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Original Research Article

Conceptualisation of Cervical Cancer Causation and Risk Factors: A Qualitative Investigation of Women in the City of Harare, Zimbabwe

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Abstract: This research paints the conceptual model of cervical cancer causation that is branched into two main variables; direct causal agents and proxy causal agents. There is also an examination of the current risk factors of cervical cancer among females in the City of Harare. Engagement of pretested structured focused group discussions and six key informant interviews necessitated the collection of qualitative data that was used in this study. Age group, occupational level, sources of income, health education, misconceptions regarding the basic facts about cervical cancer, level of education, multiple sexual partners, use of vagina tightening soaps or herbs, genetic makeup, marital status, attitudes, beliefs, limited number of screening centres, unaffordability and inaccessibility of screening services are the key cervical cancer risk factors established by the study.
Keywords: Cervical Cancer, risk factors, Human papillomavirus (HPV), Harare.

INTRODUCTION

The Cervical cancer is a deadly disease that affects females of all walks of life regardless of racial, socio-economic status or religious and cultural beliefs. Cancer of the cervix is proportionately10 % of all the world-wide cancers henceforth making it most common female cancer *et al* [11,14], *et al*, [13]. Henceforth an investigation on cervical cancer risk factors is a big shot, with public health significance. There are 4.7 million women aged 15 years and above who are vulnerable to the developing cervical cancer in Zimbabwe (ICO, 2015). Cancer of the cervix is the most frequent diagnosed cancer among females in Zimbabwe and the 2nd most frequent cancer among women between the age group of 15 and 44 years (ICO, 2015; [15], *et al*, [4]. Cervical cancer is the leading malignancy in females in Zimbabwe especially in the City of Harare [16] and [10]. Harare has got one of the world's highest age standardized incidence rates (ASR) of cervical cancer hence cervical cancer risk factors are worth this thorough examination. [10]. Cervical cancer is a reality and will remain with us, as a high impact risk to public health status of females in the city of Harare, in spite of key screening and oncological services providers (City of Harare Clinics, Zimbabwe National Family Planning Council (Spilhaus), Newlands clinic (HIV and AIDS services organisations) being operative in the City of Harare. Human papillomavirus (HPV) is the main causative agents among many other causatives agents in cervical cancer *et al* [4],

HPV is sexually transmitted and the largest Zimbabwean population proportion age group is between 16-40 years, which happens to be the sexually active age group at high risk of this cancer *et al*, [5]. Risk factors are the conditions which triggers the development of something or anything that causes something to happen. Cervical cancer incidence declines comparatively as a feedback of reducing risk factors such as unprotected sex, multiple sexual partners, smoking, diet, nutritional status and prolonged use of oral contraceptive pill. This study seeks to contribute to knowledge about cervical cancer risk factors among females in the City of Harare with reference to cervical cancer patients at Parirenyatwa Hospital, Zimbabwe.

METHODOLOGY

Study context

The study was carried out at Parirenyatwa Hospital in the City of Harare situated in the north-east of the country and it is within Harare province. Parirenyatwa Hospital was selected because it has the largest oncological related services provider in Harare and Zimbabwe at large, hence it was the green light study area to investigate cervical cancer risk factors among females in the City of Harare. The target population was cervical cancer patients between the age group of 18 to 40 years and above, as they were adults and the most sexually active group that is prone to cervical cancer risks.

Research design

The enquiry was qualitative in nature. Focus group discussions (FGDs) and key informant interviews (KIIs) were the employed data collection tools.

Data collection methods

Key informant interviews

Six key informant interviews were conducted with an oncological doctor, gynaecological doctor, 2 oncological nurses, the sister in charge of the radiation centre and radiotherapist. The key informant interview participants were recruited on the basis of having first-hand knowledge on cervical cancer risk factors. The key informant interview was held at Parirenyatwa Group of Hospitals. Information sought for in the interviews included socio-economic factors, access to health care and exposure to cervical cancer risk factors. The key informant interviews were conducted with interview guides. Both key points note taking and audio recording were used to record information for the key informant interviews. This was to help get comprehensive information with regard to cervical cancer risk factors among women in the City of Harare.

Focus group discussions

2 focused group discussions were undertaken at Parirenyatwa Hospital and each group had 20 women with cervical cancer. The females were identified as cervical cancer victims by using admission registers for the cancer ward and the group participants were selected on their willingness and convenience to participate. Furthermore, to get an understanding of whether the risk factors were demographic or biological or behavioural influenced, a structured thematic discussion guide was developed for discussion focus and confining asking pre-developed questions. The discussions were done in detail and the experiences gathered during the discussions were incorporated, to develop and add more in-depth insight. The focused group discussions were conducted in English and then interpreted into local languages Shona and Ndebele where need arose. Extensive note taking and audio recording was used in discussion.

Data management and analysis

A pilot study was conducted at the University of Zimbabwe Medical School at Parirenyatwa Hospital to test the reliability and validity of the research and to test the feasibility of the key informant interviews and focused group discussions. The pre-study helped in identifying the weakness of the research and necessitated improvement prior to the official. The information obtained was used to improve the research instrument. The structured interview and thematic discussion guides had cervical cancer risk factor related questions. Biostatisticians and health professionals were consulted to review questionnaire and suggestions were incorporated in the final interview and discussion guides hence ensuring validity. Ethnograph software Version 6.0 was used for data analysis using the thematic approach. Upon entering the data into the software, themes linked to the risk factors of cervical cancer among females in the City of Harare were identified. To maintain anonymity of the researched pseudonyms are used in the presentation of findings.

Ethical issues

Various ethical aspects were considered during and throughout the study process. The Great Zimbabwe University, Faculty of Social Sciences Research Committee and Parirenyatwa Hospital, clinical director gave approval to conduct the study. Furthermore, the researched were informed about their right to withdraw from the study whenever they want hence ensuring informed consent and voluntary participation. There was no coercion of respondent's participation. Names or other personal information were not required therefore securing confidentiality. There was no third party information disclosure. All the data was kept private and confidential, only the researcher had access to the information.

RESULTS

The results of this section present cervical cancer causation model and new data about current cervical cancer risk factors among a convenience sample of 20 women with cervical cancer and 6 health personnels

(oncological doctor, gynaecological doctor, 2 oncological nurses, the sister in charge of the radiation centre and radiotherapist) at Parirenyatwa Group of Hospitals in the City of Harare.

Cervical cancer causation model

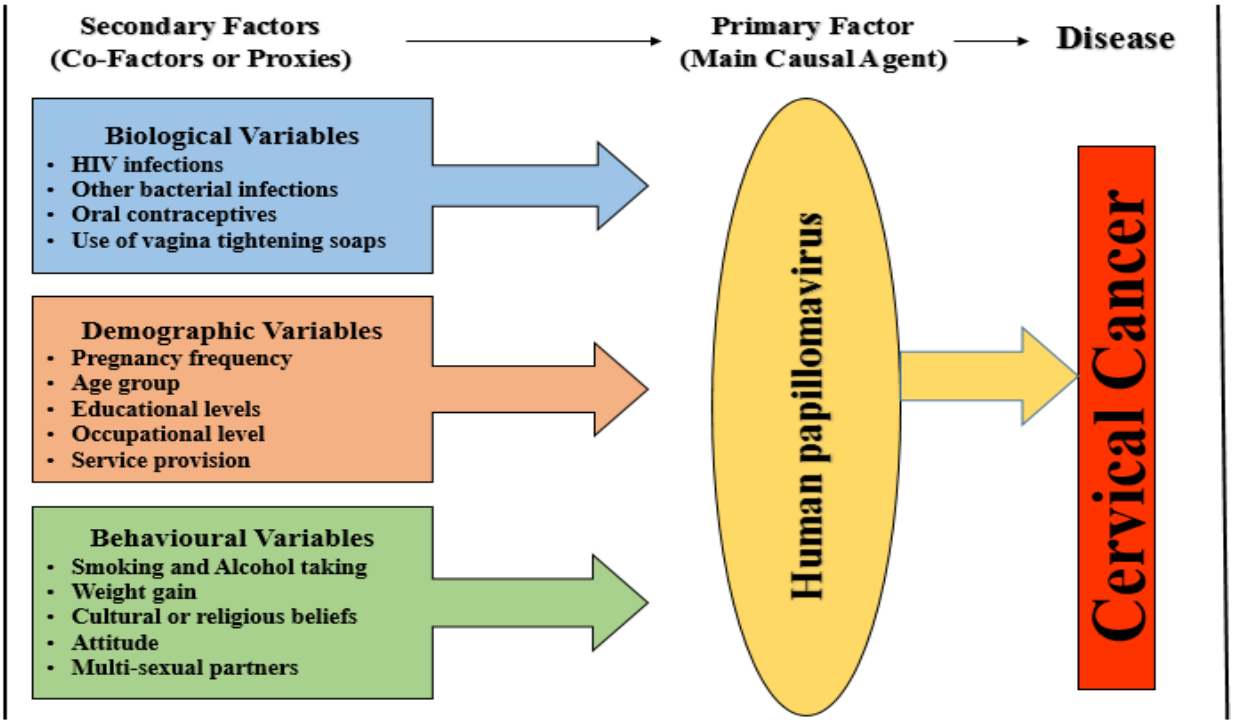

Fig-1: Cervical cancer proxy and direct causation model
Source: Research Data (2017)

The cervical cancer proxy and direct causation model assumes that there is strong relationship between the primary factor and secondary factors. The first determinants are co-factors or proxies, with an indirect causation effect to the development of cervical cancer. The secondary factor do not cause cervical cancer. The secondary factors (biological, demographic and behavioural variables) increases susceptibility to HPV, ultimately leading into the development of cancer of the cervix. Biological variables like human immunodeficiency virus (HIV), causes immunosuppression and increasing women's risk to HPV infections. Herbal usages have both negative and positive effect to the immune, in an event when one's immune is suppressed, she will be prone to the development cervical cancer if exposed to human papilloma virus (Gil et al, 2005).

Demographic factors like pregnancy frequency is an example of cervical cancer proxies. Women with high counts of full time pregnancy (2 to 3 pregnancies) are at risk of developing cervical cancer as compared to their counterparts, women with low pregnancy frequency. High frequency of full time pregnancy triggers various hormonal changes that making females to be more susceptible to HPV infection. High parity, early age at first birth and at first sexual intercourse have all been associated with increased chance to the development of cervical cancer. Lifestyle or behavioural activities like smoking, cigarettes chemicals excrete toxic substances which are mostly detected in cervical mucus, enhancing DNA damage of cells around the cervix facilitating development of cervical cancer (Özgul, 2009). Furthermore, smoking increases the degree of exposure to toxic substances like carcinogens which damages the cervical cell lining leading to cervical cancer formation.

Number of sexual partners, age at first marriage, taking other micronutrients (like vitamins A, E, C and folic acid), obesity and religious belief (some

religions do not allow use of media which is source of public health information and some religious believers do not allow its members to seek medical attention); this increases rate of susceptibility to HPV infection and finally the development of cervical cancer among women *et al* [12], ; Garcia-Solis at el, 2005; Government of Zimbabwe, 2010).

Secondly, these secondary factors have an amplification effect as they not only increase the susceptible rate to the acquisition HPV but also increase the rate at which HPV infect women triggering fast development of cervical cancer among females. Studies have shown faster rate of cervical cancer development in women infected Human immunodeficiency virus (HIV), other bacterial infections (like chlamidya trachomatis bacteria), women who smoke, take oral contraceptives, hormonal drugs, alcohol, those with high frequency of full time pregnancies and teen pregnancies (Likes et al, 2003; *et al* [7], ACS, 2010; *et al* [9], ACS, 2013).

A second factor (primary factor) is the direct causal agents of cervical cancer. Human papillomavirus (HPV) type 16 and type 18 is the chief cause of cervical cancer, accounting 99 % of the global cases (Barnabas et al, 2006; [2] Exposure to this sexually transmitted human papilloma virus, HPV types 16 and 18 will lead to infection of the cervical cell lining and causing slow development of cancer [2]

Cervical cancer development is determined by both primary and secondary risk factors. The measure of exposure to HPV and the susceptibility and amplification effect of the secondary risk factors are the major arms in controlling cervical development. Consideration of the assumed factors of cervical cancer can have a positive impact on curbing this world deadly disease among women.

Age of respondents

Conclusions have been drawn from the study claim that age is a risk factorof cervical cancer. The cervical cancer incidence generally increases by age as has impact on the sexual behaviour, number of pregnancy, taking hormonal drugs and contraceptive pills which may lead to cervical cancer development. The results from the focused group discussion, shows that cervical cancer cases are highly frequent in women between the ages of 25 and 45 and low fluctuation in other age groups below 24 to above 45 years.

The elderly seems to be at high risk of cervical cancer as there have many years being exposed to cervical cancer proxies or risk factors. One of the health personnel pin points the influence age to cervical cancer susceptibility:

Middle aged women are hyper sexually active, hence they are at high risk of different kinds of viral or bacterial infections that directly or indirectly cause cervical cancer. Age standardised cervical cancer incidences shows that the age group between late 20s to mid or late 40s has recorded high cervical cancer cases. This may also be attributed to the taking of family planning pills (oral contraceptives) since this is the reproductive age group.

One oncological nurse concurred that female age is a proxy factor to cervical cancer development.

Middle aged women or girls are still prone to behavioural change due to our ever changing cultures or lifestyles. Smoking, taking of recreational drugs and alcohol as the main characteristics of their lifestyle. Alcohol and recreational drug taking is tightly linked to sexual indulgence as way of seeking pleasure with friends or family. Unfortunately, alcohol, smoking and recreational drugs reduced immune responses hence increasing risk to develop diseases like cervical cancer.

Level of education

The research found out that education level is risk factor of cervical cancer. The study revealed that higher educational level strongly related and encourages women to undergo a screening service, improves adherence to cervical cancer treatment.

The findings from the FGD showed that most women with cervical cancer had acquired basic education (secondary level education) and few had attained tertiary level education.

One participant of the KII of the health personnel echoed that:

Education level may decrease or increase women's risk to cervical cancer development. Basic education may portray a better understanding of cervical cancer problems among the general public and women to be more specific. The educated may have better adherence to cervical cancer control or treatment

methods, which helps to curb cervical cancer problems. However, level of education cannot significantly reduce the rate of cervical cancer development as proved by the majority of the researched women who are educated but have cervical cancer.

Major source of income

The study established that, there is a strong correlation between educational level and occupational level. The sources of income were divided into two groups: formal and non-formal. Most of the FDG discussants having a formal source of income and higher occupational level. A formal source of income could have meant improved economic status to afford better medical attention in an effort to curb cervical cancer. However, the study shows higher rate of cervical cancer incidence among women with formal sources of income, as compared to women with non-formal sources of income.

One of the study participant of the KII, concurred with revealed impact of source of income on the risk of developing cervical cancer. An oncological nurse explained that:

Most women who are screened are highly educated and are of high occupational class. Women with informal source of income they mostly rely on donor or state funded organised screening programmes or cervical treatment programs as informal source is not reliable. Cervical services are pretty much expensive in Zimbabwe hence women with formal sources of income frequently attend cervical screening or seek medical attention from their own initiative.

Knowledge of risk factors, transmission, and prevention methods of cervical cancer

Health education has been enhanced for years through education campaigns, advertisements and broadcasted messages about cervical cancer, however the study revealed that many women with cervical cancer never heard of cervical cancer risk factors, transmission, and prevention methods. The study revealed that women universally reported that they had heard about cervical cancer risk factors, transmission, and prevention methods. However, a handful of misconceptions regarding the basic facts of the cervical cancer were noted. The available knowledge about cervical cancer risk factors, transmission, and prevention methods was from posters, radio and television advisements, school education campaigns and health expertise. Knowledge about modes of HIV transmission was high among the women. Unprotected sex with multiple partners was the most commonly reported mode of transmission. However, during FGD misconceptions related to basic facts about cervical cancer risk factors, transmission, and prevention methods were also noted, especially among participants who had attained primary level of education and those who had never been to school.

The study also established that a low degree of health education among women who never ended at primary educational level. Level of education was inhibiting factor underlying low cervical screening up taking, and causing of cervical cancer incidences increase in spite of offered cervical screening services.

Information gathered during FGD indicated that there are some misconceptions of cervical cancer risk factors, transmission and prevention methods is not fully known. Thus, a Brenda remarked:

HIV /AIDS is caused by very clear causes, cervical cancer it is just diagnosed from no way. Cervical cancer seems to be spiritual. Cholera we know it is due to dirtiness, AIDS is due to virus caused by unprotected sex then when it comes to cervical cancer causes its different. Maybe it's a new disease like Ebola. Doctors are not yet able to treat the disease; I rely on anointing water (muteuro) as advised by our spiritual church leaders.

The issue of causes and transmission ways of cervical cancer was believed to be sexual oriented and there was misconception that condoms cannot protect against cervical cancer. Some women from the FGD reported some beliefs that protected sex is not enjoyable. One participant during the FGD for women cervical cancer aged 18 years and above retorted:

Protected sex secures one's health but honestly condoms compromise sexual pleasure. People always say cancer is more vigorous that condoms cannot protect sex partners from getting infected, therefore there is no way to prevent it, if God said you will have cervical cancer then will be infected. Condoms are not strong to prevent cancer transmission.

One of the study participant of the KII, concurred with revealed issue of misconception of cervical cancer risk factors, transmission and prevention methods. An

oncological nurse emphasized that: Cultural beliefs, religious beliefs and lack of health education among women has triggered the rise of misconceptions about cervical risk factors, the ways HPV is transmitted and prevented. Cervical cancer cannot be transmitted, but its main causal agents like HPV is and it can be defeated by simply using condoms. Spiritual leaders should help us (medical practitioners) teach their followers real cervical cancer causes, transmission and preventions ways as they (spiritual leaders) are influential in the society. HPV is sexual transmitted like many other STIs so comdomisation works.

Number of sexual partners

The study established that the women were indulging in risky sexual behaviour which ultimately exposed them to the risk of HPV infection or development of cervical cancer. Risks for cervical cancer have been strongly related to high numbers of sexual partners and young age at first intercourse (Cai et al, 2008). All the women confirmed that there have sexual relationships with different sexual partners. However, multiple sexual partners beliefs were due to marriage and remarriage were the thrust of the risk sexual behaviour. From the in depth interview all participants argued that sexual partnering is a way of attracting and entertain males to in order to settle for marriage. Sex was also noted to be source of entertainment for the grown-ups. Sex as source of entertainment was also noted as another determinant of increased number of sexual partners among participants. Nancy, in a FGD for females with cervical cancer (with the support of 13 group participants) explained:

How can I kept the men's attention, if I do not offer him sex? To show commitment to a possible husband, you need to offer sexual favours to the men in effort of keeping men's attention to you and settling for marriage with you.

Another 25-year-old woman stated:

Men do not settle for marriage if they are not sexually entertained before and in the marriage setup.

Reasons like having sex for entertainment of the grown-ups were also reported as another issue leading to huge number of sexual partners among women. Mercy during the FGD for females aged 18 years and above (with the support of group discussants) echoed that: Multiple sexual partnering is a source of entertainment for the grown up. Change of sex partners is usually accompanied with different sexual satisfaction and leisure.

Use of vagina tightening soaps and herbs

Researches have noticed a rapid increase in the use of vagina tightening soaps among women, a prolonged follow up of these women, has shown high risk to cervical cancer development. Most women in the FGD revealed that they had either used vagina tightening soap or herbs or both. However, during FGD misconceptions related to impact of vagina tightening soaps or herbs on women health were also noted, especially among participants who are married.

Information gathered during FGD indicated that there are some misconceptions of the impact of vagina tightening soaps or herbs on women health. One discussant remarked:

I use both vagina tightening soaps and herbs to maintain sexual satisfaction to my husband. If the vagina is no tight enough, men will go for young girls. I have given birth to four children these vagina tightening soaps are helpful and I have not seen any possible negative effects because my husband does not have sexual compliance.

During the key informant interview, the gynaecological doctor remarked:

Heavy use of both vagina tightening soaps and herbs is increasing the chance of developing cervical cancer. Women are buying such products from black market as the products are illegal in Zimbabwe. Herbs can heal, they have medical value but major health problems are faced when over dose herbs. Sexual pleasure enhancement herbs that are applied on genital parts are not yet studied to see whether they are fit for use but many people are using those including men and we also suspect to be a factor increasing the risk of cervical cancer development.

Genetic impact on cervical cancer development

Genetics cannot be ignored as a factor in cervical cancer development. Results from the FGDs proved that none of discussants have knowledge of a family member death due to cervical cancer. Loss of a family member to cervical cancer accommodates genetic contribution to the passing down of cervical cancer along family blood line. During the key informant interview, the oncological doctor remarked:

Researches have clearly identified HPV as the main causal agents of cervical cancer. However, several recent medical studies are showing evidence on the impact of hereditary effect on cervical cancer development. Although it is a small significant influence of genetics that is believed to cause cervical cancer because of have a same blood line, but one has to accept cervical cancer can be genetically pass on to the next generation.

Problems faced when participating in cervical cancer screening programs

Regardless of government's efforts in collaboration with international cancer organisation, this study revealed problems faced by women in the City of Harare to access screening services, hence screening uptake is increasingly low. Limited number of screening centres, unaffordability and inaccessibility of screening services nearby are the considered major problems associated with cervical cancer screening. High HIV/AIDS prevalence among females with cervical cancer has become the biggest problem in the treating of cervical cancer.

A participant during the focused group discussion with women with cervical cancer, aged 18 years old and above concurred that cervical cancer screening services are not affordable unless it is done free during national health programs, which mostly free of charge to promote public health. Discussants during the FGDs went on to agree on, that cervical cancer screening services are not only expensive, but that their low and middle scaled incomes were not even enough to cater for all their basic needs.

She underlined that:

Economic hardships are more felt by us women due to gender imbalance, women; are more poverty stricken hence we cannot afford to acquire cervical screening services. General practitioner medical consultation fees ranges from 30-50, what more oncological specialist? They are expensive so few participate in cervical screening services.

An oncological doctor and oncological nurse who were participants of the key informant interviews also pointed the high health prices in Zimbabwe especially incurring topical diseases which need advanced resources and know how.

Note this concern from a participant in the KIIs health personnels (with the support of other oncological nurse who were participants):

Cancer has become a world problem as many types of it are not yet curable and difficulty to detect. Medical experts who are specialist in cancers like cervical cancer are few in numbers hence they are on high demand resulting in high cost for cervical screening, diagnosis and even treatment. Health has never been cheap and most people who are mostly affected are the poor and these are the same people can't afford cervical cancer screening services. Human papilloma virus deoxyribonucleic (HPV DNA) test demands high cost and technical facilities this is more precise but few can afford. However preferably cheap test like Pap test, VIC are done, but still not cheap for low and other middle scaled income earners.

Participants also highlighted that cervical screening services are not available very like general clinics, cervical screening clinics are few and not evenly distributed in the City of Harare resulting in high inaccessibility and consequently low cervical cancer screening service uptake. Women totally agreed on that cervical cancer services centres are not common and are unevenly distributed.

The sister in charge of radiation centre remarked:

Cervical screening centres in Harare are few, the centres are not evenly distributed to meet the population health demands. Countable centres are operational City of Harare Clinics, Zimbabwe National Family Planning Council (Spilhaus), Newlands clinic are the key screening services providers and there too few to meet the ever increasing public health problems among women. The radiographer concurred that HIV and AIDS were negatively affecting cervical cancer treatment. The radiotherapist highlighted that:

Human immunodeficiency virus (HIV), causes immunosuppression and increasing women's risk to HPV infections. This may explain the high risk of cervical cancer among HIV positive women.

The factors that encourage or discourage people from seeking early cervical cancer screening

The study established that marital status, attitudes and beliefs have been found to be key factors that either encourage or discourage people from seeking early cervical cancer screening. As from the FGD of women with cervical cancer interviewed were married, while the majority of the women were not screened. One discussant highlighted that cultural beliefs and marriage policies bound us not seek early cervical screening services.

She echoed that:

When I was married to my husband I also joined him at his white garment church where we are not allowed to access health facilities and services. I never had a single day to go to a clinic or hospital hence had no way to access early cervical cancer screening. When my husband died I was a freed, I could access health care services. However, I was diagnosed with late stage cervical cancer.

Women's attitudes are a factor that encourage or discourage people from seeking early cervical cancer screening Women with positive attitudes are the one who use cervical screening services, as from the FGD those who were screened, they were screened because they had enough self-conviction for the exercise to take up cervical screening services.

The oncological nurse echoed that:

Most women who have negative attitude, tend not to think about cervical screening services and screening service seemed unnecessary to them.

Belief is another huge that encourages or discourages people from seeking early cervical cancer screening. Not beneficial belief increases the risk of developing cervical cancer. Note this concern from the sister in charge of the radiation centre, who was a participant in the KIIs health personnels.

Those women who are screened, it is usually because they saw it and believed in the screening service as beneficial hence had enough time for the exercise and were not embarrassed to be examined on the reproductive. If one sees something to be of no benefit she does not participant. May be communication campaigns should be enhanced to promote understanding of health education and health programs to boost participation among members of the general public (women included)

DISCUSSIONS

According to the Zimbabwe National Cancer Registry (ZNCR) 2013 annual report, cervical cancer accounts 18 % (highest on the list) cancers among Zimbabwean females and contributes 13 % of all cancer deaths in Zimbabwe. 7% of the recorded cervical cancer cases from a survey conducted among Southern African cities, Harare was leading [10]. Examination of cervical risk factors is important, as it identifies root causation problems therefore oiling cervical cancer control measures.

The cervical cancer incidence generally increases by age (Cai et al, 2008). The study shows that cervical cancer cases are highly frequent in women between the ages of 25 and 45 and low fluctuation in other age groups below 24 to above 45 years. The cervical cancer incidence generally increases by age as it has impact on the sexual behaviour, number of pregnancy, taking of hormonal drugs and contraceptive pills which may lead to cervical cancer development. The elderly seems to be at high risk of cervical cancer as there have many years being exposed to cervical cancer proxies.

Education level is risk factor of cervical cancer. Higher educational level is strongly related low susceptibility to cervical cancer and encourages women to undergo a screening service, improves adherence to cervical cancer treatment. There is remarkable, strong correlation between educational level and occupational level that ultimately influence cervical cancer prevalence and incidences *et al*, [6].

The sources of income were divided into two groups: formal and non-formal. A formal source of income could have meant; improved economic status to afford better medical attention, in effort to curb cervical cancer. However, the study shows higher rate of cervical cancer incidence among women with formal sources of income, as compare to women with non-formal sources of income probably it is attributed to the lifestyle for the elite (for example smoking and alcohol taking) *et al*, [6,1] High income earning people are most committed in pursuing their dreams and have limited time for giving birth there usually employ birth control measure including oral contraceptive pills which also

increases the chances of cervical cancer development [2].

Health education has been enhanced for years, through educational campaigns, advertisements and broadcasted messages about cervical cancer, however the study revealed that many women with cervical cancer never heard of cervical cancer risk factors, transmission, and prevention methods. The above examination, may also invite the fact that, low literacy level and limited exposure to medical media are risk factors with a character of a mustard seed. However, a handful of religious and cultural rooted misconceptions regarding the basic facts of the cervical cancer were noted, although there are significantly influential to the causation of cervical cancer. Level of education was inhibiting factor underlying low cervical screening up taking, and causing of cervical cancer incidences increase in spite of offered cervical screening services.

Researches have proven that, cervical cancer development has been strongly related to high numbers of sexual partners and young age at first intercourse. Multiple sexual partners due to marriage and remarriage, ultimately exposed women to the risk of HPV infection that triggers development of cervical cancer. Cervical cancer development is also attributed to a rapid increase in the use of vagina tightening soaps and herbs among women. A prolonged follow up of women who use of vagina tightening soaps or herbs, has shown high risk to cervical cancer development.

The study found not, any substantial and significant evidence of the genetic contribution to the cervical cancer development in family blood lines. However, other medical studies have acknowledged that cervical cancer is also hereditary [3]. Limited number of screening centres, unaffordability and inaccessibility of screening services nearby are the considered risk factors of cervical cancer. Women's attitudes are a factor that encourage or discourage people from seeking early cervical cancer. The study established that marital status, attitudes and beliefs are also cervical cancer risk factors.

CONCLUSIONS

The findings were based on primary data from the focus group discussions and key informant interviews of women with cervical cancer and health personnels respectively. Focused group discussions and key informant interviews were for examining rick factors of cervical cancer among females in the City of Harare. Age group, occupational level, sources of income, health education, misconceptions regarding the basic facts about cervical cancer, level of education, multiple sexual partners, use of vagina tightening soaps or herbs, genetic makeup, marital status, attitudes, beliefs, limited number of screening centres, unaffordability and inaccessibility of screening services are the most frequent and common cervical cancer risk factors established by the study.

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