that the challenge faced by cervical cancer patients is their inability to maintain good eating patterns (Arends *et al.*, 2017; Binka *et al.*, 2017; Hopkinson *et al.*, 2006; Kubrak *et al.*, 2010)). Also, findings from other researchers showed that cervical cancer patients experienced nausea, vomiting and diarrhea as side effects of treatments drugs (Akyuz *et al.*, 2008; Dahiya *et al.*, 2016; Oreilly *et al.*, 2020; Zhang *et al.*, 2018; Zeng *et al.*, 2011). Small Jr. *et al.* (2017) stated that each treatment protocol of cervical cancer which include surgery, radiotherapy, chemotherapy, and brachytherapy had its own treatment effects.

Body Disfigurements/Deformities

The treatment of cervical cancer had side effects on the physical appearance of patients. In this study, patients indicated they had problems of weight loss, hair loss and change in their complexion. A study indicated that majority of survivors of advanced cancer experience weight and hair loss, and a change in complexion (Bae *et al.*, 2021). Akbari *et al.* (2020) in their study mentioned skin reactions to be the most obvious side effect of chemotherapy and radiotherapy since it is the target of these treatments.

Impaired Body Functions

The study also revealed that patients experienced bodily weakness and as a result could not perform their daily activities. This finding is supported by Turk et al. (2016) study that the fatigue experienced by patients affects the general functions they perform in society This condition may be the by-products of lost of excessive blood, inability to maintain good eating pattern and the effects of treatments they received (Ehlers et al., 2020). Fatigue is one of the most reported symptoms associated with the diagnosis and treatment of cervical cancer (Lewandowska *et al.,* 2020; Steen *et al.,* 2017). It affects the whole facet of the patients' lives (Fourie *et al.,* 2018). Some of the patients, in this study, indicated they felt like they had been beaten or had engaged in doing some very hard work which made them feel pain all over their bodies. Other patients reported they found it difficult to groom themselves as expected and even had to seek the support of others to get things done.

Impaired Rest and Sleep

Another finding of the study is the complaint by patients about their inability to sleep and feeling of restlessness. Rutherford *et al.,* (2019) mentioned one of the most common consequences of cervical cancer disease identified in various studies as sleep disturbance This might be the consequence of both the symptoms of the disease and/or side effects of the treatments patients received (Aquil *et al.,* 2021). The patients had sleep disruptions which they mostly attributed to the severe pains they suffered in the night (Itani, 2021; Maree *et al.*, 2021) and that was also one of the main discovery of this current study.

Sleep Disturbances Theory

There are many sleep disturbances theories that can explain the experiences of cervical cancer patients. Sleep-awake disturbances in cancer are a significant problem that negatively affects quality of life. Sleep has been characterised as a psychobiological event that includes physiological, psychological and behavioural mechanisms (Richards, Kanady & Neylan, 2020)

The biobehavioural model of altered dysregulation in circadian system suggests ways by which sleep wake disturbances could manifest as a result of circadian dysregulation (Bower, 2019). The model posits that psychological functioning (anxiety, hopelessness, mood states) have direct mutual relations with the endocrine system, autonomic nervous system activity. The eventual consequence of this dysregulation is impaired wellbeing, poor quality of life, fatigue, poor treatment adherence, disease development and poorer ability to survive (Bower, 2019).

Another model of sleep disturbances is the Model of quality of life which classifies four areas that describe an individual's quality of life. This was developed within the discipline of nursing and has been used to describe the quality of life in cancer patients. The four domains include physical wellbeing (e.g. sleep) psychological wellbeing (e.g. depression) social wellbeing (e.g. Family distress), and spiritual wellbeing (hopelessness) (Clevenger, Schrepf, DeGeest, Bender, 2013). Each sphere is specified to act separately, or in combination with the other spheres and eventually affect quality of life. For this model, sleep is shown as a physical sphere that could separately or in combination with other influences that affect quality of life (Strollo, Fallon, Gapstur, Smith, 2020).

The last but not the least of explanation of sleep disturbance theories implied in this study is the Piper Integrated Fatigue Model which has been used to study fatigue relative to sleep disturbances in cancer patients. Many patients in this study complained of fatigue due to the treatment effects. The model suggests a diversity of factors as manipulating idiosyncratic and objective display of fatigue. Fatigue expression are separated into behavioural, biochemical and physiological components. These components include physiological changes in behavioural work activity, muscle fatigue, and/or symptoms of depression, and they can ensue in combination as fatigue becomes a chronic problem (Long, Thanasilp, Thato, 2016).

These models are appropriate in explaining the sleep disturbances in cervical cancer patients.

In conclusion, the physical or biological well-being of patients in this study, like many other participants in similar studies, had poor physical health which affected their general well-being.

Psychological State of Patients with Cervical Cancer

Psychological state of patients was studied in the context of their ability to manage their feeling, fears and anxieties when they were diagnosed with the disease. Patients experienced anxiety, depression and low self-esteem. Some were in grief of fear of death, shock and disbelief whilst others had to contend with family distress.

Anxiety

The expressions of patients, in this study, indicated that they were worried about the disease because of its poor prognosis and the pain associated with it. The challenges of this disease caused patients to grieve about its consequences and that caused a lot of anxiety. This study, like many other research, found that anxiety was a product of uncertainty of the disease and the excessive pain associated with it (Brashers, 2001; Conversano *et al.*, 2020; Lien *et al.*, 2009). This assertion is backed by the finding of Nuhu et al (2008) that anxiety is a common symptom of all patients who went through pain. Anxiety has also been discussed in other studies to have a direct relationship with fear of death and low education (Lindau *et al.*, 2015; Nuhu *et al.*, 2008; Yang *et al.*, 2014). Other studies have found that anxiety can also be caused by vagina bleeding and discharge (Lindau *et al.*, 2015). A lot of the patients, in this study, who suffered so much bleeding and discharges, tended to get worried, depressed and anxious due to the experience of continuous discomfort.

The anxiety of patients in this study can be related to hypochondriasis. Hypochondriasis is a sort of anxiety disorder also known as health anxiety disorder. It is normal for people to worry about their health now and again but individuals who experience hypochondriasis get very worried that they are seriously ill. Health anxiety is therefore considered as a persistent obsession with having or being in the course of developing a serious medical condition or disease (Tyrer & Tyrer, 2018).

Cancer is commonly an explicit topic of health anxiety (Knudsen, Berge & Skogen, 2015). Fear of cancer may therefore lead to increased health care visits to check and test for bodily signals suspected by the person to be symptom of malignant tumours. Hypochondriasis is, therefore, a normal reaction to health issues encountered by cervical cancer patients which prompted them to seek medical treatment.

Depression

The finding of this study showed that depression was common among patients who suffered from weight loss, hair loss and skin changes. As a result of their physical appearance, patients isolated themselves from the rest of society and that made them feel lonely and different from the rest of their peers. Adom et al., (2019) have indicated in their study that patients who suffer from deformities caused by cervical cancer live in depression. Many of the patients in this study also experienced financial constraints as some of them could not access medication or even the consultation fee to pay before seeing the medical practitioner. This could expose them to depression and this finding is confirmed in a research by Conversano *et al.*, (2020). Patients in this research experienced a lot of pain and this finding supports a study by Weeratunga *et al.* (2016) that there was a lateral relationship between the pain, depression, and anxiety. Some of the patients in this study had worries about their fertility if they had to go through surgery to remove their wombs and they would be unable to give birth to children. This situation could be associated with depression, anxiety, frustration and distress (Ali, 2021). Generally, studies have shown that the physical circumstances in which cervical cancer patients find themselves have a lot of impact on their psychological well-being (Autrilia et al., 2019; Conversano et al., 2020). This assertion is in congruence with Conversano et al. (2020) study that the diagnosis of cancer has psychological implications for patients in the form of depression, anxiety, and distress.

Low Self-esteem

Low self-esteem seemed to have affected some of the patients with cervical cancer. They appeared to have lost confidence and felt inadequate about themselves. This prevented them from visiting places of interest and having fun. They did not see themselves as being like other people because they've either lost weight, hair or their complexion had changed which made them self-isolate and critical about themselves.

Several factors cause low self-esteem which include brooding or being engrossed with gloomy or depressed reminiscences or beliefs, engaging in negative self-criticism or self-talk, having a mental illness, low levels of resilience, compulsively thinking about one thing, and maladaptive coping skills. When a person has low self-esteem they feel embarrassed about themselves, feel that they don't merit assistance, and lack motivation to develop healthy supportive relationship. They can find fault with certain aspects of themselves whether it is their appearance, their personality or their abilities. Lack of personal value can have an adverse effect on life and wellness.

Cancer may cause lowered self-esteem because of changes in bodily experience, self-concept and personal relationships (Gooran, Simbar, Hajian, Nazapour, Nasiri & Martin, 2020). Pedro (2001) investigated the role of psychosocial factors (social support, learned resourcefulness, self-esteem) on health related quality of life among cancer survivors, primarily breast cancer, 5 years after diagnosis and it was established that self-esteem was the strongest predictor.

Research has amply demonstrated that having low self-esteem is related to a number of mental health issues including anxiety, eating disorders, emotional distress, pain disorder, risky behaviours, social anxiety disorders and stress (Drosdzol, Skrzypulec, & Plinta, 2010; Wolfi, & Treasure 2011; Hezel, Riemann, & McNally, 2012). Research has also shown that persons with low self-esteem are probably more at risk for suicidal thinking (Ren, You, Lin, & Xu, 2019). Low self-esteem may even play a part in development of certain mental health conditions such as depression. Research conducted by Shi *et al.* (2020) discovered that participants reported various forms of depression, fear of cancer reoccurrence, and low self-esteem.

Coping with low self-esteem involves concentrating on optimistic healthy thoughts as to having the ability and strength to get through the problems you face. It is important to share one’s struggles with persons who offer unconditional support such as members of the clergy, therapist, health care provider, family member or friend. Having a linkage of helpful persons who value you can be beneficial towards improving one’s self-esteem. One must also practice self-acceptance.

Grieving and Fear of Death

Some of the patients knew of the consequences of contracting the cervical cancer disease which has poor prognosis. The painful and disturbing nature of the symptoms created the fear of death and anxiety in some patients. Some had to fight this fear by declaring that they will not die but live to take care of their children. Bateman *et al.* (2019) revealed in their study that patients who were afraid of dying were concerned about the welfare of their children should they die. Most of the patients in this study experienced anxiety. Anxiety has been discussed in other studies to have a direct relationship with fear of death and low education (Lindau *et al.*, 2015; Nuhu *et al.*, 2008; Yang *et al.*, 2014). In this study some patients entertained fear of death as a result of the severe pain and this is in congruence with Opoku (2018) study. Some of the patients in this study looked at themselves in the mirror and said they felt like crying when they saw a pale shadow of themselves. This could trigger the fear of death as reported in a study (Eschler & Pratt, 2017).

Family Distress

The problems patients experienced did not affect them alone but their families as a whole. This finding is confirmed by Kebede et al, (2017) study that cervical cancer diagnosis and treatment affect not only the patient but also the family. Some families, in this study, waited anxiously for the results of the diagnosis when their family member was sent to the hospital. After the diagnosis they felt pain and distress when they were told their loved one had contracted the cervical cancer disease. In a study by Ali (2021), anxiety, depression, distress of burdening the family and worries were the dominant psychological effects on patients. Many families had to grief the consequences of the probability of losing a family member. Even the financial implication of treating this disease was a problem to contend with. Some patients had to rely on extended family members to come to their financial aid to be able to pay for the treatment cost.

The Family Systems Theory

The lived experiences of cervical cancer patients related to their psychological and social wellbeing can be explained in the light of the family systems theory. The family is seen as a group of codependent individuals, comprising the family a system, and a change in, especially, one of the members becoming critically ill, will impact the entire family arrangement (Wright, & Leahey, 2007). Bowen (1975), who first proposed this theory, posits that co-dependence and link among a family is an inherent characteristic. This means that the emotional state of every individual generates influences that upset the entire family as a unit. Bowen formulated this model with the objective of assisting people heal emotionally with active involvement of family members. Since emotions are implicated in practically all facets of human relations and are more or less influenced by family, it is the family's influence that aids in healing the most. In family systems therapy, the family works collectively to find a resolution of stress from the individual and the family as a unit.

When challenged with life events such as cervical cancer, the support of family members to each other is of utmost significance to the individual members of the family as well as to the family's appropriate working. Cancer upsets family and friends, not only the individual with the disease. Usually, individuals in one's life could also be worried, angry, afraid or even feel hopeless. The family members may be very supportive, or they may start behaving in different ways towards the sick individual. The consequences of cancer can differ from family to family. In some families, confronting the issues of cancer together reinforces their bond whilst in others, the trauma of cancer may generate novel difficulties and deteriorate prevailing complications. Some friends and family members may detach themselves from the sick person whilst others may provide the emotional and physical support during the sickness.

Family systems theory has been useful in an extensive areas including psychotherapy in general and family therapy in particular (working from a systems context with behavioural, emotional, or relational symptoms in families, couples and individual) and health care (medical family therapy – tracing the emotional underlying forces of illness and enabling cooperation among families, patients, health service providers, and health care systems).

In summary, the psychological well-being of patients in this study was generally poor as depicted by the numerous psychological problems they encountered such as anxiety, depression, low self-esteem, grieving for fear of death and family distress. Their circumstances can be situated in the light of the family systems theory

Social Well-being of Survivors of Cervical Cancer

The study examined the social well-being of patients in the context of their relationship with their families and the wider society. The theme examined the attitude of family members and others in the community, marital relationships, social isolation and social support network.

Marital Problems due to Lack of Sexual Activities

Some patients revealed that the disease prevented them from engaging in sexual activities that created tension in their marital relationships. Bae et al. Park (2016) study has established that cervical cancer diagnosis processes and its treatment effects had an adverse impact on the marital relationships of patients. One of the major challenges that cancer patients in general face is their inability to maintain positive sexual relationships with their partners. Findings from Tierney (2008) show that the majority of patients diagnosed with various gynaecological cancers suffer from sexual inactivity caused by the symptoms of the disease and its side effects. In this study the lack of sexual activity of patients with their spouses was because of the treatment effects, pain, excessive vaginal bleeding and discharge associated with cervical cancer. The absence of sexual intercourse, according to some of the patients, led to series of heated arguments, quarrels and sometimes fights to the extent that some of them suggested to their husbands to find other women to satisfy them sexually. This finding is analogous to Klugel *et al.* (2017) study who stated that sexual inactivity was the most problematic cervical cancer symptoms. The alteration of the vagina as a result of the treatment effects make patients to shy away from sexual activities (Shankar *et al.*, 2020). In this study, one of the patients' husbands became unfaithful because of her sexual inactivity. Also, the disease compelled one of the patients to seek divorce voluntarily in order to have her peace of mind to treat herself. She claims her husband's sexual demands are so high she could not satisfy him in her current condition. This is in line with the study of Amoo *et al.* (2018) that few of the survivors had to willingly ask their husbands to get different partners due to their inability to withstand the routine pressure to have sex with them. A study by Kirchhoff *et al.* 2012 confirms this study's finding that the absence or reduction in sexual activities between couples sometimes sparks anger and quarrels, which in most cases may lead to divorce or separation.

Social Isolation

The study also revealed that patients living with cervical cancer isolated themselves from social gatherings and sometimes from their own friends, peers and even the wider society because of their experiences with the disease. The patients in this study preferred to stay indoors because of the symptoms of the disease such as vaginal bleeding and discharge which they have to manage at home. This finding is buttressed by Maree et al. (2021) study that offensive bleeding and vaginal discharges can lead to isolation among cervical cancer survivors. Weight loss also happened to be one of the common factors that influenced the patients' decision to isolate themselves from social gatherings. The lost in weight affected their general appearance. Some patients reported that they were uncomfortable with how people looked at them anytime they went out. They therefore decided to stay away from the wider society all the time. A similar study conducted by Chopra, De La Garza (2019) stated that participants reported various forms of body deformities like loss of weight, loss of hair, and darkening of their skin as one of the reasons they had to stay indoors to avoid a series of questions from their colleagues and peers. Also, Burnette et al. (2019) stated in their study that body disfigurements caused by various cancer treatment limited the desire of survivors to interact with the ordinary community. Vaginal bleeding is also one key factors that the patients reported made them stay away from social events and even church services. In a similar study by Maree *et al.*, (2021), participants reported that they were not able to join church services since it was a doctrinal issue for women to participate in church congregations while bleeding.

Social Support Network

Even though some cervical cancer patients did not receive any support from significant others, the study revealed that the survival of most of the patients was dependent on the support they received from their spouses, extended family, religious groups and health workers. This finding aligns with Patel et al. (2017) study that revealed the relevance of social support networks. They indicated in their study that the existence of a partner or spouse, close relatives, neighbours, friends, and extended relatives constitute an important feature within the social support network. Some of their study participants reported the support from their spouses was phenomenal. In addition, Giovannoni's (2020) study indicated that the support from people served as a protective shield for cervical cancer patients and that survivors who have support have the chance of living healthier lives even in the face of the life-threatening effects posed by the cancer disease. This is similar to the finding in this study that patients who had support expressed satisfaction and had the hope of survival. Also, in a study by Binka *et al.* (2019), some of the participants reported that they received financial and domestic assistance from their partners, while others in the same situation could not get confirming the finding in the current study where some spouses were helpful and others were not. In this study, the partners of patients did not only help financially, emotionally and socially, some helped their wives spiritually through prayers that gave them a lot of comfort and hope of survival.

Spiritual Support

Apart from praying on their own, some of the patients also received prayers from various religious groups which helped them to cope with the situation. The spiritual help took the form of prayers from their families, relatives and church members. Some of the patients, in this study, acknowledged that the nurses were receptive and good mannered in attending to them. This finding is in line with a study that participants in various studies have expressed satisfaction in their relationships with doctors as far as the support given to them (patients) is concerned (Tsang et al., 2021).

In conclusion, various participants have received different forms of supports from families and health practitioners (Wainer et al., 2012; Ashing-Giwa et al., 2004). Patients in this study were however confronted with other challenges including financial constraints, divorces, and social isolation which might have adverse effects on their social wellbeing.

Spiritual Well-being of Patients with Cervical Cancer

Spiritual well-being was also studied to search for the possible explanations to the quandary experienced by cervical cancer patients. The meaning of the disease, spirituality, hope and religiosity including the tenacity of patients to survive this disease against all odds are discussed below.

Meaning of the Illness, Acceptance and Power of God to Heal

In this current study, patients attached a lot of spiritual meanings to the disease. While some believe it is the Supreme Being that allows sickness and has the ability to heal, others attributed their quagmire to some evil being that tormented them. In a similar study, Laurin (2021) mentioned that participants were of the view it was only God who can permit sickness and has the power to heal. The reliance of patients on the Supreme Being served as a panacea to effectively coping with the disease. On the other hand, some patients in this study interpreted the contraction of this disease to evil powers and this finding is supported by Mutambara *et al.*'s (2016) study where participants attributed the disease to the devil and witchcraft. Some patients in this study indicated it was a spiritual attack and when they are healed their enemies would be ashamed. The belief in the origin of the disease that it is in the hands of a Supreme Being, who gives and can take, could be an effective coping strategy. On the contrary it could be a nightmare to patients who believe they are afflicted with the disease because of an evil force and their enemies. This will definitely cause a lot of psychological turmoil in their well-being.

Spirituality and Religiosity

One of the coping skills of patients was to get closer to a Supreme Being who was mightier, the healer, the provider of wisdom to doctors to help treat the sick, one who gives life and can take away, all forgiving and compassionate were some of the descriptions of this Mighty Being. The reliance on this Supreme Being gave patients the inner strength to be able to deal with their ordeal. Maree et al. (2021) have noted similarily in their studies that religion and belief in spirituality were relevant resources among cervical cancer who exhibited the inner strength to survive the disease. Delgado-Guay et al., (2021) reiterates this in their study that most survivors turned to a higher power for help as a coping strategy. Some of the patients in this study resorted to getting closer to the Supreme Being through constant prayers and others welcomed the leaders and members of their congregation who visited and prayed with them. This resonates with a study by Saad and de Medeiros (2012) that the activities of religious groups, attending church regularly, involvement in the reading of religious books, watching television programs that have religious content, and persistent prayer are some of the coping strategies adopted by cancer survivors. This study found that doctors were perceived by patients as instruments of healing through the power of God and this finding was also stated in Saad and de Medeiros's study. The prayer sessions had a very positive impact on the spiritual and psychological well-being of survivors. Some of the patients also confessed how patient and compassionate they had become after experiencing the diagnosis and treatment processes of the disease. This relates closely to the findings of Zeng et al. (2011) who revealed that survivors of cervical cancer valued life more and have always shown willingness in helping others who are in need.

Sense of Hope and Religiosity

In this current study, a careful assessment of the narratives of the patients revealed that a lot of them developed more hope and reliance on God after being diagnosed of cervical cancer. They apparently became more religious and faithful to God with the hope that God will grant them forgiveness, mercy and healing. This finding is stated in other studies that the survivors of cervical cancer see it as a reawakening and an opportunity to seek the face of the Supreme Being for survival (Hobenu, 2015; Soetrisno & Slistyowati, 2017). A patient, in this study, was obsessed with the reading of the Book of Psalms in the bible and this is a finding in Hobenu, (2015) that study participants engaged themselves in reading the scriptures with the hope that God would listen to their prayers and heal them from their diseases. Hope is an essential tool in coping with in the attainment of quality of life and the fantasy of being healed could lead to the reduction of the many psychological problems (Li *et al.*, 2017).

The Inner Strength to Live

Some of the patients reported that they had a very strong will to live and triumph over the disease. That determination to survive kept most of them moving on with their lives despite the challenges they faced. Some patients believed that they would receive healing to take care of their children or go back to work and this finding corroborates with Holt et al.'s (2009) study that participants were reported to have a firm belief of their survival against the disease. This is probably the period where patients reassess their relationship with God in the conscious effort to overcome obstacles when they are at the crossroads or dead end.

In conclusion, it can be observed that patients who participated in this study demonstrated unwavering faith in God and looked up to him as the sole source of healing. They ascribed the disease to their God who will forgive and heal them even if they've committed any sin. The adoption of spirituality to explain the disease, the tenacity of godliness and the will to live on helped them attain a positive spiritual well-being.

Health System-related Factors and the General Well-being of Cervical Cancer Patients

The health system related factors was not originally part of the study. It emerged as an important theme that needs to be discussed because the health sector as a system has its own contributions towards influencing the wellbeing or otherwise of patients. The study found this theme important and discusses it in the light of the delays in diagnosis and treatment of patients, misdiagnosis of cervical cancer, the relationship of cervical cancer patients with health service providers and the financial cost of treating cervical cancer.

Delays in Diagnosis and Treatment of Patients

Some of the patients expressed frustration at the delays they encountered at the hospitals when they went for treatment. Some had to go to the health facilities several times before receiving treatment as a result of the constant rescheduling of appointments. The finding is in conformism with a study conducted by Wigginton *et al.* (2018) in Uganda who found that cervical cancer patients waited in long queues before being attended to by the health centres and it is as a result of a few specialised cancer treatment centres that were available. In Ghana, patients are also wait in long queues because the cancer treatment centres are not many. The Korle Bu Teaching Hospital is the referral hospital where patients have to go to receive the advanced form of treatment for cancer diseases. The patients have to wait in queues to receive this treatment with the constant rescheduling of appointments. Many patients also travel long distances from the regions to undergo treatment which is of great worry and frustration to cancer survivors.

Misdiagnosis of Cervical Cancer

Some of the patients were misdiagnosed of having some other disease before they were finally given the proper diagnosis of cervical cancer. Some patients recounted how they were initially diagnosed of fibroids and even tuberculosis and later it was found out to be cervical cancer. A study has pointed to this fact that cancer patients encounter various form of misdiagnosis which is a common complaint among survivors (Aka et al., 2021). This is in addition to the many delays before getting treatment. The multitude of misdiagnosis is the major contributory factor to the unnecessary long delays in cancer treatment (Mullen et al., 2021).

The Relationship of Cervical Cancer Patients with Health Service Providers

Some patients complained about the negative attitudes of some health professionals towards them during the treatment process. Some reported how they had issues with some doctors who mishandled them and one had to skip treatment for a whole year.

On the other hand, some patients commended some of the health personnel for their professional conduct. The health workers, according to them, were receptive and good mannered in attending to her.

Financial Cost of Treating Cervical Cancer

The study established that the cervical cancer disease had a dire financial implication for most of the patients when they were diagnosed of the disease and being treated. A number of them could not meet the financial exigencies of the treatment cost and had to request help from external sources. All the patients had stopped work, which was mostly petty trading, because of the effects of the diseases on their physical health. This therefore made them totally dependent on social relations like family, friends and religious groups for their daily survival needs and treatment. It was evident from reports of the patients that treatment cost for cervical cancer which comprised chemotherapy and radiotherapy were too expensive for the ordinary citizen. There were instances patients could not obtain the expected finances for their treatment and therefore stopped going to the hospital. One patient lamented on how she had to stay home with the disease for a whole year because of the cost of treatment. It was when the disease was getting worse that she had to go and beg the health personnel to assist her by reducing the cost of treatment. A study has revealed that the process of diagnosis and treatment of cancer in many parts of the world is time consuming and costly and one has to be financially ready to venture into treatment (Bongaerts & Ridder, 2021). Similarly, Hofmarcher et al., (2020) found that the total cost of the treatment is far more than the amount paid at the hospital. It is also reported in another study that the greatest threat to the quality of life of cervical cancer patients is financial constraints associated with the treatment (Hossain *et al.*, 2015). Mbatha, (2021) in their study stated that the root of the financial constraints is the frequent visitations to health centres and joblessness. Most of the patients in this current study were financially constrained and this caused a lot strain, anxiety and depression among them

Work-related Issues among Cervical Cancer Survivors

In this study, none of the cervical cancer patients was working at the time of data collection. They were all petty traders and had sold their few wares to take care of themselves. The diagnosis and treatment of cervical cancer really had an impact on their work which is also a finding in Nakamura *et al.'s* (2016) study. It is also reported that the work of cervical cancer patients is disrupted because of the disease (Blinder & Gany, 2020). Cervical cancer patients are unable to go back to work because of the heavy bleeding and offensive discharges associated with the disease (Mwaka & Okelle, 2015). They therefore stay home to manage the situation and this is corroborates the finding in this study.

Inadequate Information

Some patients of cervical cancer in this study reported fear and anxiety they experienced when they started with the treatment of the disease. This was because they were not given adequate information about after effects of the treatment and when they saw changes in their skin colour, the diarrhea, nausea and vomiting, they thought they had contracted another ailment. This finding is in congruence with a study by Fontham et al. (2020) who discovered that cervical cancer patients did not have enough information about the treatment effects which made them anxious. This inadequate provision of information can lead to anxiety, depression and fear especially when patients begin to experience sudden side effects of the treatment process (Mugassa & Frumence, 2020). Musa et al. (2017) asserts that the provision of adequate information is an important strategy for a supportive cancer care in the treatment process. It is important for any patient to have information on one's health status and treatment you would receive and that could put one at ease.

Conclusion

In conclusion, the patients in this study had poor physical wellbeing which is a product of the indications of cervical and the effects of treatment. Additionally, the patients' psychological wellbeing was gravely disturbed by the prevalence of the symptoms of advanced cervical cancer and its associated side effects. Patients confronted series of challenges that affected their wellbeing. The patients adopted religious activities such prayers, reading of religious scriptures, and listening to religious songs to reduce the pains and thought of their predicaments.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter presents the summary of the study, the conclusion, recommendations, and suggestions for further research.

Summary of the Study

Using the biopsychosocial-spiritual model of health and disease, this study examined the lived experiences of patients with cervical cancer at the National Radiotherapy Centre and Nuclear Medicine, Korle Bu Teaching Hospital in the Accra Metropolis. The research questions bordered on the physical well-being of cervical cancer patients, the psychological state of cervical cancer patients, the relationship of cervical cancer with the communities and the spiritual well-being of cervical cancer patients. The analysis of the study was done with strict reference to the research questions. Thus, the discussion was in line with the stipulated research questions and the themes derived from them. This study used the purposive sampling technique and a sample size of fifteen (15) was were interviewed as the saturation point. The study employed the qualitative research approach and the Interpretive Phenomenological Approach in analysing the data.

The main findings of the study were presented according to the research questions and the themes derived from them.

The first research question was to ascertain the physical well-being of participants with cervical cancer. The study revealed that the participants had poor physical wellbeing since they suffered from various physical disorders posed by the cervical cancer. Among the many symptoms they suffered included: serious pains in various organs of the body: gynecological disorders in the form of vagina bleeding, vagina discharges, infertility; gastrointestinal disorders such as vomiting, nausea, loss of appetite, and diarrhea. The participants also reported having experienced a number of body deformities, including loss of hair, loss of weight, and changes in complexion. These challenges the patients encountered made it difficult for them to have positive physical well-being.

The second research question of this study sought to understand the psychological state of patients with cervical cancer. The study revealed that the poor physical well-being of the patients had a direct negative impact on their psychological well-being. The reports from the patients indicated that they had very poor psychological well-being. The study indicated that the patients experienced anxiety, depression, low self-esteem, fear of death as well as family distress. It can therefore be concluded that the psychological wellbeing of all the participants was also poor.

In the third research question, the study indicated that most of the patients experienced various challenges in relation to their social wellbeing. In responding to the research question, which sought to know the social well-being of the patients, the study revealed that some of the patients had marital problems with their spouses because of their inability to have sex with them. Some patients also isolated themselves from social gatherings as a result of the deformities they suffered from the cancer disease. The patients' social well-being was also poor.

Notwithstanding the challenges faced regarding their social well-being, the study revealed that some of the patients enjoyed social support from their family members, partners, and other social groups.

The last research question examined the spiritual well-being of cervical cancer patients. The study indicated that all the patients had very good spiritual well-being. Even though a few of them believed the sickness was a spiritual attack, majority believed that it was God who could permit such a mishap and He has the ability to heal them of the disease. That strengthened their belief in God, with the hope that God would use the doctors to heal them. The patients resorted to various religious activities like praying, and reading of scriptures. They also received their church groups who visited to pray and encourage them. On a general note, the patients exercised their faith which enhanced their spiritual wellbeing.

Conclusions

The study revealed that patients experienced several gynaecological abnormalities that included abnormal vaginal bleeding between periods or after menopause; menstrual bleeding that is heavier and lasts longer than usual; vaginal discharge which may be watery or heavy and have a foul odour; and pelvic pain during intercourse. In cases where the disease had become more advanced the women had lower back pain, and swelled legs. The patients also suffered from loss of appetite, weight, hair and skin changes due to treatment effects of radiotherapy and chemotherapy. The treatment effects included gastrointestinal challenges such as diarrhea, vomiting, and nausea. In addition to the above, the cervical cancer experienced severe pain which impaired their quality of life.

For their psychological wellbeing, cervical cancer patients experienced depression, anxiety and low self-esteem. It also included fear of death, and family distress.

There were key issues that affected the social wellbeing of patients. The patients had difficulties satisfying their spouses' sexual demands, experienced divorces, social isolation, no leisure activities, and lack of social support.

In their quest for survival, cervical cancer patients relied on the supremacy of God who heals. The patients engaged in the reading of religious texts, listening to religious broadcasts, prayers and fasting which became their daily routine. The coping strategies used by cervical cancer patients to alleviate pain included use of distraction techniques, watching movies, going on Facebook and listening to music.

Some patients encountered problems in the health sector such as misdiagnosis of cervical cancer, delays in treatment of the disease, unbearable treatment cost and some unprofessional behaviour on the part of health personnel.

The research questions as to the physical, psychological, social and spiritual wellbeing of cervical cancer patients were answered and most of the findings followed what is found in the general literature.

Theoretical Implications

Biopsychosocial Model

The study guided by Engel's biopsychosocial/spiritual model of health and disease was able to explain the lived experiences of cervical cancer patients as a result of the interaction between biological, psychological and social risk factors. From the onset of cervical cancer to its advanced stage, patients experienced the debilitating gynaecological abnormalities, gastrointestinal problems as a result of treatment effects, and severe pain that impaired their quality of life. Chronic pain is associated with biopsychosocial symptoms that include not just the experience itself but also anxiety, depressed mood, social isolation, and lack of social support. Pain is, therefore, a multidimensional, idiosyncratic experience that contains not only sensual but also cognitive and psychological alterations. Spiritual wellbeing is one of the most important aspects of human health, alongside physical, psychological and social factors. Religiosity/spirituality can play a critical part in the lives of individuals facing life-threatening sicknesses such as cervical cancer.

Since cervical cancer results in complications in several aspects of life, the physical, psychological, social and spiritual problems of patients must be reflected before any treatments are provided.

Thus, the biopsychosocial model is suitable for studying cervical cancer patients.

Recommendations

Multidisciplinary Team to Provide Care Services to Cancer Patients

Cervical cancer often comes with physical, psychological and social consequences and as such an all-inclusive care at the bio-psycho-social level is needed. A multidisciplinary team is needed to handle different models of treatment. This calls for professionals from different fields to determine the patient's treatment plan. This team would work together to plan the care of the patient from the diagnosis, treatment and the ongoing care and that would result in better care and improved survival. Cervical cancer care should include the diagnosis and treatment provided by the medical staff and psycho-social support from other ancillary professionals.

The Role of Medical Health Professionals

The role of the medical professionals in treatment of cervical cancer patients takes the centre stage of the treatment plan. It is at the hospital that the diagnosis and treatment plan is developed to care for the patient. There is therefore the need to engage experts such as medical and radiation oncologists, surgical specialists, the specialised clinical nurse and dieticians who are specialists based on their clinical experience.

Psychological Support

There are numerous emotional consequences an individual would encounter following a diagnosis of a deadly disease such as cervical cancer which has poor prognosis. The patient is faced with fear of death. In addition, the treatment protocols using surgery and radiotherapy often result in body deformities, which as a consequence, can lead to depression, anxiety, low self-esteem, stigma, sexual complications, and poor quality of life.

It is in this vein that mental health professionals are needed such as Clinical health psychologists who have a crucial role to play to ensure patients get better treatment. The fears of the patients have to be allayed by teaching them coping strategies that would enhance their response to treatment. The clinical health psychologists are needed to provide counseling services in the areas of psychoeducational counseling, cognitive behavioral training, individual psychotherapy, supportive, and group interventions.

In psychoeducational counseling there is the need for the patient and the family to have information about the illness and the ongoing treatment to enable them work with mental health professionals for an overall better effect of the treatment.

The patients need emotional support to regulate their emotional responses to this stressful disease to enhance their emotional well-being. Also the maladaptive thoughts of patients have to be altered, through the engagement of diverse psychotherapeutic techniques. The cognitive-behavioral therapy is one of such techniques that can be used to diminish anxiety and depression.

In cancer care, the integrative psychotherapy is the most suggested methods used in stimulating alternate narratives to help clients cope with illness and treatment. In this approach different therapeutic orientations best suited to a client's particular problem are used.

There is also the need for support groups to assist patients and families. In this approach, the opportunity is created for patients and families to meet with others who have similar problems to share experiences and learn that they are not alone in this predicament. They can always learn from others how they handled certain problems.

Social Support

Social support is seen as an important factor in alleviating the emotional distress and social dysfunction experienced by patients with cervical cancer. Case managers who are usually social workers are also needed to coordinate patient's care through the diagnosis to the treatment and recovery. It will be necessary to refer patients to social workers to facilitate the access to the appropriate financial resources. The burden of anxiety of where to get financial assistance to pay for treatment cost will be assured and that will enable the patient respond to treatment.

There is also the need to engage music therapist who can play the role of using music to alleviate the pain of cancer patients.

Recommendations to Ministry of Health and Ghana Health Service

Further recommendations are made to the health sector, especially to the Ministry of Health and Ghana Health Service. The findings of this study underscore the importance of Ministry of Health and Ghana Health Service to

1. collaborate with other agencies such as schools, community leaders, private health institutions and non-governmental organisations to work as a team to identify plausible educational programs that target women at risk of cervical cancer. Increasing cervical cancer knowledge among young women is a critical step towards improving the uptake of cervical cancer prevention services. The public should understand that cervical cancer is curable but they should recognize that it can be cured when detected at its early stages.
2. appropriate agencies in the health sector should develop and implement screening programmes and encourage women to take advantage of these facilities.
3. organize training sessions for medical doctors, nurses, pharmacists, and so on to recognise the signs and symptoms of cervical cancer in its early stages of development. It calls for assessment and organisation of on-the-job-training sessions for nurses to educate them in this area so that they can, in turn, provide adequate information to patients as required.
4. keep nurses up-to-date with the patients' human rights charter, which gives them the right to information about their diagnosis. Patients

should be provided with adequate information when diagnosed of cervical cancer and the probable treatment effects of chemotherapy and radiotherapy.

5. negotiate with relevant government agency which is the National Health Insurance Scheme to include treatment cost of cervical cancer patients as a social intervention strategy to save the lives of these poor women. The cost of treatment of cervical cancer was a great challenge to many of the patients. Government should subsidize the treatment to enable more women have access to this much needed health care.
6. establish well-equipped hospitals in each region with experts to aid in the early detection and treatment of cervical cancer. Government should make it a national policy priority to equip the hospitals in each region of Ghana to enable them conduct regular screening and immunization of all women and girls in the country.
7. include palliative care specialists who would work with the family and the doctors to provide extra care to ensure patients are relieved from pain, feel better and live longer thus improving their quality of life.

Suggestions for Further Study

In this study, attention was focused only on patients from the Korle-Bu Teaching Hospital in the Accra Metropolis. It is therefore recommended that similar research could be done in other Teaching hospitals in Ghana. For instance, there could be a similar study on the lived experiences of cervical cancer patients in the Cape Coast Teaching Hospital or Kwame Nkrumah University of Technology Teaching Hospital. This would extend our understanding of the lived experiences of cervical cancer patients in other parts of Ghana. In this way, it ultimately becomes a national health situation instead of a regionally based health problem.

There is also the need to widen the scope of the research in the area. Most researches concentrate on the lived experiences of the patients ignoring the caregivers, the spouse, children, and other relatives. It will be relevant for further research to be conducted to explore the possible effects of the cancer disease on couples or even the whole immediate family. This could give a multidimensional perspective to the cervical cancer disease rather than focusing on only the patients. More qualitative studies are also needed to better understand factors that influence awareness of cervical cancer and to identify culturally appropriate interventions that can increase the uptake of preventative measures. Similarly, a quantitative dimension of this study could be conducted. The complementarity of quantitative and qualitative or mixed methods studies would provide grounds for understanding the lived experiences of cervical cancer patients as a whole.

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APPENDICES

APPENDIX A

CONSENT FORM

Email addresses: rdo@kbth.gov.gh

Cecedam4@gmail.com

Address: Cecilia Dam,
Department of Education and Psychology,
Tel.: 0545873009

Volunteer Agreement:

The above document describing the benefits, risk and procedures for the research titled (Lived experiences of patients with cervical cancer at the National Radiotherapy Centre and Nuclear Medicine, Korle-Bu Teaching Hospital) 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.

……………………………………………………….. ……………………..

Name and signature/thumbprint of study participant Date

If volunteer 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.

………………………………………………… ………………….

Name and signature of witness Date

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

…………………………………………………………….. ……………

Name and signature of person who obtained consent Date

APPENDIX B

INTERVIEW GUIDE

Background information form and interview guide

SECTION 1: Background information

ID number……………………….

1. Age……………………..
2. Place of residence…………………………………………….
3. Nationality…………………………………………………
4. Marital status: Married { } Divorced { } Never married { }
   Separated { }
5. Level of Education…………………………………………………...
6. Occupation…………………………………………………………..
7. Religion………………………………………………………………
8. Age of first sexual encounter..
9. Number of sexual partners you have had ....
10. Have you ever had a sexual partner who had multiple sexual partners?
11. Number of children………………………………………………
12. How long have you been diagnosed with cervical cancer?....................
13. Are you still receiving treatment? Specify……………………………
14. Do you smoke?...
15. Have you ever used a birth control method?..
16. If yes to question 15 above, which type and for how long did you use that method?..........

Interview guide

This interview guide was developed from the specific objectives of the study. Thus, the questions in this guide are all oriented towards answering the research questions in the study. Response from study participants will serve as a guide for further probing questions.

SECTION 2: Physical well-being of patients with cervical cancer.

1. Please, how did the disease start
   Probes: Symptoms: Pain, vaginal bleeding and discharges.
2. Please share with me a typical day of your life after the diagnoses

Probe: Sleep, fatigue, daily activities

3. Please, what treatment have you been receiving? Tell me more about it.

   Probe: side effects, complications

SECTION 3: Psychological state of patients with cervical cancer

4. Please, tell me how you felt when you were first told that you had cervical cancer

   Probe: shock, believe/disbelieve

5. Please, can you share with me anything about this disease that disturbs you

   Probe: Fear, anxiety, mood changes

6. Please, share with me how you feel about life entirely
7. Please, at what stage did you decide to seek medical attention? Please explain further.

SECTION 4: Relationship with others in their community

8. Please, how has the disease affected your life

   Probe: socialisation, visiting friends/places of interest, effects on children/family

9. Please, share with me how you have been managing your life after diagnosis

   Probe: roles/responsibilities, work, marriage/relationships/communication/sexual issues, financial concerns/cost

10. Please, share with me how people relate with you since you were diagnosed

    Probe: Family, friends, neighbours

SECTION 5: Spiritual well-being of cervical cancer patients

11. Please, share with me what inspires you despite your predicament?

    Probe: belief system

SECTION 6: Health system related factors

12. Please, share with me the attitude of the health professionals towards you

    Probe: Doctors, nurses, etc.

13. How are you able to manage the cost involved in the treatment


VERITAS
NOBIS
LUMEN