

**RESEARCH REPORT**

**PERCEPTIONS, EXPERIENCES AND BARRIERS TO ACCESSING CERVICAL  
CANCER SCREENING BY WOMEN AT CLINICS IN THE GREATER GIYANI  
MUNICIPALITY, LIMPOPO PROVINCE, SOUTH AFRICA**

by

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## **DECLARATION**

I declare that the mini dissertation “Perceptions, Experiences, and Barriers to Accessing Cervical Cancer Screening by Women at Clinics in the Greater Giyani Municipality” for the degree of MPH at the University of Limpopo is hereby submitted by me and it is my work, that all the sources that I have used or quoted have been indicated and acknowledged through complete references, and that this work has not been submitted before for any other degree at any other institution.

Thembi Victoria Chabalala

30/10/23

## **DEDICATION**

To my firstborn daughter, Langutelani, you are awesome; thank you so much for the unconditional support, and to my twin boys, Muhluri and Hlulani, I wish you all the best and am ready to support your research proposals. My sister Bongani, my brother Risenga Yusto, my niece Ndzetelo, my mother Miluva Florah, and my father Famanda Yusto (Hosi Siyandhani) you are the light and make the path worthwhile. I know that everything I do in this world is to enrich their lives. With their unconditional love, support, understanding, encouragement, and for always believing in me during this process without asking, I have learned more from them than I could ever teach them.

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## **ABSTRACT**

### **Background**

Cervical cancer remains a significant health issue worldwide, despite the availability of effective screening methods. The Health Department of South Africa provided a nationwide program for screening cervical cancer. The aim was to achieve a projected 70% rate of coverage for cancer of the cervix screening. However, up to date, only 13.6% coverage has been reached, yet the cervical cancer mortality rate is still high (Vhuromu, Goon, Maputle, Lebese, & Okafor, 2017). Furthermore, it has been observed that in Greater Giyani Municipality under Mopani District located in Limpopo Province, from 2018 up to 2020, statistics have reported only 47% cervical cancer screening uptake from twenty-six clinics, and that is significantly low (Mopani District Municipality, 2020).

### **Aim**

The aim of the study was to explore perceptions, experiences and barriers to accessing cervical cancer screening services at clinics in the Greater Giyani Municipality, Limpopo Province, South Africa.

### **Methodology**

This is a qualitative study which is exploratory and descriptive in nature. The population are women aged 30 years and older at clinics in the Greater Giyani Municipality. The semi-structured, in-depth, and face-to-face individual interviews were conducted using an interview guide. Tesch's open-coding method was used to analyse the findings.

### **Results**

The study revealed that most women in the greater Giyani Municipality lack knowledge about the causes, symptoms, testing procedures and prevention of cervical cancer. Despite this, women generally have a positive attitude towards the importance of cervical cancer screening and perceive themselves to be at risk. Barriers to accessing screening services include limited knowledge, difficulties in receiving results, fear of outcomes and long waiting times.

## **Conclusion**

However, perceptions towards cervical cancer screening were optimistic, knowledge of study participants was poor. To improve cervical cancer screening, effort should be focused on reducing identified barriers and enhancing facilitators.

**Keywords:** Accessing, barriers, cervical cancer, experiences, perceptions, screening

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## **DEFINITIONS OF KEY CONCEPTS**

### **Barriers**

Barriers are defined as an obstacle or impediment (Merriam-Webster, 2020). In this study, barriers will refer to long waiting times and fear of the results for cervical cancer screening which can be obstructions that prevent women from accessing cervical cancer screening at clinics in the Greater Giyani Municipality.

### **Cervical cancer**

This concept refers to cancer of the neck (cervix) of the uterus (Martin & Law, 2020). For this study, cervical cancer refers to a tumour that develops on the mouth of the cervix.

### **Cervical Cancer screening**

Cervical cancer screening is when the cells of the cervix that could lead to cancer are tested to detect if they have changes or cancer cells, which includes a cervical Pap smear, Pap testing for human papillomavirus (HPV), or both (WHO, 2021). In the study, cervical cancer screening refer to the examination of a healthy woman for the presence or absence of dead cells of the mouth of the womb (uterus) due to cancer through Pap smear procedure.

### **Clinics**

Clinics refer to facilities at and from which a range of primary health care services are provided and that are normally open eight or more hours a day based on the needs of the community (Department of Health, 2021). A clinic will refer to facilities that provide health care services at clinics in the Greater Giyani Municipality.

### **Experiences**

Direct observation of or participation in events as a basis of knowledge (Merriam-Webster, 2020). In this study, experiences indicate the feelings that women experience in their lives regarding accessing cervical cancer screening at clinics under Greater Giyani Municipality.

## **Perceptions**

The psychological experience resulting from stimulation of the senses, or sensation (Bergh & Geldenhuys, 2016). In this study perceptions will mean the view or understanding among women about screening for cancer of the cervix at clinics in the Greater Giyani Municipality.

## **LIST OF ABBREVIATIONS**

**CCS: Cervical cancer screening**

**DoH: Department of Health**

**WHO: World Health Organization**

**HPV: Human Papillomavirus**

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## **CHAPTER ONE: ORIENTATION OF THE STUDY**

### **1. Introduction**

Cervical cancer exists globally, and it is considered to be the fourth most common cancer, with a high rate mortality among women as compared to breast cancer (Sung, Ferlay, Siegel, Laversanne, Soerjomataram, Jemal, & Bray, 2021). The cervix is the lower, narrow end of the uterus (womb) it connects the uterus to the birth canal (National Cancer Institute, 2021). In 2020, WHO reported 604, 000 new cases and 342, 000 deaths from the disease global. Many countries with the highest incidence and mortality rate (90%) are from lower and middle-income countries (LMIC), particularly sub-Saharan African countries (Sung et al., 2021).

A study conducted by Addawe (2017) in England at Camden District reports that women perceive cervical screening as an unpleasant, painful, and upsetting procedure, with fear of the outcome of the results and embarrassment as emotional barriers to screening. Furthermore, in rural Taiwan, it has been found that lack of awareness, access, and the relationship between healthcare providers decrease rates of uptake screening for cervical cancer (Zhang, Bach, Yip, & Lin, 2019).

A study conducted in Butajira, Ethiopia using a cross-sectional design. The study indicated that there was a lack of awareness and knowledge regarding cancer of the cervix prevention strategies and risk factors, particularly Human Papilloma Virus, among participants. Additionally, many women did not perceive themselves to be at risk of developing cervical cancer (Ruddies, Gizaw, & Teka, 2020). In 2017, the South African Department of Health introduced Cervical Cancer Prevention and Control Policy that is in line with the global framework advocating for Sustainable Development Goal (SDG) 3, which aims to promote healthy lives and well-being for everyone. Specifically, it supports SDG 3.7, which calls for governments to provide universal access to sexual and reproductive healthcare services, including information, education and the integration of reproductive health, into national strategies and programmes by 2030. In order to minimise the adverse effects of cancer of the cervix on the relationship between health and the economic and social factors progress and enact a comprehensive approach to efforts preventing and managing cervical cancer (Department of Health, 2017).

However, a study conducted in Limpopo, a province in South Africa shows a deficient provision of cervical cancer services targeting women, which is associated with insufficient awareness concerning the disease and the importance of screening, particularly in rural areas (Rangolo, Tshitangano, & Olaniyi, 2021). This is despite the education drives implemented, the provision of free cancer screening, and the availability of community health outreach initiatives implemented in collaboration with non-government organisations set in accessible locations to encourage women to access screening services (Rangolo et al., 2021). There is a shortage of studies on the topic in the Greater Giyani Municipality, hence this study conducted in the area.

## **2. Research problem**

Inadequate understanding regarding the disease and necessity for regular screening of cancer of the cervix by women in developing countries, especially in remote rural communities, is a critical starting point in confronting cervical cancer. Lack of information increases susceptibility and discourage women from taking precautions. Despite efforts by the Health Department of South Africa to provide the nationwide program for screening cervical cancer since 2002, the program has not been widely taken up, and the majority of South African women are not screened at all. The aim was to achieve a projected 70% rate of coverage for cancer of the cervix screening; however, up to date, only 13.6% coverage has been reached, yet the cervical cancer mortality rate is still high (Vhuromu, Goon, Maputle, Lebeso, & Okafor, 2017).

Furthermore, it has been observed that in Greater Giyani Municipality under Mopani District located in the Limpopo Province, from 2018 up to 2020, statistics have reported only 47% cervical cancer screening uptake from twenty-six clinics, and that is significantly low (Mopani District Municipality, 2020). The researcher has observed that nurses provide motivation to women visiting the clinics for consultation or to accompany others to make use of cancer of the cervix screening services. However, on the contrary, the majority of females declined to undergo a pap smear. This served as a source motivation for the researcher to conduct a study that focuses on the perceptions, experiences, and obstacles preventing women from accessing cervical cancer screening at clinics in the Greater Giyani Municipality. Overall, conducting research within a clinic environment is essential to improving access, utilisation,

education, and equity in screening services. The recommendations of this study will provide assistance in reducing the incidence and impact of cervical cancer and promoting better health outcomes for all women.

### **3. Literature review**

A review of literature is important for the researcher to gain insights into the topic being researched. Machi and McEvoy (2016) defined literature review as a written document that presents a logical and coherent account based on a thorough understanding of the existing knowledge about a particular research topic. An extensive literature for this study will be presented in chapter 2.

### **4. Purpose of the study**

The purpose of this study is described according to aim, objectives and research questions as follows:

#### **4.1 Aim of the study**

The research project aimed to explore perceptions, experiences and barriers to accessing cervical cancer screening by women at clinics within the municipal boundaries of Greater Giyani Municipality, Limpopo Province, South Africa.

#### **4.2 Objectives of the study**

The study's objectives are as listed below:

- To explore perceptions, of women regarding accessing cervical cancer screening at clinics in the Greater Giyani Municipality, Limpopo Province, South Africa.
- To record experiences of women in relation to accessing cervical cancer screening at clinics in the Greater Giyani Municipality, Limpopo Province, South Africa.

- To explore barriers to accessing cervical cancer screening by women at clinics in the Greater Giyani Municipality, Limpopo Province, South Africa.

## **5. Research question**

**“In your own words can you kindly describe what cervical cancer is?”**

## **6. Research methodology**

The employed research methodology was qualitative in nature, this approach assisted the researcher in exploring perceptions and barriers to accessing cervical cancer screening and to record experiences of women in relation to accessing cervical cancer screening services at clinics in the Greater Giyani Municipality, Limpopo Province, South Africa. Bless, Higson Smith and Sithole (2014) explain qualitative research as a research approach that involves the thorough investigation and analysis of a problem or topic of interest by the researcher from the participant’s perspective.

## **7. Significance of the study**

The research is significant as it will assist all relevant stakeholders, including knowledgeable members of the public and professionals, in outlining the knowledge and perceptions of its citizens regarding access to cervical cancer screening. The outcome of this research project may be used as a baseline from which interventions aimed at increasing cancer screening uptake could be derived by the Department of Health. Furthermore, the study seeks to give adequate support to women concerning the process of detecting cancer of the cervix. The study further aims to formulate the basis for further research and prompt other researchers to explore more on the strategies to improve uptake on conducting tests to detect cervical cancer. In addition, it contributes to the expansion of knowledge providing nursing education on methods to provide support on women who need screening for cervical cancer at clinics in Limpopo Province.

## **8. Overview of Chapters**

Chapter 1 presents a summary of the study's findings and main points, giving background information about cervical cancer. The researcher outlines the problem statement and the purpose of the research and introduces the methodology used.

Chapter 2 provides a comprehensive review of the literature focused on cervical cancer.

Chapter 3 describes the methodology used in the study in detail, including the study's setting, research design, study population and sampling technique, data collection and data analysis.

Chapter 4 the researcher presents the results or outcomes identified in the study. Additionally, the researcher discusses the interpretation of data.

Chapter 5 presents the conclusion, summary, limitations and recommendations based on the study.

## **9. Conclusion**

The chapter provided an introduction to the research study, including the operational definitions of key concepts, background, problem statement, purpose, objectives, and research question, the research approach used, ethical considerations taken into account and the importance or relevance of the study. The following chapter provide an overview of literature conducted in the historical knowledge on the topic mentioned before investigation within the context this study.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.1 Introduction**

Machi and McEvoy (2016) define literature review as a written document that presents an informed analysis based on a thorough comprehension of the existing knowledge on a particular subject of research. The literature review used books, media reports, research articles, journals, online articles, and search engines Science Direct, Scopus, Springer Link, Web of Science, and PubMed. The literature was reviewed to check what other researchers have discovered about the phenomena being studied so that the researcher can identify and address the gaps resulting from previous studies. According to the WHO, cervical cancer ranked as the fourth most prevalent form of cancer in women worldwide in 2018. Shockingly, it caused 311 365 fatalities despite the fact that it can be prevented in the majority of cases. In Netherlands it was discovered that women have limited knowledge and understanding of cervical cancer. Obstacles to screening included having a male general practitioner, fatalistic attitudes, feelings of shame and taboo regarding the intimate procedure. Also the belief that cervical cancer is linked to a loss of femininity and fertility. In addition barriers included fear of receiving positive results and concerns about cancer related suffering (Marchena, Hamdiui & Stein, 2019). Less developed regions bear the brunt of cervical cancer related deaths, with sub-Saharan Africa experiencing the highest incidence and mortality rates, particularly in Eastern Africa. Among these countries, Malawi has the highest recorded incidence and mortality rate for cervical cancer (Bray et al., 2020). In a recent study conducted in Ethiopia, specifically in the East Gojjam Zone and a support centre in Addis Ababa, Burrowes, Holcombe & Leshargie (2022) found that women had low perceptions of risk, high levels of stigma and a lack of knowledge about cervical cancer. Only half of the women surveyed were aware of the disease and among those who were informed, many believed they were not at risk because they were not sexually active. In South Africa cervical cancer is the second most common cancer amongst women. A research study in the Johannesburg District of South Africa found that women who participate in screening for cervical cancer tend to be older, have a good understanding of the disease and screening process, and are less likely to see barriers to getting screened. They are also more likely to view cervical cancer as a serious health concern. Common barriers to screening included fear of potential abnormal results, feelings of embarrassment about having the exam, dissatisfaction with female health providers, and concerns about the discomfort and duration of the test. (Chisale Mabotja, Levin & Kawonga, 2021).

Cervical cancer results in the premature exclusion of numerous economically productive women, as well as mothers and grandmothers from the society. This not only imposes financial hardships on the family but also inflicts social and emotional distress upon other family members. (South African National Cancer Registry, 2012).

### ***2.1.1 Experiences of screening procedure for cervical cancer***

Addawe (2017) conducted a study in Norway on Somali immigrants and found that screening for cervical cancer can be a physically and emotionally uncomfortable experience for women, with varying degrees of discomfort. Some women have reported finding the Pap smear test unpleasant, awful, and painful. They have also indicated experiencing emotional reactions such as embarrassment and shame when exposing their naked bodies, as they believe that their bodies should only be seen by their husbands. Additionally, Addawe (2017) reported that women were concerned about practitioners' responses to their history of female genital mutilation, and this added to their feelings of embarrassment. In Nepal, women expressed feeling ashamed to show their genitals to others, they are reluctant to visit clinics for routine check-ups, even in situations where it is necessary (Darj et al., 2019). In Ethiopia, a study conducted revealed that half of the women thought screening was possible; they expressed fear and wanted to know if they had the disease so that they could receive treatment (Ruddies et al., 2020). Furthermore, in Uganda, the presence of male healthcare professionals contribute to feelings of embarrassment and shame often lead women to fabricate reasons for their hospital visits when dealing with male doctors. Women may feel uncomfortable or reluctant to expose their private body parts for screening purposes (Ndejjo, Mukama, Kiguli, & Musoke, 2017). The research took place in the Western Cape Province and the Eastern Cape Province of South Africa. A lack of knowledge about where to access screening, as well as factors such as pain, stigma, and fear of embarrassment, were associated with low uptake of cervical cancer screening. Health system issues included long waiting times, disrespectful behaviour from healthcare workers, and inadequate patient communication. Women shared negative encounters when seeking care at primary healthcare facilities. The study highlighted the need for

improved awareness, accessibility, and quality of cervical cancer screening services for women in South Africa (Harries, Scott, Walter, Mwaka & Moodley, 2020).

### ***2.1.2 Social arrangement of the family and socio-cultural factors***

A study conducted by Darj, Chalise, and Shakya (2019) in Nepal found that women had to conform to decisions made by their husbands' families, who held control over their access to healthcare. Ruddies et al. (2020) conducted a study in rural Ethiopia. Appropriately informed nurses can inspire women to utilise the offered cervical cancer screening programs in Ethiopia, it has been linked to better uptake of screening procedures (Mengesha, Messele, & Beletew, 2020). They found that in certain regions, women's economic dependence on their male partners leads to compromised sexual and reproductive health cultural norms often discourage women from discussing reproductive matters, creating barriers to attending screening programs (Department of Health, 2017). It is common in some communities for elderly women to be the ones who make decisions about seeking medical services, even if they may not have all the necessary information. An instance illustrating this can be found within the Vhembe district located in South Africa, where majority population resides in rural areas and cultural leaders hold considerable influence, resulting in people largely accepting their guidance without much mistrust (Vhuromu, Goon, Maputle, Lebese, & Okafor, 2017).

### ***2.1.3 Perceived barriers to screening for cervical cancer***

A cross-sectional study conducted by Riza, Karakosta, Tsiampalis, Lazarou, Karachaliou and Psaltopoulou (2020) in Greece the study explored into how women perceive the process of screening, which revealed that lack of awareness, access, and a healthy relationship with healthcare providers is crucial in targeting vulnerable populations and increasing screening rates for cervical cancer. Similarly, studies conducted globally have identified socioeconomic, cultural, and structural barriers that contribute to low uptake of screening services, including lack of knowledge about cervical cancer, language barriers, stigma, and time constraints due to family responsibilities (Addawe, 2017).

In Kenya, 71% of women surveyed and were ignorant of cervical cancer, while an additional 91% had heard of the disease but had minimal knowledge that could not influence motivation for screening (Makhubele & Kwakwa, 2018). In two settings in eastern Uganda, the study took place in mainly rural areas within the districts of Bugiri and Mayuge revealed that majority of cervical cancers in Uganda are often detected a late stage when treatment options are no longer viable. A variety of factors, such as feelings of embarrassment, perceived discomfort during examination, a fatalistic attitude towards diagnoses, lack of support from spouses and limited knowledge about cervical cancer and available resources have significantly contributed to the situation (Ndejjo, Mukama, Kiguli, & Musoke, 2017).

#### ***2.1.4 Factors contributing to high cervical cancer as a result of low uptake of screening***

Various obstacles impact the participation of rural women in cervical cancer screening. Notable factors have been outlined: socioeconomic status and place of residence; social arrangement of the family; socio-cultural factors; healthcare worker skills and knowledge; and stigma. The identified factors can be attributed to a limited level of knowledge regarding cervical cancer screening.

##### *2.1.4.1 Socio-economic Status and place of Residence (urban versus rural)*

The location of their residence plays a vital role in the late detection of cervical cancer. Most of the women from rural regions were diagnosed with stage III and stage IV cervical cancer. This may be a result of restricted availability or inadequate reach, they faced limited accessibility to healthcare facilities and information about cancer of the cervix (Mohuba, Mothiba, & Muthelo, 2019). The South African government provides all health services free of charge, but it can be expensive, especially in rural areas (Mohuba et al., 2019). Socio-economic status also contributes in the prevalence of cancer of the cervix. The community does get different grants for various social status hardships, but many women from low-income households cannot afford regular cancer screenings or preventative

measures. To address this, girls at the age of 12 are followed at school and vaccinated against HPV (Vhuromu et al., 2017).

#### *2.1.4.2 Healthcare worker skills and knowledge*

In Nepal (South Asia) in 2019, a study conducted by Darj et al. found that participants seemed to lack trust in healthcare providers due to experiences of inappropriate behaviour by some of them. It is difficult to do it, so the health personnel who do screening should be skilled and educated. Participants reported that healthcare providers should be sensitive to their feelings since they are perceived as not wanting to listen to them (Darj et al., 2019). Appropriately informed nurses can inspire women to utilise the offered cervical cancer screening programs. It has been linked with better uptake of screening procedures (Mengesha, Messele, & Beletew, 2020). This further proves the need for accurate awareness campaigns concerning cervical cancer (Ruddies et al., 2020). Inadequate training of health workers leads to poor competencies, resulting in delayed diagnosis and referral to higher levels of care for definitive treatment (Department of Health, 2017).

#### *2.1.4.3 Stigma*

Patients frequently delay seeking early treatment or disclosing their condition due to the societal stigma associated with cancer of the cervix (Department of Health, 2017). In a study conducted in a South African tertiary hospital in Cape Town, the participants reported feeling the stigma associated with their diagnosis. Stigma plays a significant role in cervical cancer management and can have significant adverse effects on patient outcomes (Williams, Simonds, & Roomaney, 2023).

#### **2.1.5 Burden of Cervical Cancer**

Cervical cancer prevalence remains high worldwide, with an estimated 604 127 new cases reported in 2020. Despite ongoing efforts by the WHO's Cervical Cancer Elimination Initiative to decrease incidence rates, the disease's impact continues to be higher than the recommended thresholds globally (Singh, Vignat, Lorenzoni,

Eslahi et al. 2020). A study conducted in the Sub-Saharan African countries of South Africa, Uganda, Malawi, etc. regarding the prevalence of cervical cancer indicated that the death of a mother from cervical cancer can have significant effects on children and families can be complicated and complex. Women play critical roles and the impact extends beyond the direct care provided by parents to their children but also in children's socialisation, education, and health in society at large. Death resulting from untreated and palliative cancer is a slow, agonising, and traumatic experience for patients and their loved ones (Musekiwa, Moyo, Mohammed, Matsena-Zingoni, & Twabi Silinda, 2022).

Cervical cancer also has substantial economic consequences, including these women along with their immediate families and communities, experience enduring social, financial and economic consequences. Research has shown that investing in women's health can generate significant financial benefits. Findings from various South Asian countries, it was observed that after one year the rate of diagnosis is 29% of individuals who had passed away, 48% encountered financial difficulties, in addition, only 23% remained alive without experiencing financial hardships (Ginsburg, Bray, Coleman, Vanderpuye et al, 2017; Musekiwa et al., 2022).

### ***2.1.6 Low levels of Knowledge about Cervical Cancer***

In Nepal insufficient knowledge about the symptoms of cervical cancer resulted in women seeking medical assistance only when they experience physical manifestation, thereby hindering regular attendance at clinics for routine screenings. Women were not able to connect their limited understanding of the disease with potential risk factors or causes such as the Human Papilloma Virus (Darj et al., 2019). In rural Ethiopia, a study conducted indicated that none of the women indicated HPV as a risk factor (Ruddies et al., 2020). Again, in Addis Ababa, a research study revealed that the utilisation of cervical cancer screening in Ethiopia is hindered by inadequate numbers of trained healthcare professionals, limited funding and insufficient service coverage. Also there is a notable proportion of women who possess a limited understanding and lack awareness about cervical cancer or cervical cancer screening, according to the findings of the study. Additionally, a considerable number of women reported never having heard about

either cervical cancer or the importance of cervical cancer screening (Tadesse, Bitiya, & Aderajew, 2019). The Thulamela municipality, located in the Vhembe district of Limpopo province conducted a study in four villages, Malamulele, Mhinga, Muledani, and Phiphidi, the study uncovered a knowledge deficiency in women's understanding regarding cervical cancer and preventive measures. Furthermore, their preference towards utilising available services was evident, indicating that healthcare workers did not sufficiently inform them about the existence of such services (Ramathuba, Khoza, Ngambi, & Ramakuela, 2016).

## **CHAPTER THREE: RESEARCH METHODOLOGY**

### **3.1 Introduction**

This chapter encompasses multiple aspects of the research, comprises the research methodology, research design, study location, study population, sampling procedure and sample size are explored in order to recruit participants. The process of gathering information, examining and interpreting data analysis are as well discussed.

### **3.2 Research method**

Qualitative research is a situated activity that locates the observer in the world, it consists of a set of interpretive, materials practices that make the world visible. These practices transform the world into a series of representations, including field notes, interviews, conversations, photographs, recordings and memos to the self. (Creswell & Poth, 2018). Qualitative research method was used in this study, this approach assist the researcher to explore perceptions, barriers and to also record experiences of women in relation to accessing cervical cancer screening at clinics in the Greater Giyani Municipality, Limpopo Province, South Africa.

### **3.3 Research design**

A research design refers to a broad outline or strategy utilised to carry out a study with the goal of addressing a specific research question, as stated by Gray, Grove and Sutherland (2016). In this study, an exploratory and descriptive was employed to explore and explain perceptions, experiences, and barriers to women's access to cervical cancer screening at clinics in the Greater Giyani Municipality in Limpopo Province, South Africa.

### **3.3.1 Exploratory design**

The focus of exploratory research is to determine the nature of the problem and help get a better understanding of it (Gray et al., 2016). In this study, it was certain that the researcher gained insight by asking probing questions that assisted in understanding the phenomena. They explored in their own words their perceptions, experiences, and barriers to accessing cancer of the cervix screening by women at clinics within the Greater Giyani municipality in the Limpopo Province of South Africa.

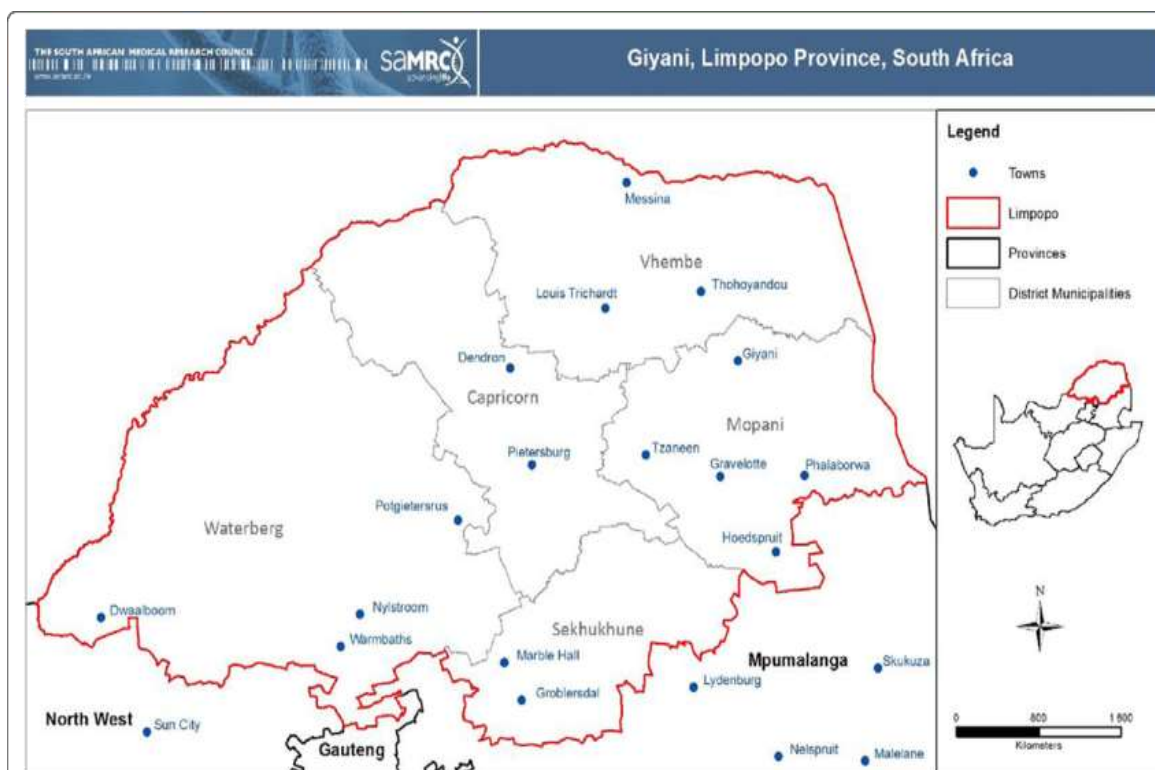
### **3.3.2 Descriptive design**

Descriptive design seeks to gather information that analytically describes a phenomenon, situation, or population. It gives an accurate portrayal or account of the characteristics of a particular individual or group. It assists the researcher in addressing enquiries related to the what, when, where, and how aspects of the research problem rather than why (Burns & Groove, 2014). In this study, the researcher was able to describe the women's understanding, perceptions, experiences, and barriers to accessing cancer of the cervix screening at clinics in the Greater Giyani municipality in the Limpopo Province of South Africa.

## **3.4 Study setting**

Limpopo Province is among the nine administration regions in South Africa. It is split into five districts known as Capricorn, Sekhukhune, Mopani, Vhembe, and Waterberg (<https://www.researchgate.net/figure/location-of-Mopani-District-and-Giyani-in-Limpopo>). Within the district, there exist several municipalities and Greater Giyani is among the Mopani District Municipalities. Census population report (2016) shows that Greater Giyani Municipality has a total population of 244,217 people, comprising 57.3% females. The female population of 62 713 is served by Greater Giyani Municipality, of which approximately 2/3 comprise the adult population (20904). This study focusing on cervical cancer screening in the Greater Giyani Municipality under Mopani District was carried out in five clinics out

of the total of twenty six. These clinics including Makhuva, Msengi, Kheyi, Kremetart and Ratanang, were chosen based on their low performance in cervical cancer screening between 2018 and 2020. They provide primary health care services to the community within the municipality (Mopani District Municipality, 2020). These clinics are situated at a distance of 180 km from Polokwane, which serves as the administration seat and capital city of Limpopo Province. The majority of the population consists of individuals of African origin who communicate in Xitsonga and Sotho language. However, posters promoting cervical cancer screening services in health facilities are displayed in various languages including English, Afrikaans, Sesotho, Zulu and Xhosa. The Greater Giyani municipality is predominantly rural, and most households consist mainly of mud and brick houses. In addition to the prevalent hot climate, individuals typically have to travel a distance of approximately five kilometres or greater to access a clinic in the area. District Health System (DHS) which is the vehicle through which the delivery of Primary Health Care should take place in South Africa, aims to provide accessible and integrated health care services. Therefore, patients must not travel more than 5 km walking distance to the clinic, the long distance to healthcare facilities may act as geographical barriers that may affect access to healthcare services.



**Figure 3.1: Area map of Greater Giyani Municipality**

### **3.5 Study population and sampling**

#### **3.5.1 Population**

Population is the set of all members of a defined group (Burns et al., 2014). According to the Census population report (2016), Greater Giyani Municipality has a total population of 256300 people, comprising 62713 females. The study was conducted at five (5) clinics in the Greater Giyani municipality and were chosen based on their low performance in cervical cancer screening between 2018 and 2020. They provide primary health care services to the community within the municipality (Mopani District Municipality, 2020). The study population included all women over 30 years who came for consultations and those who accompanied others at the clinics. The rationale for targeting women over 30 years for cervical cancer screening is based on the fact that the risk of developing cervical cancer is low before this age. Screening younger women may lead to the detection of lesions that are unlikely to progress to cancer, resulting in unnecessary treatment and added costs, making it less cost-effective (Department of Health, 2017).

#### **3.5.2 Sampling technique and sample size**

A sample is a subset of a population that is chosen to take part in a research study. The sample is typically chosen using specific criteria or a sampling technique that ensures its representation of a larger population (Gelman, Hill & Vehtari, 2020). In this study women over 30 years who are critical and rich with information and come for health care services and those who accompanied others at the selected clinics during the study period. Furthermore, those women who signed consent and freely agreed to participate in the study formed the study population. Gray et al (2016) defines purposive sampling as a judgemental or selective sampling method that involves conscious selection by the researcher of certain subjects or elements to include in a study. Individual interviews were conducted during visits to the clinics and a consultation room in the clinics was used to conduct the one-on-one interviews.

### **3.5.3 Sampling of participants**

The researcher requested all women over 30 years who came for health care services and those who accompanied others at the selected clinics who were willing to participate in the study. Participants had characteristics in common of over 30 years, residing within the Greater Giyani Municipality, those that the researcher identified during the study. That confirmed that they met the inclusion criteria.

### **3.5.4 Sampling size determination**

Purposive sampling is a non-probability sampling technique where researchers intentionally select participants based on specific criteria that are relevant to the research study (Patton, 2014). Purposive sampling as a judgmental or selective sampling method, was used to identify participants. Though a sample of twenty participants from five clinics was initially envisaged, sampling continued until saturation, which was reached when eleven participants was enrolled. However, the researcher concluded the participant's interviews when no new theme emerged in the interviews.

### **3.6 Inclusion criteria**

The criteria specifying characteristics of a population that a prospective participant must have to be considered eligible for participation in a study (Polit et al., 2019). In this study, inclusion criteria were used based on the following:

- All women over 30 years who are willing and consented to participate in the study.
- All women over 30 years who do not need consent and are mentally fit to make sound decisions.

### **3.7 Exclusion criteria**

The criteria are characteristics that can cause a person or element to be eliminated or excluded from the target population (Burns et al., 2014). Exclusion criteria were based on the following:

- All women over 30 years who are not willing and did not give consent to participate in the study.
- All women over 30 years who need consent and are not mentally fit to make sound decisions.

### **3.8 Pilot study**

A pilot study is a smaller-scale version of a proposed study, conducted with the same population, setting, intervention, data collection, and analysis plan. Its purpose is to determine the effectiveness of the proposed method in locating and gaining consent from subjects and in collecting useful data (Polit & Beck, 2016). For this study, a pilot study was conducted before the main study at Nkuri clinic under Greater Giyani Municipality, the researcher purposively selected five women over 30 years who met the inclusion criteria to participate. The participants who took part in the pilot study were not included in the main study to avoid bias. One-on-one interviews were conducted to pre-test the interview guide, by identifying flaws and rectifying weaknesses in the questioning and interviewing skills for improvement. The pilot study also assisted the researcher to verify whether the questions in the interview guide answer the objectives of the study. The researcher made prior arrangements with Nkuri clinic Operational Manager. The researcher went to Nkuri clinic to select participants who meet the sampling criteria, to be included in the semi-structured, one-on-one interview sessions. The results of the pilot study were positive. However, some amendments were done on the interview guide which include the rephrasing of the main question from “what are the perceptions, experiences and barriers to accessing cervical cancer screening into “In your own words can you please describe what cervical cancer is?” The pilot interview

underwent a review process and refined for optimal results with the supervisor's assistance.

### **3.9 Data collection method**

Data collection is the precise, systematic gathering of information relevant to the research purpose and a study's specific objectives, questions or hypotheses (Paradis, O'Brien, Nimmon, Bandiera & Martimianakis, 2016). In this study, data was collected using semi-structured, in-depth face-to-face interviews with a guide Appendix C. The semi-structured interview was non-restrictive and allowed participants to be free when narrating their experiences, which had open-ended questions written in English, Sepedi and Xitsonga (see attached Appendix C). The central question was as follows: **“In your own words can you kindly describe what cervical cancer is?”** The researcher could ask follow-up questions supplementary to the standard questions based on the answers provided and the interview guide Appendix C. A voice recorder was used to record the interview sessions provided and its use was clarified to the participants before starting sessions. Field notes were taken together with the voice recording with the participant's agreement as long as their names were not reflected to permit the researcher to capture all information provided, including non-verbal cues (Creswell et al., 2016). An audiotape recorder was used for voice recordings with the participant's agreement. Semi-structured interviews were conducted until data saturation was reached. Each interview took up 30-40 minutes.

### **3.10 Data collection tool**

Data for this study was collected through the use of in-depth, semi-structured, one-on-one interviews, and was recorded with an audio-recorder with the consent of the participant. According to Bowling (2002) probing enabled the researcher to rationalize by observing facial expressions, gestures and comments of the participants. This assumption supported the use of semi-structured interviews as the primary data collection procedure for the present study. An interview guide was used to guide the interview. The interview guide was constructed in English and translated to Sepedi and Xitsonga was back-translated into English to verify

accuracy of the translation. The objectives of the study guided the formulation of the questions and eleven questions from the interview guide were derived from previous studies, modified and aligned to suit this study (Appendix c 1-English version; Appendix c 2 -Xitsonga version or Appendix c 3 Sepedi version). The researcher ensured that the questions in the interview guide would obtain relevant information by probing to get clarity from the participants. The interviews were conducted in Sepedi and Xitsonga depending on the preference of the participants. The interview guide was given to the supervisor for approval before data collection commenced. Field notes were taken together with the voice recording with the participant's agreement as long as their names were not reflected to permit the researcher to capture all information provided, including non-verbal cues (Creswell et al., 2016). An audiotape recorder was used for voice recordings with the participant's agreement. Semi-structured interviews were conducted until data saturation was reached. Each interview took up 30-40 minutes. The recorded interviews were transcribed and translated into English by the researcher before the data could be analysed. Data was captured by written notes and use of audio recordings. The semi-structured interview was non-restrictive and allowed participants to be free when narrating their experiences, which had open-ended questions written in English, Sepedi and Xitsonga. The central question was as follows: **“In your own words can you kindly describe what cervical cancer is?”** The researcher could ask follow-up questions supplementary to the standard questions based on the answers provided and the interview guide.

### **3.11 Data analysis**

The data underwent analysis using Tesch's open coding method, and the following was used as a guide for data analysis: Creswell and Creswell (2018) the recorded interviews were transcribed word-for-word and the transcripts were then thoroughly read to gain a comprehensive understanding of the content.

- The researcher selected one interview and read it, to gather information and organise thoughts then created a table with various topics and sub-topics that emerged. However, these topics and sub-topics were not grouped together.

- The researcher made a list of all the topics. The themes and their corresponding sub-themes were labelled using words that accurately represent the grouped sub-themes.
- The themes were abbreviated as codes. The researcher tried the preliminary organising structure to see whether new themes and codes emerged.
- The researcher utilised precise and specific language to describe the themes and sub-themes.
- The researcher made a definitive determination regarding the naming of each theme and categorised the themes and sub-themes accordingly.
- The data materials corresponding to each theme were gathered and subjected to an initial analysis.
- The researcher conducted necessary re-coded of existing material and generated a summary of the themes and sub-themes that emerged from the main themes.

### **3.12 Measures to ensure trustworthiness**

Trustworthiness pertains to the researcher's capability to persuade themselves, participants, and other readers that they are trustworthy (Polit et al., 2019). It can be difficult for the participants to trust the researcher when they meet for the first time, but they may develop it with subsequent visits. Appointment dates were set so the researcher could have time with the participants and develop a more trusting relationship. Qualitative research earns trustworthiness when it faithfully portrays the experiences of the participants under study, rather than distorting them. This achievement was realised by adhering to the following standards: credibility, confirmability, transferability and dependability.

#### **3.12.1 Credibility**

Credibility determines the extent to which the researcher has recognised the true reflection of the results (Botma, Greeff, Mulaudzi, & Wright, 2010). Credibility in the study was guaranteed by maintaining a prolonged engagement with the participant's, which lasted for a minimum of 30 minutes for one interview session. The researcher also did triangulation data collection, where more than one data

source was utilised (Moule, Aveyard, & Goodman, 2016). An independent coder was asked to examine the raw data.

### **3.12.2 Confirmability**

Polit et al (2019) defined confirmability as the degree to which the data collected and interpretations made in the study support its findings in terms of objectivity and neutrality.

In the study, confirmability was upheld by supplying the raw data, which ensured that the findings of the study could be supported and confirmed. The researcher did not bring about any information that was not given by the participants as part of the data and asserted that it was drawn from the participants. The assurance of confirmability was achieved by making all the data products available as evidence, thus demonstrating the involvement of an independent coder.

### **3. 12.3 Dependability**

Botma et al (2010) provided a description of dependability as a measure of consistency and reliability in research, ensuring that the findings are credible and trustworthy. In the study, to ensure dependability the researcher implemented measures such as gathering and organizing raw data, collecting and analysing data products, maintaining process notes and having the researcher's reflections reviewed by the study supervisor. The dependability of the data was also influenced by the chosen sampling method, as it determined the reliability and trustworthiness of the collected information.

### **3.12.4 Transferability**

Transferability refers to the extent to which the findings from the data can be transferred to other groups (Babbie, 2020). According to Tappen (2022) transferability can be defined as the ability to generalise or apply research findings to other contexts or settings. In this study, the researcher took measures to ensure that the findings could be transferred or applied to other similar contexts.

### **3.13 Ethical considerations**

#### ***3.13.1 Permission to conduct the study***

The researcher adhered to ethical guidelines throughout the duration of the study, which included obtaining approval from the University of Limpopo, Research Ethics Committee the Turfloop Research Ethics Committee (TREC) before initiating the research. The researcher sought permission from the Limpopo Department of Health to carry out the study. Once the permission was given the researcher seeks permission from Mopani District and clinics operational managers before the commencement of the study. The researcher was granted permission to gain access to the participants.

#### ***3.13.2 Informed consent***

The researcher initially provided participants with information regarding the purpose and objectives of the study in their own language. Thereafter, each participant was provided with an opportunity to ask questions for clarity. Furthermore, during recruitment, the researcher respected the participant's cultural beliefs, habits, and lifestyle. Those who verbally and voluntarily agreed to participate were given a written consent form to sign. The researcher further explained that each participant has the freedom to withdraw from participating in the study without fear of discrimination or being mistreated by the researcher or anyone else (De Vos et al., 2014).

#### ***3.13.3 Privacy***

Privacy entails that participant's information whether it be the spoken, written or automated and could be identified with the participants, must be kept private (De Vos et al, 2014). In this study privacy was maintained by implementing measures to protect personal information by interviewing the participants in private consultation rooms of the selected clinics. Additionally, the participants were also informed that the information was kept under lock and key and also password locked in the system where only the researcher and supervisor have access.

### **3.13.4 Anonymity**

The protection of anonymity was guaranteed by not identifying participant's by their names, but the researcher used codes as the participant's identification so that participant's response would not be identified, thus protecting the participant's identity (Babbie & Mouton, 2014). In this study, during the presentation and publication of the results, the names of the participants were protected by allocating numbers.

### **3.13.5 Confidentiality**

The American Psychological Association (2016) defines confidentiality as the protection of participants' private information. In this study, confidentiality was maintained by assuring the participants that the information provided was not shared with anyone who was not participating in research. Additionally, the participants were assured that audio files recorded by a voice recorder were assigned codes and kept confidential by the researcher and the supervisor and the appointed independent coder.

### **3.13.6 Protection from harm**

Protection from harm refers to researchers' ethical responsibility to ensure participants' physical, psychological, emotional and social well-being (American Psychological Association, 2016). The researcher requested the participants, who are women above 30 years, be willing to participate in the study. The participants were asked to complete the consent form in order to take part in the study. Any participant who was not in good health or uncomfortable taking part was excused. The participants who were emotionally impacted during the interview were directed to the nearest hospital psychologist.

### **3.13.7 Principle of no maleficence**

The principle of no maleficence dictates that the researcher must act in a specific way that eludes unnecessary harm or injury (Carter, Lubinsky, & Domholdt, 2016). In this study, the principle of avoiding harm was upheld by ensuring the well-being and protection of the participants established in a secure setting and participants

who had to consult prior to the commencement of data collection sessions started permission was granted for them to do so.

### **3.13.8 Bias**

According to Creswell and Poth (2016), bias can have an impact on the research process it can occur with or without intention.

#### *3.13.8.1 Selection bias*

This occurs when the sample used in the study does not represent the population under study. The researcher in this study prevented bias by carefully selecting participants who represented the target population. The researcher ensured that the sample size was adequate and that participants were diverse in experiences and perspectives.

#### *3.13.8.2 Reporting bias*

This refers to the selective reporting of certain findings or data in a study. In this study, the researcher prevented bias by not only reporting findings that supported their hypothesis.

#### *3.13.8.3 Confirmation bias*

This occurs when researchers seek or interpret information in a way that confirms their preconceived notions or hypothesis. In this study the researcher approached the interviews without any preconceived notions or prior knowledge about the phenomenon being studied.

#### *3.13.8.4 Recall bias*

This is a type of measurement bias that occurs when participants in a study have difficulty accurately recalling past events or experiences. During the interviews, the researcher made a conscious effort to avoid asking questions that could influence or lead the participant's responses and summarised answers using the original context.

#### *3.13.8.5 Sampling bias*

This occurs when the sample used in the study is not randomly selected from the population, leading to a sample that does not represent the population accurately. In this study, the researcher used purposive sampling method to prevent bias in selection of the participants from the target population.

### **3.14 Conclusion**

This section focused on the research design and methodology, specifically discussing qualitative research methods. It provided a comprehensive explanation of the research setting, population, sampling techniques, data collection methods, data analysis procedures, measures of trustworthiness and ethical considerations. Chapter four is dedicated to presenting and discussing the findings of the research.

## **CHAPTER 4: PRESENTATION AND DISCUSSION OF THE FINDINGS**

### **4.1 Introduction**

The previous chapter described the research design and methods. This chapter focuses on the presentation and discussion of the findings. Data analysis was done using Tesch's open coding method, which yielded three themes and nine sub-themes. The categories and subcategories reinforced the themes. The subcategories were enhanced and corroborated by a presentation of direct quotations from the participants' responses, which are written in italics. The literature is used as a reflective or theoretical foundation to offer a perspective on the findings.

### **4.2 Discussion of the findings**

The findings are presented in a narrative format whereby the findings are described. Verbatim excerpts of the participants are presented, and relevant literature to support the findings are described. The analysis of the study led to the identification of various themes and sub-themes, which form the basis for the discussion of the findings, based on the individual semi-structured interviews conducted. The chapter's main objective is to present the results to provide a foundation for how participants perceive and experience barriers to accessing cervical cancer screening and provide critical reasoning.

### **4.3 Demographic information of participants**

The study data was collected from eleven participants; the initial twenty participants were not reached due to data saturation at the eleventh participant. The age of the participants was thirty years and above, with all of them being women who came for consultations and those who accompanied others at the clinics. The table below represents the demographics of the participants in the present study.

**Table 4.1: Demographic information of participants**

| Participant    | Gender | Age | Education level | Home language | Clinic    |
|----------------|--------|-----|-----------------|---------------|-----------|
| Participant 1  | Female | 39  | Grade 12        | Xitsonga      | Kheyi     |
| Participant 2  | Female | 47  | Grade 12        | Xitsonga      | Kheyi     |
| Participant 3  | Female | 48  | Grade 10        | Xitsonga      | Kheyi     |
| Participant 4  | Female | 38  | Grade 12        | Xitsonga      | Makhuva   |
| Participant 5  | Female | 53  | Grade 10        | Xitsonga      | Makhuva   |
| Participant 6  | Female | 46  | Grade 11        | Xitsonga      | Msengi    |
| Participant 7  | Female | 43  | Grade 12        | Sepedi        | Msengi    |
| Participant 8  | Female | 61  | Grade 8         | Xitsonga      | Ratanang  |
| Participant 9  | Female | 51  | Grade 6         | Xitsonga      | Ratanang  |
| Participant 10 | Female | 57  | Tertiary        | Xitsonga      | Kremetart |
| Participant 11 | Female | 49  | Grade 12        | Sepedi        | Kremetart |

Table 4.1 above shows the demographic information of participants, which included their gender, age, education level, and home language. All participants were women above the age of 30 years.

#### 4.4 Themes and sub-themes

Table 4.2 below shows the three themes and nine sub-themes that emerged during data analysis using Tesch’s open coding method. The theme and sub-themes are supported through direct quotations from the participants. The direct quotations of the participants are written in italics and indented in this study’s findings. The relevant literature controls further supported the results. Table 4.2 summarises the themes and sub-themes reflecting the impact of cervical cancer screening by women.

**Table 4.2: Themes and subthemes**

| THEME  | SUB-THEMES  |
|--|---|
| 1. Knowledge regarding cervical cancer                     | 1.1. Causes of cervical cancer.<br>1.2. Risk factors related to cervical cancer<br>1.3. How cervical cancer presents itself/signs and symptoms  |
| 2. Experiences related to cervical cancer screening        | 2.1. Experience of women regarding caring for a family member diagnosed with cervical cancer<br>2.2. Stereotyping of women regarding male health workers who provide screening services<br>2.3. Pain and position adopted by women during screening |
| 3. Perceived barriers related to cervical cancer screening | 3.1. Challenges to related accessibility of results to patients<br>3.2. Fear of the results for cervical cancer screening among women<br>3.3. Long waiting time at clinics  |

#### **4.4.1 Theme 1: Knowledge of cervical cancer**

According to Heena, Durrani, AlFayyad, Riaz, Tabasim, Parvez, and Abu-Shaheen, (2019), women have low awareness of the factors, risks, and symptoms of cervical cancer. This knowledge gap may contribute to the rising incidence of the disease among women. The study identified three sub-themes that reflect this lack of knowledge: the causes of cervical cancer, the people at risk, and the signs and symptoms of the disease.

##### *4.4.1.1 Sub-theme 1.1: Causes of cervical cancer*

Matenge and Mash (2018) found that women in Botswana did not know what causes cervical cancer, and this affected how they perceived the need for a cervical smear. This study shows that participants had inadequate information about the causes of cervical cancer, though they had heard of it. The same can be said of this study's findings for participants, who had this to say:

*“I think it can be caused when a person has sexually transmitted infections for a long time without them being treated, and also it can be caused by sexual activities, sometimes it can be having many sexual partners. It can also cause cervical cancer” (Participant 1)*

*“In some of the gatherings we have as women I have gathered that when you have sexual activities with a man who has large sexual organs. They say that it can hurt you and damage your cervix. Then you get sores that can turn into cancer. I don't know if this is true or not.” (Participant 4)*

The above excerpts show that women lack knowledge about the causes of cervical cancer. The findings of this study are consistent with the study conducted by Mabotja and Kawonga (2021), which states that women do not know the causes and signs of cervical cancer. This lack of knowledge could have a detrimental effect

on women not seeking earlier intervention, which might lead to a high prevalence of cervical cancer.

#### *4.4.1.2 Sub-theme 1.2: People at risk.*

According to Gatumo, Gacheri, Sayed, and Scheibe (2018), a lack of knowledge can cause cervical cancer to be detected late and have a worse outcome. This study revealed that participants knew who was more likely to develop cervical cancer, as evident by the following statements:

*“Sexually active women and young girls, yes women who are sexually active including girls actually even old women I think they can also develop cervical cancer”* (Participant 1)

The participant below added that having many sexual partners could put one in danger of developing cervical cancer.

*“Many sexual partners, yes I am at risk of developing cervical cancer if I don’t take care of myself, having many sexual partners”* (Participant 2)

In addition to the above excerpts, it has also been stated that having sexually transmitted diseases that have not been treated could lead one to develop cervical cancer.

*“Sexually transmitted diseases if I have sexually transmitted infections and don’t treat them while there is still time”* (Participant 11)

These findings concur with the study done by Kessler (2017), which cites that women who have sex at an early age or who have many sexual partners or a partner with multiple sex partners are at increased risk for HPV infection and cervical cancer.

#### *4.4.1.3 Sub-theme 1.3: How cervical cancer presents itself/signs and symptoms*

According to Nyamambi, Murendo, Sibanda and Mazinyane (2020), most women know the signs and symptoms of cervical cancer, regardless of their background factors. The results of this study reveal that participants are aware of how cervical

cancer presents itself or its signs and symptoms. Participants expressed different opinions, as alluded to below:

*“Initial signs and symptoms, in my understanding, a woman can start getting pains in her uterus, experience abnormal smell and discharges. Sometimes they can have continuous vaginal bleeding, that’s my understanding” (Participant 5)*

*“Feeling discomfort, okay, that would mean I will no longer be feeling comfortable because of the pain and discharges that I would be experiencing. I would also be experiencing menstruation for a long time. I think it can change my life.” (Participant 8)*

*“Pain during intercourse you may find that I experience pain.” (Participant 2)*

These responses confirmed the participant’s understanding regarding the signs and symptoms of cervical cancer. The study conducted by Heena et al. (2019) in Saudi Arabia agrees with the findings of this study in that vaginal bleeding, foul-smelling, and discharges are the signs and symptoms of cervical cancer.

#### **4.4.2 Theme 2: Experiences related to cervical cancer screening**

Women who had a personal connection with someone who had been screened for or diagnosed with cervical cancer were more likely to get screened themselves (Black, Hyslop, & Richmond, 2019). The findings of this study revealed that more health education that emphasises the importance of preventing cervical cancer and screening for it could help women understand, need, and be motivated to screen for cervical cancer. Three sub-themes emerged from the findings of this study, which are: Experience of women regarding caring for a family member diagnosed with cervical cancer, stereotyping of women regarding male health workers who provide screening services and pain and position adopted by women during cervical screening.

##### **4.4.2.3 Sub-theme 2.1: Experience of women regarding caring for a family member diagnosed with cervical cancer**

Caring for and living with women who have cervical cancer is a complex experience for family members, involving emotional and practical difficulties, feelings of isolation, and changes in the relationship (Oldertrøen, Sollide, Boer, Nyheim, & Thoresen, 2019). This study shows that participants provided their family members who had cervical cancer with love, care, and support, which are essential elements for coping with the disease.

*“Giving basic care, she was well taken care of, being bathed, and doing everything that they were told to do, but the problem was that when you entered where she was staying, the smell was unbearable; the smell was too much. “So that is what I have experienced.” (Participant 1)*

Additional participants relayed even more intimate accounts involving their loved ones.

*“Provide support and assurance. We did go close to her and give her support; we would stay with her, enduring the bad odour, but we did not show her that; the environment was not favourable. We would be constantly going out for fresh air and going back to chat with her, joke with her, and everything. Also giving her food, treatment, and water when she needed and providing support.” (Participant 6)*

Moshi, Vandervort, and Kibusi (2018) found that Tanzanians residing both in rural and urban areas possess extensive knowledge and hands-on experience when it comes to providing care for their family members and members of their communities who are suffering from advanced stages of cervical cancer, which agrees with the findings of this study.

#### *4.4.2.2 Sub-theme 2.2: Stereotyping of women regarding male health workers who provide screening services*

According to a study done by Stuart and D’Lima (2022), women felt shy or embarrassed when they were screened for cervical cancer. In this study, participants revealed that the gender of the person who did the screening mattered to them. These feelings made them less likely to go for cervical cancer screening.

It has been revealed in this study that women find it difficult to seek screening because, in some facilities, men conduct this procedure, which is culturally wrong.

*“I was just embarrassed, and it was the first time a man also screening me I was a bit sceptical because he was a man, and I could not question, he was good though” (Participant 10)*

Most women expressed a preference for a female physician, irrespective of their ethnicity, as they were more comfortable as compared to their male counterparts (Ferdous, Lee, Goopy, Yang, Rumana, Abedin, & Turin, 2018). A study conducted in Ghana highlighted that those barriers included embarrassment or shyness and low health literacy (Asgary, Cole, Adongo, Nwameme, Maya, Adu-Amankwah, Barnett, & Adanu, 2019).

#### *4.4.2.3 Sub-theme 2.3 Pain and position adopted by women during cervical screening*

Some participants had problems with pain or discomfort, but others said that this did not affect their decision to go for cervical cancer screening. The following responses reflect these barriers to acting:

*“They talk about how the instrument (vaginal speculum) used to screen its very painful” (Participant 8)*

A study conducted by Kohler, Roncarati, Aguiar, Chatterjee, Gaeta, Viswanath, and Henry (2021) agrees with the findings of this study, describing the pain participants experienced and emphasizes how invasive it was. The instruments hurt. It is large and heavy, and the cold speculum creates pressure and pain. Position during the exam to expose themselves with spreading legs and have people look at it is humiliating and embarrassing to some who don't like being touched” around their genitals and stated that even thinking about it is upsetting (Kohler et al., 2021).

#### *4.4.3 Theme 3: Perceived barriers related to cervical cancer screening*

Screening early can prevent cervical cancer and reduce the deaths caused by it (Mengesha, Messele, & Beletew, 2020). Three sub-themes emerged from the findings of this study, which are: challenges related to accessibility of results to patients; fear of the results for cervical cancer screening among women and long waiting time at clinics.

##### *4.4.3.1 Sub-theme 3.1: Challenges related to accessibility of results to patients*

Failing to receive feedback can make patients stop attending the clinic and disrupt their care. This can cause cervical cancer to get worse and lead to death (Vhuromu, Goon, Maputle, Lebese, & Okafor, 2017). The study found that the participants either never received their results or had to wait for months, with no reason given. The participants were apprehensive that the long wait for the results discouraged them from screening for cervical cancer. The statements below describe the participant's perceptions:

*"I become discouraged because even if I screen for cervical cancer I don't get the results so I don't see the need to do it"* (Participant 4)

*"They told us to come and check the results and did not receive them, it took a while but I finally found the results and there was no problems found"* (Participant 9)

This study found that there was no feedback mechanism for the participants who were screened for cervical cancer. The results of this study agree with Binka, Nyarko, Awusabo-Asare, and Doku (2019), who also found that women were very unhappy when they had to wait for a long time to get their results.

##### *4.4.3.2 Sub-theme 3.2: Fear of the results for cervical cancer screening among women*

Stuart and D'Lima (2022) found that fear can be a critical barrier to picking up a cervical cancer screening, thus the fear of the outcome. These study results indicate that participants often feared getting a cancer diagnosis and also worried about how others would react to their disease. These factors influenced their use of screening and treatment services.

*“The challenge is that when people close to you screen for cervical cancer and they find out that they have cancer, you have a fear of also developing it. By relating their stories, you become afraid, and you tell yourself that even if I screen and I don't get the result, it is fine.” (Participant 4)*

Moreover, participant provided additional insights:

*“Most of the people in our community have a fear of screening for cervical cancer; they think when they find out that they have developed cervical cancer, it means they will die.” (Participant 5)*

This aligns with the observations made by Black, Hyslop, and Richmond (2019), who found that individuals often possess a sense of fatalism regarding prognosis and implications, further contributing to their apprehension and reluctance to undergo screenings. It is evident from the quotes that fear of receiving a cancer diagnosis and the anxiety surrounding screening results play a critical role in individuals' utilisation of screening and treatment services.

#### *4.4.3.3 Sub-theme 3.3 Long waiting time at clinics*

Despite the importance of early detection in preventing and treating cervical cancer, many women face frustratingly long waiting times for screening appointments at clinics. Long waiting times for cervical cancer screening at clinics can have implications for patients out comes (Ndejjo et al, 2017). The study found that lengthy waiting periods were identified as a hindrance to receiving cervical cancer screening.

*“Most people would like to screen for cervical cancer but they are discouraged by the long ques at the clinic” (Participant 8)*

A study in low- and middle-income countries similar to Afghanistan, Nigeria, and South Africa concurs with this study. In 12% of the studies reviewed, it was revealed that long waiting times and queues in the screening centre put them off seeking screening services (Matenge et al. 2018). Onyenwenyi and Mchunu (2018) conducted a study in Nigeria where they found that many women did not go for the screening because they had to wait too long at the clinics.

#### **4.5 Conclusion**

This chapter presents the results, interpretation, and discussion of the findings of this study. Results were presented, interpreted, discussed, and supported by key informants' transcripts and literature control from other similar previous studies. The next chapter will present a summary of results, recommendations, and conclusion.

## **CHAPTER 5: SUMMARY OF RESULTS, CONCLUSIONS, RECOMMENDATIONS, LIMITATIONS OF THE STUDY**

### **5.1 Introduction**

This chapter provides a summary research results, conclusion on the findings based on the study's findings. The study's limitations are also discussed, acknowledging any constraints or shortcomings. It presents a concise overview of the entire research and concludes the outcomes. Additionally, recommendations are provided for potential interventions and areas of future research that can build upon this study. The researcher's aim was to explore perceptions, experiences and barriers to accessing cervical cancer screening by women at clinics within the municipal boundaries of Greater Giyani Municipality. The study utilized qualitative methodologies, such as individualized or one-on-one interviews, to collect detailed insights.

### **5.2 Summary of results**

The results are summarised based on the research objectives as follows:

Objective 1: To explore perceptions, of women regarding accessing cervical cancer screening at clinics in the Greater Giyani Municipality, Limpopo Province.

Participants provided description of cancer of the cervix. The participants had the ability to recognise causes, risk factors and how cervical cancer presents itself/signs and symptoms. This study showed that participants had inadequate information and lacked knowledge on the causes of cervical cancer. However, other identified causes were multiple sexual partners, untreated sexual infections, and if there is injury to the cervix due to sexual activities. In conclusion, understanding cervical cancer requires a multi-faceted approach that includes improved access to screening services, education and awareness campaigns, and support for women. This study revealed that participants knew who was more likely to develop cervical

cancer. The participant indicated that having many sexual partners could put one in danger of developing cervical cancer. Participant supported the previous statement by highlighting that women who have sex at an early age or who have many sexual partners or a partner with multiple sex partners are at increased risk for HPV infection and cervical cancer. The findings of this study indicate that participants possess knowledge or understanding of how cervical cancer presents itself or its signs and symptoms. Findings of this study indicated pain and discomfort during sexual activities, vaginal bleeding, foul-smelling, and discharges are the signs and symptoms of cervical cancer. Regular cervical cancer screening is an essential component of early detection and prevention and offers the best chance of successful management. According to the study's results, early screening can effectively prevent cervical cancer and lower the number of associated fatalities.

Objective 2: To record experiences of women in relation to accessing cervical cancer screening at clinics in the Greater Giyani Municipality, Limpopo Province, South Africa.

Participants revealed that the gender of the person who did the screening mattered to them; they were shy and embarrassed to be screened by a man. These feelings made them less likely to go for cervical cancer screening. Some participants had problems with pain or discomfort, but others said that this did not affect their decision to undergo cervical cancer screening. Participants further discussed the position during the exam that expose themselves with spreading legs and have people look, it is humiliating and embarrassing to some who don't like being touched around their genitals and stated that even thinking about it is upsetting. Participants provided their family members who had cervical cancer with love, care, and support, which are essential elements for coping with the disease. The participants possess extensive knowledge and hands-on experience when it comes to providing care for their family members and members of their communities who are suffering from advanced stages of cervical cancer. Participants expressed the necessity for education on the significance of cervical cancer screening as well as addressing associated obstacles.

Objective 3: To explore barriers to accessing cervical cancer screening by women at clinics in the Greater Giyani Municipality, Limpopo Province, South Africa.

Participants explained challenges related to accessibility of results to patients, they were unhappy when they had to wait for a long time to get their results. Highlighted was also the lack of a proper feedback mechanism where participants are not informed of their test results, which discourages individuals from undergoing cervical cancer screening. The findings of the study show a negative aspect. Participants further shared that they would like to screen for cervical cancer but are discouraged by the long waiting time at clinics. Participants often feared getting a cancer diagnosis and also worried about how others would react to their disease. These factors influenced their use of screening and treatment services. Participants provided additional insights that most of the people in the community have a fear of screening for cervical cancer; they think that when they find out that they have developed cervical cancer, it means they will die. By addressing these barriers, participants can be empowered to make informed decisions about their reproductive health and reduce the burden of cervical cancer. These misconceptions about cervical cancer and screening also contributed to the low uptake of screening services. The results of this study revealed that teaching about health emphasises the importance of preventing cervical cancer and screening could help women understand, need, and be motivated to screen for cervical cancer. The participants expressed the importance of screening for cervical cancer as a necessary measure.

### **5.3 Conclusion**

This study highlights insufficient awareness among eligible women regarding cervical cancer and the barriers they face in screening for the disease. While women generally have awareness of who is at risk for cervical cancer and its signs and symptoms, there are various experiences and obstacles that deter them from undergoing screening. These include a lack of feedback on previous screenings, fear of the outcomes, preference for a specific gender of examiner, feelings of shyness and embarrassment, pain and discomfort during the procedure, and long waiting times at clinics. To address these challenges, it is important to provide health information and education that emphasises the significance of preventing cervical

cancer. Health care workers should play a crucial role in educating communities about cervical cancer and promoting the benefits of screening, with efforts aimed at reaching women who seldom visit healthcare facilities.

#### **5.4 Recommendations**

After analysing the results of the study, the researcher has put forth the following suggestions:

##### **5.4.1 Women**

Women should be made aware of their health status and encouraged to routinely screen for cervical cancer. They should also receive detailed health education about cervical cancer and its potential complications if early intervention is not sought. It is important to encourage women to visit healthcare facilities for any advice they may need.

##### **5.4.2 Department of Health**

The Health Department should collaborate with the Department of Education to incorporate educational efforts about the screening for cervical cancer at the primary level of education. Health information and education should be made available to all communities to raise general awareness about cervical cancer screening.

##### **5.4.3 Healthcare facilities**

Home-based care workers should be equipped with health information in their native languages to share with their communities. Additionally, health information pamphlets should be distributed by these workers. Health professionals should motivate women of all ages by educating them about cervical cancer and encouraging them to undergo screenings without feeling embarrassed. Awareness campaigns and education initiatives should be undertaken by health professionals to improve screening uptake.

#### **5.4.4 Future researchers**

It is recommended that further investigation into cervical cancer screening uptake be conducted on a larger scale to identify additional ways to increase it. Cervical cancer screening uptake is a concern for the public's health that requires ongoing research and intervention.

#### **5.5 Contributions of the study**

The research conducted on the perception of women, experiences, and barriers to accessing cervical cancer screening provides valuable insights to develop effective strategies to increase screening uptake and reduce disparities. This study emphasizes the need for education, awareness-building, and targeted interventions to address specific obstacles like fears, feedback mechanisms, and concerns about privacy. Effective communication between women and healthcare providers and identifying gaps among certain populations can lead to targeted efforts to improve screening access. Overall, the study provides crucial insights to improve screening uptake, reduce inconsistencies, and improve women's health outcomes.

#### **5.6 Limitations of the study**

Although this study provided some insight regarding perceptions, experiences and barriers to accessing cervical cancer screening by women, the study's sample size was small and cannot be generalised to the larger community. Financial constraints were experienced as most of the data collection process was done poorly at first and had to be redone, after which there was improvement. Due to the study's focus on only five clinics within the Greater Giyani municipality in the Mopani District, the findings cannot be universally applied to clinics located in different districts and Provinces.

#### **5.7 Concluding remarks**

This chapter concludes the results of the research and gives recommendations to curb the challenging phenomenon of cervical cancer. The disease has an impact not only on the well-being and survival of women, but also on their children, families and communities. There is still a need for continued research and investment in

effective screening, treatment, and prevention strategies. Ongoing efforts to address barriers to prevention, increase screening rates, and improve access to care for marginalised communities will be crucial in minimizing the occurrence and death rates associated with the prevalence of cervical cancer in South Africa.

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## APPENDICES

### APPENDIX A: LETTER TO REQUEST PERMISSION

University of Limpopo  
School of Health Sciences  
Cell: 083 372 4815/ 081 542 5246  
Work: 015 873 7924  
Email: [thembivictoria3@gmail.com](mailto:thembivictoria3@gmail.com)  
16 September 2022

The Department of Health  
Research Unit  
Polokwane  
0700

Dear Sir/Madam

**Request for permission to conduct research at the following clinics of Limpopo Province, South Africa: Makhuva, Msengi, Ratanang, Kremetart and Kheyi.**

I, Thembi Victoria Chabalala, a Master of Public Health student at the University of Limpopo, hereby request permission to conduct a research study at the above-mentioned clinics in Mopani District, Greater Giyani Municipality. The title of the study is: **“Perceptions, experiences and barriers to accessing cervical cancer screening by women at clinics in the Greater Giyani Municipality, Limpopo Province, South Africa”**

This project will be conducted under the supervision of Dr. TS Netshapapame of the University of Limpopo. All information received from the respondents will be treated confidentially and will be used solely for the purpose of the research.

Thank you in advance for your cooperation.

Yours Sincerely,  
Chabalala Thembi Victoria

## **APPENDIX B: UNIVERSITY OF LIMPOPO CONSENT FORM**

Statement concerning participation in a clinical research project.

### **Name of project/study**

**Perceptions, experiences and barriers to accessing cervical cancer screening by women at clinics in the Greater Giyani Municipality, Limpopo Province, South Africa.**

### **Information box:**

Thank you for agreeing to participate in this study. My name is Thembi Victoria Chabalala, and I am a researcher from the University of Limpopo. The aim of the study is to:

Explore perceptions, experiences and barriers to accessing cervical cancer screening by women at clinics in the Greater Giyani Municipality, Limpopo Province, South Africa.

The study is non-invasive and does not involve any manner of anticipated harm. The objectives are to determine perceptions, experiences, and barriers to accessing cervical cancer screening and describe the factors influencing the utilisation of cervical screening services by women at clinics in the Greater Giyani Municipality, Limpopo Province, South Africa. Participation in this study is completely voluntary, and you may withdraw from it at any time and without victimisation.

Should you have any queries, kindly contact:

T.V Chabalala (083 372 4815/ 081 542 5246)



## **APPENDIX C (1): ENGLISH INTERVIEW GUIDE**

### **Central question:**

**“In your own words can you kindly describe what cervical cancer is”?**

### **Probing questions:**

1. Having described what you think cervical cancer is, what do you think could be the causes?
2. Please describe how you could be at risk of developing cervical cancer?
3. How do you think your life can change if you develop cervical cancer?
4. If you were to have knowledge of someone in your community with cervical cancer, how would you react to such a person?
5. What are the things that can make you die from cervical cancer and how can it alter your quality of life?
6. How can cervical cancer threaten your relationship with your husband or Partner?
7. How do you think the people in your community would feel about cervical cancer screening?
8. What are the thoughts of cervical cancer that concerns you most?
9. What is the most important reason for you to participate or not to participate in cervical cancer screening?
10. What do you think is the most unpleasant about cervical cancer screening?
11. What kind of help would you like to receive in order to have regular cervical cancer screening even when you are not sick?

## APPENDIX C (2): XITSONGA INTERVIEW GUIDE

### XIVUTISO NKULU:

1. “Hi marito ya wena hlamusela leswaku mfukuzani ya nomo wa xivelekelo l yini”?

#### Swivutiso swo landzelerisa.

1. A henhla ka nhlamuselo ya leswaku l yini mfukuzani ya nomo wa xivelekelo, mi ehleketa leswaku swivangelo ku ngava yini?
2. Ni kombela mi hlamusela hi ndlela leyi mi nga ha va ka na khombo ro khomiwa hi mfukuzani ya nomo wa xivelekelo?
3. Miehleketeta leswaku vutomi bya nwina byi nga cinca njhani loko mi khomiwa hi mfukuzani ya nomo wa xivelekelo?
4. Loko mo tiva un’wani eka muganga waka n’wina anga na mfukuzani ya nomo wa xivelekelo mi nga n’wu khoma njhani?
5. Hi swihi leswi nga endlaka leswaku mi hundza emisaveni hikokwalaho ka mfukuzani ya nomo wa xivelekelo nakona swi nga ha va na xiave xa njhani eka rihanyo ra n’wina?
6. Mfukuzani ya nomo wa xivelekelo yi nga xungeta vuxaka bya n’wina na nuna kumbe munhu loyi mi hanyaka na yena hi ndlela yini?
7. Miehleketeta leswaku vanhu va muganga waka n’wina va nga titwa njhani hi ku kamberiswa ka mfukuzani ya nomo wa xivelekelo?
8. Loko miehleketeta hi mfukuzani ya nomo wa xivelekelo hi swihi leswi mi vilerisaku ngopfu?
9. Xana l yini xivangelo xa nkoka lexi nga endlaka leswaku u nghenelela na ku va u nga ngheneleli eka swikambelwana swa mfukuzani ya nomo wa xivelekelo?
10. Xana mavonelo ya wena hi wa hi eka leswi nga ku khomiki kahle mayelana na swikambelwana swa mfukuzani ya nomo wa xivelekelo?
11. l mpfuno wa njhani lowu mi nga wu tsakelaka leswaku mi kamberiswa mfukuzani ya nomo wa xivelekelo nkarhi na nkarhi na loko mi nga vabyi?

## **APPENDIX C (3): SEPEDI INTERVIEW GUIDE**

### **POTISO KGOLO.**

“Hlaloša ka mantšu a gago gore kankere ya molomo wa popelo ke eng”?

1. Kage o šetše o hlalošitše gore kankere molomo wa popelo ke eng. O nagana gore e tliša ka eng?
2. Hlaloša gore ke dilo dife tšewe di ka oketšang monyetla wa go tšena ka kankere ya molomo wa popelo?
3. O nagana gore bophelo bo tlo fetoga bjang ge o na le kankere ya molomo wa popelo?
4. Ge o kaba le botšibe ba gore o mongwe wa modudi wa motše wa lena o na le kankere ya molomo wa popelo o tlo mo šwara bjang?
5. Ke dilo dife tšewe di ka dirago gore o bolawa ke kankere ya molomo wa popelo, e tlo fetola boemo ba bophelo bag ago bjang?
6. Kankere ya molomo wa popelo e ka tliša bjang dikakgano ka gare ka muna wag ago oba molekani wag ago?
7. O nagana gore batho ba motše owe u dulang go wona ba tlo ikwa bjang ka go hlola ga kankere ya molomo wa popelo?
8. Ke megopolo efe ya kankere ya molomo wa popelo ene e go tshwenyego kudu?
9. Ke lebaka lefe la bohlokwa lewe le dirago gore o tšenela o ba o se tsenele go hlola gore o na le kankere ya molomo wa popelo?
10. O nagana gore ke eng sa go sebebose ka go hlola ga kankere ya molomo wa popelo?
11. O ka nyaka thušo efe yewe e tla hlohleletšang gore oye go hlola kankere ya molomo wa popelo kgafetša?

**APPENDIX D (1): ENGLISH CONSENT FORM**

**DEPARTMENT OF PUBLIC HEALTH ENGLISH CONSENT FORM**

**Statement concerning participation in a clinical Research Project.**

**Name of Project/Study:** Perceptions, experiences and barriers to accessing cervical cancer screening by women at clinics in the Greater Giyani Municipality, Limpopo Province, South Africa.

I have read the information and heard the aims and objectives of the proposed study. I was provided the opportunity to ask questions and given adequate time to rethink the issue. The aim and objectives of the study are sufficiently clear to me. I have not been pressured to participate in any way.

I know that sound recordings of me will be recorded. I am aware that this material may be used in scientific publications which will be electronically available throughout the world. I consent to this provided that my name and clinic number are not revealed.

I understand that participation in this study or project is completely voluntary and that I may withdraw from it at any given time and without providing reasons. This will have no influence on the regular treatment that I receive for my condition, nor will it influence the care that I receive from my regular healthcare practitioners.

Name of participant

Signature

.....

.....

.....

Place

Date

Witness

.....

.....

.....

.....

Name of researcher

Signature

Date

## APPENDIX D (2): XITSONGA CONSENT FORM

Xiletelo mayelana na ku nghenelela eka ndzavisiso Vito ra ndzavisiso: Ndzi nyikiwile xikongomelo na maendlelo ya ndzavisiso, ndzi thlela ndzi nyikiwa nkarhi wo vutisa swivutiso na ku nyikiwa nkarhi lowu eneleke ku ehleketisisa hi mhaka leyi. Xikongomelo na maendlelo ya ndzavisiso swi basisiwile eka mina. Andzi sindzisiwanga ku nghenelela hi ndlela yihi kumbe yihi. Ndza swi twisisa leswaku ku nghenela eka ndzavisiso lowu i ku tsakela ka mina naswona ndzi nga tihumesa eka swona nkarhi wun'wana na wun'wana handle ko hlamusela ku hikwalaho ka yini. Ndza swi tiva leswaku ndzavisiso lowu wu pfumeleriwele hi komiti ya swa vulavisisi leyi vuriwaka Turfloop Research Ethics Committee (TREC) na ndzawulo ya rihanyo xifundzha-nkulu xa Limpopo na va rangeri va ti tliniki. Ndza swi tiva hi ku hetiseka leswaku mbuyelo wa ndzavisiso wu ta tirhisiwa eka swikongomelo swa tisayense nakona swi nga hangalasiwa. Ndza pfumela eka leswi, ntsena loko ndzi tiyisisiwa leswaku ndzi nga ka ndzi nga humelerisiwi kumbe ku tivisiwa eka van'wana. Ndzi nika mpfumelelo wo nghenelela eka ndzavisiso lowu.

Vito ra Mungheneleri

Nsayino wa mungheneleri/ muhlayisi

.....

.....

Mbhoni.....

Ndhawu.....

Siku.....

Xiletelo hi mulavisisi Ndzi nyikile vuxokoxoko hi ku vulavula na hi leswi tsariweke mayelana na ndzavisiso lowu. Ndza pfumela Ku hlamula swivutiso hi vuswikoti bya mina eka nkarhi lowu taka mayelana na ndzavisiso. Ndzi ta landzelerisa eka maendlelo lawa ya pfumeleriweke.

Vito

ra

mulavisisi.....

Nsayino.....Siku.....

## APPENDIX D (3): SEPEDI CONSENT FORM

Setatamente mabapi le go tšea karolo ka go Protšeke ya Dinyakišišo tša Teko ya Klinikhale\*.

### Leina la Protšeke / Dinyakišišo / Teko\*

Ke badile/ke kwele ka ga tshedimošo mabapi le maikemišetšo le morero wa dinyakišišo tšeo di šišintšwego gomme ka fiwa nako yeo e lekanego gore ke naganišiše ka ga taba ye. Ke tloga ke kwešiša maikemišetšo le morero wa dinyakišišo tše gabotse. Ga se ka gapeletšwa go kgatha tema ka tsela efe goba efe. Ke a kwešiša gore go kgatha tema Protšekeng/Dinyakišišong tše ke ga boithaopo gomme nka tlogela go kgatha tema nakong efe goba efe ntle le gore ke fiwe tshwaro empe.

Se se ka se be le khuetšo efe goba efe go kalafo yaka ya ka mehla ya maemo a ka. Ke a tseba gore Teko/Protšeke/Dinyakišišo tše di dumeletšwe ke Turfloop Research and Ethics Committee (TREC), Kgoro ya tša maphelo ya Limpopo, moetapele wa kgoro ya maphelo tikologong ya kheprikone. Ke tseba gabotse gore dipelo tša Teko/Dinyakišišo/ Protšeke tše di tla dirišetšwa merero ya saense gomme di ka phatlalatšwa. Ke dumelelana le se, ge fela bosephiri bja ka bo ka tiišetšwa.

Mo ke fa tumelelo ya go kgatha tema Tekong/Dinyakišišong/ Protšekeng

Leina la molwetši/ moithaopi      Mosaeno wa molwetši goba mohlokamedi.

.....

.....

Lefelo.....Letšatšikgweedi.....Tlhatse.....

..

Setatamente ka Monyakišiši

Ke fana ka tshedimošo ka molomo le/goba yeo e ngwadilwego mabapi le Teko/Dinyakišišo/ Protšeke ye.

Ke dumela go araba dipotšišo dife goba dife tša ka moso mabapi le Teko/Dinyakišišo/ / Protšeke ka bokgoni ka moo nka kgona go ka gona.

Ke tla latela melao yeo e dumeletšwego.

Leina la Monyakišiši.....Mosaeno.....

Letšatšikgwedi.....Lefelo.....

## APPENDIX E: INTERVIEW TRANSCRIPT

**R=** Researcher

**P=**Participant

**Researcher:** Good afternoon.

**Participant:** Afternoon.

**Researcher:** How are you?

**Participant:** I am fine and you?

**Researcher:** I am fine, I am sister Chabalala a student at university of Limpopo doing research on perceptions, experiences and barriers to cervical cancer screening.

**Participant:** Okay.

**Researcher:** So I am a nurse working in a clinic at Ribungwani village.

**Participant:** Okay.

**Researcher:** So I have a few questions I need to ask you related to cervical cancer screening. I hope you have read and signed the consent form.

**Participant:** I have seen and signed it.

**Researcher:** You understand what is going to happen with the information that you are sharing with me?

**Participant:** Yes I understand.

**Researcher:** Okay, in your own words can you kindly describe what cervical cancer is?

**Participant:** Okay, in my own understanding, I understand that a woman can start getting pains in her uterus, experience abnormal smell and discharges. Sometimes they can have continuous vaginal bleeding, that's my understanding.

**Researcher:** Okay, in your own understanding you have explained the signs and symptoms that a person can have of cervical cancer, so having describe what you think cervical cancer is what do you think could be the causes?

**Participant:** Mm..... It is a bit difficult, but what I understand is that eish I'm not sure about it....laughing but what I understand is that maybe sexual activities can cause it, I stop here.

**Researcher:** Okay, you understand sexual activities can be one of the causes of cervical cancer.

**Participant:** Yes.

**Researcher:** Okay so can you please describe who could be at risk of developing cervical cancer?

**Participant:** Women and young girls, yes women who are sexually active including girls actually even old women I think they can also develop cervical cancer.

**Researcher:** I heard you so how do you think your life could change if you developed cervical cancer?

**Participant:** Okay that would mean I will no longer be feeling comfortable because of the pain and discharges that I would be experiencing also menstruating for a long time, I think it can change my life.

**Researcher:** Okay I hear you, so if you were to develop cervical cancer where can you seek for assistance first?

**Participant:** Firstly when I see those signs and symptoms that I have explained earlier I can go to the clinic for a Pap smear and take it from there.

**Researcher:** Here you have developed cervical cancer meaning a Pap smear has already been done, and they gave you the results that you have cervical cancer that can change your life, you said it can make you uncomfortable because you can be bleeding or having discharges. So if at the clinic they have told you that you have developed cervical cancer, and your life changes in that manner. Where else can you seek assistance other than a clinic?

**Participant:** I would have gone to the clinic to be screened and they tell me that I have cancer. It means from the clinic they will tell me which steps to take so I can be assisted further. If they say I must go to the hospital it means I will do so and follow instructions.

**Researcher:** Oh it means if they have told you at the clinic that you have cervical cancer yourself will follow the instructions given. And also receive treatment and take it further.

**Participant:** Yes, that is what I would do.

**Researcher:** Thank you, mmm if you were to have knowledge of someone in your community with cervical cancer how would you react to such a person?

**Participant:** At the present moment I don't know anyone but years back there was one who passed away.

**Researcher:** How did you react to that person?

**Participant:** She was well taken care of, being bathed and everything that they were told to do, but the problem was when you entered where she was sitting the smell was unbearable, the smell was too much. So that is what I have experienced.

**Researcher:** So this person despite the bad odour where she was, were you disgusted by her or did you go where she was and give her support?

**Participant:** We did go close to her and gave her support, we would stay with her enduring the bad odour but we did not show her that, the environment was not favourable. We would be constantly going out for fresh air and going back to chat with her, joking with her and everything. Also giving her food, treatment and giving her water when she needed and providing support.

**Researcher:** Okay, have you ever screened for cervical cancer?

**Participant:** Yes, I have screened.

**Researcher:** Alright, what do you think are the things that can make you die from cervical cancer?

**Participant:** Things that can kill someone.

**Researcher:** Yes

**Participant:** It's when a person experiences those signs and symptoms and not take it seriously, they can die. And when you have started treatment and stop or not following instructions on treatment like you are advised at the clinic can make someone to die.

**Researcher:** And then how do you think it can affect the quality of life of this person, like what are the things that can make you die from cervical cancer you have explained, how can it alter your quality of life? How can it disturb your life?

**Participant:** When you have cervical cancer?

**Researcher:** Yes when you have cervical cancer.

**Participant:** I don't know but what I have experienced is that there is a bad odour where they are, so they won't like to sit among other people. Because of the bad odour and it feels like those people can pick up that there is a certain smell, it's one of them.

**Researcher:** Related to work, school and home chores things like that.

**Participant:** Related to work?

**Researcher:** Yes, the quality of life like their health, you have explained that they will no longer be comfortable around other people. Okay so how can cervical cancer threaten your relationship with your husband or partner?

**Participant:** It can threaten the relationship like sexual activities, the woman won't be comfortable because of pain when engaging in sex. The man can be disgusted by the woman, saying she has a bad smell or when he wants to engage in sex she has excuses and does not understand what is happening.

**Researcher:** Okay so how people in your community would feel about cervical cancer screening?

**Participant:** Eee, we hear them talking that they want to go to the clinic to screen for cervical cancer screening, they don't have a problem with it, they like it.

**Researcher:** Okay so people in your community don't have a problem screening?

**Participant:** Yes I hear them saying I'm from the clinic and have also screen for cervical cancer.

**Researcher:** Okay so what are your thoughts of cervical cancer that concerns you most?

**Participant:** What concerns me most is that when you develop cervical cancer you can die early, that is what concerns me most.

**Researcher:** Okay and then you said you were screened for cervical cancer what was the most important reason for you to participate in cervical cancer screening?

**Participant:** It was because when I went to the clinic they taught us about cervical cancer and that we must regularly screen to know the status of our health so I decided to screen.

**Researcher:** Okay when did you screen?

**Participant:** This year.

**Researcher:** 2023

**Participant:** Yes

**Researcher:** Okay so when you were screened what do you think was the most unpleasant about cervical cancer screening?

**Participant:** I was not comfortable with the instrument that they used, but I endured till they finished.

**Researcher:** Okay so what kind of help would you like to receive in order to have regular cervical cancer screening even when you're not sick?

**Participant:** It's just those things that when we are going around we must get pamphlets or when we go to the clinics they must give us health education also giving advice to regularly do a Pap smear.

**Researcher:** Okay so is cervical cancer and STI related?

**Participant:** I think it's there, the relationship between cervical cancer and sexually transmitted infections.

**Researcher:** Okay how so?

**Participant:** It is because sexual transmitted infections can cause cervical cancer.

**Researcher:** So what are the complications of cervical cancer?

**Participant:** Mmm I'm not sure but I think a person can experience bad odour, I'm not sure about it I don't want to lie.

**Researcher:** Okay tell me what you could have heard in the community that can be the causes of cervical cancer? It can be a myth.

**Participant:** Mmm some say it's genetic, that's what I have heard also sexual activities that's what I have heard.

**Researcher:** Okay so witchcraft does not have an influence in cervical cancer or it can just happen naturally?

**Participant:** I think it can occur naturally, I don't know if it can be caused by witchcraft.

**Researcher:** Okay so if you can come across a person who have develop cervical cancer and think she has been bewitched what advice can you give to this person?

**Participant:** I can advise this person that diseases just develop most of the time, witchcraft is there. We won't dismiss that but we must not concentrate on witchcraft because we will go to wrong places to seek assistance and fail to go where you were supposed to be assisted. I can advise you to first go to the clinic and see where it goes.

**Researcher:** Okay you have described in your own words what cervical cancer is and also explained signs and symptoms that a person can experience and realise it can be cervical cancer, and who is likely to develop cervical cancer, and the causes. You have told me that you were screened for cervical cancer and when you were screened you were uncomfortable but you endured for the sake of knowing your health status. You told me about the perceptions of the community regarding cervical cancer screening that most people have interest in screening for cervical

cancer, so now would you like to add something? To what we have been talking about.

**Participant:** I think what we talked about is enough.

**Researcher:** Okay do you have questions you would like to ask?

**Participant:** Let me think about what we were talking about, oh I want to ask that you asked how cervical cancer can threaten a relationship with your husband?

**Researcher:** Okay it's like when you have developed cervical cancer how can it threaten your relationship with the two of you? Another example is that a lot can happen. Firstly the man can decide to leave the woman because there is nothing that brings them together. We are no longer engaging in sexual activities, it can also initiate divorces, them always having arguments, stress and depression can develop if that person no longer cares about you. You have explained earlier that they can lose interest in sex because I have a bad odour. You find that they don't hide their feelings towards you. Sometimes they can cheat, it is a threat to the relationship, you will also not be happy in that relationship by how he behaves around you.

**Participant:** Okay thank you.

**Researcher:** So you understand it better now?

**Participant:** Yes I understand it better now thank you.

**Researcher:** Okay, I also thank you for talking about your perceptions, experiences and barriers related to cervical cancer screening, explaining that as a woman you are also likely to develop cervical cancer, I thank you a lot for your time.

**Participant:** Thank you.

## APPENDIX F: LETTER FROM UNIVERSITY OF LIMPOPO ETHICS COMMITTEE



**University of Limpopo**  
Department of Research Administration and Development  
Private Bag X1106, Sovenga, 0727, South Africa  
Tel: (015) 268 4713, Fax: (015) 268 2306, Email: moore.hutamo@ul.ac.za

**TURFLOOP RESEARCH ETHICS COMMITTEE**  
**ETHICS CLEARANCE CERTIFICATE**

**MEETING:** 22 MARCH 2023  
**PROJECT NUMBER:** TREC/83/2023: PG

**PROJECT:**

**Title:** Perceptions, experiences and barriers to accessing cervical cancer screening by women at clinics in the Greater Giyani Municipality, Limpopo Province, South Africa.  
**Researcher:** TV Chabalala  
**Supervisor:** Dr. TS Netshapapame  
**Co-Supervisor/s:** Dr MH Mphasha  
**School:** Health Care Science  
**Degree:** Master of Public Health

**PROF D MAPOSA**  
**CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE**

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: REC-0310111-031

**Note:**

- i) This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.
- ii) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.
- iii) PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

*Finding solutions for Africa*

# APPENDIX G: LETTER FROM THE LIMPOPO DEPARTMENT OF HEALTH



**LIMPOPO**  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF  
**HEALTH**

Ref : LP\_2023-03-018  
Enquires : Dr Ramalivhana NJ  
Tel : 015-293 6028  
Email : [Phoebe.Mahlokwane@dhsd.limpopo.gov.za](mailto:Phoebe.Mahlokwane@dhsd.limpopo.gov.za)

**CHABALALA THEMBI VICTORIA**

**PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES**

Your Study Topic as indicated below;

**PERCEPTIONS, EXPERIENCES AND BARRIERS TO ACCESSING CERVICAL CANCER SCREENING BY WOMEN AT CLINICS IN THE GREATER GIVANI MUNICIPALITY, LIMPOPO PROVINCE, SOUTH AFRICA**

1. Permission to conduct research study as per your research proposal is hereby Granted.
2. Kindly note the following:
  - a. Present this letter of permission to the Office of District Executive Manager a week before the study is conducted.
  - b. This permission is **ONLY** for KHEYI CLINIC; KREMETART CLINIC; MAKHUVA CLINIC; MSENGI CLINIC; RATANANG CLINIC
  - c. In the course of your study, there should be no action that disrupts the routine services or incur any cost on the Department.
  - d. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
  - e. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
  - f. **The approval is only valid for a 1-year period.**
  - g. If the proposal has been amended, a new approval should be sought from the Department of Health
  - h. Kindly note that, the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated.

  
\_\_\_\_\_  
Head of Department

18/04/2023

\_\_\_\_\_  
Date

pp

Private Bag X9302, Polokwane  
Fidel Castro Ruz House, 18 College Street, Polokwane 0700. Tel: 015-293 6000/12. Fax: 015 293 6211.  
Website: <http://www.limpopo.gov.za>

***The heartland of Southern Africa – Development is about people!***

## APPENDIX H: LETTER FROM MOPANI DISTRICT



**LIMPOPO**  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

**DEPARTMENT OF HEALTH  
MOPANI DISTRICT**

Enquiries : S Chuma  
Tel Direct : 015 811 6633  
Email Address : Shadrack.Chuma@dhsd.limpopo.gov.za

To : Ms. Chabalala Thembu Victoria  
P.O. Box 2050  
Giyani  
0826

Dear Madam

**PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL HEALTH FACILITIES OF MOPANI DISTRICT:  
YOURSELF**

1. Your letter received dated the **18 April 2023** has reference.
2. This serves to inform you that approval is granted to your request for permission to conduct research in the departmental facilities under Mopani District.
3. This permission is in relation to your research on **"Perceptions, Experiences and Barriers to accessing cervical cancer screening by women at clinics in the Greater Giyani Municipality, Limpopo Province, South Africa.**
4. Also note that the permission is only for the following facilities: **Kheyi Clinic, Kremetart Clinic, Makhuva Clinic, Msengi Clinic and Ratanang Clinic.**
5. You will need to provide the Managers of the above-mentioned facilities with this letter for the purpose of access and assistance.
6. You are further expected to abide by all prescripts governing public service during the course of your research.
7. Thanking you.

  
.....  
AP DIRECTOR: CORPORATE SERVICES

2023/04/19  
.....  
DATE

Private Bag X628, GIYANI, 0826  
Tel: 015 811 6500 Fax: (015) 812 3162 Website: <http://www.limpopo.gov.za>

## APPENDIX I: LETTER FROM INDEPENDENT CODER

### CODING REPORT

**NAME OF STUDENT: TV CHABALALA**

**DATE: 2023/08/17**

**TITLE OF THE STUDY: PERCEPTIONS, EXPERIENCES, AND BARRIERS TO ACCESSING CERVICAL CANCER SCREENING BY WOMEN AT CLINICS IN THE**

**GREATER GIYANI MUNICIPALITY, LIMPOPO PROVINCE, SOUTH AFRICA**

**INDEPENDENT CODING BY: PROF RT. LEBESE**

**DATA ANALYSIS METHOD:** 8 Steps of Tesch's inductive, descriptive open coding technique Creswell (2014) was used by following the steps below:

#### **Step 1 – Reading through the data**

The researcher got a sense of the whole thing by reading all the verbatim transcripts carefully. This gave me ideas about the data segments and what they look like or mean. The meanings that emerged during reading were written down, along with all ideas as they came to mind. The researcher carefully and repeatedly read the transcripts of all the participants and understood them. An uninterrupted period to digest and think about the data in totality was created. The researcher engaged in data analysis and wrote notes and impressions as they came to mind.

#### **Step 2 – Reduction of the collected**

The researcher scaled down the data collected to codes based on the existence or frequency of concepts used in the verbatim transcriptions. The researcher then listed all the topics that emerged during the scaling down. The researcher grouped similar topics together, and those that did not have associations were clustered separately. Notes were written on the margins, and the researcher started recording thoughts about the data on the margins of the paper where the verbatim transcripts appear.

#### **Step 3 – Asking questions about the meaning of the collected data**

The researcher read through the transcriptions again and analysed them. This time, the researcher asked herself questions about the transcriptions of the interview based on

the codes (mental picture codes when reading through) that existed from the frequency of the concepts. The questions were, “Which words describe it?” “What is this about?” and

“What is the underlying meaning?”

#### **Step 4 – Abbreviation of topics to codes**

The researcher started to abbreviate the topics that have emerged as codes. These codes need to be written next to the appropriate segments of the transcription. Differentiation of the codes by including all meaningful instances of a specific code’s data were done. All these codes were written on the margins of the paper against the data they represent with a different pen colour as to the one in Step 3.

#### **Step 5 – Development of themes and sub-themes**

The researcher developed themes and sub-themes from coded data and the associated texts and reduced the total list by grouping topics that relate to one another to create meaning for the themes and sub-themes.

#### **Step 6 – Compare the codes, topics, and themes for duplication**

The researcher in this step reworks from the beginning to check the work for duplication and to refine codes, topics, and themes where necessary. Using the list of all codes she checked for duplication. The researcher grouped similar codes and recoded others that were necessary so that they fit in the description.

#### **Step 7 – Initial grouping of all themes and sub-themes**

The data belonging to each theme were assembled in one column and preliminary analysis was performed, which was followed by a meeting between the researcher and co-coder to reach a consensus on themes and sub-themes that each one has come up with independently.

**Table 1:** Themes and sub-themes reflecting perceptions, experiences, and barriers to accessing cervical cancer screening.

| THEME  | SUB-THEMES  |
|--|---|
| 1. Knowledge of cervical cancer                              | 1.1. Causes of cervical cancer.<br>1.2. People at risk<br>1.3. How cancer present itself/signs and symptoms   |
| 2. Perceived challenges related to cervical cancer screening | 2.1. Challenges related accessibility of results to patients<br>2.2. Outcomes after cervical cancer screening<br>2.3. Living with a person diagnosed with cervical cancer |
| 3. Perceived action to be taken to prevent cervical cancer   | 3.1. Motivation for acting<br>3.2. Barriers to acting<br>3.3. Precautionary measures  |

**SUMMARY OF OBSERVATIONS MADE DURING ANALYSIS OF DATA.**

**The following observations were made:**

- Data collection process was poorly done at first, and the candidate had to redo most of the data collection after which there was improvement where probing, paraphrasing, and clarity-seeking questions helped to deepen the discussion.
- Data saturation was reached with 3 themes, 9 Sub-themes,
- Table 1 shows the themes, and sub-themes that emerged from raw data

Compiled by: 

Prof RT Lebese

## APPENDIX J: LETTER FROM LANGUAGE EDITOR



RIGHTMOVE MULTIMEDIA  
UNIT C, MANKWENG  
081 746 8032  
Karabokonyani@gmail.com  
rightmovemultimedia@gmail.com

### **Editing Certification**

23 November 2023

This editing certificate verifies that this Research  
was professionally edited for: Chabalala Thembi Victoria

Thus, it is meant to acknowledge that I, Mrs K.L Malatji, a professional Editor under a registered company, RightMove Multimedia, have meticulously edited the manuscript from the University of Limpopo. Title: "PERCEPTIONS, EXPERIENCES AND BARRIERS TO ACCESSING CERVICAL CANCER SCREENING BY WOMEN AT CLINICS IN THE GREATER GIYANI MUNICIPALITY, LIMPOPO PROVINCE, SOUTH AFRICA"

Mrs K. L Malatji



