Developing Country Studies
ISSN 2224-607X (Paper) ISSN 2225-0565 (Online)
Vol.4, No.15, 2014

Communication Issues Regarding Control of Cervical Cancer among Rural Women in Elgeyo-Marakwet County, Kenya

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Abstract

The paper looks at the methodology of a qualitative study on "Communication Challenges in the Control of Cervical Cancer Among Rural Women" a study that is at the stage of data analysis. The research takes a philosophical stance of the relativist tradition and thus uses a qualitative approach to develop the phenomenological study. This paper seeks to explore the challenges facing a qualitative research in the backdrop of a society where credible research has often been viewed as that which has been conducted quantitatively, with qualitative aspects used only to bring out descriptively the findings at the tail end of the study. This paper pays attention to aspects of sampling, research instruments, data generation, data analysis and trustworthiness in qualitative research. The paper also gives a summary of methodological challenges facing this qualitative study. In the preamble of the paper a general insight of the project is given, and at the end, a summary of some of the findings is outlined.

Keywords: Communication, cervical cancer, rural women, qualitative research

1. Introduction

This research is an ongoing phenomenological study which explores various challenges that rural women are faced with in communicating cervical cancer, a disease that is steadily becoming a common cancer among women and a cause of death, especially in sub-Saharan Africa (ICO/WHO 2010). The project gives a background into the history of cancer in general and how it has been a disease of phenomenal burden to humanity over the ages. The project's main statement of the problem is that whereas research and technology have realized great positive innovation in the control of cervical cancer in terms of prevention, easy to administer and less invasive detection and treatment procedures, the disease continues to be a commonly occurring cancer among women with incidence and mortality rates going higher each year. The purpose of the phenomenological study is to shed light on what constitutes communication challenges in the control of cervical cancer and the results are hoped to contribute to knowledge that will help achieve the four components of cancer control: prevention, detection, treatment and palliative care, by debunking the myths that surround cervical cancer control. The research questions of the study are:

a) How do rural women communicate their experiences of cervical cancer?
b) What kind of communication on cervical cancer do rural women have access to?
c) What is the communication experience of rural women in accessing healthcare for cervical cancer?
d) How does stigmatization of cancer in public sphere contribute to communication challenges in the control of cervical cancer?
e) What is the participatory level of rural women in campaigns for communicating cervical cancer?

The geographic scope of the study is limited to Elgeyo Marakwet county in Kenya. The scope of the content is limited to the social perspective of cervical cancer control as far as communicating the disease is concerned. The methodological scope is limited to a qualitative approach of inquiry.

The research is backed by a literature review. In this chapter, an overview is given of cancer and sub topics discussing aspects of the research questions of the study is discussed. The literature review also looks at related studies in order to establish the gap that motivated this research. The theoretical and conceptual framework is also given in the chapter of the literature review. The theories that guide the study are development communication theories and social cognitive theory.

The methodology of the project is philosophically based on relativist ontology. The epistemology of the study is interpretivist- constructivist because the human person is the main source of data and together with the researcher; they interpret and construct the knowledge sought in the research. The paradigm of the study is of participatory worldview and advocacy as elaborated by Creswell (2007), Denzin and Lincoln (2005), Ponterroto (2005) and Lincoln and Guba (1985). The study is therefore developed as a naturalist inquiry using phenomenology to explore the lived experiences of women with cervical cancer and also to interrogate knowledge levels of rural women as far as awareness of cervical cancer is concerned. The study uses a qualitative approach in selecting the sample of the research, developing research instruments, data generation and data analysis. The data is analysed using thematic analysis. Since the research uses human participants for data generation, all the necessary steps were taken to ensure ethical consideration were put in place. Ethical clearance certificate for the study was issued by the Institute of Research and Ethical Clearance (IREC) of Moi University, and research permit issued by the National Council of Science and Technology (NCST).

The research project also gives an overview of the field experiences of the researcher particularly on the challenges faced in exploring a topic that is shrouded in myth and anecdote, and the ultimate fear of death.

2. Methodology

2.1 Introduction

In this chapter, the research methodology is discussed. It starts with the philosophical stance of the study then followed by a discussion of the research approach. The chapter also expounds on the location of the study and the target population. The inclusion and exclusion criteria are discussed to explain why the choice of the target population was made. This is followed by a discussion on the study sample and the sampling techniques employed on the study. Discussed also is the developing of research instruments, data generation procedures, data analysis and interpretation. This chapter also gives the trustworthiness of the research followed by ethical considerations and finally the field experiences.

2.2 Philosophical Paradigm

This study subscribes to the ontology of relativist tradition. According to Johnson (2008) in Jwan and Ongondo (2011) there is no single view point of the world and therefore reality is subjective. That is, reality is internal to, and dependant on the individual's perceptions and experiences. Mason (2002) further explains that there is no objective reality but multiple realities socially and culturally constructed by individuals from within their own contextual interpretation. This study is on communication challenges in the control of cervical cancer and the research questions guiding the study revolve around a disease that has been a phenomenon to humanity over the ages. From the field data generated there are multiple realities socially and culturally constructed regarding cancer from within the contextual interpretation of the research community. It is from this complex standpoint that the research explores the communication challenges arising in the control of cervical cancer among rural women.

Cervical cancer is one of the cancers that has seen various technological and innovative advances in research, making it one of the easiest cancers to prevent, detect and treat (at the early stages) using simple and less invasive methods, but ironically, it is still ranked one of the commonest cancers in incidence and mortality especially in Sub-Saharan Africa (WHO, 2008, WHO/ICO 2010). This research saw a gap in communication that leaves the rural woman on one end and the positive advances of medical research on the other end, consequently leaving cervical cancer to continue rising in its ravages among women. This study therefore agrees with Mason (2002) that it is only once we recognize that alternative ontological perspectives might tell different ontological views of the social world as a position which should be established and understood, rather than an obvious universal truth which can be taken for granted. In regard to the control of cervical cancer, the fact medical research has yielded positive advances should not be taken for granted that this will automatically give a solution to controlling the rising cases of the disease. This research takes an ontological stance of the relativist tradition to explore the problematic from a social perspective with the main focus on communication. How communication takes place between the rural woman and the relevant information bodies on cervical cancer, is of concern to this study. There exist multiple realities in terms of beliefs and culture which require debunking in order to step up cervical cancer control, and this leads to the discussion of the epistemology of this study.

According to Jwan and Ongondo (2011) epistemology is the nature of evidence and knowledge, the rules and principles by which we decide whether and how social phenomena can be known and how knowledge can be demonstrated. This study took the interpretivist-constructivist epistemological stance where the human person is the main source of data generation. Issues of concern in the study were interpreted from the dialogical process between researcher and participants and knowledge constructed resulting from the same dialogical process. Interpretivist-constructivist epistemology aims at generating data from people themselves with the goal of getting knowledge about how people perceive, interpret and understand issues that affect them in their own contexts. The interpretivist approach sees people as a primary source of data and as having the insider view from which they perceive and interpret what affects them giving it individual or collective meaning.

This study sought to explore the challenges of communication in the control of cervical cancer among rural women through interviews and Focus Discussion Group and the tenets of the interpretivist-constructivist epistemology were borne in mind in the data generation process

The specific paradigm that the study was grounded in, is the participatory worldview and advocacy paradigm which seeks to bring together action and reflection, theory and practice in participation with others in pursuit of practical solutions to issues of pressing concern to people (Lincoln Guba 1985; and Ponterotto 2005). The participatory worldview and advocacy paradigm ultimately seeks the flourishing of individual persons and their communities. In seeking to break the barriers of communication in the control of cervical cancer among rural women, this study hopes to contribute meaningfully to the lives of marginalized groups whose lack of awareness and lack of knowing how to communicate their problem, results in disease burden and death. This paradigm has multiple truths that are time and context bound where certain truths are privileged while others are marginalized. In this study information and knowledge on cervical cancer is viewed as privileged to the more urban and higher literacy level communities but marginalized to the more rural and low literacy level communities. The participatory worldview and advocacy paradigm posits that the researcher and participants are mutually influential and their relationship should ultimately create positive change. Values should influence inquiry such that positive social change results.

This study is a Naturalists Inquiry (NI) and the human person is the main source of data. In line with the participatory worldview and advocacy paradigm. According to Glaser (2003) and Lincoln and Guba (1985) of importance is the natural setting of the participants, as realities are wholes which cannot be understood in isolation. In this study the ultimate goal is to create knowledge that will make rural women communicate more openly and meaningfully about cervical cancer so that more go for screening and early treatment. Thus interviews and FGDs were conducted within their natural settings and among people they live and associate with.

In Naturalistic Inquiry (NI) negotiated outcomes are sought. According to Glaser (2003) NI prefers to negotiate meaning and interpretation with human sources from which the data has chiefly been drawn. This is because it is their constructions of reality that the inquirer seeks to reconstruct since inquiry outcomes depend upon the nature and quality of the interaction between knower and known.

In this research the participants were in their natural rural setting in their homes, for individual interviews, while the participants in the FGDs were also in their normal setting in the rural environment with people they often interact with. Lincoln and Guba (1985) and Erlandson (1983) outline implementation elements which are also emphasized by Glaser (2003), and this research subscribes to. These elements are: making initial contact and gaining entire to the site; negotiating consent, building and maintaining trust, and indentifying and using informants.

In order to gain entry, arrangements were made for initial contact and gaining entry sought so that participants also became aware of the impending research process. All the research participants claimed that they had no prior experience with research persons and therefore there was a need to make them understand the profundity of participation.

Negotiating consent was deemed important because the study dwelt on a sensitive topic on illness whose location in the human person is in the more of private domain. Where individual patients were of fair health and able to converse with the researchers freely, consent was negotiated on a face to face basis. Where the patient was not in very good health but willing to participate, consent was negotiated through caregivers and family so that all ethical concerns were observed.

Building and maintaining trust was assured through sincere interaction with the participants and repeated visits. There was use of appropriate communication skills such as using the local dialect and blending with the participants without much interference with their day to day activities. Allowing the participants to understand the process of data collection like the use of recorder and checking their conversation from time to time also built an enabling environment for trust.

Informants and gatekeepers were identified to help in getting to participants and also making prior arrangements for visits. They also assisted in handling any emergent issues where there was doubt or change of mind by participants. Informants and gatekeepers consisted mainly of elders and administration staff such as chiefs, and assistant chiefs in the village level.

By observing all the tenets of NI, the study was conducted in line with the relativist philosophical tradition idiographic methods as will be explained in the next section on the approach of the research.

2.3 Research Approach

This is a qualitative research. The qualitative approach was used to aim at creating understanding data as analysis proceeded. The approach was flexible to emergent issues and circumstances in the research process because most of the interviews were conducted at the participant's comfort. Patients were interviewed in the comfort of their home environment while FGDs were conducted where the women operated from such as their business venue or in the home where they had their group meetings. There was openness to adapting situations to change. This flexibility in the research approach is given support by Patton (2002) who notes that the qualitative approach is flexible, and this is to the advantage of the researcher. According to Patton the researcher is able to avoid getting locked into rigid designs that eliminate responsiveness and the ability to pursue new paths of discovery as they emerge. In this study a qualitative approach was preferred because the aim of the research was to unravel a phenomenon by engaging with the participants in debunking myths that have contributed to communication challenges in the control of cervical cancer.

Phenomenology has been used as a method of this NI to explore the lived experiences of rural women in communicating cervical cancer in an attempt to analyze communication challenges in the control of cervical cancer. According to Holloway (1997) phenomenology is used in research for gaining insight into people's motivations and actions, and cutting through the clutter of taken for granted assumptions and conventional wisdom. Brykczynski and Benner (2010) explain that phenomenology research in interpretivist epistemologies has evolved as a methodology over time through various research areas, among them studies of human experiences of health and illness, and has given language to "taken-for-granted areas of practical wisdom, skilled know how and motions of good practice." In this study on communication challenges in the control of cervical cancer, the taken-for-granted stance lies in the assumption that women are aware of the four components of cancer control: prevention, screening, treatment and palliative care. And if this had been the case, then women should be free of cervical cancer or at the worst, are able to access healthcare for the management of the disease. However the reality is that women are continuing to suffer the ravages of cervical cancer as indicated by available statistics as illustrated in the background information and literature review of this study.

According to Lester (1999) the purpose of phenomenological approach is to illuminate the specifics, to identify phenomena through how they are perceived by the actors in rural women and the issue of concern is communication challenges they face in the control of cervical cancer. Lester further explains that phenomenology is gathering from people 'deep' information and perceptions through inductive, qualitative methods such as interviews, discussions and participant observation, and representing it from the perspective of the research participants. This applies for this particular study although it is limited only to individual interviews and Focus Group Discussions (FGDs).

Lester further elaborates that phenomenology also involves 'bracketing' taken for granted assumptions and usual ways of perceiving. Taken for granted in this study as far as general society is concerned is the fact that women are aware about and have access to information and can communicate about cervical cancer. Phenomenology is based on approaches based on personal knowledge and subjectivity. It seeks to describe rather than explain and is free from perception or preconceptions. Lester also explains that phenomenological methods are effective at bringing to the fore the experience from people's own perspectives. In this study the lived experiences of women suffering from cervical cancer are interrogated in an attempt to understand their knowledge levels and consequently assess their communication challenges in the control of the disease. Lester further posits that phenomenological research adds interpretive dimension that helps to support or challenge policy and action. This study looks at the findings of the field research with the aim of interpreting the implication of the perspectives that the participants have in the light of cervical cancer control.

2.4 The Location of the Study

This study was carried out in Elgeyo Marakwet County in Kenya. The participants were all in their local rural setting. The individuals were identified from the community or traced through hospital records. The participants in FGDs were ordinary rural women in their day to day activities that bring them to work together like at the market or women group meetings. All the participants lived in Elgeyo Marakwet county and carry out their day to day activities in the county. The study was located mainly in rural parts of the county, although most of Elgeyo Marakwet can be said to be generally rural in comparison to other counties in the country that have established urban infrastructure.

2.5 Target Population and Sample Size

The participants were rural women; patients of cervical cancer for individual interviews and any rural women were eligible to participate in the FGDs. The entire number of participants was fifty five women. The individual cervical cancer patients interviewed were fifteen women. They gave personal accounts of their lived experiences in managing their condition.

Forty women, in groups of ten each were selected to participate in the FGDs. These were any women not necessarily suffering from cervical cancer. The choice to include women who were supposedly free from cervical cancer was important to this research because the control of cervical cancer is largely pegged on awareness in order to enable women to prevent or seek early treatment for the disease. The FGDs aimed at interrogating knowledge levels of rural women and the challenges they are faced with in communicating cervical cancer. This was to establish the probable cause for women not seeking healthcare early enough when prevention or treatment is still possible.

2.6 Exclusion and Inclusion Criteria

The participants in the research are women. In the individual interview schedules, patients of cervical cancer are interviewed in order for them to give personal accounts of their lived experiences as they manage their condition. In the FGDs rural women who are presumably free from cervical cancer are the participants in the discussion. The choice to include this category is to interrogate the awareness levels of women as far as cervical cancer is concerned. The age bracket of women interviewed is thirty years and above. The reasons for this choice are that, first, below the age of thirty years some young women may not have engaged in sexual debut, and sexual intercourse is the main cause of the spread of the HPV virus that causes cervical cancer (WHO 2002). Secondly, the human body is capable of fighting off the HPV virus in most women below the age of thirty years (ibid).

2.7 Sampling Procedure

This being a qualitative study the sample size was fairly small because the individual interviews and the Focus group discussions (FGDs) were intense. Sampling was done with focus on information rich cases, for an in-depth study. According to Mills, Durepos & Wiebe (2010) a large sample in a qualitative study would hinder an in-depth study because it would be difficult to process the large output of data. Thus a smaller sample would allow the process to extract thick rich data. But to achieve a balance as noted by Sandelowski (1995), the sample was not too small as to inhibit data saturation. The study also paid attention to the caution by Lincoln and Guba (1985) that the sample should not be too small to achieve an informational redundancy, a point in qualitative analysis where data cannot yield anymore new information

The study paid attention to the importance of saturation and thus a small sample was preferred as Mason (2010) advises that samples for qualitative studies should be generally much smaller than those used in quantitative studies. Mason further quotes Ritchie, Lewis and Elam (2003) who give reasons for a smaller sample for qualitative study. According to Ritchie et al there is a point of diminishing return to a qualitative sample – as the study goes on, more data does not necessarily lead to more information. In this study where women were interviewed on cervical cancer awareness, there was reached a point where the latter interviewees gave similar information to the previous ones. Ritchie et al emphasize that one occurrence of a piece or case is all that is necessary to ensure that it becomes part of the analysis framework. The frequencies are rarely important. Sandelowski (1995) and Mason (2010) agree that qualitative samples should be large enough to assure that most or all of the perception that might be important are uncovered, but at the same time should not be too large as to be repetitive and eventually superfluous. In this study, the sample ensured that saturation on issues addressed by the research questions were discussed with the participants to a point where the interviews and FGDs did not shed any further light to the issues under investigation.

The study used non-probability sampling techniques to arrive at the sample sizes for the individual interviews and FGDs. The study use purposive sampling to get the sample of fifteen women who participated in the individual interviews. These were women suffering from cervical cancer. According to Patton (2002) in purposive sampling, the people are selected because they are information rich and illuminative, and offer useful manifestations of the phenomenon of interest. Since there was no available list of women suffering from cervical cancer in the Elgeyo-Marakwet County, snowballing was the preferred method of selecting participants. Babbie (2009) explain snowballing as a non-probability sampling method that is used when the members of a special population are difficult to locate. In this study, getting women suffering from cervical cancer in Elgeyo-Marakwet County was not a simple straightforward task because the patients were scattered in different locations and also ethical concerns had to be carefully addressed (as will be explained later in the chapter). According to Koeber and McMichael (2008) snowballing sampling method starts with the individuals who will participate in the study and who will also help in locating other participants. This study used this method to locate the women with cervical cancer and the advantage was that the researcher in turn got a good introduction for the next interview without appearing to intrude into a participant personal space. The target population then grew from a small number to the desired number of participants as the study progressed. In this study the women participants who were patients of cervical cancer indentified others within their locality because of their similar circumstances which often brought them together particularly as they sought treatment or alternative therapies.

For the (FGDs) sample, the quota sampling technique was used to get the four women groups of ten participants each. The choice of quota sampling was arrived at because this was seen as the best method to have representation of women from the Elgeyo Marakwet County which is made up of two districts; Keiyo and Marakwet. Two groups were selected from each district; each district got a group selected from the highlands and another from the lowlands. These regions are representative of the rural areas of the county.

2.8 Data Generation

Qualitative data was generated from the field study. Interviews and group discussions were used for data collection. Semi structured interviews were used to get personal accounts from participants which addressed the pertinent issues of the research questions on communication challenges in control of cervical cancer. According to Kvale (1999) interviews allow people to convey to others a situation from their own perspective and in their own words. The interview schedules were semi-structured to allow the participants the freedom to give as much information as they could. Individual interviews were preferred because they would yield in-depth data. Boyce (2006) further outlines the advantages of interviews which suit the purpose of this research. Boyce notes that in-depth interviews are used where a research has already been done and has measured a certain important concern, and through interviews more insight is explored as to why the situation is the way the measurement was deduced. There are research findings done on the state of cervical cancer in general in the world and in individual countries. Figures given by organizations such as WHO, IARC and KEMRI show percentages and numbers reflecting the dire situation of the cervical cancer. This qualitative research goes into the depth of interrogating why women continue to suffer the ravages of cervical cancer in silence. Boyce also explains the value of interviews as giving an opportunity to participants to allow sharing of lived experiences freely and more truthfully as much as possible. During the individual interviews of this study participants and researcher engaged at a personal level and most of them engaged quite deeply about the personal perspective they hold about the cervical cancer.

Data collected from the FGDs was on the general awareness of women regarding cervical cancer. The participants were not necessarily cervical cancer patients. An important component of cervical cancer control is prevention and one of the research questions addresses knowledge levels of women regarding cervical cancer. FGDs were aimed at interrogating the communication challenges rural women are faced with so that they end up not going for screening or check up early enough to prevent precancerous cells developing into full blown cancer. According to Morgan (1998) FGDs have advantages when collecting research in the following ways; they can produce valuable information which personal interviews may not yield; one FGD meeting cuts on resources and yields as much information; responses can be clarified and expanded upon probing; group members react and build on each other's responses consequently yielding information they might not have given individually. In this research on cervical cancer, a number of issues on myths held by the community about cancer were brought out and this gave insight into some of the challenges rural women face in communicating cervical cancer, through the FGDs. During both the interviews and FGDs a vicarious understanding was sought without judgment. This was achieved as Patton (2002) observes, by showing openness, sensitivity, respect, awareness and responsiveness.

2.9 Data Analysis

The data gathered from the field will be analyzed qualitatively using double hermeneutic and thematic analysis. These methods will be preferred because there will be a lot of qualitative data to be handled and thematic analysis in particular provides the necessary steps to be followed so as to finally come up with the necessary thematic concerns of the study. Double hermeneutic analysis will be used in this study because the nature of a phenomenological research is mostly dialogical and discussions are laden with interpretation. Mills, Durepos and Wiebe (2010) discuss the application of double hermeneutic as applicable in the social sciences. They contend that when designing social science research it is important to consider that the parameters of the research context are not limited to the object of the research. Inquiry that acknowledges the presence of the double hermeneutic can use reflexivity to better grapple with the interactions of meaning-making present between subject and object, and in both the research design and in the interpretation of data.

According to Giddens (1982) in using the double hermeneutic to interpret texts one achieves what is known as verstehen, the understanding of meaning. Verstehen was taken to involve 'relieving' or 're-experiencing' the mental states if those whose activities or creations are to be interpreted. This study will seek to unravel the experiences of the women with cervical cancer and the communication challenges experienced. Gadamer, one of the early proponents of the double hermeneutic, locates the concept squarely in language as the medium in which 'understanding' is fundamental to human life. The process is dialogical because what is generated eventually is 'mutual knowledge' between the researcher and the participants. In this study double hermeneutic is used to generate concerns that will be analyzed thematically.

Some of the readings that will guide thematic analysis for this study are: Jwan and Ongondo (2011), Kombo and Tromp, (2010), Braun and Clarke (2003), Thomas (2003), Lacey and Luff (2001). In thematic analysis the focus is to go in-depth in assessing the concerns that will have been interpreted from the study. All units of data such as words, sentences, pauses, and body language will be extracted and examined in detail. There are a number of stages that will be followed in the thematic analysis as outlined below:

Transcription: tape recorded interviews and FGDs will be transcribed. Non verbal cues will be included because they too communicate meaning.

Organising data: data will be organized into easily retrievable sections. Winnowing will also be done because the data will be in large amounts. This will entail coding each interview and observation, breaking up field notes into sections identified by dates or context. Interviewees will also need to be given pseudonyms or referred to by a code number. Sensitive material that requires confidentiality will be handled carefully and given necessary anonymity' Identifiable material will be removed from the transcripts.

Familiarization: this will be done by listening to tapes, reading and re-reading data, making memo and summaries before the formal analysis begins. Familiarization will be an important stage because some data may not have been collected by the researcher but by an assistant.

Coding: putting concepts as codes under headings will be done. Developing the coding system will involve open coding, axial coding, and selective coding. The ultimate goal in coding will be to classify major issues or topics emanating from the research questions.

Themes: themes and emergent concepts will be identified and recorded into well defined categories. This will lead to developing a narrative that consolidates the finding in a coherent prose.

2.10 Ethical consideration

Researching on cervical cancer is a sensitive undertaking because of the private nature of the subject as a disease. As a researcher there was need to observe all ethical issues that may be required in the process of research (Hammersley, 2007). One of the ethical considerations is informed and expressed consent (Kvale, 1996). Where a patient has to be interviewed and is not in a position to make clear judgment of issues, a next of kin or caregiver was be sought for consent. The research aimed at avoiding deception at any stage. Anonymity was observed. Silverman (2009) notes to researchers that the core value in research is not to expose a person or institution but to collect data. Avoidance of harm was also observed through careful handling of people and information. Participants did not get any direct payment; however, after the interview session there was some token of appreciation of offering a few bought items. The decision to give a token of appreciation was reached after considering the fact that the participants had sacrificed their time. Official permission and permits were obtained for purpose of gaining entry into communities and institutions such as hospitals for access to materials and references. The place of the interviews and FGDs was as neutral and as comfortable as possible for both the participants and the researcher.

3. Methodological Challenges

i). Sampling procedures**:** Challenges of ensuring that bias is avoided in the use of non probability sampling procedures, in this case purposive sampling, snowballing and quota sampling. Question of achieving maximum variation can be a challenge.
ii). Process of data generation: The actual process is faced with many unprecedented eventualities such as participant choosing to dwell on issues that tend to go out of the main topics of the research questions. The difficulty of controlling the interview without offending the participants.
iii). Data analysis: Thematic analysis involves dealing with a lot of data and organizing it into meaningful themes can be a challenging. The use of double hermeneutic to interpret the findings sometimes poses the challenge of how far one should interpret meaning made by another person in the dialogical process.
iv). Member checking often appeared like a trap where there is fear of participants rescinding on their statement, and sometimes the statement appeared as important to the research.
v). Expectation of the panel versus what one wants to achieve as a qualitative researcher for example:
vi). Small sample versus the traditional expectation in quantitative studies to use a large sample
vii). The use of research questions only (no objectives)
viii). Identifying with the participants and blending into their daily activities as expected of a naturalistic inquiry brings question of possibility bias.

4. Emerging issues from findings of the study

i). Lack of adequate information, the participants both in individual interviews and FGDS brought out the issues of lack of awareness about cervical cancer and the four components of cancer control: detection, prevention, treatment and palliative care. Any communication the women access is scanty and therefore leading to lack of any action on their part for example, when and where to go for screening.
ii). Myths surrounding cancer. This came out as a major challenge in communicating cervical cancer issues among rural women. There are myths that make them not talk about the disease as they all centre on ultimate death. The names given to cancer such as evil one; the ‘bad one’ the person is ‘spoilt’ and even total lack of a name ‘that one’.
iii). Fear is also an issue linked to myths about cancer. The women expressed general fear of being screened or going through certain treatment processes. Screening instilled fear of the possibility of being diagnosed with cancer. For those seeking treatment there was fear of going for surgical procedures claiming that anyone they knew who went for surgery did not come back home alive.
iv). Stigma emerges also as a contributor to challenges of communication. Embarrassment from lack of understanding cervical cancer which leads to it being associated with sexual diseases, makes many women to shy away from discussing the illness. Cervical cancer is also stigmatized because of its location in the human body. There’s confusion or lack of understanding hence being associated with immorality
v). Culture. Rural communities subscribe to various cultural beliefs and this has emerged as one of the reasons the women find it difficult to discuss cervical cancer. Reproductive health is relegated because culture does not permit discussion of matters that touch on the reproductive system of a person, more so of women, lack of names for specific body parts and organs, menstruation/bleeding.
vi). Taboo also constitutes a challenge in communicating cervical cancer. The participants bring out the fact that cancer is a no mention disease. The hushed tone of the FGDs participants bring this out. Going for screening is avoided because a healthy woman cannot expose her private body to anyone, because it is taboo.
vii). Lack of support at medical facilities. The patients expressed discomfort, lack of support, and general apprehension in how some medical staff handles them. Therefore they avoid going back to certain health facilities, especially the local hospitals.
viii). Role of male partner or head of the household. It emerged the women generally needed the support or permission of the male partner in order to address issue of screening and treatment. This is seen in how the husbands and male relatives express discouragement to the women for lack of understanding the factors surrounding cancer control. Most of the participants claimed their apprehensive spouses discouraged them from going for screening.

ix). The media is not fully utilized to campaign for cancer awareness. This is shown by how the participants claim they have heard very little if any information on media about cancer despite the presence of various local FM radio stations and television channels.
x). The language of communication between rural women and medical personnel is a challenge. The participants often talked of being "told things in that language of yours" (meaning English). The rural women do not feel part of the process.
xi). The point (x) above leads to the issue of participatory communication. From the findings it emerged that rural women desire to be involved in communication processes in campaigns about cervical cancer. The FGDs brought out a lot of interest in the women participants and they opened up giving suggestions on how effective campaigns can be done on the ground.
xii). The need to blend indigenous knowledge and modern medicine emerged. There was apparent confusion among most cervical cancer patient participants as they explained how they sought treatment; sometimes they had conflicting information and therefore hesitated to tell one party what they had experienced in the other institution. That is, if they sought traditional treatment, they did not disclose to the medical doctor and the case was the same vice versa.

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