EXPERIENCE OF MALE PARTNERS OF CERVICAL CANCER SURVIVORS AT BUGANDO CANCER CENTRE IN MWANZA TANZANIA: A PHENOMENOLOGICAL QUALITATIVE STUDY

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By

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Dissertation Submitted in (Partial) Fulfilment of the Requirement for the degree of the Master of Science in Oncology Nursing of

Muhimbili University of Health and Allied Sciences

October, 2024

CERTIFICATION

The undersigned certify that they have read and hereby recommend for acceptance by the Muhimbili University of Health and Allied Sciences a thesis entitled ***Experience of male partners of cervical cancer survivors in Bugando Cancer Center, Mwanza, Tanzania***, in (Partial) fulfillment of the requirements for the degree of Master of Science in Oncology Nursing of Muhimbili University of Health and Allied Sciences.

_____

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(Main Supervisor)

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Date

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Mr. Victor Chikwala
(Co-Supervisor)

_____

Date

DECLARATION AND COPYRIGHT

I, **Felister M. Willium** declare that this dissertation/thesis is my original work, and it has not been presented and will not be presented to any other University for a similar or any other degree award.

Signature ……Date…….

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I thank the almighty God for his protection and for giving me strength during the entire period of conducting my research study because this study would not have been possible without him.

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Finally, I thank my family for their patience, and encouragement to make this research feasible.

DEDICATION

This research is dedicated to the male partners of cervical cancer survivors at Bugando Cancer Centre in Mwanza, Tanzania. Your strength and determination in supporting your loved ones through immense challenges have been truly inspiring. Your experiences reveal a crucial facet of the cervical cancer journey, highlighting the emotional, financial, social, and cultural complexities you face. Through this study, we aim to amplify your voices and advocate for tailored support systems that address your unique needs. Your stories guide us toward more effective intervention strategies. With this dedication, we wholeheartedly commit to enhancing your well-being and contributing meaningfully to the broader understanding of the cervical cancer caregiving experience.

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ABBREVIATIONS

BCC	Bugando Cancer Centre
BMC	Bugando Medical Centre
EHMS	Electronic Health Management System
ICO	Institute of Catalan Oncology
MUHAS	Muhimbili University of Health and Allied Science
PI	Principle Investigator
RA	Research Assistance
SSA	Sab Saharan Africa
WHO	World Health Organization
IDI	In-depth interview
QOL	Quality of life

DEFINITION OF KEY TERMS

Cancer: is the dysregulation or loss of equilibrium in the control of the cell cycle or abnormal growth of cells which tends to proliferate in an uncontrolled way and, in some cases, to metastasis (1)**.**

Cervical cancer: Is a malignancy arising from the cells of the cervix, which is the lower portion of the uterus that links to the vagina. It usually emerges when irregular cells in the cervix undergo uncontrolled growth, leading to the formation of a cancerous tumor (2).

Male partner: Is a person you're married to or having an intimate relationship with and often not a legally recognized relationship (3).

Spouse: Is a person in a committed, intimate relationship with a cervical cancer survivor and typically legally recognized.

Cervical Cancer Survivor: Is someone who has been diagnosed and is being treated or has completed treatment for cervical cancer (4).

Radiotherapy: Is the treatment of diseases especially cancer by using radiation (National Cancer Institute 2012) (5)**.**

ABSTRACT

Background

Cervical cancer remains a major health concern, with over 600,000 cases globally, predominantly in low- and middle-income countries like those in Africa. Tanzania has an exceptionally high incidence rate of 54 per 100,000 people. Despite advancements in early detection and treatment, survivors often experience a reduced quality of life, including sexual distress and intimacy issues affecting the patients and their partners. Communication difficulties and relationship strains are common. The limited information on male partners' experiences highlights the need for more research, especially in Mwanza, Tanzania.

Objective: The study explored the experience of male partners of cervical cancer survivors at Bugando Cancer Centre in Mwanza, Tanzania.

Materials and methods: This qualitative study employed a phenomenological approach to explore the experiences of male partners of cervical cancer survivors. Data were collected through in-depth, semi-structured interviews with 12 participants, selected via purposive sampling. The interviews were audio-recorded, transcribed verbatim, and analyzed using thematic analysis to identify common themes and patterns. Manual thematic analysis facilitated the coding process, ensuring systematic data management. Ethical considerations included informed consent, confidentiality, and the right to withdraw. The study aimed **to** provide insights into the emotional, social, and psychological impacts on male partners, contributing to improved support mechanisms in healthcare settings.

Results: This study explored the experiences of male partners of cervical cancer survivors at Bugando Cancer Centre in Mwanza, Tanzania. Three main themes emerged: challenges of male partners, relationship dynamics, and cultural norms. Participants faced significant psychosocial challenges, including stress, guilt, and social isolation, alongside financial strains due to treatment costs and lost income. Logistical challenges included accessing specialized care and lack of information. Relationship dynamics were strained by communication issues and changes in sexual intimacy. Cultural norms imposed additional

burdens, with societal expectations and reliance on traditional practices affecting caregiving and health-seeking behaviors. This study highlights the need for comprehensive support for male partners of cervical cancer survivors.

Conclusion: The study found that male partners of cervical cancer survivors experience an unbearable stress and financial difficulties, made worse by problems accessing care and not having enough information. Their relationships often suffer, especially in terms of communication and sexual intimacy. Cultural expectations add extra pressure, affecting how they care for their partners and seek medical help. This finding highlight the need to offer support programs for mental health, easy-to-understand information, counseling for relationships, and training for healthcare workers. This study makes a substantial contribution to the existing literature by addressing the notable gap in research on male partners of cervical cancer survivors, especially within low-resource settings such as Tanzania

Key words: Cervical cancer, Male partners, Psychosocial challenges, Relationship dynamics

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background

Cervical cancer is a serious global health issue, with more than 600,000 cases diagnosed worldwide (6). Unfortunately, low and middle-income countries account for 90% of these cases, and Africa alone is accountable for about 20% of diagnoses globally (7). In East and Central African women, cervical cancer is the most prevalent (8). This is especially true in Tanzania, where the incidence rate of cervical cancer is around 54 per 100,000 people, 1.6 times higher than the average in East Africa and 3.9 times higher than the global incidence rate (8). Cancer awareness campaigns and screening have led to more diagnoses each year, allowing for early treatment and improved outcomes, leading to more cancer survivors.

With enhanced diagnostic techniques, nearly 50% of cervical cancer cases can now be detected at stage I and more than 75% at stage II (9). Those diagnosed at stage I have a 91% chance of surviving for five years, while overall, 68% of cases achieve this milestone (10). However, survivors of cervical cancer tend to experience a lower quality of life than those who have survived other gynecological cancers or the general population (11). This is mainly due to the treatment-related effects, which can cause urinary, gastrointestinal, and neurological side effects (12). Additionally, since the average age of diagnosis is around 49, cervical cancer survivors may face challenges in their intimate relationships.

Sexual distress refers to the emotional turmoil and discomfort that can arise from sexual discomfort or dysfunction (13). It can take various forms, such as dyspareunia, vaginismus, vaginal dryness, decreased libido, and difficulty achieving orgasm (13). About half of cervical cancer survivors and their partners report experiencing sexual distress, including guilt, grief, or loneliness (14). Dyspareunia, which affects around one-third of patients, is a prevalent cause of sexual dissatisfaction among survivors. Communication difficulties and negative impacts on sexual activity and relationships are common among survivors of

gynecological cancers, such as cervical cancer (14,15). Cervical cancer survivors and their partners must navigate their return to daily life at their own pace.

Cancer treatments can often lead to sexual and intimacy difficulties, attributed to symptoms such as fatigue, pain, anxiety, and depression (16,17). Cervical cancer treatment can also affect vaginal anatomy and sexual functioning, leading to changes such as reduced lubrication (3,15). It is worth noting that female sexual dysfunction is prevalent in over 60% of cancer patients, with gynecological cancers having the highest rates (18). In such cases, couples must work together to deal with the impact on patient functioning. Partners often focus on the well-being of their loved ones with cancer and how they can help them cope (19). Survivors who have partners who share their personal feelings and cancer-related concerns are found to experience less distress (19). Additionally, greater relationship satisfaction among married or domestic partners is linked to lower perceived stress and inflammation after treatment.

Intimate partners coping with chronic illnesses such as cancer often experience stress. Couples need to work together as a team to manage this stress (20). However, there is little information regarding male partners experiences of cervical cancer survivors (3,15). This highlights the need for more research to be conducted to gather sufficient information that healthcare professionals can use to develop effective strategies to address this issue. Therefore, it is crucial to investigate male partners' experiences of cervical cancer survivors in Mwanza, Tanzania, to bridge this information gap.

1.2 Problem statement

Cervical cancer is a major health threat for women in Tanzania, especially those aged 15-44, with about 10,241 new cases annually (21). Despite improved treatment outcomes with combined radiotherapy and chemotherapy, over 81% patients face long-term complications (8). These issues also affect their male partners, who experience psychosocial impacts and relationship strains (15,19,20).

However, there is limited research on the experiences of male partners, particularly in low-resource settings like Tanzania (3,15). The few available studies from developed countries indicate that male partners are significantly affected by their spouses' diagnosis, often feeling a desire for more involvement and experiencing guilt (3,16,19,22). This gap in research points the need for more studies in developing regions.

This study aims to explore the challenges and support needs of male partners of cervical cancer survivors at Bugando Cancer Centre, to raise awareness and inform future policies.

1.3 Theoretical framework

Social-ecological model

This model was adopted by McLeroy et al (23). The social-ecological model is a framework that helps understand how different societal factors interact to influence individual behavior and health outcomes. It has four levels: individual, interpersonal, community, and societal.

The individual level focuses on personal characteristics such as knowledge, attitudes, beliefs, and behaviors that influence health outcomes. For example, a person's knowledge about the importance of exercise and healthy eating habits can impact their health outcomes.

The interpersonal level focuses on the relationships between individuals, such as family, friends, and peers. These relationships can significantly impact health outcomes, as they can influence behaviors and provide social support.

At the community level, the focus is on the physical and social environment in which individuals live, work, and play. This includes factors such as access to healthcare, availability of healthy food options, and exposure to environmental toxins.

At the societal level, the focus is on the broader social, economic, and political factors that influence health outcomes. This includes factors such as income inequality, discrimination, and policies related to healthcare and social welfare.

The social-ecological model recognizes that health outcomes are influenced by multiple factors at different levels of society and that interventions must address these factors in a comprehensive and coordinated manner to be effective.

Relevance of the social-ecological model in the study

The social-ecological model is a framework that has been used in a study to explore the lived experience of male partners of cervical cancer survivors. This model helps to understand how different factors at various levels of society interact to influence the experiences of male partners of cervical cancer survivors.

At the individual level, the focus is on personal characteristics such as knowledge, attitudes, beliefs, and behaviors that influence the experiences of male partners of cervical cancer survivors. For example, the male partner's level of knowledge about cervical cancer and its treatment options can impact their ability to provide support to their partner. Additionally, their attitudes and beliefs about cancer and masculinity can also play a significant role in shaping their experiences.

The interpersonal level focuses on the relationships between the male partner and their partner, family, friends, and healthcare providers. These relationships can significantly impact the male partner's experiences, as they can influence their ability to provide emotional and practical support to their partner. For instance, the quality of communication between the male partner and their partner and the support they receive from their family and friends can significantly impact their overall experience.

At the community level, the focus is on the physical and social environment where the male partner and their partner live, work and play. This includes factors such as access to healthcare, availability of support groups, and exposure to social stigma related to cervical cancer. For example, the availability of support groups and access to healthcare can significantly impact the male partner's ability to provide support to their partner.

At the societal level, the focus is on the broader social, economic, and political factors that influence the experiences of male partners of cervical cancer survivors. This includes factors such as gender norms, healthcare policies, and cultural beliefs about cancer and masculinity. For instance, societal expectations around masculinity can impact the male partner's willingness to seek support and engage in caregiving activities.

The social-ecological model recognizes that the experiences of male partners of cervical cancer survivors are influenced by multiple factors at different levels of society. Therefore, interventions must address these factors comprehensively and comprehensively to be effective. By using this model, the study can provide a more nuanced understanding of the experiences of male partners of cervical cancer survivors and identify potential areas for intervention and support.

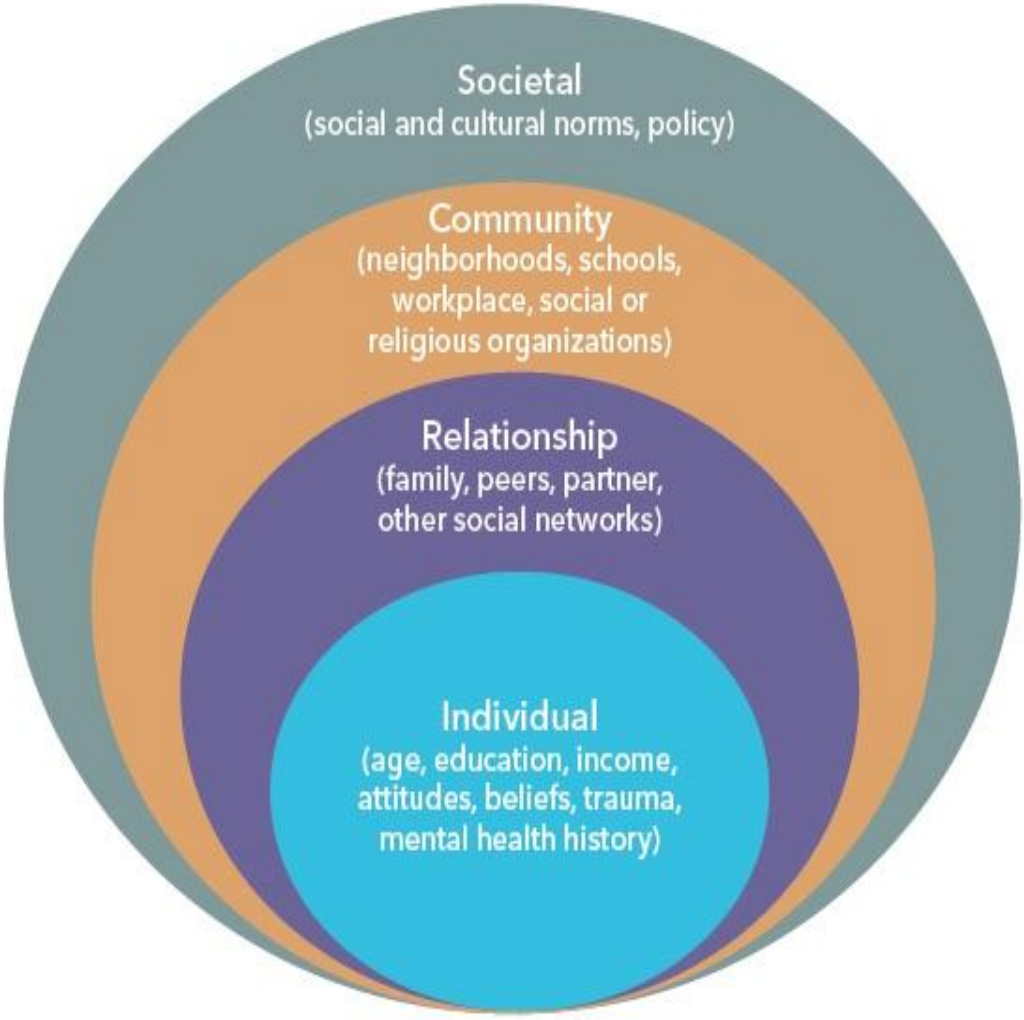


Figure 1: Conceptual framework

1.4 Rationale of the study

The experience of male partners of cervical cancer survivors is an area of research that has received relatively little attention despite the potential psychological and emotional impact of the diagnosis. Understanding the experiences of male partners of cervical cancer survivors could provide valuable insights into their needs and the challenges they face during and after their cancer journey. The findings of this study will contribute to the development of tailored interventions, support programs, and educational resources that address the unique experiences of male partners in supporting cervical cancer survivors and improving their overall quality of life. This proposed study aligns with international and national programs, such as the Millennium Development Goals (MDGs), by addressing health and well-being, promoting gender equality, and enhancing the quality of life for individuals affected by cancer. By focusing on the often-overlooked experiences of male partners, this research supports global efforts to improve comprehensive cancer care and support systems.

1.5 Research questions

1.5.1 Main research question

The main research question of this study was, what are the experiences of male partners of cervical cancer survivors?

1.5.2 Specific research question

i. What are the challenges experienced by male partners of cervical cancer survivors?
ii. What are the relationship dynamics of male partners of cervical cancer survivors?
iii. How cultural norms influenced the experience of male partners of cervical cancer survivors?

1.6 Research objective

1.6.1 Main objective

To explore the experience of male partners of cervical cancer survivors at Bugando Cancer Center in Mwanza, Tanzania.

1.6.2 Specific objectives

i. To understand the challenges experienced by male partners of cervical cancer survivors.

ii. To explore the relationship dynamics of male partners of cervical cancer survivors.

iii. To describe cultural norms that affect male partners of cervical cancer survivors

CHAPTER TWO

2.0 LITERATURE REVIEW

This section provided a comprehensive review of the existing literature on the topic. Included are the studies that have been conducted on the experience of male partners of cervical cancer survivors

2.1 Overview

Cervical cancer remains a significant health issue globally, particularly in low- and middle-income countries. The experiences of male partners of cervical cancer survivors are under-researched, especially in low-resource settings. This literature review explores these experiences through the lens of the Social Ecological Model of Health, focusing on the structural construct.

At the individual level, male partners often face substantial emotional and psychological challenges. Studies indicate that these men experience high levels of stress, anxiety, and depression due to their caregiving roles[1]. They also report feelings of guilt and helplessness, particularly when they are unable to alleviate their partners' suffering(1,2).

The interpersonal level highlights the impact on relationship dynamics. Male partners frequently encounter strained communication and changes in sexual intimacy (2,3). The caregiving role can alter traditional gender roles, leading to conflicts and misunderstandings within the relationship (1,3). Support from family and friends is crucial, yet often insufficient, leaving male partners feeling isolated (1,3).

Community-level factors include societal norms and cultural expectations. In many cultures, men are not traditionally seen as caregivers, which can lead to stigma and a lack of support (1–3). Community support groups and awareness programs can play a vital role in providing emotional and practical support to male partners.

At the organizational level, healthcare facilities often lack resources and programs tailored to the needs of male partners. There is a need for healthcare providers to be trained in recognizing and addressing the unique challenges faced by these men. Access to information and counseling services within healthcare settings is also critical.

Policy-level interventions are necessary to address the broader structural issues. Policies that provide financial support, healthcare access, and educational programs about cervical cancer and caregiving can significantly alleviate the burdens faced by male partners. Advocacy for inclusive healthcare policies that recognize the role of male caregivers is essential.

The experiences of male partners of cervical cancer survivors are multifaceted and influenced by various levels of the Social Ecological Model of Health. Addressing these challenges requires a comprehensive approach that includes individual support, relationship counseling, community engagement, organizational resources, and supportive policies.

2.2 Psychological and sexual challenges

Several studies have highlighted the psychological and sexual challenges faced by male partners of cervical cancer survivors. A study conducted in Ethiopia on the psychological distress and associated factors among cancer patients in public hospitals was reported to be high (28). According to a study conducted in the Netherlands about cervical cancer survivors and partners' experience with sexual dysfunction and psychosexual support report that partners of cervical cancer survivors experienced a significant decrease in sexual satisfaction and an increase in sexual dysfunction due to a lack of communication and education on sexual health (3)**.** Similarly, a study in Indonesia found that partners of cervical cancer survivors reported a decreased quality of life, increased levels of anxiety and depression, and sexual dysfunction. According to the study, findings were also supported by a study that identified sexual dysfunction and anxiety as the most prevalent psychological and sexual challenges faced by male partners of cervical cancer survivors (29).

Male partners of cervical cancer survivors face significant psychological and sexual challenges that affect their quality of life. The lack of education and communication on

sexual health and the associated stigma surrounding cervical cancer may contribute to these challenges. Therefore, it is crucial to provide better support and education to male partners of cervical cancer survivors to enhance their well-being and ultimately improve the quality of life for those affected by this illness.

2.3 Cultural experience

According to a study conducted in Ethiopia, male partners of cervical cancer survivors face significant cultural challenges. Cervical cancer is often associated with promiscuity and immoral behaviors, which can lead to blame and ostracization of the survivor and her partner. This can exacerbate feelings of guilt and shame for male partners and may prevent them from seeking support or treatment (30). Furthermore, in some cultures, there is a stigma of cancer, which can impact the way male partners are perceived by their communities. This can lead to isolation and stigmatization of male partners, adding to their emotional burden.

2.4 Social experience

Studies have not explored the social experiences of male partners of cervical cancer survivors, however, husbands often experience emotional distress, isolation, and strain in their relationship with their partners (27). They also lack information and support and often feel excluded from healthcare. A study showed the social experience of Zambian women face significant social and emotional challenges due to the stigma associated with the disease (31). Similarly, a study in Ethiopia found that cervical cancer patient during follow-up reported social and emotional stress and often felt helpless and inadequate caused by their intimate partners (32). The study will highlight the need for effective interventions to support husbands of cervical cancer survivors to people surrounding them and in a community context.

2.5 Healthcare needs of male partners of cervical cancer survivors

Health-care providers have a vital role in supporting women and their partners during the cancer care trajectory and should include both the survivor and the partner in conversations focused on sexual concerns and sexual well-being (15). Several studies have highlighted the healthcare-related needs of male partners of cervical cancer survivors. For instance, a study

conducted in the Netherlands found that male partners of cervical cancer survivors experienced high levels of anxiety and depression and encountered difficulties navigating the healthcare system (14). Similarly, the study done in Qazvin and Iran revealed that male partners of cervical cancer survivors faced practical and emotional challenges and desired more support and information from healthcare professionals (13).

These studies suggest that male partners of cervical cancer survivors have a range of healthcare-related needs, including emotional distress, lack of information, and challenges in accessing healthcare services and information. It is important to address these needs and develop effective interventions to support them, particularly in under-resourced settings like Tanzania where there is a gap in the literature regarding the experiences of male partners of women with cervical cancer.

CHAPTER THREE

3.0 MATERIALS AND METHODS

This chapter presents a detailed description of the research design chosen, including the rationale for its use, the setting and population studied, the instrumentation and materials used to examine data to answer the research questions, and the data analysis techniques.

3.1 Study design

This study used the Hermeneutic phenomenology design of the qualitative approach. A phenomenological design is a philosophical framework and methodology that aims to reveal and understand how phenomena are experienced in everyday life(33). A phenomenological design aimed to understand how people experienced various views, opinions, and feelings. It focused on meaningful connections and intentional relations within lived experiences, which helped deeply understand the phenomenon under focus (34). This design was chosen because it helped gain a thick and deep understanding of the lived experiences of male partners of cervical cancer survivors.

3.2 Study site

The study was conducted at the Bugando Cancer Center outpatient clinic. Bugando Medical Centre is a Tertiary hospital located in the Nyamagana district in Mwanza Region it serves more than seven regions including Simiyu, Tabora, Geita, Kagera, Shinyanga, Katavi, Kigoma Mara and Musoma, and foreign countries like Burundi and Congo. It was selected as the study site because it is the only cancer referral hospital in Lake Zone that has an oncology ward and provides a wide range of services for cancer patients including diagnosis, treatment, and rehabilitation.

Cervical cancer is a common cancer treated at Bugando Cancer Centre accounting for 38% of cases treated every three months and ranking as a top among cancer treated at the Centre. The Centre sees an average of **743** cervical cancer patients per month and it has a relatively success in treating cervical cancer with an average of 40%.

3.3 Target population

Male partners of cervical cancer survivors accompanying their counterparts during the routine clinical follow-up at Bugando Cancer Centre

3.4 Study population

The study population is male partners aged 18 years and above with a partner who survived cervical cancer, accompanying in the post-therapeutic clinical follow-up routine plan at BCC. Cancer survivors are individuals diagnosed with cancer, undergoing cancer treatment and who have completed treatment (4). It covers a wide range of circumstances from cancer diagnosis to treatment and throughout the entire life.

3.5 Sampling and sample size

This study employed purposive sampling to recruit partners of cervical cancer survivors attending routine follow-up clinics at Bugando Cancer Centre from February to April 2024. Participants were selected based on specific criteria that align with the objectives of the research, for example age and socioeconomic class to ensure a diverse sample. 12 participants were interviewed (35),(36). At a crucial stage in the research, the tool kept on modifications during the data collection procedure to ensure it adequately captured the experiences of male partners, thereby improving the study's quality and rigor. The experience was explored across different age groups among the male partners of cervical cancer survivors. At 8 participants' data had reached analytical saturation, but four more participants were recruited to confirm saturation. Data Saturation was considered when there were no more new themes generated to answer the research questions adequately (37).

3.6 Data collection process

An in-depth interview using a semi-structured interview guide was used for data collection. The interviews were conducted face to face which allowed the observation of nonverbal cues and body language to provide additional insights into the interviewee's experiences and emotions.

The researcher adapted and modified the interview guide to ensure that it provided in-depth information that suited the study objectives. The guide was developed in English and translated into Swahili, a widely spoken language in Tanzania.

The interview guide consisted of two sections. Section one consisted of demographic data, and section two consisted of questions and related probes exploring the experience of male partners of cervical cancer survivors. These questions explored sexual experiences, social experiences, cultural experiences, and healthcare needs. In addition, field notes were taken during the interviews to capture non-verbal cues and contextual information that might not be captured in the audio recording. The field notes were written in a structured format, with sections for recording the date, time, location, and other relevant details about the interview.

Data collection was conducted at the Bugando Cancer Center clinic. The researcher selected participants based on eligibility criteria from the EHMS register to identify cervical cancer survivors attending routine follow-up clinics and obtain their contact details to invite their partners. The researcher then contacted the cervical cancer survivors by phone a day before, asking them to come with their partners to the follow-up. When the partners agreed to come to the clinic, they were invited to participate in the study(38).Before starting ,I ensured a survivor follow up was on track to keep a partner calm and avoid any interference during the interview. Information about the study was made available to the participants. Consent and general participant information were obtained from the participants before the interview. The interviews took place in a room within the clinic where there were minimal interactions with the routine activity of the clinic, ensuring the privacy of the information given by the interviewee. The interviewer read out the questions from the guide and allowed the interviewee to answer them in his own words for 45-60 minutes. The interviewer probed questions to clarify the interviewee's responses or to explore specific topics in more detail. The research assistant used a notebook or notepad to record observations, thoughts, ideas, and nonverbal gestures, while an audio recorder was used to capture patient narratives. This approach was relevant because it allowed for a more personal and in-depth exploration of the interviewee's experiences, challenges, and needs. It allowed the interviewer to build rapport

with the interviewee, which helped create a safe and comfortable environment where the interviewee felt comfortable sharing their experiences.

3.7 Data management

To ensure the confidentiality and security of the collected data, all audio recordings and transcripts were kept in a password-protected computer folder that only the researcher could access.

3.8 Data Analysis

The data analysis process for this qualitative study employed a deductive approach, guided by the Social Ecological Model of Health framework. Initially, all interviews were transcribed verbatim to ensure accuracy. The transcriptions were then reviewed thoroughly to familiarize the researchers with the data. Using a deductive thematic analysis, the data were coded based on predefined categories derived from the Social Ecological Model, which includes individual, interpersonal, organizational, community, and policy levels. Manual thematic analysis facilitated the organization and management of the data, ensuring a systematic coding process. The predefined codes were applied to the data, and any additional emerging themes were noted and integrated into the analysis. To enhance the credibility of the findings, member checking was conducted, allowing participants to review and validate the identified themes. Peer debriefing sessions were also held to discuss and verify the themes, ensuring the robustness of the analysis. This inductive /deductive analytical process, grounded in the Social Ecological Model, provided a comprehensive understanding of the experiences and perspectives of the study participants across multiple levels of influence.

Coding process

Interview extract	Codes
"I constantly worry about the cancer coming back. It's like a shadow that never leaves. I feel so helpless watching my partner suffer. Sometimes, I blame myself for not being able to do more. Since the diagnosis, we've become more isolated. Friends and family don't visit as often, and we feel very alone. People treat us differently now. There's a stigma attached to cancer that makes us feel like outcasts. The cost of treatment is overwhelming. We're struggling to keep up with the bills and it's taking a toll on us financially. I had to take time off work to care for my partner, and it's affected our income significantly. Getting the right healthcare has been a challenge. There are so many barriers and it's frustrating. We often feel lost because there's not enough information available about what to expect and how to manage this journey."	• Fearing disease progress • Helplessness and guilt • Social isolation • Stigmatization • Cost of cancer care services and associated costs • Loss of income • Access to healthcare • Insufficient information

3.8.1 Trustworthiness of the study

The trustworthiness of the study findings was ensured based on the important four assessment criteria: credibility, dependability, conformability, and transferability(40).

3.8.2 Credibility

Credibility establishes whether the research findings represent acceptable information drawn from the participants' original data and is a correct interpretation of the participants' original views" (40). This was attained through prolonged engagement of participants during in-depth interviews by encouraging participants to give more details with examples in their responses. Furthermore, persistent observation while developing codes, concepts, and core categories helped to accurately describe the characteristics of the data. The researcher constantly read reread and analyzed the data, theorized about the meaning, and revised the concepts accordingly until the findings provided the intended depth of insight.

3.8.3 Dependability

Dependability demanded consistency and stability of research findings over time. This was ensured by using consistent methods throughout the research process and keeping detailed records of changes made. Dependability was achieved through consistent methods and detailed record-keeping.

3.8.4 Conformability

Confirmability referred to the degree to which data supports findings and could be confirmed by other researchers. Providing a transparent account of the research process and engaging in reflexivity to examine biases and assumptions achieved confirmability. The study's supervisor and co-supervisor oversaw the process, providing the basis for confirmability. The investigator provided a transparent account of the research process and engaged in reflexivity to ensure confirmability.

3.8.5 Transferability

"Transferability concerns the aspect of applicability; the researcher will have the responsibility to provide a 'thick description' of the participants and the research process, to enable the reader to assess whether findings are transferable to their setting" (40). Rich

accounts of the methodology and descriptive data on participants allow the reader to evaluate the extent to which the results may apply in other settings.

3.9 Ethical Clearance

Ethical approval was sought from the Research and Ethics Committee of the Muhimbili University of Health and Allied Sciences and Institutional Review Board (IRB) with **Ref.No.DA.282/298/01.C/2016**. Permission to conduct research at Bugando Cancer Centre was obtained from Bugando Medical Centre with **Ref: AB.286/317/01/PART" M".** All participants were recruited after signing an informed consent form that provided details of their right to participate and withdraw from the study, the risks and benefits, and the audio recording of the interview. Informants' identities were treated anonymously, and confidentiality was ensured by the researcher throughout the study. The study's aim and benefits were thoroughly explained to potential participants, and their consent was obtained. It was important to note that since this was an academic study, there was no direct benefit or potential harm encountered due to participation. Participants were free to withdraw from the study at any time without interfering with their services at the study site access. Notes in hard copy were stored in the researcher's file. The researcher performed a couple of interviews on the first day. The researcher listened to the audio-recorded interviews, transcribed them, and then examined them to guarantee the accuracy of the data collected. This helped the researcher identify any gaps in the interview guide and improve it as they went.

CHAPTER FOUR

4.0 FINDINGS

4.1 Overview

This phenomenological qualitative study explored the experiences of male partners of cervical cancer survivors at Bugando Cancer Centre in Mwanza, Tanzania. The research aimed to understand the emotional, social, and relational challenges these men face and their role in supporting their partners throughout the cancer journey. Semi-structured interviews were conducted with male partners of survivors, and data were analyzed using thematic analysis to capture their lived experiences. The key findings revealed that male partners face a variety of emotional struggles, relationship dynamics, and social stigmas. The study identified several sub-themes that provide deeper insight into their experiences, which are discussed in detail below.

4.2 Participants Demographic Information

The study involved 12 male partners of cervical cancer survivors in Bugando Cancer Center, Mwanza, Tanzania. The distribution of their demographic characteristics is summarized in table 1.

Table 1: Demographic Information

Participants	Age	Address	Occupation	Education level	Marital status	Duration since diagnosis (years)
P1	46	Nyamagana	Farmer	Primary education	Married	8years
P2	36	Kagera	Farmer	Primary education	Married	4years
P3	42	Serengeti	Tourist	Bachelor	Married	1Year
P4	59	Tarime	Mechanics	Secondary education	Married	2years
P5	32	Bukoba	Small scale business	Secondary education	Married	1Year
P6	63	Bihalamulo	Carpenter	Primary education	Married	6years
P7	42	Geita	Small scale business	Primary education	Married	3Years
P8	38	Kigoma	Plumber	Secondary education	Married	2years
P9	50	Simiyu	Farmer	Secondary education	Married	2 years
P10	47	Geita	Farmer	Primary education	Married	1years
P11	38	Kwimba	Small scale business	Primary education	Married	2 years
P12	31	Ilemela	Farmer	Primary education	Married	5 years

4.3 **Participants experience** as **partners of cervical cancer survivors**

Male partners of cervical cancer survivors (participants) were asked several questions, including the challenges they experienced, their relationship dynamics, and the cultural norms that affect them. From the analysis, we came up with three (3) themes with 8 sub-themes as shown in the table below (Table 2)

Table 2. Themes (and their sub-themes) identified by participants' experience of being partners of cervical cancer survivors

THEME	SUBTHEME	CODE
1. Challenges of male partners of cervical cancer survivors	a) Psychosocial challenges	• Fearing disease progress • Helplessness and guilt • Social isolation • Stigmatization
	b) Financial strains	• Cost of cancer care services and associated costs • Loss of income
	c) Logistical challenges	• Access to healthcare • Insufficient information
2. Relationship dynamics of male partners of cervical cancer survivors	a) Communication and support challenges	• Miscommunication • Emotional distance • Mutual support
	b) Sexual relationship changes	• Changes in sexual activity • Altered sexual intercourse
3. Cultural norms that affect male partners of cervical cancer survivors	a) Gender roles and expectations	• Expectations to be strong and unemotional • Gender-based responsibilities
	b) Cultural beliefs	• Cultural views on men as caregivers • Traditional beliefs
	c) Health beliefs and practice	• Avoidance • Perception of illness • Health-seeking behavior

1. Challenges of male partners of cervical cancer survivors

Male partners shared the challenges they encountered while supporting their partners throughout the cervical cancer journey. Their experiences revealed deep emotional, financial, and logistical struggles, which significantly impacted their caregiving responsibilities. These

challenges were grouped into three main sub-themes: psychosocial challenges, financial strains, and logistical challenges.

a) Psychosocial Challenges

A common sentiment among the participants was the emotional toll of learning about their partner's diagnosis. Many experienced anxiety, fear, and uncertainty about their ability to support their partners, as they were unsure where to begin or how to manage the situation.

"I was stressed when I was told my wife was diagnosed with cancer because I didn't know where to start or how to handle it." – (P7, 42, primary education)

This quote illustrates the immediate emotional shock that partners felt upon hearing the diagnosis, underscoring the psychological burden and uncertainty they encountered. This anxiety often stemmed from their lack of preparedness and knowledge about cancer care.

Participants also expressed feelings of guilt for not being able to fully ease their partners' suffering, either due to limited resources or lack of caregiving skills.

"Once you find out the issue, it is initially frightening, and you need the comfort of those who have gone through it." – (P10, 47, primary education)

This highlights the need for emotional support from others who have faced similar situations. The shared experiences of fellow caregivers were seen as a source of comfort and guidance.

Another key challenge was the social isolation that male partners experienced. The demanding caregiving role left little time for social interactions, leading to a sense of loneliness and disconnection from their usual social circles.

"As the primary caregiver, I often feel isolated because I don't have time for social interactions. Taking care of my wife consumes all my time and energy, leaving little room for socializing." – (P5, 32, secondary education)

The emotional isolation was compounded by societal stigma. Participants described how their communities often stigmatized their efforts, associating cancer with death or confusing it with other diseases like HIV/AIDS, which further alienated them.

"People tell you that you're caring for someone who is going to die, so you're wasting your resources... Even the treatment changes the patient, making them weak and thin, leading people to think it's not cancer but HIV/AIDS." – (P7, 42, primary education)

This statement reflects the double burden of caregiving and confronting community prejudices, revealing a need for greater cancer awareness and education in society.

b) Financial Strains

Participants frequently mentioned the financial hardships they endured due to the costs associated with cancer treatment. The expenses for medical care, medications, and living during treatment periods imposed a significant burden on their finances.

"Treatment is also expensive, from tests to treatment needs and the costs of living during that time." – (P12, 31, primary education)

This quote illustrates the overwhelming financial burden of cancer treatment, which often extends beyond medical bills to include ancillary costs, such as transportation and lodging.

Additionally, participants mentioned unforeseen expenses related to buying medication outside the hospital when supplies were not available, further straining their financial resources.

"While planning, you also encounter additional costs for services and sometimes even need to buy prescribed drugs outside the hospital's provision." – (P1, 46, primary education)

The burden of transportation and living expenses while accessing care at Bugando Medical Centre in Mwanza was another common issue, particularly for those living far from the hospital.

"Traveling to Bugando incurs living costs in Mwanza, where you don't have relatives. Hence, you live at a cost." – (P6, 63, primary education)

Financial strain also stemmed from the time spent caregiving, which led to decreased productivity and income. Several participants described how caregiving responsibilities negatively affected their economic stability.

"You spend more time caring for the patient. This directly leads to economic decline as you shift from a productive to a caregiving economy." – (P3, 42, bachelor)

This quote captures the financial sacrifice required when caregiving becomes a full-time responsibility, demonstrating the long-term economic impact on families.

c) Logistical Challenges

Access to specialized cancer treatment emerged as another significant challenge. Participants often had to travel long distances to reach Bugando Medical Centre, adding to the physical and financial strain of caregiving.

"Diagnosis is a challenge at the early stages because the tools to determine that it is cervical cancer are not available at lower-level health facilities." – (P6, 63, primary education)

This highlights the lack of early diagnostic tools at lower-level healthcare facilities, causing delays in detection and treatment.

Additionally, participants expressed a lack of awareness and education about cervical cancer, which made it difficult for them to provide proper care. They called for better education and support services to help them manage their caregiving duties effectively.

"Male partners need to be educated; dealing with this challenge can help a lot. Education should not only be for partners but for the whole community through various platforms so they understand the nature of this problem. This will reduce many issues, including stigmatization." – (P7, 42, primary education)

This statement underscores the importance of awareness and education, not just for the caregivers but for the broader community, to reduce stigma and improve support systems.

Finally, participants expressed the need for professional advice on caregiving practices, as they struggled to meet the new demands of their partner's illness, including dietary and lifestyle changes.

"Knowing this illness's demands, such as dietary needs and living arrangements, is a significant challenge that I continue to face." – (P3, 42, bachelor)

This illustrates the ongoing logistical challenges male partners face as they attempt to navigate their caregiving roles without sufficient guidance or resources.

2. Relationship dynamics of male partners of cervical cancer survivors

Participants discussed how the diagnosis of cervical cancer had significantly altered the dynamics of their relationships. The emotional, physical, and psychological effects of the disease led to various changes in communication and intimacy. Two sub-themes emerged from the analysis: communication and support challenges, and sexual relationship changes.

a) Communication and Support Challenges

Participants highlighted the strain cancer placed on communication within their relationships, particularly when addressing sensitive topics such as intimacy and emotional needs. Many male partners described difficulties in maintaining open and supportive communication due to the emotional impact of the illness.

"When I want to have sex with her, she often gets angry or irritable, and sometimes she feels pain and thinks I don't care about her. So, living with this is truly a challenge." – (P9, 50, secondary education)

This quote illustrates the frustration and misunderstandings that arose from the physical limitations and emotional distress caused by cancer. The male partner's need for intimacy clashed with his wife's discomfort, creating communication barriers and emotional tension.

The emotional weight of the cancer diagnosis also contributed to a sense of distance between partners. Participants spoke of their initial shock and confusion upon hearing about their partner's illness, which often hindered their ability to provide immediate emotional support.

"I was stressed when I was told my wife was diagnosed with cancer because I didn't know where to start or how to handle it." – (P8, 38, secondary education)

This statement captures the initial emotional detachment that some partners experienced, struggling with how to approach and support their wives during this difficult period. Their stress often translated into difficulties in providing adequate emotional support.

However, despite these challenges, some participants emphasized the importance of unity and commitment in navigating the cancer journey. Partners described how they maintained a united front, making joint decisions and standing by each other throughout treatment.

"We decided and stood together. If we decided to take this issue somewhere, we would take it to the hospital. We didn't want to waver from the beginning. Once it was identified, we united and have continued together until today, as the patient still receives hospital services." – (P1, 46, primary education)

This quote highlights the resilience and strength that some couples developed in facing the disease, demonstrating that despite the communication difficulties, the shared experience of cancer also brought some partners closer.

b) Sexual Relationship Changes

One of the most significant changes reported by male partners was in their sexual relationships. Participants described how their partners' physical discomfort, pain, fatigue, and decreased sexual desire had altered their intimate lives.

"Her desire to have sex has decreased, so it happens very rarely. When we do need to, I have to think about what else I can do beyond that." – (P12, 31, primary education)

This quote reflects the decline in sexual frequency and the need to adapt to the new reality of the relationship. Male partners had to find alternative ways to express intimacy and support, acknowledging their partner's changed physical and emotional state.

Some participants expressed fear and hesitation in resuming sexual activity, especially after witnessing the physical and emotional toll of cancer treatment on their partners.

"After the treatment, it took a long time because I was afraid of many things due to the difficult period my wife went through. I also felt compassion for her and hesitated to engage in intercourse with her." – (P7, 42, primary education)

This highlights the emotional conflict many partners felt, balancing their sexual needs with compassion for their partners' suffering. Fear of causing further pain or discomfort often led to reduced intimacy, placing strain on the relationship.

Participants further emphasized that changes in sexual desire and physical discomfort not only affected their intimate lives but also created emotional distance and communication breakdowns.

"The challenge is that when you engage in this activity, sometimes my partner is not ready to participate. Her desire to have sex has decreased, so it happens very rarely. When we do need to, I have to think about what else I can do beyond that. If you don't accept this, it becomes a big challenge. When I want to be intimate with her, she often gets angry or irritable, and sometimes she feels pain and thinks I don't care about her. So, living with this is truly a challenge." – (P2, 36, primary education)

This statement encapsulates the profound impact that cervical cancer has on both the physical and emotional aspects of relationships. The frustration, miscommunication, and emotional withdrawal described by participants demonstrate how deeply cancer reshaped their intimate connections.

3. Cultural norms that affect male partners of cervical cancer survivors

Participants discussed how cultural norms and practices added significant challenges to their caregiving roles. Three sub-themes emerged from the analysis: a) Gender roles and expectations, b) Cultural beliefs, and c) Health beliefs and practices.

a) Gender Roles and Expectations

Participants expressed how societal norms imposed expectations on them as men, particularly the need to remain strong, practical, and responsible in health crises like cancer. They were expected to fulfill their traditional roles as breadwinners and decision-makers while simultaneously taking on caregiving duties. This dual responsibility added immense pressure to their lives.

"As a husband, or as a partner, I have a role to ensure to the best of my ability, cooperation, in health matters. For health, to see how I can care for the family in all aspects but for health services, in such challenges as cancer, and to undertake a step-by-step approach in dealing with this issue and to find a solution to medical treatment and ultimately ensure my partner's well-being." – (P3, 42, bachelor)

This quote reflects the perceived societal duty of male partners to manage both caregiving and other family responsibilities. The expectation to handle everything can be overwhelming, leading to emotional and psychological strain.

In addition, participants spoke about the psychological toll caregiving had on them, as they were not only attending to their partners but also managing external pressures from society. They were often expected to present a composed front, despite feeling emotionally drained.

"When you live with a sick person, people come to greet her to show concern, but it's not just the disease that affects her; it affects her and you, the caregiver, together. Psychologically, you're not doing well. From the experience I've had, I wasn't very happy. It's something that we as a community didn't handle well. People came as if to enjoy themselves. The questions they ask are a bit surprising; indeed, there is stigma." – (P4, 59, secondary education)

This quote illustrates the societal stigma and the lack of sensitivity some participants faced from their communities. The burden of caregiving extended beyond physical responsibilities and included managing societal scrutiny and judgment.

b) Cultural Beliefs

Cultural beliefs played a significant role in shaping the actions and decisions of male partners. Many participants described how traditional practices and remedies were often the first line of treatment before seeking modern medical care. Traditional healers and herbal remedies were believed to offer quick solutions, but they often delayed proper diagnosis and treatment, resulting in financial strain.

"We were struggling back and forth, we went to traditional healers who gave us great hope that they could solve this quickly, within a short time, and that it wasn't cancer. They saw it

as a common disease that women sometimes get or are subjected to, and they believed they could resolve it quickly. But it wasn't like that—the patient's health did not improve. It drained our finances and economically crippled us because it started in 2017 and continues until today. Despite our efforts to go to the hospital, our minds were primarily focused on alternative solutions." – (P5, 32, secondary education)

This quote highlights the heavy reliance on traditional healers, which led to financial difficulties and delayed access to appropriate medical care. Cultural beliefs, particularly those involving traditional medicine, hindered timely healthcare intervention.

Moreover, male partners described the internal and external pressures they faced in the caregiving role. They struggled with societal judgments, as some community members did not support their caregiving efforts and instead believed they should abandon their partners.

"There have been many significant challenges, as you know, a community is just a community. The biggest one is discouragement; being told that where you're going is not where you should be, so sooner or later, you'll leave or break up. So, it's disheartening that even what we've done seems worthless to them." – (P1, 46, primary education)

This statement reflects the emotional burden of societal expectations and the discouragement some participants faced from their communities, often receiving little support and feeling judged for their decisions.

c) Health Beliefs and Practices

Participants discussed how cultural norms impacted health beliefs and practices, particularly the avoidance of open discussions about cancer and its broader impacts. In many communities, discussing illnesses like cancer, especially its effects on sexual health, was considered taboo. This reluctance to openly communicate led to male partners feeling isolated and forced to navigate the challenges alone.

"Talking about cancer and its impacts, especially on sexual health, is taboo. The lack of open conversation means we have to deal with a lot of things on our own." – (P9, 50, secondary education)

This quote captures the sense of isolation felt by participants due to the lack of dialogue about cancer within their communities. The taboo nature of the subject prevented meaningful conversations and support.

Additionally, cultural beliefs strongly influenced health-seeking behaviors. Some participants shared that community members often suggested turning to traditional healers instead of hospitals for illnesses like cancer, further delaying proper treatment.

"I even hear it from people, don't take the patient to the hospital, take them to a certain traditional healer who knows this disease." – (P4, 59, secondary education)

This sentiment showcases the pervasive belief in traditional healing practices over conventional medical treatments, complicating the treatment journey for cancer survivors and their partners.

Furthermore, some participants elaborated on how initial perceptions of illness—such as attributing the cancer to bewitchment—led them to seek traditional remedies before seeking hospital care.

"Culturally, it was believed that my wife had been bewitched; those were the words I heard from my elders. Before seeking hospital treatment, we started with traditional treatments because of our strong beliefs in them. We visited healers and used herbal medicine before eventually going to the hospital, where the disease was diagnosed." – (P8, 38, secondary education)

This quote reflects the deep-rooted cultural beliefs in supernatural causes of illness, which influenced healthcare decisions and delayed proper medical treatment.

CHAPTER FIVE

5.0 DISCUSSION

5.1 Introduction

This chapter discusses the principal findings of the study, the discussion about other studies, the implications of this study, as well as the strengths and weaknesses of the study. The study's findings highlight the profound impact of cervical cancer on male partners, revealing significant challenges in communication, emotional intimacy, and caregiving responsibilities. Cultural norms, gender roles, and health beliefs further complicate the caregiving experience, with reliance on traditional practices delaying proper medical care. These findings emphasize the need for culturally sensitive healthcare interventions, open dialogue about cancer, and greater support systems for both survivors and their partners to improve emotional well-being and treatment outcomes. Addressing these issues can enhance relationship dynamics and healthcare-seeking behaviors in similar settings.

5.2 Discussion concerning other studies

In comparing the findings of this study with those of other research, several common themes and areas of divergence may emerge, shedding light on the broader understanding of the experiences of male partners of individuals with cervical cancer.

5.2.1 Challenges of Male Partners of Cervical Cancer Survivors

The findings of this study highlight the multifaceted challenges faced by male partners of cervical cancer survivors. These challenges are categorized into three main sub-themes: psychosocial challenges, financial strains, and logistical challenges.

5.2.2 Psychosocial and Emotional Challenges

The theme of psychosocial and emotional challenges among male partners of cervical cancer survivors is a significant concern highlighted in this study. Male partners face considerable emotional and psychological burdens, driven by their partner's illness and their caregiving responsibilities. The diagnosis and treatment of cervical cancer often lead to heightened anxiety, depression, and fear among male partners, who worry about their partner's health

and future. This anxiety is compounded by the fear of potential recurrence or deterioration, which disrupts their daily lives and mental peace. Additionally, feelings of helplessness and guilt are prevalent as male partners struggle with the inadequacy of providing support, leading to profound helplessness and guilt over not being able to prevent their partner's suffering or provide better care. The demanding nature of caregiving responsibilities often results in social isolation, as male partners dedicate most of their time and energy to caring for their partners, leaving little room for social interactions. Stigmatization from the community, due to misunderstandings and negative perceptions about cancer, leads to social exclusion and judgment. The emotional stress from the illness also affects both partners, with male partners desiring physical intimacy for comfort and reassurance, while survivors find intimacy difficult due to physical and emotional pain, leading to miscommunication and further stress.

These findings align with existing literature, which indicates that caregivers of cancer patients often experience high levels of psychological distress, social isolation, and stigmatization. Studies have shown that male partners of cancer survivors often struggle with the emotional toll of caregiving, leading to increased anxiety, depression, and social withdrawal(41). The stigma associated with cancer further exacerbates these challenges, as societal perceptions and lack of understanding can lead to judgment and exclusion, consistent with findings (27) (3). The miscommunication and emotional strain in intimate relationships observed in this study also resonate with previous research, highlighting the impact of cancer on couple dynamics and the need for effective communication and support mechanisms (42) (3).

5.2.3 Financial Strain

The financial burden of cancer treatment emerged as a predominant issue, with male partners struggling to cover the costs of medical care, medications, and other associated expenses. This financial strain is compounded by the additional costs incurred from traveling to specialized treatment centers, like Bugando Medical Centre, and managing living expenses during these periods. The high cost of cancer care often leads to stress and anxiety, as partners grapple with the need to provide optimal care while managing limited financial resources.

Loss of income due to caregiving responsibilities further exacerbates these financial difficulties. Many male partners had to reduce their working hours or leave their jobs entirely to provide full-time care for their partners, resulting in a significant decline in household income. This shift from being productive members of the economy to full-time caregivers not only strains their financial stability but also impacts their mental well-being. The economic decline experienced by these partners underscores the broader socio-economic implications of chronic illness on families.

Financial strain and loss of income are commonly reported issues, as seen in studies by (46) and (47), highlighting caregiving's economic impact on families.

5.2.4 Logistical Challenges

The study identified significant logistical challenges for male partners of cervical cancer survivors, highlighting the multifaceted burdens they face. These challenges encompass difficulties in accessing healthcare and a lack of sufficient information. Accessing healthcare services presents another significant logistical challenge. Many male partners had to travel long distances to reach specialized cancer treatment facilities. This not only incurs additional travel and accommodation costs but also involves significant time away from work and other responsibilities. The lack of diagnostic tools and specialized care at lower-level health facilities further complicates early detection and timely treatment, adding to the logistical and financial burdens.

Lack of information and awareness about cervical cancer and caregiving also emerged as a critical issue. Many male partners felt ill-equipped to handle the demands of caregiving due to a lack of knowledge about the disease and available support services. This lack of information prevents them from accessing necessary resources and support, further exacerbating their stress and logistical challenges. The need for targeted educational programs for caregivers and the broader community was emphasized as a way to mitigate these issues, reduce stigma, and improve the overall support system for cervical cancer patients and their families.

Comparing these findings with existing literature reveals a consistent pattern of logistical challenges faced by caregivers of cancer patients across different contexts. Access to healthcare and the burden of traveling for specialized treatment are also well-documented challenges, with caregivers often facing long journeys to obtain the necessary care(27). The lack of sufficient information and support for caregivers is another recurring theme in the literature, with many studies advocating for improved educational and support programs to assist caregivers in managing their roles effectively (48)(3)(49).

5.2.5 Relationship dynamics of male partners of cervical cancer survivors

The theme of relationship dynamics among male partners of cervical cancer survivors reveals profound shifts influenced by the physical, emotional, and psychological impacts of the disease. One prominent subtheme is avoidance, where partners shy away from discussing the illness, its progression, or treatment details, leading to a lack of shared understanding and coordination in managing the illness. This avoidance is often driven by cultural taboos and the discomfort associated with discussing sensitive health issues openly. Emotional distance also emerges as a significant challenge, with the diagnosis and treatment of cervical cancer creating a gap between partners. Male partners often feel overwhelmed or excluded from the medical process, exacerbating feelings of helplessness and isolation. However, mutual support is crucial in coping with these challenges, fostering solidarity and deepening emotional connections between partners who actively provide and receive support throughout the treatment journey.

Changes in sexual activity pose another critical aspect of the relationship dynamic, where survivors' physical symptoms like pain, fatigue, and loss of sexual desire alter the frequency and nature of intimate interactions. This shift requires couples to adapt and find new ways to express intimacy that accommodate the survivor's condition, which can be emotionally challenging for male partners. The experience of altered sexual intercourse due to treatment side effects such as libido loss and vaginal dryness further complicates intimacy, leading to feelings of frustration, rejection, and inadequacy among male partners who struggle to navigate these changes.

Comparing these findings with existing literature underscores the universal impact of cancer on relationship dynamics, highlighting similar themes of avoidance, emotional strain, and changes in sexual activity and altered sexual intercourse as reported in studies done in Tanzania and Cambridge on caregiving women with cervical cancer and cancer survivorship (43)(15). The need for open communication, mutual support, and understanding in adjusting to the emotional and physical challenges of cancer treatment resonates across various cultural contexts and underscores the importance of tailored support strategies for couples facing these difficulties(44)(45).

5.2.6 Cultural norms that affect male partners of cervical cancer survivors

The theme of cultural and societal influences sheds light on the deep-seated norms and practices that shape the experiences and behaviors of male partners of cervical cancer survivors. These influences significantly impact how men perceive their roles, seek support, and manage the caregiving responsibilities associated with their partner's illness. Traditional masculinity often dictates that men should be strong, stoic, and unemotional, creating a substantial barrier for male partners who might feel pressured to hide their fears and emotional struggles. This expectation of appearing strong can prevent men from seeking the emotional support they need, leading to increased stress and emotional isolation. The cultural view that caregiving is predominantly a woman’s role exacerbates these challenges, making male partners feel inadequate or uncomfortable in their caregiving duties. They often face societal judgments and lack confidence in their ability to provide care, which can hinder their involvement and effectiveness in supporting their partners.

Additionally, cultural expectations around gender roles often require men to continue fulfilling traditional responsibilities as breadwinners and decision-makers while also taking on new caregiving duties. This dual burden creates significant stress and conflict, particularly if there is little cultural acceptance or support for men in caregiving roles. The use of traditional medicine, influenced by cultural beliefs about health and healing, can also complicate the caregiving process. Male partners may rely on traditional practices and remedies, which can impact the overall treatment plan and outcomes. This reliance on traditional medicine often stems from cultural beliefs that certain illnesses, like cancer, have

spiritual or non-medical causes, leading to delays in seeking proper medical treatment and adherence to treatment protocols.

Cultural norms heavily influence health-seeking behavior, with male partners often affected by stigmas surrounding cancer that lead to delays in seeking medical advice. Misconceptions or traditional beliefs about the causes and treatment of cancer can affect their attitudes toward treatment and care, potentially leading to conflicts with medical advice. These cultural perceptions can result in male partners initially turning to traditional healers and herbal medicine, as seen in the experiences of some respondents. This not only delays the initiation of appropriate medical treatment but also drains financial resources, as these alternative treatments are often costly and ineffective.

Comparing these findings with existing literature reveals a consistent pattern of cultural and societal influences on caregiving roles and behaviors. Studies by (48) highlight the impact of traditional gender roles on caregiving, noting that men often face significant challenges due to societal expectations and lack of support. The stress and emotional burden associated with the expectation to remain strong and unemotional are well-documented in research on male caregivers, with findings from (50) and (29,42) supporting the notion that these cultural norms can lead to emotional isolation and increased stress.

The use of traditional medicine and its impact on treatment adherence is also a recurring theme in the literature. Studies by (51) discuss how cultural beliefs and practices influence health-seeking behaviors and reliance on traditional medicine, often to the detriment of timely and effective medical treatment. The financial burden and economic decline experienced by male partners due to their dual roles as caregivers and breadwinners are highlighted in research by (47) emphasizing the broader socio-economic implications of chronic illness on families.

5.3 The implications of this study

Our study has significant implications for healthcare delivery, and psychosocial support. The findings reveal the profound emotional, relationship, and cultural challenges male partners face, highlighting the need for targeted interventions that address their specific needs.

Healthcare providers must recognize and support the emotional and psychological burdens borne by male partners, integrating mental health services into cancer care. Logistical support, such as financial assistance and transportation services, should be enhanced to alleviate the economic strain and logistical hurdles identified in the study. Culturally sensitive education programs can help reshape societal norms, promoting a more inclusive view of caregiving that supports men in these roles. By addressing these issues, healthcare systems can improve the overall well-being of both patients and their partners, fostering a more supportive environment for cancer survivors and their families. These insights also call attention to the importance of policy changes to ensure comprehensive care and support for all individuals affected by cervical cancer, thereby enhancing the quality of life and health outcomes in the community.

5.4 The strengths and weaknesses of the study

By acknowledging these strengths and weaknesses, the study can be better understood in terms of its contributions and limitations, guiding future research and interventions in this area.

5.4.1 Strength of the Study

The strength of this qualitative study, utilizing a phenomenological design, lies in its ability to capture the nuanced (detailed), lived experiences of male partners of cervical cancer survivors at Bugando Cancer Center, in Mwanza, Tanzania. This approach provides a deep understanding of the emotional, financial, social, and cultural challenges. By focusing on personal narratives, the study reveals difficult details and common themes that might be overlooked in quantitative research. Studying male caregivers addresses a research gap, highlights unique challenges and coping strategies, and reveals gender-specific needs, leading to tailored support programs. It also promotes gender equity in caregiving roles and contributes to holistic patient care by recognizing and supporting all family members involved in the caregiving process.

5.4.2 Study Limitations

The study has several limitations. Firstly, its qualitative nature and phenomenological design mean the findings are specific to the male partners at Bugando Cancer Center, limiting generalizability to other populations or settings. Secondly, cultural and social desirability (attractiveness) biases may influence participants' responses, leading them to portray their experiences in a more favorable light. Thirdly, the reliance on self-reported data can introduce recall bias, affecting the accuracy of the information gathered.

CHAPTER SIX

6.0 CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

The study highlights the significant psychosocial, logistical, and cultural challenges that male partners face, including anxiety, financial strain, social isolation, and stigmatization. These insights emphasize the need for comprehensive support systems that address both the emotional and practical aspects of caregiving. Moreover, the study underscores the importance of culturally sensitive interventions and education to alleviate the burden on male partners and enhance their caregiving capacity. By bringing these issues to the forefront, the study advocates for integrating male partners into the broader narrative of cancer care, ensuring their needs and contributions are recognized and supported. Understanding and addressing the unique experiences of male partners is crucial for fostering a holistic approach to cancer care that benefits the entire family unit.

6.2 Recommendations

6.2.1 Recommendations for Interventions

Based on the findings of this study on the experiences of male partners of cervical cancer survivors at Bugando Cancer Center, Mwanza, Tanzania, the following recommendations should be done to better support these individuals:

1. The Ministry of Health in Tanzania should develop and implement national policies that provide financial assistance and subsidies for cervical cancer treatment to alleviate the economic burden on families. This includes creating a fund specifically for easing the cost of cancer care.
2. Bugando Medical Centre should establish a dedicated support program for male caregivers, offering psychological counseling and support groups to address emotional and mental health challenges and providing culturally sensitive care.
3. Healthcare facility owners should conduct regular training sessions for healthcare staff on the unique needs of male caregivers, emphasizing the importance of gender-

sensitive approaches in caregiving support and communication. This will help in recognizing and addressing gender-specific challenges.

4. Oncology nurses should cover critical aspects such as the complex issues of relationship dynamics and cultural and societal influences during health education. We strongly recommend that topics like addressing masculinity, gender roles, and caregiving responsibilities be included in the agenda and discussed in health education and health talks during the cervical cancer journey. A broader approach to sexual health and relationships is necessary for patient-nurse interactions, incorporating information about the disease itself, its management, the side effects of treatment, and ways to manage these side effects.

6.2.2 Recommendation for further studies

1. Longitudinal studies on male partners should be conducted to track the experiences of male. Caregivers over time. This will provide insights into how their challenges and coping strategies evolve throughout the cancer journey and after, offering a more comprehensive understanding of their long-term needs and well-being.
2. There is a need for comparative studies across different regions involving male caregivers from different regions within Tanzania and other countries. This can help identify region-specific challenges and cultural differences, contributing to the development of more effective, contextually relevant interventions and support programs for male caregivers globally.

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8.0 APPENDICES

8.1 Appendix 1: Verbal consent form (English version)

Greetings, I'm Felister Mussa Willium, and am currently pursuing a master's degree in oncology nursing at Muhimbili University of Health and Allied Sciences (MUHAS). I'm contacting you as part of my research study titled: Experience of male partners of cervical cancer survivors at Bugando Cancer Centre in Mwanza Tanzania, as part of fulfilment of my master's dissertation

Purpose of the study

The main objective of this study is to explore the experience of male partners of cervical cancer survivors at Bugando Cancer Centre in Mwanza, Tanzania.

Participation

You will be required to sign this consent form in person as an evidence of your willingness to participate in this study. You will be interviewed only once, and the interview is expected to take 45 to 60 minutes to collect data from you through in depth interview and observations. Your participation is voluntary and there will be no negative consequences if you choose not to participate. The information you provide will be treated with the utmost confidentiality.

Confidentiality

Your identity will be protected and all collected data will be anonymized or altering identifiable individual information's from data to protect the privacy and confidentiality while allowing for analysis or sharing of information.

Potential risks

You may find some question about your personal experiences uncomfortable or emotional.

Potential benefits

While there may be no direct benefits to you, the insights gained from this study will contribute to the development of tailored interventions, support programs and education resources that addresses the unique experience of male partners, improve their overall quality of life and better support systems for male partners of cervical cancer survivors

In case of injury

We do not anticipate any harm to you as a result of participation in this study. If you find it distressing to continue talking during the interview, please just tell me you would like to stop. If you want to stop for a few minutes to gather yourself and your thoughts, that is also well and acceptable.

Whom to Contact

If you ever have questions about this study, you may contact the Principal Investigator of this study, Ms. Felister Mussa Willium through my phone number (+255 765104352) or supervisor of this study Dr. Stella E. Mushy (+255 715796077) from Muhimbili University of Health and Allied Sciences (MUHAS), P.O. Box 65001, Dar Es Salaam. If you are not satisfied with the response to your question from principal investigator and supervisor of this study you may reach out to the Chairperson of the Research and Publications Committee, MUHAS. P.o. Box 65001, Dar Es Salaam, Tanzania.

Feel free to ask any question you may have, do you agree to participate? I acknowledge that this consent form has been full explained to me in a language that I understand .I have had the opportunity to ask question, and they have been answered to my satisfaction.

I agree voluntarily to participate in this study and understand that I have the right to withdraw at any time without penalty.

Date of contact ……

Participant no……...

8.2 Appendix 2: verbal consent form (Swahili version)

Salamu, mimi ni Felister Mussa Willium, na kwa sasa ninasomea shahada ya uzamili ya uuguzi wa saratani katika Chuo Kikuu cha Afya na Sayansi Shirikishi Muhimbili (MUHAS). Ninawasiliana nawe Kama sehemu ya utafiti wangu uliopewa jina la uzoefu wa wenzi wa kiume wa waathirika wa saratani ya shingo ya kizazi katika Kituo cha Saratani cha Bugando Mwanza Tanzania kama sehemu ya utimilifu wa mahitaji yangu ya shahada.

Dhumuni la utafiti

Lengo kuu la utafiti huu ni kuchunguza uzoefu wa wenzi wa kiume wa waathirika wa saratani ya mlango wa kizazi katika kituo cha saratani cha Bugando Mwanza Tanzania

Kushiriki

Utahitajika kutia sahihi kwenye fomu hii ya idhini binafsi kama ushahidi wa utayari wako katika kushiriki katika utafiti huu .Utahojiwa mara moja tu na usaili unatarajiwa kuchukuwa dakika 45 mpaka 60 kukusanya data kutoka kwako kupitia mahojiano ya kina ya uchunguzi .ushiriki wako ni wa hiari na hakutakuwa na matokeo mabaya endapo utaamua kutoshiriki .taarifa utakazotoa zitashughulikiwa kwa usiri wa hali ya juu.

Faragha

Utambulisho wako utalindwa na taarifa yote iliyokusanywa haitatambulishwa au kubadilisha taarifa za kibinafsi zinazoweza kutambulika kutoka kwa taarifa hii ni kulinda faragha na usiri huku ikiruhusu uchanganuzi au kushiriki maelezo.

Hatari zinazoweza kujitokeza

Unaweza kupata swali fulani kuhusu uzoefu wako wa kibinafsi kuwa lisilofaa au la kihisia Zaidi

Faida

Ingawa kunaweza kusiwe na manufaa ya moja kwa moja kwako, maarifa utakayopata kutokana na utafiti huu yatachangia katika uundaji wa uingiliaji kati uliolengwa, programu za usaidizi na nyenzo za elimu ambazo hushughulikia uzoefu wa kipekee wa wenzi wa

kiume, kuboresha ubora wa maisha yao kwa ujumla na mifumo bora ya usaidizi kwa washirika wa kiume wa waathirika wa saratani ya shingo ya kizazi.

Katika kesi ya kuumia

Hatutarajii madhara yoyote kwako kutokana na kushiriki kwako katika utafiti huu.ikiwa unaona inasikitishha kuendelea kuzungumza wakati wa mahojiano,tafadhali niambie tu ungependa kuacha ,ikiwa unataka kuacha kwa dakika chache kujikusanya mwenyewe kwa mawazo yako hii pia ni sahihi na inakubalika

Mawasiliano

Ikiwa una swali lolote linalohusiana na utafiti huu unaweza kumpigia mtafiti (Felister Mussa Willium) kupitia namba zifuatazo (+255 765104352) AU msimamizi wa utafiti Stella E. Mushy kupitia namba (+255 715796077) AU msimamizi wa utafiti msaidizi Mr.Victor Chikwala kwa namba (+255 688379274) kutoka chuo kikuu cha sayansi na afya shirikishi cha Muhimbili (MUHAS), P.O. Box 65001, Dar Es Salaam.iwapo hutaridhika na jibu la swali lako kutoka kwa mtafiti,msimamizi msaidizi wa utafiti na msimamizi mkuu wa utafiti unaweza kuwasiliana na mwenyekiti wa kamati ya maadili ya utafiti MUHAS. P.O. Box 65001, Dar Es Salaam, Tanzania.

Jisikie huru kuuliza swali lolote ambalo unaweza kuwa nalo. unakubali kushiriki? Ninakubali kwamba fomu hii ya ridhaa imefafanuliwa kikamilifu katika lugha ninayoelewa .Nimepata fursa ya kuuliza swali, na yamejibiwa kwa kuridhika kwangu.

Ninakubali kwa hiari yangu kushiriki katika utafiti huu na ninaelewa kuwa nina haki ya kujiondoa wakati wowote bila adhabu

Tarehe ya mawasiliano ……

Nambari ya mshiriki……

8.3 Appendix 3: Interview tool (English version)

TITTLE: Experiences of male partners of cervical cancer survivors at Bugando Cancer Centre in Mwanza, Tanzania.

Basic Information about the Interview:

Thank you for your participation and agreeing to be interviewed on the experience of male partners of cervical cancer survivors. The findings of this study will contribute to the development of tailored interventions, support programs, and educational resources that address the unique experiences of partners in supporting cervical cancer survivors and improve their overall quality of life

Purpose of the Interview

To explore the experience of male partners of cervical cancer survivors at Bugando Cancer Centre in Mwanza, Tanzania.

Time of Interview:

Date:

Name of Interviewer:

ID Number:

Recording and Storing Information

This interview will be audio-recorded for research purposes, to ensure the confidentiality and security of the collected data, all audio recordings and transcripts will be kept in a password-protected computer folder that the researcher and no-one else can access. Notes in hard copy will be stored in the researchers file. The researcher will perform a couple of interviews on the first day. The researcher will hear the audio –recorded interviews, transcribe them, and then examine them to guarantee the accuracy of the data collected .this will help the researcher identify any gaps in the interview guide and improve it as they go.

Introduction

- Introduce yourself
- Explain the purpose of the study
- Get signature of informed consent
- Describe the interview structure (audio recording, taking notes etc.)
- Ask the interviewee if have any questions

Interview guide

Thank you for joining us .Your willingness to share your experiences as a male partner of cervical cancer survivor is invaluable and we appreciate your openness in contributing to a better understanding of this journey .let's begin by hearing from your perspective and insight

1. DEMOGRAPHIC INFORMATION OF THE PARTICIPANT

Participant	**Age**	**Occupation**	**Education level**	**Marital status**	**Duration a partner lived with cervical cancer**	**Residence**
P1						
P2						
P3						
P4						
P5						
P6						
P7						
P8						
P9						
P10						

P11						
P12						

INTERVIEW QUESTIONS

1. Could you please share with us your experience of living with a cervical cancer survivor partner under the following aspects?

Probe: Role of relationship

Probe: daily living pattern

Probe: sexuality

Probe: Social life

Thank you for sharing about the experience that you faced and that you are still facing. Now I would like to hear about the relationship dynamics that you have experienced all this time

2. Could you please tell me if you have ever experienced relationship dynamics in this cancer journey, from diagnosis, treatment, and after treatment?

Probe: Tell me more about it. What kind of dynamics did you experience?

Probe: I hear you saying XXX, can you tell me more about it?

Probe: Are there any other relationship dynamics you experienced during this time that you would also want to share with me?

Probe: Tell me more about XXX

3. Kindly share with me how do cultural norms impact the experience of being a male partner of a cervical cancer survivor.

Probe: Please share with us the specific instance where cultural norms played a role in your experience as male partner of cervical cancer survivors?

Probe: Were there any challenges or positive aspects influenced by cultural norms in your role as a supportive partner?

Probe: In what ways did you go through the cultural expectation while supporting your partner?

4. I would like to hear from you what are challenges experienced by male partners of cervical cancer survivors from diagnosis to the treatment and after treatment,

Probe: Did you face any challenges during your partner's cervical cancer diagnosis?

Probe: Tell me more about it? What kind of challenges did you face?

Probe: I hear you saying XXX, can you tell me more about it?

Probe: Are there any other challenges you faced that you would also want to share with me?

Probe: Tell me more about XXX

Did you face any challenges when your partner was on treatment?

Probe: Tell me more about it. What kind of challenges did you face?

Probe: I hear you saying XXX, can you tell me more about it?

Probe: Are there any other challenges you faced during this time that you would also want to share with me?

Probe: Tell me more about XXX

Are there any challenges you have been facing after your partner's treatment?

Probe: Tell me more about challenges encountered in daily life

Probe: Social challenges

Probe: Economic challenges

5. Kindly share with me how has your sexual relationship changed after survivorship journey when you compare it before diagnosis?

Probe: How has the experience with cervical cancer survivorship impacted the level of intimacy?

What do you think should be done to support (improve the relationship) of male partners living with a cervical cancer survivor?

What kind of support or information you feel would be helpful to male partners in provision of care to cervical cancer survivors?

Is there anything else you would like to add that has not been covered in the questionnaire?

We apologize for the inconvenience, but we ask to know if there is anything additional that you would like to tell us or what you would think should be done to improve the relationship of partners like you who live with women who have been treated for cervical cancer.

8.4 Appendix 4: Interview tool (Swahili version)

TITLE: Uzoefu wa wenza wa kiume wa waathirika wa saratani ya mlango wa shingo ya kizazi katika Kituo cha Saratani cha Bugando,Mwanza, Tanzania.

Maelezo ya Msingi kuhusu Mahojiano:

Asante kwa ushiriki wako na kukubali kuhojiwa kuhusu uzoefu wa wenzi wa kiume wa waathirika wa saratani ya mlango wa kizazi.Matokeo ya utafiti huu yatachangia uundaji wa uingiliaji kati uliolengwa, programu za usaidizi, na rasilimali za elimu ambazo zinashughulikia uzoefu wa kipekee wa washirika katika kusaidia manusura wa saratani ya shingo ya kizazi na kuboresha ubora wa maisha yao kwa ujumla.

Madhumuni ya Mahojiano

Kuchunguza uzoefu wa wenzi wa kiume wa waathirika wa saratani ya mlango wa shingo ya kizazi katika Kituo cha Saratani cha Bugando Mwanza, Tanzania.

Muda wa Mahojiano:

Tarehe:

Jina la Mhojaji:

Nambari ya Kitambulisho:

Kurekodi na Kuhifadhi Habari

Mahojiano haya yatarekodiwa sauti kwa madhumuni ya utafiti, ili kuhakikisha usiri na usalama wa data iliyokusanywa, rekodi zote za sauti na nakala zitawekwa kwenye folda ya kompyuta iliyolindwa na nenosiri ambayo mtafiti pekee ndiye anaweza kufungua na hakuna mtu mwingine yeyote anaweza kufikia. Vidokezo katika nakala ngumu vitahifadhiwa kwenye faili ya mtafiti. Mtafiti atafanya mahojiano kadhaa siku ya kwanza. Mtafiti atasikia mahojiano yaliyorekodiwa na sauti, kuyanakili, na kisha kuyachunguza ili kuhakikisha usahihi wa data iliyokusanywa .Hii itamsaidia mtafiti kutambua mapungufu yoyote katika mwongozo wa usaili na kuuboresha kadri yanavyoendelea

Utangulizi

• Jitambulishe

• Eleza madhumuni ya utafiti

• Pata saini ya kibali cha habari

• Eleza muundo wa mahojiano (kurekodi sauti, kuandika maelezo nk)

• Muulize mhojiwa kama ana maswali yoyote

Mwongozo wa mahojiano

Asante kwa kuungana nasi .Nia yako ya kushiriki uzoefu wako kama mwenzi wa muathrika wa saratani ya shingo ya kizazi ni muhimu sana na tunathamini uwazi wako katika kuchangia uelewa mzuri wa safari hii .Hebu tuanze kwa kusikia kutoka kwa mtazamo wako na ufahamu wako.

1. **TAARIFA ZA KIDEMOGRAFIA ZA MSHIRIKI**

Mshiriki	**Umri**	**Kazi**	**Kiwango Cha Elimu**	**Hali Ya Ndoa**	**Muda Mwenzi Ameishi Na Saratani (Miaka)**	**Makazi**
M1						
M2						
M3						
M4						
M5						
M6						
M7						

M8						
M9						
M10						
M11						
M12						

MASWALI YA MAHOJIANO

1. Tafadhali shiriki uzoefu wako wa kuishi na mshirika aliyenusurika na saratani ya mlango wa kizazi kwa masharti ya:

Uliza: Ni nini nafasi ya uhusiano

Uliza: Ni kwa namna gani imeathiri mfumo wa maisha ya kila siku

Uliza: Maisha ya kijamii

2. Tafadhari unaweza kuniambia umewahi kupata mienendo ya uhusiano katika safari hii ya saratanii kuanzia utambuzi,matibabu na baada ya matibabu ?

Uliza : Hebu nieleze Zaidi kuhusu mienendo ?ni aina gani ya mienendo ulikutana ama kukutana nayo?

Uliza: Ninakusikia ukisema ……..Unaweza kuniambia Zaidi kuhusu?

Uliza: Je kuna mienendo gani mingine uunayoipitia ambayo ungependa kushiriki pamoja nami?

Uliza: Niambie Zaidi kuusu……

3. Tafadhali shiriki nasi jinsi tamaduni zilivyoathiri uzoefu wa kuwa mwenza wa muathrika wa saratani ya mlango wa shingo ya kizazi

Uliza: Tafadhali shiriki nasi mfano maalum ambapo kanuni za kitamaduni zilichangia katika tajriba yako kama mshirika wa kiume wa manusura wa saratani ya shingo ya kizazi?

Uliza: Je, kulikuwa na changamoto zozote au vipengele vyema vilivyoathiriwa na kanuni za kitamaduni katika jukumu lako kama mshirika msaidizi?

Uliza: Ni kwa njia gani ulipitia matarajio ya kitamaduni wakati ukimuunga mkono mwenzi wako?

4.Ningependa kusikia kutoka kwako ni changamoto gani unazozipata kama mwenzi wa muathirika wa saratani ya mlango wa shingo ya kizazi tukianzia siku ya utambuzi ,wakati wa matibabu na baada ya matibabu ?

a) Je ulikumbana na changamoto yeyote wakati wa utambuzi wa saratani ya mlango wa shingo ya kizazi?

Uliza: Niambie Zaidi kuhusu hilo? Je, ulikumbana na changamoto za aina gani?

Uliza: Ninakusikia ukisema xxx.,unaweza kuniambia Zaidi kuhusu?

Uliza: Je kuna changamoto zingine zozote ulizokabiliana nazo wakati huoambazo ungependa kunishiriki name?

Uliza: Niambie Zaidi kuhusu xxx

b) Je ulikumbana na changamoto yeyote mwenzako akiwa katika safari ya matibabu ya saratani?

Uliza: Niambie Zaidi kuhusu hilo? ulikumbana na changamoto za aina gani?

Uliza: Ninakusikia ukisema xxx unaweza kuniambia Zaidi kuhusu?

Uliza: Je kuna changamoto nyingine ulizokabiliana nazo wakati mwenza wako akiwa katika matibabu ambazo ungependa kunishiriki nami?

Uliza: Niambie zaidi kuhusu XXX

C)Je kuna changamoto yeyote unayokumbana nayo kipindi hiki ambacho mwenza wako amemaliza matibabu ya sartani ya shingo ya kizazi? Kwa kuzingatia zaidi

Uliza : Niambie zaidi kuhusu changamoto zinazopatikana katika maisha ya kila siku

Uliza : Changamoto za kijamii

Uliza : Changamoto za kiuchumi

5. Tafadhali nishirikishe jinsi uhusiano wako wa kimapenzi umebadilika baada ya safari ya kuokoka unapoulinganisha kabla ya utambuzi?

Uliza: Uzoefu wa kunusurika kwa saratani ya shingo ya kizazi umeathiri vipi kiwango cha urafiki?

Unafikiri nini kifanyike kusaidia (kuboresha uhusiano) wa wenzi wa kiume wanaoishi na waathrika wa saratani ya shingo ya kizazi.

Je, ni aina gani ya usaidizi au taarifa unayohisi inaweza kuwa msaada kwa wenzi wa kiume katika kutoa huduma kwa waathirika wa saratani ya shingo ya kizazi?

Je, kuna kitu kingine chochote ungependa kuongeza ambacho hakijaangaziwa kwenye dodoso?

Tunakushuru kwa kusiriki lakini samahani tunaomba kujua kama kuna jambo lolote la ziada ambalo ungependa kutueleza ama ungefikiria ni kipi kifanyike ili kuboresha uhusiano wa wenzi kama wewe ambao wanaishi na wanawake ambao wametibiwa saratani ya shingo ya kizazi?

8.5 Appendix 5: Transcript of phone inquiry (English version)

Hello, recipient name……, this is Felister Mussa Willium from Bugando Cancer Center hospital. Hope this finds you well, I wanted to speak to you regarding your partner's upcoming appointment with us the next two days to come. We understand the importance of having supportive environment during such times, and we would like to extend an invitation for you to accompany your partner during his stay. You presence can provide valuable comfort and assistance.

If you have any specific question feel free to contact us at 0765104352

We appreciate your cooperation and look forward to welcoming both of you to the hospital

Sincerely

Felister .M.Willium

Nurse residence

Muhimbili of Health and Allied Sciences

felisterwillium1@gmail.com

8.6 Appendix 6: Transcript of phone inquiry (Swahili version)

Habari,jina la mpokeaji ……..Mimi ni Felister Mussa Willium nahudumu katika Hospitali ya Rufaa ya kanda Bugando katika kitengo cha saratani ,nimatumaini yangu kuwa unaendelea vizuri.Ninaomba kuzungumza nawe kuhusu miadi ijayo ya mwenza wako ya tarehe……..tunaelewa umuhimu wa kuwa na mazingira ya kusaidia wakati kama huu ,na tungependa kukualika wewe kuambatana na mwenzi wako wakati wa hudhurio lake la klininiki kuna ujumbe tunatamani kushiriki nawe kwa pamoja katika kuboresha muendelezo wa huduma bora kwa mwenza wako na uwepo wako ni muhimu sana

Tunathamini ushirikiano wako na tunatarajia kuwakaribisha nyote wawili hospitalini.

Ikiwa unaswali lolote wasiliana nami kwa namba 0765 104352

Wako mtiifu

Felister Willium

Muhimbili of Health and Allied Sciences

felisterwillium1@gmail.com

8.7 Appendix 7: Ethical clearance

UNITED REPUBLIC OF TANZANIA

MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

OFFICE OF THE DIRECTOR – RESEARCH, PUBLICATIONS AND INNOVATION

Ref. No.DA.282/298/01.C/2106 Date: 18/03/2024

MUHAS-REC-03-2024-2106

FELISTER MUSSA WILLIUM
MUHAS

RE: APPROVAL FOR ETHICAL CLEARANCE FOR A STUDY TITLED: EXPERIENCES OF MALE PARTNERS OF CERVICAL CANCER SURVIVORS AT BUGANDO CANCER CENTRE IN MWANZA, TANZANIA

Reference is made to the above heading,

I am pleased to inform you that the Chairman has on behalf of the University Senate, approved ethical clearance of the above-mentioned study, on recommendations of the Senate Research and Publications Committee meeting accordance with MUHAS research policy and Tanzania regulations governing human and animal subjects research.

APPROVAL DATE: 18/03/2024
EXPIRATION DATE OF APPROVAL: 18/03/2025

STUDY DESCRIPTION:
Purpose:

The purpose of this phenomenological qualitative study is to explore the experience of male partners of cervical cancer survivors at Bugando cancer center in Mwanza Tanzania.

The approved protocol and procedures for this study is attached and stamped with this letter, and can be found in the link provided: https://irb.muhas.ac.tz/storage/Certificates/Certificate%20-%2015369.pdf and in the MUHAS archives.

The PI is required to:

1. Submit bi-annual progress reports and final report upon completion of the study.
2. Report to the IRB any unanticipated problem involving risks to subjects or others including adverse events where applicable.
3. Apply for renewal of approval of ethical clearance one (1) month prior its expiration if the study is not completed at the end of this ethical approval. You may not continue with any research activity beyond the expiration date without the approval of the IRB. Failure to receive approval for continuation before the expiration date will result in automatic termination of the approval for this study on the expiration date.
4. Obtain IRB amendment (s) approval for any changes to any aspect of this study before they can be implemented.
5. Data security is ultimately the responsibility of the investigator.
6. Apply for and obtain Data Transfer Agreement (DTA) from NIMR if data will be transferred to a foreign country.
7. Apply for and obtain Material Transfer Agreement (MTA) from NIMR, if research materials (samples) will be shipped to a foreign country.
8. Apply for and obtain permission to publish the results from National Institute for Medical Research. The application should be before submitting to a publisher and not concurrently through the email publications@nimr.or.tz.
9. Any researcher, who contravenes or fail to comply with these conditions, shall be guilty of an offence and shall be liable on conviction to a fine as per NIMR Act No. 23 of 1979, PART III section 10 (2)
10. The PI is required to ensure that the findings of the study are disseminated to relevant stake holders.
11. PI is required to be versed with necessary laws and regulatory policies that govern research in Tanzania. Some guidance is available on our website https://drp.muhas.ac.tz/.

20/03/24

Dr. Kasusu Nyamuryekung'e

University of Health and Allied Sciences DIRECTOR Research, Publications & Innovations Box 65001

Ag. Chairperson, MUHAS Research and Ethics Committee

8.8 Appendix 8: Introduction letter

UNITED REPUBLIC OF TANZANIA
MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY
MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
OFFICE OF THE DIRECTOR – POSTGRADUATE STUDIES

In reply quote;
Ref. No. HD/MUH/T.492/2022 21st March, 2024

The Director General,
Bugando Medical Centre,
P.O. Box 1370,
MWANZA

Re: INTRODUCTION LETTER

The bearer of this letter is Felister Mussa Willium (HD/MUH/T.492/2022), a student at Muhimbili University of Health and Allied Sciences (MUHAS) pursuing MSc. Oncology Nursing.

As part of her studies she intends to do a study titled: **"Experiences of Male Partners of Cervical Cancer Survivors at Bugando Cancer in Mwanza, Tanzania."**

The research has been approved by the Chairman of University Senate.

Kindly provide her the necessary assistance to facilitate the conduct of her research.

We thank you for your cooperation.

Ms. Victoria Mwanilwa
For: DIRECTOR, POSTGRADUATE STUDIES

c.c. Felister Mussa Willium

9 United Nations Road; Upanga West; P.O. Box 65001, Dar Es Salaam: Tel. G/Line: +255-22-2150302/6; Ext. 1015; Direct Line:+255-22-2151378;Telefax:+255-22-2150465;E-mail:dpgs@muhas.ac.tz;Web:https://www.muhas.ac.tz

8.9 Appendix 9: Permission letter

BUGANDO MEDICAL CENTRE

Consultant and Teaching Hospital

Department of: Administration
Our Ref: AB.286/317/01/PART "M"
Date: 03/04/2024

P.O. Box 1370
Mwanza, Tanzania
Telephones 2540610/5
2500513
Fax: 255 – 028 – 2500799
E-mail:hospbugando@gmail.com

Felister Mussa Willium,
P. O. Box 65001,
Dar es salaam.

RE: PERMISSION TO CONDUCT RESEARCH AT BUGANDO MEDICAL CENTRE.

Refer to the caption above.

This is to inform you that you have been allowed to conduct study Titled **"Experience of Male Partners of Cervical Survivors at Bugando Cancer in Mwanza Tanzania".**

You are warmly welcome.

Yours

BUGANDO MEDICAL CENTRE
P. O. Box 1370
MWANZA

Approved
4/4/2024

L. R. Mwihechi
For; DIRECTOR GENERAL

Copy to; Head of Department
Bugando Medical Centre

All official correspondence should be addressed to:
Director General – BMC
Website:www.bugandomedicalcentre.go.tz