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RELIGIOUSITY AND PERCEIVED SUSCEPTIBILITY OF NIGERIAN WOMEN TOWARDS CERVICAL CANCER SCREENING IN POLAND

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Abstract

Religious beliefs involve the devotional practices and rituals related to supreme powers, spirituality and divine connection. These beliefs may also involve the mystery of life and death, ethics, morals and existence. Religion is a multifaceted unexplainable yet experiential phenomenon. Religion, spirituality and health care are issues of public health concerns that interfere with modern day medical ethics and practices. This study explored the socio-cultural factors influencing the health beliefs of twenty-five Nigerian women towards cervical cancer screening programmes in Poland. The health belief model was appliedto explore their perception and attitude towards the risk of cervical cancer and its preventative screening measures. The results from this research revealed that most Nigerian women living in Poland pray about their health and well-being as a means to prevent illness.

Key words: Religion and health, Cancer risk, Nigerian women, Health Belief Model.

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Introduction

Defining and explaining religion were the most daunting tasks in this research study due to its multidimensional connection. Philosophical thinkers such as Emile Durkheim, Marx Weber and Karl Marx have repeatedly connected this concept of religion to different areas of life including culture and power.

From a sociological perspective, religion has been defined as a set and system of beliefs and practices in relation to things that are sacred that unite those who believe and practice the same faith into a moral community. This is further explained in the definition given by Durkheim (1915:47) that "a religion is a unified system of beliefs and practices relative to sacred things, that is to say, things set apart and forbidden–beliefs and practices which unite into one single moral community called a Church, all those who adhere to them". Durkheim's explanation of the function of religion is meant to focus on the system of relations within a group, their collective sentiments and all other ideas that hold them together as amember of the same body. Those religious practices performed within the group are meant to create the binding force for them to be together. As Durkheim (1912/1995:429) states,

"[t]here can be no society which does not feel the need of upholding and reaffirming at regular intervals the collective sentiments and the collective ideas which make its unity and its personality. Now this moral remaking cannot be achieved except by the means of reunions, assemblies and meetings where the individuals, being closely united to one another, reaffirm in common their common sentiments."

Durkheim's explanation of religion as a function of communal activities is practised through symbols and systems of rituals. Religion is a ritual because it is based on repeated routines of those activities that represent the essence of communal life and togetherness. For instance, McGuire (1997) explained that the Christian rituals of communion do not just commemorate the lessonsfrom the life events of Jesus, but they represent the active partaking in the unity of believers in the teachings of Christ.

Referring to religion as a symbol, Durkheim described it as the process of representing religious items with objects that make meaning from a collective idea. He gave the example of the symbolic representation of the cross to the Christian tradition. This means that one could easily identify a Christian when a cross is worn.

Religion as defined by other sociologists like Marx and Weber also shares a similar form with Durkheim. They have also explained that there are three important elements of religion: first, that religion is a form of culture; second, religion is a system of beliefs that takes the form of ritualized practice; and third, religion provides a sense of defined pur-

pose. For these sociologists, there were no strong arguments that were related to the trueness and falsehood of any religion, but they were more concerned with the institutionalization and organized systems of religion. They focused on those religious beliefs that constituted sources of authority, power, social solidarity or conflict as well as social forces that kept religion alive or led to their decline (Giddens and Sutton, 2013).

Classical sociological theory continues to exert a strong influence over the contemporary sociology of religion. Marx saw religious beliefs as ideological (the opium of the masses), attributing to gods a divine power to shape individual lives which, in fact, lies within the power of human beings and societies. Religion frequently acts to support the position of the powerful within society. However, Marx also saw that religions can be a "haven in a heartless world" thus providing some comfort to the poor and relatively powerless.

Durkheim studied the phenomenon of religion in some detail, especially within small–scale societies. Religion provides an ordering system for societies, centred on a fundamental distinction between the sacred and the profane. That which is sacred actually stands for the core values of the society itself, whilst collective rituals help to generate and sustain social solidarity.

Weber carried out extensive studies of world religions and was particularly concerned with the relationship between religion and social change. Weber argued that whilst Eastern religions promote values that do not sit easily with capitalist economics, Protestant and particularly Calvinist beliefs and values fit well with the drive and investment patterns that enable capitalism's development.

This study, therefore, examines religion from the functionalist approach, taking into consideration the ideologies and perspectives of Emile Durkheim on the functions of religion. His sociological explanation of religion gives an in–depth understanding on how religion contributes to social integration, communal life and other spheres of life including health.

Durkheim (1915:47) states that "a religion is a unified system of beliefs and practices relative to sacred things, that is to say, things set apart and forbidden–beliefs and practices which unite into one single moral community called a Church, all those who adhere to them". By this definition of religion, Durkheim studied religion based on how to find solutions to the problems in the society, and he was concerned with the moral behaviour, peace, stability and social justice in the society. Durkheim's work on 'elementary forms of religious life' focused on the social forces, and he believed that collective ideas shaped social practices. He also explained that religion is a systematic form of beliefs and practices to a supreme being, God(s). It could also be a belief system that upholds the principles and practices of supremacy to sacred things.

However, Giddens, et. al. (2013) explained that religion as often defined by sociologists has three important elements: as a form of culture, which involves beliefs that take the form of ritualized practice and provide a sense of purpose. He further specified that sociologists are not concerned with whether religious beliefs are mainly dependent on a true or false ideology, but with how religions are organized or ordered, whether religious beliefs constitute sources of social solidarity or conflict, and the type of social forces at work that keep religions alive.

Influence of Religion on Health

Nowadays, religion is regarded as a personal subject in any social conversation because people have different ideologies, opinions and views on religion. It is regarded as a personal issue and a non–disclosed aspect of one's personal affiliation that people prefer not to be asked about unlike other social entities such as relationships, job positions, health, or travel experiences. People would rather discuss other social issues than stir up any argument on religion.

This subject hasnot been very prominent in scientific research on the important role it plays in health and wellness. According to Oman & Thoresen, (2003), religion has been shown to be of immense benefit in the connection of an individual to a community thereby yielding some level of psychological stability in such individuals which seem to be important for health care professionals. Oman & Thoresen (2002) cited in Basu–Zharku (2011) proposed four pathways that religion could have an influence on health: the first is that religion could positively promote health behaviour by discouraging unhealthy habits such as smoking, heavy alcohol consumption, and the use of hard drugs. In this way, members of the same religious group are able to uphold this healthy principle even in their individual lives. Second, they mentioned that religion could encourage social support of the members of the same religious group. This happens when people come in contact with other members of the same religious faith who could support one another when the need arises. The third aspect is linked with psychological stability through an optimistic attitude and faith of its believers. While the fourth aspect focused on the influence of supernatural forces that radiate positive energy that has not been scientifically explainable, it has been shown to have an indirect influence on the health of its believers.

According to the research conducted by the American Pain Society (ASP) regarding how patients manage pain through their spirituality. The study on stress management reveals that prayers were mostly used as a means of pain management rather than medication which accounted for

66% of their use over intravenous medications. Similarly, Puchalski, (2001), conducted research on how women cope with gynaecological diseases. His research study revealed that patients with diseases and ready to face death copedthrough their religious beliefs with about 98% of 108 women sampled mentioned that religious beliefs, faith and spirituality are theirmainpoints of coping strategies to gynaecological diseases. Religion has been an issue of public discussion which people encounter through relations to their faith and rules or people who proclaim their various beliefs or faith in supernatural powers or the highest powers.

However, there is a growing rate of scientific research that tries to incorporate an element of religious beliefs and spirituality into health research because medical practitioners are trying to understand its influence on the lives of patients, their coping strategies for diseases, as well as their healing fromsome chronic disease. In addition, health psychologists have tried to understand the social connections of their clients especially in the area of religious affiliations in order to explore their psychological well–being.

Levin's (2001) review of religion and health points out some crucial issues relating to how every religion promotes certain beliefs that control and shapes healthy behaviour and outcomes. In addition, Koenig (2009) concluded that people who had strong religious spirituality and tradition had better health behaviour and lifestyles, and also that the health behaviour of religious people is influenced by the credibility, prayers and advice of their spiritual leader. For instance, they take medications and advice from physicians and care givers as part of the credible people who influence their thoughts and actions while at the same time make conscious efforts to behave in way that is congruent with what is expected from the spiritual teachings of their faith.

Empirical studies on religion and health have focused on wellness, meditation, blood pressure and lower mortality rate among different spiritual and religious groups. Regarding the influence of spirituality on personal health improvement, Patel et. al. (1985) conducted a longitudinal study that focused on the influence of meditation on the blood pressure of their participants who had some cardiovascular issues. Their study focused on how the use of meditation, exercise and relaxation could influence the participants' risk of some cardiovascular diseases. Their result showed that over a period of four years; some of the participants had lower blood pressure.

Similarly, Schneider et. al. (1995) conducted a study on a group of African Americans. Their study focused on the impact of some spiritual transcendental meditations on muscle relaxation and their blood pressure. The results showed that those who participated in the spiritual activities had a significant reduction in their blood pressure both systolic and diastolic measurements. This meditation unlike the usual research that has beenconducted recruited participants from African American origin to take part in the exercise, but this did not take the form of any spiritual or religious purpose.

Both spiritual and religious meditations as well as prayers have been proven to yield a positive effect on the health of some patientsespecially in terms of coping with illness and in terms of alleviating the worries about the disease itself. Another study for instance had a group of HIV/AIDS positive patients who participated in a private religious and spiritual meditation, and the outcome showed that these participants' stress levels were improved with a lower level of cortisol. This meant that they benefitted from this spiritual exercise (Ironson et. al. , 2002). Spiritual meditation has also been shown to be effective in the reduction of stress levels; in general, this is as a result of the fact that people become calm, less worried about external issues but focus deeper on the inner spirit with positive energy.

The spiritual state of one's health is important to overall physical wellness. As defined by the WHO (1998), health is determined by the incorporation of one's physical, psychological, social and spiritual factors. All these factors must work together in harmony with some other factors like one's cultural background, age and beliefs to contribute to improved health both physically and mentally. The influence of spirituality on health has proven to be supportive in the improvement of physical and mental health outcomes, in decreasing stress levels, in increasing optimism, as well as in decreasing anxiety, depression and loneliness. It has also shown to be beneficial to the immune system.

One aspect of spirituality that also worked in all the aforementioned benefits is prayer. Prayer according to Sarafa & Bhatia (2009) is an aspect of spirituality and meditation that has helped to reduce stress, and anxiety, as well as increase self – satisfaction, hope and optimism about life which gives meaning and purpose topeople'slives. Prayer is a deep experience in which one connects to the supernatural force whichis imaginary, andit is felt in a deeper space. It has also been described as a process of intervention in spiritual care for those suffering (Carvalho et. al., 2014). Prayer is an impersonal communication with the supreme one. It is a universal pattern of rendering one's intentions from anoutpouring of those things that are sought within one's religion. Prayer thus is an outcome of one's belief in God which could be offered to reach God. Prayer creates a communion between one's soul with the divinity whose expressions could be verbal or non–verbal communication with God which applies to all religions. Prayer can take place anywhere and at any time although this may differ when it comes to specific religious groups and their doctrines.

Methodology and Analysis

A qualitative research method was adopted by conducting an in–depth interview with twenty–five participants from Nigeria living in Poland. These twenty–five Nigerian women took part in this research interview, and they were asked questions about their knowledge and perception of the cervical cancer screening method in general as well as activities in the host country, Poland. This approach was adopted in order to explain and interpret their responses in relation to the assumptions of the model while also keeping in mind that this served as the theoretical perspective to designing the questions for the data collection and analysis. The in–depth interviews were conducted in six cities in Poland (Warsaw, Lodz, Poznan, Gdansk, Lublin and Bydgoszcz) wherethe participants gave their responses to questions about their health beliefs on the screening method and health behavioural patterns. Interviews took place in participants' homes, cafes and offices as preferred by the participants.

This research design is influenced by the postulations of the Health Belief Model (HBM) on behavioural change which explains how behaviour can be modified on issues like preventive measures for cancer and other diseases. This theory states the reason an individual may accept or reject preventative health services or adopt healthy behaviours and cultures. This model was designed by scientists to predict the likelihood of a person taking recommended health actions and to explain the process of an individual's thinking and motivation about seeking health solutions. It further postulates that people will respond promptly to health related messages when they perceive the risk of developing a severe disease and such risk can be avoided by taking a recommended health action. In health communication, this model has helped in the campaign against HIV/AIDS, in terms of encouraging people to get tested and/or counselling with the overall aim of changing attitudes with the use of condoms as a preventive measure for curbing the spread of HIV/AIDS and other sexually transmitted diseases. Previous sociological health research has shown that this model could be tested to find out the perception and behaviour of women to take necessary action in cervical cancer prevention in different countries.

Most of the participants perceive others to be at risk of having cervical cancer while generalizing their response to the questions on their own susceptibility with some indirect answers. It is important to examine how Nigerian women (NGW – Nigerian Woman used to indicate the name and number assigned to each participant in the study for anonymity.) perceive themselves to be at risk of cervical cancer because their response could determine their readiness to take health action.

NGW1, for instance, mentioned that everyone is at risk of having someform of cancer including cervical cancer which is a female reproductive health problem.

I think everybody can be at that risk ***NGW 1***

NGW 5 perceives herself to be at risk as a human, and that cancer is a disease that could occur in any human body.

Yeah. This is just a sickness; I think I can also have it because I'm human. ***NGW 5***

This Nigerian woman, NGW 6, mentioned that she does not perceive herself to be at risk of cervical cancer

Depends on what's the cause of cervical cancer, I don't know. I don't think I would be. ***NGW 6***

NGW 7 also mentioned that she cannot be at risk of having cervical cancer, and she further used some Biblical words to affirm such a statement that she is not susceptible to the risk of this disease.

I can't. By God's grace [laughs]. ***NGW 7***

Just like NGW 7 mentioned above, NGW 8 also mentioned that she does not perceive herself to be at risk of having this disease, and she supports her response with some religious words.

This cancer of a thing is deadly that one does not know what causes it, but I know that I can't have it by God's grace. ***NGW 8***

NGW 9 exclaimed in fear as she responded to this question on her susceptibility to the risk of having cervical cancer.

[Whispering] Oh my God... ***NGW 9***

NGW 10 also mentioned that she does not perceive herself to be at risk of having cervical cancer.

I think I can't have cancer. ***NGW 10***

NGW 12 also supports her statements with some religious words from the Bible to explain that she does not perceive herself to be at risk of this disease.

Me? No, no I cannot. Not because I know how to check it but because I know what the Bible says, I am Christian, really – divine health is my portion. Not one of this diseases of the Egyptians shall be my portion.[laughs] I don't think so, I can never have such, yeah. ***NGW 12***

NGW 19 said out rightshe is not at risk of cervical cancer. There was a little bit of an aggressive response from this participant when the topic of cancer was mentioned. Also, her mood and tone of response to subsequent questions changed.

*No. No. I don't want. I don't want and I don't think. [laughs] Please, I know I don't have cancer...I don't even want to consider it, I don't want to consider if. I'm not gonna have cancer, I don't know what treatment I'm gonna use, I, pff, I'm not thinking about it, in Jesus's name, amen [laughs]. Oh my goodness, I don't know...I don't know what I'm gonna think about, you know? Weird things happen. Thoughts, I don't know, thoughts may rise up, so I cannot pre–empt what I would think right now. You know, so...**NGW 19***

NGW 23 mentioned that she is unable to determine her susceptibility unless she undergoes a medical examination to determine her risk level of having cervical cancer.

*You wouldn't know if you're at risk until you're examined. So right now I don't know. By God's grace I know I'm not at risk. God forbid. I would let the... I'll seek medical advice. I'm not a medical expert; I wouldn't know what treatment option is best for me. So, I would let them decide that. **NGW 23***

NGW 24 mentioned that she does not perceive herself to be susceptible to this disease, and she has never thought about it.

*No, I cannot have it because I cannot have it. So I can't even think of going there. **NGW 24***

NGW 25 gave a prayer–like response to the question to explain that she is not susceptible to the risk of the disease.

*I pray I don't. **NGW 25***

Code Relations between Religious Beliefs and Perceived Susceptibility

This code relation between religious beliefs and the perceived susceptibility shows the connection in the responses of Nigerian women towards their susceptibility to the risk of cervical cancer.

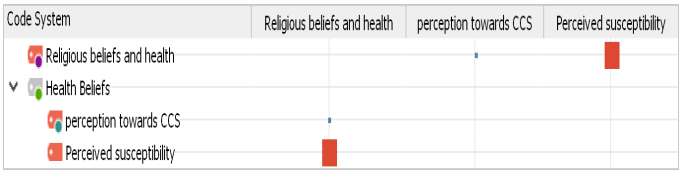

Fig. 1: The chart above shows the code relations between religious beliefs and the perceived susceptibility according to the postulations of the health belief model.

These Nigerian women mentioned that they do not believe that they are susceptible to the risk of having cervical cancer or any type of cancer. To support their arguments, some of them who were Christians continuously made references to the scriptural teachings on infirmities, healing and health. This is the reason for having con–current relations between these two codes. In the same chart above, there is also a relation between their perceptions towards cervical cancer screening (CCS).

Conclusion and Theoretical Explanation of Findings

The issue of cervical cancer still remains a majorissue of health concerns all around the world. All the Nigerian women interviewed in this research study do not perceive themselves to be susceptible to the risk of having the disease. Their personal beliefs were so strong that they never wished to have such a deadly disease. These beliefs can be likened to their strong religious backgrounds as most of their responses were based on religious words to prove their points. I would like to state that the issue of religion keeps interfering in the discussion of health among Nigerian women.

In order to solicit the proper research solutions to the research problem on perceived susceptibility based on the research interview questions, the participants were asked if they think that they might be at risk of having cervical cancer, and they responded that they didnot think that they might be at risk of having cervical cancer. The findings from this research study showed that Nigerian women do not find themselves susceptible to the risk of having cervical cancer.

The research findings in this section on perceived susceptibility agree with the main postulations of the health belief model that individuals need to accept their own susceptibility to a recommended health issue or condition. This means that individuals must feel they might be at risk of having a disease or health condition before they can act on the health advocacy campaign. The readiness to take health action is always relative to the person's acceptance of the advice and the consequences of inaction.

Nigerian women in this study did not admit that they might be at risk of having cervical cancer because of their personal objection to the fact that cervical cancer may occur in all sexually active women. In addition, they believed that cancer in general is a disease that occurs in people who lived unhealthy lifestyles such as smoking, pooreating habits, and excessive alcohol consumption or is a consequence ofother genetic factors. Most of them mentioned that there are neither genetic traits nor hereditary connections in their family history with cancer. They said that no member of their family has been diagnosed with cancer and none of them died of this disease.

Thus, this study is in agreement with this first postulation of the health belief model in the original research conducted by Hochbaum and his colleagues in 1952 which concluded that a person needs to have the personal belief of the existence of the disease and then to accept the fact

that tuberculosis can occur even in the absence of the core symptoms linked to the disease. In this research, participants understood that cervical cancer and other kinds of cancer existed, but they did not accept cervical cancer can occur without the symptoms linked to the disease.

In conclusion, this research agrees with this first part of the postulation of the health belief model that showed that people do not accept their susceptibility to the risk of having a disease which does not further motivate them to undergo any recommended health action or advice as a means of preventive health practices to reduce the widespread occurrence of the disease.

Religious Beliefs in the Nigerian Health Care Context

Nigeria is a multi-ethnic and multi–religious country where the various religions can be categorized into Christianity, Islam and African traditional beliefs.

Religious factors have been linked to health care utilization among women (Schiller & Levin, 1988). Religious research studies have explained that there is a link between religious forms of healing and the overall improvement in health outcomes. It is also associated with the utilization of health care services as well as showing improved health conditions overtime.

In addition, some studies also revealed that most people combine both religious healing and medical services when suffering from diseases. An example of such situation is the case of a Catholic man in Poland who was diagnosed with hematoma and aphasia. His family members continued praying for his healing while he was at the hospital. As a result of these prayers and faith healing, his health condition changed and was certified by the medical professionals as a healthy man during his next medical visit (Love one another magazine 2017: 40–41). This example shows the importance of faith healing in influencing the health of people who believe that the well–being of a person is dependent of some other social factors such as religion and social support.

In the study conducted by Hebert, Dang and Schulz (2007) on the importance of religious practices in the mental health stability of family caregivers. They measured three aspects of religious activities of 1,229 caregivers providing care for their family members who had been diagnosed with dementia and had experienced the loss of family members. These caregivers were reported to have attended religious services and meetings, and been involved in prayers and meditation sessions that helped to improve their own mental health as caregivers. Their findings further concluded that frequent involvement in various religious activities is associated with an improved mental health of family caregivers. Similarly, Hakak et. al. (2014) stated that there are so many physical and psychological benefits of the Islamic prayer (Salat). They explained that whenever Muslims perform this prayer, there is total body movement that makes the joints move as a form of exercise repeatedly as they perform this spiritual activity. In addition, they further mentioned that prayer is a form of psychological therapy that helps to keep the soul calm and relieve tension or anxiety.

Seeman, Fagan-Dubin & Seeman (2003) emphasized the role of spirituality and religious practices such as meditation, relaxation exercises and yoga as influencing factors in the physiological well–being of individuals.

Within the Nigerian context, religious practices in the maternal health of Nigerian women have been described as an important social determinant of their wellbeing (Solanke, Oladosu, Akinlo & Olanisebe, 2015). Rumunn (2014) suggested that in order to meet the medical needs of patients, it is important for medical professionals to consider patients' religious beliefs especially when dealing with a culturally diverse society like Nigeria.

Similarly, Adanikin,Onwudiegwu and Akintayo (2014) carried out a health research study with about 397 antenatal attendees from two tertiary health institutions in the south western part of Nigeria to find out their perception on the role of spiritual care during pregnancy and childbirth. Their research findings showed that 75.8% of these women acknowledged that they believe that there is the need to have spiritual support to help them during the time of pregnancy and childbirth. In addition, they also found out that 48.5% of these women visited various prayer houses to seek spiritual help during their pregnancy. And lastly, their study also explains that 70.8% of the women sampled mentioned that it is important for health professionals to consider their spiritual needs as part of the social support they require for maternal health stability.

In some parts of the country, some women prefer to deliver their babies in a spiritual birth homes for spiritual fortification against evil attacks during delivery. Udoma, Ekanem, Abasiattai & Bassey (2008) conducted a study in forty-seven spiritual church–based clinics to find out the reason women in the south-southern part of Nigeria prefer to deliver their babies in spiritual church–based clinics. Their research findings showed that these women preferred to have their babies in such religious clinics for the following reasons: their faith in God, guaranteed social support from the spiritual caregivers, for spiritual protection against satanic attacks and safe delivery, a lack of funds to pay for premium health care services, unfriendly attitudes of health care workers and accessibility to prompt health care services in the spiritual homes.

These practices are not peculiar to maternal health care alone but are also enshrined in the doctrines of some religious organizations who believe that their health is divinely connected as humans. Most of the religious groups in Ni-

geria often based their teachings and doctrines on spiritual healing and share the testimony of their members who have experienced miraculous healings from some chronic diseases after they having undergone fervent religious activities such as prayers, fasting and alms giving.

Criticism on Religion and Health Practices

On the other hand, religion has been criticised as a perceived barrier to health action as some patients believe that their state of health is from God, and they share in the suffering that God can heal them without any need to seek medical intervention; hence, there is no urge to adopt any recommended health behaviour.

Employing prayer as a healing therapy within the medical profession is still not generally accepted. Most of the medical workers have objected to this issue to avoid conflict in the deviation of medical procedures that could obstruct the healing process in the medical practice. In addition, some are ofthe opinion that patients and their close family members could pray for their healing, and the duty of the medical professional is to perform this function.

However, some studies conducted by researchers to show that using the power of prayer as a healing therapy have confirmed its influence in managing some health conditions such as cancer, heart diseases, AIDS and fertility. Sometimes, patients often feel that they need prayer support along with drugs, medical treatment and other therapies to work effectively in their body. As a result, patients also request the support of physicians and nurses to pray for them which they feel could help them improvetheir health conditions, but these requests are not often granted by the medical professional due to some ethical issues governing their profession, and this is one of the reasons some religious leaders are invited for a medical visit to provide such support for patients.

Since religious activities like prayer are still not fully accepted within the medical profession, there has been controversyon whether medical professionals should allow their religious affiliations to interfere with their medical practice. Recently, a nurse, Sister Sarah Kuteh with 15 years' experience in the United Kingdom was sacked for violating the ethical standards of the profession (Employment Tribunal, 2016). Her employer, Darent Valley hospital in Dartford, Kent, received numerous reports that some patients filed complaints against her unwanted discussions on religious beliefs and their survival chances if they prayed about their conditions (Cranmer, 2017). All of these allegations were tendered against this nurse to justify her being sacked from the medical profession.

Conclusion

In this research study, religious factors interfered with the responses from these migrant women who do not perceive themselves to be susceptible to the risk of cervical cancer based on their strong religious beliefs about their health issues. Some of them made references to spiritual instances and readings from the Holy books. In order to understand their responses on the issue of healing, a functionalist explanation by Emile Durkheim on functions of religion in the society justifies these findings from the research study.

This study reflects the general perception of Nigerian women who hold strong religious beliefs on health issues like cancer as they have continuously used religious explanations to justify their responses on their perceived non–susceptibility to the risk of cervical cancer even with the knowledge of its preventive methods.

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