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Research Article

Coping Mechanisms Used by Male Partners of Women Diagnosed with Cervical Cancer: An Explorative Qualitative Study at Ocean Road Cancer Institute in Dar es Salaam, Tanzania

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Cervical cancer has a significant impact on the lives of caregivers of cervical cancer patients, including male partners. Disturbances in physical, psychological, sexual, spiritual, and socioeconomical aspects of life are reported by male partners of cervical cancer patients. To reduce the impact associated with cervical cancer, adaptive coping mechanisms are needed. In this regard, little is known about the coping mechanisms used by male partners of women diagnosed with cervical cancer in sub-Saharan African countries. Therefore, this study aimed to explore the coping mechanisms used by male partners of women diagnosed with cervical cancer at the Ocean Road Cancer Institute in Dar es Salaam, Tanzania. A descriptive cross-sectional study design with a qualitative approach was employed to explore coping strategies used by male partners of cervical cancer patients between December 2022 and March 2023. Participants were selected using a purposeful sampling technique guided by the principles of saturation. In-depth interviews with thirteen male partners of cervical cancer patients were carried out, and the interviews were audio-recorded and transcribed verbatim. The data were then analyzed using a thematic analysis approach. Four themes highlighting coping mechanisms used by male partners of cervical patients were identified after data analysis. They include religious coping, emotional expression and regulation strategies, support-seeking strategies, and problem-solving strategies. Male partners of cervical cancer patients used various mechanisms to cope with the stressful situations they encountered. While most of the coping mechanisms used by male partners of cervical cancer patients were adaptive, some were maladaptive. Therefore, regular assessment among this population needs to be done to identify maladaptive coping and provide relevant support.

1. Introduction

Cervical cancer not only has a significant effect on the lives of women diagnosed with this disease but also reduces the quality of life for their caregivers, including male partners [1–3]. This is because receiving information about a cancer diagnosis provokes negative reactions in a partner [4, 5]. Disruptions of physical, psychological, sexual, spiritual, and socioeconomic aspects of life are reported by male partners of cervical cancer patients, which is usually referred to as the spouse's burden [6–8]. Being a caregiver to a person diagnosed with cervical cancer may disrupt the quality of life (QOL) and result in unpleasant experiences including feeling loneness, hopelessness, sadness, altered sexual relationships, change of role, loss of job, decreases in social support, financial burden, and loss of income [6–10]. As such, the ability to adapt to these unpleasant experiences may be interfered with, which is usually referred to as psychological distress [11].

To overcome and prevent unpleasant experiences resulting from being a caregiver of a person diagnosed with cervical cancer, adequate adaptive coping mechanisms are

required. Coping mechanisms are psychological and behavioral strategies used to overcome stressful situations [12, 13]. The Health Theory of Coping defines coping mechanisms as "the cognitive and behavioral reactions to minimize unpleasant emotions" [14]. Moreover, coping is considered a dynamic mechanism that changes over time depending on the appraisal and demands of the situations [15]. It works by applying direct efforts to tackle the problem, striving to regulate emotions, and maintaining social relationships [16]. The most common coping mechanisms used by caregivers of cancer patients are active coping, religious coping, avoidance, positive reframing, self-distraction, drugs or alcohol, and assertive ways of coping [17–21]. Among these coping mechanisms, active coping, religious coping, and positive reframing are considered adaptive coping mechanisms, while alcohol or drug coping, avoidance, and distraction are maladaptive coping mechanisms [14, 22]. In addition, adaptive coping mechanisms are associated with higher QOL, while maladaptive coping mechanisms reduce QOL among caregivers of cancer patients [23]. Therefore, individuals may apply different coping mechanisms to cope with stressful situations and the associated challenges.

The coping mechanisms used by caregivers of people diagnosed with chronic illnesses help them cope with the stressful situations they encounter [17–21]. However, some previous studies have shown that coping mechanisms used by caregivers of chronically ill patients vary by gender and the closeness of social relationships [24, 25]. Regarding this, little is known about the coping mechanisms used by male partners of women diagnosed with cervical cancer in sub-Saharan African countries. This highlights the need to carry out more studies to obtain adequate evidence that will help establish support systems that will help this population to adaptively cope with the situation. Therefore, this study was conducted to explore the coping mechanisms used by male partners of women diagnosed with cervical cancer at the Ocean Road Cancer Institute (ORCI) in Dar es Salaam, Tanzania.

2. Materials and Methods

2.1. Study Design. A descriptive cross-sectional study design using the qualitative phenomenological approach was employed in this study to explore the coping mechanisms used by male partners of women diagnosed with cervical cancer. This design was used because it facilitates an in-depth exploration of participants' experiences on how they cope during stressful situations, as proposed by Doyle et al. [26]. Moreover, a descriptive study design with a qualitative approach explores the characteristics of a phenomenon rather than explaining the underlying mechanisms [27]. Regarding the objective of this study, a qualitative phenomenological descriptive design was, therefore, most appropriate.

2.2. Study Setting. The study was conducted at ORCI in Dar es Salaam, Tanzania, a tertiary, specialized, and public hospital for cancer treatment owned by the government under the Ministry of Health. It is the largest comprehensive medical facility for cancer care in the country. The annual attendance of new patients with cancer is approximately 5,500, and 39% of new patients are diagnosed with cervical cancer. This center has many specialized health professionals and provides both outpatient and inpatient services, including cancer detection, cancer treatment, palliative care, and supportive care.

2.3. Study Population. The population for this study included male partners of women diagnosed with cervical cancer at ORCI. Male partners were husbands of cervical cancer patients, escorting their wives to clinics or seeing their wives in the wards during visiting hours.

2.4. Inclusion and Exclusion Criteria. Male partners of women diagnosed with cervical cancer for at least a period of one year since diagnosis were included in this study. The study excluded the male partners of cervical cancer patients who had cognitive impairment and communication problems like hearing and speaking problems, as they could not participate in an in-depth interview due to their health conditions.

2.5. Sampling Procedure and Sample Size. Participants in this study were recruited using a purposeful sampling method. Male partners of women diagnosed with cervical cancer who escorted their wives for treatment follow-up at the clinic or those who were found in the wards during visiting hours were approached to participate in the study. They were given a leaflet with information regarding the purpose of the study and contacts with researchers. Then, they were given time to discuss it with their wives, followed by requesting them to provide a mobile number to the investigators to facilitate a follow-up call within 2–5 days to ascertain their readiness for study participation. The sample size was determined by using the principle of saturation as suggested by Malterud et al. [28].

2.6. Data Collection Tool. This study employed a semi-structured interview guide to collect data from participants. The tool was developed with the aid of previous studies that dealt with coping mechanisms used by caregivers of cancer patients and was adjusted to fit the objectives of the study [17, 21, 29–31]. It was developed in English and then translated into Swahili, the national language, to facilitate communication during interviews between participants and data collectors. The tool involved two sheets: one with background information for collecting participants' socio-demographic information, and another with semistructured

questions for gathering data regarding coping mechanisms used by participants. To ensure the appropriateness of the questions, the data collection tool was pretested using a few male partners of women diagnosed with cervical cancer whose data were not included in the study (Table 1).

2.7. Data Collection Procedures. The researchers and two trained research assistants conducted interviews between December 2022 and March 2023. Two days were used to train and familiarize research assistants with the data collection procedures at the data collection site. The interviews were carried out in well-prepared rooms located within the study setting to ensure privacy and enhance the comfort of the participants. In addition, the rooms were far away from service delivery areas (clinics and wards) to avoid external disturbance. During the interview, each question asked was accompanied by probes to evoke more information or clarification of the responses provided by participants. The information from participants was captured by digital audio recorders, while nonverbal cues were written in the notebook as field notes. Participants had enough time to express their experiences regarding coping mechanisms, with each interview lasting between 40 and 60 minutes.

2.8. Data Analysis. The data were analyzed by using a thematic analysis approach, as described by Braun and Clarke [32]. Regarding this, the data analysis started instantly after the completion of the first interview, and the data collection tool was adjusted for the following interviews [33]. All collected information was reviewed by all researchers, transcribed verbatim, and then translated into English. Iterative reading was done by the researchers to obtain their overall impression and acquaintance with the data. Different colors were used to highlight the patterns in the text corresponding to the preconceived category stated in the study objectives. Four authors participated in coding, whereby the transcripts were compressed to form codes. The similar codes were grouped to form categories reflecting the meaning of a text. Then, themes reflecting the meaning of a text were formed by organizing similar categories (Figure 1). To ensure the credibility of the findings, the researchers held discussions at each stage of data analysis to discuss the meanings emerging from the data analysis, and adjustments were made whenever necessary. Cohen's kappa coefficient was used to measure inter-rater reliability.

2.9. Ethical Considerations. The ethical approval for this study was obtained from the Muhimbili University of Health and Allied Sciences (MUHAS) Institutional Review Board with a Ref. No. DA.282/298/01.C/1466. Permission to conduct the study was obtained from the ORCI administration with a Ref. No. 10/VOL.XXI111-B. Before actual data collection was carried out, all participants were informed about the purpose of the study, and then written informed consent was obtained. Numbers were used to identify the study participants to maintain confidentiality. The audio-recorded interviews, field notes, and transcripts were kept in a computer software program with a password and would be destroyed after the accomplishment of the study. Participation was completely voluntary, and participants were informed about their full right to withdraw from the study at any time without any consequences.

3. Results

3.1. Sociodemographic Characteristics of Study Participants. This study involved a total of 13 participants. The mean (SD) age was 56 (9.8) years, with 5 participants having two years since their partners were diagnosed with cervical cancer. Among all participants, 8 had primary education and 9 were self-employed (Table 2).

3.2. Themes. Four themes were identified in this study regarding the coping mechanisms used by male partners of women diagnosed with cervical cancer to cope with their partner's health conditions. Table 3 summarizes themes, categories, and codes identified in this study.

3.2.1. Religious Coping. Male partners of cervical cancer patients in this study used religious practices as coping mechanisms to deal with the stressful situations they encountered. They were asking God to help their partners to recover, believing in God for healing, and having faith in God. This helped them to develop hope, self-motivation, peace in their hearts, and comfort, as stated by one of the participants:

> *"I always get peace in my heart if I listen to the word of God because the word of God comforts me a lot. I am requesting that God deliver my wife from this disease, and I believe that he will heal her and she will recover totally. I have no thoughts to believe that my wife is suffering from this disease"* (Participant 07).

Moreover, fasting, which is accompanied by prayer, was practiced by the participants in this study as a way of coping with stressful situations. They applied this as a weapon to destroy the cancer facing their partners. One participant reported this in the following manner:

> *"I was fasting and praying to destroy the power of the devil that caused cancer in my wife because the prayers that come from fasting are very powerful. I also often went to church to pray for my wife with other believers. Until now, I have continued to fast and pray, and through these prayers, God will bring healing to my wife"* (Participant 06).

Furthermore, inviting pastors at home and taking their partners to churches and mosques were other aspects of the religious coping used by participants. They were inviting religious leaders to their homes to pray for their partners. In addition, sometimes they took their partners to religious houses. In most cases, this happened early during the illness

Table 1: Interview guide.

SN	Part I: sociodemographic characteristics of participants (put a tick (•) in a correct answer)
1	Age of participant (in years) . . ..
2	Duration of partnership with the woman diagnosed with the disease in years. . .. .
3	What is your religion (a) Christian (•) (b) Muslim (•)
4	What is your highest level of education? (a) No formal education (•) (b) Primary education (•) (c) Secondary education (•) (d) College/higher education (•)
5	(a) Formally employed (•) (b) Self-employed (•) (c) Unemployed (•) (d) Retired (•)
	Part II: coping mechanisms used by male partners of women diagnosed with cervical cancer
1	How have you been coping with your partner's condition? Please explain more on this
2	What are the strategies you have been using to cope with the life experiences exerted by your partner's illness?
3	What support have you received to cope with your partner's condition? Please explain more on this
4	Share anything you would like to add about the coping mechanisms you used to cope with your partner's condition

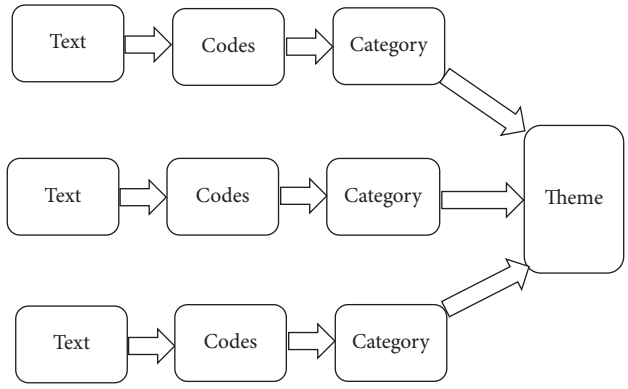

Figure 1: Data analysis process leading to theme formation.

of their partners before the commencement of medical treatment to provide spiritual support to them. One participant described it in the following manner:

> *"I received support from pastors and other religious leaders. I have been very helpful in my wife's treatment until now. I started to give her religious help when we were at home. I was calling pastors to come and pray for my wife at home so that she could recover. They came and prayed for her, encouraged her, and comforted her. Moreover, sometimes I took my wife to religious houses"* (Participant 06).

3.2.2. Emotional Expression and Regulation Strategies. Extramarital relationships, alcohol use, acceptance, distraction, and normalization were the categories that formed this theme. Male partners of cervical cancer patients used these ways as coping mechanisms to express and manage their emotions.

Extramarital relationships were used as coping mechanisms to cope with their stressful situation like psychosexual distress. They applied it to satisfy their sexual demands and to keep their minds free from thoughts concerning the suffering condition of their partners, as reported by one of the participants:

Table 2: Sociodemographic characteristics of the study participants.

Variables	Frequencies (*n*)
Age in years	
41–50	4
51–60	6
61–70	2
71–80	1
Duration of partnership with women diagnosed with cervical cancer	
One year	4
Two years	5
Three years and above	4
Religion	
Christian	10
Muslim	3
Level of education	
No formal education	2
Primary education	8
Secondary education	3
Occupation	
Formally employed	2
Self-employed	9
Unemployed	2

"I have had sexual relations with other people's wives since my wife started getting cervical cancer. You know I'm a man like other men; I need sexual intercourse to satisfy the needs of my body, calm my mind, relieve stress, and sometimes make my affairs go well. My wife's condition has made me have a romantic relationship with other people's wives" (Participant 02).

Alcohol use was another strategy used by participants to regulate emotions, particularly sadness. Participants reported that taking alcohol helped them get rid of overwhelming thoughts and relieve stress. Moreover, participants stated that they started taking alcohol as soon as they were told that their partner had cervical cancer, and the practice continued even after their partners started medical treatment. One of the participants described how alcohol helped him as follows:

"I always use alcohol to reduce the feeling of thinking too much that my wife is sick. I usually go to the supermarket to buy my favorite alcohol, then I return home to drink to reduce the thoughts that overwhelm me. I started to drink alcohol because I was informed by the doctor that my wife had been diagnosed with cervical cancer. Ohooo. . . .. Until now I drank alcohol because every time I came to see my wife, I found that her condition was still worse" (Participant 03).

Participants also used acceptance as a self-regulation mechanism. Regarding this, participants accepted the condition of their partners as they believed that it had already happened and the situation was impossible to change. They just had the belief that their partners would be fine after receiving treatment. Accepting the situation as a coping strategy helped male partners to be free from unpleasant thoughts and alleviated their negative perceptions. Furthermore, it assisted in maintaining the participant's psychological well-being and ability to act positively, including seeking medical treatment for their partners. One participant described it in the following manner:

"That is, I am comforted by self-acceptance of the disease that faces my wife, and sometimes I encourage myself that this disease will be treated and my wife will be fine and she will return home; that is, many thoughts are being lost. Moreover, the act of agreeing with the condition of my wife helps me to get rid of fear, sadness, and thinking more about this cancer disease" (Participant 13).

Distraction was another emotional regulation strategy used by participants in this study. Participants used various behaviors, including engaging in exercises, watching television, going to calm areas, listening to music, playing games on phones, or engaging in other pleasurable daily activities, to distract themselves from thoughts about their wives' condition. One participant reported the following:

"Many times, when I'm at home, I watch TV, I listen to gospel songs, I do a lot of different exercises, particularly running, I play various games on my phone, I read the Bible, or I do my daily activities to get rid of the thoughts about the suffering of my wife from cancer. Moreover, sometimes I went to quiet places to clear my head" (Participant 08).

Furthermore, participants used normalization as a strategy to regulate their emotions. Participants started applying this strategy early during the illness when their partners were diagnosed with cervical cancer. Mainly, they considered cervical cancer as a normal disease like other diseases that anyone could suffer from. This helped them to cope with the situation by lessening emotional distress. Other participants verbalized that they continued with their daily activities as usual without fearing their partners' illnesses. One participant stated this in the following manner:

"When I was told that my wife has cancer, I just thought that she would be normal. I continued with my business activities as usual. When I was at home, I treated my wife as if she was suffering from another illness, so I didn't pay much attention to it and continued with my business activities as usual" (Participant 04).

3.2.3. Support-Seeking Strategies. Seeking external support was another coping mechanism used by participants. They sought support from family members, close friends, religious leaders, and traditional healers.

Participants mentioned family members and other close friends as crucial sources of hope, comfort, and encouragement during their partner's illness. They were visited at their homes and comforted about their partners' illnesses, and sometimes they were accompanied with the hospital to

Table 3: Codes, categories, and themes.

Codes	Categories	Themes
Believing God for healing	Religious practices	Religious coping
Listening to the word of God		
Inviting pastors at home		
Taking partner to religious houses	Religious support	
Looking for sexual satisfaction		
Sexual demands	Extramarital relationships	
Spending most of their time with other people's wives		
Alcohol drinking	Alcohol use	
Buy alcohol and take it home		
Accepting the partners' condition	Acceptance	Emotional expression and regulation strategies
Leaving it to the Almighty God		
Engaging in exercises	Distraction	
Listening to music		
Considering cancer as a normal disease	Normalization	
Not fearing the partners' condition		
Seeking understanding from others	Seeking support from close people	Support-seeking strategies
Seeking financial aids from others		
Attending to traditional healers	Seeking support from traditional healers	
Believing traditional healers for healing		
Taking partner to healthcare facilities	Seeking medical treatment and support	Problem-solving strategies
Getting help and advice from medical personnel		

follow up on the progress of their partners. In addition, sometimes family members and close friends had to provide financial support to cover medical expenses. Participants reported that this made them feel better and relieved disturbing thoughts about their partners. One participant described this as follows:

> *"My friends, relatives, and fellow businessmen always help me when I need their help. They always come to my home to greet me, and sometimes they accompany me to the hospital to know the progress of my wife's condition. Moreover, sometimes they comfort me and give me money that helps with my wife's treatment. Really, I am grateful to them because they have been a source of peace in my heart during this difficult time"* (Participant 05).

Moreover, attending to traditional healers was another aspect of the support-seeking strategy used by the participants. The participants visited traditional healers with their partners to seek assistance and healing. Traditional healers gave their partners local herbs to get rid of cervical cancer. Moreover, they went to traditional healers to identify those who bewitched their partners. This happened early during their partner's illness. However, they stopped visiting local healers after their partners started medical treatment, as reported by one of the participants:

> *"When my wife started to get sick, I took her to a local healer to seek treatment, and sometimes I go to local healers to know who bewitched my wife and to take drugs that calm my mind. But I stopped visiting local healers after my wife started treatment here"* (Participant 10).

3.2.4. Problem-Solving Strategies. Taking partners to healthcare facilities, seeking advice from medical personnel, and following up on the partners' treatment were the categories that formed this theme. The participants reported the way they made decisions about seeking medical treatment to help their partners recover from cervical cancer. Moreover, they verbalized the way they made treatment follow-ups by getting information from the healthcare providers. This happened late during their partners' disease following the failure of treatment from local healers, as described by one participant:

> *"After seeing that the treatment of local healers did not help my wife, I decided to go to the hospital in our district, and then they gave me a referral to go to the regional hospital. The regional hospital also gave me a referral to come here. My wife has received treatment and is doing well. I have been following my wife's treatment very closely to know what is being done to her, and sometimes I hold meetings with doctors to ask them about the progress of my wife"* (Participant 10).

In addition, medical support from healthcare workers played a vital role in helping the participants to cope with the stressful situations they encountered. The participants reported the way healthcare providers provided advice related to the disease process and their partners' medical treatment. They appreciated the way healthcare providers talked with them about their partners' health conditions and the treatment provided. Advice from healthcare providers provided comfort and encouragement to the participants, as reported by one of the participants:

> *"Ohoo. . . I'm grateful and comforted by the way healthcare workers talked to me when I asked for advice from them. They explained to me very well about my wife's health condition and the way she was treated. Really, their advice gives me comfort and inspires me"* (Participant 05).

4. Discussion

This qualitative study was conducted to explore the mechanisms used by male partners of cervical cancer patients to cope with the stressful situations they encountered. The study identified four themes, including religious coping, emotional expression and regulation strategies, support-seeking strategies, and problem-solving strategies. This reveals that male partners of cervical cancer patients used various methods to cope with the condition of their partners. The findings of this current study are supported by previous studies in different settings that have shown that caregivers of cancer patients use both functional and dysfunctional coping mechanisms to cope with their difficult situation related to the disease process of their loved one [21, 34–37].

Religious practices were used by participants in this study as ways of coping with the disease their partners faced by fasting, asking God to help their partners recover, believing in God for healing, and having faith in God. These practices were used as a source of motivation, hope, encouragement, and comfort. This implies that religious practices play a vital role in helping male partners of cervical cancer patients cope with this difficult situation. The findings of this study are supported by previous studies that revealed that religious coping was an important strategy in helping to cope with stressful situations, not only for male partners of women with cervical cancer but also for caregivers of women with other cancers [31, 38]. A previous study in the USA revealed that religious coping significantly contributes to improving the QOL of caregivers of cancer patients as it offers hope and emotional comfort [35]. Therefore, the needs related to faith among caregivers of cancer patients, particularly a male partner, should be well identified to enhance adaptability to stressful situations.

The findings of this study revealed that extramarital relationships were used by participants to cope with stressful situations. They reported that sexual and emotional needs drove them to engage in extramarital relationships as a way of keeping their minds free from thoughts concerning the suffering condition of their partners. In addition, they engaged in extramarital relationships for the satisfaction of their sexual needs as they could not have sex with their partners. Consistent findings were reported by a previous study, which has shown that husbands engage in extramarital relationships following dissatisfaction in the primary

relationship [37]. This reveals that being diagnosed with cervical cancer is a source of marriage breakup, as supported by previous studies that have shown that husbands of cervical patients separate from their partners as they can no longer have sex with them [39, 40].

Alcohol was reported to be used by participants in this study as an emotional regulation strategy. They started to use this substance once their partners were diagnosed with cervical cancer, and the practice continued even after their partners started medical treatment. This implies that being informed about the cancer diagnosis was a facilitator of alcohol use among male partners of cervical cancer patients. These findings are supported by previous studies, which revealed that participants used alcohol as a way of coping with stressful situations they encountered [29, 41]. The use of alcohol as a coping mechanism should be avoided as it does not tackle the problem but increases the risk of mental disorders [42].

Moreover, acceptance, normalization, and distraction were used by participants as emotional regulation strategies to deal with their situation. This implies that male partners of women with cervical cancer can apply various emotion regulation strategies to cope with the disease facing their partners. The participants' belief that it was impossible to change the situation their partners were going through led to acceptance of theirs partners' conditions. This finding is in line with the findings of previous studies that have shown that the participants acknowledged what happened to their partners [21, 34]. Moreover, cervical cancer was considered like other diseases by the participants in this current study that are similar to what was found in previous studies conducted among caregivers of cancer patients [36, 43]. They compared this disease (cervical cancer) to typhoid and pelvic inflammatory diseases. This reveals that the male partners of cervical patients were not afraid of the disease facing their partners. Furthermore, self-distraction was used as a coping mechanism by the participants in this study, as supported by previous studies conducted in different settings among caregivers of cancer patients [18, 29, 43]. This shows that male partners may use any behavior to distract themselves from thoughts about the condition of their partners.

Support from friends, family members, and religious leaders in the current study played a vital role in helping participants cope with living with women diagnosed with cervical cancer. Participants reported the great role played by these people in helping and supporting them to overcome their stressful situation by providing financial aid, useful information about the disease process to their partners, and words of encouragement. This shows how useful the support from close people is in helping male partners with cervical cancer to deal with the stressful situation they encounter. The findings of this study are supported by previous studies in both low-income and high-income countries that show the importance of social support in coping with stressful situations encountered by caregivers of cancer patients [17, 21, 30]. Effective support from friends, family members, and other close people is associated with low levels of anxiety and depression, prompt social adjustment, and elevated self-esteem [44]. As such, the QOL among caregivers of cancer patients can be improved [23].

Moreover, seeking support from traditional healers was verbalized by participants in this study as they did so to seek traditional remedies. This implies a lack of knowledge on cancer diseases, as supported by a previous study in Ethiopia [45]. Visiting local healers to seek cancer-related treatment should be stopped at all costs by caregivers of cancer patients, as it increases poor medical treatment outcomes and the mortality rate [46]. To achieve this goal, health education regarding the disease process and treatment of cancer is needed to improve knowledge and correct misconceptions [47].

Problem-solving strategies were used by participants in this study as a way of coping with their stressful situations. They made decisions to seek medical treatment to help their partners recover from cancer, although this happened late during their partner's illness after the failure of traditional treatment. This implies that participants were not aware of their partners' disease processes. The finding of this study is supported by a previous study in Ethiopia, which showed that medical treatment was the last treatment option following the failure of traditional remedies [45]. Participants verbalized the importance of seeking medical treatment as it helps their partners to get proper treatment and prevents the problem from getting worse [45]. Participants also reported that healthcare providers were helping them to overcome their stressful situations by providing medical advice and correct information regarding their partners' diseases. Similar findings have been reported in previous studies showing that healthcare workers play a vital role in supporting and helping caregivers of cancer patients [48, 49]. Seeking medical treatment and professional support at an early stage of cancer reduces psychological distress among caregivers of cancer patients [50]. To achieve this, health education is required, as it is crucial in imparting knowledge on the disease process [47].

Generally, the coping mechanisms used by the participants in this study were either adaptive or maladaptive. Among them, religious coping, acceptance, normalization, and seeking medical support were considered functional coping mechanisms, while extramarital relationships, self-distraction, and alcohol use were considered dysfunctional coping mechanisms as they do not assist an individual in solving the problem but may increase the harm [21, 36]. Therefore, relevant strategies such as brief behavioral health interventions, couple-based therapy, pamphlets, and support groups should be used to educate and encourage male partners to apply adaptive coping strategies that will improve their QOL [51].

The current study is limited in the sense that it employed an in-depth interview as the only method of data collection, and it could be helpful to triangulate our findings by using other methods of data collection, such as focused group discussions. However, this study highlights the adaptive and maladaptive coping mechanisms used by male partners of cervical cancer patients that may be useful to improve the QOL in this population.

5. Conclusion

This study reveals both adaptive and maladaptive coping mechanisms as strategies used by male partners of women diagnosed with cervical cancer to cope with the stressful situations they encounter. Religious practices, acceptance of partners' conditions, normalization, help from medical personnel, and support seeking from close friends, family members, and religious leaders were used as adaptive coping mechanisms. Conversely, alcohol use, extramarital sexual relationships, attending to traditional healers, and use of distraction were used as maladaptive coping mechanisms. This underscores the need for regular assessment of coping mechanisms used by male partners of cervical cancer to identify maladaptive coping mechanisms so that relevant measures are taken to prevent harmful effects associated with maladaptive coping. Moreover, health education regarding the disease process and treatment of cervical cancer is needed to improve knowledge and correct misconceptions. We recommend a quantitative study to assess factors associated with coping mechanisms used by male partners of cervical cancer patients.

Data Availability

The data used to support the results of the current study are available from the corresponding author upon reasonable request. Ethical reasons made these data unavailable to the public.

Conflicts of Interest

The authors declare that there are no conflicts of interest.

Authors' Contributions

All authors conceptualized and designed the study. EAM contributed to the recruitment of the participants, with support from EZC and RAG. EAM, EZC, and RAG collected data from participants. All authors contributed to the data analysis, data interpretation, and manuscript drafting. All authors reviewed and approved the final draft of the manuscript.

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Supplementary Materials

Supplementary Table A.1: codes from each study participant, which shows how saturation was achieved. Supplementary Table A.2: codebook, which provides description of each code. (*Supplementary Materials*)

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