Reviewer's report

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

Version: 1 Date: 31 Jul 2017

Reviewer: Mhoira Leng

Reviewer's report:

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.

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

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

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

Methods;

Line 78 'A' qualitative approach

Indicate why qualitative methodology chosen…implied but not stated.

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

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

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?

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.

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

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. Thsi data needs to be reviewed and explored and then presented with more analysis.
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'.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

No

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

No

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

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Please indicate the quality of language in the manuscript:

Needs some language corrections before being published
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