



LIVED EXPERIENCES OF WOMEN BREAST CANCER SURVIVORS AT PRINCESS MARINA HOSPITAL: IMPLICATIONS FOR SOCIAL WORK PRACTICE

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Abstract: Background: Breast cancer (BC) is the most prevalent form of cancer among women in developing countries. By of 2020, there were 7.8 million women breast cancer survivors in the past 5 years, making BC, making it the world's most prevalent cancer (1). With more BC survivors and some on treatment to prolong their lives, there is likely to have more women dealing with diverse experiences relating to their psychological, physical, sexual etc. This study investigated and documented lived experiences of women diagnosed with and receiving treatment for BC at Princess Marina Hospital (PMH). The study also identified coping strategies implored by women BC survivors as well as sought to explore possible social work intervention strategies which may be used to address challenges that may be faced by such women.

Methods: Data was collected from three types of groups being female breast cancer patient or survivors receiving care at Princess Marina Hospital, health care workers at the adult oncology ward at PMH and Social Workers at PMH. Data collection occurred between August and November 2023. In-depth interviews were conducted with female BC patients/survivors and HCWs while a focus group discussion was conducted with Social Workers.

Results: Data collected from female breast cancer survivors (N15), health care workers (N5) and social workers (N4) at PMH. In-depth interviews were conducted with female BC patients/survivors and HCWs while a focus group discussion was conducted with Social Workers. Data collected from the three groups seemed to corroborate each other in terms of what is perceived to be experienced by female BC patients and survivors, coping strategies as well as psychosocial services available for BC patients and survivors.

Conclusion: Like in other parts of the world experience physical, psychological, social, spiritual and sexuality challenges. While BC diagnosis and treatment interventions seem to be effective, there is need for interventions focussing on physical, psychological, social, spiritual and sexuality aspects of female BC survivors.

Index Terms – Breast Cancer, Female Breast Cancer Survivors, Lived Experiences.

I. INTRODUCTION

Breast cancer (BC) is the most prevalent form of cancer among women in developing countries. By of 2020, there were 7.8 million women breast cancer survivors in the past 5 years, making BC, making it the world's most prevalent cancer (1). It is the fifth cause of death from cancer overall, with 8.2 million cancer deaths estimated to have occurred in 2012 worldwide (2). World-wide campaigns towards early detection and screening has resulted in improved survival rates with 86% of people diagnosed with BC now surviving beyond five years (3, 4, 5). Findings from studies indicate the numbers of individuals who survive cancer are going to double by 2030 (6,7,8,9). Early detection and treatment have been credited with a 5-year survival rate of 89% for these patients after diagnosis (8,9). With more BC survivors and some on treatment to prolong their lives, female BC are likely face diverse experiences relating to their psychological, physical, social and sexuality issues. This study proposes to investigate and document lived experiences of women diagnosed with and receiving treatment for BC at Princess Marina Hospital (PMH). The study will also investigate coping strategies implored by women breast cancer survivors as well as seek to explore possible social work intervention strategies which may be used to address challenges that may be faced by such women. Studies in some parts of the world have shown that changes resulting from BC diagnosis and treatment have a greater potential of complicating women's life by imposing changes their lives (10, 11, 12). Such changes may affect a woman's sexual health (13, 14, 15).

Abbreviations and Acronyms

BC – Breast Cancer

PMH – Princess Marina Hospital

HCW - Health Care Workers

FCR – Fear of Cancer Occurrence

BOTSOGO – BOTswana Oncology Global Outreach Program

II. RESEARCH METHODOLOGY

This is a phenomenological study. A phenomenological approach is a form of qualitative inquiry that concerns itself with human's lived experiences, meanings, and how meanings arise. In other words, it is the study of the nature of a phenomenon and its meanings. The phenomenological approach was founded by Edmund Husserl. The study's focus on first-person accounts of the lived experiences of women with breast cancer and those who have survived it influenced the researcher's decision to use the phenomenological method. An interpretative paradigm was be used in this study. In the view of interpretative philosophers, the reality is socially constructed, and as a result, the world is home to multiple realities (ontology). As put by Cobern and Aikenhead (1997), information is collected through observing, while interpretation entails making meanings of that information by drawing inferences.

Population and Sample

Data collection was done among women diagnosed with breast cancer between 2017 and 2022 and accessing services at the PMH Adult Oncology Ward, and the Outpatient Breast Cancer Clinic. Eligible women were women aged 25 years and above, who have already started BC treatment, have received at least the second cycle of radiation or chemotherapy, and have been involved in a romantic relationship. The age range 25 and above has been identified as women who would have been involved in intimate or romantic relationships for some considerable time, had more experience with intimacy issues and have had time to experience and explore feminine beauty. They are highly likely to understand and have more to share regarding their experience with BC and their sexuality concerns. BC treatment, including follow-up, takes an average of five years. A maximum of 15 women were recruited to participate. Recruitment and data collection was done simultaneously.

Data and Sources of Data

Key informant interviews were also conducted with doctors and nurses providing care and treatment to BC patients at PMH. Interviews with doctors and nurses sought to provide information on the experiences of women through the eyes of the primary service providers considering the interaction they have throughout their BC journey. A total of 5 health care workers were interviewed. Data was also collected from all the six Social Workers at PMH to explore social work (psychosocial) interventions can help female BC survivors to enhance their personal and psychosocial functioning. PMH currently employs six Social Workers. A focus group discussion was conducted with four members of the team as the rest had to attend to other pressing issues.

III. THEORETICAL FRAMEWORK

The Grounded Theory explains and provides understanding into the phenomenon under study. It is also worth noting that the Grounded Theory is ideal to use when there is a lack of or minimal knowledge on the phenomenon being studied. Biopsychosocial and health related quality of life aspects among women receiving Breast Cancer care and treatment have not quite been researched on in Botswana. The Grounded Theory helps the researcher to identify a series of and how these change over time. This is very relevant when studying people who have to survive a medical condition, in this particular study being women who are receiving BC care and treatment.

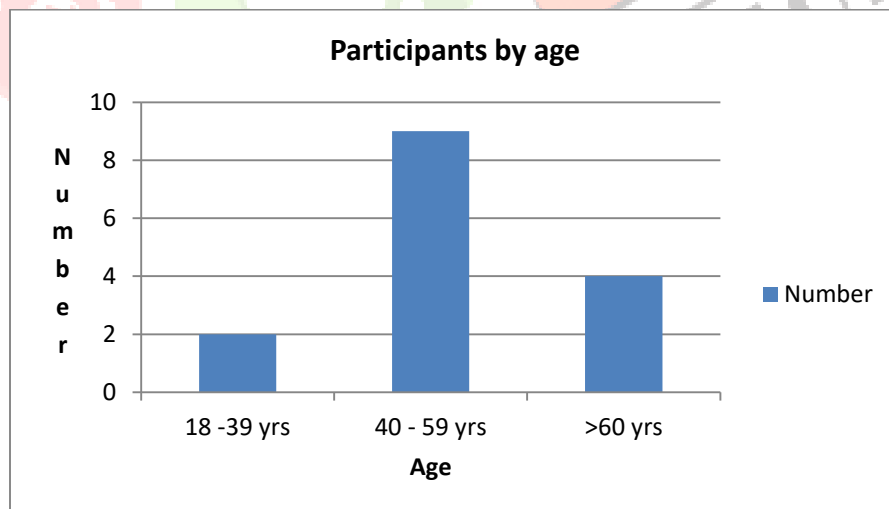
IV. RESULTS AND DISCUSSION

Demographic profiles of participants

Female breast cancer patients/survivors

Participants by Age

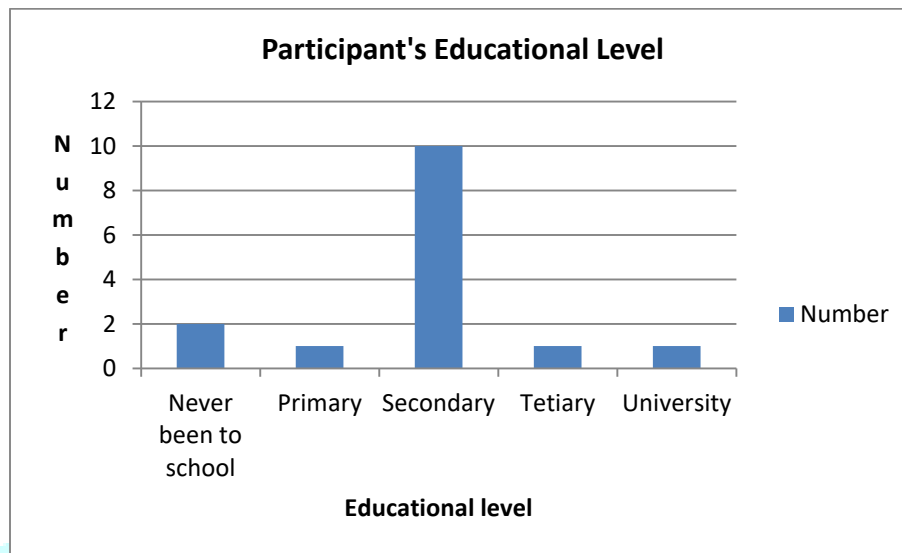
The majority (9/15), 60%, of women interviewed were aged 40 to 59 years. Two (13%) of the women aged 18 to 39 years whilst those aged more than 60 years were four (27%). The median age of participants was 56 years, with the youngest participant aged 33 years and the oldest aged 84 years. This data is shown on *Graph 1* below;



Graph 1- Participants by age

Educational Level

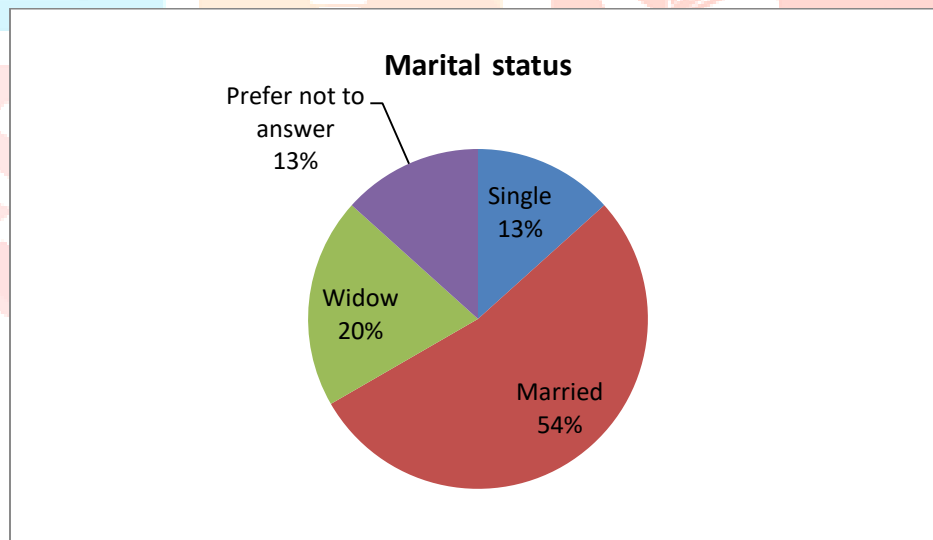
Most (67%) of the women interviewed had a reasonable level of education having attained secondary level education. Thirteen percent had never been to school while 7% of women had either attained primary, tertiary and university level education. See *Graph 2* below;



Graph 2 – Participant's educational level

Marital status

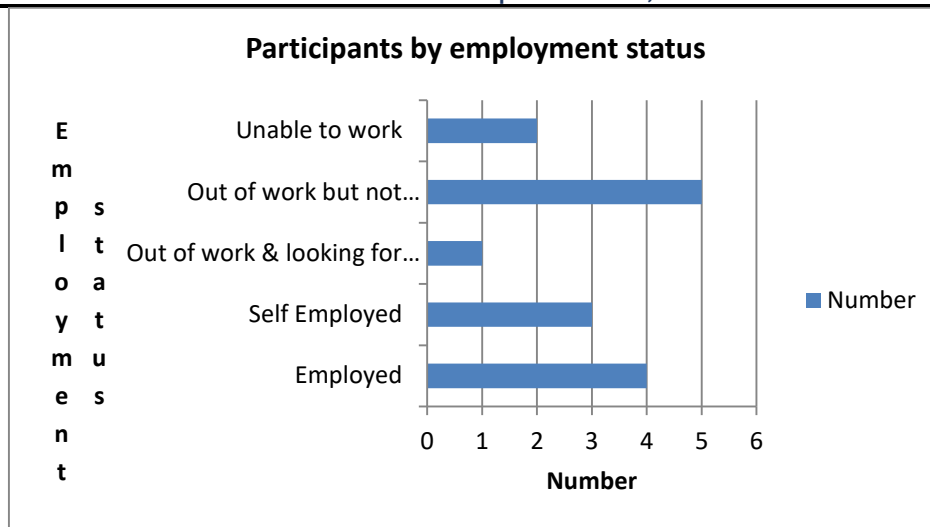
Fifty-four percent of the women were married, 20 percent reported being widowed while 13% indicated being single. Thirteen percent chose not to disclose their marital status. The data is shown on *Graph 3* below;



Graph 3 – Marital status

Employment Status

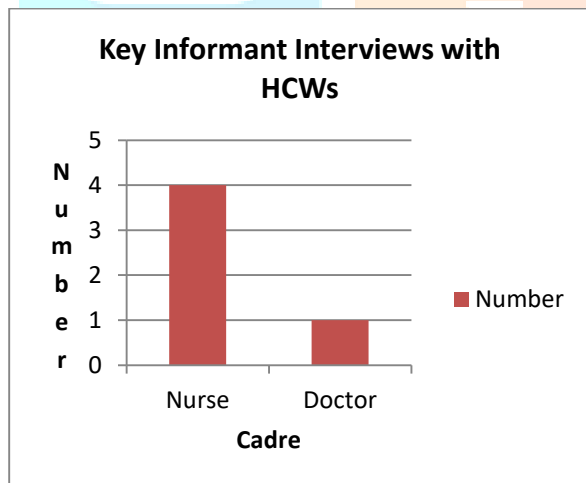
More than half of the women interviewed were currently not employed for various reasons - unable to work (13%); out of work but not currently looking (33%); out of work and looking (7%). Twenty-seven percent reported to be employed whilst 20% indicated to be self-employed. This data is shown on *Graph 4* below;



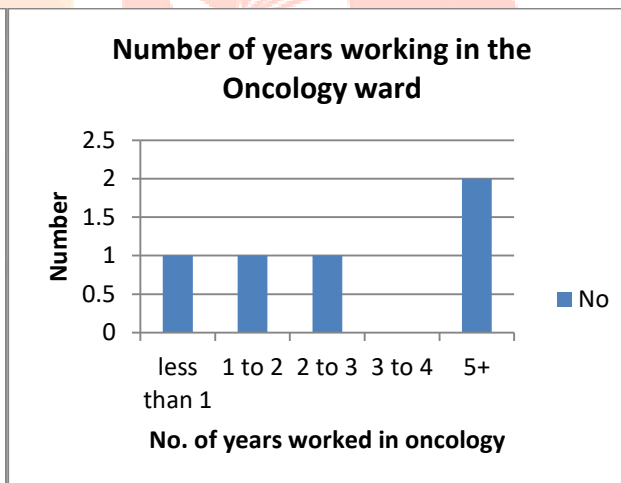
Graph 4- Employment status

Health Care Workers

A total of five (5) health Care Workers from the Adult Oncology ward at Princess Marina Hospital participated in the key informant interviews. Of the five, four (80%) were nurses and one (20%) was a doctor. Eighty percent of the interviewees have worked for a significant amount of time, more than two years, in the Adult Oncology ward while only one (20%) had worked for less than one year. *Table 6* below shows the number of HCWs by cadre while *Table 7* depicts the number of years HCWs interviewed worked at the PMH adult oncology ward.



Graph 6 – HCW by cadre



Graph 7- No. of years in the Oncology ward

Social Workers at PMH

Four Social Workers participated in the focus group discussion. At the time of the study one social worker was assigned to the Adult Oncology ward.

Learning about my breast cancer diagnosis and treatment

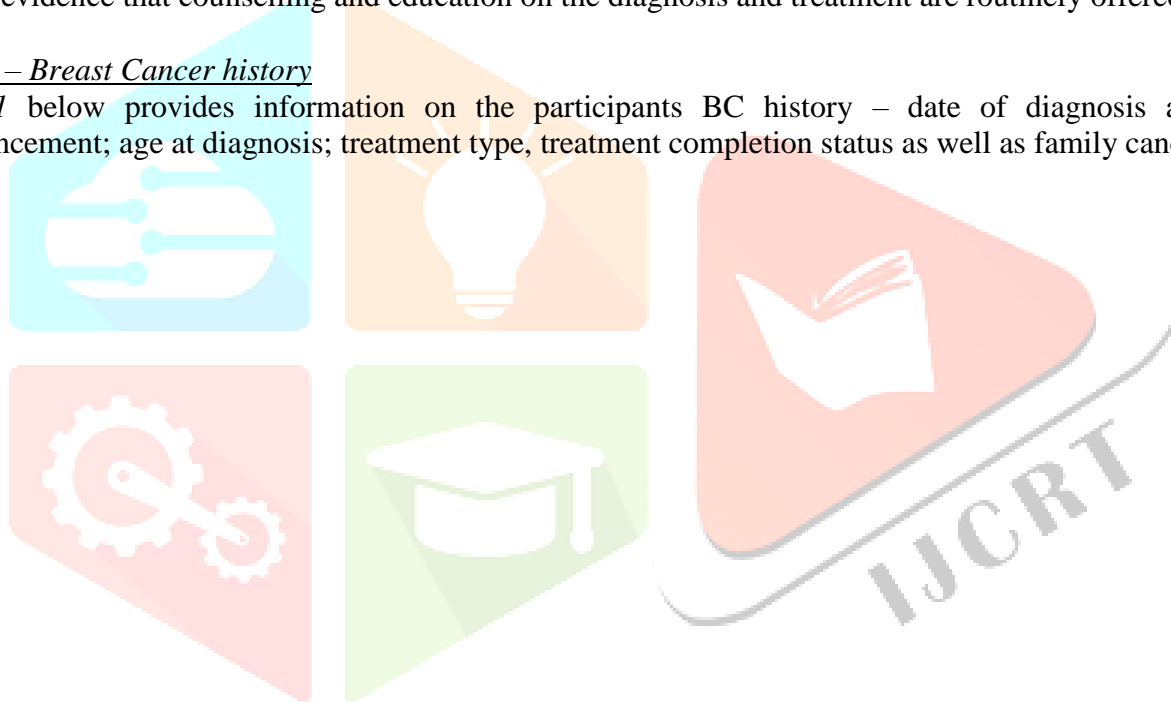
All women interviewed reported that they felt a lump in one of their breast. Some indicated that overtime they would experience some pain. All the women mentioned that breast cancer diagnosis was confirmed through a biopsy. Most of the women interviewed seemed to have presented relatively late. Seventy three percent (11/15) presented with stage III and above.

Most women took quite a long time to commence treatment following disease diagnosis. The shortest time taken between BC diagnosis and treatment was 9 days whilst one woman had 748 days between the time of diagnosis and treatment onset.

All the participants indicated that prior to commencing treatment, doctors would inform them of what body or physical changes they should expect following treatment including anticipated side effects. Women seemed to have a good level of knowledge and understanding of their treatment plans. From the participant's responses, there is evidence that counselling and education on the diagnosis and treatment are routinely offered to women.

Table 1 – Breast Cancer history

Table 1 below provides information on the participants BC history – date of diagnosis and treatment commencement; age at diagnosis; treatment type, treatment completion status as well as family cancer history.



| ID | Date of cancer diagnosis | Date of Treatment onset | No of days between diagnosis and treatment onset | Type of Treatment | Stage at Diagnoses | Treatment status (Active/Off Therapy) | Age at Diagnoses | Family Cancer History | Completed on Time | Reasons for treatment delay |
|----|--------------------------|-------------------------|--|--|--------------------|---------------------------------------|------------------|-----------------------|-------------------|---|
| 1 | 04 Oct 2020 | 01 Oct 2021 | 362 | Chemotherapy, Surgery, Hormonal therapy | III | Off | 46 | No | Yes | |
| 2 | 26 Nov 2021 | 10 Dec 2021 | 14 | Chemotherapy, Surgery, Radiation, hormonal therapy | II | Active | 56 | Yes | N/A | It was because of neutropenia |
| 3 | 01 Feb 2022 | 10 Feb 2022 | 9 | Chemotherapy, Surgery, Chemo, Radiation | II | Active | 33 | No | N/A | I had low blood count and had to pause |
| 4 | | | 0 | Chemo, hormonal therapy | IIB | Active | 53 | No | N/A | On course |
| 5 | 15 Apr 2017 | 20 Jun 2017 | 66 | Chemotherapy, Surgery, hormonal therapy | IV | Active | 59 | No | N/A | On course |
| 6 | 12 Jan 2022 | 15 Feb 2022 | 34 | Surgery, Chemo | IV | Active | 71 | No | N/A | Because of disease metastasis |
| 7 | 15 Apr 2021 | 01 May 2021 | 16 | Chemotherapy, Surgery | II | Off | 40 | No | No | I did not have funds for radiation since I am non-citizen |
| 8 | 02 Jul 2021 | 20 Jul 2023 | 748 | Chemo, surgery, radiation | III | Off | 59 | Yes – Cervical cancer | No | I lost my daughter, I had to delay my treatment |

| | | | | | | | | | | |
|----|-------------|-------------|-----|---|-----|--------|----|----|-----|--|
| | | | | | | | | | | for a period of two months to prepare for funeral arrangements |
| 9 | 15 Jun 2018 | 30 Jul 2018 | 45 | Lumpectomy, chemotherapy | III | Off | 61 | No | Yes | |
| 10 | 01 Jun 2022 | 01 Oct 2022 | 122 | Surgery, Chemo, radiation | II | Active | 40 | No | N/A | |
| 11 | 09 Sep 2022 | 07 Oct 2022 | 28 | Chemo (pill) | IV | Active | 69 | No | N/A | |
| 12 | 10 Dec 2018 | 01 Jan 2019 | 22 | Chemotherapy, Surgery, Hormonal | III | Active | 84 | No | N/A | The disease metastased and as a result radiation had to be stopped |
| 13 | 15 Feb 2018 | 25 Feb 2018 | 10 | Hormonal therapy, surgery, chemo, radiation | III | Active | 39 | No | N/A | |
| 14 | 07 Feb 2019 | 15 Aug 2019 | 189 | Chemotherapy, Radiotherapy, Surgery, Hormonal Therapy | IV | Active | 59 | No | N/A | |
| 15 | 01 Aug 2022 | 01 Oct 2022 | 61 | Surgery, chemo, radiation | IIB | Active | 53 | No | N/A | |

Table 1 - Breast Cancer history

Twenty-seven (4/15) of the women reported having completed their treatment. Two of the four (50%) had completed their treatment within the planned time and two did not complete within the planned time. Seventy-three (11/15), reported to still be taking their treatment. Four out of the eleven (36%) have had their treatment period extended beyond the initial planned duration either because of social or medical reasons. One participant had to pause treatment due to taking care of her sick daughter who ended up dying and had to further arrange for the funeral and mourning afterwards. The other one, who is also an expatriate, reported that she failed to complete treatment as scheduled due to lack of funds to pay for radiation since her medical expenses could not be covered by the government of Botswana. The rest of the participants who had had delays in treatment completion were due to medical reasons such as, disease metastasis and low blood count.

Issues experienced by female BC survivors receiving care and treatment at PMH

While women have had some daunting experiences following their BC diagnosis and treatment, generally they seemed to have come to terms with their cancer diagnosis and treatment. Some women indicated that they went through counselling to help them cope with their diagnosis.

Physical Issues experienced by female BC survivors

BC and Body Image

Ninety-three percent (14/15) of the women interviewed had lost one of their breasts, through surgery. Only one has had a lumpectomy. All the women who had lost one of their breasts showed some concerns. One of the patients could not hide these concerns as she shown discomfort as she continuously was enquiring about the artificial breast from time to time. Eighty-seven percent (13/15) of women reported to have lost weight following BC treatment. One indicated that they gained a lot of weight and developed edema on the arm, and they attributed this to the treatment they received.

Twenty-seven percent (4/15) reported discoloration on some parts of their body. One woman mentioned that they experienced severe skin discoloration on the hands and feet. The other woman also reported to have developed a dark complexion and also lost appetite whilst the other the other reported hand nails turning darker and also losing hair.

Cancer related fatigue

All except two women indicated that BC diagnosis and treatment had significantly disrupted their daily functioning. Sixty-seven percent (10/15) of the women reported to have noticed changes in their daily functioning following BC treatment. Most reported that during treatment, they would hardly perform duties which they would normally perform. They can now only perform light duties. One specifically mentioned that she is now unable to cook outside using firewood as a result of radiation she received as treatment. One woman said she is able to function the same way as before while three women did not respond. Some of the women also reported that they often feel excessively tired.

Psychological Issues experienced by female BC survivors

Depression and anxiety

Thirteen of the women indicated that receiving their BC diagnosis was not easy. The news were very overwhelming. The remaining two took in the news relatively well as they had probably suspected that they could be having cancer. Some mentioned having to ask themselves “*why me?*”. Two women reported that upon receiving their BC diagnosis, they had to take leave from work in order to deal with the shock. Some women thought having BC meant they were going to die Health Care Workers reported that most often, when women are told of their BC diagnosis, they become very depressed and this affects how they accept their BC diagnosis. Some often display feelings of uncertainty about the prognosis. Some women worry much about the outcomes of treatment, notably chemotherapy side effects, loss of parts of the body in this case breast. They experience fear and anxiety. For those who have to go for mastectomy, experience psychosocial trauma of losing the breast. Some women mentioned that what scared them most was what the outcomes would ultimately be and what would happen to their loved ones, specifically their children.

A few of the women had bad experiences with their treatment. One of the women looked much stressed and indicated that her stress is even further compounded by the delays in her treatment. She had to interrupt her treatment as she had developed a condition called neutropenia. In an interview with one of the patients, the interviewer noted that every time the patient was discussing about her ill health, she will pause and take a deep breath, showing that she is deeply hurt. One of the women also exhibited signs of depression as her cancer had metastasized and also had to delay her treatment.

Fear of recurrence

Due to stress and feelings of depression, some women have reported some suicidal ideations. Even after completion of treatment, some women still remain anxious and fearful that the cancer will come back. Some women even felt that BC treatment has led to some health conditions.

Social Issues experience by female BC survivors

Partnered relationships

HCWs mentioned social isolation and loneliness by women who have been diagnosed with BC. Three of the women were widows following the loss of their husbands, one during the COVID epidemic. They had less to contribute when discussing issues of intimacy. Two of the women reported that they currently have no intimate partners. The rest of the women were open to talk about their sex life. Some of the interviewees mentioned rejection by intimate partners and loss of intimacy as a concern. One noted that during her BC treatment, her and the partner had stopped being intimate. One reported that the partner has resorted to heavy alcohol drinking.

Transport costs

Some of the women travel from far places to access treatment at PMH. One of the interventions by the hospital Social Workers entails linking survivors with area social welfare officers for assessment to receive transport support.

Spiritual Issues

All women interviewed defined themselves as christians. Most of them belonged to a certain church or denomination. Women strongly felt that faith and prayer are critical in one's healing. They believe that the prayers that they received from their pastors and fellow church mates contributed positively to them overcoming the disease. They further pointed out that they also received counselling from their pastors and fellow church members.

Coping strategies used by female BC survivors receiving care and treatment at PMH

While women seemed to have concerns about their BC disease, they generally presented well composed and able to discuss their BC disease journey with the interviewers. They seemed to have come to terms with their diagnosis over time and able to freely share their experiences. Whilst some had completed their treatment, some seemed to be taking their treatment well safe for the mentioned delays for some. Women reported that they think of their BC diagnosis from time to time. This often brings feelings of anxiety and stress.

Education and counselling

All the women interviewed mentioned that education and counselling brought some relief and helped them to cope with their BC diagnosis and treatment. Counselling seemed to have helped women to accept their BC diagnosis and prepared them to take up the planned treatment. Most women interviewed mentioned that acceptance of the BC diagnosis is key to overcoming the treatment journey. Information and education on their treatment has also assisted them to know what to anticipate. Ninety-three percent (14/15) women indicated having been provided information about the treatment options, their treatment plans as well expected side effects prior to resuming treatment.

Spirituality

All women mentioned prayer as one of the tool they have used to survive the stress from BC. They believe that God heals and as such resorting to prayer and surrendering everything to God is important for healing.

Family support

Support from family members has also been cited as a key factor in surviving BC. Upon receipt of BC diagnosis, women indicated that they shared the news with their family members – intimate partners, parents, children and siblings. From the interviews with women, it became evident that sharing their BC diagnosis in return allowed family members to understand and offer them the needed support throughout their cancer journey.

Exercise and healthy eating

Women have also resorted to exercise and healthy eating in order to keep well and restore their health and body image. Nutrition plays a very important role in cancer management. Healthy eating is highly emphasized before, during and after cancer treatment. Healthy eating helps; cancer patients to restore their energy, keep muscles strong; maintain a healthy weight; body to cope with side effects from treatment and improves one's immune system (Australia Cancer Council, 2022). For those who do not engage in physical exercise, they indicated that they ensured that they keep active with various chores.

Some women mentioned that they have been provided with bras and prosthesis breasts at PMH. They however indicated that, while there is provision of such items, most often than not, these items are out of stock. Sometimes there are no correct sizes. Some women also mentioned that they have been provided with wigs from Botswana Harvard Institute through BOTSOGO study. These wigs are usually donations from the US based institutions.

Social work intervention at PMH

All except one women interviewed had a good understanding of the BC disease and specifically their diagnosis and treatment plans. Data revealed that at PMH, each social worker is allocated at least four wards to which they are primarily responsible to. A social worker may get more than four wards assigned to them depending on the referral load received from the wards. The volume of referrals differs from ward to ward. The most referring wards were noted to be maternity post-natal ward (mostly defilement issues), female and male medical ward (largely for para-suicide cases). Patients get referred for social work intervention by attending doctors at the wards as and when they (doctors) have a reason to believe that patients have social issues which are likely to interfere with clinical treatment plans.

Social workers indicated not having noted any significant difference in the psychosocial needs of BC women in comparison with patients with other chronic or life threatening conditions. PMH social workers mentioned that they employ a holistic approach to intervening in patients issues. Intervention plans are dependent on the issues being presented by patients. This entails assessment of psychosocial issues, developing appropriate interventions, and performing necessary referrals. The other critical component of the social intervention is helping patients to identify available resources. For cancer cases including BC, more effort is put towards education and counselling with the aim of helping patients to accept their cancer diagnosis and treatment plans with the aim to facilitate good adherence. Education and counselling is also offered to family members including intimate partners. Referrals to food baskets forms a larger part of cancer patients and PMH social workers ensures referrals to district social welfare offices to facilitate the provision of such. Quizzed about specific needs such as body changes, weight loss issues and others which were raised by women during their interviews, social workers were less enlightened on these issues.

Discussions

Issues experienced by female BC survivors receiving care and treatment at PMH

Learning about Breast Cancer diagnosis

Sixty percent of women interviewed were aged 40 to 59 years. Two (13%) of the women aged 18 to 39 years whilst those aged more than 60 years were four (27%). Asked about how they learnt about their BC diagnosis, women reported to have presented with a breast lump which was then clinically investigated for cancer. All women who were interviewed indicated that their BC diagnosis was done through a biopsy. Upon receiving their BC diagnosis, women reported being left confused, distressed, shocked, afraid and full of anxiety. This confirms the literature from previous scholars which pointed inferred that a cancer diagnosis can be directly associated with social, psychological and spiritual effects (16, 17, 18, 19, 20). According to a study conducted in Botswana by (20), insufficient knowledge of the BC examination was reported among women. Of the women who participated in the study, only 34.1% knew about the most ordinary presentation of BC. Out of the 23.5% of women who performed BC self-examination, only 63.5% of those did so monthly as required.

One of the key findings from the interviews with women seemed to have presented relatively late. Data showed that most women presented with stage III and above. The findings of previous studies conducted by (20, 21) in Botswana showed that 90% of patients with breast cancer are found to have the disease in an advanced stage when they are first diagnosed. Poor or no knowledge of the disease, anxiety over diagnosis and death, misunderstanding of symptoms, and the influence of lay beliefs and community advice all contribute to this (20,21). This seems to confirm findings by previous studies which alluded to the fact that delayed BC presentation and diagnosis is associated is very common in low and middle income countries and is highly poor disease prognosis (23). According to recent studies patients with BC are only diagnosed in stages I or II in 20% to 50% of cases in most low- and middle-income countries, compared to 70% in most high-income countries. It is worth noting to that early detection and timely treatment are key to BC management. Early detection and treatment has been associated with a 5-year survival rate of 89% BC patients after diagnosis (8, 9, 10). Efforts are needed to intensify community education and breast cancer screening strategies needs to be intensified.

Breast Cancer Treatment at PMH

Botswana provides an affordable and universal access to chemotherapy, radiotherapy, and surgery for all citizens, however, outcomes remain poor (24). Data collected for this study showed that most women took quite a long time to commence treatment following disease diagnosis. The shortest time taken between BC diagnosis and treatment was 9 days whilst one woman had 748 days between the time of diagnosis and treatment onset. This aligns with findings by (25) who indicated that the longest delay observed in developing countries is the delay between knowledge of breast cancer diagnosis and the commencement of treatment. Timely treatment within 90 days can significantly increase a woman's chances of surviving breast cancer (26). Data from this study shows that 27% of women, which is fairly a significant number, started their treatment way after 90 days which is recommended by the previous scholar.

Findings from this study show that twenty-seven of the women reported having completed their treatment. Two of the four (50%) had completed their treatment within the planned time and two did not complete within the planned time. Treatment adherence may be affected by numerous factors. These include issues such as complex dosing or administration requirements, cost, and a lack of understanding of the importance of adherence (27). This can be related to the findings of this study which indicated that four out of the eleven (36%) have had their treatment period extended beyond the initial planned duration either because of social or medical reasons; one participant had to pause treatment due to taking care of her sick daughter who ended up dying and had to further arrange for the funeral and mourning afterwards; and the rest of the participants who had had delays in treatment completion were due to medical reasons such as, disease metastasis and low blood count. An important element of treatment success is adherence to the medication (28, 29). It therefore crucial for patients to follows their treatment plans and adhere prescribed medications. Treatment adherence improves the survival rate and decreases the likelihood of recurrence (30).

Physical Issues experienced by female BC survivors receiving care and treatment at PMH

Body Image

BC survivors showed some discomfort from losing their breasts. Some wished to have prosthesis breast. This finding concurs with those by (31) who stated that females with mastectomies reported lower self-esteem, social isolation, and decreased sexual desire. A recent study by (32) also confirmed that women undergoing mastectomy reported worse body image, greater pain higher depression, higher anxiety and hopelessness scores than women undergoing breast conserving therapies. The department of Prosthetics and Orthotics department at PMH provides different types of prosthesis including breast prosthesis and bras for female BC survivors. The department runs two clinics per week, on Tuesdays and Thursdays where they do consultations and assessments to determine the needs and intervention options. Women get prosthesis breasts at a subsidised price. Whilst this service exists at PMH, there seems to be under utilisation of the services provided through this department. Information gathered from the department head indicated that some women do not get referrals to access the services. This may be one of the reasons women have to wait long to receive the prosthesis breasts. An effective referral system is necessary to provide the department of Prosthetics and Orthotics to have the accurate quantities to inform procurement.

Weight loss

During treatment, some patients may lose appetite due to side effects treatment resulting in one not eating enough or have difficulties eating certain foods (30). Weight loss among BC survivors has been raised by a lot of studies in different parts of the world. This was confirmed by the findings of this study which showed that eighty-seven percent of women reported to have lost weight following BC treatment. This finding calls for the nutrition education and support to be a key component of the BC management. It is impressive to learn that BC patients at PMH get referred to a food basket through the hospital Social Work department. It is however worth finding out whether women referred for this service do make it to the food basket eligibility criteria. Eating well before, during and after cancer treatment is necessary to, improve quality of life by giving the survivor the needed energy; maintain strong muscles; sustain a healthy weight; boost one's mood, help the body to cope with the side effects of treatment; improve how well treatment works; heal wounds and rebuild damaged tissues after surgery, radiation therapy, chemotherapy and other treatments; improve your immune system and ability to fight infections; and reduce the risk of disease recurrence (31).

Cancer related fatigue

Majority of women reported some significant disruptions in their daily functioning, owing to cancer treatment. This is synonymous with findings from other studies. Eighty to hundred percent of people with cancer report having fatigue (32). Most reported that during treatment, they would hardly perform normally. They can now only perform light duties. The fatigue experienced by people with cancer seems to be more intense than the fatigue of daily life! Cancer survivors describe it as persistently feeling very weak, listless, drained, or "washed out" (32). They may feel too tired to do the simplest tasks like eating, walking around or even use the TV remote (Ganz, 2008).

Psychological Issues experienced by female BC survivors receiving care and treatment at PMH

Depression and anxiety

Eighty-seven percent of the women reported that learning about their BC was quite overwhelming. Some lamented as to why it had to be them while others wished they were better dead. A study by (33) estimated that 30 -50% of breast cancer survivors show symptoms of emotional distress such as depression and/or anxiety which was recorded. In a recent study conducted in Mexico, more than 94% of the BC survivors who participated showed symptoms of anxiety and more than 69% showed symptoms of depression (30). Statistics on depression and anxiety from all these studies are significantly high. This therefore confirms that the diagnosis of BC is a traumatic experience including psychological problems such as depression, anxiety, and existential worry (34). Female BC survivors need to be empowered and assisted to manage the feelings of depression and anxiety. Female BC survivors need to be at their right state of mind to make and implement decisions concerning their treatment and their future life with their 'altered' self. In order to regain their self-worth, female BC should have a sound mental state free from fear and heavy destructive thoughts. Psychosocial interventions are therefore needed to address these issues. BC management requires both medical and psychosocial interventions.

Two of the women interviewed took in the news relatively well as they had probably suspected that they could be having cancer. It is possible for someone to self-diagnose. This may happen if someone is experiencing symptoms which are known to a specific disease. In the case of BC, a woman might suspect they have it by noticing some lumps in their breast(s). Someone may also mirror what they feel with what they may have previously seen someone else going through some experiencing.

Fear of Cancer Recurrence

Even after treatment, some women reported to be constant thoughts of cancer. They mentioned that their biggest worry it may come back. This finding is synonymous with literature from previous studies which showed that the constant thought of cancer recurrence is one of the sources of challenges experienced by female BC survivors, which include impaired functioning, psychological distress and lower quality of life (35).

When diagnosed with breast cancer, it is important for the health care workers to discuss the treatment plan with the woman in question. This allows for the BC survivors to develop some understanding of what to expect and better prepare for. Eventually this becomes critical for the woman's adherence to treatment. From the participant's responses, there is evidence that counselling and education on the diagnosis and treatment are routinely offered to women. All the participants indicated being told of what body or physical changes they should expect following treatment as well as side effects. According to the (32), a good follow-up plan is required to reduce chances of cancer recurrence. This calls for health care workers to develop and discuss BC treatment and follow-up plan patients and survivors. The follow-up plan needs to be closely monitored and adhered to. Fear of recurrence is normal, however, if not controlled and managed, it may lead to decreased quality of life (36). Fear of cancer-recurrence can result in BC survivors experience difficulties sleeping and eating, unable to concentrate and make decisions, withdraw from participating in activities that they used to enjoy, have increased physical problems, distress and risk of post-traumatic stress disorder (32).

Social Issues experienced by female BC survivors receiving care and treatment at PMH

Social functioning

BC does not just affect the survivor but extends to family at large. It is literally a "family disease". This has been confirmed by (37) who noted that BC diagnosis and treatment affects the patients and their partners, families, friends, and caregivers. This was depicted by the responses by female BC survivors during interviews. On learning about their diagnosis, they shared with their children, intimate partners and siblings. Women felt inclined to disclose their diagnosis and treatment plans to their families since they regarded them as the source of support as they transverse the BC journey. This confirms findings by a study by (22) which showed that family and friends can influence women with BC to seek medical attention quickly. Some literature noted that BC patients and survivors are likely to be discriminated against or stigmatised by their partners, families and communities (42). Breast cancer diagnosis can leave a woman feeling demoralised by how society treats those diagnosed with the disease (38). Contrary to this, such did not quite surface from women who participated in this study. Instead, women mentioned receiving enormous support from family members, intimate partners and fellow church members. The findings of this study showed that while women have had some daunting experiences following their BC diagnosis and treatment, generally they seemed to have come to terms with their cancer diagnosis and treatment. This could be attributed to a number of factors including patient education provided at PMH, family support and support from other community structures, mainly the church.

Partnered relationships

The findings of this study showed that almost half of the women interviewed were not in an intimate relationship. With a significantly higher percentage of women not being in an intimate relationship, one may wonder if there is any correlation between being single and BC diagnosis. During the interviews with women, even those who were widowed did not seem to have an interest in starting new ones! This line of thinking has been supported by (39) who argued that breast cancer can affect existing and/or new intimate relationships. Beginning a sexual relationship may also bring on feelings of anxiety. For instance, if a woman was not in a relationship at the time of diagnosis, meeting someone new may mean telling them about their breast cancer (40). Changes to a woman's body may affect their confidence and feelings about themselves as a woman. A woman might be anxious about their first sexual experience following BC

diagnosis, or worried things will not be the same as before. Findings from a study conducted in Perth, Western Australia also suggested that breast cancer survivors without an intimate partner are more like to exhibit higher levels of stress (41).

With these findings, one is inclined to lobby for interventions which aim at empowering individuals and couples to help them know and manage their expectations following BC diagnosis and treatment. Healthier romantic relationships may contribute to better healing and management of challenges resulting from BC diagnosis and treatment. As mentioned by (39) breast cancer survivors in romantic relationships who feel happy and satisfied with their partners may be at lower risk of acquiring other health problems, and are likely to experience lower psychological stress.

Sexuality

Some of the interviewees mentioned rejection by intimate partners and loss of intimacy as a concern. This may occur because the BC maybe viewed less attractive by the partner or the partner may feel sorry and overly protective of them. As mentioned in the (40), an intimate partner may not want to initiate sex for fear of upsetting or hurting their loved one as a way of protecting them from further distress. One noted that during her BC treatment, her and the partner had stopped being intimate. One reported that the partner has resorted to heavy alcohol drinking. Women are likely to be neglected by their partners as a result of the sickness itself. BC treatment may alter a woman's body and normal functioning. This may in turn affect how a woman feels about herself and her attractiveness. Women may feel less attractive after treatment, have a reduced libido as a result of being sick, feeling excessively tired or worried and also experience vaginal dryness due to drugs (31).

Specialised trained personnel such as relationship counsellors and sex therapist are necessary to help female BC survivors to navigate these challenges. It may also be worthwhile and helpful to refer to a counsellor who specializes in sexual therapy or sexual rehabilitation counselling (42). While such services are available in developed countries, it may not be the case in developing countries. Alternative strategies may however be employed such as equipping the current counsellors and social workers with the required skills to enable them to adequately address challenges faced by female BC survivors. The need for additional skills and more insight on the cancer disease was also mentioned by Social Workers during the focus group discussion.

Coping strategies used by BC survivors receiving care and treatment at PMH

Education and Counselling

Education and counselling has been shown have positive benefits in so far as coping with BC diagnosis and treatment is concerned. Women associated better coping with being provided with information on the disease diagnosis, treatment options, their treatment plans as well expected side effects prior to resuming treatment. Having some insights on the disease and related treatment facilitated the process of them coming to terms with and accepting their BC diagnosis something which they believe is key to overcoming the treatment journey. This is supported by (42) who state that interventions that are specifically educational in nature seem to meet the largest proportion of needs among breast cancer patients. Some scholars have also concurred with this. Educational interventions have demonstrated significant benefits on quality of life such as, to lowering anxiety about cancer recurrence and enabled women to manage changes in their lifestyle after breast cancer (43, 44). This has also been emphasised by who agrees that that patient education can have a positive effect on improving the health behaviours of cancer patients (45). Based on these findings, the need to develop patient educational interventions that is easily practical, easily disseminated and economically feasible is eminent (46). In this era of technology, some of the interventions may be establishing cancer information hotlines, online and over-telephone support services where patients, families and partners can call at their convenient times to obtain information and ask questions which they may have (42).

While access to information, empowerment through education as well as access to appropriate psychosocial interventions have proved to be beneficial to female BC survivors It should be noted that there are several factors which may impede female BC from accessing such services. Financial barriers, patient motivation, adequate physician access, and mental health referrals have been cited (42). It is worth noting clinicians may also be challenged with making the judgement identifying which women need further support and what

kind of interventions are appropriate (42). This was demonstrated by the findings of this study as Social Workers seemed to be largely receiving referrals for transport and food basket only whilst female BC survivors may be experiencing a wide range of psychosocial and sexuality related issues.

Spirituality

All women interviewed in this study mentioned prayer as one of the tool they have used to survive the stress from BC. They reported that their relationships with their fellow church members became stronger. They also revealed the constant prayers from their pastors encouraged and gave them comfort and support. Participants reported that spirituality was a positive coping strategy, through which they received support, comfort, and hope. Although several women reported experiencing negative feelings due to their breast cancer diagnosis, most expressed that, when facing the diagnosis, what they believed in became their source of strength. A similar finding was shown in a study conducted in Brazil where all interviewed women chose to seek spirituality as a source of strength, at a time of numerous conflicts and important treatment decisions (47). It can be inferred from this that women diagnosed with breast cancer view spirituality as a source of support and well-being that enables them to find themselves and make their diagnosis less distressing. In a research conducted among Latino women by (48) most women reported that they trusted spirituality to guide them from the time of cancer diagnosis. The women explained how they relied in their religious practices such as reading the bible and praying, to lift their spirits when they experience the onset of negative emotions' such as anxiety, anger, and depression.

Family support

One of the findings from this study is that support from family members is a key factor in surviving BC. Upon receipt of BC diagnosis, women indicated that they shared the news with their family members – intimate partners, parents, children and siblings. This has been confirmed by (49) who indicated that one of the aspects often mentioned by BC patients is the importance of family. This finding has also been supported by the findings of a study conducted in Taiwan which confirmed that family support is an important factor in breast cancer patients. The results from this study showed that higher family support was associated with lower risk for depression (50). Another study among breast cancer patients aged ≥ 55 years revealed that support from children was also related to less anxiety and depression (51). Other studies have further suggested the importance of support from the spouse associating it with lower levels of depression among female BC survivors (52).

Exercise and Nutrition

Asked about what they do to cope with their illness, women in this study indicated that they have resorted to exercise and healthy eating in order to keep well and restore their health and body image. Some do ensure that despite being advised to take on lighter duties, they seek to keep themselves active. During Cancer treatment, patients and survivors are advised to adopt and engage in positive health behaviours such as exercising and healthy as was noted from the interviews with female BC survivors. It is common for cancer patients to experience lowered appetite disturbance. Some patients develop food aversions secondary to treatment-related nausea and/or experience changes in their metabolism (53). Nutritional counselling and education are therefore necessary during cancer treatment with the aim to assist female BC survivors to be greatly beneficial in improve their eating habits (54). Furthermore, studies have shown that regular exercise has a positive influence anxiety, mood and a woman's self-image (55)

Cosmetic strategies to enhancing body Image

During the interviews, some women mentioned that they have been provided with bras and prosthesis breasts at PMH. They however indicated that, while there is provision of such items, most often than not, these items are mostly out of stock and when they are available, right sizes may not be there. Some women also mentioned that they have been provided with wigs from Botswana Harvard Institute through BOTSOGO study. Prosthesis breast are not only necessary for enhancing the woman's body shape, it is also used to restore the body's natural balance and posture. When the body is not properly aligned, a woman may experience some discomfort in the back, shoulders and neck which may result in other health problems (56). It is evident that there are efforts to provide female BC survivors with cosmetic items, both from the Government of Botswana and some developmental partners such as Botswana Harvard Partnership through its international collaborations. A department of Prosthesis and Orthotics which is responsible for providing various aids including breasts prosthesis exist at Princess Marina Hospital. There is need for active

collaborations and coordination among cancer units and support departments in order to offer a coordinated and comprehensive care to female BC survivors.

V. CONCLUSION

While most of the women seemed to have come to terms with life after BC diagnosis and treatment, some still reported some discomfort with regards to how they feel and perceived themselves. When helping female BC survivors navigate their disease journey, it is important for the medical teams to have an understanding of o understand family interactions during the course of the illness. This is where the role of social workers is quite needed. Understanding the family interactions would create an opportunity for both social workers and the medical teams to provide relevant information and implement interventions which would facilitate improved and sustained family support and functionality.

VI. ACKNOWLEDGEMENT

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