Perceptions and Needs of Women with Low-grade Squamous Intraepithelial Lesion on Cervical Cytology: A Qualitative Descriptive Study

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Abstract: Each year many women are identified with low-grade squamous intraepithelial lesions through cervical cancer screening. It is important to understand the perceptions and needs of those women to increase self-awareness and women's self-care. Low-grade squamous intraepithelial lesions can spontaneously resolve if women have good immunity. This study explored the perceptions and needs of Thai women after discovery of such a lesion on cytology results. A qualitative descriptive study with a feminist approach was employed. The study period was February 2020 to June 2021 and ten participants who met the inclusion criteria were recruited. Data were collected through two face-to-face in-depth interviews and transcripts were analyzed using content analysis.

Three main themes were identified: 1) having emotional responses, with three sub-themes (shock, fear, and suspicion); 2) thinking of health behaviors that induce cervical cell changes, with three sub-themes (unhealthy lifestyles, poor personal hygiene, and risky sexual behavior); and 3) needing health care, with three sub-themes (health advice, health appointments, and ways to get health information). The findings of this study reveal how the women felt about having abnormal cells on their cervix, a significant part of feminine identity, as well as how the disorder can occur and what follow-up care is needed. Through a feminist perspective, the findings provide information related to the personal privacy of women and allow nurses to deeply understand their perceptions and needs and empower women's knowledge after first receiving low-grade squamous intraepithelial lesion cytology results. Nurses can use these findings to help meet women's needs by designing self-management support programs as well as facilitating continuity of health care by providing advice and arranging critical follow-up appointments.

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Introduction

Cervical cancer remains one of the leading causes of death for women worldwide including in Thailand. To control cervical cancer, many countries focus on promoting women's participation in cervical screening programs. In Thailand, the number of women

who attend cervical cancer screening is gradually increasing.[1] However, the increased cervical screening rate also leads to an increase in the prevalence of women with abnormal Pap smear results. Those abnormal results vary from low to high severity.

Abnormal cervical cytology is currently categorized by the 2001 Bethesda system into atypical squamous cells of undetermined significance (ASC-US), a low-grade squamous intraepithelial lesion (LSIL), a high-grade squamous intraepithelial lesion (HSIL), atypical squamous cells not excluding HSIL (ASC-H), and squamous cell carcinoma (SCC).[2] In a retrospective study in Bangkok, it reported 55.4%of women had ASC and 32.1% had LSIL cytology results.[3] Normally, Thai women with LSIL cytology results are referred by doctors for colposcopic follow-up within three or six months after receiving LSIL cytology whereas women with HSIL cytology results will be immediately investigated and treated if the degree of the lesion is confirmed by colposcopy.[4]

In this study, the focus was on women with LSIL cytology results because a mild lesion of cervical dysplasia is more likely to regress to normal spontaneously, in 40-70% of cases.[5] A retrospective study in Thailand revealed that the spontaneous regression rate of Thai women with LSIL was 66.2% after 2 years of follow-up.[6] For these reasons, women with LSIL should not have treatment in this period because it may be unnecessary. A previous study showed that the continuum of self-care can improve immunity, help to reduce the likelihood of disease progression, and encourage spontaneous regression to normal.[7] Therefore, encouraging women to care for their health together with surveillance and colposcopic follow-up are important for women with LSIL.

From a review of the literature, it was found that many qualitative studies focused on the experiences of women diagnosed with different stages of cervical dysplasia,[8] those whose Pap smear showed abnormal cells,[9] women's perceptions of cervical cancer pap screening,[10] and attitudes to changes among individuals who had been affected by cervical abnormality.[11] Until this study, there was a paucity of research regarding the perceptions of health and needs of Thai women with LSIL cytology results so the researchers decided to explore this. A critical finding indicated many women with abnormal Pap smears did not engage in follow up care or follow healthcare advice.[12] Undertaking this study was considered beneficial for nurses to provide a proper care plan, develop an appropriate self-management support program, provide relevant health education about abnormal cervical cytology, and track and follow-up doctors' appointments.

Literature Review

When diagnosed with an illness, patients tend to perceive their health condition differently based on their knowledge and experience; they try to identify their illness, cause, duration, treatment, and consequences.[13] Receiving abnormal cervical cytology results has an impact on women's physical, mental, emotional, and social health. Globally, there have been few studies on women's personal experiences with abnormal Pap smear results and most findings have focused on psychological impact, fertility and stigmatization issues.[9,14-15] Many women experience adverse psychological impacts when receiving abnormal results, such as fear, anxiety, stress, depression, and uncertainty.[15] The most common worries are related to abnormal cervical cytology and colposcopy, including the development of cervical cancer, fear of loss of reproductive ability or sexual function, fear of pain during medical procedures, fear of loss of organs that represent women's identity, and transmitting HPV to sexual partners.[16-17] Women with abnormal Pap smear results may also be concerned about the stigma of cervical cancer arising from the sexually transmitted nature of HPV, which influences social health.[18] Simultaneously, some women may need to better understand their diagnosis and prognosis while others need more information on some aspects of health. If patients' needs are not met, this may increase their level of anxiety and in turn may worsen

their physical, emotional, and social health.[19] In Thailand, there were two studies exploring the stress, coping, and information needs of Thai women with abnormal Pap smear results.[16,20] However, no studies have been done concerning perceptions and needs of Thai women with LSIL on cytology results. It was considered by the researchers to be essential to listen to such women's voices because cervical disorders are uniquely female experiences and women might be more comfortable discussing them with a female health care provider. This is research by women for women, therefore studying health perceptions and needs of those women was useful for detecting their feelings and greater desire to provide nursing care based on women's needs.

This study employed a feminist theory as the philosophical underpinning. Because the abnormalities of the cervix happen in women's bodies, the feminist approach plays an important role in caring the women holistically. Feminist theory values women and women's experiences, and it is believed that the traditional laws of science limit and impede the discovery of what is uniquely feminist.[21] Previous studies employing a feminist approach to improve nursing practice included the intellectual, moral, and emotional responses of women diagnosed with cervical intraepithelial neoplasia,[22] caring for patients concerning the relationships among nurses and patients,[23] exploring an effective care model for young women,[24] and examining the reproductive health needs, concerns, and priorities of women in midlife.[25] For this study, the feminist model described by Andrist[26] was employed. First, symmetry in researcher-participant relationships was nonhierarchical or reciprocal as partners. Second, access to information was done through attentive listening to women's stories. Third, shared decision-making was reached when women were empowered and knowledgeable about their healthcare needs. Finally, social change resulted from critically analyzing and interpreting research data and giving recommendations for good practice concerning women's health care.

Study Aim

This study aimed to explore the perceptions and needs of Thai women after identification of low-grade squamous intraepithelial lesion cytology results.

Methods

Study Design: A qualitative descriptive study with a feminist approach was employed in this study containing: 1) valuing women's experiences; 2) perceiving the viewpoints of women with LSIL cytology results; and 3) empowering women's autonomy.[27] A qualitative descriptive design helps the researcher to discover the knowledge that describe the experiences or events from subjective data.[28] For this study, it helps the researchers to gain insights the perceptions and needs of Thai women with LSIL cytology results. Regarding the feminist approach, the researchers respected the women's perceptions and needs, listened carefully to the story in every aspect that women provided data, and encouraged women to be brave to provide the personal information and essential needs that they wanted from nurses. By adopting a feminist approach, the researcher created the atmosphere for the mutual reciprocal relationship so that the women could express their voices and needs. The Standards for Reporting Qualitative Research (SRQR) checklist that includes 21 items was used as a guideline for reporting this qualitative study.[29]

Participants and Setting: Purposive sampling was used to recruit participants through the inclusion criteria of women with LSIL cytology results; aged 25-50 years who first attended the colposcopy clinic; never had other gynecological problems or a history of malignancy; were not pregnant or postmenopausal; able to communicate and understand in Thai; and willing to participate in this study. The study setting was a colposcopy clinic in the gynecology outpatient department of a university hospital in Bangkok, Thailand.

Ethical Considerations: The proposal was approved by the Human Research Ethics Committee, Faculty of Medicine Ramathibodi Hospital, Mahidol University, approval number COA. MURA2020/139. Participants were informed about the study objectives and method including potential risks and benefits. Their participation was voluntary and signed a written consent form. During the study, participants were able to withdraw their participation at any time. All data were kept confidential and data files were protected using password, and printed data files were stored in a locked cabinet. A numerical coding was used instead of participant names. The names of all participants did not appear on the document and pseudonyms were used in dissemination of findings, such as P1 or P2. The findings of this study were presented in the whole overview and based on the academic purpose.

Data Collection: After research approval, the principal investigator (PI) contacted the administrators of the hospital, head nurses, and nurses in the clinic for permission to conduct the study. Data were collected between March-May 2020. The PI was a key instrument for data collection, having a qualification for qualitative data collection and analysis as she had undertaken a qualitative research course and had practiced collecting and analyzing qualitative data in the class under the supervision of the professors specializing in this. Face-to-face interviews were employed and conducted in a private room within the gynecology outpatient department.Before starting interviews, the PI developed relationships with participants, introduced herself as a doctoral student, told participants about the study, answered the questions that participants had, and asked for permission to record interview data with handwriting and audio-recording. Two face-to-face in-depth interviews were conducted with each participant and each interview lasted about 1-2 hours. The women were asked to decide what content to share; some stories that they did not want to be told did not need to be told. During interviews, the PI intended to listen to the stories of those women without judgment and prejudice. The second interview with each participant was performed two weeks after the first interview using the same questions to confirm and clarify data together with gaining additional information, and began when a verbatim transcription of the first interview had been already completed and then verified by the participant. Building rapport and trust was done to get participants to share their stories by smiling, making eye contact, actively listening, and making them feel comfortable during the interviews. At the beginning, the PI used open-ended questions about their feelings, such as "How did you feel after the doctor told you the results of your Pap smear?"; "What could the nurse do to help you after you knew the result of your Pap smear?"; and "Please tell me about your needs to care for yourselves." Probing questions were asked to bring out more detailed data, such as "Why do you feel that way?"; "Why do you think that your health care behaviors in the past may influence your cervical cell change?" To diminish asymmetric power relations between the PI and the participants during interviews, the gender power dynamics, medicalization of sexuality, and autonomy in women's health information interactions were taken into consideration.[22,30] The relationship between the participant and the researcher should be non-hierarchical. The PI informed she was a learner while the participant was an experienced person who could teach the PI about the topic. The PI acknowledged female sexuality is value-laden and the participant had autonomy concerning research participation. The researcher wrote reflective field notes while conducting this study to identify any personal bias to ensure the data analysis and interpretation based on the data collected. All interviews were transcribed verbatim by the researcher.

Data Analysis: Data were analyzed by using content analysis described by Miles and Huberman,[31] which consisted of four activities: data reduction, data display, conclusion drawing, and data verification. The analysis was an inductive approach that mainly use raw data from participants to originate themes through interpretation. First, all interview transcripts were repeatedly read by the researcher, the major advisor, and the co-advisor to reach the whole understanding. Meaningful words, sentences, and paragraphs from each transcript were highlighted. Coding was done to reduce

the huge amount of data. Coded data were arranged into sub-categories. Categories were grouped through looking commonality of meanings in each sub-category. Finally, the themes were identified through condensed categories. Data obtained from observations and reflective field notes were analyzed along with interview data to strengthen the validity of the findings. Data collection and analysis were conducted concurrently and carried on until the data reached saturation.[32] According to an alteration approach of Guest et al.[33] to reach data saturation, three main elements including base size, run length, and new information thresholds were applied until less than 5% of new information relevant to study purposes emerged. After interviewing ten participants, no new information emerged, and it was deemed that data saturation had occurred. Data analysis and interpretation were confirmed by the PI's major advisor, and then the findings were verified by the participants and the research team to ensure the accuracy and leading to the mutual consensus of the findings.

Trustworthiness: Four criteria described by Lincoln and Guba[34] were applied to assess the trustworthiness of the study. To achieve credibility, prolonged engagement was done through two in-depth individual interviews, with the PI spending enough time to increase comfort, build trust, and interview participants. Triangulation of data collection was used, including observations, interviews, and field notes. During interviews, the researcher also examined the participants' behaviors, manners, feelings, and emotions, and recorded them after finishing each interview. In terms of member checking, data from the first interview were verified by the participants for accuracy. Regarding transferability, the findings of this study provided thick and rich data so that it could be replicated in further studies with similar situations and populations. Dependability was established by an audit trail in that data collection was checked, the process of analysis was in line with the design, and data interpretation was grounded in the raw data. Confirmability was reached through triangulation and peer debriefing.

Findings

A total of ten participants were willing to participate in this qualitative study. The characteristics of the participants are summarized in **Table 1**.

Table 1. Description of the characteristics of ten participants

ID	Age	Education level	Marital Status	Religion	Employment	Income (Baht/ month)	Age of first sex	Number of partners whom participants had ever had sex with	Contraception methods	Number of children
1	47	Primary school	Cohabitation	Buddhist	Employee	8,000	19	1	Oral pills	3
2	42	Secondary school	Legally married	Buddhist	Employee	12,000	15	1	Oral pills, injection, and sterilization	3
3	27	Bachelor	Legally married	Buddhist	Government officer	15,000	21	2	Oral pills	0
4	30	Bachelor	Cohabitation	Buddhist	Office worker	26,000	17	4	Oral pills and implant	1
5	39	Bachelor	Cohabitation	Buddhist	Self-employee	50,000	20	2	Oral pills	0
6	32	High vocational certificate	Legally married	Buddhist	Employee	12,000	18	3	Oral pills	1
7	37	Bachelor	Cohabitation	Buddhist	Merchant	30,000	25	3	Oral pills and condom	1
8	31	Bachelor	Single	Buddhist	Family business	100,000	17	8	Oral pills, injection	0
9	35	Bachelor	Cohabitation	Buddhist	State enterprise officer	40,000	20	2	Oral pills and condom	0
10	30	Bachelor	Legally married	Buddhist	Government officer	16.000	18	2	Oral pills	0

Three main themes emerged and reflected the perceptions and needs of Thai women after first learning their LSIL cytology results, as described below. The themes and sub-themes are shown in **Table 2**.

Table 2. Themes and sub-themes arising from data analysis

Themes	Sub-Themes
Theme 1: Having emotional responses	1.1 Shock
	1.2 Fear
	1.3 Suspicion
Theme 2: Thinking of health behaviors that induce cervical cell change	2.1 Unhealthy lifestyles
	2.2 Poor personal hygiene
	2.3 Risky sexual behavior
Theme 3: Needing health care	3.1 Health advice
	3.2 Health appointments
	3.3 Ways to get health information

Theme 1: Having emotional responses

This refers to the first emotions and feelings of each woman as she reacted to abnormal cervical cytology results as told by a doctor. Three categories in this theme were:

1.1 Shock. Women were shocked when they knew their results because they had no information about this change before. So, it made them feel surprised. Some participants stated:

> *"I feel like I will faint and numb... I am shocked."* (Participant (P) 1)

> *"I feel frightened because I have never had any information about this before. I only think of getting cervical cancer."* (P7)

> *"I was so shocked, stressed, and crying. When I was panicked, I couldn't control myself. I've cried and regretted. ... I feel like I freaked out."* (P8)

1.2 Fear. Some were afraid of losing their uterus and reproductive ability while others were afraid of transmitting the disease to their partners. Participants' feelings were:

> *"I have fear of getting cancer. After I knew I had abnormal cervical cells and a nurse called and invited me to the colposcopy clinic, at that time I was scared. I was afraid of losing my uterus."* (P2)

> *"I am afraid, and then feel sad. I am afraid that I will lose my uterus and cannot have children. I am afraid that I will take the virus to infect my new husband."* (P6)

> *"I'm afraid that I will get cervical cancer. I think of cancer first. I will be able to have a baby or not."* (P10)

1.3 Suspicion. Most women wondered what the abnormal cervical cells were and what caused them. They thought that they did not have risk factors for cervical cancer. Some wanted to know the treatment process and duration of abnormal cervical cells turning into cervical cancer. As the participants said:

> *"I am wondering what are abnormal cells? Is it dangerous? Why is it abnormal? Because I don't have risk factors and no one in my family has ever got it."* (P4)

> *"I feel wondering what the cause is and how to treat it. How long will the abnormality take to become cancer?"* (P7)

Theme 2: Thinking of health behaviors that induce cervical cell change

This was defined as women's perceptions related to their past health care behaviors that might have caused their cervical cell changes. Three categories were identified:

2.1 Unhealthy lifestyles. referred to a life in which a woman performed activities that were harmful to her health. There were four unhealthy lifestyles that women in this study addressed:

2.1.1 Stress. Most women said that stress might decrease their immunity leading to cervical cell change. Their stress came from personal problems, especially financial problems, and their jobs. Some had personality traits that got easily stressed and anxious. As described by participants:

> *"May it be caused by stress? Yes, I am easily stressed. Most of them are money and personal matters. I am often stressed concerning money and income."* (P2)

> *"Normally, I am easily anxious. In my opinion, it may be caused by stress because stress may reduce the immune system."* (P3)

> *"I think when we are stressed, our health will also deteriorate. Last year I was diagnosed with depression due to a job change and health problem. Now I get better. I'm stressed about my job and income changes."* (P9)

2.1.2 Unhealthy eating behaviors. This was defined as poor eating habits, by selecting to eat unhealthy food and drinks. Many women were concerned about fermented food, such as papaya salad with pickled fish which might result in cervical cell change. Some worried about chemical substances in vegetables and meat, drinking alcohol, or eating fast food, like French fries might cause cervical cell changes. Those participants explained:

> *"I think it is caused by eating or not. I'm afraid that vegetables contain chemical substances. Also, pork contains chemical substances. In the past, sometimes I did not wash vegetables cleanly."* (P1)

> *"In the past, when I got stressed, I would often drink alcohol. I think it may affect."* (P6)

> *"I usually eat unhealthy foods. I like to eat fast food, such as French fries, KFC. I also like to eat grilled streaky pork, sometimes scorched. I often eat raw salmon, raw beef, pickled crab. Also, I don't eat on time."* (P8)

2.1.3 Lack of physical activity. This referred to not getting adequate exercise that related to low immunity. Most women did not have time to exercise. Some were not interested in exercise. Consequently, they believed that little exercise could induce cervical cell change. As the participants mentioned:

> *"I rarely exercise. I am not sure that it is related or not. I am not interested in exercise. Once in a while, I will exercise."* (P3)

> *"I have a problem with my left leg. When I stay at home, I sometimes lift dumbbells and walk a little. I focus on doing housework to sweat it out. Little physical activity may be related to cervical cell change due to low immunity."* (P5)

> *"I don't have time to exercise. Sometimes I feel tired from work. I think it may be due to my lack of exercise."* (P10)

2.1.4 Inadequate sleep. was viewed as not having enough rest, relaxation, and quality sleep that might be relevant to cell changes. Most women did not get enough rest and slept late. Some women had difficulty sleeping, for instance:

> *"Normally, I do not get enough sleep. I have to wait for my child to sleep first. Sometimes I cannot sleep. I am not sure that it involves not getting enough sleep, sleeping late, and getting up early or not."* (P4)

> *"I cannot sleep well because I often get up to go to the toilet at night. My time to bed is uncertain because it depends on my job. Is this related to cell change?"* (P5)

"About one week before my period, I can't sleep. I think it results from hormones. Also, I'm always anxious so it makes me sleepless. Some days I wake up in the middle of the night. I think that inadequate sleep affects my health." (P9)

2.2 Poor personal hygiene. This was relevant to using the restroom and cleaning the external genital organs. Most women utilized public toilets and were worried about the cleanliness of the public toilets. Some believed that not drying their external genital organs could cause dampness which might result in abnormal cervical cells. Some women thought of other causes, that is, using feminine hygiene soap to clean their external genitalia and using a panty liner daily. Besides, methods of flushing women's external genital areas, such as wiping their external genital areas from the back to the front and using a shower to flush their genital areas, might irritate their genital organs leading to cell change. Some participants said:

"I don't know if it is related to using public toilets or not... an unclean toilet with a bad smell. I realize that my toilet usage behavior is unhygienic. I think it may be related that I may clean my external genital areas in the wrong way. I wipe it from the back to the front because it is easy." (P5)

"Cervical cells may change from the dampness of external genital areas. When I take a shower, I use the shower to flush my external genital areas. Because of strong water pressure, I think that it may affect or not." (P6)

"I have been using a panty liner since I was in high school. It may cause dampness. I think this induces cervical cell change. ... I use sanitary soap every time during my period. I often use my fingers to flush the inside of my vagina. I feel clean" (P10)

2.3 Risky sexual behavior. This meant having multiple sexual partners, early sexual activity, and not using a condom. Most women recognized that having many sexual partners and not using a condom might cause their abnormal cervical cells. Some woman thought that having sex at an early age might lead to abnormal cervical cells, for example:

"Is it related to sexual intercourse? I have had sex since I was fifteen years old." (P2)

"It is caused by unprotected sex, right? May it be living life in the risks? Is it like having sex without protection? As far as I know, it results from HPV, right? Having multiple sexual partners may increase risk." (P3)

"I think I had sex early and had multiple sexual partners. But I'm not a one-night stand." (P8)

Theme 3: Needing health care

This theme referred to women's requirements to make them healthy and to encourage them to sustain self-care behaviors with a nurse's assistance. Three sub-themes were identified:

3.1 Health advice. was defined as any consultation or advice from nurses about health information. Health knowledge that women needed was related to cervical cancer, abnormal cervical cells, risk factors, causes, treatment, and prevention. Many women also wanted to know how to care for themselves and some described:

"I need information, suggestions, and how to behave when I had abnormal cells. I want to know how to take care of myself, such as sexual behaviors. For me, I want information about abnormal cells because it makes me too frightened." (P3)

"I want to know how to treat it if my result is cancer. Besides, I need suggestions in terms of the causes of abnormal cells, treatment, and how to perform self-care because I have never had the information before." (P7)

"I want a nurse to advise me on self-care and understanding of disease including HPV. ... I don't know what is HPV. I don't know that HPV implies cervical cancer or not. I need clarity on this issue." (P8)

3.2 Health appointments. Women wanted to track their cervical biopsy results and have a follow-up doctor appointment. Some wanted appointments with nurses who could talk, followup, or monitor their health after they met the doctors. As the participants said:

"I will wait to hear my biopsy result from the doctor first." (P4)

"I want a nurse to monitor my result, such as asking "How are you?" or "Do you have any problems?" I may ask to talk to a nurse after the appointment has been made." (P5)

"I want a nurse to follow-up and ask about my symptoms or ask how it is. ... I want a nurse to make an appointment as soon as possible." (P10)

3.3 Ways to get health information. This refers to the methods by which women wanted to get health information from nurses. Four ways were mentioned:

3.3.1 Direct contact with nurses. referred to wanting a nurse to suggest and talk to them directly. Some women gave their opinions:

"I want a nurse to tell and suggest to me what to do." (P1)

"It would be better to talk to the nurse in a face-to-face manner." (P5)

"I want a nurse to be a counsellor whom I can ask questions with or ask for suggestions. They may give counseling once a month or once every two months or something like that." (P10)

3.3.2 Through health materials. referred to different types of health documents that women needed, such as leaflets, booklets, or manuals. They also needed digital knowledge because they could access information easier. As participants mentioned:

"I can read on my mobile phone. If I read it on my mobile phone, I probably won't forget it. I like to use mobile phones more than others because it's convenient and portable." (P2)

"Nurses may give me in the form of leaflets or manuals about how to behave." (P7)

"I want a brochure that has comprehensive content to give me information and knowledge. ... or making a book is good for people who don't use smartphones." (P8)

3.3.3 Through telephone contact. referred to communicating over the phone. Most women needed nurses to contact them via cell phones, such as telephone calls or Short Message Service (SMS). As participants said:

"I think that it's okay if nurses will send a message to remind me. It's like someone cheering me up." (P3)

"After I received advice from nurses, I would like the nurse to call me to monitor my result... if you send me a message, I can also read it." (P4)

"I want a nurse to call to follow-up, advise, and encourage me." (P9)

3.3.4 Through Internet. referred to sharing and communicating health information between women and nurses through the Internet such as on some websites and social media. Some women said that:

"The easiest way for me is Google, the Internet, or an application or an e-book in order to get this knowledge. However, I think the e-book is the easiest method." (P3)

"The most popular social media is the LINE application. I would like a nurse to create a LINE group for women with the same condition, but the nurse will face with people who ask a lot of questions. Why does it have to be a LINE official? Because nurses perhaps need privacy." (P5)

"I want a nurse to create a Facebook page to educate women about the disease, especially HPV, and to provide a space to share opinions among women with abnormal cervical cells. It's not embarrassing because it's now a private group. Admin can select people who can join the group." (P8)

Discussion

The findings of this study revealed that perceiving LSIL cytology results of Thai women had an effect on their health and emotions, including feeling shocked, fearful, and suspicious. The findings were congruent with prior qualitative studies showing that initial response of women with abnormal Pap smear was shock after getting an unexpected result.[9] Many women reacted with shock, panic, or tears when they first knew abnormal Pap smear results[8] because they had no symptoms, and they were not mentally prepared to recognize the abnormal Pap smear results.[35] This was the bad news for them. From a feminist viewpoint, it is believed that women are more sensitive to issues related to sexuality; many women have negative emotions when they know about the cervical disorder because it involves their future fertility, sexual relationships, and marital relationships.[9,35-36] Participants had fear of getting cervical cancer, in line with a previous study revealing that most women thought of cervical cancer first because they linked their results to this.[36] Regarding fear of getting cancer, most participants also expressed a fear of procedures, of future reproductive loss, and repulsion to having a sexually transmitted infection.[9] One study to explore stress situations among Thai women with abnormal Pap smears showed that participants were afraid of losing their uterus and reproductive functions, or transmitting HPV to their partners.[16] The uterus is a symbolic organ of a woman representing its reproductive ability,[37] and the loss of the uterus can alter self-perception.[38] Maintaining the uterus and childbearing capacity is involved in shaping the image of a woman, thus an understanding of women's ideas about their bodies and female identities is a socio-cultural stereotype that should be realized in the context of illness and care.[38] In addition, many women were skeptical about the severity level of abnormal cervical cells and its treatment because they were afraid that their condition was constantly progressing; so, their concerns should be elaborated.[8] Several women were anxious about abnormal cervical cytology results and severity of the findings, especially the results of the cervical biopsy. According to an earlier study, being informed of an abnormal Pap smear result and a referral for colposcopy were correlated with anxiety and slightly impaired psychosocial aspects of health-related quality of life.[9] In a Thai study, the results demonstrated that women with abnormal Pap smear results were more anxious, surprised, and depressed with their results than women with a negative for Pap smear results, and the most common concerns of those women were getting cervical cancer.[39] Likewise, the prevalence of anxiety was statistically significantly higher in Thai women with abnormal cytology.[40] Nonetheless, some Thai women with abnormal Pap smears could not differentiate between low and high grade abnormal cervical cytology, and thus they were unable to express anxiety difference towards the severity of abnormal cervical cytology.[14] Thus, nurses should value women's emotional responses by listening attentively to their stories, and provide significant information to satisfy their needs.

Moreover, our participants with LSIL cytology results perceived that their past health behaviors might have induced their cervical cell changes. Those past health behaviors consisted of their unhealthy lifestyles (such as being stressed unhealthy eating behaviors, lack of physical activity, and inadequate sleeping), poor

personal hygiene, and risky sexual behavior. A former study revealed that women were concerned about risk factors for cervical cancer, especially having more than one partner and lack of genital hygiene.[36] As a result, women with abnormal Pap smear results needed to make lifestyle changes because they believed that the body has the potential to heal itself.[9] Since HPV infection is related to the immune system,[41] supporting immune system function and avoiding risk factors helps prevent the progress of LSIL to a more severe lesion. From the spontaneous regression rate of LSIL, there is a chance to return to normal in about 66.2% of women at 2 years.[6] Nevertheless, LSIL tends to progress to more severe lesions, if women do not receive adequate management and continued care.[12] Healthy lifestyle behaviors such as stress management, dietary consumption, physical activity, avoidance of smoking, and safe sex behaviors are viewed as primary prevention of cancer.[7] Accordingly, the use of relaxation, exercise, better sleep patterns, and dietary reference intake might enable women to gain more control over their condition.[42] A previous study reported that dietary consumption was associated with the risk of developing higher grades of cervical neoplasia and cancer.[43] It was also found that preventive self-care behaviors of women were related to understanding of health and disease, health knowledge, and awareness of health risks.[44] In feminist thinking, women have autonomy to select personal healthy lifestyles and performing self-care is self-preservation of women's health. However, it was found that women are empowered when "they have knowledge, abilities, resources, and motivation" to lead a healthy lifestyle.[45,p.29] Therefore, perceiving health behaviors that induce cervical cell change in the past will guide for health behavior practice to promote good health and well-being in the future whereby nurses can support and empower women through providing health information.

Regarding their needs, it is important to value women's lived experiences through a feminist lens by reflecting on what they want to improve for their health.[24-25] By listening to women talk about their needs, nurses can get insights and understanding regarding their needs and respond to these through the proper approaches for care delivery. A significant need that women this study wanted addressed was health assistance from nurses to provide health advice, health appointments, and ways to get health information. First, women needed knowledge about their condition and information about self-care. A previous study revealed that women with abnormal Pap smear results wanted information relevant to the meaning of cellular changes, possible effects on fertility, and getting cervical cancer.[9] In addition, women with abnormal cervical cytology were increasingly anxiety when they received inadequate knowledge of HPV, abnormal cervical cytology, and cervical cancer.[14] Most women wanted advice on how to take care of themselves for their abnormal cervical cells. Perceptions of health and disease, health knowledge, and awareness of health risks play a vital role in promoting preventive self-care behaviors.[44] When women have understanding, precise knowledge, and awareness of their lesions, they can properly care for themselves through health advice. Second, the women in this study needed to know their cervical biopsy results as soon as possible because they were afraid that the results would become more severe lesions. They needed nurses to follow or monitor periodically their appointments and health, such as possible abnormal symptoms. Third, the ways to get health information were identified: 1) direct contact with nurses; 2) through health materials; 3) through telephone contact; and 4) through Internet. Most women wanted some suggestions from nurses directly in a face-to-face communication. Similarly, an earlier study demonstrated that women receiving abnormal Pap smear results needed oral information in one-on-one communication.[9] Regarding health materials, women needed written materials, such as leaflets, booklets, and manuals, or the digital knowledge. A former study recommended that health care providers should provide an explanation of health information and offer written materials to women.[14] Due to advanced technology, mobile phones were now another channel to deliver health information to women. Besides, women needed nurses to monitor or follow-up their health and appointments through a telephone call or Short Message Service (SMS.) From a study exploring the feasibility of using mobile

phones to improve the management of precancerous lesions of the cervix, it was found that the use of mobile phones, especially SMS, was of interest to women with abnormal Pap smears because it was convenient, and saved cost and time; however, issues of confidentiality and privacy were a concern.[46] Internet communication was another method of communicating various information, such as Google, LINE application, and Facebook. Some women stated that the information from Google was scattered and non-specific. Moreover, knowledge regarding abnormal cervical cytology on website written either in English or in Thai language with technical terms makes it difficult for women to understand.[14] Accordingly, some women wanted some advice from nurses to respond their doubts. As users, they can share a wide variety of information on social network sites like Facebook, and concern about others having access to personal data is growing.[47] Therefore, nurses should be aware of privacy and confidential issues for the use of Internet communication.

Limitations

This study was conducted during the COVID-19 pandemic. The number of women visiting the doctor decreased, and it took time to recruit participants. Due to social distancing, the time spent on a face-to-face interview was limited because most participants were in a hurry to go back home. Some participants had babies; therefore, the researcher interviewed them according to their convenience. Although there was a small sample size, data revealed a deep dive into women's experiences and gathered rich information.

Conclusion

This study adopted a feminist approach focusing on the perception of women, aiming to make women's perceptions and needs visible, raise their awareness about their health, and empower them. The researcher encouraged women to share their perceptions as freely as possible to gain the insight data and listened to women' stories carefully without judgement. The findings of this study provided deep insights about women's health perceptions at the time when women first knew their cervical cytology results. Many women worried about getting cervical cancer. Some wondered what caused abnormal cervical cells, while others thought about their past health behaviors that might induce cervical cell change. Three health needs which women wanted from nurses were: health advice, appointments, and ways to get health information. Providing accurate health information through different channels (direct contact, health materials, telephone contact, or Internet resources) by nurses can help alleviate women's concerns. Therefore, knowing women's health perceptions and needs and involving them in their care and treatment is a good way to support them in managing their own health and well-being, resulting in adding value to women's lives and improving the quality of care.

Implications for Nursing

According to feminist viewpoints, nurses can provide a space for women's voices to be heard, learned from, valued, and become a source of empowerment. Based on the valuable findings, nursing practice to support women with LSIL cytology results should value women's autonomy and provide an opportunity for them to ask questions and express their individual needs. Nurses should educate women about the objective and importance of attending further investigations and follow-up. For future research, these empirical findings also can be used to develop the self-management support program that responds to women's need to improve women's health and quality of life by implementing a feminist perspective to conduct the intervention research which will support women's autonomy and capacity to make choices for their own health. From this study, it is also suggested to implement hospital policies to provide facilities to support health counselling services of nurses and to support nurses in receiving specialized training in women's health nursing to provide coordinated, comprehensive, and quality health care.

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การรับรู้และความต้องการของผู้หญิงที่มีเซลล์ปากมดลูกผิดปกติเล็กน้อย: การวิจัยพรรณนาเชิงคุณภาพ

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บทคัดย่อ: ในแต่ละปี ผู้หญิงจำนวนมากตรวจพบเซลล์ปากมดลูกผิดปกติเล็กน้อยโดยผ่านการตรวจคัดกรองมะเร็งปากมดลูก สิ่งสำคัญคือ ต้องเข้าใจการรับรู้และความต้องการของผู้หญิงเหล่านั้น เพื่อเพิ่มความตระหนักในตนเองและการดูแลตนเองของผู้หญิง รอยโรคของเซลล์ปากมดลูกผิดปกติเล็กน้อยจะหายได้เองหากผู้หญิงมีภูมิคุ้มกันดี การศึกษานี้มีวัตถุประสงค์เพื่อที่จะสำรวจการรับรู้และความต้องการของผู้หญิงไทยหลังการค้นพบรอยโรคเซลล์ปากมดลูกผิดปกติเล็กน้อย ซึ่งใช้การศึกษาวิจัยเชิงคุณภาพร่วมกับแนวทางสตรีนิยม ระยะเวลาการศึกษาอยู่ระหว่างเดือนกุมภาพันธ์ พ.ศ. 2563 ถึงเดือนมิถุนายน พ.ศ. 2564 ผู้เข้าร่วมการวิจัยทั้งหมดจำนวน 10 คน คัดเลือกกลุ่มตัวอย่างแบบเจาะจงตามเกณฑ์การคัดเข้าและออก เก็บข้อมูลโดยการสัมภาษณ์เชิงลึกแบบตัวต่อตัวจำนวนสองครั้งในแต่ละคน และนำข้อมูลที่ได้จากการถอดเทปเสียงมาวิเคราะห์โดยใช้วิธีการวิเคราะห์เนื้อหา ผลการศึกษาสามารถจัดกลุ่มได้เป็น 3 ประเด็นหลัก ประกอบด้วย 1) มีการตอบสนองทางอารมณ์ ได้แก่ ตกใจ กลัว และสงสัย 2) การรับรู้ถึงพฤติกรรมสุขภาพที่ส่งผลต่อการเปลี่ยนแปลงของเซลล์ปากมดลูก ประกอบด้วย วิถีชีวิตที่ไม่ดีต่อสุขภาพ สุขอนามัยส่วนบุคคลที่ไม่ดี และพฤติกรรมเสี่ยงทางเพศ 3) ความต้องการการดูแลสุขภาพ ซึ่งประกอบด้วย คำแนะนำทางสุขภาพ การนัดตรวจสุขภาพ และช่องทางการเข้าถึงข้อมูลด้านสุขภาพ

ผลของการศึกษาวิจัยนี้เผยให้เห็นว่า ผู้หญิงรู้สึกอย่างไรกับการมีเซลล์ผิดปกติเล็กน้อยที่ปากมดลูก ซึ่งเป็นส่วนสำคัญของอัตลักษณ์ของผู้หญิง ตลอดจนความผิดปกติดังกล่าวเกิดขึ้นได้อย่างไร และต้องการการดูแลและการติดตามในเรื่องอะไรบ้าง จากมุมมองของสตรีนิยม การค้นพบเหล่านี้ให้ข้อมูลที่เกี่ยวข้องกับความเป็นส่วนตัวของผู้หญิงที่ช่วยให้พยาบาลเข้าใจอย่างลึกซึ้งในเรื่องการรับรู้และความต้องการของผู้หญิงหลังรับรู้ผลเซลล์ปากมดลูกผิดปกติเล็กน้อยครั้งแรก ดังนั้นพยาบาลสามารถใช้ผลการศึกษานี้เพื่อออกแบบโปรแกรมสนับสนุนการจัดการตนเองและอำนวยความสะดวกในการดูแลสุขภาพอย่างต่อเนื่องผ่านการให้คำแนะนำและจัดการนัดหมายติดตามผลที่สำคัญเพื่อตอบสนองต่อความต้องการของผู้หญิง

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คำสำคัญ: เซลล์ปากมดลูกผิดปกติเล็กน้อย แนวทางสตรีนิยม การรับรู้ ความต้องการ ผู้หญิงไทย การพยาบาล

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