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To Be Screened or Scream Away: Perceptions of Women towards Cervical Cancer Screening in Gwanda Central District at Bhalula Village in Matabeleland South Province- Zimbabwe

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Abstract:

The study is the exploration of the perceptions of women at Bhalula Village, towards cervical cancer screening. The research was a qualitative exploration research design which made use of in-depth semi-structure interviews as data collection instrument. The target population was women at Bhalula Village. The population sample consisted of 20 women who were chosen through convenience sampling. The findings of the research depicts that women are not aware of cervical cancer as well as cervical cancer screening. Women in the study were not are aware of factors responsible for causing cancer in general and cervical cancer in particular. Determinants of women's perceptions towards cervical cancer screening are usually encompassed in the lack of knowledge on the disease as most women are unaware of the risk factors of cervical cancer. Reasons such as fear, pain, cost and shyness showed that women were not very much aware of cervical cancer. The research concludes that there is inadequate information on cervical cancer as well as a low screening rate among women at Bhalula village. The study recommends that the responsible authorities should play a pivotal role in increasing health care facilities and be able to prioritize cervical cancer prevention by establishing national awareness campaigns, offering free screening services and qualified health practitioners throughout the country.

Keywords: cervical cancer, cervical cancer screening, perceptions, determinants

1. Introduction and Background to the Study

The Cancer Association of Zimbabwe (2014) highlighted that four women die daily due to cervical cancer. It was further elaborated that over ninety percent of women who were screen for cancer of the cervix tested negative although eight percent of more than five hundred women who came for screening showed some symptoms of cancer of the cervix. Generally, in many developing nations, the epidemic is still account for most of all cancer-related deaths especially in women. One of reasons why cervical cancer keeps on persisting is the fact that when women seek medical attention with their cervical cancer at the advanced stage, limited help can be offered to them because the treatment is generally available, and it leaves them more prone t death as they will be without any intervention in as far as proper medication is concerned. Furthermore, the absence of a Human Papillomavirus (HPV) vaccine in cervical cancer screening be it to detect or to remove early means that the most effective way to prevent the disease and its effects is by the use of precancerous lesions.

Harris (2013) postulated that 69% of women usually die annually from cancer of the cervix when diagnosed, regardless of the fact that the disease can be ultimately cured once it is detected early. Cervical cancer is becoming a silent epidemic as it is responsible for a third of all cancer cases in females. Sankaranarayanan, et al (2001) observed that cancer of the cervix is a vital public health problem that is persisting in women especially in countries that are developing, where the disease is a common cancer type in women. HPV is major infection that can be responsible for a large number of cervical cancer related cases due to the fact that some types of sexually transmitted virus infects cells and eventualize in invasive cancer or in precancerous lesions. Findings in the study showed that countries that are still developing accounted for about three hundred and seventy thousand out of four hundred and sixty-six thousand cervical cancer issues that were estimated globally in year 2000.

According to Ibekwe, et al (2011), cervical cancer is an epidemic which is burdensome especially on the health of women worldwide. They observed that cancer of the cervix is one of the most known causes of most, if not all cancer-related deaths in women around the world including developing countries like Botswana. Found out that four hundred and ninety-three thousand cases as well as two hundred and seventy-four thousand deaths occur yearly resulting from cervical cancer yet the epidemic is a preventable disease. In Botswana, cervical cancer is also found out to be a serious negative impact on the morbidity as well as the mortality of women in the country. Research has shown that cervical cancer is absolutely preventable in as far as all human cancers are concerned due to its nature of slowness in the manner in which it progresses, as well as its effective treatment which can cure the disease, therefore, early

screening is pivotal. Although various studies on cervical cancer screening have similarly found out that women in general are still not yet equipped with the knowhow of cervical cancer as well as the HPV, some women proved to accept the idea to vaccinate their children. In Cameroon, Tebeu, et al (2008) had findings from cervical cancer prevention programs among various women residing countries that are still developing. It was found out that the number of participants lacked knowledge about cervical cancer, Pap examinations as well as the HPV. However, some of the participants reported that they have had Pap tests whilst some had very little access to screenings, and they were unfamiliar with the phenomena of cervical cancer which is one of the main reasons various studies are emphasizing on the importance of being screened regularly as well as the improvement of the accessibility to HPV and cervical cancer information. Regardless of all these efforts, one can sense that fewer studies have been conducted in developing countries where the challenge is very high. Campaigns have been done and awareness has been raised but a lot is still to be done as some women are still living in the dark and others are in the fear of the unknown.

The National Cancer Institute (2013) defines cancer of cervix as an ailment whereby some cancer cells form in the womb (cervix). The cervix (or better known as the womb) is actually the lower, narrow end of the uterus. It was further highlighted that this cancer slowly develops over a span of time. Cervical cells usually pass through various changes which are known as dysplasia and this is usually before the cancer appears in the cervix where abnormal cells appear in the cervical tissue. Eventually, these cancer-cells develop and spread deeply more into the womb and to the surrounding cervical areas. Cancer of cervix is found to be more prevalent in women who are in their twenties to thirties and usually cervical cancer deaths are generally rare in women young than thirty years as well as those women of any age who have undergone cervical cancer screening. Pap tests can be seen as the tests that are in the detection of cancer and symptoms that are linked to cancer. Chances of individual deaths from cancer of cervix increases in accordance to age and these deaths usually occur less often in white women than in blacks.

American Cancer Society (2013) cited that screening is the test that is used to find a disease, in this instance, cervical cancer is usually done in individuals who do not have any symptoms of the disease. Cervical cancer screening tests and examinations usually offer best chances in detecting cervical cancer at a stage when it can be cured or treated successfully with a degree of relative ease. Screening actually prevent most cervical cancer due to the fact that it can successfully find pre cancer and these can easily be treated at an early stage before they can rejuvenate into cervical cancer cells. Cervical cancer can be preventable or detected early especially with a series of regular screening with Pap tests.

Machirori (2013) cited that a virus known as HPV as the one that causes cancer of the cervix. Cancer is also thought to be transmitted through sexual intercourse but although a vast of HPV infections are generally not harmful, the virus can nevertheless leads to one to develop cancer cell in the cervix (vagina or vulva). WHO (2002) observed that a generated majority of sexually active women acquire the cancer infection at a point in time in their lives when the use of natural or traditional herbs into the vaginas to accompany their sex lives. More so, to aid in the birth process, herbs are used to improve vaginal looseness. Some natural herbs are also applied to avoid dry sex and this usually places women to be susceptible to the infections of the HPV. Saslow, et al (2012) found out that resource-poor and vulnerable populations are still in the process of exhibiting some ethnic as well as racial disparities with regard to issues that have to do with mortality as well as those directed to the survival association with cancer of the cervix. It is visualized that this incidence is more than sixty percent higher in black women in comparison to women of the white race. The mortality of cervical cancer especially among African-American is one of the highest as in comparison with any racial group. It was noted that the detection of cervical cancer is somehow late and that the diagnosis of many cancers when it is too late is unavoidable because people do not usually go screening. It is understood that a variety of cervical cancer issues are detected in the third stage of which the cancer would have already been advanced. During a stage like this, the cancer would have spread to all nearby tissues that are surrounding the cervical area and in some cases to other vital organs such as the vagina.

Most women are generally misinformed and lack the knowledge of cervical screening. The perceptions of women on screening for cervical cancer vary in nations that are still developing as well as in undeveloped societies. In studies done in Cameroon by Tebeu, et al (2008) and in Lagos by Anorlu (2008), it was discovered that there is a generally similar pattern of lack of awareness among women. The knowledge of women on which individuals are eligible to undergo screening is also understood to be very poor. Differences in level of knowledge between developed and developing countries could be due to differentiations in the populations that are involved as well as the differences in interventions for instance local-based screening programs, press and media campaigns to promote screening which are effectively done in developed than developing countries like Zimbabwe.

The difference on women's perceptions towards cervical cancer screening can also be due to cultural norms, beliefs and values. Women in developing countries usually do not discuss diseases affecting the sexual organs as it is associated to be private and women feel shy to discuss anything affecting it. In Tanzania, Kidanto, et al (2002) cited that more than half of the respondents had a positive attitude towards screening and cervical cancer. Three-quarters of the respondents agreed that screening was important in prevention of cervical cancer. In a study in Ghana by Abotchie and Shoka (2009), where 87% of the respondents agreed that screening is important susceptibility perception was found to be a problem as this susceptibility can affect one's behavior regarding screening. The study noted that a generalized population of women expressed being susceptible to cancer.

The determinants of the perceptions of women towards cervical cancer screening can be generalized by the reasons hindering a majority of women to undergo or fully partake in cervical cancer screening. John (2011) illustrated that the greatest reason why many women do not go for screening was the inadequate knowledge about the disease and screening tests. Sairaf et al (2009) cited that in Kuwait the barriers toward screening were embarrassment and pain. Others were psychological fear, physiological pain and worry of family misunderstandings for instance some husbands were against and it was found that women form perceptions towards cervical cancer screening with the assumption that screening is embarrassing, painful as well as that the procedure being bothersome. The

other reasons for the low screening uptake could be the reason that women are lacking awareness of susceptibility to cervical cancer hence one seeing no need to go for screening. Howson, et al (1996) proposed that the perceptions of women towards cervical cancer screening generally guided by the poor nature of health-care facilities. Health-care facilities in countries that are not yet developed are usually under-financed, lack qualified personnel's and is most of the time inadequate to meet the demands of these nations that are still developing. Oshimal and Maezawa (2013) cited that the determinants of perceptions of women towards screening for cervical cancer vary from a limited reality sense about cancer of the cervix and other factors that have to do with motivation. Women who are interested in screening credited conversations with peers and family members, having someone in their family diagnosed with cancer, and the media.

The Cancer Association of Zimbabwe (2014) note that cancer of the cervix is undoubtedly one of the commonest cancers which affect black women in nations like Zimbabwe where it is supposedly that it accounts for above thirty-two percent of all cancer cases that affected women in the year 2010. Machirori (2012) asserts that cervical cancer is an epidemic which is somehow believed to be associated with the effects of the white man on the health of blacks. As of today, cervical cancer is still being regarded as the lead cause of illness and deaths especially among Zimbabweans. According to the Zimbabwean National Statistics over sixty percent of all cancer cases that were recorded, women and girls dominated the statistics.

2. Methodology

The research was qualitative in nature and the approach was effectively reliable in the way it was aimed at gathering in-depth understanding of different human behaviors as well as airing out the reasons the occurrence of that behavior. Butler and Deborah (2006) broadly defined qualitative research approach as a generic term for investigative methodologies which emphasize on the importance of variables in their natural environments. Qualitative researches explore in detail the degree of magnitude as well as highlighting the depth of the phenomena under research. It is also vital to note that the approach realizes the different realities to the phenomena and it aims to explore these realities. As cited by Creswell (2006) exploratory research design is generally useful to provide in-depth understanding of a phenomenon. It is understood that the researcher usually attempts to describe how certain variables, through the use of exploratory designs, variables are related, analyzed and explained in relevance to what is taking place in a given situation.

The researcher made use of the Convenience Sampling Technique. Frey, et al (2000) propounded that convenience sampling comprises of participants who are voluntarily obtainable and come to an agreement to part in a study. Due to this nature, convenience sampling sometimes can be an accident or haphazard as it generally place boundless dependence on obtainable participants. All of these alternating designations for convenience non-probability sampling include the identical definition. As its name eludes, convenience sampling is relatively easy for researchers when they want to collect data from a group of people especially when a group of people are readily available for instance, it may include going to an occupational habitation. While convenience sampling usually include readily available participants, there is no excuse for sloppiness, (Babbie, 1990). The researcher would acquire distant findings from those individuals departing the besieged place. While several of those individuals may have had their know-how's of the phenomena in discussion that time, the enhanced selection is to go to a habitation where the phenomena takes abode. Having a considerable range of people with the different knowledge, way of perceiving as well as unique experiences on cervical cancer screening undoubtedly helped the researcher gather immense ideas on the phenomenon at hand.

Boyce (2006) asserts that in-depth interviews involve interviewing specific respondents one by one. He further highlighted that they are a qualitative inquiry procedure which involves shepherding interviews with a simple figure of respondents in order to see the sights of their perspectives on a specific issue, platform, or circumstances. In this instance, participants were asked about their perceptions towards cervical cancer screening. It can also be vital to note that detailed interviews are valuable when an individual is in need of comprehensive data about a person's opinions and conducts or want to discover new ideas in complexity thus in-depth interviews are useful in the provision of context to other information, proposing a more comprehensive depiction of what transpired in the program. Therefore, this study adopted the in-depth interviews as the instrument for data collection.

Thematic analysis offers accessibility and flexibility to analyzing different theories of knowledge and other relevant positions. Thematic analysis is a usually concentrated on adjacent unraveling of stories and experiences told by partakers. Human experiences are usually examined as documented units and philological units used to exaggerate meanings. The usefulness of Thematic Analysis is generally in theorizing thematic fundamentals across research partakers and the measures they report thus the researcher looked at the participant's and examined their responses by word expressions in a bid to derive with significant responses.

Informed consent was obtained before data collection. An informed consent can be generalized as any legal procedure that is ensured that all participants or subjects involved in a study are forewarned and enlightened about the possible risks, charges and proceeds related with the research. Participants were foretold on the nature as well as the potential harm that the study may be associated with thus the women would not be associated with the research unless they agree mutually with the merits and demerits of the research. Confidentiality in general can be viewed as a set of rules that restrict access and disclosure of certain information. In this view it is evident that the researcher ensured that it is mandatory to safeguard the discretion of the participants and ensure that the identities of participants are kept secure and the information collected would not be used for non-research purposes.

3. Findings

The research conducted the in-depth interviews with 20 women participants. In a bid to abide by the ethic of confidentiality, participants were name-coded with numbers as participant 1; 2; 3; 4 up to 20.

4. Participants' data

Table 1 below shows the participants' demographic information ranging from age, marital status and number of children as well as their religion.

Participant	Age	Marital Status	No. of Children	Religion
1	40	Married	5	Christianity
2	33	Married	3	None
3	22	Single	0	Christianity
4	37	Divorced	4	None
5	24	Single	1	Christianity
6	30	Married	3	Christianity
7	29	Married	2	Christianity
8	26	Single	1	Christianity
9	21	Single	0	Christianity
10	20	Single	0	None
11	32	Married	2	Christianity
12	23	Single	0	Christianity
13	28	Married	2	Christianity
14	22	Single	1	None
15	32	Married	4	Christianity
16	30	Divorced	1	Christianity
17	24	Married	1	Christianity
18	22	Single	0	Christianity
19	23	Single	1	Christianity
20	38	Widow	3	Christianity

Table 1

The table shows that most women had children and were of the Christianity religion.

- Theme 1: The perceptions of women towards Cervical Cancer Screening.
- Sub Theme 1: Women's Knowledge on Cervical Cancer.

Most women showed that they had limited knowledge on cervical cancer. Health issues were not of priority at home and at school in general and women health issues in particular. Participant 11: I have never heard anything on the issue of cervical cancer or even cervical screening: Participant 13: The issue of cervical cancer screening is an absolutely new issue that I have never heard about:

However, some seemed to have an idea of cervical cancer screening but got lost on the details. Participant 7: I understand that cervical cancer is the cancer of the cervix but I'm unaware of the causes of cervical cancer. Given the knowledge of its impact on the health of women I therefore don't see any reason why one should not be screened:

This showed that although some women remained unaware of cervical cancer screening it won't be difficult to educate them as they are willing to accept the idea especially with the idea that going for screening may help in improving the health of women.

- Sub Theme 2: Culture and Religion.

The perceptions of women at Bhalula Village towards cervical cancer screening were also formed as a result of the impact of religion and culture. Participant 5: I think people should not be screened for cervical cancer because it is not supported by biblical scriptures. In the Bible we only hear of male circumcision as Jewish practice but I have never heard of women being screened for vaginal ailments:

Other women thought that the idea is not being accepted by the cultural values as issues of the cervix were somehow private in the societal norms. Participant 2: In our culture, I understand that those issues are considered private affairs and I think to discuss how people think about their private parts is a taboo: However, other women viewed that their perceptions towards the idea of being screened for cervical cancer would be hindered by the cultural norms. Participant 13: I actually accept the idea of one being screened for cervical cancer but as you know those issues are subject to our marriage. I think my husband would not agree to that.

With this kind of narratives one can sense that women tend to desist from cervical cancer procedures due to them adhering to certain cultural and religious practices. Culturally, most Zimbabwean societies are patriarchic in nature and as such men have a lot of say in the health issues of women.

- Sub Theme 3: The Impact of the Society.

In a series of the data collected, the researcher noted that women's perceptions towards cervical cancer screening were impacted by the society. Participant 1: I accept the idea of cervical cancer screening and I would prefer to be screened for cervical cancer than to

die unknowingly. It is very right and I don't see any reason why the society can reject an idea that will save the lives of the women in the society: Participant 2: I am against the issue of cervical cancer screening because I feel it is a very embarrassing procedure especially in the hands of the society at large: Participant 17: Personally, I think we are living in a century where health issues should be treated with how the individual in the situation is feeling rather than how the society thinks, with this view I think that those who are of the view that cervical cancer screening is wise then they should act likewise, those who were against the idea should just distance themselves off the issue:

This shows how the society impacts on decisions of perceiving health matters.

➤ Sub Theme 4: Children.

Most participants perceived cervical cancer screening as a useful procedure but which is only suitable to those women who are trying to have children. Participant 18: I agree that women should undergo cervical cancer screening but I think that the procedure is only applicable to those who still have children: However, some participants had their own understanding of screening for cervical cancer. Participant 3: I have never given birth and I am not married so it is quite bothersome for me to think about matters of the womb because they are not applicable to me: This shows that some women already are against being screened especially if they do not show any symptoms and if they have not given birth thus how women are dying unknowingly due to this silent epidemic.

• Theme 2: The Determinants of Perceptions of Women towards Cervical Cancer Screening.

➤ Sub Theme 1: Lack of Knowledge.

During the course of data collection, the researcher noted that the determinants of women's perceptions towards cervical screening are generally masked in the reasons hindering screening which have been shown to occur in numerous countries. One of the extreme determinants is the inadequate knowledge about the disease and screening. Participant 19: I will never go for screening because I do not even recognize anything about the Pap tests and the HPV you have been talking about: Participant 20: We are told that once one is diagnosed of any type of cancer, she would be more prone to being stressed as one would be knowing for how long one would live before dying:

When asked if they had ever been screened before some women highlighted that they have never had a Pap smear before because they were not aware of those tests. Participant 19: I have never had a Pap smear before; I know nothing about the connection between the tests and cervical cancer screening:

This shows that some women prefer not to undergo screening because they are unaware of cervical cancer, its risk factors and effects.

➤ Sub Theme 2: Pain.

It was also notable that the perceptions of women towards cervical cancer screening were mostly determined by fear of pain. Participant 3: Generally I think cervical cancer screening is a very painful procedure and due to my fear of pain, I don't think it wise for me to go for it: Participant 14: The private parts of a woman are so sensitive to pain and I will not take risk by being screened in such a painfully procedure:

This shows that some women were repulsive and had negative perceptions towards being screened due to the fact of thinking that the screening procedures were too painful to bear.

➤ Sub Theme 3: Cost.

Another determinant of the perceptions of the participants towards cervical cancer screening as noted by the researcher was the belief that the procedure was very expensive. Participant 6: I think cervical cancer screening is too costly and cannot afford to go get screened: Participant 9: Only if the cervical cancer screening was done for free, I will not undergo such a procedure because I think it is too expensive for me:

This indicates that the determinants of perceptions are masked in obscurity due to lack of adequate knowledge even about the costs of the Pap tests and it leaves a gap for the need to raise awareness among the uninformed women.

➤ Sub Theme 4: Shyness.

The researcher noted that the participants form perceptions towards cervical cancer screening in light of what those around them think about the cancer as a disease. Some participants rejected the idea of being screened mainly because of mere shyness. Participant 1: Due to my fear of being an embarrassment to my friends, family and colleagues I think screening is for those who have the guts and are not shy to disclose information about their private parts: Participant 20: I think the idea is very awkward and I don't consider that I can manage the stigmatization it carries:

This shows that some women tend to be negative towards the screening due to fear of embarrassment.

➤ Sub Theme 5: Ignorance.

The research revealed that some participants were ignorant about cervical cancer screening, HPV contamination and its connection to cervical cancer. Participant 2: There is no need for one to be screened for a disease if one is not sick. I am strong and healthy so why would I waste my time going out looking for a disease I do not have: Participant 13: As you can see, I don't have any sign and symptoms of cervical cancer, why would I worry myself with things that I don't have, why don't you talk to women who are sick maybe they can assist you:

One can understand that this attitude usually can affect the prevention and treatment of cervical cancer as it is difficult for these women to go for cervical cancer screening if they are uninformed.

5. Discussion and Conclusions

The study found that women are unaware of cervical cancer as well as screening. Some participants were ill-informed about the association between HPV infection and cervical cancer. Many of the participants failed to mention HPV as an important factor in

causation of cervical cancer. This lack of knowledge and ignorance can affect prevention as it is difficult for most of these women to go for screening if they are uninformed of the relationship between HPV and the cancer of cervix. This usually put more women in the perception that screening for cervical cancer is unnecessary because they do not possess the right information. Women's knowledge on the eligibility of who should go for screening was found to be very poor. This appears to be a problem of developing and underdeveloped countries as studies done in Tanzania by John (2011) have shown that similar patterns occur across these countries. Risk factors were also unknown to the participants therefore, leaving them very vulnerable as prevention could be impossible without knowledge.

In the Mexican study on cervical cancer by Wong, et al (2009), 75% of women had evidence about screening and in developed countries the level of knowledge about cervical cancer and cancer screening was found to be very high. Another hindrance to cervical cancer screening was found to be the culture, where women in developing countries generally do not discuss issues affecting the sexual organs as it is considered to be very confidential and women usually feel shy and embarrassed to discuss anything affecting their private parts thus they form negative perceptions towards cervical cancer screening. Developed countries have a lot of programs in the way of promotion and awareness campaigns to the cervical cancer screening compared to developing countries like Zimbabwe. Most of the participants did not know the symptoms of cervical cancer and this puts them in danger of being diagnosed very late when the disease is at its advanced stage.

This study also looked at the determinants of perceptions towards cervical cancer screening. Most of women who had knowledge of cervical cancer screening were also very skeptical about screening. There was a lot of fear about testing and screening, the fact that screening could also diagnose some other diseases made it worse in terms of fear of screening. While fear was dominating as a determinant there were other factors such as pain, cost shyness, and the idea that it was not necessary look for a disease that you do not have. According to Sairaf, et al (2009) some women are embarrassed to be known as cancer patients hence they would rather stay undiagnosed and ignorant of their status. Some determinants were concerned with the husbands who were not very support of their wives who could be diagnosed as cancer positive. The level of education also plays pivotal roles in terms of determining whether one could go for cervical cancer screening or not. Those who are highly educated were able to attend private hospitals cervical cancer screening, hence making it easier for them to maintain their privacy.

Most of the participants did not know the impact of cervical cancer as one of the leading killer among women. Cervical cancer can be cured or managed fairly well when detected very early but the fact that most women are unaware of the risk factors, symptoms and the impact of cervical cancer, it becomes very difficult to work on interventions and prevention measures. The study found that there was low uptake of cervical cancer screening among the participants. The research also found out that there were many determinants that resulted in women not taking up cervical cancer screening and that most of them were as a result of ignorance or misinformation. The study concludes that most participants went for screening only when they were ill and thought it unnecessary to go for diagnosis when they not feeling any pain. Perceptions were formed on the bases of uninformed, misinformed and ignorance view points.

The research recommends that efforts in the reduction of cervical cancer death should mostly place great emphasis on getting out to all the women all over Zimbabwe and ensure provision of health education, counseling services and communal based involvement that is directed towards the attainment of better health especially for women. The government through the responsible authorities should play a pivotal role by providing funds; prioritizing cervical cancer screening and prevention by establishing national awareness campaigns, offering free screening services and qualified health practitioners. Schools should introduce subjects that would teach issues on health education so that girls and boys get to know how to live healthy including the importance health check-ups whether one is ill or not, this will inculcate the sense of responsibility to one's health at an early age.

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