Author’s response to reviews

Title: "I Always Tried to Forget about the Condition and Pretend I was Healed": Coping with Cervical Cancer in Rural Ghana

Authors:
Charity Binka (cbinka@gmail.com)
Samuel Nyarko (samharrenson@gmail.com)
Kofi Awusabo-Asare (k.awusabo-asare@ucc.edu.gh)
David Doku (dokudavid@gmail.com)

Version: 2 Date: 12 Sep 2017

Author’s response to reviews:

Dear Editor,

Thank you for the opportunity to revise our manuscript based on the reviewers’ comments. We have carefully considered the suggestions from the reviewers and have consequently revised the manuscript accordingly. Please see below the point-by-point responses to the suggestions. In addition, we have checked the entire manuscript for grammatical and typographical errors. The revisions are tracked in the manuscript.
We believe the manuscript has improved vastly and look forward to your kind acceptance for publication.

With kind regards,

Charity Binka, PhD
Corresponding author.

Author's response to reviewers’ comments and suggestions

Reviewer #1: Elizabeth Namukwaya

Abstract
1. In the abstract please add where ethical permission to conduct the study was obtained in the methods section.

This has been provided in Lines 32-33.

Method

It will be easier to read if it is more structured by including subheadings e.g study setting, sampling analysis etc. Please describe how sample size was determined and method of sampling was it purposive, was thematic saturation achieved? Interviews were done in the local languages but there is no mention of translating the data, what was done first transcribing or translating? Explain or define what you mean by those who had survived the disease line 82 and also give your operational definition of early disease which is referred to on line 91. The themes mentioned in lines 116-119 should be written under results section.

The methods have been structured into sub-headings as recommended. Lines 77-125. The sample size and sampling method were clearly explained in lines 98-107. All the 15 consenting women were captured in the study. The translation issues have been addressed in line 122-130 in the analysis sub-section. Those who have survived the disease is simply those who did not die as against those who died from the disease or in the “early stage of the disease” was clearly stated.
in the paper without any ambiguity. The themes mentioned in lines 116-119 were move to the results section as recommended.

Results

I suggest a table for background characteristics and less text, it is much easier to read. I suggest that you give subthemes as subheadings under the main themes e.g personal coping strategies: psychological coping strategies, abstince form sex etc then go on to explain each. It will be easier to follow and reduce repetitions. In the results section it is not well explained how people used health seeking as a coping mechanism please explain more.

A table for the background characteristics and less text have been provided as recommended (lines 133-140), Table 1. Sub-themes have been provided under the main themes as recommended (Lines 144-332). The health seeking behaviour as a coping mechanism was further explained in Lines 329-334 at the latter paragraph of the results.

Discussion

In the discussion, the implication on line 328 that men will have extramarital affairs is not deduced from this research, are there studies from elsewhere with similar findings of abstinence. Social support was found to be important for coping. Can you make suggestions about this on implications for care/ health education in the discussion? Also people relied on faith for coping and this may also be an important implication for care by working with faith leaders. Suggest adding in discussion. I suggest you read Bury's article, this is the reference: BURY, M. (1991) The sociology of chronic illness: a review of research and prospects. Sociology of Health & Illness, 13, 451-468 where he talks of coping, strategy and style, it will help you with the discussion.

The extra-marital affairs was clearly not a finding from this study; however, it was just a speculation of the possible implication or effect of the finding. The implication of social support (Lines 365-367) for care and health education and that of faith healing (Lines 395-397) have been provided as suggested. The recommendation of Bury (1991) is noted.

Give some limitations of the study and suggest areas for future research.
Limitations and suggestion for future research have been provided as recommended (lines 397-405).

Statement of availability of data: Is it possible to have included data generated in this manuscript.

Yes, it is possible. Permission for the request for the data can be obtained from the first author.

There are some grammatical and punctuation errors, also repetitions.

These have been proof-read and corrected.

Reviewer #2: Mhoira Leng

Background

Line 49,50 The reasons are more complicated than just access with health beliefs and gender inequalities etc…consider expanding and adding additional references.

Surely, other factors might have contributed to the disease. We have revised this sentence for clarity (Lines 50-51)

Line 56 Not 'sense' …perhaps 'setting' or 'at this stage'

Line 70 Not 'besides'…perhaps 'in addition'

The above recommended words have been replaced as recommended.

Background literature in a resource limited setting does not seem fully explored.

Respectfully we disagree with this reviewer. The literature on this subject from low resources setting is very scanty. We have nonetheless revised the background taking into consideration the available literature.
Methods

Line 78 'A’ qualitative approach

Indicate why qualitative methodology chosen…implied but not stated.

▷ This has now been clarified (Lines 83-86).

Sampling age not adequately explained; 30-65 and then use 30-49 screening group to justify. Are you more wanting to exclude those who present at an age before screening recommends starting and in any case does this apply to Ghana?

▷ This was clearly not framed well. The statement has been revised appropriately (Lines 91-93).

What does 'critical condition' mean? Was it those unable to consent or too unwell to participate?

▷ This refers to those who were too unwell to participate. This has been revised (Lines 98-100).

Specify all the languages used and whether the interviewers and transcriber were equally fluent in all of these languages. Was there any validity check on the transcription and translation?

Was the sampling of 15 just based on those who responded to the telephone call request or was thematic saturation also examined and if so when was it reached?

▷ These were addressed in the methods section in response to the first reviewer’s comments. Please see lines 128-132.

It is also not clear the stage of disease or the understanding of the stage of the disease which may affect the coping strategies used.

▷ These were all survivors of the disease who had no knowledge about the disease and therefore did not know anything about stages of the disease. They were only able to narrate their experiences from the day of diagnosis to life after treatment.
Results

Consider a table to represent the demographic information more effectively. We may also need to know the basic demographics of those contacted...were they also in the older age group rather than the target age group? It may have not been possible to ascertain the age at first sexual intercourse or number of partners though this may be relevant and should be mentioned either here or in the background.

The youngest and oldest ages at first sexual intercourse have been indicated as suggested.(lines 194 -195)

The table for the demographic information was addressed under the first reviewer above (Table 1) with average age at first intercourse included in various age categories.

The presenting of the themes and results is not always clear. It should be structured more carefully and clearly link the evidence ie the direct quotes with the theme. I note the sub-theme of sexual abstinence within personal coping yet the results given suggest problems with sexual intercourse, fears and pain that don't just mean abstinence is chosen. Were other sexual ways used to satisfy?

These were addressed under the first reviewer above. The results were structured into sub-themes.

Was it all intimacy or intercourse that was a problem and abstinence used as a coping mechanism? What were the implications of this way of coping...it is mentioned in the discussion but does not seem to have been explored in the results.

Abstinence was a coping mechanism for sexual intercourse. We have revised this for clarity. Please see line 164

Personal hygiene also has financial implications and it is not clear if this was explored...can sanitary pads be sourced and afforded?

The necessary corrections have been done to reflect the use of sanitary pads and financial implications to this practice in lines 275 and 276.
Forms of support also seems too simple a list. Social support and non-material are similar. Is there not a more nuanced analysis such as supportive community, family support, hope as a coping mechanism or prayer as an independent theme?

The “non-material support” was not rightly stated. It was meant to be “supporting services” and this has been revised in the manuscript (lines 200-271).

Health seeking behaviour; you state they sought orthodox treatment for survival but also symptoms yet many of the quotes relate to completing treatment protocols, seeking reassurance and include hope of disease control or cure. Little evidence given re the alternative or herbal causes and this is a wide variety too so the reasons for using this method should have been presented and then explored in the discussion.

Even though many of the quotes under the orthodox medicine were related to treatment protocols among others, they were actually exploring the procedures the respondents went through to enable them to feel better and cope with the situation. In fact, the respondents have reported the reasons why they used herbal medicine and this has been presented and discussed in the manuscript.

The role of spirituality and faith as a coping mechanism is not fully discussed. It is simply put as faith healing yet was there seem to be issues here about finding meaning or hope and also the prayer itself being a way of coping….as mentioned above.

The issue of spirituality and faith healing is a very delicate one. However, we have also interpreted it from their viewpoint and have discussed the implication of this for health care.

I am not convinced reading this results section that the themes and sub themes are correctly identified and wonder if a hand coding by reading and re-reading may help or at least a detailed review of the results. I am also not sure the way the questions were asked or format of the semi-structured interview as it seems that the in depth reflection and exploration of responses was not presented. This data needs to be reviewed and explored and then presented with more analysis.

We wish to reiterate that this situation was fully addressed after re-structuring the results into sub-themes as indicated above under the first reviewer.
Discussion

This does not address the issues outlined in the above review. The issues of why family and community support may help such as offering value, preventing stigma and how self-image may relate to the issues of intimacy and hygiene as well as the lack of exploration of spirituality and faith as part of holistic care and coping. It also does not explore the reasons for certain health seeking behaviours with too many options listed under 'herbal'.

Respectfully, we strongly disagreed that the discussion does not addressed the issues outlined in the results. It is obvious from the manuscript that we have picked all the emerging issues and discussed them one-by-one and stated the possible implication of most of these things for health care of the cervical cancer patients. And with a suggestion from the first reviewer, we have been able to further improve upon the discussion section. The many options under the “herbal” was simply because we tried to probe further when respondents reported they used herbal medicines. And apparently, according to the respondents, all these herbal medicines equally served the same purpose of relieving their pains and helping them to cope with the situation.