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A qualitative study on coping strategies of young women living with breast cancer in Ghana

Merri Iddrisu[a], Lydia Aziato[a,*], Florence Dedey[b]

[a] Department of Adult Health, School of Nursing and Midwifery, University of Ghana, Ghana
[b] Department of Surgery, University of Ghana Medical School, Accra, Ghana

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ABSTRACT

Aim: This study sought to identify ways of coping with breast cancer diagnosis and its treatment challenges among young Ghanaian women living in the Accra metropolis.
Methodology: The study used an exploratory descriptive qualitative approach to recruit twelve participants aged 28–45 years through purposive and snowball sampling methods from three hospitals in the Accra metropolis. Participants were interviewed using a face to face approach and interviews were audio recorded with participants' permission. Verbatim transcription was done and data were analyzed using content analysis procedures.
Findings: Participants believed God is the ultimate healer. They prayed and read the Bible. Some believed God could replace their breasts, they voided sinful acts and used religious artefacts such as the Rosary, special oil prepared by pastors, pictures of pastors. They obtained physical and emotional support from their families, partners and significant others. They compared themselves with others who had worse health challenges such as those with end-stage breast cancers who were on admission and those who have died. Participants also listened to music, read storybooks, took a walk in flower gardens to cope with breast cancer diagnosis and treatment.
Conclusions: Young women living with breast cancer rely more on God and support from their families, friends and the church in coping with their condition. These young women need to be attended to by multidisciplinary healthcare team the clinical psychologist and a spiritual leader to enable meet their physical, psychosocial and spiritual needs.

1. Introduction

Breast cancer is the second most common malignancy occurring globally, the most frequently occurring malignancy in women with over 2 million fresh cases in the year 2018 (American Cancer Society, 2019). Breast cancer is also the leading cause of death associated with cancer in women (Torre, Islami, Siegel, Ward, & Jemal, 2017).

Breast cancer is also the most common cancer diagnosed among females in Ghana (Amoako et al., 2019). Research showed that ductal breast cancer and other types mostly affect young women in Ghana with the average age of breast cancer incidence in Ghana being 48 years and no improvement observed in the stage at which patients report in health facilities over the past 30 years (Quayson et al., 2014). Studies have shown that the diagnosis and treatment of breast cancer affect young women physically, psychologically and socially (Dempster, Howell, & McCorry, 2015). The burden of breast cancer diagnosis and treatment is enormous and includes vaginal atrophy (Biglia et al., 2017), altered body image and fertility challenges (Ruggeri et al., 2019). Chua, DeSantis, Teo, and Fingeret (2015) indicate that, the majority of young women with breast cancer have concerns regarding self-esteem, loss of sexual desire, and uncertainties which create anxiety, sadness and depression. Young women with breast cancer encounter fear of death and financial burden of care. There is also loss of confidence, feeling of insecurity, instability and bitterness when people make uncaring and deliberate comments in the presence of women with breast cancer (Jassim & Whitford, 2014). These challenges require appropriate coping strategies.

Coping is a deliberate cognitive and behavioural attempt to manage or lessen emotionally threatening and stressful situations in life (Blum, Brow, & Silver, 2012). Strategies used in coping include; accepting the situation and playing an active role, removing the stressor or moving away from the stressor, escaping the feelings connected to the stressor and seeing the stressor as something positive towards growth (Blum et al., 2012). In addition, social support and religious artifacts use are reported to help reduce the feelings associated with a distress (Aziato, Acheampong, & Umoar, 2017; Dumrongpanapakorn & Liamputtong,

* Corresponding author at: School of Nursing and Midwifery, University of Ghana, P.O. Box LG43, Legon, Accra, Ghana.
E-mail address: laziato@ug.edu.gh (L. Aziato).

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2015). Coping strategies are intended to change the nature of the situation causing the stress, decrease the nature of the challenging situation or change how one feels and thinks in order to revise one's reactions (Carroll, 2013). Active coping strategies include; social support, and the use of religious and spiritual approaches (Kahana, Kahana, Langendoerfer, Kahana, & Smith Tran, 2016).

Religion and spirituality have contributed immeasurably in the lives of women diagnosed with breast cancer (Zamora et al., 2017; Zimmer et al., 2016). In some cases, the cause of breast cancer is attributed to sins committed earlier in life and therefore people affected, revert to living a righteous life in order to get healing (Chen, Liu, Li, & Su, 2017; Liamputtong & Suwankhong, 2016). Others see breast cancer as a test from God (Hammoudeh, Hogan, & Giacaman, 2016) and accept their diagnosis with faith (Inan, Gunusen, & Ustun, 2016). Equally, the removal of a breast through surgery is seen as one's destiny (Patel-Kerai, Harcourt, Rumsey, & Naqvi, 2015). Praying, giving alms, visiting local temples, listening to music or singing religious songs; and reading the scriptures are all ways of coping religiously (Dumrongpanapakorn & Liamputtong, 2015). People go on a pilgrimage, visit prayer camps and graveyards of Saints to pray, with the belief that, God descends to accept prayers better at such places (Edwards, 2014).

In addition, people resort to social support to help handle challenges associated with cancer diagnosis and treatment. The support could be emotional, informational or physical. Emotional support could be in the form of advice, sharing concerns, provision of required information and being with the person in times of difficulties (Goss et al., 2015). The family and significant others help to transport patients to hospitals and pay for their treatment (Elwafi & Wheeler, 2016).

In Ghana, families, friends and members of same faith provide emotional support to women diagnosed with breast cancer to cushion them from the effects of the disease and help improve their psychosocial well-being (Bonsu, Aziato, & Clegg-Lamptey, 2014). The significance of family support, predominantly that of a partner, is vital to people with cancer (Leung, Pachana, & McLaughlin, 2014). However, little is known about coping among young women living with breast cancer in the Ghanaian context. It is therefore important to know the types of coping strategies young women use in response to breast cancer diagnosis and treatment difficulties. Considering the significance of coping to general adjustment, and with the increasing group of younger women being diagnosed with breast cancer in Ghana, there is the need for more awareness into their coping strategies which might offer some direction to improve the adjustment among this unique group of cancer patients.

2. Methods

2.1. Research design

The study employed an exploratory and descriptive approach to qualitative research to explore, understand and describe the coping strategies young women with breast cancer adopt. A qualitative, exploratory and descriptive design was considered suitable for the study because little is known about the topic under study (Polit & Beck, 2013).

3. Research setting

The study was conducted in the Accra Metropolis, Ghana. Accra is the capital town of Ghana and also the regional capital of the Greater Accra Region. Participants of the study were recruited from three hospitals; a regional hospital, a quasi-government hospital (which provides medical care to University of Ghana students, staff and their families and the general public), and a military hospital (which is currently the Government of Ghana Emergency Response Health Facility that serves as the United Nations Level Four Medical facility in the West African Sub-Region). Patients with breast cancer are seen and treated in these facilities.

3.1. Study population

The study population was young Ghanaian women within their fertile age from 15 to 49 years living in the Accra Metropolis. Those who have been diagnosed with breast cancer for at least six months and above, irrespective of their cancer staging have undertaken some form of treatment. Participants who could express themselves well in Twi (a local language) or English (languages the researcher can speak fluently) and consented to take part in the study were included in the study. Those who were newly diagnosed, those who were unwell and hospitalised, as well as mentally unstable patients were excluded.

3.2. Sample size and sampling technique

Purposive and snowball sampling techniques were used to select participants. The participants were intentionally selected to meet the inclusion criteria for the study. Purposive and snowball sampling techniques were chosen because the researcher was interested in people with certain characteristics among the breast cancer population which was difficult to get (Naderifar, Goli, & Ghaljaie, 2017) and furthermore, breast cancer is a sensitive topic associated with secrecy. Saturation was reached when the twelfth person was interviewed.

3.3. Data collection

Interviews were conducted using a semi-structured interview guide which created an opportunity for participants to freely talk about their feelings and thoughts in their own words. The interview guide included demographic and an open-ended question centered on the objectives set for the study. Observations that were made during interviews were documented in a research journal. The thoughts, feelings, views, ideas, moments of confusion, biases of the researcher as well as her interpretations about what was observed during the interview were documented in the journal (Chenail, 2011; Tracy, 2010).

3.4. Data collection procedure

Formal permission was sought from the facilities where participants accessed care with a copy of the ethical clearance certificate attached. The first author introduced herself to the participants as a graduate student from the University of Ghana. Nurses who worked at those facilities and the first author approached participants face to face to explain the importance of the study to them and young women with breast cancer who consented to be part of the study and met the inclusion criteria, were enrolled into the study.

The researchers called and arranged appointments for interviews with participants at times suitable for them. Interviews were scheduled and conducted by the first author at the convenience of the participants in English or Twi based on participants' language preferences. Interviews were conducted in the homes and at selected places at times chosen by the participants. Each interview lasted for 40–60 min and was audio-recorded with participants' authorization. During interview, participants' mannerisms, facial expressions and other nonverbal communications were noted and documented. Responses from participants were probed where necessary during the interview to get clarity of responses and also allow participants give detailed description their experiences fully.

3.5. Data management

Participants' demographic data were separated from the main interview data and the researchers made sure no linkages occurred between them. Participants were assigned false names and numbers to be identified with in order to ensure confidentiality.

3.6. Data analysis

Content analysis approach was used to analyze the data, and Mills and Huberman (1994) method adopted. NVivo version 11 was used to manage the data and data analysis was done concurrently with data collection right from when the first interviews were conducted. This allowed the researchers to verify emerging themes in subsequent interviews. The data collected were transcribed verbatim, the first and second authors independently coded the data to increase its validity (Renz, Carrington, & Badger, 2018) and familiarised themselves with the data by reading through several times. The researchers searched for interesting or similar ideas, thoughts and words within the data as they read and assigned codes to them. Same codes were grouped to form subthemes and common sub-themes gathered to form main themes. In addition, the researchers discussed the result among themselves to ensure participants responses were truthfully captured in the findings.

4. Research rigour

To ensure that data collected were trustworthy, the authors established a good relationship with the participants prior to data collection. The authors documented their personal experiences in order not to conflict with that of participants (Noble & Smith, 2015). The first author visited all the three facilities to have a clinical attachment with them for about two months for participants to be used to her prior to data collection. Participants then became familiar with the first author after sometime and therefore were able to talk freely to share their experiences fully during the interviews. Using semi-structured interviewing techniques, the interviews were conducted face to face and audio-recorded. Verbatim transcription was done which increased the accuracy of the descriptions of participants' experiences which subsequently increased the trustworthiness of the findings. Participants were made to clarify any ambiguous statement made into strengthen the rigour of the study. Participants were given enough time during data collection to share their experiences fully. The researchers ensured that data collected were complete, accurate, and well interpreted by reinstating statement given by participants to clear any doubt. The researchers made sure the study findings denoted exactly what the participants narrated when interviewed through the use of verbatim quotes (Noble & Smith, 2015). Biases and subjectivities were avoided in the study and an audit trail of all the processes leading to the finding kept for validity.

4.1. Ethical considerations

The Institutional Review Board of Noguchi Memorial Institute for Medical Research, University of Ghana, provided ethical clearance before data collection was done. Clear unambiguous information regarding the research was given to participants and the option to participate or decline participation, given. In addition, participants were given information sheets which was explained to them. An informed consent was sought from every participant and they were assured of confidentiality during data collection.

5. Results

5.1. Demographic characteristics of participants

False name	Age	Marital status	No.of children	Occupation	Educational background of participants	Duration of diagnosis	Treatment received	Tribe	Languages spoken	Religion	Family History of breast cancer
Nhyira	33 yrs.	Married	Three	Lecturer Rev. Minister	Tertiary	4 years	Mastectomy Chemotherapy	Ashanti	Twi and English	Christian	No
Fafali	45 years	Married	Four	Trader	S.H.S	1½ years	Mastectomy hormonal therapy	Ewe,	Ewe, Twi, Ga and English	Christian	No
Adoley	32 years	Single	Nil	Engineer	Tertiary	8 Months	Alternative treatment mastectomy	Ga	Ga, English, Twi	Christian	Yes
Enyonam	32 yrs.	Married	Two	Pharmacist	Tertiary	7 Months	Mastectomy and radiotherapy	Ewe	Ewe, English and Twi	Christian	No
Serwaah	32 yrs.	Single	One	Journalist	Tertiary		Chemotherapy	Ashanti	Twi, English	Christian	No
Takyiwaa	28 yrs.	Single	Nil	Seamstress	S.H.S	11 Months	Chemotherapy and Hormonal therapy	Ga-Adangme	Twi, English	Christian	No
Odeibea	40 yrs.	Single	One	Secretary	Tertiary		Chemotherapy	Akuapem	Twi, andEnglish	Christian	No
Naa	33 yrs.	Divorced	One	Hair dresser	J.H.S	2 years	Chemotherapy	Ewe	Ewe, Twi and English	Christian	No
Adadewa	41 yrs.	Married	Two	Trader	J.H.S	9 months	Chemotherapy	Ashanti	Twi and English	Christian	No
Ashorkor	44 yrs.	Married	Two	Trader	S.H.S	4 years	Mastectomy Chemotherapy Radiotherapy	Ga	Ga, English, and Twi.	Christian	No
Sitsofe	39 yrs.	Married	One	Teacher	Tertiary	1 yr. 6 months	Chemotherapy	Ewe	Ewe, Ga and English	Christian	No
Offeibea	32 yrs.	Single	Two	Trader	Tertiary 1 yr.	1 ½ years	Mastectomy	English and	Twi and Akuapem	Christian	No

Three main themes and seven subthemes emerged from the data, the themes comprise; religiosity, social support and; situational appraisal and diversional therapy. The narration of the participants in this study depict that they went through some of the five stages of Kubler-Ross during their cancer diagnosis which include; denial, anger, bargaining, depression and acceptance. For example, some participants bargained with God for a longer life so that could take care of their children while others determined to do good in order to get forgiveness of sins from God and enjoy God's mercy through healing. After participants accepted their conditions, some participants compared themselves with others with different conditions and felt that, they were better. Others sought help from the family and significant others, read novel and entertained themselves with movies and music just to divert their attention from breast cancer thoughts.

6. Religiosity

This theme describes the various religious rituals participants

practiced as a way of coping with breast cancer. Four subthemes emerged and they include; faith for healing, prayer, scripture reading, use of religious artefacts and visit to prayer camps.

6.1. Faith for healing

Participants had hope in God and encouraged themselves that God would heal them. Most of the participants said they did not allow their conditions to discourage them. They asserted that God could change their situations within minutes and could work miraculously at the appropriate time for them to be healed.

"*I believe in God and know that he is a miracle working God. God can let anything happen at any point in time" (Ashorkor) "…I also believe that the healer is God so if you trust him everything will be possible for you. If you put God first in whatever you do, you can do the impossible*" (Takyiwaa)
"*I believe the miracle-working God can change my situation. For now, my only hope is God, and if God says it should stay with me till I die, fine, if it is not His will too, fine! That is what I use to encourage myself and I do not allow the disease to discourage me at all*" (Offeibea)

A participant believed God had spare human body parts and could replace any affected body part with a new one.

"*I trust and believe in God, I have been telling God that He has the human spare parts in his hands and therefore whatever has gone wrong within this temple, he can change it within a minute*." (Ashorkor).

6.2. Prayer

Most of the participants believed prayer solves all problems and that God is the healer. Participants had strong Pastors, friends and family members who prayed for them, listened to preaching on the radio and also supplicated using names like Job and Lazarus in the Bible to appeal to God.

"*Now I am concentrating on prayer because prayer is the key to all locked doors. I don't think there are other …things I can do*" (Enyonam)
"Sometimes I sit up in the night till daybreak praying and crying, any medicine I am given, I pray over it before taking it so that my internal organs will not be affected. I have strong pastors who pray for me and I also listen to preaching on the radio. As for my spiritual life, it is good. Indeed, breast cancer has brought me closer to God" (Ashorkor).

A participant stayed in prayer camp after her diagnosis to pray and attested that going to the prayer camp had been helpful.

"*Now I pray a lot, my prayer life was not as strong as now. I stayed like three weeks in a prayer camp praying because I believe God is our healer. Going to the prayer camp has been helpful" (*Serwaah*)*

Participants kept wake with family members and prayed because they believed God helped them through their illness.

"My pastors and other prayer warriors come to the house to pray for me. I also gather my husband and children and pray with them in the house. We start from evening till midnight then everybody will retire to bed." (Sitsofe).

Participants also supplicated to God in several ways. Most participants made an appeal to God using His greatness to tell others God would not take their lives. They also used verses from the Book of Psalms to communicate to God.

*"My God is invisible and supernatural; …Nobody can kill me because I believe in God. There are 365 "fear not" in the Bible. …That is why David said in Psalm 138 verses one that; I will praise thee with my whole heart and before the gods will I sing praises unto Thee" (*Ashorkor)

The lives of Job and Lazarus in the Bible were used to call on God for help because God raised Lazarus from the death and healed Job from his sicknesses.

"… Job was a God-fearing man but he got rotten and his wife asked him to curse God and die. But… he told the wife that he will not do it. God, you can change lives so please change me and heal me. Even Lazarus died for four days but you raised him from death" (Serwaah)

6.3. Scripture reading, use of religious artefacts

The majority of the participants read the Bible, devotional books, other religious literature and used the word of God to encourage themselves.

"I try to read the Bible more often and other books …to encourage myself. My fiancé comes around during the weekends so when he comes we go to church together…" (Odeibea)

A participant narrated she had a verse from the Bible in her dream which she believed came from God. The participant said when you believe in God, there is nothing that can come your way to harm you including breast cancer and therefore read the Bible at all time.

*"… I once slept and God gave me a Bible verse in a dream which is Psalm 91. That when you believe in God, you will step on dangerous animals but nothing will happen to you… My Bible tells me that all these dangerous creatures cannot harm me including breast cancer" (*Fafali)

However, a participant who did not understand why she had breast cancer because she had dedicated and devoted herself to God in the past said she had lost interest in reading the Bible but reads story books instead. The participant said God has been very silent in her life for too long.

"… I don't read the Bible anymore. I have asked my younger sister to bring me story books. …God has been silent for too long and I don't know why the long silence. Why this, after my devotion, worship, dedication and all that, why should it be me? I do not fornicate and I dress well too so I don't really know the kind of lesson God wants me to learn" (Adoley)

In addition to the use of Bible, participants used artefacts like rosaries, candles, religious statues, and oils prepared by religious leaders to supplicate to God and also paid a visit to religious sanctuaries in their quest to deal with breast cancer.

*"As for me what I rely on more is Mother Mary. Whenever something is bothering me, I light up my candle, take my rosary, kneel before my mother (*referring to the statue of Mary, the mother of Jesus) and *tell her what is worrying me. I also go to Kpando to visit the Grotto* (local Catholic sanctuary) *and worship. When you worship there, your prayers are accepted quickly"* (Fafali)
"I use back to sender oil and I know those who gave me this disease will also taste it one day to understand my situation. The oil is very good, … I will be free very soon when the oil starts acting" (Enyonam); *"My pastor prayed over olive oil for me to smear on my whole body. When I use the oil, I get relieved"* (Naa)

6.4. Repentance and bargaining

Some of the participants admitted that God could take their lives at any time. They believed when they are righteous and do not offend people, God would forgive them their sins and have mercy on them. Others pleaded with God not to take their lives in order that they can accomplish the purpose for which God created them.

"All I have to do is to be righteous. If I offend you I will come to you and apologise and God will also forgive me. …I was dying and I told God that God, do not let me die and leave my children. I told God to let me stay

and take care of my children till they grow and he listened to me so I have to do His will (shedding tears)" (Ashorkor).

A participant indicated God did not create her and endow her with knowledge just to destroy her. She begged God to let her live and prove to the world that God lives.

"*I know God did not create me and endowed me with knowledge just to destroy me. I have been telling myself that there is nothing that will bring me down, so I am begging God not to allow me to die an untimely death with this disease but to prove to the whole world that he lives"* (Adoley)

7. Social support

This theme entails the support participants had from their families; both nuclear and external; partners, friends, the church and employers which assisted them cope with their condition. The theme has three subthemes and they include; family support, partner support and support from employers, the church and friends.

7.1. Family support

Some participants indicated that even though management of breast cancer is expensive, financial support from their families assisted them to cope with the condition.

"Oh managing breast cancer is financially demanding and the moment you don't have money it is also another thing altogether. I am lucky because I get financial support from my auntie, my brother and my mum, and I thank God I have them" (Adoley).

Other participants received emotional support from family members living home and abroad. Family members called them by phone or visited to encourage and advise them.

"… I have a lot of people around… who support me… My family members …make me happy, they make me feel that I am not alone. They always call me and ask how I am doing. They… tell me not to worry and that I will be fine and walk again" (Sitsofe)

Participants were also supported physically by their family members. Family members cared for participants' children, performed household chores, and others promised to get them breast prosthesis.

"My mother is doing everything possible to ensure I get well. I have a two-and-half-year-old son who my mother does everything for. Washing, cleaning and all other chores are on my mum. She goes to the market and does a lot so I will say that my mother gives 80% of the care" (Serwaah).

7.2. Partner support

Partners support includes support received from husbands and boyfriends of participants. Husbands of most of the participants assisted physically with household chores, cared for their children and went on errands.

"My husband is really doing well. He takes care of the children, run errands and moved up and down when I was bleeding and during my surgery. He sends me to the hospital to have my wound dressed before going to work" (Nhyira).
"My husband treats me very well, by the time I wake up in the morning he has already swept the house, tidied up our room and prepared tea. He cooks with my children and ensures I am okay before he goes to work. My husband does all the chores in the house so he is like my house help for now (smiling)" (Fafali).

A participant narrated that her husband gave her emotional and physical support whenever she was in pain or was worried. She recounted how the husband kept awake, cried and prayed for her in the night and above all accompanied her to the hospital and supported her during chemotherapy.

"My husband is so supportive. When I'm in pain my husband does not sleep, he will be with me throughout the night, pray for me for healing and at times cries. Anytime I go to the hospital for chemo, he accompanies and consoles me. He sits beside me during chemotherapy and when I am vomiting, he would hold me hmm (shedding tears)" (Adadewa).

Similarly, a few participants who were in a relationship also expressed how their boyfriends motivated, reassured and encouraged them to believe in God for healing and ignore negative comments from people.

"Oh my boyfriend is very supportive so with his help I am taking it cool. He is around me all the time to encourage me, so with that alone I have to go through the treatment and I know I can. I have lived with it for barely eight months now and he is determined to move on with me no matter what" (Odeibea)

7.3. Support from employers, the church and friends

Most of the participants received support in the form of advice, prayer and fasting, visits and encouragement from the church.

"… my pastor introduced me to a lady pastor in the church who is also having breast cancer. She shared what she went through with me and said, it is not going to be easy but the faith I have, I should hold on to it and everything will be okay". She prays with me all the time" (Odeibea)

Apart from the church, employers and workmates provided some form of support to participants. A few employers paid participants a visit and called to encourage them.

"My principal, vice principal, and other staff call to encourage me and wish me well" (Sitsofe)
"My boss encourages me and tells me that these are some of the things that do happen in life and I should not allow these things to bring me down …my boss came to the hospital with my colleagues to visit me when I was admitted." (Serwaah).
"My boss at times gives me money when he pays me a visit. He also said I should bring the bills to the office for them to pay for me" (Serwaah).
My headmistress gave me one week off duty to do the surgery" (Offeibea)

Friends of some participants accompanied them to the hospital, cooked for them and assisted them with food,

"I have only one close friend…and she accompanies me to the hospital and assists me in everything. She comes to cook for me especially when I am weak after chemotherapy" (Odeibea).

8. Situational appraisal and diversional therapy

This theme describes others coping strategies participants used apart from religiosity and social support to cope with breast cancer. Participants accepted their diagnoses compared themselves to their colleagues who died and those who could not continue with treatment. Participants further encouraged themselves with the improvement they saw in their conditions. Some listened to music, watched television, touched flowers and walked about to divert their thoughts from breast cancer.

"… there were people I started the chemo with who could not complete and had to abandon treatment, others died and if I am living, I thank God. The first time I took chemotherapy I became like a thread but now I am far better" (Naa)
"*I know people I was weaker than but they are dead and gone and I am*

still alive so there is hope. It is difficult to live with a disease of this nature but I have to move on with life" (Sitsofe)

A participant compared herself with people with anal and cervical cancers who needed to undergo treatment like radiotherapy for such a place to be exposed and said she is fortunate she had breast cancer.

"I am lucky that it affected my breast, what of if it were to be cervical cancer or cancer of the anus and they have to irradiate my private part (smiling)*"* (Ashorkor)

Another participant also compared herself with a physically appealing lady who has survived breast cancer and got motivated that she was not the only one suffering from breast cancer.

"I was shown one nice lady who is a banker and having breast cancer. … I was shocked seeing such a beautiful lady with breast cancer, I am indeed comforted. There are several people I have seen living with breast cancer who are my source of motivation and some even look more beautiful than I am" (Enyonam).

Others were motivated to move on with life because of their children. Participants having children saw their children as a source of hope.

"My son needs me so I have to live for him no matter what because I am all he has. If I die who will take care of him? So I have to live for him to be happy" (Serwaah)
"I cannot wait to see my daughter marry in future so I will not die now. I will live to see her through life. She is like my younger sister and I have to be alive and tell her how to live on this earth" (Ashorkor)

Some listened to music, walked about, touched flowers, read story books or novels and watched movies.

"What I do is listening to music, walking about in the sun, touching flowers, reading books and just enjoying nature" (Nhyira)
"I am all the time indoors watching movies and whenever the light are off, I read novels, I prefer reading story books to going out to chat with friends" (Offeibea)

9. Discussion

Participants in this study engaged in various spiritual activities by way of coping with breast cancer and its related challenges. Participants had faith and believed in God so they prayed, read the Bible, used religious artefacts and listened to preaching; all in order to get healing or lessen the burden of breast cancer. Participants accepted their diagnosis and bargained with God for a long life. Some participants believed God has human spare parts and capable of replacing their breasts for them. Amidst the prayer, some participants cried in the night for healing, and over medications they were to take in order to prevent damage to their internal organs. Some even went to stay in prayer camps and religious sanctuaries to pray for weeks. Pastors, prayer warriors, family members and friends, prayed as well for participants. While most participants used the greatness of God and Biblical names to invoke God for healing, others used verses from the Book of Psalms to appeal to God.

Parallel to the findings of this study, Devi and Fong (2019), reported in their qualitative study done in Singapore among women with breast cancer, that women after being diagnosed with breast cancer get closer to God, attend church more often, pray for healing, visit worship centers, read the scriptures, use artifacts and appeal to God for healing. Some studies conducted in United States among African American breast cancer survivors (Yan et al., 2019), in California among Latina women with breast cancer (Castillo, Mendiola, & Tiemensma, 2019) and in Turkey with breast cancer survivors (Inan et al., 2016); also found patients pray for healing, ask God for strength and prevent cancer recurrence, recite the Quran, give alms and speak to God for goodness. In addition, Edwards (2014) also reported that most physical and psychological conditions in Ghana are managed in prayer camps across the country because the power of God is believed to work better than medicine. This is further affirmed by the Global index for religiosity and atheism report which indicated that Ghana is the most religious country in the world (Gallup International, 2012).

Some participants also used artefacts like rosaries, candles, statues, pictures of pastors and oils prepared by religious leaders for healing. For example, a special oil prepared by pastors was used for spiritual revenge while others used the oil for physical and psychological relief. This has also been documented in the findings from Fouka, Plakas, Taket, Boudioni, and Dandoulakis (2012) in Greece where blessed oil and holy water are used for healing. The use of religious artefacts is a common practice among women in Ghana during labour (Aziato et al., 2017).

Some participants saw their breast cancer diagnosis as a way of God using them for testimonies. Participants bargained with God and promised to obey God so that God would forgive them of their sins and have mercy on them. Participants also pleaded with God not to take their lives so that they can live to accomplish the purpose for which God created them. This behaviour exhibited by participants typifies Kubler-Ross' third stage of grieving (Holland & Neimeyer, 2010). Yan et al. (2019) also found that Chinese women in Beijing believe cancer is a test from God and a plan for testimony in one's live. This is also reported in the earlier study by Devi and Fong (2019).

Participants obtained support from family members, partners, employers, the church and friends. Participants received both physical and emotional support in the form of money, reassurance, encouragement, help to access health care and assistance with activities of daily living, family members bought medications, paid for laboratory investigations and accompanied participants to the hospital for treatment. Partners of participants supported emotionally and physically; by word of encouragement and advice, care of children and household chores. Some participants stressed that their cancer diagnoses strengthened their relationship with their husbands. However, because of non-disclosure, only two participants had support from their friends. In tandem with the findings above, studies done in Northeastern Thailand on breast cancer survivors (Dumrongpanapakorn and Liamputtong, 2015), among Syrian refugees in Jordan (Alzoubi, Al-Smadi, & Gougazeh, 2019) and also in Utah (Zamora et al., 2017) found that cancer survivors rely on support from families especially partners, friends and neighbours as a way of coping with their diagnosis. In contrast to what happens in Ghana where only family members and few friends offered support because of non-disclosure, Dumrongpanapakorn and Liamputtong (2015) found that women diagnosed of breast cancer receive support from their neighbours in the form of ritual performance, money, food, reassurance and information. Also different from the current study is with regards to partner support, a study conducted in New York City among sexual minority lesbians and bisexual females with breast cancer found that most women had their relationships disrupted (Paul, Pitagora, Brown, Tworecke, & Rubin, 2014). This could be due to their orientation as lesbians and not heterosexuals as found in the current study. Social support is a major adaptive coping strategy that is widely used by people in distress irrespective of the cultural background.

As part of the coping strategies, some participants compared themselves with people diagnosed with anal and cervical cancers. This was reported by Liamputtong and Suwankhong (2016) that women compare their cancer diagnosis with those amputated and people who have gone blind. This is further supported by findings from a study where people living with HIV allegedly count themselves lucky for having HIV because it can be controlled unlike cancer (Smith, Dawson-Rose, Blanchard, Kools, & Butler, 2016). Other participants in this study also compared themselves with people who were beautiful and living with breast cancer and got motivated that they were not alone in their fight against breast cancer. In view of that, physically appealing young women who have survived breast cancer could be contacted and trained

to become peer educators to breast cancer patients. This would help lessen the stigma attached to breast cancer and encourage others suffering from breast cancer to seek help and increase disclosure. This is consistent with the Pink Ribbon mentorship programme practiced by Mayo clinic (Loprinzi Brauer, Clark, Solberg Nes, & Miller, 2016). Participants also diverted thoughts of breast cancer by; listening to music, reading novels, walking about, touching flowers and watching movies. Some participants also had a fighting spirit and were positive about themselves which are significant weapons for dealing with breast cancer. Some participants compared themselves with their colleagues who died and those who had children were motivated to live in order to see them through life. Equally, Liamputtong and Suwankhong (2016) found in their study that women with breast cancer plead with God to spare them their lives so that they could live for their children. Also, Park et al. (2017) reported that childless women diagnosed with breast cancer easily give up but those having children seek for extension in life to be able to care for their children. Therefore, young women diagnosed with breast cancer who are childless should be given extra psychological attention and encouragement by their families and close friends so that they would be motivated to live.

10. Conclusion

Young women living with breast cancer in Ghana adopt different strategies in coping with challenges associated with their diagnosis and treatment which embodies prayers, use of spiritual artifacts, faith and believe as well as social support. These coping strategies though adaptive (Kestenbaum et al., 2017), are not formally planned. It is therefore imperative for healthcare workers in Ghana to have a planned intervention involving patients and their families to help them cope better with breast cancer and improve their quality of life. The participants relied on God as the ultimate healer of breast cancer and also on social support mostly offered by the family. Young women living with breast cancer need to be taken care of by a multidisciplinary healthcare team to cater for their physical, social, psychological and spiritual needs. Healthcare workers are entreated to incorporate spiritual care as part of the care given to people living with cancer, and also involve religious leaders, families and friends in their care. Spiritual care is very integral in the care of people living with cancer.

Ethics approval and consent to participate

The study obtained ethical approval from the Noguchi Memorial institute of Medical Research, Ghana, with study number; NMIMR-IRB CPN 111/15-1. All the study participants gave their consent and signed consent form.

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Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.ijans.2019.100173.

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