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EXPERIENCES OF BREAST CANCER TREATMENT AMONG WOMEN IN HARARE

MAUREEN TSHUMA¹

Abstract

The study explores breast cancer treatment among women in Zimbabwe and how women engage with breast cancer treatment. The study looks into cancer survivorship in Zimbabwe concerning the use of alternative cancer medicines as palliative methods. The article makes the argument that breast cancer treatment information dissemination remains low with most women viewing breast cancer as a death sentence. The article examines literature from around the globe on breast cancer treatment and the coping strategies employed by breast cancer patients in African settings. The study used a qualitative research methodology with a descriptive research design. The study found that lack of information influenced treatment seeking among women in Zimbabwe with most women regarding breast cancer as a death sentence due to lack of information on the available treatments for breast cancer and survival chances. The findings indicate that breast cancer is regarded as a spiritual disease in Africa caused by witchcraft.

Keywords: survivorship, disease, efficacy, culture, policy, community management

INTRODUCTION

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 on the basis of social class, culture, race, ethnic origin or colour. Women diagnosed and treated for breast cancer experience changes in every aspect of their lives. Their lives often become restricted socially, physically and psychologically. The body is subjected to aggressive medical procedures and the subsequent treatment-related side effects that

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often evoke emotional depression as the mind struggles to comprehend and manage the fatal ailment (Holland & Stiehm, 2003; Avis *et al.*, 2005; Baucom *et al.*, 2006; Draper, 2006; Lauver, Connolly-Nelson and Vang, 2007). 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 drugs (Carroll *et al.*, 2014; Mwinyi *et al.*, 2014). In both developed and developing nations, breast cancer is reported to be the most common cancer in women. While breast cancer is often thought to be a disease in first-world nations, it should be noted that the majority of breast cancer deaths (69%) occur in third-world countries (WHO, 2008). This, in part, is due to the late detection of breast cancer and the 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 breast cancer treatment. In addition, it also looked at the factors affecting the treatment of breast cancer and identified coping mechanisms. This academic study seeks to add to the body of knowledge and understanding of experiences of breast cancer treatment among women.

Research has shown that more women are being diagnosed and treated for breast cancer worldwide (Seer Surveillance Epidemiology and End Results, 2009; American Cancer Society, 2009b). The causes of breast cancer are unknown but there are high risk factors that may predispose women to develop breast cancer. In both developed and developing countries, breast cancer is recorded as 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 as the second most 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 and hormone therapy. Women diagnosed with breast cancer are faced with aggressive treatment regimens that 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 experienced due to radiotherapy and hormone therapy are less demanding than those caused by chemotherapy. In some cases, 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 that include decreased physical function, psychosocial disruptions, decreased psychosocial adjustments and negative changes in life perspectives (Arman and Rehnsfeldt, 2003; Bloom, 2002).

Women diagnosed with breast cancer are often put under great pressure that demands them to cope with the treatment and its adverse side effects (Northouse 2005; Fergus and Gray 2009). The recovery process too can be a difficult experience that often leads to emotional depression and stress. The diagnosis and treatment of breast cancer have 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 recognise that breast cancer treatment is a strenuous experience that 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 its treatment and coping mechanisms.

CONCEPTUAL FRAMEWORK

Breast cancer is a growing public health challenge globally and in developing countries like Zimbabwe, the health sectors are not very functional, with most of the patients perishing before accessing treatment. The conceptual framework that guides this study is medical pluralism as Horbst and Schirripa (2017) observed that as a scientific endeavour, medical pluralism describes people's diverse treatment realities around the world, giving a chance to the relegated medical practices that suffered through the modernisation process that has controlled the discourse of the healing methods around the world. Janzen (2014) alludes that medical pluralism is the co-existence of ideas and practitioners from several traditions occupying the therapeutic space in society. The use of this conceptual framework is justified by the fact that Africa is a place with diversity and multiple realities. The healing process is broad and not limited to conventional medical practices. The use of these medical practices as alternative medical practices continues to be trivialised when, in reality, they contribute to the well-being

of patients going through medication rejection or reacting to the side effects of these medications.

LITERATURE REVIEW

The literature reviewed indicates that the diagnosis and intense treatment of breast cancer is perceived by many people as life-threatening experience that 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 that alters one's life physically, socially, psychologically and emotionally (Schmid-Buchi *et al.*, 2005; Boehmke & Dickerson, 2006; Schmid-Buchi *et al.*, 2008; Rosedale, 2009; Buchi, 2010). A study by Rosedale (2009) revealed that the psychological, social, physical and emotional effects of breast cancer create ongoing challenges and crises that result in experiences of loneliness among women diagnosed with breast cancer. Loneliness is an inward feeling resulting from the failure of other people to recognise and comprehend the diagnosis, intense treatment of breast cancer and the long-term aftermath of the illness (*ibid.*). In her study, Buchi (2010) further notes that acute disease of breast cancer filled with uncertainty, hopelessness, feelings of vulnerability, anxiety and an unpredictable future frequently leads to depressive feelings. Worth noting is the study by Dvaladze (2012) that highlighted participants' fear of breast diagnosis because of a lack of awareness that 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.

Reaction to the diagnosis and confirmation of breast cancer range from stoicism to shock and despair. The disease is viewed as an existential threat (Buchi, 2010; Dvaladze, 2012). As argued by 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 and Stiehn, 2003). Diagnosis of cancer, treatment and recovery processes are challenging experiences for 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 (Northouse, 2005; Fergus and Gray, 2009). Diagnosis and the treatment of breast cancer are totally two different encounters that are experienced by some women.

As argued by 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.” Common treatments of breast cancer available in Zimbabwe are surgery, chemotherapy, radiation therapy or radiotherapy and hormone therapy (tamoxifen). Several studies (McPhail and Wilson, 2000; Raupach and Hiller, 2002; Hunter *et al.*, 2004; Schultz *et al.*, 2005; Hoybye *et al.*, 2008); Schmid-Buchi *et al.*, 2013) 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.* (2013) established that the majority of breast cancer patients suffered from pain after treatment and felt impaired in their body image and their social and physical activities. These researchers 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 and complained about gaining weight and changes in their appearance. There were fewer problems reported, with gastrointestinal symptoms such as nausea or vomiting, changes in the tastes of food and diarrhoea were the least reported cancer-related symptoms. 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 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 (King *et al.*, 2000; Bloom *et al.*, 2004; Schou *et al.*, 2005; Baucom *et al.*, 2006; Boehmke and Dickerson, 2006; Fobair *et al.*, 2006; Lundgren and Bolund 2007). 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 patients 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 her 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. More than three quarters (77.5%) of these women reported unhappiness with their body image. 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. The main findings by McPhail and Wilson (2000) indicate that 81% of the participants became more self-conscious about their body images after the treatment of breast cancer.

Research demonstrates 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 (Bower *et al.*, 2006); Jacobsen *et al.*, 2007; Kim *et al.*, 2008) 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) compared breast cancer survivors with women with no history of cancer and 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 and they reported 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 the post-treatment period (Frost *et al.*, 2000; Girgis *et al.*, 2000; Schultz *et al.*, 2005).

Women with breast cancer often worry about their sexuality, femininity and attractiveness. Several factors such as the 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 (Avis *et al.*, 2005; Pelusi 2006; Pilarski, 2008; Pumo *et al.*, 2012). 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 the treatment of breast cancer. McPhail and Wilson

(2000) in the United Kingdom found that 29% of the research participants experienced diminished sex interest, whilst 25% felt sexually inhibited and 18% experienced negative changes in sexual relationships.

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 that 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 (McPhail and Wilson, 2000; Schultz, 2005; Pilarski, 2008; Fu and Rosedale, 2009; American Cancer Society, 2013). Lymphedema is the swelling of the arm from the accumulation of lymph fluid that 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 daily. These symptoms include tightness, fatigue, heaviness, pain, numbness, soreness, aching, 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, respectively, following surgery.

Several studies (Pinheiro *et al.*, 2008; Gundani and Mudavanhu, 2012; Mulder, 2012) 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 close family and healthcare personnel is crucial to breast cancer patients in their quest to adjust to the treatment of the disease (Landmark *et al.*, 2008). Studies conducted in Australia by Raupbach and Hiller (2002) and Davis *et al.* (2004) indicate that the sources of support for women diagnosed with breast cancer included families, surgeons, family doctors, oncologists, nursing staff, psychiatrists or psychologists and breast cancer survivors. It is important to understand the challenges and experiences of breast cancer patients 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 (*ibid.*) concurs with research done by Mulder (2012) in Cape Town, South Africa, that revealed that most research participants maintained a positive attitude and outlook towards breast cancer because of very supportive families who constantly motivated and encouraged them. Dvaladze (2012) 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 were also identified as coping mechanisms (Dvaladze, 2012; Mulder, 2012). Research participants highlighted that speaking to their religious leaders about their condition and praying about the situation helped them to realise that they were 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. As argued by 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 showed that spirituality plays an important role in how people become accustomed to cancer.

Research (Pinheiro *et al.*, 2008) focusing on coping strategies for breast cancer found that participation in support groups promotes a sense of

belonging where women felt at liberty to express 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. 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 bodies could understand what it means to be diagnosed with and treated for cancer. Women in this study relied more on the 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 (Boon, Olutande and Zick, 2007; Jacobson *et al.*, 2000; Humpel and Jones, 2006; National Center of Complementary and Alternative Medicines, 2009; Stark, 2010). 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, ease side effects of treatment and improve their physical and emotional well-being. Similarly, studies conducted in Shanghai, China (Cui *et al.*, 2004; Chen *et al.*, 2008) reported that women who experience breast cancer use CAM to boost the immune system and ease menopause-related side effects. It is reported by Morris *et al.* (2000) that women who have breast cancer use CAM more than people who experience other types of cancer. Boon *et al.* (2007) indicated that 81.7% of women experiencing breast cancer use CAM products and are involved in CAM therapy in comparison to 66.7% in 1998. The uptake of CAM is an effort by people with cancer to deal with the unwanted side effects of conventional treatments of the disease (Jacobson *et al.*, 2000).

The literature further reveals that the use of CAM is common among cancer patients in Thailand (Wonghongkul *et al.*, 2002; Sirisupluxana *et al.*, 2009; Piamjariyakul *et al.*, 2012). A qualitative study conducted by Sirisupluxana *et al.* (2009) showed that Thai women with breast cancer recognised that complementary medicines are natural therapies, mental strengtheners, cancer-controlling therapies and 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 treatments 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 healthcare practitioners (Astin *et al.*, 2006; 2008; Adler *et al.*, 2009).

METHODOLOGY

The study used a qualitative research methodology with a case study research design. Due to the anthropological nature of the study, the case study fits in as it explores life histories of participants (Blackstone, 2015). The study first engaged 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 drugs and medical treatment. It then utilised in-depth interviews with cancer patients at Parirenyatwa Hospital. The study used purposive sampling to sample the outpatients of the cancer treatment at the hospital. Thematic data analysis to analyse the experiences of women during cancer treatment were used.

RESULTS AND CASE STUDIES IN ZIMBABWE

Breast cancer has become a public health, threatening women in Zimbabwe. This study tries to capture the experiences of women that have gone through cancer treatment. It used the case study of Parirenyatwa Hospital in Harare as there are no national referral centres for radiotherapy, chemotherapy and specialised surgery in Zimbabwe and these are expensive and affected by the current power cuts that Zimbabwe has been going through in recent years.

BREAST CANCER TREATMENT

A comprehensive understanding of breast cancer is imperative for effective early detection, treatment and improved treatment of the disease. Studies done in the past indicate that in Zimbabwe curable cancers are cervical cancer and lymphoma. Most breast cancer patients regard the ailment as a death sentence that cannot be cured by biomedicine. The study investigated the treatment-seeking behaviours of women of childbearing age suffering from breast cancer. The knowledge about breast cancer treatment was found to be lacking among the participants, with some indicating that breast cancer treatment was impossible and a death sentence in Zimbabwe as most people that fought this battle ended up losing their lives. The participants

indicated that they were reluctant to go through treatment as this treatment was painful and there is no pain palliation medication in Zimbabwe. If there was, the supply was erratic, with morphine the main drug available for pain reduction. One participant indicated that,

nzira dzekurapwa kwegomarara dziripo dzinorwadza kunge uchafa nekuti pamwe pachu vanoita kucheka kana kupisa. (The available treatment methods are very harsh and life-threatening. These treatments are surgery, radiation therapy, chemotherapy, biological treatments and hormone therapy.)

These treatments depend on the stage of the cancer. As a result, those in the later stages when the cancer has become invasive, reject going through treatment as they deem it pointless to fight this battle. The findings indicated that there is a lack of knowledge on breast cancer treatment in Zimbabwe, with the majority of the patients indicating that their knowledge about the screening and diagnosis was very slim until the cancer had grown.

Findings also indicated that cancer treatment was hindered by financial constraints on the part of the women who reported to be from low-income housing and predominantly independent. Participants pointed out that their precarious financial situation hindered their treatment-seeking as they would undergo treatment only in the later stages of the cancer, while trying to save money by managing the pain using cheaper cancer alternative medicines. Financial restraints hindered treatment seeking participants and led to cancer spreading or becoming invasive. One of them indicated that,

There is a lack of knowledge on the treatment of cancer among women in Zimbabwe as there is no dissemination of information on breast cancer and self-examination. We got information of the self-examination only after being diagnosed with breast cancer.

It was found that attitudes towards breast cancer treatment influence behaviours related to prevention and seeking healthcare services. Positive attitudes, such as self-examination and regular screening, were reported to enhance early detection and treatment of cancer by the participants. They indicated that cancer was a spiritual disease, a manmade disease that manifested through witchcraft and was curable through spiritual treatment, hence seeking treatment in the conventional medical sector was a waste of time. The treatment was dreaded by most women as it automatically meant financial expenses and in addition to that, chemotherapy was reported to be very painful, coupled with the lack of pain management in Zimbabwe, making most women in the study dread using cancer treatment medication. The study indicated that it is the attitudes and knowledge about breast cancer that influence the treatment of breast cancer in Zimbabwe.

COPING STRATEGIES FOR TREATMENT

The study set out to understand the management of cancer treatment by the cancer patients at Parirenyatwa Hospital as the findings indicated that patients were having difficulties managing the treatment of cancer using biomedical strategies. Findings indicated that the treatment of cancer was regarded as the first line of treatment, but there was a second line of treatment using cancer alternative medications. A respondent indicated that,

The treatment methods offered in the hospital are painful and have side effects that need to be managed using indigenous methods of treatment such as herbs.

Yet another participants indicated that,

The chemotherapy gave us nausea and to deal with this nausea and the pains caused by chemotherapy, we took herbal treatments.

These findings indicated that participants opted for the use of herbal or traditional medicines because these medicines are not harmful to the human body as such, but were used for the palliation of the pain caused by radiation and chemotherapy. It was found that participants regarded cancer as a spiritual disease and, as such, the treatment was pursued on both ends, the faith-based treatment and the bio-medicine so that the spirit would be rid of the disease and the body. Participants indicated that breast cancer was a death sentence, so to cope with this notion, patients engaged traditional healing methods to connect with their spirituality and their ancestors for guidance and treatment so that the disease would respond to the treatment. Participants indicated that they engaged traditional healers to be told of their chances to survive the cancer. They said that engaging in both treatment processes gave them solace and hope for survival rather than gambling with just one method. Health-related traditional and alternative practices play a crucial role in the treatment of breast cancer in Zimbabwe as this improves help-seeking behaviours among cancer patients. These help in giving cancer patients a chance to survive as they can debunk the view that cancer treatment is a death sentence and help them in seeking treatment for breast cancer.

DISCUSSION

Zimbabwe has made steps towards developing national cancer control policies, but there are still institutional challenges in terms of the capacity to support these policies and even their implementation. The results indicated that cancer treatment in Zimbabwe is expensive and patients lack the knowledge on the importance of early detection and treatment of breast cancer. Due to this expensive cancer treatment, patients turn to herbal

medicines. Concurrent with these verdicts are Horbst and Schirripa (2017) who allude to the conceptual framework, arguing that people employ multiple medical practices based on cost, availability and personal beliefs. In this case, medical pluralism is coming into play due to the cost of biomedical practices. There is a lack of information dissemination, with institutions lacking the capacity to mainstream breast cancer as a public health concern (Taper, 2019). The findings indicated that there is a void that needs to be filled in terms of breast cancer information circulation in the public domain as breast cancer is equated to a death sentence among women in Zimbabwe. The verdicts indicated that there is more mainstreaming of diseases that are collective such as HIV&AIDS than breast cancer, with the results indicating that cancer patients view cancer as a spiritual disease caused by witchcraft and this also influences the attitudes of cancer patients in Zimbabwe.

Results indicated that there is a gender disparity in the focus of information dissemination, with diseases that affect mostly women being relegated to the fringes of the agenda in Zimbabwe. In support of these findings on the lack of prioritisation of information dissemination are Mukurirofa *et al.* (2019), who postulate that to achieve Sustainable Development Goal (SDG) 3 and the World Cancer Declaration (WCD), 2013 there is need for the mainstreaming of cancer treatment information dissemination to have informed global citizens, and this goes a long way in reducing premature cancer deaths. The study indicates that there is also need to empower women with information and knowledge about breast cancer treatments that are available in Zimbabwe to demystify myths surrounding cancer treatment side effects in Zimbabwe.

The study showed that there was an acute shortage of pain mitigation medicines in Zimbabwe, with morphine being the only drug provided by hospitals. Cancer patients shun cancer treatments due to the lack of sedative medication to deal with the pain caused by the therapies. The results unveiled that due to the shortage in pain palliation medication in Zimbabwe, women with breast cancer end up using cancer alternative medicines to reduce the pain. Concurrent with the findings from this study are Asuzu *et al.* (2019) who argue that in Nigeria, despite the existence of conventional medicine, women with breast cancer have been observed to be on traditional medicines to deal with their cancer. Similar to these results is the conceptual framework that confirms the medical pluralism and the use of alternative medical practices as alluded to by Janzen (2002) that medical realities are multiple. The results directed that there are several factors not limited to cultural beliefs, personal preferences, cost, accessibility and the pain associated with conventional medical practices that determine the modality of treatment in Zimbabwe. The findings indicated that breast cancer is viewed as a death sentence in Zimbabwe with most people dreading treatment as a waste of money when the final result is known to be death.

Concurrent with these findings are Kyei *et al.* (2018) who postulate that in Ghana most people believe that breast cancer is incurable and they end up engaging spiritualists and herbalists. These practices concur with the conceptual framework on the pluralism of medical practices and there is only the need for the creation of a treatment modality that houses these plural medical practices (Horbst and Schirripa, 2017). The treatment of breast cancer is not popular in communities in the third world as the common belief is that it is incurable.

Traditional medicines have been around on the African continent and are used by most of people as most of them do not have health insurance. Due to the uncertainty caused by breast cancer, patients engage both modalities to manage the pain and as a way to recover fast by complementing the two methods. Concurrent with these findings on the use of cancer alternative medicines are Mwaka *et al.* (2021) who postulate that cancer patients in Uganda prefer the use of traditional medicines due to fear of surgery, dissatisfaction with conventional medical care, multiple side effects of conventional cancer medicines and affordability.

The findings indicated that breast cancer patients prefer to use traditional medicine in managing the pain from the therapies due to the acute shortage of pain management medication. In line with these findings are Wei *et al.* (2016) who are of the view that Huachansu, a traditional Chinese medicine extracted from the skin of toads that is believed by some to slow the spread of cancerous cells, is commonly used to treat or reduce the toxicity induced by chemo and radiotherapy as this herb can suppress pain and growth of tumours. The findings of this study can guide the development of patient education materials and support systems that can mainstream information about breast cancer and test the efficacy of alternative cancer medicines.

CONCLUSION AND LESSONS DRAWN

Exploring breast cancer treatment and how patients in Zimbabwe manage the treatment and cope with the shortcomings associated with the treatment of breast cancer is essential for the crafting of responses and informed policies. Breast cancer continues to kill women in Zimbabwe and Africa because of lack of cancer treatment. It is important to create a decentralised healthcare system with a centre for such diseases. There is need for the creation of more cancer centres and decentralisation of cancer treatments through the devolution policy to include patients on the peripheries,

achieving the government's rhetoric of "leaving no one behind". Africa is a place steeped in mysteries and secrets of spirituality that cannot be explained by biomedical practices and there is need for the creation of a complementary healthcare model that is conscious of the existence of the spiritual world.

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