

‘Goblins left dirt in my birth canal’: Perceived Cultural Beliefs on the Causes and Meaning Making among Women with Cervical Cancer in Zimbabwe

**Julia Mutambara
Tholene Sodi
Sandra Matore
James January**

Abstract

This qualitative inquiry sought to understand the meanings that patients with cervical cancer give to their illness as well as their perception of non-medical causes of the condition. An interpretive phenomenological research design was adopted where twelve patients living with cervical cancer attending two medical institutions were purposively sampled on their first visit. The researchers used in-depth interviews to collect information from the participants. Thematic content analysis was used to analyse data. Results revealed the following themes that explain what cancer meant to women: strengthening of their relationship with God, traditional meanings, and the drive to make things right in the present. The perceived causes that were reported by the study participants were centred around witchcraft and contamination by evil creatures. The study has implications for those who offer psychotherapy and counselling for women with cervical cancer in this population.

Keywords: women, cervical cancer, meaning-making, Zimbabwe

Introduction

Cancer is a chronic and deadly condition, and those who are diagnosed with it

usually live in fear of death and pain (Lekhuleni & Mothiba 2013). Although modern advances have led to improved cancer outcomes and symptom management, a cancer diagnosis evokes images of pain, suffering, and death (Lee 2008), especially in developing countries where, because of their low socio-economic status, patients are unable to access state of the art treatments. The unavoidability of death leads patients to always ruminate about their mortality (Lee 2008). In relation to this, a cancer diagnosis leads to discouragement, despair, defencelessness, doubt and a general feeling that the future is meaningless (Lehto & Therrien 2010). The meanings that individuals attach to chronic medical conditions, and their beliefs on symptom causation usually have a strong relationship with the coping strategies and the health-seeking behaviour they may engage in. According to Kleinman (1978), beliefs about diseases have a bearing on treatment decision making, symptoms presentation and healing. Cervical cancer is a chronic condition that is subject to various interpretations by patients, and is associated with a high mortality rate in different parts of the world.

Cervical cancer is the second most common cancer in women globally, and ranks as the most common cancer in most of sub-Saharan Africa and parts of Asia (Bray, Ren, Masuyer, & Ferlay 2013). In Zimbabwe it remains the most prevalent cancer among women and has been suggested to have increased at a rate of 3.3% per year from 1991 to 2010 (Chokunonga *et al.* 2013). However, research evidence from the country has shown that access to screening, diagnostic and palliative care services is limited (Tarwireyi 2005; Nyakabau 2014), and that most women lack knowledge of screening services for cancers (Mupepi, Sampselle, & Johnson 2011, Munyaradzi, January, & Maradzika 2014).

Owing to lack of knowledge or little knowledge, and the chronic nature of the condition, victims and caregivers usually develop their own explanatory models. According to Park *et al.* (2008) these meanings and beliefs have a bearing on the patients` treatment-seeking behaviours and their health in general. It is therefore important to gain knowledge of what it means to be a cervical cancer patient, and the perceived traditional causes of the condition. It is important to note that finding meaning is particularly important when a person is facing a serious illness, because the illness itself causes permanent changes in life that force a re-evaluation in any previously assumed meaning (Fryback & Reinert 1999; Sorajjakool & Seyle 2005). Meaning making is very

important in understanding health behaviours as it has a heavy bearing on treatment seeking and treatment outcome.

Kleinman *et al.* (1978) noted that awareness of the patient's model helps the medical practitioner to educate the patient and the significant others so as to resolve conflicts emanating from different values and interests. Kleinman and Benson (2006) reiterated the need to be aware of the lived experience of those who are ill, since patients have socially constructed and ingrained core beliefs about their illness. Kleinman, Eisenberg and Good (1978) distinguished between disease and illness. They stated that disease is a malfunction in the body's physiology as given by the medical paradigm, while illness represents personal, interpersonal and cultural reactions to disease and discomfort. Illness is therefore culturally constructed in that how people perceive, experience and cope with disease is shaped by the meanings that people derive from the illness. This observation is very important in the current study as the authors try to unpack the illness behaviour of women diagnosed with cervical cancer in Zimbabwe. Understanding the cultural construction of the women's meanings and beliefs on the causes of cancer of the cervix is thus crucial.

It has been noted that having a debilitating illness like cervical cancer may lead individuals to go against vital global beliefs: for example, in justice, generosity and the predictability of the world and personal control (Holland & Reznik 2005; Jim & Jacobsen 2008). Feeling that one's life has meaning is a result of an individual's belief that he/she is fulfilling a unique role or purpose in life by living to the full potential (Breitbart 2005). Park and Folkman (1997) noted that people use a set of beliefs, goals and sense of purpose to structure their lives and give meaning to experiences. Holland and Reznik (2005) observed that receiving a diagnosis of cancer has the potential of disturbing the global meaning, i.e. former important viewpoints and beliefs. In a cross-sectional study of cancer survivors, Jim and Andersen (2007) found meaning to be a partial mediator for the effects of both physical and social functioning impairments on heightened distress.

In traditional African families there is a strong belief that illness is caused by witchcraft, punishments from ancestors and other non-material beings (January & Sodi 2006; Peltzer & Mngqundaniso 2008; Sodi 2009). Chipfakacha (1997) notes that black Africans attribute illness to superstitious causes, and therefore believe that disease can be due to magic and evil spirits and other conditions for which causes have not been empirically determined.

In Zimbabwe medical pluralism is common, and individuals afflicted with illness may consult biomedical services, at the same time receiving help from non-biomedical entities (January & Sodi 2006). This behaviour may then lead to doing away with biomedical drugs, and in the case of cancer, individuals may cease going for chemotherapy. The situation is compounded by the fact that the chronic nature of the disease and failure in the remission of symptoms may result in a number of explanatory styles being constructed.

The aim of the study was to find out the meanings that women with cervical cancer give to their ailments, and the cultural beliefs that are related to cervical cancer among these women. The meaning-making model was used to explore what having cervical cancer meant to the women in an African setting. Kleinman (1978) noted that it is important to be aware of the lay non-professional, non-specialist culture in which illness is defined. In this entity illness is marked by personal, social and cultural meanings of a given disease. Kleinman also reiterates that individuals have explanatory models that help them make sense of illness episodes. These explanatory episodes may help to answer questions like ‘Why did this happen to me?’ Such questions call on various explanations, and these greatly influence the coping strategies.

Methods

Design and Setting

The focus of the study was to explore patients’ experiences of cervical cancer. A qualitative approach was considered to be the most appropriate to adopt, since it allows for richer data to be gathered. It is a subjective approach that is used to describe life experiences and give them meaning, and is often credited for its ability to effectively obtain information that is specific to cultural groupings and the social environments of individual populaces (Camic, Rhodes, & Yardley 2003). The interpretive phenomenological research design was adopted for use in this study. An interpretive phenomenological research design aims at bringing to the core the ‘lived experiences’ or the ‘life-world’ of cancer patients. This approach helps the researcher to gain an appreciation of individuals’ subjective experience of an illness, and an important awareness of their motivations, behaviours and misconceptions (Camic *et al.* 2003). It also aids the gathering of meaningful data through inductive, qualitative methods (Lester 1999). In phenomenology participants are given the freedom

to choose their own examples of lived experiences and perceptions of reality (Leedy & Ormrod 2001).

Participants

The target population was comprised partly of patients living with cancer who visited an institution that offers palliative care for cancer, and some who visited a general hospital. These participants were interviewed at initial contact, that is, before receiving any services from the two institutions. Usually these women were referred by their local clinics for further management. Altogether, 12 women took part in the research. Seven patients were recruited in 2012, and the other five in 2016 at a different site. The number of participants was low because the centres serve very few people per month, and the participants were interviewed on their first visit. Moreover, such low numbers have been known to be particularly useful in interpretive phenomenological analysis as the case-by-case analysis provides for a richer, deeper and more thorough understanding of the phenomena under study (Smith, Flowers, & Larkin 2009). Purposive sampling was used to select participants who had received a diagnosis of cervical cancer, and were willing to take part in the study. To be included in the study the participants had to fulfil the following conditions: a) have had their diagnosis at least five months before b) should have been new patients at the institution, and should not have begun the palliative care programme. The participants were aged 27-43 years. Eight participants were married, three were widows, and one was single.

Research Instrument

Twelve in-depth interviews, which were semi-structured were conducted. An interviewer guide was used to steer the direction of the interview, and probing was employed where necessary. The interview schedule contained the following themes: experiences of women when they were diagnosed with cancer; their understanding and explications regarding the condition; how cervical cancer had affected their day-to-day lives; how other people and support structures reacted to their diagnosis; perceptions of control; and feelings about how having cancer had changed their lives. Each interview took between 30 to 45 minutes, and all interviews were tape-recorded and

transcribed verbatim. The central question that was proffered to the respondents was, ‘What does having cervical cancer mean to you?’

Procedure

The administrators at the two institutions gave permission for the researchers to carry out the study. All the participants agreed to take part in the study and signed individual consent forms. The interviews were scheduled for a time when the participants felt comfortable to talk to the researchers. Participants were given information about the research, well before the interviews, which clearly explained its purpose, procedures, risks and benefits, including the rights of the participants. Ethical clearance for the study was granted by the institutional review board of the Midlands State University.

Data Analysis

Collected data were analysed categorically, using thematic content analysis. Thematic analysis help researchers to identify patterns across the entire data, and offers an accessible and theoretically flexible approach to analysing qualitative data (Braun & Clarke 2006). Verbatim transcriptions from the twelve in-depth interviews were analysed to identify common themes. To ensure reliability of the coding process, the authors independently completed the multistage thematic process (Braun & Clarke 2006). This involved transcribing data, reading out each in-depth interview to familiarise and search for meaning in data and identify potential codes. Codes helped to identify a feature of the data that was interesting to the analysts (Boyatzis 1998). Codes were later divided and grouped according to similar concepts to come up with the themes.

Results

The study results focused on the patients` beliefs on what it meant for them to be suffering from cervical cancer. The following themes were derived from the patients` narratives. Participants said having cervical cancer meant:

- An enhanced or stronger relationship with God
- Making things right in the present

The in-depth interviews with the study participants revealed themes that pointed to their beliefs about the non-medical causes of cervical cancer. These were:

- Attack by an evil spirit (*mubobobo*)
- Use of traditional herbs
- An animal entering the body (*Nhuta*)

These themes will be discussed below.

An enhanced or stronger relationship with God: Some of the participants reported that having cancer helped them to develop spiritually, and they now had a close relationship with God. The participants also believed that God was going to heal them. The following extracts from the narratives of the participants illustrate that having cervical cancer helped them to have a better relationship with God, and to enhance their spirituality.

My beliefs have been strengthened as a result of having cervical cancer. I have been reading several articles on cancer on the internet, and I am now convinced that only God can help me since the disease cannot be treated. So I always pray for God's deliverance. Participant 1.

I know that with God everything is possible, and that God can heal my condition. I always watch religious channels on television, and I have seen people being healed from their cancers. I just wish I could travel and meet the prophets that I see on television. Maybe they may be used by God to help me. Participant 4.

Having cancer had helped me to reevaluate my priorities. I spend most of my time in prayer. I believe the spirit needs to be strengthened when you have...because the flesh will be failing. The inner man needs strength. Participant 12.

I know that cancer is almost like a death sentence. I have seen many relatives dying from cervical cancer even when they went through

chemotherapy, radiotherapy and all the other different types of treatments that are available. So with my condition I have come to a point that I am no longer worried about earthly things. I pray every day, and ask God that I can go to heaven when I die. I know that it will be soon and I better prepare my soul for eternal life. Participant 8.

The cervical cancer diagnosis therefore had a spiritual meaning to most of the study participants. They felt a stronger connection to God and helped them to face their fear of death and dying. They prayed most of the time, and this helped them to cope with their condition.

Making things right in the present: Women in this study reported that cervical cancer was more than an illness since it reminded them of the need to mend relations with their significant others, and to have an opportunity to be close to their children. The excerpts below illustrate that having cervical cancer meant changes in lifestyle and behaviour for the study participants:

... having cancer has taught me that no one is special before the eyes of God, and that people should not waste time looking down upon other people . I was once a person who would hold grudges, but now I have learnt to let go and to be good to everyone ... Participant 2.

This illness reminds me of my mortality, and I am trying as much as possible to have such a close relationship with my children. They are afraid that I will one day leave them, and have seen me wearing off because of cancer. I thus try to be jovial all the time Participant 3.

I used to be a person who enjoyed solitude and would rarely go out. After being diagnosed with cervical cancer I feel the need to reach out to other people, to make other people happy and to help those in need. I have volunteered at a children's home, I go there once a week to help with cleaning and I also play with the children. I feel that when I die they will always remember me, and I believe that's what everyone should strive to do. Participant 9.

Participant 7 reported that sometimes she felt angry that there was no cure for her cervical cancer that was now at an advanced stage. She felt that she would sometimes put too much pressure on her children so that they could understand life and be hardworking all the time. *'I always tell my children to put their things in order because life is full of problems'*.

The study participants reported that they felt an urge to be different people, to have a positive impact on other people's lives, and use their time wisely. This helped to enhance their self-esteem, and they felt valued when they were able to contribute positively to other people's lives.

Perceived Non-medical Causes of Cervical Cancer

The study participants revealed three themes that centred on their beliefs about the traditional causes of cervical cancer. These were: attack by an evil spirit (*mubobobo*); use of traditional herbs, and an animal entering the body (*Nhuta*).

Attack by an evil spirit: Some study participants believed that cancer was the result of an attack by an evil spirit. They believed that the evil spirits would come and possess an individual's body, and lead to ill health. Most of the participants mentioned that these evil spirits were sent by witches, especially those who were related to the individual, or who knew the individual's totem. The belief was that during the process of bewitching, an individual's (the victim's) totem has to be called out so that her ancestors can allow the evil to happen. However, some participants believed that for some types of evil spirit that caused cervical cancer there was no need for the victim to be a close acquaintance or relative of the perpetrator. Participants also said that attack by the evil spirits was through use of *mubobobo* or goblins.

Some participants believed that their illness was the result of *mubobobo* (a traditional belief whereby a man has sex with a woman spiritually without the knowledge of the woman). The participants believed that *mubobobo* could happen even when people are standing in a queue, or when the woman is asleep.

Four of the study participants believed that their condition was the result of goblins that were sent by evil relatives to afflict them and have sex with them. They believed that these male goblins were obtained from traditional healers. Goblins were said to help make their owner very rich. Parti-

Participants said sometimes the goblin may be acquired from the traditional healer in the form of a flower, but this will just be a disguise. The flower would later turn into a small male that would demand a wife to have sexual intercourse with. When this happens, the owner of the goblin will then designate the victim (the patient) as the possible wife, and she ends up having cervical cancer after having sexual intercourse with the goblins during sleep. The narratives below were given by women who believed that cervical cancer was a result of *mubobobo* and goblins:

I just believe I am a victim of mubobobo. At my rural area there is a man who uses juju (evil magic) to sleep with women. I believe these are the people who are spreading this disease. Last year a woman from my village also died from the same illness ... Participant 5.

I believe that cancer is an illness caused by bad spirits from dark forces that surround people. I was told by a certain prophet that my mother's brother had a 'chikwambo' a goblin. That goblin is now like my spiritual husband. The prophet said that the goblin always has sex with me while I am asleep... as a result the dirt that it left in my birth canal caused this illness. Participant 3.

...tokoloshies (goblins) can also cause cancer since they are made to sleep with many women. They can pass the ailment from one individual to the next. Participant 1.

If witches make you have sex with goblins you will end up having cervical cancer. It's possible because the goblin may have several other wives, so the cancer may be passed from one wife to the next. Participant 12.

The narratives reveal that traditional causes of cervical cancer are strong among women with the condition. It is interesting to note that spiritual healers also contribute to the ingraining of the belief that cervical cancer is caused by evil spirits.

Use of traditional herbs: Some study participants attributed their condition to the herbs that they had inserted into their vaginas to enhance sexual

gratification, and enlarge the birth canal when they were pregnant (*masuwo*). Those who were of this view said they had consulted traditional healers when their husbands were being promiscuous, and they were told that it was because their vaginas were always wet, making sexual intercourse distasteful. They were then given herbs to dry their vaginal areas so that their husbands would be more interested in them. Another viewpoint given by the participants was that they used herbs to enlarge the birth canal and have less pain during childbirth. They said they would insert elephant dung mixed with black leaves from wild plants. One of the participants who believed that cervical cancer was a result of herbs indicated that she was advised by traditional midwives to insert a combination of herbs and soap into her vagina to enhance her fertility since she was childless for more than five years after marriage. The following are the excerpts from the women who believed that cervical cancer was caused by traditional herbs:

Some people have told me that the cancer that I have is a result of the herbs that I used to insert into my vagina. I usually used these herbs to dry the vaginal area as well as to constrict it. I strongly feel that I am to blame as far as this illness is concerned. Participant 4.

I have six children, and whenever I was pregnant I would insert various substances like elephant dung and green leaves into my vagina so that I could give birth easily. I believe that these could have led to the cancer that I am suffering from now. These herbs could also have made me a victim of 'mubobobo.' Participant 7.

I have been married for five years, and I don't have any children. I had three miscarriages, and this is very painful to me. Since I was looking for a child I consulted many traditional healers, and all of them would give me herbs to insert into my vagina so that I would open my uterus which they said was closed, thus making me infertile. Some traditional healers said my uterus was tilted sideways, and inserting the herbs would make it go back to its original position. I believe that the dirt from these herbs has led to this disease because sometimes I would spend a week wearing the same herb. Participant 10.

Thus some women who took part in the study strongly believed that the traditional herbs that they had used contributed immensely to the problem that they were experiencing. As told by the study participants, traditional herbs were mainly used to enhance sexual gratification, reduce the pain of labour, and improve fertility.

An animal entering the body (Nhuta): Some women in this study strongly believed that their condition was a result of *nhuta* (a Shona name that means that the condition is a result of a small animal that enters the body). The small animal is placed in the body of the victim by witches at night. This animal eats away body flesh, and can move from one area of the body to another until the victim dies. The excerpts below illustrate the views of the participants who believed that their cervical cancer was a result of small animals getting into their bodies.

Having cancer to me means I am cursed and bewitched. I went to so many traditional healers, but nothing came out of it. I was told that I was bewitched and the condition that I have is a result of 'nhuta'. Even doctors have confirmed that I have lost some tissues in my cervical area. If only I could get someone who can remove this animal before it eats me up. Participant 6.

My mother told me that my grandmother died from cancer. She said the condition is a result of an animal that goes into the body after a person wears clothes that have been bewitched by bad people. As soon as you wear such clothes the animal goes into the body, and starts eating the area that they have been instructed to eat until a person dies. I heard that when my grandmother died she was bleeding heavily, meaning that some damage was taking place inside her, most likely showing that an animal was eating her inside. Participant 8.

I sometimes feel something moving in my body. It could start in the upper body and move down to the lower body. I was told that it's a small animal put into my body by witches and has led to my illness. Participant 11.

Thus some study participants were convinced that cervical cancer was a result

of *nhuta*, a small animal that lived in their body. Some said the animal would end up eating their flesh. It was evident that important people in the participants' lives reinforced this belief.

Discussion

This inquiry provided qualitative insights into cervical cancer patients' perceptions as to the cause of their condition. These perceptions tended to have robust overlays with religion, spirituality and traditional/superstitious beliefs. Women with cervical cancer who participated in the study reported that their condition led them to deeply connect with God, and to develop spiritually. Other researchers found that spirituality aids in coping, and contributes to the quality of life and well-being among cancer patients (Krupski *et al.* 2006). In a study by Mattis and Jagers (2001), participants indicated that religion and spirituality helped them to accept reality, to mature, become aware of their value in life, become resilient, draw lessons from their experience, and have faith in a higher power. The sentiments on having a deeper connection with God that were reported in this study have previously been echoed by patients elsewhere, who revealed that having cancer had strengthened their relationship with God (Schulz *et al.* 2008; Holt *et al.* 2009), which also contributed positively to coping. Researchers have observed that religion and spirituality are related to a higher physical quality of life, including reduced pain and better overall functioning (Krupski *et al.* 2006).

Some patients felt that since cervical cancer could not be treated, and they were destined to die someday, they felt that they had to live to the full, to mend any broken relationships in the present, and prepare for their children's future. Other studies have also reported that participants felt that they had become better people through the process of surviving cancer. (Schulz *et al.* 2008). Experiencing positive outcomes from a traumatic event echoes Park's (2009) assertion that negative life events may result in traumatic stress growth, which is characterised by positive changes in one's social relationships, personal resources and life philosophies.

Some of the patients believed that their illness was a result of witchcraft or failing to please the ancestors. Some of these women had obtained this information from the traditional healers they had consulted, which is proof that patients used both biomedical and alternative forms of medicine. In a study conducted in Ethiopia, community perceptions around the occurrence of cervi-

cal cancer were that the condition is caused mostly by breach of social taboos, witchcraft, or God's punishment (Birhanu *et al.* 2012). Kleinman (1978) noted that patients do not just seek symptom treatment, but also personally and socially meaningful meanings and psychosocial treatment for illness.

As has been noted, some of the study participants believed that their illness was caused by the evil spirits and evil animals that were eating up their flesh. Traditional beliefs in illness causation in African settings help individuals to temporarily cope with their conditions, especially those of a chronic nature. Since some patients may not be improving as a result of the medical attention they are receiving, their belief in a just world is shattered (Jim & Jacobsen 2008), and the traditional beliefs help them to consult alternative sources of healing that may bring hope. This coping may only be beneficial in the short term, but after some time people may realise the chronic nature of their ailments, and move on to accept reality. Unfortunately, these beliefs may result in delays in seeking treatment (Birhanu *et al.* 2012), and may explain why most cancer cases are presented late. Educational campaigns that are culture-sensitive should be carried out in areas that have strong beliefs in non-medical causes of symptoms.

In this study cervical cancer was also attributed to failure to carry out proper traditional rituals and rites, a finding which complements earlier results (Birhanu *et al.* 2012). Belief in supernatural causes determines people's health-seeking behaviours in African settings. Patients may use both traditional and Western treatments, since they believe that in addition to the germ theory there are other supernatural causes of illness. Thus ensuring services are culturally appropriate is important for all care providers in Zimbabwe. According to Kleinman (1978) a country's culture affects people's cognitive processes; that is, the way people perceive, label and cope with disease.

Limitations of the Study

While the authors adopted an approach that has been proven to explicate 'lived experiences' of cancer survivors, the lack of triangulation in the methods is a limitation in this study. Although the small sample sizes may be argued to allow for only tentative conclusions to be drawn, the authors feel that the information from in-depth interviews reflects a sufficient diversity of views of the respondents. In addition, future research on meaning making may employ longitudinal designs that show changes in meaning over time.

Conclusions

The meanings that an individual attaches to a condition have a strong relationship with the coping strategies and health-seeking behaviours that the patient may use. Furthermore, understanding the deep-seated meanings can help understand the turmoil that the patient may be experiencing. To a large extent, meanings attached to a condition may help counsellors and other paraprofessionals who may be tasked to offer psychological as well as medical help to patients who may be suffering from cervical cancer. It is of particular importance to note that women who enter therapy sessions believing that their symptoms have a supernatural cause may be very difficult to deal with if the therapist adopts a Eurocentric view. The obligation for therapists who work with clients who attribute traditional and spiritual causes to their ailments is not to downplay the patients' beliefs, but to acknowledge these beliefs by showing unconditional positive regard at the same time moving on to provide tailor-made therapies. Therapies that uphold traditional African views need to be developed to cater for African clients in a holistic manner. The study helps to understand the illness experience of people with cervical cancer in Zimbabwe.

Implications of the Study

The implication of the above findings is that health care providers should consider cultural differences so that they can fully understand the impact of this disease on patients' physical, spiritual and mental well-being. Understanding of cultural differences is a key to encouraging people's willingness to participate in health care and to improve cancer outcomes. In line with policy development the study calls for the Ministry of Health in Zimbabwe to ensure the availability of alternative care in addition to biomedicine for patients with cervical cancer.

References

- Birhanu, Z. *et al.* 2012. Health Seeking Behavior for Cervical Cancer in Ethiopia: A Qualitative Study. *International Journal for Equity in Health* 11: 1. doi:10.1186/1475-9276-11-83.

- Boyatzis, R.E. 1998. *Transforming Qualitative Information: Thematic Analysis and Code Development*. Thousand Oaks, CA: Sage Publications.
- Bray, F., J.S. Ren, E. Masuyer & J. Ferlay 2013. Global Estimates of Cancer Prevalence for 27 Sites in the Adult Population in 2008. *International Journal of Cancer* 132, 5 :1133-1145.
- Braun, V. & V. Clarke 2006. Using Thematic Analysis in Psychology. *Qualitative Research in Psychology* 3, 2: 77-101.
- Breitbart, W. 2005. Spirituality and Meaning in Cancer. *Revue Franco-phone de Psycho-Oncologie* 4, 4: 237–240. doi:10.1007/s10332-005-0090-2
- Camic, P.M., J.E. Rhodes & L. Yardley 2003. *Qualitative Research in Psychology: Expanding Perspectives in Methodology and Design*. U.S.A.: American Psychological Association.
- Chipfakacha, V.G. 1997. STD/HIV/AIDS Knowledge, Beliefs and Practices of Traditional Healers in Botswana. *AIDS Care* 9, 4: 417–425. doi:10.1080/713613174.
- Chokunonga, E. *et al.* 2013. Trends in the Incidence of Cancer in the Black Population of Harare, Zimbabwe 1991–2010. *International Journal of Cancer* 133, 3: 721–729. doi:10.1002/ijc.28063.
- Fryback, P.B. & B.R. Reinert 1999. Spirituality and People with Potentially Fatal Diagnoses. *Nursing Forum* 34, 1: 13–22.
- Holland, J.C. & I. Reznik 2005. Pathways for Psychosocial Care of Cancer Survivors. *Cancer* 104: 2624–2637. doi:10.1002/cncr.21252.
- Holt, C.L. *et al.* 2009. Role of Religion in Cancer Coping Among African Americans: A Qualitative Examination. *Journal of Psychosocial Oncology* 27, 2: 248–273. Doi:10.1080/07347330902776028.
- January, J., & T. Sodi 2006. The Practices of Apostolic Faith Healers in Mental Health Care in Zimbabwe. *Journal of Psychology in Africa* 16, 2: 315–319. doi:10.1080/14330237.2006.10820135.
- Jim, H.S. & B.L. Andersen 2007. Meaning in life Mediates the Relationship Between Social and Physical Functioning and Distress in Cancer Survivors. *British Journal of Health Psychology* 12, 3: 363–381. doi:10.1348/135910706X128278.
- Jim, H.S. & P.B. Jacobsen 2008. Posttraumatic Stress and Posttraumatic Growth in Cancer Survivorship: A Review: *The Cancer Journal* 14, 6: 414–419. doi:10.1097/PPO.0b013e31818d8963.
- Kleinman, A. 1978. Concepts and a Model for the Comparison of Medical Systems as Cultural Systems. *Social Science and Medicine* 12, 2: 85-95.

- Kleinman, A. & P. Benson 2006. Anthropology in the Clinic: The Problem of Cultural Competency and How to Fix it. *PLoS Med* 3, 10. doi: 10.1371/journal.pmed.0030294.
- Kleinman, A., L. Eisenberg & B. Good 1978. Culture, Illness and Care: Clinical Lessons from Anthropologic and Cross Cultural Research. *Annals of Internal Medicine* 88: 251-258.
- Krupski, T.L. *et al.* 2006. Spirituality Influences Health Related Quality of Life in Men With Prostate Cancer. *Psycho-Oncology* 15, 2: 121–131. doi:10.1002/pon.929.
- Leedy, P.D. & J.E. Ormrod 2001. *Practical Research: Planning and Design. Seventh Edition.* Prentice-Hall, Inc., Upper Saddle River, NJ. Available at: <http://eric.ed.gov/?id=ED445043>.
- Lee, V. 2008. The Existential Plight of Cancer: Meaning Making as a Concrete Approach to the Intangible Search for Meaning. *Supportive Care in Cancer* 16, 7: 779–785. doi:10.1007/s00520-007-0396-7.
- Lehto, R. & B. Therrien 2010. Death Concerns Among Individuals Newly Diagnosed with Lung Cancer. *Death Studies* 34, 10: 931–946. doi:10.1080/07481181003765477.
- Lekhuleni, M.E. & T.M. Mothiba 2013. Problems Experienced by Newly Diagnosed Cancer Patients at Mankweng Hospital, Limpopo Province, South Africa. *African Journal for Physical, Health Education, Recreation and Dance* 19: 235–241. doi:10.4314/ajpherd.v19i0.
- Lester, S. 1999. *An Introduction to Phenomenological Research.* Available at: http://www.academia.edu/1936094/An_introduction_to_phenomenologica_lresearch.
- Mattis, J.S., & R.J. Jagers 2001. A Relational Framework for the Study of Religiosity and Spirituality in the Lives of African Americans. *Journal of Community Psychology* 29, 5: 519–539. doi:10.1002/jcop.1034.
- Munyaradzi, D., J. January & J. Maradzika 2014. Breast Cancer Screening Among Women of Child-Bearing Age. *Health Care for Women International.* doi:10.1080/07399332.2014.920843.
- Mupepi, S.C., C.M. Sampselle & T.R.B. Johnson 2011. Knowledge, Attitudes, and Demographic Factors Influencing Cervical Cancer Screening Behavior of Zimbabwean Women. *Journal of Women's Health* 20, 6: 943–952.
- Nyakabau, A.M. 2014. Priorities for Cancer Prevention and Control in Zimbabwe. *Cancer Control* 126–130.

- Park, C.L. 2009. Overview of Theoretical Perspectives. In Park, C.L. *et al.* (eds.): *Medical Illness and Positive Life Change: Can Crisis Lead to Personal Transformation?* Washington, DC, US: American Psychological Association.
- Park, C.L. *et al.* 2008. Meaning Making and Psychological Adjustment Following Cancer: The Mediating Roles of Growth, Life Meaning, and Restored Just-World Beliefs. *Journal of Consulting and Clinical Psychology* 76, 5: 863–875. doi:10.1037/a0013348.
- Park, C.L. & S. Folkman 1997. Meaning in the Context of Stress and Coping. *Review of General Psychology* 1, 2: 115–144. doi:10.1037/1089-2680.1.2.115.
- Peltzer, K. & N. Mngqundaniso 2008. Patients Consulting Traditional Health Practitioners in the Context of HIV/Aids in Urban Areas in Kwazulu-Natal, South Africa. *African Journal of Traditional, Complementary and Alternative Medicines* 5, 4: 370–379. doi:10.4314/ajtcam.v5i4.31292.
- Schulz, E. *et al.* 2008. Role of Spirituality in Cancer Coping among African Americans: A Qualitative Examination. *Journal of Cancer Survivorship* 2, 2: 104–115. doi:10.1007/s11764-008-0050-5.
- Smith, J.A., P. Flowers & M. Larkin 2009. *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: Sage.
- Sodi, T. 2009. Indigenous Healers' Diagnostic and Treatment Methods for Some Illnesses and Social Dysfunctions. *Indilinga: African Journal of Indigenous Knowledge Systems* 8, 1. doi:10.4314/indilinga.v8i1.48243.
- Sorajjakool, S. & B.L. Seyle 2005. Theological Strategies, Constructing Meaning, and Coping with Breast Cancer: A Qualitative Study. *Pastoral Psychology* 54, 2: 173–186. doi:10.1007/s11089-005-6201-y.
- Tarwireyi, F. 2005. Perceptions and Barriers to Cervical Cancer Screening in a Rural District of Mutoko, Mashonaland East Province, Zimbabwe. *The Central African Journal of Medicine* 51: 11-12.

Julia Mutambara
Midlands State University
Zimbabwe
juliamutambara@gmail.com

Meaning Making among Women with Cervical Cancer

Tholene Sodi
University of Limpopo
South Africa
Sodit@ul.ac.za

Matore Sandra
Midlands State University
Alessy06@gmail.com

James January
Department of Community Medicine
University of Zimbabwe
jamesj@medsch.uz.ac.zw