OPEN ACCESS
Saudi Journal of Biomedical Research
Abbreviated Key Title: Saudi J Biomed Res
ISSN 2518-3214 (Print) |ISSN 2518-3222 (Online)
Scholars Middle East Publishers, Dubai, United Arab Emirates
Journal homepage: https://saudijournals.com

Original Research Article

Breast Cancer Management and Availability of Social Support System to Affected Persons in Calabar, Nigeria

Udosen J. E.[1], Akwiwu E. C.[2*], Akpotuzor D. U.[2], Akpotuzor J. O.[2], Onukak E. E.[2]

[1]Department of Surgery, University of Calabar, Calabar, Nigeria
[2]Department of Haematology and Blood Transfusion Science, University of Calabar, Calabar, Nigeria

DOI: 10.36348/sjbr.2023.v08i01.001 | **Received:** 29.11.2022 | **Accepted:** 07.01.2023 | **Published:** 12.01.2023

***Corresponding author:** Akwiwu E. C
Department of Haematology and Blood Transfusion Science, University of Calabar, Calabar, Nigeria

Abstract

The level of awareness of breast cancer is still growing particularly in developing countries such as Nigeria. Unfortunately, the down side of low awareness include among others, the lack of adequate social support systems. It is therefore necessary look into the availability of support systems for breast cancer patients. This cross-sectional descriptive study enrolled 40 females accessing medical care for breast cancer purposively in a tertiary hospital in Nigeria. The study participants had received chemotherapy following the surgical removal of the tumour. They were on post-chemotherapy routine check as at the time of the study. A structured questionnaire was administered by two trained interviewers to obtain information on available support system to the study participants. Attitude to the condition among the patients included anxiety and fear (47.5%) as the highest while optimism was the least on the ranking at 25%. Those whose spouses were supportive ranked low at 12.5 %, while majority of them reported their spouses to be indifferent to their situation. Again, support from other family member's apart spouses was low at 7.5%. None of the participants was receiving formal support from any agency as at the time of the study. The study concludes that anxiety and fear are prevalently experienced among breast cancer patients in the study area, while optimism is at a low ebb. Support systems exists solely within the informal circle of family and even at that, very few experience good support from family.
Keywords: Breast cancer, therapy, social support system.

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INTRODUCTION

Healthcare delivery in resource-poor settings can be quite challenging. Aside from dealing with the pressure of inadequate infrastructure, health-seeking behaviours of the populace are often low. Cumulatively, these factors translate to late detection and poor management of disease conditions in such settings [1-3]. This is even compounded by the vulnerability of women with regards to earning power as observed in developing countries. Thus, beside possible genetic influences, disproportionate distributions of quite a number of medical conditions against the female gender appear to be common [4-7]. Breast cancer occurs predominantly in women of child-bearing age and contributes significantly to maternal mortality particularly in relation to other cancers [8-10]. Breast cancer therefore deserves attention both in the area of prevention and management of patients. Proper management extends from direct therapeutic intervention to supportive care. Interestingly, much attention is given to the former, while supportive care is often left unmonitored.

The level of awareness of breast cancer is still growing particularly in developing countries such as Nigeria. Its medical management faces the challenges of late presentation and poor health insurance coverage [11]. Epidemiological data remains largely undetermined as reported studies are mainly hospital-based [12, 13]. Prevailing advanced stage detection with attendant poor outcome has been reported [14, 15]. Exploring possible social factors influencing breast cancer management has become necessary because the extent to which the journey through therapy can be bearable to breast cancer patients may depend on the nature of support available to them [16]. Considering that the down side of low awareness include among others, the lack of adequate social support systems, it would be helpful to look into the availability of support systems for breast cancer patients. This could reveal

possible gap in the holistic medical management of the condition.

MATERIALS AND METHODS

Study Site

The present study was conducted at University of Calabar Teaching Hospital, Calabar in Nigeria. Ethical approval was obtained from the institutional Health and Research Ethics Committee. Informed consent was obtained from each participant enrolled in the research and confidentiality was maintained.

Subjects

This cross-sectional descriptive study enrolled 40 females accessing medical care for breast cancer purposively. The study participants had received chemotherapy following the surgical removal of the tumour. They were on post- chemotherapy routine check as at the time of the study.

Data Collection and Analysis

Bio-data and information on clinical assessment were obtained from patients' case files. A structured questionnaire was administered by two trained interviewers to obtain information on available support system to the study participants. Data was entered into Excel spreadsheet to calculate frequency of variables.

RESULTS

The enrolled breast cancer patients were adult females. They were all literate with the frequency of those who attained tertiary level of education being higher than those with secondary level of education. These subjects were also mostly married (87.5%). Those with four and two children were higher standing at 30% and 25% respectively. The ones with no child made up 15% of studied population (Table 1).

The prevailing attitude to the condition among the patients is one of anxiety and fear (47.5%). Optimism was the least on the ranking (25%) as experienced by the study participants. Those whose spouses were supportive ranked low at 12.5 %, while majority of them reported their spouses to be indifferent to their situation. Again, support from other family member's apart spouses was low at 7.5%. None of the participants was receiving formal support from any agency as at the time of the study (Tables 2 and 3).

Table 1: Characteristics of enrolled Breast Cancer Patients

Demographics	Number (n = 40)	Percent (100)
Educational level		
Primary	0	0
Secondary	18	45
Tertiary	22	55
Marital status		
Married	35	87.5
Single	5	12.5
Number of Children		
0	6	15
1	3	7.5
2	10	25
3	4	10
4	12	30
5	2	5
6	3	7.5

Table 2: Attitude to Breast cancer among patients and their relatives

Parameter	Number (n = 40)	Percent (100)
Self-Attitude		
Anxiety/ Fear	19	47.5
Depression/ Withdrawal	11	27.5
Optimistic	10	25
Spouse's Attitude		
Avoidance/ Abandonment	7	17.5
Indifference	23	57.5
Supportive	5	12.5
No Spouse	5	12.5
Family's Attitude		
Not disclosed to family	21	52.5
Avoidance/ Abandonment	16	40
Supportive	3	7.5

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Table 3: Available support systems to Breast cancer patients

Parameter	Number (n = 40)	Percent (100)
Informal Support		
Spouse	5	12.5
Other Family members	3	7.5
Friends	2	5
Organised Groups	0	0
No support	30	75

DISCUSSION

Breast cancer remains the commonest cancer among women [9]. All participants of the present study were observed to be females. Majority of them were married but less than half of the married ones received support from their spouses. Focused group discussion on the attitude patients received from their spouses further revealed that most of the unsupportive husbands entertained wrong notions of breast cancer. While some thought it was contagious, others struggled with loss of sexual appeal to their wives. Despite being counselled at the hospital to the contrary, such attitudes persist among some spouses and family members to many of the breast cancer patients. Reports on social support for breast cancer patients are not so common. This could be a reflection of its neglect in the discourse on breast cancer management. However, an earlier study in Ghana reported a contrary but impressive finding on social support for their population of breast cancer [16]. So far, formal support systems either from the government or non-governmental agencies appear to be lacking in Nigeria. None of the study participants received such support through the period of therapy. This may be impacting adversely on the ability of patients with no informal support to sustain treatment given how financial constraint has generally affected health conditions disproportionately affecting women in the study locality [1, 6, 17].

Stigmatisation to certain health conditions continue to militate against early detection and proper management of such conditions [4, 18]. Despite increasing literacy, awareness of health conditions remains at a low ebb. It is worrisome that for a condition recognized by the world health organization to be contributing to maternal mortality to the tune of, patients are yet to receive good social support for medical care. Added to the trauma of the disease, is the lack of support systems. I'm fact, some breast cancer patients suffer from abandonment. For a country that is low on health insurance coverage as well as health support agencies, lack of support from family leave little or no hope for affected ones [19, 20]. This could lead to irregular hospital check-up, discontinuation of therapy or even denial of condition. Presently, mass campaign strategies in the form of media jingles aim at encouraging the public to practice regular self-examination of the breasts and reporting promptly for medical care if abnormalities are observed. Yet between this laudable approach towards early detection and the actual evidence of presentation at advanced stages of the disease, there exists a gap. Exploring the findings of this study further in the general population would undoubtedly reveal possible unattended aspects of breast cancer intervention strategies.

CONCLUSION

Anxiety and fear are prevalently experienced among breast cancer patients in the study area, while optimism is at a low ebb. Support systems exists solely within the informal circle of family and even at that, very few experience good support from family.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

Funding

No external funding was used for this study.

Authors' Contributions

*Udosen JE, Akwiwu EC and Akpotuzor JO – Research idea and design
*Akpotuzor DU and Onukak EE – Sample analysis and literature search
*Udosen JE and Akwiwu EC – Data analysis and writing of manuscript
*Akpotuzor JO – Reviewed the manuscript

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