Original Research Article

EXPERIENCES OF WOMEN LIVING WITH CERVICAL CANCER: A STUDY IN THE TAMALE METROPOLIS

ABSTRACT

Background: Cervical cancer cases are increasing globally, including in Ghana. Nevertheless, despite the increasing prevalence of this ailment among women, there has been a dearth of extensive research conducted on the subject. Research conducted in several countries has shown that individuals who have survived cervical cancer face numerous difficulties, including socio-economic, medical, and psychological issues. In Ghana, the limited research on the condition fails to examine the specific experiences of women who are affected by the sickness. This study aims to investigate the experiences of women in this particular group, with a focus on the psychological, socio-economic, and hurdles encountered when seeking care.

Methodology: The study employed an exploratory descriptive qualitative design. The research was carried out in the Tamale Metropolis, with a specific focus on women who have received a diagnosis of the condition and are now receiving treatment at the Tamale Teaching Hospital. Participants for the study were recruited using purposive sampling. Participants were interviewed face-to-face using a semi-structured interview guide. The interviews recorded on tape were transcribed exactly as spoken and subsequently evaluated manually using the content analysis method. Thematic analysis was employed to analyse the results.

Findings: The results indicate that women residing in the Tamale Metropolis who have cervical cancer encounter a disturbance in their social lives, as shown by their unsatisfactory interactions with others. While certain close relatives, acquaintances, and colleagues offer support, others are left behind at times of necessity.

Recommendations: Policy makers and government should implement measures to cover the expenses associated with cervical cancer treatment, similar to how it is done for other diseases through the NHIS. Women diagnosed with cervical cancer should undergo counselling to alleviate the psychological distress they experience.

Key Words:*cervical cancer, human papilloma virus (HPV), vaginal bleeding, visual inspection with acetic acid (VIA), lived experiences*

INTRODUCTION:

Cervical cancer poses a significant global health challenge, ranking as the fourth most prevalent cancer in females. According to the Globocan Observatory's 2019 data, it is predicted that there were 569,847 new cases and 311,365 deaths globally due to this disease. Approximately 76.3% of all instances of cervical cancer worldwide are found in the developing world (Nyblade et al., 2020; WHO IARC, 2018). Cervical cancer ranks as the second most common disease in Africa, with a total of 119,284 new cases reported in 2018. These occurrences accounted for 11.3% of all cancer cases documented that year, according to the World Health Organization's International Agency for Research on Cancer (WHO IARC, 2018). Ghana's situation is particularly dire, since the incidence rate of cervical cancer in 2018 was 13.8% (3,151 cases), surpassing the continental rate of 11.3% and the global rate of 6.6% (International Agency for Research on Cancer, 2019). The deteriorating situation in Ghana is believed to be due to the lack of a comprehensive national screening programme and the scarcity of screening services. The test is only available in a limited number of public health facilities and is primarily utilised by referral cases and a small number of individuals who are aware of the pap smears (Ebu et al., 2015).

By 2030, it is projected that cervical cancer would cause around 474,000 female deaths annually, with a significant 95% of these deaths occurring in poor and middle-income countries. According to the World Health Organisation (WHO) report from 2010, it is projected that the incidence of cervical cancer in sub-Saharan Africa will increase twofold. The elevated mortality rate can be ascribed to the prevailing circumstance where the majority of individuals diagnosed with cervical cancer seek medical attention when the disease has already progressed to an advanced stage. Approximately 64.3% of reported cases are categorised as stages IIA-IVB (Nkyekyer, 2000). This study aims to investigate the experiences of women in this particular group, with a focus on the psychological, socio-economic, and hurdles encountered when seeking care.

METHODS

Study design: The study employed an exploratory descriptive qualitative design. The research was carried out in the Tamale Metropolis, with a specific focus on women who have received a diagnosis of the condition and are now receiving treatment at the Tamale Teaching Hospital.

Setting: The Northern Region is one of the 16 regions of Ghana.Tamale serves as both the regional headquarters and the capital city of the metropolis. The metropolis is further divided into three sub-metros: Tamale Central, North, and South. Prior to December 2018, the Northern Region held the distinction of being the largest region in Ghana until it was divided into two separate regions. The research was carried out in the Tamale Metropolis located in the Northern Region. The location of the area is between latitude 9º16 and 9º34 North and longitudes 0º36 and 0º57 West (GSS, 2014b). The estimated land area is 70,384 square kilometres (GSS, 2013). The urban localities of the Metropolis have a higher population percentage (80.08%) compared to the rural localities (19.1%), according to the GSS 2012 data. The Metropolis of Tamale, according to the Ghana Statistical Service in 2014, consists of 115 settlements and numerous health institutions.

Target Population: The study focused on all female individuals who sought medical care at the gynaecology section of the Tamale Teaching Hospital (TTH) and were diagnosed with cervical cancer, either having survived the disease or being in its early stage.

Inclusion Criteria: Women who are 30 years or above, this is in line with the cervical cancer guideline which recommends that every woman from age 30 to 49 should at a minimum have cervical cancer screening at least once in her life time (IARC, 2012). Voluntarily consent to participate in the study.

Exclusion Criteria: Patients who are in life-threatening conditions. Women who are not resident in the Tamale Metropolis. Women who have psychiatric disorders.

Sampling Technique and Size: This study employed the purposive sampling technique. Purposive sampling is commonly used in qualitative studies to enhance the transferability of the findings (Palys, 2008). Only those who had survived cervical cancer or were in the early stages of the disease were eligible to participate in this investigation. To recruit participants, we examined the medical records of patients at the gynaecology unit of the Tamale Teaching Hospital to find individuals who had been diagnosed with the condition. The predicted sample size ranged from five (5) to fifteen (15) individuals, determined by data saturation (Creswell, 1998).

Data Collection Instrument: A comprehensive semi-structured interview guide was utilised to gather data for the study. The data gathering tool consisted of two pieces. Section one encompassed participants' demographic information, including age, marital status, occupation, number of children, income, and education level. The second component included interrogative prompts regarding psychological encounters, socio-economic encounters, and obstacles to receiving care encountered by cervical cancer patients. The duration of each interview session ranged from 30 to 50 minutes.

Data Collection Procedure: An introductory letter from the Ghana College of Nurses and Midwives was presented to the hospital's authorities at the Tamale Teaching Hospital to seek permission to collect data. Participants were given adequate information about the study, in the language they understood, after which consent, forms were given to those who met the inclusion criteria and agreed to participate.

The interviews were recorded using a tape-recorder and then transcribed into English. The interviews were transcribed and subsequently analysed using manual coding and processing methods. The data was analysed using a content analysis approach. The deductive codes were generated from the interviews. The findings were subsequently provided as direct quotes from the participants to bolster the contextual analysis and facilitate a discussion of the study's outcomes. In order to maintain the precision of the transcripts, the marked files, together with the tape recorder utilised for data collection, were securely stored in a locked drawer, with access restricted solely to the researcher and supervisor. The data will be retained for a duration of five years, after which they will be permanently deleted.

Methodological Rigour: In order to guarantee the precision of the gathered data, prompt assessments were carried out with the participants following the interviews to confirm the reliability of the data. The supervisor also assessed the interviews. In order to develop credibility, I dedicated some time to interact with the participants before the interview in order to build a positive relationship. I made sure to acquire the necessary information and abilities to effectively carry out my responsibilities. A meticulous outline of each phase of the study was created, along with a comprehensive record of the data collection process, ensuring reliability. In order to assure transferability, a comprehensive description of the entire procedure, including the setting and the participants, was provided. The study received institutional approval from the Tamale Teaching Hospital, and ethical clearance from the Committee on Human Research and Publication Ethics. The interviews were conducted in a suitable area to ensure privacy. Furthermore, the participants were guaranteed that all gathered data would be handled with utmost confidentiality.

STUDY FINDINGS

The main areas assessed in the study were as follows; psychological experiences and socio-economic experiences. Collectively, two (2) themes were identified regarding the psychological experiences and five (5) themes were also identified regarding socio-economic experiences. The themes are presented and verbatim quotations used to back the claims.

Demographics

The age range of the participants was between 38 to 55 years, one was below 40 years, two between 40-45 years and the other two 50-55 years. In terms of Religion, three were Muslims whilst the remaining two were Christians. For education, two participants had never been to school, 1 completed Junior High School and the remaining 2 had tertiary education. Majority, (4 out of 5) of participants were married, whilst the remaining 1 was a widow. Furthermore, the participants comprised of 3 Muslims and 2 Christians, an indication of the general multi-religious nature of the Tamale metropolis. Overall, the participants indicated varied period within which they started their treatment, majority (3 out of 5) however, started treatment immediately.

Psychological experiences

Attitudes towards illness

A major theme that emerged from the analysis of data is the attitudes of patients towards the illness and their situation. Participants indicated that they experienced grief, negative emotions and were afraid of death likely to be caused by the illness. For some participants, knowledge of the diagnosis scared them and caused them to have bad feelings. Intriguingly, however, some participants were indifferent to their situation and another saw it as normal.

The responses of participants with regards to their attitudes towards the illness are presented below:

As indicated earlier, participants felt grief and experienced negative emotions when diagnosed with the disease. These negative emotions included sadness, worry and bad feelings as indicated by Ama and Afia. Their verbatim quotations are depicted below.

Hmmm! I was very worried; I was very very sad. Because I have heard of cancers so when I just heard it was a form of cancer that is in me, I got very worried; I didn't know what to do with myself ***(Ama)***

I was worried and extremely sad, though I didn't know what cancer meant, I could tell it was a bad disease because of the signs and symptoms I was having especially the heavy bleeding episodes ***(Afi)***

Moreover, some participants indicated that in addition to the feeling of grief and negative emotions, they were shocked at the diagnosis and the situation they found themselves. A state of shock or panic accompanies situation are unexpected and it is well that being diagnosed first time with cervical cancer would cause panic and anxiety among participants. Lastly, one participant indicted she was gripped with the fear of death upon her diagnosis. The verbatim transcripts of their responses are presented below:

I was very shocked; I didn't believe it because I never thought that I could get myself in that form of illness. I was surprised and couldn't tell how it got into my body, how I contracted it till this day, even till now I'm still shocked ***(Ama)***

Hmmm, I felt very bad and scared because I didn't know how I got it and didn't know whether it can be treated ***(Abena)***

Ooo, hmmm, it's difficult. Like I said I didn't know what the disease was in the beginning. I informed one of my children who is in Nurses Training College; she then explained what the disease was to me and I became afraid. The other problem is that I'm always feeling sick these days; this makes me fear I could die one of these days. ***(Akua)***

Notwithstanding, other participants we unfazed in the midst of the situation. According to one participant, she was indifferent, unperturbed about the situation. Another reported she felt normal upon hearing the diagnosis, thinking it was like any of the known communicable diseases. Their responses are presented below.

I was indifferent….I just sat and was looking at the doctor. In fact I took a long wait to see the doctor that day, so I was tired all I wanted was to go back home ***(Akosua)***

I was okay, I felt normal in the beginning because I thought it was a disease like malaria ***(Akua)***

Perspective on life

The sub-themes emerged under this were loss of hope (suicidal) and life is not fair. In dire situations, the perspective of people about life could be altered. It was important therefore to ascertain how participants perceived life upon diagnosis and living with the illness. As expected, the responses point to disappointment in life and lose of hope. Some participants thought life was unfair to them, considering that they have lived good lives and have been conscious of their health. Hence, to have contracted this disease beat their imagination and thus, thought it was an unfair situation they found themselves. To others, their disappointment in life stems from the fact that the disease would curtail their life and prevent them from enjoying the fruits of their toil. The responses of participants in support of this theme are presented below:

I always sit and talk to myself all alone; I tell myself that life is not fair; because I use to think that those who have a bad lifestyle in society will suffer at the end. But all my life I have tried my best to live a life that will please God; then all of a sudden, I get this illness which I think I don't deserve. You see that life is not fair to me. **(Ama)**

Life is not fair, after all my suffering, this is how it is ending? I have been telling God to at least allow me see my children complete school and start their own life…but it looks like he doesn't want to grant me that. ***(Afi)***

Hmmmm, life has not been fair to me, I have suffered too much hoping that I will at least enjoy a little before I also die, but just when my children started working and things were getting better, this disease came in. Madam do you think life has been fair to me? ***(Akosua)***

Similarly, other participants lost hope in life to the extent of becoming suicidal. According to participants, they believed beginning treatment will bring hope of turning the situation around. However, the increasing awareness about the devastating nature of the disease on the internet and other sources makes them lose hope in their situation. Although encouragement from health care givers and friend keep their hope alive, this quickly wanes and hopelessness sets in. To others, the situation is hopeless because they do not know when death will come to them. As a result, they feel suicide will end the pain and suffering caused by the disease. The responses of these participants are given below:

Honestly, I have mixed feelings about life, I lose hope at a point and sometimes I'm that the treatment will work for me. I have a few people who advise me and my gynaecologist also encourages me to calm down and undergo treatment as prescribed. Other times too I lose hope because of some information I get about the disease from the internet ***(Abena)***

Oooo I don't know when I will die. I worked very hard in the past to be able to acquire property….these days I don't work. I have accepted my fate; whatever happens to me is the will of God. Hmmm madam it's very difficult. The other thing that worries me is the offensive vaginal discharge that comes with this, it's quite embarrassing and makes me shy away from people. I felt like killing myself one day because a certain woman passed a distasteful comment about the discharge ***(Akua)***

Socio-Economic Experiences

Relation to people

As social beings, participants live in communities where their interaction and relation with others continue. As such, another theme that emerged from the analysis was the extent to which the disease had disrupted social life of the participants and how in other situations, other people relate to them. Firstly, participants report that the relation other people have with them has been supportive. This includes support from family, children, co-workers and even health care givers. It is encouraging to note that social ties and support from friends and family is extended to the participants. As indicated by Abena, this support helps her to take her mind the problems brought by the disease. But the situation is not always rosy, as Akua points out. Although she received support from her children, the same cannot be said about her husband and friends. The responses to this effect are presented below:

Okay, only a few people know about my condition aside my nuclear family. These people have been very supportive as they try to help me take my mind off my problems. My co-workers have been very supportive too since I told them about my condition, however there is one who always tries to remind me of my sickness ***(Abena)***

My children and my sisters have always been supportive. As for my relationship with people, I don't want to talk about it. Even my own husband that I suffered with, has left me, how do you think other people will be treating me? Some people even said I am paying for all the sins I committed, I am cursed and so they don't come close to me. My children and my sisters have always been supportive ***(Akua)***

As for my immediate family, they are all affected and worried about my condition. One of my children had to leave school for about a week in order to take care of me in the hospital. As for my rivals, one has been very supportive but the other one doesn't even talk to me ***(Afi)***

When I mentioned it to people close to me, in the beginning they were all very supportive and okay. But for some time now, after undergoing the first treatment, people started isolating themselves from me. Even those who used to call me on phone have stopped. The medicines are very strong and when I took them and came back, I was looking different; my body size had changed and my hair had become very thin, so I resorted to covering with a scarf. So, they started talking behind my back about how miserable I looked; it's heart-breaking but *like I said earlier, I leave everything to God. As for my family, they are still very supportive. For me I think that women should take charge of their health instead of relying on other people (husbands), because they will always abandon you because they have options. As women we should take note of any changes in our body and report to a health facility immediately. It's not easy, I don't wish any woman to go through what I'm experiencing* ***(Ama)***

Another sub-theme that emerged from the analysis is the marital issues and disrupted sex life that plagued these participants due to their ill-health. Marriages have broken and in other situations, husbands have taken new wives because the participants could not engage in sexual activities with their spouses. In other words, the cancer has really affected the marital life of the participants also due to the vaginal discharge which some of the participants consider embarrassing and unappealing. The responses are shown below:

As for the relationship with my spouse, don't even go there, this time around, things are not like they used to be. As a result of my condition (bleeding, pain), we no longer have sexual intercourse. He has therefore gone for another woman because he cannot stay without sex. This actually makes me feel like a living corpse, because I can't serve any purpose to him. I have also accepted it because there's nothing I can do **(Ama)**

This disease has really affected my life. The vaginal discharges are uncomfortable and have greatly affected my sex life with my husband because I feel embarrassed and unappealing ***(Abena)***

I have slowed down on most of the things I used to do. The doctor said I need rest a lot. As for sex, I don't even engage in that again, in the beginning when the disease started, I was bleeding very much, it comes in clots and makes me collapse sometimes. As a result of that my husband has moved to another woman and left me here all alone with my child **(Akua)**

As for our sex life it has been affected, my condition does not allow us to have sexual intercourse but thankfully my husband has two other wives and they are sorting him out in that aspect ***(Afi)***

Source of strength

Everyone needs strength to carry on, and the women living with cervical cancer are no exception. It is in such times that the source of their strength matters the most. It is not surprising that another theme that emerged from the study was the source of strength of participants. Two sub-themes were identified under this theme, namely – belief in God and support from family. In other words, the belief in God as the one who can give life and strength keeps participants going. Through prayers, participants lay their problems bare to God and trust Him to take charge and cause their healing. The responses regarding the belief in God are presented below:

Auntie, as for the strength, I leave all to God, I look up to God. I tell God every day that if it is His will he should take charge, because there is nothing I can do. So, I leave everything to God because he is my helper in this situation ***(Ama)***

My belief in God is my source of strength in these trying times. The bible says nothing is too hard for the Lord, so I put all of my trust in him ***(Akua)***

The other source of strength is my belief in God and prayers. I pray to God to heal me and I know he will do it for me ***(Afi)***

Madam, its God. I believe he will not forsake me because I have served him all the days of my life. No human can give me strength except him ***(Akosua)***

Family support also emerged as the second sub-theme under source of strength. Some participants indicated that their strength comes from the support received from their family, spouses and children. Responses from participants to this effect are shown below:

Okay, I have a very understanding family that support me in all what I'm going through, this support gives me courage to move on. My husband is very supportive and always portray he is not worried about our sex life, but I know he is not happy. ***(Abena)***

My children are my source of strength, they are all still in school and I really want to live long to see them finish school and start working. I know they will suffer a lot if I die now. My husband has been very supportive; he has supported me all through the way; probably because I have been a good wife to him ***(Afi)***

Reduced quality of life

Quality of life is essential for healthy living. But with cervical cancer, the quality of life of patients is reduced. Four main sub-themes were identified in these regards. Firstly, participants indicated discomfort caused by the incessant bleeding and extreme abdominal pains that accompany the disease. Secondly, other participants alluded to stigmatization as people who know their condition "make fun" of them. Thirdly, participants indicated that they have offensive vaginal discharge which is embarrassing to them and causes them to isolate themselves from social activities such as church, social gathering and visiting friends. Lastly, participants reported general weaknesses which prevents them from mingling with friends or visiting them. The verbatim responses are provided below.

With regards to discomfort from bleeding sub-theme:

Hmm! The bleeding aspect. You are a woman and you know that there are specific times for menstruation, this time around I can't tell. Every time or anytime, you see the blood coming, and you can't calculate that I'm expecting to see blood at this time, before you realize, you are taken unawares. This saddens me so much. And then how the illness has changed my whole system is a great worry tome. As for the pains, I don't want to talk about it…it's as if they are always pounding fufu on my waist and lower abdomen ***(Ama)***

> *A lot of things about this disease disturb me. Even these days when I overheat, I feel extremely uncomfortable and breathless. Other days I feel extreme abdominal pains, this pain gets better when I rest completely; which means that on days like that I cannot perform my household chores* ***(Afi)***

> *Everything about this disease disturbs me madam, imagine I can't even eat to my satisfaction because of discomfort. I feel so much pain too inside my 'womb'; it's as if there is fire there* ***(Akosua)***

Stigmatization sub-theme:

> *Oooo, I have two rivals and since they got to know my sickness; some of their actions and behaviour makes me feel that they are making fun of me. It makes me very sad madam….. And I'm afraid.* ***(Akua)***

> *First of all, I have heard that when it advances, there's no cure and you will end up dying. Also, the symptoms are uncomfortable and I can't mingle with my peers* ***(Abena)***

Offensive vaginal discharge sub-theme:

> *Hmmm! As for this disease, it has affected me greatly because I'm the type that love to visit family, friends and church members; this time I'm not able to do it because I feel isolated, I no longer feel part of them, I feel different. The fact that I know it's a cancer, I think so much about it; and then the bleeding issue too, it can happen at anytime which is very embarrassing especially when I do not have a pad on. So, I have stopped visiting friends and going to places I used to go. I'm always at home these days* ***(Ama)***

> *My relationship with friends has been affected because it is not as it used to……even though I take care of myself, I always feel my friends and other people will perceive the smell from the vaginal discharge. For this reason, I don't go to gatherings and where there are many people.* ***(Abena)***

> *Hmmmm it has not been easy at all. These days I hardly go out to places I used to like weddings and even church. I'm not my usual self anymore because the vaginal discharge is quite offensive. How can I mingle with people in this situation? My children are worried about my condition…..**(Akua)***

General weakness sub-theme:

> *My social life has been affected, I'm not able to visit or mingle with friends because I'm not strong as I used to be. Some of these friends do not appreciate the severity of my sickness so they think I'm ignoring them. One of them has actually stopped talking to me. **(Afi)***

> *Ehhh, madam it has affected me a lot, now I can't mingle with people anymore…I don't even have strength to do that. The other thing is that the water that comes from my 'private part' has a bad smell, so when the strength was even there I was not mingling with people. **(Akosua)***

Financial stress

Economically, disease affects people in several ways. Hence, it emerged that participants are faced with financial stress due to their present condition. Financial stress comes in two forms, reduced income from the inability to work, and also payment for medication. These are further discussed below.

Inability to work emerged as a sub-theme of financial stress experienced by participants. In fact, participants reported that their generally low energy levels could not permit them to work as hard as they did before the disease. As a result, many of them are not able to sustain their businesses or work hard enough to due to fatigue. This inability to work has indeed affected the finances of participants, thereby, resulting in a financial burden or stress. Their responses are provided below:

> *As for the work if not because it's the type that I can't refuse to go, I would have stayed home because the questions and comments are bad. So, prior to the close down of schools, I was only going to work thrice instead of five times a week **(Ama)***

I'm not able to work like I used to because of the tiredness so I'm not able to sustain the side business I have t's a clothing store but now I'm unable to go on restock trips, so it's empty and I lost most of my customers ***(Abena)***

This disease has affected my working life and finances. I am a trader; I stopped going to the market about six months ago because I couldn't contain the severe pain and the bleeding that comes with this disease. So, I'm not getting the small small money I get from there and I have to buy medicine to treat myself. I thank God I took my children to school, now the eldest is a teacher and he is the one supporting me now ***(Akua)***

My finances have obviously been affected, I am a seamstress and I also sell sachet water and other drinks, but because of this disease I hardly sew these days because of frequent admissions to the hospital and fatigue. My sachet water business has also slowed down because I'm not always available to see to it. My family has been supportive in terms of finances, any time I need money to buy drugs or items for my treatment, they provide for me. I'm however am afraid they will get fed up soon ***(Afi)***

Payment for treatment also emerged as another sub-theme of the financial stress faced by women living with cervical cancer. According to the participants, the cost of treatment and medication are high. Hence, they end up spending their entire saving, and monies earned such as salaries on paying for the treatment cost. This has put financial stress on the participants as they always have to use their meagre resources for treatment. The responses are shown below:

I had a side business too, but it has collapsed because I used part of the money to support my treatment; for now, I rely solely on my monthly salary and some support from my siblings……it's really not easy. My husband's mind is divided because of the new woman, so he's not supporting financially like he's supposed to ***(Ama)***

Okay, eermm as for my finances, it has been affected; the treatment is not covered by insurance, so I buy my medication as well as pay for other needs surrounding my treatment. I'm a government worker, so I get my salary at the end of the month ***(Abena)***

I used to have a garden behind my house here; I was planting, pepper, tomatoes and other vegetables for soup. It was giving me a little money because people were buying. Now I can't do all that, yet I have to buy medicine for my sickness. The doctor even said they will let me go and see another doctor in Kumasi….it's all money matter **(Akosua)**

The other problem is that the doctors are many, so you meet different doctors all the time and you have to start explaining your problems all over again; because the understanding of the previous doctor may be different from the new one, so it's difficult **(Ama)**

DISCUSSION

The importance and support of these findings are determined by examining the reviewed literature. The subsequent topics are examined: Perceptions around sickness, Viewpoint on existence, Lacking social affinity, Origin of resilience and Diminished quality of existence.

Perceptions around the disease

Upon evaluating the psychological encounters of women afflicted with cervical cancer, it became evident that these ladies undergo adverse sentiments towards the illness. The participants recognised that the psychological distress and encounters that come with the diagnosis and subsequent experience of living with the condition are significant and diverse. These symptoms encompass experiencing negative emotions, persistent anxiety, and a sense of astonishment over the disease. Some individuals were fearful of the potential consequences they would face, while others were anxious about the possibility of succumbing to the sickness.

These findings are corroborated by other studies, including Kebede (2014), whose research revealed that individuals diagnosed with cervical cancer reported adverse feelings such as worry, stress, and anxiety. Likewise, the ladies in question expressed intense emotions of sorrow, distress, and psychological distress, as documented in the current investigation (Kebede, 2014). According to Binka et al. (2017), certain women who have cervical cancer may also suffer from additional psychological distress, leading to negative emotions regarding their condition. The women were deeply troubled upon receiving the news of their cancer diagnoses. The women underwent unpleasant psychological experiences, including feelings of fear of mortality and anxiety. As reported by three participants in the study, upon recognising the symptoms of the condition, they experienced feelings of sadness and anxiety. Several women also had feelings of sadness due to the embarrassing nature of the situation. Upon receiving confirmation of the diagnosis, individuals reported experiencing significant psychological disturbances such as anxiety, distress, despair, and a sense of hopelessness (Hobenu, 2015).

According to the analysis, the survey revealed that several individuals harboured negative emotions towards the sickness, to the point of fearing that it would lead to their premature demise. The analysis revealed a prominent sub-theme of intense fear of death caused by diseases, with other emotions such as grief, sadness, negative sensations, anxiety, and suicide thoughts, which aligns with previous research findings.

Life's viewpoint

Hobenu (2015) discovered that cervical cancer survivors commonly report psychological distress, such as anxiety, depression, and thoughts of suicide. Hobenu (2015) found that certain women had suicide intentions due to factors such as intense pain, complete reliance on others, and news of divorce. Additionally, it was observed that the women were consumed with a profound fear of mortality. Anxiety primarily arose from the manifestations of the condition, including discomfort, vaginal bleeding, and vaginal discharge. A number of women experienced mostly depressive symptoms as a result of alterations in their skin colour (Hobenu, 2015).

The current investigation revealed the presence of hopelessness and inclinations towards suicide. The women afflicted with cervical cancer experienced a sense of despair regarding their predicament, as they doubted the effectiveness of the treatment being administered to them. The distress, unease, and shame associated with the illness can also lead to suicide inclinations arising from profound despair. Many individuals expressed significant dissatisfaction with their lives, asserting that life has been characterised by inequity and injustice towards them. Consequently, individuals devote time to contemplating the problem, and the more information they discover, the more negative their outlook on life becomes, as their thoughts revolve around the reasons for such an occurrence and the probable financial burden of the therapy. Cervical cancer poses a persistent psychological disturbance for women once it begins (Binka et al., 2017).

Unfavourable interpersonal connection

Regarding negative interpersonal relationships, three underlying themes were identified: supportive or unsupportive connections, feelings of abandonment or isolation, and marital problems stemming from a declining sexual relationship. The study revealed that the women had a diminished sense of self-worth, along with symptoms of depression and a heightened fear of cancer. CC survivors experienced social exclusion, which had a detrimental impact on their emotional welfare (Zeng et al., 2011).

The women experienced social isolation in their daily lives while contending with advanced cervical cancer. A subset of the married participants reported experiencing marital strain mostly attributed to the lack of sexual activity. Several individuals chose to withdraw from social events due to their physical deformities, vaginal haemorrhage, vaginal discharge, and alopecia. The majority of survivors obtained assistance from their spouses, family members, colleagues, and healthcare professionals (Hobenu, 2015).

Participants unequivocally expressed that their diagnosis with cervical cancer and subsequent treatments have adversely affected their sexual well-being. According to Kebede (2014), some individuals experienced difficulties in their interactions with relatives, co-workers, families, and friends due to their struggle with cervical cancer. In the current study, participants acknowledged that long-standing sexual problems resulted in significant challenges inside their marriage, ultimately leading to husbands seeking new spouses. Therefore, cervical cancer has a significant impact on interpersonal relationships, resulting in the desertion or isolation of individuals and causing marital problems for married women due to their incapacity to engage in sexual activities.

Origin of fortitude

The current study revealed that women afflicted with cervical cancer derived resilience from their faith in God and the support offered by their family, friends, and colleagues. Both Hobenu (2015) and Binka (2015) have reported that the majority of cervical cancer survivors received support from their spouses, family members, colleagues, and healthcare professionals. According to Kebede (2014), in Ethiopia, cervical cancer patients were able to manage their circumstances better with the help of long-lasting social support from their relatives and friends. The well-being of cervical cancer patients is significantly influenced by the source of their strength.

Regarding the believe in God, a study conducted by Manga et al. (2019) discovered that in Cameroon, certain women resorted to faith healing as an alternate type of treatment. This demonstrates that cervical cancer sufferers possess a considerable degree of faith in the existence of God. The results of this study confirm that patients derive strength from their faith in God as a healer and supplier for their needs. Participants fervently pray to God, seeking healing and making various supplications. The study suggests that believing in God and support from one's social network, including family, children, friends, and co-workers, are crucial for establishing a strong foundation for cervical cancer sufferers.

Diminished quality of life

The beginning of cervical cancer significantly diminishes the quality of life for women affected by the disease. Various problems, such as physical discomfort from bleeding and pain, apprehension of being stigmatised, foul discharge, and overall weakness, impede the capacity to participate in social activities such as attending church, social gatherings, and visiting friends. Put simply, cervical cancer negatively impacts the social lives and interpersonal relationships of women affected by the illness. According to Kebede (2014), individuals with cervical cancer experience ongoing discomfort due to temporary or permanent alterations to their physical and mental state.

Patients may experience the apprehension of being forsaken by their friends and social connections (Andrykowski, 2003; Kebede, 2014). The present study revealed that participants' friends abandoned them upon learning about their status. In certain instances, husbands deserted their wives and sought new spouses as replacements, primarily owing to the adverse impact of the condition on their sexual relations. In addition, Ngutu&Nyamongo (2015) observed that cervical cancer patients experienced challenges in social interactions due to heavy bleeding and malodorous discharge. Once again, the present study explored the subject of irritating vaginal discharge, which was identified as a factor that discouraged social interaction due to the humiliation it created. Patient and family secrecy surrounding cervical cancer was driven by the apprehension of social stigma (Ngutu&Nyamongo, 2015). The study thus confirms previous findings by Kamau et al., (2007) that cervical cancer has a negative impact on the quality of life of patients.

CONCLUSION

The participants' psychological burden resulting from the condition was clearly apparent during our encounter. These symptoms manifested as worry, anxiety, sleeplessness, and even thoughts of suicide. The primary factor behind the majority of their grievances and physical decline seems to be psychological in nature.

Nurses must prioritise the psychological dimension of care rather than solely focusing on other parts of care. Placing significant importance on the psychological side of patient care will greatly enhance the overall patient outcomes.

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