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Impact of Cervical Cancer on Women's Bio-Psycho-Social Aspects of Health: A Mixed Methods Study

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ABSTRACT

Background: Cervical cancer is the second most common type of cancer affecting women worldwide. Sexual and reproductive problems can reduce the quality of life of women with cervical cancer. Quality of life studies in health care industry, especially in oncology, have become an essential tool used to assess patient resilience in different types of cancer and different treatment modalities.

Aim(s) to identify the impact of cervical cancer on women's physical, psychological and social health by examining quality of life and to discover any possible statistically significant relationship between women's quality of life and some social, demographic and reproductive characteristics. And explore the experience of women with cervical cancer in terms of its impact on physical, psychological and social health.

Methods: A convergent design was used in this study. A mixed-method design was used in this study that consists of The EORTC QLQ-C30 and EORTC QLQ-CX24and semi-structured interviews guide for the quantitative section.100 married women who suffer from cervical cancer and who visit the oncology centers in the city of Baghdad from 14th September to 2nd December2021.Regarding the qualitative section an eleven interview.

Results: The quantitative study showed that Cancer had a profound impact on the dimensions of the physical, psychological and social life of a woman with cervical cancer. Similarly, the qualitative findings showed that the life experience of women with cervical cancer has endured a lot of suffering of fighting the disease and its management-related consequences. However, faith-based resilience was the defense mechanism that can explains women's capacity to move on with their life living with cancer

Keywords: Quality of Life; Cervical Cancer; Cancer; Gynecological Cancer; Women's Health

INTRODUCTION

The second biggest cause of death worldwide is cancer, with considerable regional variations in the forms of cancer, incidence and mortality rates, and disease burden (Wild ,et al., 2020). Cancer is stressful because, in addition to adjusting to the confirmation of the diagnosis, which causes changes in numerous living areas, the patient also deals with issues and challenges brought on by the therapy, like the side effects that cause pain and might affect Quality of Life (QoL). The World Health Organization (WHO, 2019) describes quality of life (QoL) as a term that includes independence, physical and mental health, and social connections. When QoL is connected to illnesses and health interventions, it is referred to as health-related QoL. (QoL). The Europe Organization for Research and Treatment of Cancer (EORTC) views quality of life (QoL) in cancer as a multidimensional construct that takes into account the disease, treatment-related symptoms, physical, psychological, and social functioning (Ifediora, et al., 2018).

The second leading cause of mortality after breast cancer is cervical cancer, according to data from the Global Burden of Cancer or the International Agency for Research on Cancer (IARC). Gynecological cancer, which accounts for 84 percent of all new cases worldwide, is the leading cause of mortality among women (Memon & El-Turki, 2018). In wealthy nations, there are programs in place that allow women to receive routine screenings and HPV vaccinations. Pre-cancerous lesions can be found through screening at an early stage, when treatment is most effective. In these nations, early diagnosis and treatment can prevent up to 80% of cervical malignancies (World Health Organization, 2019).

Despite being the fourth most frequent cancer, cervical cancer is the world's leading cause of death for women (Arbyn et al., 2020; Vu et al., 2018). Due to the lack of screening programs, low- and middle-income countries (LMICs) have the highest burden of disease (BOD) and mortality rates for cervical cancer (Vu et al., 2018; Sloan and Gelband, 2007; Akinyemiju, 2012). (Gutnik et al., 2016; Sankaranarayanan et al., 2001). The prevalence of cervical cancer is also rising in developing nations due to insufficient access to health care facilities, particularly in rural regions, low-quality care, a lack of treatment options, and poverty (Dunyo et al., 2018; Sowemimo et al., 2017).

The prognosis of cervical cancer is improved by early detection and prompt treatment commencement. The effectiveness of cervical cancer clinical care pathways has decreased over time as a result of growing patient demand for high-quality healthcare, rising cancer treatment costs, and a shortage of healthcare professionals. Due to the subsequent delays in identification and treatment, this may have a negative effect on a patient's chance of survival by increasing morbidity and mortality from the condition. In light of the rising incidence of cervical cancer and the need for high-quality medical treatment (Jedy-Agba et al., 2020; Barsom et al., 2020), Understanding patient treatment pathway turnaround times and healthcare facility workflow is essential for identifying systemic flaws and formulating plans to improve cervical cancer patients' health outcomes (Lenz et al., 2005). Prior research suggests that the high frequency and mortality from cervical cancer are caused by a combination of factors, including poverty, delayed illness detection, ineffective patient referral patterns, inadequate access to health facilities, and a lack of health resources (Akinyemiju, 2012; Kroman et al., 2000; Yagi et al., 2019). Additionally, research from numerous LMICs have noted significant healthcare costs and delays in cancer diagnosis (Ross and Rayne, 2017; Lohlun et al., 2015). (Arbyn et al., 2020) as contributing elements to the high rates of cancer-related fatalities. Despite this, there have been few studies that have looked at treatment delays for women with cervical cancer, particularly in low- and middle-income countries where the majority of cancer treatment facilities are located in a small number of urban regions (Chen et al., 2019).

Studies on quality of life (QOL) in the healthcare industry, notably in oncology, have evolved into a fundamental instrument for evaluating a patient's capacity for a meaningful life in relation to various cancer kinds and treatment regimens. It would appear that the focus of treatment should not only be on curing the illness, but also on getting the patient to a point where they believe life is worthwhile. Despite global health improvements, research indicates that cervical cancer and its treatment have a detrimental impact on quality of life in all areas (Sabulei, et al.,2019). Additionally, patients who underwent radiotherapy as part of a multimodal treatment plan reported higher issues in terms of both specific subscales and overall quality of life (Thapa, et al., 2018). those who have cervical cancer,. QoL can be impaired in several

dimensions, due to emotional, physical, social and family problems (Didkowska, et al., 2020).

METHODS

Study design, sample and setting: A mixed-method convergent design was used in this study that consists of and semi-structured interviews sample for the quantitative section, a nonprobability (purposive sample) of 100 women who have had Cervical Cancers at the oncology teaching hospital in Medical City. For the qualitative a sample of 11 women who have had Cervical Cancers at the Oncology Centers & teaching hospitals were interviewed.

Data collection and tools: data collection was done through the use of the study tools. The European Organization for Research and Treatment of Cancer EORTC QLQ-C30 and EORTC QLQ-CX24, to measure cervical cancer-specific Quality of Life. The questionnaire is consisted of three section. First section Demographic and clinical characteristic and Second section It covered a set of six questions about reproductive health information. It included the reproductive age, menstruation regularity, pregnancy history, contraception usage, information related to sexually transmitted diseases, and chronic diseases. Third section: The impact of cervical cancer on aspects of physical, psychological, and social health

The EORTC QLQ-C30 and EORTC QLQ-CX24are both reliable and valid instrument to measure cervical cancer-specific Quality of Life. The Pearson correlation coefficient was used to measure the reliability of the tool. The results of this calculation indicate that the correlation coefficient is acceptable (0.74). The validity of the questionnaire is tested by presenting it to 10 experts in the field of health and education. A score of 1 was given to the paragraph that is related to the observed phenomenon or closely related to the phenomenon, and 0 was given to the paragraph that is not related to the phenomenon or the paragraph is somewhat related. Also, consideration was given to modifying some elements according to the expert's recommendations. The results of this calculation indicate that the degree of knowledge is acceptable for the ten experts (Content Validity Index 0.80).

Semi-structured interviews were conducted with all who agreed to participate in the study. The main advantage of a semi-structured interview is that the researcher can attend to the experiences of the individual (Galetta, 2013). Also, face-to-face interviews provide the opportunity to assess the validity of participants' responses by noting nonverbal cues, which is useful when discussing sensitive topics, when conducting the qualitative section of the study (Louise Barriball and while, 1994; Dabble, &' Cathain, 2015; Lamont, et al, 2016).

Ethical consideration: First, the research ethics committee at the University of Baghdad, College of Nursing had reviewed and approved the study protocol, reflecting that the intended study research procedures are congruent with the Declaration of Helsinki Ethical Principles for Medical Research involving human subjects. After obtaining the official approval from the departments of oncology centers in the city of Baghdad, oral consent was taken from women with cervical cancer after informing them that the information will be treated confidentially and used for scientific purposes for research purposes only.

RESULT

N= Sample size: The results of this table show that more of one-third of the study sample's age group were within (48-58 years), it represented (33%). Also, in regarding to the subject's level of education, the results show that only (30%) of the participants were able to read and write. In addition, (81%) of the study sample were housewife, which recorded the highest percentage of the occupational status. Additionally, more than half (58%) of study sample were family-relative. About (83%), of the study participants family type were living in nucleus family type. Regarding the subject place of residence, two-thirds (65%) of women were living

in outskirts of cities in the city of Baghdad. Regarding home ownership, the majority were owned (93%).

Table 1: Distribution of socio-demographic for cervical cancer women

Variables		Categories (n=100 women)	f	%
Age		25 - 36 years	7	7.0
		37 - 47 years	25	25.0
		48 - 58 years	33	33.0
		59 - 69 years	24	24.0
		70 - 80 years	11	11.0
Educational Level		Illiterate	17	17.0
		Read and Write	30	30.0
		Primary School Graduate	16	16.0
		Medium Graduate	14	14.0
		Graduate	13	13.0
		Institute Graduate,	6	6.0
		College or More	4	4.0
Occupation Status		Employees	13	13.0
		Housewife	81	81.0
		Retired	6	6.0
Relative Relation		Relatives	58	58.0
		Unrelated	42	42.0
Family Type		Nucleus	83	83.0
		Extended	17	17.0
Place of Residence	Environment	Outskirts of Cities	65	65.0
		Rural	5	5.0
		Urban	30	30.0
	Housing Ownership	Owned	93	93.0
		Rent	7	7.0

Table.2: Distribution of clinical, and reproductive characteristics for cervical cancer women

Variables		Categories (n=100 women)	f	%
Stage of The Disease		Stage II	28	28.0
		Stage III	58	58.0
		Stage IV	14	14.0
Treatment Line		Chemotherapy	35	35.0
		Radiotherapy	4	4.0
		Immunotherapy	3	3.0
		Surgical management	6	6.0
		Mixed therapy	52	52.0
Smoking History		Smoker	18	18.0
		Non-Smoker	82	82.0
Reproductive Age	Age at marriage	19-24	60	60.0
		25-29	31	31.0
		30-34	9	9.0
	Age at first pregnancy	20-25	56	56.0
		26-30	34	34.0
		31-35	10	10.0
Menstruation Regularity		Regular	44	44.0
		Irregular	56	56.0
Pregnancy	Gravida	(2 - 3)	27	27.0
		(4 - 5)	39	39.0
		(6 - 7)	19	19.0
		(8 - 9)	14	14.0
		≥ 10	1	1.0
	Abortion	None	76	76.0
		One time	15	15.0
		Two times	7	7.0
		≥3	2	2.0
	Number of births	None	1	1.0
		(2 - 3)	29	29.0
		(4 - 5)	42	42.0
		(6 - 7)	22	22.0
		(8 - 9)	6	6.0
	Number of stillbirths	None	99	99.0
		Stillbirths	1	1.0
	Period of time between pregnancy and another	Regular	41	41.0
		Irregular	59	59.0
Type of Contraceptive		Pills	23	23.0

			f.	%
		Injections	22	22.0
		Intrauterine device (IUD)	1	1.0
		Implants	1	1.0
		Non	53	53.0
Information Related to Sexually Transmitted Diseases	human papilloma virus)HPV(	Yes	10	10.0
		No	90	90.0
	genitals Herbs	Yes	0	0.0
		No	100	100.0
	Gonorrhea	Yes	9	9.0
		No	91	91.0
	Syphilis	Yes	0	0.0
		No	100	100.0
Comorbidity	Hypertension	Yes	23	23.0
		No	77	77.0
	Heart Diseases	Yes	4	4.0
		No	96	96.0
	Diabetes Mellitus	Yes	18	18.0
		No	82	82.0
	Liver Disease	Yes	7	7.0
		No	93	93.0

The results of table 2show that more than half (58%) of women's cancer stage was stage III.

It also shows that in terms of the treatment line, more than half (52%) of participants were using mixed therapy. Also, the table revealed that the (82%) of women in the study sample did not smoke at all.

Regarding to the subject's reproductive age, the results showed that more than half (60%) of women were at (19-24 years) age category when got married. While the age at first pregnancy was within the age category of (20-25 years). Concerning to the regularity menstruation, more than half of the participants in the study sample were experiencing irregular menstruation cycle (56%).

In addition, more than one third (39%) of study subjects have reported that they had (4-5times) pregnancies during the past time of their life. In terms of abortions, more than three-quarter (76%) of the study sample reported no abortion during the past time of their life. almost half (42%) of the study sample reported that they had experienced child birth (4-5times). In terms of stillbirths, the descriptive results revealed that the majority (99%) of women in the study sample had not experienced stillbirth. Regarding the period of time between pregnancy and another, the descriptive results displayed that more of half (59%) of the participants in the study sample were not having a systematic spacing between pregnancies.

More than half (53%) of the participating women in the study sample, reported using uncommon types of contraception methods.

Table 3: Descriptive statistics of general quality of life domains

General Quality of Life Domains		
Functional Domain	f.	%
Moderate Level of Functioning	81	81.0
Poor Level of Functioning	19	19.0
Total	100	100.0
Symptoms Domain	f.	%
Moderate Level of Symptoms/ Problems	85	85.0
High Level of Symptoms/ Problems	15	15.0
Total	100	100.0
General Health Domain	f.	%
Good General Health status	5	5.0
Fair General Health status	65	65.0
Poor General Health status	30	30.0
Total	100	100.0

Regarding the information, which are related to sexually transmitted diseases, all participating women in the research sample reported that they had not suffer from any type of sexually transmitted diseases. while the majority of them also don't suffer from (HPV& gonorrhea), the proportions were as follows:(90%),

and :(91%) respectively. Addition, chronic diseases the majority of participating women in the sample don't have suffering from a chronic disease as their percentage reached (hypertension (77%), heart diseases (96%), diabetes mellitus (82%) and liver disease (93%).

The results of table 3 presented that the responses for participating women in study sample on the most of the items related to quality-of-life Domains was divided (Functional Domain Most of them were Moderate Level of Functioning (81.0) and Symptoms Domain Most of them were Moderate Level of Symptoms/ Problems)85.0(and General Health Domain Most of them were Fair General Health status)65.0(

Table 4: Descriptive statistics of cervical cancer related quality of life

Cervical Cancer Related Quality of Life Domains		
Symptoms Domain	f.	%
Mild Level of Symptoms/ Problems	15	15.0
Moderate Level of Symptoms/ Problems	85	85.0
Total	100	100.0
Functional Domain	f.	%
Moderate Level of Functioning	15	15.0
Poor Level of Functioning	85	85.0
Total	100	100.0

The results of table 5 presented that the responses for participating women in study sample on the most of the items related Cervical Cancer Related Quality of Life Domains was divided Symptoms Domain Most of them were Moderate Level of Symptoms/ Problems)85.0(and Functional Domain Most of them were Poor Level of Functioning (85.0).

Table5: Thematic analysis findings

Themes of the impact of cancer on the physical aspect of a woman's life	Themes of the impact of cancer on the psychological aspect of a woman's life	Themes of the impact of cancer on the social aspect of a woman's life
Pain as a part of my life with cancer Exhaustion, Energy Depletion, & Collapse Anorexia-related malnutrition Menorrhagia	Domination of Negative Feeling and Losing of hope Challenging coping Faith Based resilience	Disharmony and Social Isolation Losing Intimacy

Organize themes: There are three main themes and eight sub-themes of Analyze the data, as shown in Table5. Physical functions of cervical cancer patients. she an important part of ourselves as human beings. From the data collected, cervical cancer patients They expressed a negative effect in the aspects of physical, psychological and social health. Subthemes derived from this construction are as follows

Themes of the impact of cancer on the physical aspect of a woman's life

Pain as a part of my life with cancer: In response to the following questions "Tell me about what led you to finding out you had cervical cancer, where you having any symptoms?" The feeling of pain was in some of the reviews the indicative sign that led them to seek health care providers advice to diagnose the condition.

Participant 3 reflected "First of all, I have abdominal pain, back pain, very strong, …I was thinking it might be related to irritable bowel syndrome…however it was not!

Anorexia-related malnutrition: In response to the following questions, "How the side effects of cervical cancer treatments effected your quality of life the most & why? Many of the study participants answered that they knew about chemotherapy side effects, and they rationalize the loss of appetite to the heavey doses of chemotherapy

Participant 4 stated: During the cancer treatment phases, I started feeling tired and I started to loss my hair …as a result, I didn't want to eat at all…sigh… and I developed anemia...

Menorrhagia: Many of the study participants had reported that unexplained vaginal bleeding was one of the major physical problems that they have experienced

Participant 2 stated: I had a strong vaginal bleeding. I went to the hospital and did some tests. The doctor told me to see a specialized surgeon. I was scared... I had all the tests done and he said that a hysterectomy is needed as a life-saving procedure... that was a turning point in my life!

Themes of the impact of cancer on the psychological aspect of a woman's life

Domination of Negative Feeling and Losing of hope: In response to the following question, "when was cervical cancer first discovered and how did the news affect you &why?" Many participants in the study answered that the negative feeling was the one they had at the time of discovering and confirming the disease diagnosis as a result of the shocking news.

Participant 1stated: Knowing about my confirmed medical diagnosis was one of the hardest stations of my journey with cancer fight! Moving from completely normal health to radical surgery for the first time in my life…also the experience I had waiting for the results of tissue   biopsy…. I went through shock…anger…denial…... I was dominated by the negative thought process that I'm going to die... but thank God I did not die…so far!

Challenging Coping: Participant 3stated:

I was always upset, especially after sunset… it gets worse for me, I was very depressed, I wanted to be alone, and I can't stand the noises of any child…that was a hard time for me!

Faith Based Resilience: Participant 4 stated….

My psychological condition was very affected and I was in a bad situation, but my family and my husband helped me, thank God. I never thought like before. I say thank God.

Themes of the impact of cancer on the social aspect of a woman's life

disharmony and social isolation: In response to the following question," How has your illness and treatment affected your relationship with people including your immediate family &social circle? Most of the participants in the study answered that their social status was negatively affected,

Participant3stated: My family, praise be to God, did not leave me alone, but I am disturbed by the chaos and I want calmness. I do not want to go out, but I like meeting people. A difficult equation!

Losing Intimacy Participant 2stated: As a direct result of my diagnosis with cervix cancer, having a baby was not a possible option for us as a couple… he decided to move through separation. Divorce …sigh… I mean, there were problems between him and me!

DISCUSSION

Discuss the Results of Quantitative Data:

Socio-Demographic for Cervical Cancer Women: The study's findings in table (1) indicated that the study sample were within (48-58 years) it presented (33%). Result provides evidence that the most prevalent age around this age group table show that the more of one-third of age group in the study sample were within (48-58 years) it presented (33%). This is consistent with a study conducted by (Pelkofski, et al.,2016**)** It says the average age of patients enrolled was 54 years old. Altogether, 67.1% of patients were between 40 and 60 years of age, and this age group was consistent with an age of high cervical cancer incidence. Whether age at diagnosis is a predictive risk factor for cervical cancer is controversial. This indicates that women at this age are more likely to discover the disease, meaning that this age group is more than others**.** This was consistent with other studies conducted in other parts of Ghana as well as in Kenya, where the authors Comment that cervical cancer is common among all age groups Premenopausal for postmenopausal women (Nkyekyer,2000; Ogoncho, et al.,2015). This study agrees with (Peltzer, et al., 2014; Ncube, et al.,2015). a study conducted in South Africa and

Portland, Jamaica, which says that the ages (40-49 years). Older women have a higher risk of cervical cancer than younger women.

On the other hand, the educational level of most of the current study showed the women read and write (30.0). This is in agreement with a study conducted by Damayanti (2013) in her study stated that there was a strong relationship between educational level and cervical cancer incident, where cervical cancer is more likely to occur to less-educated women than highly-educated women. The level of education is related to socioeconomic level, sexual activity, and hygiene. Low-educated women are less likely to care about their health especially for their genitals hygiene so that they will have a risk of cervical cancer (Aziz, 2006).This is in disagreement with a study he conducted Sari et al. (2016). high education can decrease the risk of cervical cancer through income, age at first sexual intercourse, and genital hygiene in the study

Regarding the Occupation Status, the result of the current study showed that the highest percentage of Housewife) 81.0(. With the study conducted in Mekelle, North Ethiopia, and Korea. (Bayu, et al., 2019; Farazi, et al, 2019; Chang, et al.,2017). This study found that participants who indicated their occupation status as housewives were statistically significant which is comparable with the study conducted in Ethiopia and Iran. (Getahun, et al., 2013; Asgarlou, et al.,2016).

Presenting and discussing the key results derived from Table (2): of clinical, and reproductive characteristics for cervical cancer women: The results of table (2) show that more than half (58%) of women's cancer stage was stage III. And it also shows that in terms of the treatment line, more than half (52%) of participants were using mixed therapy. These findings are consistent with a study by Wright, et al., (2015) recently, the prevalence of disease in stage III cervical cancer was 30-35%. A previous study also reported that disease rates in this stage for 3 years were 61.3% and 54.8% for stage III disease. The observation that the rate was higher in previous studies may be attributed to the fact that some patients were followed up for less than 3 years (Harsh & Kapoor, 2016).

The researcher opinion advanced stage of cancer a negative impact on global QOL and patients with early-stage cancer reported better QOL. Several studies reported that, for global health status or overall QOL, patients with stage I, II, and III of cancer have higher QOL compared to stage IV (Park, et al.,2007). Regarding role functioning, patients in stage I had the better QOL followed by stage II; stage IV had the worse role functioning. Patients at the late stage of cancer would have poor role functioning as these patients usually planned for palliative management and therefore unable to perform much work (Xie, et al., 2013).

In this regard, the study of (Lee, et al., 2011; Nam, et al., 2012) have found 5-year rates of disease-free survival among patients who underwent open radical hysterectomy that range from 93.3 to 94.4%. These rates are consistent with the 4.5-year rate of disease-free survival of 96.5%. Peters et al., (2000) found a 4-year rate of progression-free survival of only 80% among patients undergoing chemotherapy and radiation after open radical hysterectomy.

Regarding to the subject's reproductive age, the results showed that more than half (60%) of women were at (19-24 years) age category when got married. While the age at first pregnancy was within the age category of (20-25 years). Concerning to the regularity menstruation, more than half of the participants in the study sample were experiencing irregular menstruation cycle (56%).

In this regard, the study of (Azubuike, et al.,2018; Dolatkhah, et al., 2020) found that that unmeasured irregularity in cervical cancer screening routine across age and population groups was significant through peripheral factors, as population characteristics are explained by significant differences. Such significant differences have been observed in several studies, where population characteristics have accounted for specific background

unpredictability factors that determine cervical cancer screening utilization among women of reproductive age

Dedicated to presenting and discussing the Descriptive statistics of general quality of life domains and cervical cancer related quality of life: The results of table (3) show presented that the responses for participating women in study sample on the most of the items related to quality-of-life Domains was divided (Functional Domain Most of them were Moderate Level of Functioning (**81.0**) and Symptoms Domain Most of them were Moderate Level of Symptoms/ Problems)**85.0(**and General Health Domain Most of them were Fair General Health status)**65.0**()

The women harbored high negative perceptions pertaining to their general health which might have contributed to moderate impairment in the women's quality of life. This assertion of high negative perception which may result in high anxiety and, was earlier reported by Brunton et al. (2015) in England and Heinonen et al. (2013) in Finland

The findings explained that when symptom severity of the women increases, it is associated with a decrease in the quality of life of the women. This finding is not surprising as similar studies have reported symptom status as an important factor that correlates quality of life amongst cervical cancer sufferers (Kim et al., 2015).

These findings are however, at variance with previous studies which reported significant correlations between functional status, general health perceptions and quality of life in Brazil, Turkey, Taiwan, Columbus- USA and Iran (Fernandes & Kimura, 2010; Goker et al., 2011; Li et al., 2015; Overcash, 2015; Torkzahrani et al., 2013).

Discuss the Results of Qualitative Data:

Themes of the impact of cancer on the physical aspect of a woman's life: Women surviving cervical cancer may have good, moderate or poor physical wellbeing the findings of the study showed that all the participants had poor physical wellbeing, The poor physical well-being experienced by most of the women commonly manifested by pain, vaginal discharge and vaginal bleeding. These findings are supported by many previously published literature (Kamau et al., 2007; Guo et al., 2004; Masika et al., 2012) and cancer patients. The study further revealed that all the women were in the advanced stages of cervical cancer. The advanced nature as well as the treatment received may be contributory factors to their poor physical well-being. Again, this reiterates the findings of other studies that related to poor physical well-being at the advanced stages of the disease and the treatment line that was received, including chemo and radio therapy (Nkyekyer, 2000; Vaz et al., 2007; Bjelica-Radisic et al., 2012).

Themes of the impact of cancer on the psychological aspect of a woman's life: The dominance of negative thoughts and the loss of hope was evident when reviewing the testimonies of our research sample, as they indicated that fear was always possessing them from the horror of cancer.

Akyuz et al. (2008) mentioned that patients with gynecologic cancers suffer psychological symptoms, including negative feeling and hopelessness. Specifically, in their study of Hispanic patients with cervical cancer, the researchers reported that women had emotional challenges as they face the fear of death and the worsening of their disease condition (Ashing-Giwa et al., 2006).

Themes of the impact of cancer on the social aspect of a woman's life: Isolation in the life of a woman with cervical cancer may stem from different sources. The physical presentations of the disease such as offensive vaginal bleeding and discharges may cause some women to be isolated. Findings from Van Schalkwyk et al. (2008) and Maree et al. (2013) support the assertion that offensive vaginal discharges and bleeding may cause isolation. Some survivors felt isolated within the community in which they lived because nobody visited them at their homes (Van Schalkwyk et al., 2008). Changes in daily lives and feeling of social isolation were reported. More than half of the participants perceived that cervical cancer had a negative impact on their social functioning, limited social network and feeling of isolation (Zeng et al., 2011).

CONCLUSION

Cervical cancer affects all aspects of a woman's health, including physical, psychological and social well-being.

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