

**UNIVERSITY OF ZIMBABWE**



**EXPERIENCES OF BREAST CANCER TREATMENT AMONG WOMEN IN  
HARARE**

**By**

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**DECLARATION**

I, Maureen Tshuma, Registration Number R096178C, do hereby declare that this work is of my own origin and it has not been submitted to any institution of higher learning, for the award of any degree, diploma, certificate or any other qualification.

Signature.....

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## DEDICATIONS

I dedicate this dissertation to;

- Melusi, my husband, without whose support this effort would have been worth nothing;
- Tshepo and Lebohang, my sons, for whom education must forever remain the blueprint  
for success;
- My mum, for always believing in me. I love you so much mum. This is for you;
- To all women who participated in this study, who through the challenges they faced, have  
developed the strength of character to overcome the adversities of breast cancer and its  
treatment. I say to you, “Long live!”

## **ABSTRACT**

*This study is an investigation of the traumatic experiences of Harare women diagnosed with breast cancer. Additionally, the study examines the treatment regimens prescribed for the women and the manner in which they improvise appropriate coping mechanisms to suit their particular circumstances and temperaments. It also investigates the various factors that appear to impact upon the administration and progress of the treatment prescribed for the afflicted women. The study is situated within the structure-agency construct and places greater emphasis on actor-oriented perspectives as embodied in the works of Norman Long (1992). Long's informative work articulates how the notions of structure and agency influence both individual and collective responses as the women undergo breast cancer treatment. This study utilizes a qualitative research methodology and the corresponding research methods. Its findings are based on data collected from a non-probability method using the snow ball sampling technique. The data-collection technique used for the study was the semi-structured in-depth interview with a target group of five (5) Harare women. Indications from the study are that women for whom breast cancer treatment is prescribed are subject to numerous side effects that include physical body image changes, health-related changes and psychological challenges. Other factors under consideration include monetary issues, religious and traditional beliefs, socio-cultural factors, aggressive treatment regimens, factors relating to rejection and institutional factors. The study further shows that different women respond differently to breast cancer therapy and also employ various individualised coping mechanisms including psychosocial support, counselling, religion, acceptance and the use of complementary and alternative medicine. The study also shows that the aggressive treatment regimens lower the women's quality of life with the women often feeling worse than before the prognosis of breast cancer. The study recommends that further investigations into the phenomenon of breast cancer treatment be carried out.*

**Key words;** *experience, breast cancer, treatment, women*

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## **1. INTRODUCTION**

An in-depth and comprehensive academic study that is specific to Harare was conducted to capture the voices of women who have experienced breast cancer treatment. Breast cancer is a life-threatening disease often accompanied by debilitating treatment-related side effects. It is regarded by many as a silent killer. Breast cancer does not discriminate by social class, culture, race, ethnic origin or colour. Women diagnosed and treated for breast cancer experience a condition that changes almost every aspect of their lives. Their lives often become restricted socially, physically and psychologically. The body is confronted by aggressive medical procedures and the subsequent treatment-related side effects which often evoke emotional depression as the mind struggles to comprehend and to manage the fatal ailment (Baucom *et al.*, 2006; Draper, 2006; Lauver, Connolly-Nelson, & Vang, 2007; Avis *et al.* 2005; Holland, 2003). Several factors that can affect the treatment of breast cancer have not been dealt with in great detail because attention has been on the bio-medical aspect of the treatment and the drugs (Mwinyi *et al.* 2014; Baron *et al.* 2014). In both developed and developing nations, breast cancer is reported as the most common cancer in women. While breast cancer is often thought to be a disease of first world nations, it should be noted that the majority of breast cancer deaths (69%) occurs in third world countries (WHO, 2008). This in part is due to late detection of breast cancer as well as lack of information and knowledge about the disease in third world countries. There is no universal experience of breast cancer treatment. The quest of the study was to gain an understanding of the experiences of breast cancer treatment among women in Harare. In addition it also looked at the factors affecting the treatment of breast cancer and identified coping mechanisms. This is an academic study which seeks to add to the body of knowledge an understanding of experiences of breast cancer treatment among women.

### **1.1 Background of the Study**

Research has shown that more women are being diagnosed and treated for breast cancer worldwide (Seer Surveillance Epidemiology & End Results, 2009; American Cancer Society, 2009b). The causes of breast cancer are unknown but there are high risk factors which may predispose women to develop breast cancer. In both developed and developing countries, breast cancer is recorded to be causing cancer mortality among women and is the most

common of the cancers afflicting women (Jemal *et al.*, 2011; Zainal and Saleha, 2011). In Zimbabwe reports show that there were 3 519 new cancer cases recorded in 2009. Of these new cases, 1 427 (40.6%) were among males and 2 092 (59.4%) among females (Zimbabwe National Cancer Registry, 2009). Breast cancer among black Harare females had a prevalence rate of 13.7% and was reported the second common after cervical cancer.

Every year more women are diagnosed with breast cancer worldwide. Some of the women successfully undergo treatment whilst others die from the disease. Cancer treatment procedures in Zimbabwe include surgery, chemotherapy and radiotherapy as well as hormone therapy. Women diagnosed with breast cancer are confronted with the aggressive treatment regimens which often cause numerous health-related problems, physical impairments and psychological disturbances (Schmid-Buchi *et al.* 2008). Breast cancer treatment is a complex experience with medical and psychosocial concerns and demands from the time of prognosis. Many needs associated with it may linger into the post-treatment phase (Hoffman *et al.*, 2009; Recklitis *et al.*, 2010). This phase entails various self directed tasks like symptom management and surveillance of recurrence (Yeh *et al.*, 2010). The treatment-related side effects and health problems that are experienced due to radiotherapy and hormone therapy are less demanding than those caused by chemotherapy. In some cases the medical health related problems and some of the side effects are temporal and fade away on completion of treatment whilst other health problems are permanent and persistent long after treatment and this may cause emotional distress among women who undergo breast cancer treatment. The medical treatment procedures are intrusive and aversive often leading to negative outcomes which include decreased physical function, psychosocial disruptions, decreased psychosocial adjustments and negative changes in life perspectives (Arman & Rehnsfeldt, 2003; Bloom, 2002).

Women diagnosed with breast cancer are often put under great pressure which demands them to cope with the treatment and its adverse side effects (Fergus & Gray 2009; Northouse 2005). The recovery process too can be a difficult experience which often leads to emotional depression and stress. The diagnosis and treatment of breast cancer has the effect of threatening a woman's capability to attain the goals of her life. The continuation of life assumes the status of being the main salient goal. Adjusting to breast cancer diagnosis and treatment is different for all women; some women show improvements with time whilst others experience deteriorations in their functional capacities. It is imperative to recognize

that breast cancer treatment is a strenuous experience which results in women experiencing changes in their quality of life and can affect entire life plans. It is against this background that this study aims to increase knowledge about the experiences of breast cancer treatment, the factors affecting treatment of breast cancer and coping mechanisms.

## **1.2 Definition of key terms**

### **Breast Cancer**

The American Cancer Society (2013:2) defines breast cancer as, “.....a malignant tumour that starts in the cells of the breast. A malignant tumour is a group of cancer cells that can grow into (invade) surrounding tissues or spread (metastasize) to distant areas of the body”. It is a disease that is common in women though rare cases of the disease have been reported in men.

### **Treatment**

For the purposes of this study, the term treatment is used to refer to a number of interventions, including surgery, chemotherapy, radiotherapy and hormone therapy. The main aim of these interventions is to cure the disease or improve the patient’s quality of life thereby prolonging it (Cancer Fact Sheet, 2011). Treatment encompasses any kind of intervention formally prescribed by bio-medical practitioners.

### **Surgery**

Surgery in this study refers to the medical procedure of removing a breast tumour. In most cases it involves the removal of the entire breast and affected lymph nodes under the arm. In medical terms, the removal of the entire breast is known as a radical mastectomy.

### **Chemotherapy**

Chemotherapy, commonly known as chemo, is the treatment of cancer by the use of cancer-killing chemical substances or drugs. The drugs are usually injected into a vein or by mouth into the bloodstream to reach and destroy cancer cells in the body (American Cancer Society, 2013). Chemotherapy is administered in cycles: it is usually a 21 or 28-days cycle. A patient needs a minimum of six cycles and these can go up to twelve.

## **Radiotherapy**

Radiotherapy also known as radiation therapy is treatment which destroys cancer cells in the body through the use of high-energy rays. It lowers the chances of cancer recurrence in the body.

## **Hormone Therapy**

It is a treatment which involves the uptake of the tamoxifen drugs which helps to prevent the recurrence of abnormal cancerous cells in the body (American Cancer Society, 2013). The tamoxifen drugs also help to balance up body hormones after chemotherapy and radiotherapy.

## **Experiences**

According to Scott and Marshall (2009), experiences are the first-hand accounts and impressions of living as a member of a group or family. In the present study women give accounts of what it is to undergo breast cancer treatment.

### **1.3 Statement of the Problem**

Recent studies (Akamatsu *et al.* 2014; Yamauchi *et al.* 2013; Joeng *et al.* 2014; Takada *et al.* 2014) on breast cancer treatment are predominantly bio-medical and quantitative in nature; frequently using computerized medication and laboratory monitoring systems as well as self assessment measures. The researcher utilized a qualitative design in order to capture the multiple and diverse subjective and social realities of women who have undergone breast cancer treatment. The study seeks to generate insights that are situation-based, context-specific and socially defined. It also seeks to give audibility to the “voice” of this group of women. The social, cultural, economic and behavioural factors that can hinder treatment are not dealt with in detail because attention is largely focussed on the bio-medical aspect of the drugs (Mwinyi *et al.* 2014; Baron *et al.* 2014). Evidence from the work of Carver & Scheier (2008) suggests that where breast cancer is concerned the different personalities of women can create and influence an array of diverse needs which may differ in intensity with each patient. The women who undergo breast cancer treatment come from different socio-economic and cultural backgrounds. This appears to render their experiences both unique and different and also tends to influence their choice of coping mechanisms. Accordingly, the

researcher's intention was to capture the individual voices, their related experiences of breast cancer treatment, as well as the factors affecting treatment and the coping mechanisms to treatment. Literature reviewed indicates that studies (Rosedale, 2009; Boehmke & Dickerson, 2006; Fergus & Gray, 2009; Northouse, 2005; Holland, 2003; Hoybye *et al.*, 2008; Lundgren & Bolund 2007; Bloom, *et al.*, 2004; Fobair *et al.* 2006; King *et al.* 2000; Schou *et al.* 2005) on breast cancer have not made theoretical contributions to the understanding of the phenomenon under study. This study seeks to make theoretical contributions grounded in structure-agency perspectives with a greater emphasis on actor-oriented perspectives embodied in the works of Long (1992). While there are several studies showing that most breast cancer patients experience numerous debilitating cancer-treatment-related side effects (Schmid-Buchi *et al.*, 2009, Hoybye *et al.*, 2008, Schultz *et al.*, 2005, Hunter *et al.*, 2004, McPhail and Wilson, 2000 as well as Raupach and Hiller, 2002), there is limited documentation of Zimbabwean cases. It is this hiatus that among other things motivated this study. The study, therefore, seeks to explore the experiences of breast cancer treatment and investigate the factors affecting the treatment. The paucity of research on the experiences of breast cancer treatment among women in Harare is thus addressed.

#### **1.4 Objectives of the Study**

The objectives of this study are to:

1. Explore the experiences of breast cancer treatment among women.
2. Examine the factors affecting treatment of breast cancer.
3. Identify the women's coping mechanisms or strategies to treatment.

#### **1.5 Research Questions**

The above objectives were therefore pursued along the following research questions:

1. What are the experiences of breast cancer treatment among women?
2. What are the factors affecting treatment of breast cancer?
3. What are the strategies used by women to cope with breast cancer treatment?

## **1.6 Justification of the Study**

Women and breast cancer is an emerging area of research in Zimbabwe that still needs further exploration in order to understand the treatment-related side effects that affect women treated for breast cancer. In line with this statement, the study seeks to explore the experiences of breast cancer treatment among women in Harare. This study further seeks to add to existing literature on the subjective realities of experiences of breast cancer treatment among women in Harare in an African context. Women are often considered as a vulnerable group of people whose voices are often oppressed by the patriarchal nature of societies in Zimbabwe; therefore the researcher deemed it necessary to give voice to this group of women who have undergone breast cancer treatment. The diagnosis and treatment of breast cancer generally transforms one's life, most women are confronted with devastating experiences of the treatment that leaves them in a lot of pain and emotional distress. Women are not a homogeneous group of people therefore it is crucial to document each woman's own personal experience of breast cancer treatment. The present study is significant given that there is no universality on experiencing breast cancer, women are different and therefore experiencing breast cancer can never be same among women. It is therefore envisaged that the product of this research will be a source of academic knowledge on the experiences of breast cancer treatment and the factors affecting treatment of breast cancer as well as coping mechanisms employed by women in Harare. Comparatively in this study the researcher utilized a qualitative approach, which attempts to understand the patient's experiences from the subjective perspective of the individual involved and in so doing capture their own unique voices in experiences of breast cancer treatment.

## **1.7 Theoretical Framework**

The actor oriented approach as developed by Long (1992) informs this study. The researcher was interested in an introspective analysis on how far women with breast cancer are knowledgeable about the disease and how capable they are of identifying coping mechanisms to breast cancer treatment. The researcher was also interested in the multiple realities and diverse social realities of women who have undergone breast cancer treatment. This approach helps answer the questions regarding 'how' and 'why' each woman's experience of breast cancer treatment is unique and different from the next woman's. It also gives an

understanding of everyday situations through a detailed account of differential responses to similar socio-cultural, economic and religious beliefs that social actors are involved in.

The actor oriented approach explains the relationship between the social actors “agency” and the structure. The structure cannot exist in isolation of the agency and vice-versa; these two concepts cannot be separated. Structure can be defined as the external social forces and agency as the internal personal motivations (Long, 1992). For the purposes of this study social actors refers to the women who experienced breast cancer treatment whilst structure can be equated to the existing systems, binding treatment procedures, constraints of women who experienced breast cancer treatment which are socio-cultural, economic, religion, tradition and institutional in nature. Furthermore, according to Long (1992), social actors are also referred to as internal actors whilst external actors are structures. Women diagnosed with breast cancer have the capacity to create their own environments; they enable the creation and recreation of social structures as well as produce and reproduce social changes and interactions. According to Long (1992) structure can further be referred to as the rules and resources which are produced through social actions and practices. Social action is instigated by the rules and resources; however rules constrain social actions whilst resources facilitate social actions. In the actor-oriented approach, the freedom of participants is limited by structural rules which means that they are somehow restricted by structures and therefore do not possess complete power. Women in this study exercise some kind of power in their day to day social actions and interactions; they are capable of noticing other people’s actions as well as their own actions. Power is inherent in the participants of this study and it is projected in their social actions and interactions. Structures which include health institutions, religion, tradition and culture can be both an enabling and a restricting element for social action although structure is also a product of social action.

Even though conditions may appear homogeneous among women who experienced breast cancer treatment, the benefit of using the actor oriented approach is that similar circumstances are explained differently by different social actors (Long, 1992). The different responses are in part a creation by the social actors. Women who experience breast cancer are constrained by a number of factors which include socio-cultural, economic, religion, aggressive treatments, tradition and institutional factors; however the actors are knowledgeable and capable of solving some of the problems that confront them. These women are actively involved in processing information and are capable of thinking-through the interventions presented to them by the doctors. Furthermore, they are capable of

processing experiences of breast cancer treatment and formulating strategies of coping with the prescribed treatment regimens. Women in the present study possess agency; they are active participants rather than passive recipients of social changes.

The actor-oriented perspective attempts to reach an understanding of the dynamic process of social change vis-a-vis complex social interactions between internal and external actors. These interactions help us to understand the change in behaviour by women experiencing breast cancer treatment and the behaviour is therefore partly the basis in which to measure the successes and challenges brought about by these treatments. This interface analysis is where the women in this study interact with their personal worlds and become acquainted with their own social realities and endeavour to achieve their own personal goals. An analysis of such changes and interactions brings about everyday practicalities and participant's perceptions and strategies when trying to face the challenges brought about by breast cancer treatment.

## **2. LITERATURE REVIEW**

A review of literature of online databases including PubMed, MEDLINE, IARC and CINAHL Plus on breast cancer reveals that most studies that have been carried out are quantitative in nature, dealing with the biomedical aspects of the drugs and medical treatment. Only a few studies have been carried out on the experiences of breast cancer treatment among women in Zimbabwe. The main thrust of this study is to employ a qualitative paradigm and capture the voices of women who have experienced breast cancer treatment in Harare, Zimbabwe.

### **2.1 Diagnosis of Breast Cancer**

The literature reviewed indicates that the diagnosis and intense treatment of breast cancer is perceived by many people as a life-threatening experience which often elicits emotional distress and eventually leads to death among many women diagnosed with the disease. Being diagnosed with breast cancer can change every aspect of an individual's life, it is a life changing experience. Breast cancer is a life-threatening disease which alters one's life physically, socially, psychologically and emotionally (Schmid-Buchi, 2010; Rosedale, 2009; Schmid-Buchi *et al.*, 2008; Boehmke & Dickerson, 2006; Schmid-Buchi *et al.*, 2005). A

study by Rosedale (2009) revealed that the psychological, social, physical and emotional effects of breast cancer create ongoing challenges and crises which results in experiences of loneliness among women diagnosed with breast cancer. Loneliness is an inward feeling resulting from failure of other people to recognize and comprehend the diagnosis, intense treatment of breast cancer and the long term aftermath of the illness (Rosedale, 2009). In her study Schmid-Buchi (2010) further notes that an acute disease of breast cancer filled with uncertainty, hopelessness, feelings of vulnerability, anxiety and an unpredictable future frequently leads to depressive feelings. Of worth to note is the study by Dvaladze (2012) which highlighted that participants' fear of breast diagnosis was a result of lack of awareness which made them perceive breast cancer as a death sentence. Participants were not afraid of death but were afraid of cancer, which means that they accepted death as inevitable but not cancer.

Reactions to the diagnosis and confirmation of breast cancer range from stoicism to shock and despair. The disease is viewed as an existential threat (Schmid-Buchi, 2010; Dvaladze, 2012). According to Schmid-Buchi (2010:23) “.....the women were deeply shocked as they felt the tumour in their breast themselves or were confronted with the fact they might have breast cancer, the women reacted differently to the cancer diagnosis. Some of them accepted their fate, or turned feelings off, others were calm and suppressed intrusive thoughts and some associated the disease immediately with death.” Individuals are confronted with complex issues following a diagnosis of cancer (Holland, 2003). Diagnosis of cancer, treatment and recovery processes are challenging experiences on the patients and their families (Schmid-Buchi *et al.*, 2008). Interpersonal relationships between cancer patients and their relatives are challenged in dealing with the difficulties and pressures caused by cancer (Fergus & Gray, 2009; Northouse, 2005). Diagnosis of breast cancer and the treatment of breast cancer are totally two different encounters that are experienced by some women.

## **2.2 Cancer Treatment-Related Side Effects**

According to The American Cancer Association (2013:63), “The main types of treatment for breast cancer are: surgery, radiation therapy, chemotherapy, hormone therapy, targeted therapy and one-directed therapy.” The common treatments of breast cancer available in Zimbabwe are surgery, chemotherapy, radiation therapy or radiotherapy and hormone therapy

(tamoxifen). The present study seeks to explore the experiences of breast cancer treatment among women in Harare.

The treatment of breast cancer is often regarded as a horrific experience. Several studies by Schmid-Buchi *et al.*, (2009); Hoybye *et al.*, (2008); Schultz *et al.*, (2005); Hunter *et al.*, (2004); McPhail and Wilson (2000) as well as Raupach and Hiller (2002) indicate that most breast cancer patients suffer from numerous cancer treatment-related side effects. A study conducted in Zurich, Switzerland by Schmid-Buchi *et al.*, (2009) established that the majority of breast cancer patients suffered from pain after treatment, felt impaired in their body image and in their social and physical activities. These researches further note that breast cancer patients are affected by muscle pain, fatigue, pain in hands and feet, hot flashes, hair loss, nails falling off, joint pain, insomnia and restriction of movement in the arm and shoulder of the affected side. They also found that women felt less attractive and less feminine, felt impaired in their daily and leisure activities, grumbled about gaining weight and changes in their appearance. There were fewer problems reported with gastrointestinal symptoms such as nausea or vomiting, changes in tastes of food and diarrhoea was the least reported cancer related symptom. Hoybye *et al.*, (2008) also revealed that breast cancer patients suffered cancer treatment-related effects: urinary problems, lack of concentration, joint or muscle pain, fatigue and less from digestion.

The aggressive cancer treatment regimens result in the alteration of body image. Results from different studies indicate that women who experience breast cancer are confronted with changes in the quality of their lives due to the changes in their body image (Baucom *et al.*, 2006; Boehmke and Dickerson 2006; Lundgren and Bolund 2007; Bloom, *et al.*, 2004; Fobair *et al.* 2006; King *et al.* 2000; Schou *et al.* 2005). A study by Boehmke and Dickerson (2006) found that it is not only the body image that is transformed after the diagnosis and treatment but that there is also transformation in terms of how participants view themselves. Likewise, findings by Lundgren and Bolund (2007) showed that after breast cancer treatment women live with a body that may appear unfamiliar to them. The study further revealed that the type of treatment a woman undertakes affects the body image. A quantitative study by Avis *et al.* (2005) surveyed 202 young women diagnosed with breast cancer regarding quality of life. Body image was measured as one aspect of quality of life. The findings indicated that the quality of life among young women diagnosed with breast cancer is impaired after diagnosis. 77.5% of these women reported unhappiness with their body image appearance. Results by

Bloom *et al.* (2004) on body image indicated that 46% of women who experience breast cancer felt embarrassed about their bodies after diagnosis. Main findings by McPhail and Wilson (2000) indicate that 81% of the participants became more self-conscious about their body images after treatment of breast cancer.

Research shows that cancer-related fatigue is a common cancer treatment-related side effect experienced by women during the treatment of breast cancer and this condition may persist even years after completion of the treatment (Jacobsen *et al.*, 2007; Kim *et al.*, 2008; Ganz and 2008; Bower *et al.* 2006). Study findings by Kim *et al.* (2008) showed that the quality of life among breast cancer survivors is negatively affected by fatigue. Jacobsen *et al.* (2007) conducted a study of a comparison between breast cancer survivors with women with no history of cancer; they found that fatigue remains a big challenge for breast cancer survivors long after treatment than for women with no cancer history. Furthermore, McPhail and Wilson (2000) conducted a study in the United Kingdom on the experiences of cancer treatment; they found that 54% of research participants suffered from extreme tiredness during chemotherapy and 33% after radiotherapy. Lack of energy and fatigue are common problems among women who experience breast cancer treatment and even during post-treatment period (Schultz *et al.*, 2005; Girgis *et al.*, 2000; Frost *et al.*, 2000).

Women with breast cancer often worry about their sexuality, femininity and attractiveness. Several factors such as removal of the breast after surgery make women uncomfortable and unhappy with their body images. This negatively affects their sexuality and femininity (American Cancer Society, 2013). Treatment, such as chemotherapy, adversely impinges on the sexual interests of women with breast cancer due to changes in their hormonal levels. The diagnosis and treatment of breast cancer may result in sexual disorders among women (Pumo, *et al.*, 2012; Pilarski, 2008; Pelusi 2006; Avis *et al.*, 2005). Research by Pumo, *et al.* (2012) revealed that 34.7% of women with breast cancer complained of pain during sexual intercourse as the most common problem. A cross-sectional study conducted in the USA by Schultz (2005) found that 63% of the research participants experienced painful sexual intercourse and 69% experienced hot flashes among other major problems during treatment of breast cancer. McPhail and Wilson (2000) in the UK found out that 29% of the research participants experienced diminished sex interest whilst 25% felt sexually inhibited and 18% experienced negative changes in sexual relationship. Sexual dysfunction is a cancer-treatment related problem rather than the disease itself. Tamoxifen, for example, is a drug used for

breast cancer treatment; it may cause vaginal dryness, irregular menstrual cycles, mood swings and hot flashes (Pelusi, 2006). Hunter *et al.* (2004) conducted a study in the United Kingdom which revealed that night sweats and hot flashes are commonly experienced by women on tamoxifen drugs and this negatively affects the sexual drive among women treated for breast cancer. In his study Pelusi (2006:34) further states that, “cancer therapies have the potential to affect sexuality directly by gonadal and hormonal effects and indirectly by causing fatigue, apathy, nausea, vomiting and malaise”. Likewise, a study by Herbenick *et al.*, (2008) compared the levels of sexual dysfunction between women without breast cancer and breast cancer survivors. Results indicated that breast cancer survivors experienced sexual difficulties in orgasm, arousal, satisfaction and sexual desire compared to women with no history of cancer.

Several studies indicate that lymphedema is a common cancer treatment-related side effect (Fu & Rosedale, 2009; Pilarski 2008; American Cancer Society, 2013; McPhail and Wilson, 2000; Schultz 2005). Lymphedema is a cancer treatment related side effect which is commonly experienced by women after breast cancer treatment. Lymphedema is the swelling of the arm from the accumulation of lymph fluid from the arm which is caused by the removal of the lymph nodes during surgery (American Cancer Society, 2013). Fu and Rosedale (2009) conducted a study in the USA among breast cancer survivors on lymphedema-related symptoms. The results of this study showed that participants experienced numerous lymphedema-related symptoms on a daily basis. These symptoms include tightness, fatigue, heaviness, pain, numbness, soreness, aching, and rigidity, tenderness, burning and stabbing. The study further indicated that women experienced some of these symptoms daily along with swelling of the arm. Studies in the USA (Schultz, 2005) and the UK (McPhail and Wilson, 2000) show that 34% of participants suffered from lymphedema and 49% had arm problems following surgery respectively.

### **2.3 Coping Systems**

Several studies (Gundani and Mudavanhu, 2012; Mulder, 2012; Pinheiro *et al.*, 2008) indicate that women who have experienced breast cancer employed various coping strategies among which are: positive attitude; wishful thinking; acceptance; social support; spiritual healing; talking to other patients, their families and relatives, hospital staff and participating

in a support group. Psychosocial support from the close family and health care personnel is crucial to the breast cancer patients in their quest to adjust to the treatment of breast cancer (Landmark *et al.*, 2008). Studies conducted in Australia by Davis *et al.* (2004) and Raupbach and Hiller (2002) indicates that the sources of support for women diagnosed with breast cancer included families, surgeons, family doctors, oncologists, nursing staff, psychiatrist or psychologist and breast cancer survivors. It is important to understand the challenges and experiences of breast cancer patients in order to provide them with the best possible support.

A study conducted by Gundani and Mudavanhu (2012) in Harare, Zimbabwe showed that most women accepted their condition, 90.5% resorted to talking to other patients whilst 51% relied on their relatives as strategies to manage the breast cancer mastectomy treatment. The study by Gundani and Mudavanhu (2012) concurs with a research done by Mulder (2012) in Cape Town, South Africa which revealed that most research participants maintained a positive attitude and outlook towards breast cancer as a result of very supportive families who constantly motivated and encouraged them. Dvaladze (2012) in his study established that networking with other breast cancer survivors and witnessing their treatment had a profound mindset transformation on the likelihood of surviving breast cancer.

A grounded faith and trust in God was also identified as a coping mechanism (Dvaladze, 2012; Mulder, 2012). Research participants highlighted that speaking to their religious leaders about their conditions and praying about the situation helped them to realise that they are not alone and that God would intervene in their situations (Mulder, 2012). This was vital in coping with the diagnosis and treatment of breast cancer. According to Dvaladze (2012) participants in Georgia viewed breast cancer as God's will and one of life's challenges that one can overcome through faith in God. Ahmad *et al.*, (2011) conducted a qualitative study on religion and spirituality in coping with breast cancer among Muslim women in Malaysia results show that spirituality plays an important role on how people become accustomed to cancer.

Research (Pineiro *et al.*, 2008) focusing on coping strategies to breast cancer found that participation in support groups promotes a sense of belonging where women felt at liberty expressing their feelings, fears, concerns and their thoughts about breast cancer to other women who have and are experiencing the same illness Participation in a support group proved enlightening, it provides social and emotional support from other women and

promotes the exchange of experiences. Another study conducted by Schmid-Buchi (2010) found similar results concerning receiving social support from other women who have experienced breast cancer, in her study the women were fully persuaded that only people who have experienced the same illness in their own bodies could understand what it really means to be diagnosed with and treated for cancer. Women in this study relied more on social support offered to them by other women who have experienced breast cancer.

The use of complementary and alternative medicines (CAM) and its related therapies is gaining momentum among people who experience cancer (Stark, 2010; National Center of Complementary and Alternative Medicines 2009; Humpel and Jones 2006; Jacobson *et al.*, 2000; Boon, Olutande and Zick 2007). A study by Humpel and Jones (2006) established that CAM enhances the immune system of people who experience different types of cancers. Likewise, Kremser *et al.* (2008) found that CAM is used among breast cancer patients in Australia to enhance the immune system, to ease the side effects of treatment and to improve their physical and emotional well-being. Similarly, studies conducted in Shanghai, China (Chen, *et al.*, 2008; Cui, *et al.*, 2004) reported that women who experience breast cancer use CAM to boost the immune system and to ease menopause-related side effects. It is reported by Morris *et al.*, (2000) that women who experience breast cancer use CAM more than people who experience other types of cancer. In their study Boon *et al.* (2007) indicated that 81.7% of women experiencing breast cancer use CAM products and are involved in a CAM therapy in comparison to 66.7% in 1998. The uptake of CAM is an effort by people who experience cancer to deal with unwanted side effects of conventional treatments of the disease (Jacobson *et al.*, 2000).

Literature further reveals that the use of CAM is common among cancer patients in Thailand (Piamjariyakul *et al.*, 2012; Sirisupluxana *et al.*, 2009; Wonghongkul *et al.*, 2002). A qualitative study conducted by Sirisupluxana *et al.* (2009) showed that Thai women with breast cancer recognized that complementary medicines are natural therapies, mental strengtheners, cancer controlling therapies as well as mind and body therapies. A study among Thai breast cancer survivors by Wonghongkul *et al.* (2002) concluded that the quality of life is improved by the uptake of CAM. This study further revealed that among Thai breast cancer survivors: 38.1% take herbal medicines and 36.5% changed their nutrition. Piamjariyakul *et al.* (2010) highlighted different categories of complementary treatment used by Thai cancer patients, which include nutritional diet changes to deal with fatigue, vitamins

for difficulties in eating, massage for numb toes and fingers and herbal medicines for hair loss. Though the use of CAM is common among women who experience breast cancer, it should be noted that these women are afraid and unwilling to commune their CAM beliefs to their health care practitioners (Astin *et al.* 2006; 2008; Adler *et al.* 2009).

### **3. RESEARCH METHODOLOGY**

This study utilized the qualitative research paradigm; this choice was dictated by the nature of the research problem which is subjective and deals with the realities of women who have experienced breast cancer treatment. This method allowed the exploration of ‘the experiences’ (Heidegger, 1996; McWilliam, 2010) of breast cancer and an insight into women’s understanding, interpretation and beliefs about breast cancer and its treatment. The purpose of the study is to understand a person’s experience from their personal point of view and acknowledge their existential nature of understanding (Streubert and Carpenter, 2011). Qualitative methodology provides thick rich narratives of multifaceted social phenomena. It tracks down the unforeseen and unique events like experiences of breast cancer treatment; it gives voice to vulnerable groups like women with such life experiences that are hardly ever heard. Qualitative methodology aims at providing explanations of life episodes of women who experience breast cancer treatment and gives an understanding of such experiences to the general populace. Qualitative research allows for an exploration and an understanding of individual actions and experiences from their own frame of reference. The major strength of a qualitative research is that it is rooted in the voices and social experiences of the research participants. Contrary to quantitative methodology which manipulates experimental studies, qualitative research is a holistic approach of understanding individual life actions and experiences. Qualitative research design is the most fitting, since the main thrust of the study is to explore the experiences of breast cancer treatment among women.

#### **3.1 Sampling Technique and Sample Size**

The snowball sampling technique, which is a non-probability sampling method, was used as a sample design. According to Johnston and Sabin (2010:38), “Many studies of hard-to-reach populations have relied on a fairly simple and inexpensive convenience sampling method known as ‘snowball sampling’. Snowball sampling is a chain referral sampling method that

relies on referrals from initial subjects to generate additional subjects.” Snowball sampling technique was useful in this study because it had proved difficult to find and access women treated for breast cancer from the health institutions where the operations are bureaucratic. The identification of the research participants in the present study was made possible by the assistance received from the initial participant who the researcher met and established rapport with during commemorations of Breast Cancer Awareness Day in Harare in October, 2013. The initial participant met the criteria (*women who have undergone treatment of breast cancer*) for inclusion in this study; she experienced breast cancer treatment around 2011-2012. Prior to introducing the researcher to participants, the initial participant made telephone calls to other women who met the criteria for inclusion in this study. Telephone calls were made to ask if these women were interested in participating in the present study. It was difficult for the researcher to find participants for the study residing in the same location; participants were located in different suburbs in Harare. Thus, the sample group appeared to grow like a rolling snowball across Harare. This method was the best available to the researcher, even though this method hardly ever leads to representative samples. Five women voluntarily participated in the present study and constitute the sampling frame. The intensive and time consuming nature of data collection necessitated the use of a small sample. The participants of the study were older women of over 40 years of age who possessed characteristics suitable and relevant for data compilation necessary to achieve the set objectives. Snowball sampling method is well situated for the present study and applicable given that the experience of breast treatment is a sensitive issue and relatively a private matter. According to Huysamen (1994), the prime benefit of using non-probability sampling is that it is economically cheap than using probability sampling methods. This benefit is well applicable to this study given that the researcher who is a full time student has limited financial resources.

### **3.2 Data Collection Techniques**

According to Hancock (1998), qualitative data are collected through direct encounters with individuals, through one on one interviews or group interviews or by observation, hence the use of in-depth life history interviews in this study. In-depth interviews are ideal for the exploration of sensitive issues like breast cancer treatment through the collection of data on individual’s life experiences. An in-depth interview involves interviewing a small number of

participants individually to explore their experiences on a particular situation (Boyce and Neale, 2006). Open-ended questions are mainly used in providing information as it allows interviewees to express their ideas and opinions in their own words.

Five in-depth life history interviews were conducted: firstly to explore the experiences of breast cancer treatment; secondly to investigate the factors affecting treatment of breast cancer and thirdly to identify the coping mechanisms where breast cancer treatment is concerned. The researcher first established rapport with each participant by paying them a visit for the purpose of getting 'to know one another; it was also intended to make the participants feel comfortable with the researcher. The researcher conducted at least two interviews and at most three interviews with each participant on different days. The interviews took place in the homes of participants where they felt comfortable in their own natural settings. Each interview lasted at least one and half hours and at most two hours. This allowed the participants time to relax and think things through regarding the present study, which helped in gaining rich-thick data, more detailed responses and deeper insight into the subject of breast cancer treatment. The benefits of using in-depth interviews included richness of data and deeper insight into the phenomena under study. The research utilised semi-structured interviews with open-ended questions. This method had the major advantage of allowing the interviewer to probe and gain additional insights into the main thrust of the study, which is to explore the experiences of breast cancer treatment. The participants freely responded in Shona and a bit of English. Permission was sought from the participants by the researcher to record the interviews using her laptop. Notes were also taken down by the interviewer for analysis.

### **3.3 Data Analysis Techniques**

Hancock (1998) explains that the analysis of research data involves summing up data collected from the field and presenting it in a manner that communicates the most significant features. The qualitative strategies for data collection, that is, in-depth interviews are presented as case studies. Discussion and analysis is in terms of the common themes approach. Themes, that emerged during data collection were developed and analyzed for content. Thematic analysis is a qualitative systematic method for classifying, investigating and reporting themes within data (Braun and Clarke 2006).

### **3.4 Ethical Considerations**

According to Connolly (2003) ethics in research involves the conduct and the relationship of the researcher with participants during research. Breast cancer treatment is regarded as a sensitive issue. With that in mind the researcher was very cautious and sensitive in interacting with women who have undergone breast cancer treatment so as to minimize emotional breakdowns. The researcher obtained written and verbal informed consent from all participants after the clarification of the study protocol. There was no coercion and imposition of the researcher's own views on the social experiences of participants. The researcher explained as much as possible about the study protocol in detail before asking participants to participate. Strict confidentiality was maintained for all participants at all times and information shared by the participants will be kept strictly private and confidential. Ethics in social science research insist on safeguards to protect the identity of research participants. Denzin and Lincoln (2005) highlight the fact that personal data of research participants should be secured and made public only behind the shield of anonymity. Anonymity was achieved through the use of pseudonyms for each of the participants. The researcher informed participants about their right to withdraw anytime from the research without penalty. The researcher was sensitive in interacting with the research participants and was correspondingly cautious given that the present study is sensitive and a private matter, it was necessary for the researcher not to overload participants with lots of questions at one go. The researcher observed the emotional facial expressions of all participants, as well as the emotional broken voice among other participants during the interviews, the researcher showed empathy to all research participants and sometimes had to discontinue the interviews and continue days later. Though each interview was scheduled to last one hour, interviews lasted one and half hours to two hours at most as the researcher had to be patient with participants who took their time in recalling breast cancer treatment. It was important for the researcher not to hurry research participants into answering questions as this would defeat the whole purpose of using a qualitative research paradigm.

### **3.5 Limitations of the study**

The main limitation is that, the findings cannot be generalised as the researcher is dealing with a small population which does not give a true representation of the larger population. However, findings from this study can still be applied to other settings deemed relevant by

consumers. Though the researcher had anticipated that the data collection method used would save time, it was not the case as it turned out to be time-consuming given that the topic is sensitive and required the researcher to give participants time to think through their life's events. Breast cancer is a sensitive issue which the researcher overlooked and assumed that it would be easy to get the participants talking; however the researcher was patient enough to give each participant 'their time' to respond. At times the researcher was emotionally disturbed and overwhelmed by the accounts given by the research participants and had to exercise self-control to avoid emotional breakdowns.

#### **4. PRESENTATION OF FINDINGS**

##### **Case 1**

Mai<sup>1</sup> Ruvheneko is a woman aged forty-five years old who stays in a medium density suburb in Harare. She is married and has three children. She holds a Bachelor of Science Degree in Economics. She is employed as an economist in one of the Government ministries.

Mai Ruvheneko was diagnosed with breast cancer in August, 2011. She had felt a lump which was painless when her doctor instructed her to go for a mammogram. The results showed that it was a cancerous lump and therefore she needed treatment. The news of her diagnosis shocked her and she was in a state of disbelief and never imagined that a painless lump can cause cancer. Her husband and children were also astounded by the diagnosis. She received counselling and information from her doctor about breast cancer, its treatment and the treatment related side effects. She was counselled on the importance of going for treatment.

Mai Ruvheneko had surgery sometime in September, 2011. Her entire breast was removed. She expected that only that the lump would be removed during the operation but was surprised to notice after operation that her whole breast was removed, she was frustrated and emotionally disturbed by the outcome of the operation. Her doctor explained to her that the cancer had spread to the lymph nodes and it was important to remove the whole breast. After surgery she continued to receive counselling from her doctor and information about the whole treatment procedures. Though the counselling was helpful, she experienced a phase of emotional breakdown as she could not come to terms with losing her whole breast.

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<sup>1</sup> Mai is a word commonly used in our culture referring to a grown-up woman who has children. It is a way of respecting women who are adults by calling or referring to them using one of their children's names.

Sometime end of October, Mai Ruvheneko started chemotherapy at a local private hospital in Harare. She had six cycles of chemotherapy at 28 days interval. She recalls that it was a painful experience that she had to endure. She suffered from nausea and struggled to eat food during the six months of chemotherapy, she felt very tired and weak. Her doctor prescribed anti-nausea drugs for her, which she said did not help her much to fight nausea. She lost the desire and drive for sexual intimacy. She recalls one morning when she lost all hair on her body after her second cycle of chemo. Though her doctor had counselled her and informed her about hair loss, she could not contain losing her hair, she cried a lot about it and was sad. She resorted to wearing wigs and head scarves. She totally forgot to remember her booked date for her fifth chemotherapy cycle but was reminded by her son two days later.

Another major side effect that Mai Ruvheneko experienced during chemo was memory loss and lack of concentration. She was enrolled for a masters program at a local university but failed to concentrate during lectures and had a bad memory which resulted in her deferring her studies. She could not follow through the lectures as her body felt so tired and her memory was blank. Her doctor could not prescribe any drugs to help her with memory loss and lack of concentration. He told her that this problem would go away after chemo. She was restless during the night and could hardly sleep. Mai Ruvheneko also lost interest in sexual intimacy ever since chemotherapy.

Radiation therapy is another treatment of breast cancer that Mai Ruvheneko experienced sometime in June 2012. She said the radiotherapy sessions were better off than chemotherapy. Though she experienced skin irritation during radiotherapy she views it as a bearable treatment compared to chemo. After radiotherapy her doctor prescribed a drug known as tamoxifen which must be taken for at least five years to balance up hormones and fight a possible recurrence of the cancer. She struggles to adhere to tamoxifen cancer drugs which caused her irritable frequent night sweats and hot flashes which are very uncomfortable.

Mai Ruvheneko highlighted the fact that her husband and children have been her source of strength throughout her cancer treatment. She also finds strength in reading the bible. She resorted to the use of Chinese herbs which helped her boost her sex drive that had been negatively affected by chemo. She also drinks healing waters which she got from a traditional healer. She believes that the waters are cleansing her body and that she will be able to avoid recurrence of cancer. She further stated that her doctor does not know about her use of

Chinese herbs and healing waters, she considers it as her own personal decision and choice. Mai Ruvheneko is forever grateful to her children who raised funds for her breast reconstruction in South Africa. She feels a lot better with breast reconstruction than she would when wearing a prosthesis which she finds uncomfortable and irritating.

Experiencing breast cancer treatment has taught her to prioritise her family first more than anyone else. She also would like to reach out and counsel other women who are diagnosed with breast cancer. She recommends that the government should introduce a breast cancer levy just as is in the case of AIDS levy given that cancer treatment is expensive and beyond the reach of many who are diagnosed with the disease.

## **Case 2**

Mai Rukudzo is aged forty-nine years old. She resides in a medium density suburb in Harare. She is married and has four children. She has a certificate in secretarial studies. She was formally employed as a secretary at a local firm until 2008 when she retired on medical grounds. Currently she is a full time housewife.

Mai Rukudzo was diagnosed with breast cancer in December, 2007. She had noticed some discharge from her left breast nipple. She consulted with her doctor who immediately instructed her to go for x-ray. The results revealed that there were abnormal cancerous cells which needed to be treated by surgery involving the removal of the breast. The surgery was conducted at a local government hospital as matter of urgency as her doctor feared that the cancer had spread to other parts of the body, she felt overwhelmed by how things were unfolding. Prior to surgery, Mai Rukudzo felt that she had not received enough counselling and information about breast cancer as a disease and treatment involved. However, she is grateful to the nurses who attended to her whilst she was recovering from the operation in hospital. The nurses counselled her about breast cancer treatment and some of the side effects posed by the treatment. She found the counselling to be handy as it somehow prepared her heart and mind for the other treatment procedures. Losing her breast made her feel less confident about her body.

Weeks later after surgery, Mai Rukudzo started her chemotherapy cycles at a local private hospital early February, 2008. She stated that chemotherapy is the most painful experience that she has gone through in her life; she cannot explain the pain and in her life she has never experienced such pain. She had to endure six cycles of chemo. She suffered vomiting, loss of appetite, tiredness, forgetfulness, vaginal dryness and pain in her joints during chemo. Mai

Rukudzo pointed out that she failed to report for her second cycle of chemo on the date she was booked as she felt overtaken by the side effects. She then went for her cycle a week later. Mai Rukudzo had to retire from work due to the side effects of chemotherapy that confronted her. She lost her hair during chemo but was more disappointed after chemo when her hair started growing but had changed from black to grey in colour; she felt she had lost her beauty as she mentioned that she had beautiful black hair. She has resorted to wearing head scarves (*madhuku*) and hats.

Though Mai Rukudzo has been confronted with many side effects as a result of treatment; her main worry is the excruciating pain that she experiences in her arm years later after her breast cancer treatment. There was build-up fluid in her arm which her doctor drained. She is frustrated by the pain in her arm that has persisted and this has resulted in her just doing lesser and lighter work than what she was used to before her diagnosis and treatment of breast cancer. She feels less productive both at home and in her community.

Mai Rukudzo pointed out that her culture was a major factor which almost hindered her treatment. According to her culture going for an operation is a taboo which is labelled as a curse that may affect the whole clan. When her doctor highly recommended that she needed an operation to remove her breast, she made her own personal decision to go for surgery without consulting her family of origin. However Mai Rukudzo failed to go through radiotherapy sessions because of machinery break downs at a local government hospital. The radiotherapy machines were not working for more than a month when Mai Rukudzo was scheduled for radiation. She went to the hospital several times but still the machineries were not working. In her mind she thought her culture had caught up with her and that it was because of her ancestors that the radiotherapy machines have not been working. She decided to default on the radiotherapy treatment.

In coping with breast cancer treatment, Mai Rukudzo bought a breast form or prosthesis. She recalls that weeks after the removal of her breast she was annoyed by people's comments; she felt that somehow everyone could see that she only has one breast. She was also frustrated that she could not wear the breast form until her operation had completely healed. She now wears a prosthesis which she says it is very uncomfortable at times. Her friends from church were very supportive as they were visiting her at her house for prayers. She also finds comfort and strength in meditating in the bible. She suggests that there is a need for more awareness campaigns on early detection of breast cancer and that people should be made

aware that it is possible to survive breast cancer. Having gone through breast cancer treatment; Mai Rukudzo feels that she is a fighter in life. She says if she could endure breast cancer treatment, then any other woman can also survive the treatment.

### **Case 3**

Mai Runyararo is a woman aged forty-two years who lives in one of Harare's high density suburbs. She is married and has two children. She went to school up to Form 2 but could not continue due to financial constraints. She was employed for five years as a driver and lost her job when the firm she was working for closed down.

Mai Runyararo was diagnosed with breast cancer in April, 2012. She had felt a lump in her right breast for almost a month. She was referred to a specialist doctor who did a biopsy and confirmed the presence of cancer in her breast. Mai Runyararo was depressed and angered by the outcome of the biopsy results. She was immediately booked for theatre to remove the affected breast. She was angry and disturbed that she did not have the funds readily available to go for theatre. She recalls a day when she locked herself in her bedroom and wept. She could not fathom why this disease was happening to her. Her family had to run around and source the money needed for her treatment as a matter of urgency. Her doctor was helpful in providing necessary information and counselling before and after the operation. This gave her an insight on the breast cancer treatment regimens that she needed to go through and the lifestyle changes that she had to face as a result of treatment. The operation was successful though she experienced pain during the recovery process. She felt disturbed by her new body image of having one breast.

Around June 2012, she started her chemotherapy sessions at a local private hospital. She completed eight cycles at an interval of twenty-one days. She noted that chemo is an emotionally involving painful treatment and needs perseverance. She kept on receiving counselling and encouragement from her doctor to complete the chemo cycles. Mai Runyararo experienced a number of changes in her usual body which included among others: extreme tiredness, failure to sleep well throughout the night, restlessness, nails falling off, memory loss, eating problems and burning sensations in her hands as well as pain in her joints.

Due to chemotherapy treatment, Mai Runyararo started feeling extremely weak; she had no strength even to do the simplest chores around her house. What frustrates her a lot is that her body has never been the same up to now; there is a continual feeling of fatigue in her body. Mai Runyararo explained that she was ashamed to be around people as she experienced a weird change when her palms, foot soles and tongue changed to a blue-blackish during her last two cycles of chemotherapy. However, this faded away after she had completed her chemotherapy cycles. She could not go for radiotherapy treatment as her family only managed to raise money for surgery and chemotherapy only. Mai Runyararo stated that she had to rely on her faith that God would heal her after failing to raise money for radiotherapy.

Mai Runyararo felt indirectly rejected by her husband who was not supportive during her treatment. Her husband failed to come to terms with her diagnosis and treatment of breast cancer. Though her family of origin was supportive, she said she most needed her husband by her side. She recalls that at one time she felt like giving up on chemotherapy and just wished she could die because of her husband. She however is indebted to her doctors and nurses who continued counselling her and giving her all the necessary information to read about breast cancer treatment. This helped her to remain positive.

Mai Runyararo stated that her church pastors and some women from her church would occasionally come and pray for her at her house during her treatment. She also meditates a lot on the bible. This helped her to cope with treatment and she felt encouraged by their support. Mai Runyararo was also helped to maintain a positive attitude by her doctors and nurses at the hospital; this helped her in accepting her diagnosis and treatment of breast cancer. Another factor which helped her to cope with treatment is the fact that twelve years ago her mother had been diagnosed and treated for cancer and she is still alive. She had a spirit to fight on knowing that treatment will not last forever. She joined a support group of women who experienced breast cancer treatment and was relieved to be able to share her fears and experiences and get social and emotional support from others. It is her desire to see women being educated and becoming more aware of what breast cancer is and the treatment involved.

#### **Case 4**

Mai Rudadiso is a widow aged fifty-eight years old. She is a mother of four and stays in a high density suburb in Harare. She does not have any educational qualifications though she

later learnt how to read and write after Zimbabwe's independence. She is not formally employed but grows vegetables for selling at her backyard.

Mai Rudadiso consulted with her family traditional healer after developing an itchy reddish rash around her nipple. She was given some ointment to smear around the affected nipple. A month later after noticing that the ointment was not helping and that the rash had spread around her breast as well the itchiness had become a burning sensation, she decided to go against her traditional beliefs and practices. She visited the local general doctor's rooms in her area and was referred her to a specialist. The results of her biopsy confirmed the presence of cancer. The results were overwhelming and she was consumed by fear of death. She knew a few cases of people who had died a few months after a diagnosis of cancer. She thought that death was imminent; emotionally she was disturbed as she cried a lot. She went for an operation for the removal of her entire breast in early 2007 at a local government hospital. She recalls that this was the period of hyperinflation in the country where there were only a handful of doctors and nurses in the hospital. She did not receive any counselling or information about breast cancer. Her view was that the few doctors and nurses that were available were overwhelmed with a lot of work.

Her operation was successful but she had to remain in hospital for a while for monitoring since her operation wound was bleeding. At times she was anxious and not very sure whether she was going to survive the breast cancer.

A major change that Mai Rudadiso pointed out was a change in her body image after the removal of one of her breast as part of cancer treatment. She is no longer comfortable with her body and feels that the very thing that defined her as a woman was taken away from her. She feels less attractive, angry and annoyed by her 'new body image' and incomplete to now fit in the category of other women. She went through chemotherapy cycles which she described as a painful experience. She was confronted by a number of treatment-related side effects which included among others: fatigue, mouth sores, insomnia, hair loss, vomiting, dry skin and pain in her muscles and joints. She informed her doctor about these side effects but was told they will all go away with time. Mai Rudadiso had to resort to wearing wigs when she lost all her hair during chemo; she defined her hair as her glory and could not imagine facing the world with a bald head.

Mai Rudadiso was further booked for radiotherapy sessions which she attended. During radiotherapy sessions, Mai Rudadiso mentioned that she experienced numbness in her hands and feet which caused some pain. Her skin became very sensitive and irritable. She still feels a sense of numbness in her hands which makes it difficult for her to do a lot of work around her house. She has resorted to the use of herbal medicines like *moringa* leaf powder which she put in her morning porridge; this has helped her to ease numbness and skin irritation. She is reluctant to inform her doctor about her use of *moringa* as she thinks her doctor might discourage her.

Mai Rudadiso notes that the full treatment of her breast cancer was somehow hindered by her family's traditional beliefs. Her family have always associated the diagnosis of cancer with those that practice witchcraft. When she was diagnosed with breast cancer she became an outcast to her family of origin. They accused her of witchcraft and pointed their fingers at her as the one who had caused a series of deaths and misfortunes in the family. She was rejected by her own family and she suffered from depression because of this. Though she managed to go through surgery, chemotherapy and radiation treatment, she has failed to adhere to the tamoxifen drug which was prescribed by her oncologist. She felt that the daily intake of tamoxifen was a continual reminder that she is labelled a witch by her own family. Mai Rudadiso pointed out that she has experienced a lot of pain emotionally and feels lonely because of her diagnosis and treatment of breast cancer. She only has her immediate family that is her children by her side and feels that if she had received support from her family of origin maybe the breast cancer treatment journey would have been easy and bearable. However, she is also thankful for the support that she receives from a local support group of other women who have experienced breast cancer treatment. In her own words she feels a 'sense of belonging' in the support group.

### **Case 5**

Mai Rutendo is a married woman aged forty-three years old. She is a mother of three and stays in the medium density suburb in Harare. She holds a diploma in Human Resources Management. She is formally employed at a local firm in Harare.

Mai Rutendo was diagnosed with breast cancer sometime in 2010. She had felt a lump in her under arm but only visited her gynaecologist months later. The lump turned out to be cancerous and she was booked for theatre and her breast was removed. Emotionally, she felt overwhelmed and angry by losing her breast. She highlighted that her gynaecologist had

prepared her for the cancer treatment through counselling. She was told what the treatment involved and some of the side effects that are a result of the treatment. Even though her mind was prepared for treatment, she had heard about cancer as a killer disease and was anxious as she was not sure on whether she was going to survive the disease or the disease was going to kill her. She was sad and frustrated. What frightened her most is the scar that remained after the operation; it makes her worry about the recurrence of the cancer. She feels less attractive and less feminine as a result of only having one breast. Mai Rutendo wished she had money to go for breast reconstruction in South Africa, she thinks that a breast reconstruction would have helped her feel more of a woman again. She uses a breast form to maintain her body figure but it can be irritating at times.

Mai Rutendo completed six cycles of chemotherapy treatment. She described chemotherapy as one of the most challenging agonizing experience that she had to face in her life. She stated that the side effects that she endured during chemotherapy were life-threatening as she continually felt sick during chemotherapy. Some of the side effects that she experienced included weight gain, memory loss, pain and swelling of her arm, vaginal dryness, sexual dysfunction and hair loss. Though she had problems eating food well, Mai Rutendo was surprised to notice that she gained weight during her chemotherapy; most of her clothes cannot fit now as she has struggled to lose this weight. She also experienced memory loss and could not remember her way back home after her third cycle of chemotherapy. Mai Rutendo experienced pain, itchiness and swelling of her arm and this problem has persisted even long after her treatment. She cannot carry anything heavy and cannot do a lot of work. Sometimes she is depressed by her failure to carry out the usual chores that she performed with ease before the diagnosis and treatment of breast cancer. She mentioned that vaginal dryness as a problem that has persisted long after her treatment. She, therefore, finds it painful to engage in sexual intercourse. Mai Rutendo uses a herbal lubrication gel which helps to ease pain during intimacy. She feels less attractive in bed because of the scar and her one breast and no longer enjoys her husband's touching and caressing of her remaining breast.

Mai Rutendo had an early menopause and her monthly regular periods stopped when she started chemotherapy. She lost all her hair during chemotherapy and took on a new identity characterized by the baldness which she says is her symbol of experiencing and surviving breast cancer. She has maintained a bald head since the time she lost all her hair in 2010 and is not ashamed to move around with a bald head, though sometimes she wears wigs. Mai

Rutendo also experienced some rash which developed during her radiotherapy treatment; her skin became itchy, dry and irritable during radiation treatment and somehow the itchiness has not completely gone away. She uses some herbal ointment to alleviate skin irritation. She is now taking tamoxifen drug to help prevent the recurrence of cancer and balance hormonal levels of her body. She sweats a lot at night since she started taking tamoxifen. Mai Rutendo informed her doctor about the side effects that she was experiencing but she was told most of the side effects would go away once treatment has been completed.

Mai Rutendo was introduced to a support group of women who have experienced and survived breast cancer. The experience of other women in the group has helped her to cope with breast cancer treatment. The support group is a place where she feels at liberty to ask anything about breast cancer treatment, the information that she gets from the support group has helped her to cope and remain positive during and after her treatment. Her husband and children were also very supportive throughout the breast cancer journey and would pray to God for her healing. She continued going to church during her breast cancer experience and was motivated mainly by sermons on healing and faith from the bible.

## **5. DISCUSSION OF FINDINGS**

The findings of this study are discussed and analysed simultaneously according to the common themes approach and their sociological significance using the actor-oriented approach by Long (1992) which informed this study. The concepts of structure and agency relate to the issues raised in this article. Even though conditions may appear homogeneous among women who experienced breast cancer treatment, the benefit of using the actor oriented approach is that similar circumstances are explained differently by different social actors (Long, 1992). The different responses are in part a creation by the social actors. The themes that emerged during data collection are developed for content. The main themes include: the experiences of women living with breast cancer, the factors affecting treatment of breast cancer and the coping mechanisms or strategies for breast cancer treatment.

## 5.1 Experiences of breast cancer treatment

Being diagnosed with breast cancer and subsequently undergoing treatment can be a life-changing event. The present study found that women experienced the diagnosis of breast cancer as a shocking emotionally disturbing event. It is an experience that disturbed the lifestyle of most women who least expected to be faced with such an illness. Studies (Schmid-Buchi, 2010; Dvaladze, 2012) used by this study for corroborative purposes show that reactions to the confirmed diagnosis of breast cancer ranged from stoicism to shock and despair. The disease is viewed as an existential threat. A painless lump in the breast can change a woman's lifestyle forever. It is a disease that is far from minds of many, Mai Ruvheneko stated that, "*Handina kumbofungira kuti kabundu kasina marwadzo muzamu mangu kangakonzera cancer, ndakatadza kuzvibvuma!*" (*I never imagined that a painless lump in my breast could cause cancer, I was in a state of disbelief!*). The study found that participants were emotionally disturbed, in a state of shock, disbelief, angry, depressed as they were told about a positive diagnosis of breast cancer in their bodies. It can therefore be assumed that no one in this study ever imagined of being diagnosed with breast cancer. Even though the doctors and nurses provided counselling and information about breast cancer after the diagnosis and during treatment, most participants experienced emotional depression and breakdowns. This was due to the results which were a positive diagnosis of breast cancer. Using the actor-oriented approach; although women diagnosed with breast cancer are actively involved in processing information provided by their doctors and are capable of thinking-through the interventions presented to them, they however have no power to reverse the positive diagnosis of breast cancer and must, accordingly, seek treatment.

Cancer is viewed as a death sentence. Society at large labels any type of cancer as a silent killer resulting in imminent death. The study established that lack of information and knowledge about breast cancer often results in people labelling cancer as a life threatening disease. Participants prior to diagnosis were not aware that it is possible to go through breast cancer treatment and survive the disease therefore others were afraid of death when they were diagnosed with the disease. These findings concur with studies by Dvalakadze (2012) and Schmid-Buchi (2010) who found that lack of awareness about breast cancer resulted in many people perceiving it as an imminent death sentence. In the same vein the present study shows that the perceptions of women about breast cancer are that they view it as a killer disease

given that others had died from it few months after diagnosis, as expressed by Mai Rudadiso, “*Ndaitya cancer nekuti ndinoziva nhau shoma dzevanhu vakabatwa cancer asi havana kuzorarama kwenguva refu.*” (*I was afraid of cancer because I know of a few cases where people diagnosed with cancer did not live long after diagnosis*).

The most common types of treatments that have been experienced by women in this study include surgery, chemotherapy, radiotherapy and hormone therapy (tamoxifen). The same cancer treatment available in Zimbabwe is also confirmed by the American Cancer Society (2013). In line with the actor-oriented approach; the cancer treatment regimens prescribed to women diagnosed with breast cancer are structural rules and procedures which one must adhere to as part of treatment. These are structural treatment procedures that enable women to fight the disease and prolong life. Breast cancer treatment is available at both the government and private hospitals. Although people may be aware of breast cancer as a disease, however the study ascertained that the cancer treatment regimens are not known to people. The study participants in Cases 1, 3 and 5 got an understanding of the treatment regimens after counselling from their doctors. Counselling and information was continual provided by the doctors and nurses during diagnosis, treatment and even in the post treatment phase. Lobb *et al.* (2001) also found that most of his research participants in Australia needed more information about the prognosis of breast cancer, so that they are aware of what it involved. The counselling sessions and information received from doctors helped women in the present study to have an understanding of the prescribed cancer treatment regimens and the subsequent several treatment related side effects. However, some participants in Cases 2 and 4 did not receive any counselling about breast cancer and its treatment after the diagnosis of breast cancer. Failure to receive counselling during the diagnosis period often leads to anxiety and failure to receive the treatment well.

Chemotherapy is one treatment that was described by participants as a horrific excruciating experience. This is corroborated by Mai Rukudzo, “*Chemotherapy inorwadza zvikurusa zvandisingagone kutsanangura, ah upenyu hwangu hwese handina kumborwadziwa zvakadaro ini!*” (*Chemotherapy is a very painful experience, I cannot even explain it, ah in my life I have never experienced such pain*). All participants in this study expressed almost the same sentiments with regard to their experiences of chemotherapy. Most treatment-related side effects that participants experienced are a result of chemotherapy treatment though radiotherapy and hormone therapy also causes a number of side effects. Some of the

treatment related side effects are temporary whilst other side effects have persisted long after treatment.

The present study found that women experienced numerous side effects due to the treatment administered to them. Several studies (Schmid-Buchi *et al.*, 2009; Hoybye *et al.*, 2008; Schultz *et al.*, 2005; Hunter *et al.*, 2004; McPhail and Wilson 2000; Raupach and Hiller 2002) confirm that there are a number of cancer treatment-related side effects that women experience during the treatment of breast cancer and thereafter. In line with the actor oriented approach, chemotherapy and other forms of treatment are structural procedures that constrain women in different ways as they are confronted with harsh side effects of treatment and this may hinder some social actions. The cancer treatment-related side effects are presented, discussed and analysed in depth, it includes: physical experiences, psychological experiences and health related experiences.

### **5.1.1 Physical Experiences**

The study established that women who are diagnosed with breast cancer are confronted with physical body changes which are mainly a result of the treatment administered to them. Some of the physical experiences are permanent, whilst others are temporary and may fade away with time. Breast cancer affects the physical aspects of one's body. All women in this study experienced the removal of the entire affected breast through surgery as part of the treatment. This procedure is also known as radical mastectomy. Some expressed frustration, annoyance, sadness, emotional disturbances and low self esteem as a result of their 'new body image' Mai Rudadiso said, "*Ndinonzwa kurwadziwa nekuti ndakatorerwa chinhu (zamhu) chaindiita kuti ndinzi mukadzi. Handina mufaro nekuti ndinofunga kuti handichakwane pane vamwe vakadzi*" (*I am pained because the very thing (breast) that defined me as a woman was taken away. I am not happy because I feel incomplete to fit into the category of other women*). Similar results are common in researches on breast cancer, findings by Baucom *et al.* (2006); Boehmke and Dickerson (2006); Lundgren and Bolund (2007) indicated that the body image is subjected to major transformations as a result of the aggressive cancer treatment. The quality of life is altered due to changes in body image. The removal of the breast is a permanent physical change to one's body. Women in Cases 4 and 5 felt less attractive, less feminine and less sexy by having one breast. In other studies some women reported

unhappiness with their appearance (Avis *et al.* 2005), whilst some felt like they were carrying a strange body (Lundgren and Bolund 2007). Breasts are regarded as assets by most women so the removal of one's breast tends to affect their self esteem and confidence as highlighted in Case 2. Alterations in the body image make women uncomfortable with their own bodies, others felt awkward with one breast.

The treatment of cancer causes physical body exhaustion whereby one feels very weak and lacks of energy. Participants in this study experienced fatigue during the treatment of breast cancer. Chemotherapy and radiotherapy treatments cause fatigue. However, the effects of chemotherapy are thought to be more debilitating than those of radiotherapy. These findings on fatigue concur with other studies by Jacobsen *et al.* (2007); Kim *et al.* (2008); Ganz and (2008); Bower *et al.* (2006) who also found that cancer related fatigue is a common problem among women who experience breast cancer treatment. Some of the participants have experienced a continual fatigue months after cancer treatment. It seems to them that the fatigue will never go away. It feels like one is carrying a totally foreign body as one is faced with difficulties in carrying out even their usual simplest household chores, as indicated by Mai Runyararo, "*Ndainzwa kuneta zvikurusa zvekuti ndakatadza kuita mabasa ari nyore pamba. Rave gore ndapedza kurapwa cancer asi muviri wangu hauna kudzokera zvawaimbove*" (*I felt so weak that I could not do the simplest household chore around the house. Even now a year after cancer treatment, my body has never been the same*). In line with the actor oriented approach, fatigue is a structural constraining outcome of the breast cancer treatment procedures that women experience. Women are constrained in carrying out their daily household chores due to the treatment administered to them thus structural procedures in this case can be viewed as limitations to daily activities.

The present study established that the physical surgical scar that remains after mastectomy is a continual reminder of the breast cancer experience in the lives of some of the women who have been treated for breast cancer as mentioned by Mai Rutendo, "*Dzvanga iri rinondityisa, rinoita kuti ndishungurudzika, ko ikadzokazve cancer?*" (*The scar frightens me, it makes me worry, what if cancer comes back again?*). The presence of the scar brings negative imaginations of the recurrence of the cancer. It is a continual reminder of the experiences of breast cancer treatment. The physical scar is a permanent feature on one's body. Even though all women in this study may appear to be a homogeneous group given their experiences with regard to the removal of the breast and most of them have a permanent scar; the benefit of

using the actor-oriented approach is that similar circumstances are explained differently by different social actors. The different responses are in part a creation by the social actors. The expressions of all women in this study are different and unique with regard to the removal of the breast and the permanent scar.

Hair loss is another physical body change experienced by all women in this study. The women experienced hair loss during chemotherapy; this is a short term body change but has a profound effect on how a woman feels about her body beauty as indicated by Mai Ruvheneko, “*Pese paive nevhudzi mumuviri rakadonha ndichigeza ndabva kusecond cycle yechemo. Izvi zvakandirwadza, ndaichema nekukurukirwa kuti handichina runako rwangu*” (All hair on my body fell off in the shower as I was bathing after my second cycle of chemotherapy. I felt overwhelmed emotionally; I cried and was saddened because of losing my beauty – ‘hair’). All body hair even on the eyelashes and eyebrows falls off during chemotherapy. Participants of the study were affected by hair loss and it made them feel less attractive and less feminine. Given that most women consider hair as a valuable asset which beautifies their looks, the loss of hair can be an emotional experience to women going through chemotherapy cycles often causing emotional breakdowns.

Hair loss is a short term change which affects one’s body image during chemotherapy. However, hair grows back after the chemotherapy treatment. Others have experienced changes in the colour of their hair Mai Rukudzo explains, “*Ndapedza chemo vhudzi rangu rakatanga kukura rakachinja colour from black to grey. Handina kugutsikana nazvo nekuti ndaive nevhudzi rangu rakanaka reblack*” (After chemo my hair started growing with a changed colour from black to grey. I was so disappointed because I used to have black beautiful hair). In some cases the colour of the hair changed after chemotherapy from black to grey and in some cases to white. Changes in hair colour negatively affected the perceptions and attitudes of how these women define beauty.

One participant in Case 3 experienced a physical change in the colour of the tongue, palms and foot soles due to cancer treatment. This has been expressed as a strange physical body change. The colour of the tongue, palms of the hands and soles of the feet was reported to have changed from the usual white-pinkish colour to a blue-blackish colour. This physical experience made the women feel out of place as the palms of their hands were noticeable to the general public, Mai Runyararo said, “*ndainyara kuve pakati pevanhu nekuda kwemukati memaoko, pasi petsoka nerurimi rwangu zvaive zvachinja colour to blue-blackish*” (I felt

*ashamed to be around people with my palms, my soles and my tongue that had changed to a blue-blackish colour*). This was an awkward but temporary change experienced by the some women during the chemotherapy treatment and lasted throughout all cycles of chemotherapy.

Numbness and irritation is often experienced in the palms and foot soles during cancer treatment. At times the numbness can cause pain, the hands and foot become swollen resulting in the peeling off of the skin, Mai Rudadiso mentioned, “*Ndainzwa chiveve mumaoko nemumakumbo zvaikonzeresa kurwadza nekuvava kweskin, nanhasi hazvisati zваныatsopera*” (*I experienced numbness in my hands and foot which caused pain and irritation of my skin. Up to date it has not gone away*). Skin irritation is caused by radiotherapy treatment which may lead to the peeling off of the skin and skin dryness. In some cases there is a darkening of the skin. These findings are what America Cancer Society (2013) refers to as neuropathy. The nerves outside the spinal cord and the brain are damaged by the cancer drugs and this result in the skin irritation and numbness that are experienced during treatment. A tingling or burning sensation is also experienced in the palms and foot soles leading to sensitivity to heat or cold. These feelings may fade away after cancer treatment. In some cases, however, the condition may persist for some time.

Weight gain in Case 5 is one of the experiences described as a frustrating physical body change, a study by McPhail and Wilson (2000) concurs with these findings. Most women are not interested in weight gain as they endeavour to maintain a good body figure. A change in body weight is often an unpleasant experience, as expressed by Mai Rutendo, “*Hembe dzangu dzamazuva ese hadzichakwane. Ndakawedzera weight pandaiitwa chemo and ndatambura kuti ndiluze weight iyi!*” (*My usual clothes cannot fit anymore. I gained weight during chemo and have struggled to lose this weight!*). Regardless of the fact that most women in this study struggled to eat during cancer treatments, Mai Rutendo found herself gaining weight. The American Cancer Society (2013) concurs with these findings and highlights that the combination of drugs used for chemotherapy usual results in weight gain. In modern western oriented stereotypes of beauty the woman with the fuller figure is often derided and this usually has a negative impact on her confidence and femininity. The perceived loss of sexual appeal troubles her. Some of the women in this study probably feel that they have lost their beauty and sex appeal as a result of the mastectomy and subsequent happenings and developments.

In line with the actor oriented approach by Long (1992), experiencing hair loss, change of hair colour, changes in colour of the tongue, palms and soles, the numbness and irritation of the skin together with weight gain are some of the side effects caused by the structural cancer treatment procedures; these are external forces that are beyond the social actors. It is, therefore, not in the capacity of women experiencing breast cancer treatment to circumvent such side effects. Structural rules and procedures indicate that social actors do not possess complete power though they are endowed with some kind of power. Though women who experience breast cancer treatment are capable of noticing such changes in their bodies; they are forced to live with them and to endure the side effects that are beyond their control.

### **5.1.2 Psychological experiences**

The study established that participants of the study were overwhelmed by emotions when the diagnosis of breast cancer became known to them. The subsequent treatment regime for breast cancer aggravated matters. Problems that are psychological in nature are usually experienced during the diagnosis and treatment of cancer. This may continue years after the treatment of the disease. The findings of this study indicate that some women live in fear of the recurrence of breast cancer, they are anxious and stressed about the disease as indicated in Cases 2, 3, 4 and 5. These findings are also confirmed by studies by Hodgkinson *et al.* (2007) and Girgis *et al.* (2000) who found that women who undergo breast cancer treatment suffer from psychological problems which include depression, anxiety, fear of recurrence and stress. Experiencing breast cancer is a traumatic and stressful event which affects the human minds negatively psychologically and often leads to hopelessness and anxiety, as indicated by Mai Rutendo, “*Kungoziva chete kuti cancer inowuraya handina kumbogadzikana, handina kuziva kuti ndaizorarama or ndaizofa here?*” (*Knowing that cancer is a killer disease I became anxious, I did not know whether I was going to survive the disease or was going to die anytime soon*). The unbearable aggressive treatment regimens endured by women with breast cancer often leave them feeling worse than before the diagnosis (Arman *et al.* 2002). Emotional stress is often experienced due to the aggressive nature of cancer treatment. Mental instability hinders one in achieving optimum treatment, thus psychological experiences such as stress and depression shape attitudes towards treatment regimens. The negative impact of cancer treatment in the bodies and lifestyles of women who experience breast cancer results in depression; Schmid-Buchi (2010) concurs with these findings, she

found that breast cancer frequently leads to depressive feelings. Women in this study struggled to cope with the side effects of treatment. Psychologically, they were greatly affected and suffered from mental instability.

Loss of memory is experienced during cancer treatment. This may last throughout the treatment but eventually go away after treatment. In some incidences, Case 5, reported for chemotherapy alone had problems in trying to remember the way back home, Mai Rutendo said, “*Ndakadza kuziva kuti ndiri kupi uye ndinodzokera kumba sei pandakapedza my third chemo cycle*” (*I could not figure out where I was and how to get back to my house after my third cycle of chemotherapy*). Assistance is required in order to remember the dates to report for treatment as expressed in Case 1. Forgetfulness is common among these women and is made manifest by a failure to remember simple general things. American Cancer Society (2013) identified this problem as chemo-brain which results in mental dysfunction. Others experience difficulties with concentration, Mai Ruvheneko recalls, “*Ndakadza kuenderera mberi nemasters program yangu nekuti ndaitadza kuconcentrator mumalectures*” (*I had to defer my masters program because I failed to concentrate during lectures*). These findings are supported by Hoybye *et al.* (2008) who also revealed that breast cancer patients suffered from lack of concentration and memory loss.

Using the actor oriented approach, it can be concluded that social actors, in this case women who have experienced breast cancer treatment suffer from psychological problems which are caused by the structural treatment procedures. Loss of memory, lack of concentration, mental instability, depression and stress are some of the psychological problems that constrain social actions and interactions. In this case, according to Long (1992), structure is a restricting element for social action although structure is a product of social action. Some women in this study were restricted by the cancer treatment in pursuing their academic goals and other lifetime goals. Human freedom is limited by structural treatment rules and procedures. In most cases this results in depression and stress as women fail to accomplish their personal dreams.

### 5.1.3 Health-related experiences

The study found that health-related problems are commonly experienced during and long after the breast cancer treatment. It is a depressing situation to experience health problems with remedies that only ease the pain but could not completely take away the pain. Participants have successfully gone through the breast cancer treatment regimens. However, participants reported frustration as some health related problems persisted way after the treatments. The swelling of the arm and armpit was experienced after surgery and in some cases after radiotherapy. This usually occurs on the side where breast cancer was treated as highlighted in Cases 2 and 5. It can occur anytime after surgery or radiotherapy. Not all people experience the swelling of the arm after surgery. Tightness is usually felt in the arm or hand from built-up fluid which makes it difficult to do any work or do any simple household chores using the affected side, as expressed by, Mai Rutendo, “....*handichakwanise kutakura mabag anorema, ruoko rwangu rwuno ndinorwadza, uye rinombozvimba nekuvava.*” (*I can no longer carry any heavy bags, I feel pain in my hand and sometimes my arm is swollen and itchy.*) The pain and swollenness experienced in the hands and arms is usually caused by built-up fluid after surgery. The pain is usually experienced any time after the operation, it can be experienced soon after the surgery or weeks or months or even years after the surgery. Some of the participants are often frustrated by the fact that the pain does not completely go away after treatment, it continues thereafter. Research confirms that the swelling of the arm and armpit is a condition known as lymphedema (Mahamaneerat *et al.*, 2008, Fu & Rosedale, 2009; Pilarski 2008; American Cancer Society, 2013).

The participants in Cases 1 and 5 disclosed that the treatment of breast cancer has a negative impact on the sexuality component of one’s life. Sexual problems are encountered due to a number of factors (American Cancer Society, 2013). The removal of a breast makes women feel less attractive sexually as breasts are a common source of sexual pleasure. Breasts are regarded by most women as a source of sexual stimulation for sexual pleasure. Mastectomy may, therefore, negatively affect sexual desire and this often leads to sexual dissatisfaction. Experiences of pain during sexual intercourse are common (Pumo *et al.* 2012); this is due to vaginal dryness (Pelusi, 2006) which is caused by cancer treatment drugs. A woman fails to lubricate naturally. Mai Rutendo explained, “.....*ndinonzwa kuomerwa kuzasi pabonde izvo zvinokonzera kurwadziwa*” (*I feel so dry down there which is painful for me during sexual intercourse*). Some women become sensitive to the touching and caressing of the remaining

breast as uttered in Case 5. She no longer enjoys touching and caressing. Hormonal changes are experienced due to treatment, this negatively affect sexual interests and responses. Studies by Pumo, *et al.* (2012); Pilarski, (2008); Pelusi (2006); Avis *et al.* (2005) concurs with the findings of this study on sexuality.

Premature menopause and menopausal problems may be experienced during breast cancer treatment, as expressed by Mai Rutendo, “*maperiods angu akabva angostopper zvachose pandakatanga chemo*” (*My menstrual periods have completely stopped ever since I started chemo*). Chemotherapy drugs are reported to be the main cause of changes in a woman’s menstrual cycle (American Cancer Society, 2013). This is usually a permanent life time change. Night sweats and hot flashes are some of the menopausal problems experienced by women in the present study. Such side effects are mainly caused by tamoxifen cancer drugs. A study by Hunter *et al.* (2004) corroborates these findings. Some women in this study experience disturbances in their sleeping patterns and others have struggled with sleepless nights. Others still, manage only a few hours of sleep each night and generally always get restless in the middle of the night.

## **5.2 Factors Affecting Treatment of Breast Cancer**

The experiences of breast cancer treatment among women indicate that there are several factors that influence cancer treatment. Factors such as economic, religious, traditional, cultural and institutional as well as the influence of families may underpin the treatment regimens. In some cases, participants on the one hand, can control and manage some of these factors whilst on the other hand; some factors are beyond their control.

### **5.2.1 Monetary Factors**

The findings of the present study indicate that cancer is a very expensive disease. The treatment of cancer requires a substantial amount of money. In most cases when participants were diagnosed with breast cancer they were recommended to seek treatment as a matter of urgency. This required money that was not readily available. One woman, Case 3 in this study started treatment weeks later than expected by her doctors. This, therefore, suggests

that treatment can be affected by limited financial resources. The time is taken by family, relatives and friends in raising funds for treatment appears to be crucial. In some cases, others have prioritised paying for surgery and chemotherapy only, as mentioned by Mai Runyararo, “*Mhuri yangu yakakundikana kuwana mari yeradiotherapy, ndakaisa rutendo rwangu muna Mwari kuti vandiporese.*” (*My family failed to raise money for radiotherapy sessions; I put my trust and faith in God to be healed.*). Though it is highly recommended by doctors for cancer patients to complete all prescribed treatment regimens others have failed to do so due to financial constraints.

### **5.2.2 Religious and traditional beliefs**

Religious and traditional beliefs influence the perceptions, attitudes and knowledge of breast cancer. The treatment of the disease is embedded in religious and traditional beliefs. Religious and traditional beliefs and practices shapes people’s way of life and how they react to chronic diseases like breast cancer as indicated by Mai Rudadiso, “*Ndakatanga ndanorapwa kun’anga, pandakaona kuti nzira dzedu dzekurapwa pachivanhu hadzina kundibatsira ndipo pandakaenda against chivanhu chedu kunorapwa kumamedical doctors*” (*I first consulted a traditional healer for treatment, when I noticed that the traditional medicines were not helping, I decided to go against my traditional beliefs and practices by seeking treatment from the medical doctors*). The beliefs and practices inform the decision-making processes. Religious and traditional beliefs and practices are a way of life that resulted from the socialization process and may not be easy to override when confronted with such a serious illness like breast cancer. Some religious and traditional beliefs and practices often prohibit their followers from seeking treatment elsewhere. Religious and traditional conceptualizations of breast cancer can be barriers to breast cancer treatments in most developing countries as it is viewed from the spiritual realm. In this case religion and tradition are structures which are presented as barriers to breast cancer treatment in this study. Thus, according to actor-oriented approach, structures are restricting elements which can affect the prescribed cancer treatments.

### 5.2.3 Socio-cultural factors

The study found that it is important to note the socio-cultural context in which breast cancer is experienced. Culture plays a pivotal role in the conceptualization of cancer in societies. It influences how cancer is conceptualized within a particular society. Cancer is a socially constructed disease; the meaning attached to the disease differs in every society. Social construction of the disease can affect the treatment prescribed by the doctors. Society and culture shapes people's way of thinking. Socio-cultural beliefs play a very important role in a person's decision making process to follow prescribed treatment as indicated by Mai Rukudzo, *“Kurudzi rwedu hazvitenderwi zvekuchekwa, vakuru vanoti chituko chinokonzeresa kuitika kwezvinhu zvisinganzwisisike kurudzi rwese. Ndakasarudza ndega kuenda kunochekwa pamashure pekunge chiremba vandisimbaradza.”* (In our culture it is a taboo to go for an operation, it is viewed as a curse by our elders and may cause strange things to happen to the entire clan. Because my doctor had strongly recommended that I should go for surgery, I made a personal decision to go for operation). Cultural beliefs influence a person's health belief, which in turn influence health practices and can greatly affect treatment. Herein lies the importance of local knowledge embedded in culture. Culture is a belief system internalized by a particular group of people in a given society. In this study some women are confronted with their cultural belief system which is a structure to which they must comply. However, women diagnosed with breast cancer possess agency by being actively involved in the prescribed biomedical treatment procedures. This shows that even when human beings are faced with dire situations like the diagnosis of breast cancer they exercise some form of power when they make personal decisions to go against their cultural belief system and seek biomedical treatment. This means, by conforming to the rules dictated by structures, actors consciously or subconsciously reproduce them.

### 5.2.4 Aggressive treatment regimens

The treatment of cancer has been described as a traumatic debilitating experience by participants in this study. It is a painful experience which requires strong social support in order for one to go through the treatment. Cancer treatment-related side effects may affect treatment of the disease. These side effects are acute. One woman, Case 2 in this study failed to report for chemotherapy cycles on booked dates as she was overwhelmed by the treatment-

related side effects. She felt like giving up on treatment as expressed by Mai Rukudzo, “*Handina kuenda kuchemo yechitwo musu wandaive ndakabhukwa nekuti ndainzwa kukurirwa nemaside effects, ndakazoenda kwapera vhiki*” (I did not report for my second cycle of chemotherapy on the date I was booked, I felt overtaken by the side effects I was experiencing, I went for chemo a week later). The aggressive treatment regimens and the cancer treatment-related side effects have affected the treatment of breast cancer. Evidence suggests that many can be overwhelmed by these side effects. Other women failed to adhere to tamoxifen drug due to its side effects Mai Ruvheneko also said, “*Ndakadza kuenderera mberi ndichinwa tamoxifen nekuti ndaidikitira usiku stereki nekupiswa zvakanyaya zvekare*” (I have failed to adhere to the prescribed tamoxifen drug because it made me sweat a lot at night and I experienced hot flashes too). The more side effects people experience due to the treatment regimens, the more likely they are to report for cancer cycle bookings later than the expected date and the more likely they are to discontinue uptake of tamoxifen drugs. Aggressive treatment regimens negatively affect the treatment of cancer. As propounded by the notion of structure this means that individuals adapt themselves to a diversity of situations and changed circumstances hence the idea of situated practices, or situated behaviour, where people act differently as side effects present themselves, this compromises adherence and negatively affects the whole treatment process.

### **5.2.5 Rejection**

Failure by a spouse and family to show empathy, love and care adversely affects the cancer treatment. Case 3 has been noted in this study where a spouse failed to deal with the diagnosis and treatment of breast cancer. This is an unforeseen event that usually happens without any preparations for its coming. Loneliness due to rejection can hinder the flowing of the cancer treatment regimens, Mai Runyararo said, “*Murume wangu akatadza kugamuchira chirwere checancer, akatadza kumira neni panguva yeurwere hwangu, akandikanya. Izvi zvaiita kuti ndifunge zvekusiya nechemo yacho.*” (My husband could not come to terms with my diagnosis of breast cancer. He never was there for me during my illness. I felt rejected. This made me think of giving up on chemo!). Rejection does not occur intentionally, but due to the overwhelming nature of the disease the breast cancer journey can be a lonely experience and often psychologically disturb the close relatives of the women diagnosed. A study by Rosedale (2009) confirmed these findings, Rosedale found that loneliness is an

inward feeling resulting from the failure of other people to recognize and comprehend the diagnosis, the intense treatment of breast cancer and the long term aftermath of the illness. Similarly, the findings of the present study corroborate the results by Lethborg *et al.* (2003) and Lindholm *et al.* (2002) which show that the breast cancer treatment and the related side effects greatly strain the relatives of the patient who often suffer from unpreparedness to cope with the disease and fail to afford the needed support to the patient. In Case 4, family members openly rejected their relative diagnosed with cancer and did not want to be associated with her. A lot of negative meanings are attached to the disease and this leads to rejection. Mai Rudadiso said, “*Pandakabatwa chirwere ichi vemhuri yangu vakandipomera uroyi vakandiramba, zvakandirwadza zvakanyanya zvekuti ndakazotadza nekuenderera mberi kunwa mapiritsi etamoxifen*” (*When I was diagnosed with the disease my family accused me of witchcraft and rejected me, this pained me so much. I even failed to continue uptake of my tamoxifen drugs*). According to the tenets of the actor oriented approach, women who experience breast cancer treatment are conscious of the actions and interactions of people that surround them and in this case, this negatively affects their uptake of the prescribed breast cancer medication.

### **5.2.6 Institutional factors**

Medical equipment breakdowns are a common feature in most government hospitals in Harare, Zimbabwe. Failures by the health facilities to afford women the required treatment regimens negatively affect treatment. However, the sad part is that some women will give up on treatment because of continued equipment breakdowns, as Mai Rukudzo explained, “*Ndaifanira kutanga radiotherapy pagovernment hospital asi ndakabatikana ndanzwa kuti mamachines acho haasi kushanda, ndakadzokera several times asi hapana chakange chashanduka, ndakabva ndangosiyana nazvo!*” (*I was scheduled to start radiotherapy treatment at a local government hospital but was disappointed when I was told the machines were not working, I checked several times but there was no change. I then gave up!*). Due to financial constraints, not all women can afford to seek treatment at private hospitals where medical machinery is always working; others end up opting for government hospital services which is cheaper but not always available due to poor maintenance and servicing of the machinery or equipment. In this case hospitals are presented as structures according to the actor-oriented approach (Long 1992). Hospitals are structures which can hinder the treatment

of breast cancer due to machinery breakdowns thus hospitals are sometimes viewed as constraints to the smooth flow of breast cancer treatment.

### **5.3 Coping Mechanisms**

As noted earlier in this study, Long (1992) asserts that social actors are knowledgeable and capable of solving their own problems; people devise their own strategies in trying to deal with their situations. As propounded by the actor oriented approach women who experience breast cancer treatment can be attributed with power of agency because they learn how to intervene in dire situations and make choices that lead to action. Social actors are capable of processing their experiences of breast cancer treatment and formulating strategies of coping with the prescribed treatment regimens. The various mechanisms adopted by women in this study to cope with breast cancer treatment seem to corroborate the findings of the studies by Gundani and Mudavanhu (2012); Mulder (2012); Pinheiro *et al.*, (2008). These mechanisms include psychosocial support, counselling, religion, alternative medicines, breast reconstruction, wigs, hats, scarves, hair accessories. The coping mechanisms are discussed below.

#### **5.3.1 Psychosocial support**

The family is identified as a vital source of support systems in this study as emphasized in Cases 1, 4 and 5. The family is regarded as a basis of motivation and encouragement in experiencing breast cancer treatment. In some cases husbands and children of those experiencing breast cancer have gone through all stages of treatment alongside with the breast cancer patient, Mai Ruvheneko said, “*Murume wangu nevana vangu vakandisimbaradza panguva yeurwere hwebreast cancer*” (*My husband and my children have been a source of strength throughout my breast cancer experience*). This is consistent with the study by (Landmark *et al.* 2008) which shows that psychosocial support from the close family is crucial to the breast cancer patients in adjusting to the treatment of breast cancer. In the same vein, several studies by Wimberly *et al.* (2005); Romero *et al.* (2008); Figueiredo *et al.* (2004); Manne *et al.* (2005) demonstrate that cancer patients held that the emotional involvement of close relatives and supportive behaviour can influence their recovery and adjustment processes. Though families maybe astonished by the confirmed

diagnosis of breast cancer as indicated in Case 1, the family is a pillar of strength in creating a positive outlook to the diagnosis and treatment of the breast cancer. Words of encouragement from family appeared to ease the journey of breast cancer. Apart from recognising family as a support unit; friends, workmates and church are also identified as support systems in coping with the disease. Some women maintained a positive attitude because of the overwhelming support that was afforded to them. As highlighted by Long (1992) women experiencing breast cancer treatment are capable of noticing the social interactions and actions of other people, that is their families, friends, church members and workmates this in turn influence their responses to breast cancer treatment.

Support groups were also identified as a support system. The support offered by most support groups has a tremendous positive impact in the lives of women in this study as expressed in Cases 3, 4 and 5. At support groups, there are women who have experienced breast cancer and have voluntarily taken it as their obligation to help others cope with the disease. Walking the cancer journey with someone who has walked the journey before creates a sense of security and hope. Most women resort to support groups as a way of coping with breast cancer treatment, Mai Rutendo said, “*Zvinoshamisa kubatsirikana kwandakawana nezvebreast cancer after ndangonzwa maexperiences evamwe vanhu*” (*It’s amazing how other people’s experiences have helped me to cope with breast cancer*). Support groups have given most women experiencing breast cancer a sense of belonging. Membership of the groups makes them feel that they are not alone but have someone to share their experiences, fears and concerns. This confirms findings by Pinheiro *et al.* (2008); Schmid-Buchi (2010) who observed that participation in a support group proved enlightening, it provides social and emotional support from other women and promotes the exchange of experiences. Support groups have been defined as a haven, a place where most women feel rested, can ask anything and get answers and a place that gives one a real picture that it is possible to experience breast cancer and survive it. Using the actor oriented approach; social interactions with other people who have experienced breast cancer treatment have a positive effect on how women in this study learn to cope with cancer treatment. By observing social actions and interactions of other women in support groups, participants of this study were motivated that there is life after breast cancer treatment and therefore adopted a more positive attitude towards breast cancer and its treatment.

### 5.3.2 Counselling

Counselling was identified as a coping mechanism during diagnosis, treatment and long after the treatment of breast cancer. The participants highlighted that the counselling afforded to them has greatly helped them in coping with breast cancer, as expressed by Mai Runyararo, “*Ndinotenda zvikurusa counselling yandakapihwa nemadoctors nemanurse, zvakandibatsira munguva yebreast cancer nekuti murume wangu akange asina support yaaindipa*” (*I am indebted to my doctors and nurses for the counselling I continued to receive from them, it helped me cope with breast cancer because my husband was not very supportive*). Given that experiencing breast cancer changes every aspect of one’s life, it is important to prepare the minds and hearts of many on the common things to expect during treatment regimens and how to deal with these experiences. Long (1992) notes that women diagnosed with breast cancer, who are the social actors are actively involved in processing information given by their doctors and nurses and are capable of thinking-through the interventions presented to them. Furthermore, they are capable of processing experiences of breast cancer treatment and further seek more counselling from their doctors and nurses in coping with the prescribed treatment regimens.

### 5.3.3 Religion

Religion was identified as a prominent coping strategy employed by all women in the present study to cope with the experiences of breast cancer treatment. A relationship with God through prayer and meditating on the bible is a mechanism that has helped some participants in Cases 2, 3 and 5 to cope with breast cancer treatment. According to these participants, a deep faith in God and knowing God in their lives made them view God as their healer and are convinced that only God can completely heal them. Mai Runyararo says, “*Ndakaisa kutenda kwangu muna Mwari uye mushoko rake kuti andiporese after ndatadza kuwana mari yeradiotherapy. Vafundisi vangu nemadzimai ekuchurch vaiwuya kuzonamata neni kumba apo-neapo*” (*I had to rely on faith in God and the bible for my healing after I failed to raise money for radiotherapy. My pastors and other women from church prayed with me at my house occasionally*). Speaking to the church leaders and women church groups and praying enabled the women to feel much better and gave them a deep belief that God is in control of their lives. This confirms findings by Dvaladze (2012) and Mulder (2012) who found that religion is a major coping scheme employed by women who experience breast cancer.

Noteworthy to relate to this study are findings by Ahmad *et al.* (2011) whose results showed that religion and spirituality play an important role on how Muslim women in Malaysia become accustomed to breast cancer. As noted in the actor-oriented approach, structures, in this case religion can act as an enabling element for social action. In this study most women found religion enabling them to cope with the harsh aggressive breast cancer regimens.

#### **5.3.4 Complementary and Alternative Medicines (CAM)**

There is an increased uptake of CAM and its related therapies among women who experience breast cancer in Harare, Zimbabwe. This trend is evident in other countries such as Thailand (Piamjariyakul *et al.* 2012; Sirisupluxana *et al.* 2009; Wonghongkul *et al.* 2002; 2006) which also indicate an increase in the uptake of CAM among women who experience breast cancer. In Thailand the prevailing perception is that CAM improves the quality of life among women who experience breast cancer. Complementary medicines offer treatment which support the conventional medical approaches to breast cancer; they are aimed at treating the whole person in spirit, body and mind (Piamjariyakul *et al.* 2012). Alternative medicines are treatments which are not provided within conventional medical approaches. It is an alternative to the conventional treatments of breast cancer. CAM intake is increasingly gaining momentum as a result of the cancer treatment-related side effects presented by the conventional way of treating breast cancer (Stark, 2010; National Center of Complementary and Alternative Medicines 2009; Humpel and Jones 2006; Jacobson *et al.* 2000; Boon *et al.* 2007). The findings of this study are similar to the findings by Jacobson *et al.* (2000) who notes that the uptake of CAM is an effort by people who experience cancer to deal with the unwanted side effects of the conventional treatments of the disease. The use of herbs and herbal products has noted in this study, Mai Rudadiso acknowledges, “*MaHerbal medicines akaita semoringa anondishandira stereki pakucoper nemaside effects ekurapwa. Doctor wangu haazvizive kuti ndoshandisa moringa.*” (*Herbal medicines like moringa are very effective in helping me cope with a lot of side effects of cancer treatment. I did not inform my doctor that I use moringa*).

The study established that some participants in Cases 1, 4 and 5 use CAM to help ease cancer treatment-related side effects. Mai Ruvheneko said, “*MaChinese herbs akandibatsira kubooster my sex drive. Ndinoshandisa Chinese intimate ointment for lubrication. Zvekare*

*ndinonwa mvura yemuteuro iyo inochenesa muviri wangu uye kudzivirira kudzoka kwecancer. Isarudzo yangu yekushandisa maChinese products” (Chinese herbs helped me to boost me sex drive. I use a Chinese intimate ointment for lubrication. I also drink healing waters that I got from a well-known traditional healer; I believe that the waters are cleansing my body to avoid recurrence of cancer in my body. It’s my personal decision to use these Chinese products).* This is consistent with the study by Boon *et al.* (2007) who indicated that 81.7% of women experiencing breast cancer use CAM products to cope with the treatment and are involved in CAM therapies in comparison to 66.7% in 1998. Women who experience breast cancer are hesitant to disclose to their doctors about their use of CAM (Astin *et al.* 2006; 2008; Adler *et al.* 2009). The findings of this study are congruent with other studies. For example, a study in Australia among breast cancer patients by Kremser *et al.* (2008) ascertained that CAM is used to boost the immune system. Though various studies indicate that CAM is mainly used in response to several treatment-related side effects, CAM is not a coping strategy that is mostly recommended by the bio-medical practitioners which then leads to non-disclosure to the doctors.

Similarly, studies conducted in Shanghai, China (Chen *et al.* 2008; Cui *et al.* 2004) reported that women who experience breast cancer treatment use CAM to alleviate menopause related side effects. The use of CAM in this study and other highlighted studies is a desperate measure employed by women who experience breast cancer in trying to deal the unbearable side effects. In the context of the actor-oriented approach women who experience breast cancer are capable of noticing the changes in their bodies and how they are responding to medication. Women who experience breast cancer are knowledgeable enough to notice the treatment-related side effects that confront them and are capable of finding complementary and alternative medicines to help them ease the side effects. This means that women who experience breast cancer treatment exercise some kind of power. In that regard the women choose not to tell their doctors and nurses about their uptake of CAM. This deliberate decision gives them control their own bodies.

### **5.3.5 Acceptance**

Accepting the diagnosis of breast cancer is also a coping mechanism employed by women in this study. Positive thinking and positive attitudes towards the disease helps to remain

focused regardless of the aggressive treatment regimens that they experienced. This is in line with a study by Gundani and Mudavanhu (2012) in Harare, Zimbabwe which showed that most women accepted their condition and this helped them in coping with the disease. The treatment of breast cancer is a demanding process, which requires acceptance of the positive diagnosis and treatment of cancer so as to avoid psychological disintegration and emotional breakdowns. Some participants in this study accepted the confirmed diagnosis of the cancer and this helped them maintain a positive attitude and mindset throughout treatment, Mai Runyararo said, “*Ndakagamuchira nhau yebreast cancer uye ndaive ndagadzirira kuenda kunorapwa.*” (*I accepted the diagnosis and was ready to go through treatment*). A study by Mulder (2012) in Cape Town, South Africa also shows that most research participants maintained a positive attitude and outlook towards breast cancer treatment; this helped in coping with the disease. Participants in this study accepted the importance of going through the treatments. Breast cancer is viewed as a life-threatening disease; however though the treatments are unbearable most people find comfort in the fact that the treatment regimens are not a life time process, participants have endured cancer treatment related side effects but are happy to have completed the chemotherapy and radiotherapy regimens.

### **5.3.6 Other coping ways**

Though there are a number of ways to cope with the removal of the breast in order to enhance the physical body image, participants in Cases 2, 3 and 5 have no other options except to wear an artificial breast which they find uncomfortable and irritating at times. The artificial breast is commonly known as breast form or prosthesis. A breast form is usually recommended by most doctors after total healing of the mastectomy. Participants have complained that the breast form is heavier than the natural breast and have found it bumpy and prickly to wear. To keep up appearance and maintain a complete body image women continue to wear prosthesis to avoid the general annoying comments of the public, as said by Mai Rukudzo, “*Zvaiita sekunge vanhu vese vaizviwona kuti ndine one breast, izvi zvaindibhohwa stereki. Ndakazopedzisira ndatenga prosthesis but iri very uncomfortable though.*” (*Somehow it seemed like people noticed that I only have one breast and this annoyed. I later bought the prosthesis, but it is very uncomfortable*). Women in this study revealed that the breast form or prosthesis is a coping mechanism which helps in keeping up appearance and maintain a balanced good body image though it is reported to be heavy,

irritating and very uncomfortable. Participants use a breast form because it is the only affordable mechanism available to help cope with the removal of the entire breast.

Breast reconstruction is also a coping mechanism which is employed in order to enhance physical appearance after a mastectomy. In the present study only one woman managed to go for breast reconstruction in South Africa. Mai Ruvheneko says, “*Breast reconstruction iri nani chaizvo pane kupfeka breast form ino irritator*” (*Breast reconstruction is way much better than wearing a breast form which irritates*). It is reconstructive surgery which uses tissues from other body parts to reconstruct a kind of natural breast. However, in Zimbabwe there are currently no health facilities that offer breast reconstruction. Breast reconstruction is common in European countries; closer to home it is offered in South Africa. Though there are women who wished to have a breast reconstruction, they were limited by their financial incapacity, Mai Rutendo pointed out, “*Dai ndine mari ndaienda for breast reconstruction kuSouth Africa nekuti prosthesis ino irritator iyi*” (*I wish I had money to go for a breast reconstruction in South Africa because prosthesis irritates my skin*).

In trying to cope with hair loss which is a temporary physical change during cancer treatment, some women in Cases 1, 2 and 3 resorted to wearing wigs, hats and scarves. The loss of hair appears to be generally viewed as a loss of beauty and femininity, as expressed by Mai Rudadiso, “*Handaikwanisa kutarisana nenyika ne bald head, mukadzi ane zuda? Vhudzi rangu ndokubwinya kwangu. Ndaipfeka mawigs mazuva echemo*” (*I could not imagine facing the world with a bald head, a woman with a bald head? My hair is my glory. I wore wigs during chemo*). Whilst some women regard hair loss as a loss of their beauty and femininity others have defined it as a ‘*new identity of beauty*’. One of the participants has chosen the bald look as a symbol of survival. In this regard baldness is viewed as a sign that experiencing breast cancer does not always mean death and that there is life after breast cancer. Mai Rutendo remarks, “*..... later on ndakazodecider kuchinja hairstyle yangu kuita zuda after vhudzi rangu rapedzwa nechemo, sezvauri kuona*” (*.....I later decided to change my hairstyle to a bald head after losing my hair due to chemo, as you can see*). In line with the actor-oriented approach which informs this study, social actors can be attributed with the power of agency because they can process the world around them and make choices that lead to action. Women who experience breast cancer treatment possess agency; they are active participants rather than passive recipients of lifestyle changes caused by breast cancer treatment. Using the actor-oriented approach, this study shows that women who experience

breast cancer actually device their own ways that help to cope with the aggressive cancer treatment.

## **6. CONCLUSION**

Breast cancer experience changes the quality of life of women who undergo the aggressive treatment regimen. The treatment often leaves women feeling worse than prior to the prognosis of breast cancer. Breast cancer diagnosis and treatment is an individual experience for each woman. Women who are diagnosed with and treated for breast cancer are often confronted with health-related problems which are persistent and usually suffer from emotional distress, stress, fear of recurrence and anxiety. In this study, physical body exhaustion/fatigue, a new body image, hair loss, sleeping disturbances, lack of concentration swelling of the arm and sexual dysfunction are the frequently reported side effects that women endure during breast cancer treatment and at times thereafter. There are a number of factors that usually affect the treatment of breast cancer. These factors include monetary issues, religious and traditional beliefs, socio-cultural factors, aggressive treatment regimens, rejection and institutional factors. This study was informed by the actor-oriented approach by Norman Long (1992) which the researcher used to explain why women who have experienced breast cancer act the way they do under certain circumstances. Women who experience breast cancer treatment possess agency; they are active participants rather than passive recipients of changes caused by breast cancer treatment. The study established that women employ a number of mechanisms in coping with breast cancer treatment. These coping mechanisms include: psychosocial support, counselling, religion, acceptance, complementary and alternative medicines, wearing wigs and scarves, breast form and breast reconstruction. Coping with breast cancer treatment is a demanding process which can be emotionally involving. The main thrust of this study was to explore the experiences of women who have undergone breast cancer treatment and to determine what it is that affects breast cancer treatment and the nature of coping mechanisms they employ.

## **7. RECOMMENDATIONS**

It is recommended that counselling services be scaled up for women diagnosed with breast cancer and to their immediate families. Breast cancer treatment is complex and causes numerous health difficulties and other treatment related side effects. The treatment is demanding and often puts patients under great pressure in attempting to cope with the disease. Therefore, it is important that counselling services are made continually available so as to encourage the women to go through the full range of treatment. Counselling should be a routine service provided to the women during the diagnosis, during the treatment of breast cancer and thereafter. Breast cancer diagnosis and treatment affects the immediate families. In some cases family members and spouses of the afflicted women may fail to come to terms with or to accept the positive diagnosis of breast cancer. Therefore, it is important that counselling is extended to spouses and the immediate family that live with the affected women. Psychosocial support from immediate families is crucial to the affected women. This can be provided when there is information and knowledge about the disease, the treatment regimens and related side effects. Therefore, there is need to provide counselling to the families of the affected women.

Rehabilitation or psychotherapy programmes should be developed and implemented in the health facilities for women diagnosed with and treated for breast cancer and their immediate families or relatives so as to support them during diagnosis, treatment and the post treatment periods. Adjusting to the experiences of breast cancer treatment is a long term process that can be very demanding. Therefore, it is important to continually give advice and information pertaining to the procedures involved and the most commonly experienced treatment-related side effects as well as strategies of dealing with these side effects.

There is a need for the government to conduct nation-wide awareness campaigns in both urban and rural settings about the rising incidences of breast cancer. The prevalence rate of breast cancer is on the increase. Therefore there is a need to alert the general public about the signs and symptoms of breast cancer so that treatment is sought well on time. Information on breast cancer and its treatment should be disseminated through programs such as the use of advertisements in the print and electronic media, designing and distribution reading materials, making use of drama groups and community development practitioners to spread accurate word on the subject of breast cancer. It is recommended that such programmes be sustained

or better still be scaled up to achieve greater impact. The general public should be informed that breast cancer is a disease that can be survived if treatment is sought well on time.

There is a need for the government to consider the introduction of cancer levies to ensure affordable access to health facilities, thereby access to treatment. Many women are dying out there as a result of failing to raise funds to enable them to access breast cancer treatment. Breast cancer is often referred to as an expensive disease because of the treatments involved. The charges are generally beyond the reach of many. The study has established that it is possible for an affected woman to fail to fully undergo the full prescribed cancer treatment regimen because of failure to raise the required funds. Financial constraints can hinder the treatment of breast cancer. It is recommended that the government should devise ways of making breast cancer treatment affordable. Full treatment is of paramount importance for the survival of women diagnosed with breast cancer. Therefore, the government should intervene in lessening the costs of treatment.

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## **APPENDIX**

### **Appendix 1**

#### **CONSENT FORM**

##### **Introduction**

Good morning/afternoon. My name is Maureen Tshuma. I am a student at the University of Zimbabwe, Department of Sociology in the Faculty of Social Sciences, studying for a Master of Science in Sociology and Social Anthropology Degree. I am conducting a study research for my dissertation entitled “*Experiences of Breast Cancer Treatment among Women in Harare.*”

##### **Purpose of the study**

The main purpose of the study is to explore the lived experiences of breast cancer treatment among women in Harare. This is purely an academic study in the partial fulfilment of a Master of Science in Sociology and Social Anthropology.

##### **Voluntary Participation**

Participation in this study is entirely voluntary with no incentives given. You may choose not to answer some of the questions if you feel that way. You are free to withdraw from the study anytime without any penalty.

##### **Confidentiality**

Information you provide will be kept strictly private and confidential and will not be disclosed to other persons. Your identity will be protected by use of pseudonyms in the write-up of this dissertation.

##### **Consent**

I give permission to be enrolled in this study.

Signature.....

## Appendix 2

### In-depth Interview Guide

#### Personal Information

1. How old are you?
2. What is your marital status?
3. Do you have any children? (if yes, how many?)
4. What is your highest level of education?
5. What is your employment status?

#### Interview Questions

1. How did you find out that you had breast cancer?
2. When were you diagnosed with breast cancer?
3. Did you receive any counselling and information about breast cancer after your diagnosis with breast cancer and before starting treatment and during treatment? (*if yes, proceed to question 4; if answer is no, proceed to question 5*)
4. What did the counselling and information involve?
5. Which forms of breast cancer treatment did you receive?
6. Did you experience any side effects because of cancer treatment? (*if the answer is yes; proceed to Question 7* ).
7. What are the side effects that you experienced as a result of cancer treatment?
8. Did these side effects affect your lifestyle in any way?
9. Did you inform your doctor or any other health personnel about these side effects? (*if answer is yes, proceed to question 10; if answer is no, proceed to question 11*)
10. What advice did you receive in dealing with these side effects?
11. Are there any factors that affected your treatment? (*if the answer is yes; proceed to question 12, if the answer is no, proceed to question 13*)
12. Which factors did you experience that affected your treatment?
13. What mechanisms or strategies did you employ to cope with breast cancer treatment?
14. Are there any other ways that help you to deal with breast cancer treatment that your doctor doesn't know about? (*if answer is yes, proceed to question 15&16; if no, proceed to question 17*).
15. What ways are these?
16. Why did you choose not to inform your doctor?

17. Briefly, what has been your life experience having gone through breast cancer treatment?
18. Are there any recommendations that you think can help to improve treatment of breast cancer?

### **Conclusion**

This is the end of our interview. Once again thank you for taking part in this interview which will greatly aid to the success of my study. I also take this opportunity to reiterate that the information discussed here will remain as highly confidential as possible.