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Traumatic And Anticipatory Grief Experience Of Breast Cancer Screening Victims, Resident In South West

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Abstract: The study examined the influence of location on women susceptibility to breast Cancer screening in South West Nigeria. It also investigated if there are relationship among location of women, Breast self examination clinical breast examination and mammography. The descriptive research design of the survey type was used for the study was used for the study. The population for the study was all women in the attending clinics and hospitals in the six states of South West Nigeria. 1,800 respondents were randomly selected using multistage sampling procedure. A self designed instrument used for gathering data was titled "Psychosocial Factors and Breast Cancer Questionnaire" (PFBSQ).The instrument's validity was ascertained using face content and construct validities. Test retest reliability of the instrument was ensured and a reliability coefficient of the instrument yielded 0.75 coefficient at 0.05 level of significance. Copies of the instrument were personally administered by these researchers and trained research assistants. Findings revealed that location of women significantly influenced their susceptibility to breast cancer screening also, using Pearson product moment correlation, each of the types of breast cancer screening positively correlated location of women that subjected themselves to breast cancer screening. Based on the above findings, counsellors should design effective programmes that would create awareness for women health regarding breast cancer in early stage through screening. Counsellors should provide orientation to women regularly on breast cancer screening.

Keywords: Breast cancer, Screening, location, breast examination, mammography, Traumatic, Anticipatory.

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I. INTRODUCTION

Breast cancer is a type of infection that originates and infects the breast tissues, most commonly from the inner lining of milk duct or the lobules that supply the ducts with milk (Sariego, 2010) Breast cancer is the most common invasive infection in women and the second main cause of cancer death in women after lung cancer, breast cancer is the mostly common among women, the symptoms include a lump or thickening of the breast and changes to skin and the nipple. Risk factor of cancer can be genetic, but some lifestyle factors, such as alcohol intake make it more likely to happen. Man breast lumps are not cancerous, to be sure if it is cancer or not a medical personnel or doctor should be contacted. The process of detecting or investigating thus is known as breast cancer screening.

Symptoms of Breast Cancer

The first symptom of breast cancer is usually an area of thickened tissue in the breast or a lump in the breast or in an armpit. Other symptoms include a pain in the armpits or breast that does not change with the monthly cycle: Pitting or redness of the skin of the breast, like orange skin a rash around or on one of the nipples, a discharge from a nipple, possibly containing blood, a sunken or inverted nipple, a change in size or shape of the breast, peeling, flaking or scaling of the skin on the breast nipple.

Stages of Cancer

Cancer has composite stages; it is usually staged according to the size of the tumor and whether it has spread to lymph nodes or other parts of the body.

There are five distinct stages of cancer. Cancer is also tagged according to the size of the tumor and whether it has expanded to lymph nodes or other body parts.

Stage O is otherwise known as ductal carcinoma

- In situ (DCIS), the cells are limited to within a duct and have not invaded surrounding tissue.
- Stage 1: At the beginning of this stage, the tumour is up to 2 centimetres (cm) across and it has not affected any lymph nodes.
- Stage 2: The tumour is 2cm across and it has started to spread to nearby nodes
- Stage 3: The tumor is up to 5cm across and it may have spread to some lymph nodes.

- Stage 4: The cancer has spread to distant organs especially the bones, liver, brain or lungs.

Causes of Breast Cancer

There are natural, biological and innate causes of cancer. At puberty or after puberty, a woman's breast consists of fat, connective tissue, and thousands of lobules and tiny glands that lactates or produces milk for breast feeding. These tiny tubes or ducts carry the milk toward the nipple. At puberty, the body cells multiply uncontrollably. It is the excessive cell growth that causes cancer. Breast cancer usually starts in the inner lining of milk ducts or the lobules that supply them with milk. From there it can spread to other parts of the body.

Even though cancer can originate from natural innate or biological factors, but there are risk factors that enhance susceptibility to cancer. The following are the risk factors of cancer.

-Age: The risk of having cancer increases with age. At 20 years, the chance of developing breast cancer in the next 10 years is 0.6 percent. By the age of 70 years this figure goes up to 3.84 percent.

-Genetics: If close relative has or has had breast cancer the risk is higher.

-History of breast cancer of breast lumps – women that have had breast cancer before are more likely to have it again, compared with those who have no history of the disease.

-Density of breast tissue-Breast cancer is more likely to develop in higher density breast tissue.

-Oestrogen exposure and breast feeding.

Being exposed to oestrogen for a longer period appears to increase the risk of breast cancer. This could be due to starting periods earlier or entering menopause later than average, between the times, oestrogen levels are higher.

Breast feeding, especially for over 1 year appears to reduce the chance of developing breast cancer possibly because pregnancy followed by breast feeding reduces exposure to estrogens.

-Body weight – women who are overweight or have obesity after menopause may have a higher risk of developing breast cancer, possibly due to higher levels of oestrogen. High sugar intake may also be a factor.

-Alcohol consumption: A higher rate of regular alcohol consumption appears to play a role. Studies show that women who consume more than 3 drinks a day have a 1.5times higher risk.

Radiation Exposure: Undergoing radiation treatment for a cancer that is not breast cancer increases the risk of breast cancer later in life.

-Hormone treatment. The use of Hormone Replacement Therapy, (HRT) and oral birth control pills have been linked to breast cancer, due to increased level of oestrogen.

-Occupational Hazards: Exposure to certain carcinogens and endocrine disruptors in work place could be linked to breast cancer. Working shifts could increase the risk of breast cancer.

-Cosmetics implant and breast cancer survival women with cosmetic breast implants who are diagnosed with breast cancer have a higher risk of dying from the disease and a 25 percent higher chance of being diagnosed at a later stage, compared with women without implants.

Types of Breast Cancer

*Ductal carcinoma can begin in the milk duct and it is the commonest

*Lobular Carcinoma: This starts in the lobules

Invasive breast cancer is when the cancer cells break out from onside the lobules or ducts and invade nearby tissue, increasing the chance of spreading to other parts of the body.

Non-invasive breast cancer is when the cancer is still inside its place of origin and has not broken out. However, the cells can eventually develop into invasive breast cancer.

Screening and Diagnosis of Breast Cancer

A diagnosis of breast cancer occurs as a result of routine screening. By screening the physician check patient for breast lumps and other symptoms. The patients will be asked to sit or stand with her arms in different positions, such as above her head and by her sides. The imaging tests are done with mammogram, this is a type of x-ray commonly used for initial breast cancer screening it produces images that can help detect any lumps or abnormalities. A suspicious result can be followed up by further diagnosis. Mammography sometimes shows up a suspicious area that is not cancer. This can lead to unnecessary stress and sometimes interventions. An ultrasound scan can help differentiate between a solid mass on a fluid filled cyst.

Another way of screening is Biopsy. By biopsy a sample of tissue is surgically removed for laboratory analysis. This can show whether the cells are cancerous and if so which type of cancer it is, including whether or not the cancer is hormone sensitive.

Diagnosis also involves staging the cancer to establish, the size of a tumor, how far it is spread whether it is invasive or non invasive, whether it has metastasised or spread to other parts of the body. Staging will affect the chances of recovery and will help decide on the best treatment options.

Place of Residence, Location and Susceptibility to Breast Cancer Screening

The susceptibility of women to cancer screening appears to be dependent on location of woman, knowledge about the availability of screening facilities and educational status of women. It seems as if the residents of rural areas are deprived of the access to screening facilities.

The reports of Okobia, Bunker, Okonofua and Osimi (2006) showed that rural population in Nigeria is usually neglected in health education issues. In their study conducted on 326 breast cancer patients, 73 out of this 326 patients were women predominantly from the rural areas, Isara and Ojedokun (2011) in their study reported that low survival rates in less developed countries may be explained for lack of early detection programmes, lack of adequate diagnosis and treatment facilities which resulted in a high proportion of women presenting with the grievous last stage.

Oluwatosin and Oladepo (2006) in their study on districts in Oyo State reported that they had access to primary care centres which dealt with minor diseases the health care facilities available are for maternity and health care and not for screening of breast cancer. The finding corroborates Odusanya (2001) that many respondents under study in Lagos were unaware of early warning and signs of breast cancer. In a study conducted at Ilorin metropolis by Kayode, Akande and Osagbemi (2005), they remarked that ability to detect breast lumps depends on correct Breast Cancer Examination (BCE) procedure and screening, this ensures that no portion of the breast is left out unexamined, with the high level of frequent BCE one is able to differentiate normal breast tissue from breast lumps.

Odusanya (2001) reported that the incidence of breast cancer in urban areas as reported in his study was 26.6 per 100,000 while that of the rural area was 16.3 per 100,000. He observed that advanced stage of breast cancer was more among the rural uneducated women than the urban women. It was reported that the highest proportion of the respondents obtained their first information from the television, followed by friends and the radio based on their place of residence. Similar observations by researchers revealed that in Awka, Anambra State, 38.8% of these studied indicated also that the electronic media was their first source of information regarding susceptibility of women to breast cancer screening. Very few proportions of respondents heard and learnt about breast cancer screening through health care providers.

It is disheartening that a higher percentage of African compared to Americans women lack usual source of healthcare such as primary care provider because of their disadvantaged places of residence. Having a primary care provider in a place of residence increases the chance that a woman will receive appropriate preventive care including routine check-ups and screening that can detect disorders at an early stage (National Cancer Institute, 2012.

Traumatic Experiences about Breast Cancer and Screening

The traumatic experiences befalling women having cancer appears to be very horrendous and grievous. The trauma of ambivalence or limbo of whether if screened one could be having cancer is debilitating, Women that are exposed to radiation appear to be suspicious and are not even sure whether the susceptibility to this radiation could increase their chance and risk of being cancerous. The burden of breast cancer includes financial, emotional and social factors. The adaptive and coping mechanism of whether if one is diagnosed for having cancer has psychological and psychosocial implications. The financial burden of a breast cancer diagnosis, pains experienced when being diagnosed and treatment remains very exorbitant and substantial.

The National Cancer Institute (2009) reported that the various forms of treatment for breast cancer impacts on the sense of the victim. The euphoria and actual loss or mutilation of one's breast has grievous psychological and psychosocial consequences. Majority of the people subjecting themselves to screening, diagnoses and been diagnosed of cancer appears to anticipate grief. As a result of this if diagnosed of cancer they appear to experience depressive ailments and isolation Sheppard, Apple Sc and Ely (2008) opined that breast cancer affect a woman's body image and feelings towards sexuality. All these feelings appear to deteriorate the condition of these traumatised cancer victims. It also has corollary effect on women's subjecting themselves and susceptibility to cancer screening. The cost of screening and treatment appears to be responsible for the grief and traumatic expenses of women subjecting themselves to screening.

Khan, Sehgal, Miltra, Agarwal and Malik (2000) asserted that the breast has a social connotation of motherhood, feminity and sexuality hence the effect of breast cancer are interpreted as an affront and assault on family and her esteem as a woman. Also, whenever a person is diagnosed for cancer it impacts on the woman hair. Batcher (2001) observed that hair is associated with life, life processes and personal growth. The woman's hair is linked to gender beauty, maturity, age and religious affiliation. The corollary effect is that when a woman losses her hair because of breast cancer, it corroborates loss of sexuality, individuality and awareness (Helm and Corso, 2008).

These researchers observed that some women appear to experience at least psychological distress during the course of breast cancer screening or diagnosis and treatment. However, the level of such distress varies from woman to woman and within an individual over the course of diagnosis and treatment. For some

women such distress may interfere with their comfort, quality of life, and ability to make appropriate treatment decisions and how to adhere to treatment (Bloom, Stewart, Chang and Banks, 2004).

Research Rationale

These researchers observed that majority of woman in South West Nigeria appear not to be susceptible to breast cancer screening. It seems as if the location of women did not make them to subject themselves to breast cancer screening. Most of these women seem to live in the rural areas where there seems to be inadequate information and facilities for breast cancer screening. It seems as if most of the methods used for screening is very painful. Most of the women subjected to radiation envisage or and anticipate grief because of their conception that there could be likelihood of the risk of being cancerous. Most of the women that are aware of the screening are ambivalent limbo and in dilemma about the complications that befalls victims and are not sure of, if diagnosed, that they could face such complications.

II. METHODOLOGY

Descriptive research design of the survey type was used for the study. All the women in the six states of South West Nigeria were used for the study. These include women attending Federal Medical Centres, State Government hospitals.

1,800 women were randomly selected using multistage sampling procedure. This involves simple random sampling, and proportional sampling techniques. A self designed instrument titled "Psychosocial Factors and Breast Screening questionnaire (PFBSQ) was used to elicit information from women respondents. The instruments validity was ascertained using Face content and construct validity. A correlation coefficient of 0.72 was obtained that shows the instrument was valid for usage. Using test- re-test reliability method a correlation of 0.75 was obtained using Pearson Product moment correlation coefficient. Copies of the instrument were personally administered by these researchers and trained research assistants. Data generated were analysed using Pearson product moment correlation analysis.

Research Hypothesis

The location of women will not significantly influence their subjecting themselves to breast cancer screening.

Pearson Product Moment Correlation summary between Location and Breast Cancer Screening

n order to test the hypothesis, scores relating to location of women and subjectivity to breast cancer screening were subjected to statistical analysis involving Pearson Product Moment Correlation.

Variables	N	Mean	sd	r cal	r table
Location	1800	15.63	2.88	0.492*	0.195
Susceptibility Breast screening	1800	60.40	10.46		

The rcal (0.492) is greater than r table (0.195) at 0.05 level significance. The null hypothesis is refuted. This implies that the location of women significant influenced women susceptibility to breast cancer screening.

Correlation Matrix of Location of Women and Susceptibility to Teach Type of Breast Cancer Screening

Variable	Location of Women	Breast Self Examination	Clinical Breast Examination	Mammography
Location of Women	1000	0.300*	0.244*	0.328*
Breast Self Examination			0.398*	0.408*
Clinical Breast Examination			1.000	0.308*
Mammography				1000

The scores on location of women and their subjection to each type of breast cancer screening were subjected to Pearson Product Movement. The table above shows that the location of women correlates significantly with their subjection to each type of breast cancer screening. Breast self examination ($r=0.300$, $P<0.05$) clinical breast examination ($r-0.244$, $P<0.05$) and mammography ($r=0.328$; $P<0.05$). This implies that the null hypothesis which states that the location of women will not significantly influence their subjecting to each type of breast cancer screening is rejected. There is also a significant ($P<0.05$) positive correlation among

the breast screening types, breast self examination and clinical breast self examination (r=0.408, P<0.05, clinical breast examination and mammography (r=0.308 P<0.05).

III. DISCUSSION

The result of this study showed that location of women significantly influenced their subjecting themselves to breast cancer screening. This is in agreement with Agbo, Oboimen and Gana (2013) report that there was decrease in attending centres if they would have to travel several kilometres to be screened. It was also revealed in this study that there existed a significantly positive correlation among breast screening types. This implies that location of women will be influenced by their subjecting to each type of breast cancer screening. Apparently, the location of women and accessibility to breast cancer screening facilities could determine the methods of breast screening to adhere to. This finding corroborates Shirazi (2006)who reported that Iranian American Women showed a higher rate of mammography screening whereas in China, women were reported of performance of breast self examination regularly.

IV. SIGNIFICANCE OF THE STUDY

This study could benefits health care providers, students, breast cancer patients, survivors, health educators, curriculum planners, state and Federal Government. These could help to broaden their knowledge or and horizons and provide information about issues related to breast cancer and screening.

REFERENCES

[1]. Sariego, J. (2010): The impact of Faculty Volume/Size on Breast Cancer treatment and Outcome. AmSung 76:12 (1333-7). Retrieved 24/12/2014

[2]. Isara, A.R. and Ojedokun, C.I. (2011): Knowledge of Breast Cancer and Practice of Breast Self Examination among Female Secondary School Students in Abuja, Nigeria J. Prev MED HYG 52, 186-190.

[3]. Okobia, M.N, Bunker, H.C., Okonofua, F.E. and Osime, U.F (2006): Knowledge, Attitudes and Practices of Nigeria Women Toward Breast Cancer World Journal of Oncology. 4:11 http://ukpmc.ac.uk/article render .cgi. Retrieved 23/09/2013

[4]. Oluwatosin, O.A. and Oladapo, O. (2006): The Level of Knowledge of Breast Cancer and its Early Detection Measure among Rural Women in Akinyele Local Area, Ibadan Nigeria BMC Cancer 6.271.http//wwwpubmedcentral.nih.gov. Retrieved 28/04/2014.

[5]. Odusanya, O.O. (2001): Breast Cancer Knowledge, Attitudes and Practices of Female School Teachers in Lagos, Nigeria, Breast Journal: 7(3): 171-1785. Retrieved 10/08/2013.

[6]. Kayode, F.O. Akande, T.M. and Osagbemi, G.K (2005): Knowledge and Practice of Breast Self Examination among Female Secondary School Teachers in Ilorin, Nigeria, European Journal of Scientific Research Vol.10,No.3 Retrieved 24/12/2013.

[7]. National Cancer Institute (2011 Paget's Disease of the nipple: Questions and Answers 02-06

[8]. Khan. M.A. Sehgal, A. Mitra, A.B. Agarwal, P.N and Malik, V.K. (2000). Psycho- Behaviourial impact of Mastectomy. Journal of the Indian Academy of Applied Psychology 26: 65-71.

[9]. Bloom, J.R, Stewart, S.L. Chang, S and Banks P.J (2004): Mammographic Screening Patters of Use and Estimated Impact on Breast Carcinoma survival, Cancer 101, 3, 495-509. Retrieved 28/04/2014.

[10]. Helm, R.L. and Corso, M. (2008): Body Image Issues in women with Breast Cancer. Psychology Health and Medicine 13:3. 313-325. Retrieved 10/08/2013.

[11]. Agbo, S.P. Oboirien, M and Gana, G. (2013). Breast Cancer Incidence in Sokoto, Nigeria, International Journal of Development and Sustainability, 2 (2013) 1614-1611. Retrieved 05/10/2014.

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