## **Appendix 9.10: Preliminary Analysis**

**Color Codes:**

Healthcare systems

Knowledge limitations

Competing priorities

Fear, Embarrassment and Discomfort

Myths and misconceptions

Healthcare providers

Logistics

Other

Recommendation & Conclusion

|  |  |  |
| --- | --- | --- |
| **CODE** | **QUOTE** | **THEME** |
| **Key Informants - PID 01** | | |
| 1. District-level down-referral | Those patients who are stable, they get four months of treatment. So obviously, we don’t get a chance to see them every day. | Healthcare systems |
| 1. Covid-19 regulations | We are accommodating enough patients for their safety and the safety of the technician. So, we are also reducing the number. | Healthcare systems |
| 1. Lack of awareness and education | Women might want but maybe they are not informed properly that they should have a pap smear when they go to any clinic and remember women are supposed to get their pap smear at the local clinic. That is the policy in South Africa  I think providers should spread the information if and when there is an indication to women who are attending the clinic, that the service is available and the importance of the service so they will use the service of getting screened for pap smear. So that is the education and awareness.  Okay, I think what would make it difficult is eh…number one if she is not aware that she needs to do that, obviously it is going to be difficult for her to do. | Knowledge limitations |
| 1. Lack of infrastructure and resources in clinics | There are some clinics that are well organised, but this has also been a challenge with other clinics because of space issue. | Healthcare systems |
| 1. Lack of skilled personnel | Another challenge is the providers as well... they need to…uhm, capacitate themselves with the skills of making sure that they conduct adequate pap smear which yield a good result.  I am quite satisfied with what we have in the clinics, but I think we need to maximise the use of what we have. I feel like in some clinics, what we have is not properly used.  And these are the big hospitals here like in Johannesburg. And is just because why, there is maybe infrastructure and maybe shortage of staff | Knowledge limitations |
| 1. Waiting time | Challenges I can say in our clinic is uhm…, I find sometimes some patients they feel like- although our screening room are just next to them, they need to be convinced that it is important to have the pap smear besides staying a little bit longer in the clinic.  When the time get longer, people become discouraged | Healthcare systems |
| 1. Time off work | We’ve got many patients who are bread winners and some, they cannot afford to be off work.  Some employers they don’t pay them. So, we do have some women who keep postponing because they can’t get off work… ya, this is a problem. | Competing priorities |
| 1. Childcare | And some also, they do have a problem, they are not working, but they do have a problem of uhm child care before they come to the clinic, they need someone to take eh, eh care of the children. | Competing priorities |
| 1. Transport | Transport, unless um woman is close to the clinic, transport is the problem. And transport it has been a challenge, maybe I didn’t mention it in my clinic. | Logistics |
| 1. Staff shortage and capacitation | Where you know there is Sister A and Sister B or Sister A who does the Pap smear. Once Sister A she’s on leave, you do not see the numbers (chuckles). So, I think all the nurses should be trained to be able to do the pap smear. | Healthcare systems  Health providers |
| 1. Covid regulations | We really want to see them be screened, but because of the covid situation we are not seeing as many patients because our clinic is located within a hospital. | Healthcare systems |
| 1. Staff attitude & staff availability | The availability of the person should be there, okay, the time should be there. Uhm. The attitude as well of the nurses should encourage me to stay.  And uhm…and also the attitude in terms of encouraging me and convincing me that what I come for, is really important. | Healthcare providers |
| 1. Community beliefs | Because remember patient are coming from the community, whatever the community believes regarding the screening, the patient who was, who is coming from the community will take that believe everywhere with her, she is a patient from the community. So, if a community has a way of thinking, let’s say a pap smear, it is not a good procedure, it is not comfortable, you need to run away. Women will run away because that is the believe the community. Or if women think ‘if you going to do pap smear, it means you have an STI’. Women will run because that is the belief in the community.  If in the same community they know that if you want to avoid cervical cancer, go for pap smear. Women will come with that believe. | Other |
| 1. Time off work | We’ve got many patients who are bread winners and some, they cannot afford to be off work. | Competing priorities |
| 1. Childcare | And some also, they do have a problem, they are not working, but they do have a problem of uhm child care before they come to the clinic, they need someone to take eh, eh care of the children. | Competing priorities |
| 1. Transport | Transport, unless um woman is close to the clinic, transport is the problem. And transport it has been a challenge, maybe I didn’t mention it in my clinic. | Logistics |
| 1. Conclusion | Your topic is very important in terms of screening for cervical cancer because if we see the cost of eh screening a woman with cervical cancer, a pap smear or LEEP what we going to do later is very- a little amount compared to how much needs to treat a woman who come with invasive cervical cancer. She is going to stay in the hospital for many days, many months. Maybe she will go through chemo and radio therapy but still at the end of the day will not make it and there is a loss of employment for that woman and the family of that lady of that woman- so there is a lot, usually we don’t assess how much it cost, even for that woman to stay in the hospital, in the late phase who has got invasive cervical cancer. So, I think if we understand that, we will focus our energy in screening because we will save a lot of money, ya. | Discussion/ Conclusion |
| **PID 02** | | |
| 1. Service not offered   Lack of trained staff willing to screen | Not all women are offered a pap smears in primary healthcare, you know, but especially the over 30s.  And I think the issue is, you know, if you don't have a dedicated person that does pap smears, that are assigned to pap smears, it becomes difficult for the other clinicians who are actually doing or offering other services to actually now say for instance, somebody has come for a diabetes review, visit, and then you have a lot of other patients waiting for you to be seen by you or to be attended by you. And then you now you know, I think clinicians feel that it would take a lot of time if they then stop and do a pap smear or cervical screening on a woman whilst they a lot of other women or other patients that would out there would be waiting for them. | Healthcare systems  Competing priorities |
| 1. Uncomfortable procedure | I think because of you know, somebody's looking you're looking at your genitals it's a bit taboo for most people feel uncomfortable. | Fear, Discomfort and embarrassment |
| 1. Lack of symptoms or pain | So then I think it's much easier for me, but for other women they feel if I'm not feeling any pain, then why should I you know, why do you have to examine me? Why do you have to do a pap smear on me? | Knowledge limitations |
| 1. Undressing | I think it's just a personal, you know, personal feeling that, you know, I cannot be taking my clothes in front of taking my clothes off in front of anyone else except for my you know, my intimate partner. | Fear, Discomfort and embarrassment |
| 1. Screening age limit Guidelines | I don't think so. Because for instance, a the guidelines recommend a doing pap smear for women over the age of 80 , of 30. Sorry. So but you know, we see quite a lot of, of women who are less than 80, are less than 30. Who, with abnormalities, despite of their, of them being HIV positive. So I think waiting until the age of 30 is a little bit you know, I don't know, I think it's too late. It's too late. | Healthcare systems |
| 1. Competing priorities | So I think the first barrier is the one which had already mentioned that, you know, if you are a clinician and you have 50 other people waiting to be helped by you, then just pausing and doing a pap smear on every woman or every second woman, kind of, you know, some of us feel it's taking some time away from the work that should be pushing the queue or assisting other patients that needs to be assisted.  Okay, so like in terms of, you know, seeing the patient for what they've they are at the facility for  So that rejection sometimes, because maybe healthcare workers prioritise other things, or they tend to want to, you know, tend to people who are sick, and they see, especially if they are short staffed on that particular day, they see no, just doing a pap smear is a waste of time. | Healthcare systems |
| 1. Lack of resources | And then the other one would be, you know the space. There is a space issue in most of our PHC facilities. So most of the facilities you would find that there is only one room or two rooms for the bigger facilities that have got, you know, Your examination couch with you know the lamp, it is necessary for you to be able to view the cervix when you do the pap smear. | Healthcare systems |
| 1. Lack of resources | And then the third one is sometimes the consumables like your brushes are not there, or the liquid medium is not there. So if you don't have all the consumables, then it becomes even if you want to, but sometimes, it's not something that happens regularly, but from time to time, you do get that you will be planning or we have already asked the patient if “Can I do a pap smear?” And then the patient would say, “No, it's fine”, but then only to find that you don't have all the necessary consumables, as well as the disposable speculums are a bit of a challenge in some facilities. | Healthcare systems |
| 1. Perception of pain | And some I've heard that they will say, people have told them it's painful. So they’re afraid of being subjected to the pain. | Fear, Discomfort and embarrassment |
| 1. Lack of leadership | I think it's because I don't even think they are the community that is most of them are actually not aware. You know, because we know that in most instances, community leaders would be men. | Other |
| 1. Waiting times | If I were to go to the facility, you know, if I have to wait for two hours to just have a pap smear, I would most probably would not go. | Healthcare systems |
| 1. Lack of urgency/ Value of screening | But you know, if people are seriously ill then they would rather attend to, it's not seen as urgent because I mean, nobody is dying at the moment.  So if I come in, I'm well, and I want a pap smear, as opposed to someone who, for instance, has got a rash all over their body. I know they would rather attend to the person with a rash and ask me to go home and come back some other time because, you know, the other person is more urgent than me, especially on days when they are short staffed. | Healthcare systems  Healthcare providers  Competing priorities |
| 1. Lack of symptoms | It's very rare for women to be to ask for a pap smear, not unless they feel anything like for instance, not unless they feel maybe they could be something abnormal with their uteruses. If they have pain or discharge, you know, something like it's only then most of them would actually sort of come and ask to do a pap smear. | Knowledge limitations |
| 1. Lack of knowledge | I think when lack of knowledge about the you know, the importance or the benefits, and to add what I already mentioned, the issue of you know that it's being taboo to take off your clothes, in front of somebody else as an intimate partner. | Knowledge limitations |
| 1. Community culture   Taboos around sex talk and anything reproductive related | I think discussing such things, especially in, around the communities where I work, is kind of taboo, no woman would actually speak openly that if she's had a pap smear, I want to go and have a pap smear. | Other |
| 1. Lack of symptoms 2. Attitude towards cervical screening | So I guess that's the reason why so if you for instance, I don't feel any pain or anything, and then out most probably not. How can I put it? Subject myself to gynaecological examination but because I know it’s important. Mind you, I'm a clinician I know. And I know the importance of doing an annual pap smear or doing pap smear regularly. | Other |
| 1. Prioritization | For instance, if I've come to pick up my chronic medication, then let's say I have HIV, then I mainly concentrate on issues that would be related to HIV, for instance, you know, asking me screening me for TB, asking me if my medication is treating me well, don't I have any side effects, as well, as you know, examining me generally and then prescribing and in some facilities, especially the smaller ones, you find that they very clinician is the one that needs to dispense the medication. And there's also documentation on the patient's file. And then sometimes you find that this patient needs to know , draw bloods, their routine for the routine monitoring, then you need to complete all documentation examination for the problem that they are there for, as well as sometimes, you know, having to dispense medication. | Competing priorities |
| 1. Staff shortage | I think sometimes even some healthcare workers would not, you know, it's not nice if you get to a place and you say, “Can I have a pap smear?” and you're told, no, we are short staffed, you can't do it today, you know. | Healthcare systems |
| 1. Staff attitude to cervical cancer | Not at all, I think most of our nurses a realise the importance of doing a pap smear. And most of them are skilled on performing one. That thing, the only problem could be you know, I don't know what to say, I can't say attitudes. But you know, if people are understaffed, then they would rather attend to, it's not seen as urgent because I mean, nobody is dying at the moment. | Healthcare providers |
| 1. Lack of awareness | I think it's a few women who are actually aware about the importance of doing a pap smear or who have been made aware. | Knowledge limitations |
| 1. Disease prioritization | I think they are well trained. Most of them are well trained. Especially in the public sector. Yeah, because especially with the nurses, you know, the department may make it a point that they do get the training because there was a time where they had said every woman, I mean, sorry, every nurse especially should do at least one pap smear a day and I think when they started saying that it's because they knew they had taken most of the nurses for training, you know? | Health providers |
| **PID 03** | | |
| 1. No time | The participants themselves were reluctant because you know, it's a one stop shop, the person is coming for their family planning, they bring the children to the clinic, they'd rather have those things done in attending to themselves having to undress to a pap smear, it's an issue for them. | Competing priorities |
| 1. Community taboos | I suppose it goes down, it goes back to the very same taboos, you know, where you say where female genitalia was called private parts. And just the lack of interest, let me put it that way. | Other |
| 1. Funding and budgets | So it may be the powers that be, the administrators, you know, when they allocate the budget, they'll say you have this amount to spend for women and child health and not taking into consideration that prices go up. And obviously, if it comes... your budget is supposed to last year, you exhaust yours within six months. So it means for the next six months, you don't have supplies. Wait until the next one. If you do motivate, you might be lucky to get an increase in your budget for the services that you’re providing. | Healthcare systems (discussion) |
| 1. Staff attitude | And when you keep conversation going during the procedure, they actually forget what's going on down there. | Healthcare providers |
| 1. Recommendation | Continuously educating, doing community outreach, talking to women, you know, social clubs, at churches. Having outreach programs where you know that a whole lot of women gather, let's put it that way. And then, let’s say if you reach one, that one will also reach another one and so you will be able to spread the message. That's the only way that I think we should be able to spread the message about cervical cancer screening.  We should be able to increase the time that we spend available to our women to be able to get a pap smear done, especially at facilities out there. Especially for the women who are working that screening may be done over weekends. | Recommendation |
| 1. Perception of pain | They'll tell you “Yho, it's going to take long”; “It's painful... aunty so and so had a pap smear done and she said it was so painful.” They'll tell you about the steel instrument that gets put up their vagina and obviously after they are bleeding. After the treatments, they will have no children.  You know, what were women said in a group, they sit and discuss. So someone will say, “I went for a pap smear, it was so painful.” So if someone who has never been for a pap smear, and the hear someone describing it along those lines, they'll be reluctant to go and experience that pain themselves. | Myths and misconceptions |
| 1. Myths | After the treatments, they will have no children.  Then obviously, old wives tales were people saying, after you've had the pap smear, you will not be able to conceive | Myths and misconceptions |
| 1. Culture | We don't really talk about these things, you understand...about pap smears; about women; about their bodies per se; about female genitalia and things like that. So you find that it is still a taboo subject with some of them come from. | Other |
| 1. Culture | So, talking about the female genitalia is a taboo subject they until they reach puberty, and then they go to the mountains and they get educated there, but even then they secrecy surrounding these topics, that whatever was discussed there is for your information only, not for you to be discussing with others. | Other |
| 1. Need for spousal approval | And people in rural area normally the husband, you know, patriarchal system, the husband has a say, whether the woman goes to the clinic, whether the woman as a pap smear, whether a woman uses family planning, so he has the say, and if he is uninformed chances of the woman participating in any of these things are very slim. | Other |
| 1. Male vs female provider | I know for a fact that they would say “Yes, I'll see a male doctor but I will not be seen by a male nurse.” So they so they already is that difference.  Their answers vary from like, depending if the male nurse is young, they will say that it's a child, should not be undressing in front of a child or it's a child the child should not be touching an elder. | Health providers |
| 1. Lack of staff | When you are working in a Primary Health Care Clinic where you do, you know, a one-stop shop where you doing the screening the older people for the high blood sugar, they asthma. And then seeing children for the immunization, their weight and the family planning.  Some things fall along the wayside, by the wayside. And I realized that cervical cancer screening was one of those things, because you are pushed... staff is very limited by the number of patients is really huge. | Healthcare systems |
| 1. Operational times | The times. Operational times of the clinics for starters. The population or the age group that you are offering a screening are people who are normally working themselves. So if you at the clinic are working from eight up until four, the people who you are trying to reach are also working, are employed out there from eight up until four. So by the time you open the facilities, they are already at their place of work. So that in itself becomes a barrier where the person says I cannot be taking time off work to come and a pap smear, if only the services were available over a weekend or over the weekend, I would be able to when I'm off, I would come but unfortunately the healthcare services are structured in such a way that very few are open on weekends. So that alone is a barrier. | Healthcare systems |
| 1. Lack of awareness | We are not talking enough about cervical cancer. We are not exposing our women to the facilities that are available. We are not doing enough outreach for our women to be able to use the facilities. | Knowledge limitations |
| 1. Lack of interest | It's not necessarily that people are not trained to do this, every nurse is trained to do that. I firmly believe that if you are not really interested in something you are not going to do. So most of the time, I would say it's just the lack of interest.  You know, that health care workers themselves do not take care of themselves for starters. Especially when it when it comes to cervical cancer screening, they themselves are very reluctant to come for pap smears. So if you are reluctant to go for a service yourself, are you going to advertise it to the next person? | Healthcare providers |
| 1. Waiting period for results | For starters, the waiting times are very off putting. Okay, let's say I would go there and ask, okay, if I do a pap smear, do I get the results immediately? No, you wait four weeks for your results. . Oh okay. So I might be sitting with a problem and here I am waiting four weeks to get the results. So that alone is emotional trauma. | Healthcare systems |
| 1. Time of work | To add on economic factors, you know, employers don't really want people to take off from work. So if I'm going to tell my employer, I have an appointment at the clinic, I'm going to do a pap smear. That will probably raise eyebrows, you understand? Especially if you are not clued up about your rights as an individual. You would think, let’s say I'm a breadwinner and I have to work, I have to put food on the table. I'll put my work first, rather than having to go to the clinic at a time when I'm expected to be at work. | Competing priorities |
| 1. Cost | But it might be costly having to take off time from work, especially if you know that you will probably not be paid for the hours or the day that you've taken off from work. | Logistics |
| 1. Lack of resources | Logistics could be getting to a facility where the services are not prepared, they don't have the (inaudible) they don't have the process, they don't have speculums. So if the staff itself are not prepared, it will be time wasted for the participant to come back again, because you don't have A, B, C and D in stock to be able to do the procedure. | Healthcare systems |
| 1. Lack of resources | I would think from the nurses point of view, let's say you planning to see 10 patients, you preparing to see 10 patients, and then you find yourself that you didn't order enough. So at the time that you decide that I'm going to do, let's say place an emergency order, stores will tell you that we don't have because we were not able to buy because we don't have enough budget or we've exhausted the budget. So it just cuts along the, you know, along all levels of provision that you might find that they have under budgeted for the services. | Healthcare systems |
| 1. Stories told | I think they still have they still play a role even though it may be a negative one, you know, it might be hear say where the older ladies will be saying you know, “once you go and get a pap smear you will not be able to have children”, or you know, “it was so painful.” | Myths and misconceptions |
| 1. Provider attitude | So you understand, your attitude as a service provider alone also tells a lot to the people that you're supposed to be serving. | Health providers |
| 1. Attitude towards cervical cancer/   Guidelines | Yes. Underrated. Under reported. It’s just that a whole of people out there are dying of cervical cancer and they only discover it when it is too late, so, if we can get people to cervical cancer screening early enough. All these deaths, the majority of them could have been avoided.  No, if they tell you will screen at 30? You start screening at 30 and repeat at 10 years, that’s way way way way waaay too little. It is just not addressing the issue, not at all!  That’s what we practise, but the unfortunate part is that due to financial constraint, if you are going to be screening someone who is HIV negative at the age of 25, obviously costs are incurred there and you might just find yourself in trouble which nobody wants. | Healthcare systems |
| **Women Participants - PID 11** | | |
| 1. Community views | Most of the people...They will take their medication at the hospital and not their clinic because no one will know of their details. When it’s time to refer them to the local clinic, they are not agree to go there because they are always complaining that there is community there.  Yes, I think it's getting difficult because sometimes you want to go to the clinic, but you don't want to go to the nearest clinic maybe walking distance clinic. You want to come to the hospital it's too far sometimes maybe there is a lack of money to go there and check for cervical cancer. | Fear, Discomfort and embarrassment |
| 1. Fear of results | I think about the nakedness.  I think about what if I'm I have a cancer because its like when you know you have a cancer you think that you are going to die. | Fear, Discomfort and embarrassment |
| 1. Fear of death | You know there is a lot of myths about cervical cancer. What people think if I go into the screening, what if I get that cervical cancer. Then after this cervical cancer I will die. They think about death most of the time. | Fear, Discomfort and embarrassment |
| 1. Lack of trust in providers | They think about death. What if those utensils they didn’t assure that the utensils they use are clean. What if I do this pap smear they infect me. | Myths and misconceptions |
| 1. Co-infections | Some people they are afraid to do this cervical cancer screening because maybe they have already STI. It could be very smelly then they’re afraid of being naked with this smelly discharge. | Fear, Discomfort and embarrassment |
| 1. Spousal approval | Yes, I think they might stop them to come in for screening because the partner may say “You like to go to the clinic... always going to the clinic.” They discourage them. Every day you go to the clinic, whatever, whatever because the men are afraid to come to the clinic. Since they are afraid, they will discourage their women. | Other |
| 1. Culture and modesty | Maybe they will say before there is no one who did this pap smear, it’s like you’re not respecting yourself and your body when you do all this and let someone touch you. | Other |
| Lack of appropriate funding for space that fits the patient needs. | There are some clinics that are well organised, but this has also been a challenge with other clinics because of space issue. Another challenge is the providers as well. | Healthcare systems |
| 1. Down-referral | So they change this system that they were using. So they cut the staff and they cut the people. The people have to go to their clinics nearby. And then then there was few people who are here. | Healthcare systems |
| 1. Culture and modesty   (undressing) | I think they are afraid of get out of the clothes and they see their private parts or whatever | Fear, Discomfort and embarrassment |
| 1. Community views and stigma | Most of the time at the local clinic, most of the people they afraid of their neighbours. Sometimes they said in their local clinic, they said everybody knows each other. Even the nurses sometimes they stay in the same areas then they afraid of those who was speaking about their status or whatever results. | Other |
| 1. Undressing & age | I think I think it mostly depends to the age... Older women find it more difficulty to undress compared to the younger ones. | Fear, Discomfort and embarrassment |
| 1. No time | Because if she came for, maybe for viral load or for defaulting, then you ask her “have you done the pap smear? When was the last time you do the pap smear?” “Hey, I don't have a time, I will come back or another day.” | Competing priorities |
| 1. Fear of positive diagnosis & death | For this, for the first time I did this cervical cancer screening. I did it because someone told me that she did that pap smear and they found some cancer cells, then I have afraid that “okay, what if I stay without doing this? What if they find that I'm also in that situation? And what if they found this in a later date?” Because I am a single mother, What if I left my children because of this? If I do it then maybe I can get help and stay with my children | Fear, Discomfort and embarrassment |
| 1. Recommendation | I think because of this corona there are things we can’t do in a right way. Because like all these years before, they have a wellness day, outside this hospital. Each and everybody coming to the hospital... there is this tent, we are doing the HIV test in this tent and pap smear. I think that maybe then many people, they can cervical cancer screening. Yes. | Recommendation |
| **PID 05** | | |
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| **PID 06** | | |
| 1. Waiting times   Limiting number of patients seen | Uhm, like eh you can go earlier and then you will sit there for long. Sometimes they will just come in there and cut the people and you can come back tomorrow just because we take this number  ..the people that were there yesterday, when they come back you have to, you came there earlier but when they come they go in front imagine, just because they were there yesterday.  They complaining about , like I was explaining, the queue that they don’t like to go to clinic just because they have to stand for long and you have to get up early.  And then when you reach there, you wait you wait there until when they come they just come to those people that are there and the nurse will say “ today we'll take 15 or 20 or 50 people”. They just cut, you see? That will make people, they're not happy about it. | Healthcare systems |
| 1. Clinic operations   Time off work | If affects the quality of care that we get. Yes it does. That’s what I said, I think it affects a lot of people just because let's say you came today, you have to go back home. You see? you have to come back tomorrow. Other people they're working so that mean tomorrow you have to ask a day off. Okay, I'm going to the clinic And then they give you permission at work. tomorrow again you have to ask again you know, that is not a good one. That’s why sometimes other people don't like to go, to go to clinic. Yes. | Healthcare systems/ competing priorities |
| 1. Transport cost | But to someone else where Im staying, to come here its R24, I have to make plans for that R24. Sometimes it’s a lot but I have to. It’s my life, come first. Uhm. My life come first. | Logistics |
| 1. Time off wok | I choose on those days that I'm not working, yes. Just because it's not easy to ask to come to the clinic. The nurses understand and put my appointment there. Asking people that I’m working for might disturb my job. I think they won’t understand | Competing priorities |
| 1. Stories told   Perception of pain | They will tell you that is painful to make pap smear. | Myths and misconceptions |
| 1. Age and undressing | I think other women they still have that. You see, like eh, let's say the time I was in the coronation they used to be the guys who make pap smear to us. And then the old woman they say these kids I can’t take my clothes off for these kids.  But I the old old people they still have that thing. The young ones I don’t think they have that fear. | Fear, Discomfort and embarrassment |
| 1. Attitude towards cervical screening | if you tell them about the, let’s say, google or whatever, the people will tell you they don’t have data, they don’t have what. But if sometimes you bring the magazine to them, they don’t read. Even if we you call the all staff like imbizo, the people they don’t come. Hai, I really I'm not sure.  I think they don't care. Their life, yes. Or sometimes they don't they don't want to learn.  No. I don't think they feel safe just because sometimes when they get in there are people who are rushing, what what what, you know. I don't they have that patient that I have just because like I said, maybe it's because I believe in the, I like the hospital.  Our people everything to them they take easy. and they don't like like let’s say this cancer when it comes neh. It comes slow slow . You have to make follow up to come, and to come again. You know our people they get tired. They are lazy, not the they are lazy to come to the check ups. Not only, for even if we can see eh... lets say the people are lazy.  The follow-ups aren’t too many. This one it's a simple simple simple one than other things. It’s just a laziness just because, even if you go to them for the prevention at the clinic, you don’t even go after one year, no no. I know they are just just lazy. They're just lazy. | Other |
| 1. Rich vs poor patient | You will stand on a queue, you will find someone just come from the car go straight inside. You see its other thing that they make people not like to come to clinic you see. Just because on our mind it come okay, because we don't have money, maybe that's why people who have money can just pass us like that.  Just because I can just be a, you see. We are both at the same clinic so we should get the same service | Healthcare systems |
| 1. Recommendation | I can say that might just be because what I can say is that, I think we have to be out to the woman about this thing. Just because on my side I think the more they know what’s happening they'll participate on this thing just because it's our life, and it's killing us. If you you come late. But if you can early. Like me since 2009, I just came to my appointment and my appointment. If they find something small, the clean the same time. You see before. I think early is better.  I think maybe if we can, we can just because the woman it look like sometimes they don't know or they don't care. I think if we can teach all the community. We start at early age, sometimes when you start in the early, in the school. These kids, they can go inside that they can teach their parents that about this. You see, we had “mama, at the school they said this and this. Did you ever do this?”, I think is going to help. Just because when you tell women they just, you know, it's look like they don't care. Sometimes they care. Maybe they care, but they don't understand. I don't know. But I think if it’s in a family or the small one, they can just come tell their parents about this. Maybe they can take it to serious. | Recommendation |
| 1. Culture and modesty   Male vs female | I don't think so. Hai, I don't think so just because there it’s only a woman in there. But on my side, I don't mind if it's a man or a it's a it's a woman, who who are they, as long as its someone who came to help me. | Other |
| 1. Invasion of privacy | They are going to explain to you that now we are going to make pap smear, you understand? But if someone go to other parts, you know when you came to pap smear where they going, you see? | Other |
| 1. Trust in doctors | I think that’s it’s the trust that I have. They will make my life better. | Other |
| **PID 07** | | |
| 1. Fear of loss of job | Well the pap smear I didn't tell them. Even the last time I did it, but now I think I can tell her that I did my pap smears so I’m going to need to get my results. But it’s going to be hard like I said before.  You see that one, I can’t give it to her children I can’t give them cervical cancer so it’s going to be easier for her. But I’m still scared my job might be gone. | Fear, Discomfort and embarrassment |
| 1. Logistical issues | No, it's not difficult to get a transport. But we are on the mountain... So you have to go down until you get down to the Florida, then that's where you're going to get a taxi because up there there's no taxi.  Yes, it is. Because when you go up there, and I'm old now, to go up there it’s another work. Because when you get home, you have to work. You can't sit you have to go straight away. The distance is too much. | Logistics |
| 1. Lack of awareness | Well, sometimes it's education. If people they don't know, then they don't do it. | Knowledge limitations |
| 1. Fear of results | And then if they getting a negative outcomes of what has been happening, then they get scared. And then they don't go. | Fear, Discomfort and embarrassment |
| 1. Stories told | You do like these, and they opening you underneath there, your vagina going to be huge and all men they’re going to run away from you. You don't do those things you see?  And then you think, “Okay, they’re right!”, because you've never done it, and nobody educated you about that. | Myths and misconceptions |
| 1. Misinformation   Traditional practices | Well they will tell you that you can go to the traditional healer and they will give you a medication and then you clean your womb. | Knowledge limitations |
| 1. Lack of awareness | The lack of knowledge, lack of knowledge... education, yes, education more, especially to the people like us. I'm not talking about the youngsters because youngsters they go to school, they learn about this thing, this screening. | Knowledge limitations |
| 1. Lack of knowledge | Someone has to teach you, yes. Someone has to, the person who knows, then has to come and tell the people... They must just educate. Educate people and then they will understand.  We are not, we are not educated. I’m not educated like you. | Knowledge limitations |
| 1. Lack of leadership involvement | And then we have, sometimes we have, after the church, there's the leader of the woman’s.... if traditional leaders were telling women, people will be so excited to come to the clinics and get the test that and check their wombs, whether they still okay or not. | Other |
| 1. Misinformation | The people in my age, some of them they really don't know about cervical cancer. No, because also this cancer thing comes now. We just know that you have to sort of take a Muti and drink, eat and take a tablet and clean your tummy and then you will be fine. | Knowledge limitations |
| 1. Childcare | Some people they get irritated by children, because children they do things that they think themselves is right, you see. Then you can just take your baby to anybody else. No. So what will you do with that child if you have to get to clinic?  There are some partners if you're going to say look after the child they are going to say I'm not a woman. See, I can't look after the baby, it’s your baby. | Competing priorities |
| 1. Need for spousal approval | I also don’t need permission from my partner to go to the clinic.  Because that is my body not his body. So he has nothing to do, we are in a relationship, but with my body, he has nothing to tell me to do or not to do. | Other |
| 1. Staff attitudes | That's the thing you see, if the staff they are rude, then it's going to affect you because you're going to be scared to go there. But if they talking to you nicely, then you free ourselves. You feel like I'm in a good hands. | Health providers |
| 1. Fear or results | I was worried about the results. But now I've gotten my results, they are negative so I'm so excited. I was already worried before. I was worried that maybe if I feel a little bit of pain, then I thought, “Oh, my goodness, maybe it's a cancer.” And now they've taken that test and they will come back and say I've got cancer somewhere somehow, you know, and then you do worry, a lot. Yes. Is like going to take an HIV test.  They also going to get worried because you don't know the outcome of that test is going to be. | Fear, Discomfort and embarrassment |
| 1. Knowledge of risk factors | Yes. Or maybe also the food that we're eating these days.  Like coke, I heard coke is not good. They say drinking coke is not good for you. Maybe it might trigger, I don’t know what it does. The other woman she said to me “why are you buying coke while you are a woman? Woman don't drink Coke.” And then I said “Why?” and she said because it's causing the problems in your womb and in your vagina or something like that. | Knowledge limitations |
| 1. Knowledge of risk factors (perception of risk) | You are one person, you have one vagina, you don't have to have two. Why do you have two boyfriends if you have one vagina? And you have a partner? I don't think it's necessary. What are you getting from that one that you don't get here? Besides cervical cancer | Knowledge limitations |
| 1. Staff attitude | If the nurse is rude... Well, I'll have to go and find another place where I can go. Yes.. Yes. Because that I'm not doing it for her, I'm doing it for me. Yes. | Health providers |
| 1. Transport cost | Transport is not an issue. No, not that much. Because I had to catch a taxi that side and catch another taxi to bring me this side. Because it's not more than 100 rands? Yeah, that's not a lot. For my health, for my health is not a lot. I can sacrifice whatever. | Logistics |
| 1. Privacy | Remember a pap smear is a eh privacy. So, there are some clinic where it is already a problem to have a private room, where a woman can feel uh…in…in… a private can…can…can where a woman can really feel well where a pap smear can be conducted. | Other |
| 1. Value of screening | I don't think there's something because that is my life. Unless if I want to die or else maybe to take my womb out, then I can stay. But if I want to prevent before something happen, think it's very important to me. I think they say prevention is better than cure. | Knowledge limitations |
| 1. Fear of procedure | Well like maybe if you go for a pap smear where they put something huge under you, and then they put it inside. They normally used to say that. They push it inside you. And then they do that. And then people get scared. You don't want to hurt yourself. So you get scared. | Fear, Discomfort and embarrassment  Myths and misconceptions |
| 1. Age & lack of knowledge | The lack of knowledge, lack of knowledge... education, yes, education more especially to the people like us. I'm not talking about the youngsters because youngsters they go to school, they learn about this thing, this screening.  But I think education, education is more important for us people who are, who have been brought up, not in the way you guys have been brought out, you see. | Knowledge limitations |
| 1. Recommendation | And then they say, the leader of the woman’s, and then they call all the woman’s there, and then talk them about these things. And then that will open their mind, and then that they will understand. And then not that's going to the church, and then they're teaching us about the Bible and all those, I'm not saying it's wrong, but after that, and then there's a gathering of only the women. And then they talk about those things that they really, really, really other people needs to know about this, then that will help. | Recommendation |
| 1. Trust of health providers | I was. I was safe. I was just relaxed. No worries because I'm under the person who knows what she's doing or what he's doing and I don't have to worry about anything. | Health providers |
| 1. Knowledge of risk factors | Maybe also the partners that we have if they are sleeping all around, that maybe can cause something.  That can cause cancer also, because, you see, because you’re sleeping with this one and you’re taking the semen’s this one, that one and that one in that one and then and then. The combination of that, what does it do to you as a person? Unless if you sleep around with all multiple guys, and then you using condom, maybe that can help, but for some people, they don't use condoms. But also its not right, even if you have a condom. It’s not right to sleep all over. | Knowledge limitations |
| **PID 08** | | |
| 1. Transport | It's a bit costly because this is not a place that is too far. So R14 is a lot.  And then I have to stay at home and then wait until the money is there. | Logistics |
| 1. Waiting times at clinics | I would tell them that where I’m going I’m not going to come back because it takes the whole day. | Healthcare systems |
| 1. Stories told | They're saying it's painful when it's not treated and then when it is not treated they can take it out, and then you no longer, cannot be able to have children anymore. | Myths and misconceptions |
| 1. Stories told   Fear of pain  Fear of procedure | I would have come because since I think 4 years back, one of the doctors told me to come and do pap smear and I didn't come because I was scared. Someone told me that that they were using those big big instruments like what what what to check on you and it's painful. So though no I'm not gonna go there. I'm scared of the pain and the instruments. | Fear, Discomfort and embarrassment |
| 1. Male vs female provider | I feel comfortable with a woman because I'm free. And the lady can understand what I, understand me because it's also a woman. He (she) knows all the part of the body, that this part is like this and this part is like this. So when you're doing it, she’ll be gentle and all those other stuff.  A man will not do the same thing because they don’t understand. | Health providers |
| 1. Non-nationals | Remember, there was such a time near when I wanted to go to the one of the clinics. I didn't have a document with me. So when I got there, they told me, You need to have this kind of document. And then I told them, I have the document, but it doesn't have a permit. And they said, we're not going to help you because you don't have a permit. And then by that time, I was so sad and then I had to go back.  They will feel scared, maybe they will think I'm not going to be attended. Because I'm from other side, they've got different thoughts. | Healthcare systems |
| 1. Cost of transport | And also money, like maybe the place is far and then the to have money to travel to a certain place. And then maybe even if the clinic is there, you find that they don’t do the pap smear, it’s not there. | Logistics |
| 1. Clinic availability and accessibility | And there's also those places like where there is ‘uzomuzabalaza’, I don’t know if you understand what I’m saying. Shacks houses? You find out that where they are staying there is not even a clinic So it's difficult for them to travel to a place where they can do the pap smear. | Healthcare systems |
| 1. Recommendation | Okay. Would you yourself prefer a mobile clinic vs a hospital or clinic that's you know, a building to get your cervical cancer screening?  Yeah its good because one ill be saving money for transport neh. And they will be using the same tools that you're using here because they will be coming from the same place that you are in here also, so it’s the same thing. Saving money. Yeah. | Recommendation |
| 1. Other comorbidities/ disease prioritization | Eish, it doesn’t come into our minds mostly. Maybe because I’m dealing with the diabetes. The most thing that we talk about is the diabetes. So diabetes takes priority. Yes, yes. Because that is what I have. So that is what is in my mind always. | Competing priorities |
| 1. Womens attitudes towards cervical cancer | Most of them they know about, it's only that they are ignorant. They don't want to check whether they have it or not. They know that they just don't check.  They think they are well. They don't have any problem. They don't need to do it. Until you feel, end up having pain or something they end up realising “Oh, this thing. I should have gone to check for it while it was still early.” Women wait for pain before they act. | Other |
| 1. Fear of results | I think honestly, some women neh they don't want to know the truth about themselves. They are being scared. They are better not know what is happening to them, which is wrong. | Fear, Discomfort and embarrassment |
| 1. Recommendation | So I think it's better if they can get those mobile uhm mobile clinics to travel to those places. So that they can get, help those who don't have access to go to the uh physical clinic. | Recommendation |
| **PID 09** | | |
| 1. Waiting times & attitude to cervical cancer | To me they are good but you have to wait. Oh, you have to wait guys for two to three hours. Not bad.  No, it's not a problem for me because of my health comes first. I have to wait so that I can be well. | Healthcare systems |
| 1. Fear of procedure | I was scared thinking “Oh, what are they going to do to me?” Screening, they said when they do pap smear they're going to insert a needle or what inside of me. Oh my god, what's going that's going to happen to me.” | Fear, Discomfort and embarrassment |
| 1. Lack of awareness | No, because when we grew up we, my nation, when we grew up, we never did these pap smears and what what. Eh, mostly our parents, they never told us about all these things that if you are a woman you have to go and do pap smear to this and that and that but nowadays we talk to our children. | Knowledge limitations |
| 1. Fear of results | Because I was thinking a lot of things that what if the results say I’ve got...eh.I didn’t even go go get my results that eh Am I, do I have cancer? Or am I clean? What's happening with me? No, I never went to..I was scared of what the results was.  Women are still scared to know the results. They are. They are. Most. | Fear, Discomfort and embarrassment |
| 1. Community views | Ey! Most of them, they they, you know people talk. They can talk whatever they want to talk, they want to say because they will say, “Oh she goes there!” They will think things out of the box or they say, maybe when you young you always go for pap smear they say, “oh this one she does abortions what and what so that is why she always goes and check if she's okay because she's doing funny things.” And eh, even these sicknesses, the STDs. Others they think that. | Myths and misconceptions |
| 1. Male vs female/   Invasion of privacy/ | You know that one, you don't have a choice. Whoever you find there, you need help. So you have to be attended, whether it's a male or a female who's going to do your pap smear. We have to be free so that everything can go well.  They don't want men seeing their private parts if they not, that particular person is not their partner. Yeah, that's what I heard. Yeah, not more than that. That's what only what I heard that they don't want maybe male to see them and touch the private part. If that particular person is not they partners.  But that preventing you from getting a pap smear, that's stupidity. Stupidity, because if you need help, please comply. | Other |
| 1. Attitude towards cervical screening | People won’t tell they get pap smear. They won't tell you. People are secretive. | Other |
| 1. Attitude towards screening | Yeah, mostly they're not using the service. They are scared. Why? I don't know. Why are they so scared? Because even the services they getting It's free. | Fear, Discomfort and embarrassment |
| 1. Recommendation | You know, what I think, I think guys you need to do is seminars. Yeah, if you can have seminars, call all these young girls, young ladies, a seminars for ladies. just call them, talk to them, show them and ask for their views then I think that will be better. Yeah. So some and an awareness like a do remember there was HIV awareness before? Yes I think we can also do that awareness for ladies. Book a venue somewhere. Just like I a seminar. book a venue someone making awareness for ladies. Yeah. Tell them, give out pamphlets to ladies, call them then then most of them they will come and I think mostly they will go for pap smear. They will be screened, mostly will be screened and mostly will volunteer to be screened.  Because if we can recall, nowadays, the girls, you can, you will hear that a small baby from a 10 year old girl is pregnant. I think we need to talk to them from the age of seven, from seven upwards We need to teach them yeah, we need to teach them. So we take them for screening. Yes, because they even abuse the kids. The kids are being abused. Others can get this cancer from abuse. Being small, knowing nothing, being innocent, then you get cancer. | Recommendation |
| **PID 10** | | |
| 1. Staff attitude | Even if they are a bit rude, the sisters are a bit rude, but we go there because we don't pay its free.  Eish yeah, some of the sisters are very rude. You’ll even be scared to go there. Because some of them eish, they are rude shame.  If they are rude, I’ll just deal with the attitude and just have to. I do go even if they are rude. But sometimes we'll feel like, what's the point of going there? I'll just say panadol and I’ll just be fine. Or I'll just wait for a few more days to be fine, then I'll be fine. They are that rude that you’d rather stay at home.  Because if this staff they were not rude, I think you're going to get the best services. But just imagine you've been pissed off from the front desk. So I don't think you still have to need to pay attention to more things.  Yeah. So remember, we are waiting outside from 6 just to queue outside. And then after this, they will all they will come, have tea and then start around eight start working. By 12 you will be done. | Health providers |
| 1. Waiting times | You have to wake up early in the morning if you come after eight they won’t attend to you. If you come after eight its already late you need to go there six o'clock and then it’s not, you’re already late you need to go back home. | Healthcare systems |
| 1. Lack of options | I think I'll just we are used to that, knowing that public things you to just have to wait, you don't have a choice. Even if they have attitude, you just have to, like tolerate them because you're don’t have a choice. | Healthcare systems |
| 1. Stories told about pain | And very they are using something like, the way they explaining it is a painful, painful, painful thing. They are using somethings, I don't know how to explain but they are putting something in your vagina. | Fear, Discomfort and embarrassment |
| 1. Lack of symptoms and disease prioritization | Yeah, and not having enough time to go to the clinic, you will feel like eish, you will stay at home. You don’t have enough time to go and queue there for the whole day. Aowa! And you’re not feeling or seeing anything, you know you're not sick.  You’re not feeling anything, you’re not seeing anything then you don’t go. First of all, remember when you go into the clinic, they'll say, “What are you here for? You're not sick.” I'm here for pap smear. And maybe they'll just, you're just wait there until four o'clock till for someone to attend you for pap smear. | Other |
| 1. Lack of time/   Value of screening/  Accessibility and availability of service | But I think that I'm just like, they don't have time to go to the clinic. As I've explained, if you're not feeling sick most of the time, you don't see the need to go to the clinic.  Remember, Let's just say you are working during the week, and then weekends the clinics, most of the clinics, they are not opening. So I'll say you don't have time, because during the week, you have to go to work. And weekends that’s when you have time and most of the clinics they are not open.  And we have a problem. Most of the clinics when let's just say my local clinic is not open on the weekends. But I know that this other clinic that is opening there, when you get there, they'll say, they'll tell you to go to your local clinic, they won't assist you. They will tell you to go to the local clinic, you need to prove... you need to bring proof of residence to go there. We are working there shame. Remember going to the clinic you need to go and get a proof of residence. Some of us we are as if mentioned, we are staying in the shack and to go to to get a proof of residence, you need to go to the municipality for them to print the proof of address. So like eish, it’s not easy for us to do.  Yes. If you don’t have proof of residency, they will turn you away. | Competing priorities |
| 1. Value of screening | Yeah, so you will, you won't have time. So cervical cancer screening will just not become a priority because of all these other things that people have to do. And if you’re not feeling sick, yeah. Because I know most people in our community we believe to get sick first before you can go to the clinic. You won't just go to the clinic just because you want to see or visiting them. You need to be sick to go to the clinic. | Knowledge limitations |
| 1. Recommendation | I don't know it’s a transport issue, but remember, when the, when there was a, like, remember when HIV was... remember when there was a time where people were coming to go into the squatter camps doing the HIV wellness, people they were coming to do the HIV test. I think if there was such wellness, for cervical cancer, like we were doing with HIV, people will, people were going to do it. People they do know, they do know about cervical cancer, but if it is closer to them I think they were going to do it. Remember they were coming to the squatter camp for HIV testing. People were getting inside of their shacks to do the test. If the cervical cancer was they were doing it like that, I think maybe people they were going to do it. It was not like they were educating people about HIV. But just because they are there, people were just coming. It was easy for them just to come, do it and go back to your house. | Recommendation |
| 1. Waiting times | Yeah, I think, yeah, it's not about transport really, but it was closer to them. You can just go quick, do it. They know that you don't have to queue for the whole day. | Healthcare systems |
| 1. Culture and modesty | Because it's not your traditional, your traditional leader or your church pastor telling you that but most of the people don't get comfortable like always. Going there, be undressed, someone putting things inside you. Yeah, I think yeah, that might be the cause because I'm the one scared of doing those things.  Not even just undressing, you have to open your legs. Eish, no, no, no!  I think it will be better if it was just a scan, make it something just moving outside. Like not inside you. Just scan. Yeah, I think it was going to be better but going inside. Like invasion of privacy.  I think it's our belief. I think that's how we were raised maybe. Because remember, when you're growing up, you're getting older. Even if you have siblings, you need to close the door when you are bathing. So that's how we are raised. When you're getting older, no man should see your things. I think so. I think that's how we were raised. | Fear, Discomfort and embarrassment |
| 1. Stories told   Perception of pain | Yes, they do talk about that, that they are putting something, it's like, it's not a rubber neh, It's like a metallic thing, man. Yeah. Are they putting that thing inside you and It's painful. Yea, I’ve never done that,, but they say that metallic thing is painful. | Fear, Discomfort and embarrassment |
| 1. Fear of results | I do have a fear of the results but rather now I think it's better to know if you have it or you don’t have it. And then if you have it, at least maybe you still have the chance to deal with it. But, hey, if it's a later stage it’s scary man. I would rather not know. No.  If it’s an early stage, at least you will know and then you'll get, you'll have maybe solution for that. But when is the later stage, there's nothing they can do for you now and knowing that ill have to die, it’s not easy. | Fear, Discomfort and embarrassment |
| 1. Spousal support | If they do know about it, I think they were going to encourage us to do it, to do pap smear, because remember we are living with them. And if they know that doing pap smear, you know that you have cervical cancer or you don't have, I think they were going to encourage us to do it. The fact that they're not doing that maybe they don't know. | Other |
| 1. Coming back later for procedure or results | So they were sent you. “Okay, go to your, go to the hospital and do it”, Ah, i just came back to the clinic so now I need to go back to the hospital? Ah ah! Yeah, you just postpone that. Okay. I'll do it another time. | Healthcare systems |
| 1. Non-nationals | As I have explained about the attitude of the staff, I have been to the clinic for a long time and yes, they are not treating our fellow Africans right. Okay. Yeah. They are not, like the attitude there eish. They do have attitude. It will be worse on top of that if you are not South African. | Healthcare providers |
| 1. Operational times | It’s not easily accessible, yes, but they do have days. When you are coming for pap smear, you have to come on this day, yeah. They don’t do it every day. So let’s just say if you are working and then you want to do it, you need to know that you have to take a day off on the day you want to do it you don’t just go everyday if you want to do pap smear.. | Healthcare systems |
| 1. Need for referral | I think if I think people think that they need to be referred by a professional. That's what I think because people are asking, “Where can I do pap smear? So Maybe they think that they need to be referred to go and do it.  Uh, maybe... Or maybe they think that you need to pay to do it, they don't think it's free to do it. But yeah, most of the Themba Lethu to patient I think they think that they need to be referred by doctors to do | Healthcare systems |
| 1. Recommendation | I think we've talked about lots of things. But I was suggesting that if we can go to our communities like the way they used to do HIV, just opening their tent there, I think it will be easy for people to do it. And I know that when people when you're opening like, you're going to the community and open, you want people to come for screening, it's not like you're doing them a favour. When you're going to the clinic that attitude you will see that huh Am I coming here, like, are they doing me a favour or what? But going to the community, the community will know that they want us to do it. They're not going to give me attitude because they came to our community. They want us to do that. | Recommendation |
| 1. Trust of health providers | I feel safe because everything that they using is been sterilized. And I can see when they use the utensils, everything is clean and sterile as then I'm free. Okay. | Other |
| 1. Need for spousal approval | Go get checked. What if you've got cervical cancer? And you stay home? Saying you waiting for your partner to, for approval. No, you don't have to do that. | Other |
| 1. Male vs female | Oh, man, a man is even worse. You know, even if you get a gynae a man it's not easy shame a man its worse.  You want to do it and you’re willing to do it but as I've explained to get undressed in front of someone else it's not easy but yeah we do. | Health providers |
| 1. Fear of procedure | Yes, I’m scared. I think so. Yeah. Yeah. Because, like it's metallic, and they’re going to put it inside you. | Fear, Discomfort and embarrassment |