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Psychosocial Problems of Breast Cancer and its Effects on Women's Mental Health in Nigeria: A Qualitative Study of Jos University Teaching Hospital, Plateau State

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Abstract:
Breast Cancer is a physical disease and also one of the leading clinical manifestations where psychosocial problems are prevalent. Psychosocial problems that these patients may have in the long run include anxiety, sleep disorders, mental and cognitive reservation, sexual dysfunction, and psychological distress. Psychosocial problems have a nature of underpinning the emergence of psychological troubles. Women diagnosed with breast cancer face challenges that interfere with their entire life. A qualitative descriptive design was used to recruit twelve participants through purposive and snowball sampling methods to conduct interviews with the participants. Data were transcribed verbatim and analyzed using thematic content analysis. Three themes emerged from the data; physical effects of breast cancer, effects of treatment on body image, and emotional effects of breast cancer diagnosis and treatment. The negative effects of treatment incapacitated most of the women and limited their daily activities and entire life. Most participants felt they looked unattractive because they have had hair loss through chemotherapy. Almost all the participants cried, felt depressed, when they were told their diagnosis. It was concluded that women diagnosed with breast cancer require psychological interventions and physical support from healthcare personnel and their families.

Keywords: Breast cancer, mental health, psychosocial problems, women

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KAMPALA INTERNATIONAL UNIVERSITY IN TANZANIA
EXPLORING THE HEIGHTS

1. Introduction

Despite extensive research efforts in the laboratory, epidemiology, and clinical studies, the incidence rate of breast cancer continues to rise. Cancer remains a major source of illness for women, with one in every 20 individuals worldwide and one in every eight people in high-income countries being affected by it (Globocan, 2019). Fewer than 1% of breast cancer cases are diagnosed in men (Globocan, 2019). Breast cancer is the most common type of cancer worldwide, affecting millions of women and, in some cases, men. It is also the leading cause of cancer-related deaths, making early detection and proper treatment crucial for increasing survival rates and improving quality of life for those affected (Globocan, 2019).

Breast cancer is the second most common cancer after cervical cancer in Sub-Saharan Africa (Tetteh D.A. 2017). In African women, it is known that breast cancers are diagnosed at earlier ages than in high-income countries (Vanderpuye, V., Grover, S., Hammad, N., Prabhakar, P., Simonds, H., Olopade, F., & Stefan, D.C. 2017), with Sub-Saharan Africa recording the highest incidence (Azubuike, S.O., Muirhead, C., Hayes, L., & McNally., R. 2018). In Ghana, breast cancer is the most prevalent cancer, and one of the commonest causes of cancer deaths in females of all ages with an alarming incidence in young women aged 40 to 49 years. (Mensah A.C., Yarney, J., Nokoe, S.K, Opoku, S. & Clegg-Lamptey, J.N. 2016). Der Muonir, Naaeder, Tettey and Gyasi (2018), reported that breast cancer affects a higher proportion of young women with 47–57% of cases seen in women less than 50 years. It was reported during the first Global Health Workshop on cancers held in Accra (Ghana) in the year 2015 that cases of breast cancers continue to rise especially, among young women aged 25 to 30 years. In the year 2018, 36.3% new cases of breast cancers were estimated to occur in Ghana with 12.4% deaths (Globocan, 2019).

In Nigeria, a lower-middle-income country, breast cancer is the most common malignancy among women, accounting for 22.7% of all new cancer cases, with 12,000 deaths in 2018, (WHO, 2019). Breast cancer is a serious health issue, claiming the lives of Nigerian women more than any other form of cancer (Globocan, 2012, 2013; WHO, 2017). The incidence of breast cancer in Nigeria is increasing. The World Health Organization (WHO, 2017) estimates suggested that in 2012, 27,304 cases of breast cancer were diagnosed among Nigerian women, while in 2020, 33,666 cases would be diagnosed. WHO (2017) indicates that in 2012, 13,960 Nigerian women died from breast cancer, while in 2020, it is estimated that 16,908 women would die from the illness (Ferlay et al., 2015; WHO, 2017). As a result, this paper aims to review the psychiatric symptoms of the disease and their effects on mental health. That is, the effects that may develop in patients with breast cancer, which is one of the most frequent types of a globally common disease. It also reviews the impact of psychiatric symptoms on the treatment of disease.

1.1 Statement of problem

Getting diagnosed with any type of cancer holds a major impact on not only physical health but also mental health, and many people will notice substantial changes in their emotional well-being. A person's reaction as well as the reactions of loved ones to the diagnosis of breast cancer can be profound, depressive, anxious, and fearful as well. As such this, study seeks to explore the effects of breast cancer on the mental health of women in Nigeria.

2. Review of literature

Studies have shown that the prevalence of mental health disorders among women with breast cancer is high, with 36.7% of women experiencing mood disorders during the early stages of their disease; including 9.6% with major depression and 27.1% with minor depression. Additionally, 14.6% of women were diagnosed with anxiety disorders, with 8.6% in the early stages of the disease and 6% in its advanced stages (Haskins, C.B., McDowell, B.D., Carnahan, R.M., Fiedorowicz, J.G., Wallace, R.B., Smith, B.J. 2019). The aforementioned factors can have a significant impact on the quality of life (QOL) of individuals affected by breast cancer. The QOL refers to a person's subjective perception of their well-being and satisfaction with different aspects of their life, which is unique and varies from person to person (Greco G, Skordis-Worrall, J., Mkandawire, B., Mills, A. 2015).

The quality of life for individuals coping with chronic illnesses such as cancer encompasses not just physical health, but a sense of well-being that encompasses their ability to perform daily tasks and their satisfaction with managing the disease and any complications arising from its treatments (Kim, Y., Carver, C.S., Shaffer, K.M., Gansler, T., & Cannady, R.S. 2015). Additionally, quality of life is a multi-faceted concept that takes into consideration both the positive and negative aspects of an individual's life, and is evaluated through various dimensions (Prigerson H.G., Bao, Y., Shah, M.A, Paulk, M.E, LeBlanc, T.W, & Schneider, B.J 2015). A study revealed that the quality of life for 40 women who had survived breast cancer and had a history of receiving chemotherapy, as well as 40 women currently undergoing chemotherapy for breast cancer, was low (Moghani, M.MPS., & Amani, O. 2017).

The process of adapting to cancer begins from the moment of receiving the diagnosis and continues throughout the course of the disease and its treatments (Antoni, M., Diaz, A., Taub C, Fisher, H., Carver, C., Lippman, M., 2019). Breast cancer patients often experience significant levels of fatigue and anxiety up to six months post-chemotherapy, which can negatively affect their quality of life. Future research should focus on examining both anxiety and fatigue, particularly the physical and mental subdomains of these symptoms.

2.1 Theoretical framework

The conceptual framework adopted for the study was the Health Belief Model (HBM) proposed by Hochbaum, Rosenstock, and Kegels (1952). The HBM focuses on the belief that health-seeking behaviors are influenced by a person's perception of the threat posed by a health condition and the value associated with actions aimed at reducing the threat (Rosenstock, 1974). The constructs of the model relate to a person's perception of susceptibility to and seriousness of disease, as well as the perceptions of benefits and barriers to taking preventive action, the availability of effective cues to action, and modifying factors (Rosenstock, 1974).

3. Methodology

The study employed qualitative research to explore, understand, and document the experiences of young women with breast cancer. The design was considered suitable since little is known about the phenomenon.

3.1 Study setting

The study was conducted in Jos University Teaching Hospital and Cancer Centre in Nigeria, and participants were recruited from the hospital, which is a tertiary teaching hospital. Women in their fertile ages, 28-45 years are the target group for the study. They were all interviewed. These women had all been diagnosed with breast cancer (advanced or early) and had undergone some form of treatment. Breast cancer patients who were newly diagnosed (3 months and below), those very ill and on admission, and those who were with obvious mental health problems, were excluded.

3.2 Sample size and sampling technique

The sample size was 12 based on the attainment of saturation. Saturation is the point when no new responses or repetitive responses are obtained from study participants. Purposive and snowball sampling techniques were used to select participants who provided more in-depth information on their (lived) experiences with breast cancer.

3.3 Data collection procedures

The researchers obtained ethical clearance from the Medical Director who happens to be a friend to my research assistant. The researcher visited the hospital to work with the staff at the breast clinics and the in-patient units briefly before data collection began for participants to be familiar with her. During the interaction, the lead researcher made it known to participants that she is a student of medical sociology; is in school pursuing a PhD program and has never taken care of breast cancer patients. The lead researcher gave her contact number to some of the staff of the hospital and asked them to help recruit participants for the study. The authors obtained consent from every participant and explained to the participants that they had the right to withdraw from the study at any time without any consequences. Participants were also given clear information regarding the study

Contact numbers of participants were obtained and calls made to schedule an interview with those who consented to participate in the study. The researcher conducted the interviews individually at the convenience of participants in English, in their homes, in a room at the premises of the health facilities, and at places of choice close to the neighbourhood of the participants. A semi-structured interview guide was used during interviews, the interviews lasted from 20 to 30 minutes. During interviews, the researcher was careful not to project her experiences on the participants and wrote down exactly what participants portrayed. Responses of participants were probed further where necessary to allow them to describe their experiences fully. The interviews were not tape-recorded. The researchers considered at all times, stringent attention to details, adherence to procedures, and ensured consistency and accuracy.

4. Data analysis

Data analysis was done alongside data collection. It was read several times to understand exactly what the participants said, after carefully getting the essence of the data. Codes were cautiously grouped to form subthemes and subsequently, themes. The researchers kept logs for reviews to ensure that the views of participants were truly represented. Discussions were had among the researchers on the themes generated, and to ensure that the data were free of personal biases. The themes were then put under the various objectives set for the study; physical and psychological effects of breast cancer diagnosis and treatment. Thick verbatim quotations were used for the findings of the study which brought alive the true experiences of the women.

Table 1: Socio-demographic characteristics of participants

Variable	Frequency	Percentage
Age of Respondents		
28-33	3	25
33-38	5	41.7
38-45	4	33.3
Total	12	100
Marital Status		
Married	6	50

Single	3	25
Divorce	3	25
Widow	0	0
Total	12	100
Level of Education		
Tertiary	7	58.3
Secondary School	5	41.7
Total	12	100

Table 2: Time since diagnosis and treatment received

Young Women Living with Breast Cancer	Total number of years	Types of Treatment Received since Diagnose
YWBC 1	4 years	Mastectomy, Chemotherapy
YWBC 2	1½ year	Mastectomy
YWBC 3	2years	Chemotherapy
YWBC 4	7months	Mastectomy, Radiotherapy
YWBC 5	10months	Chemotherapy
YWBC 6	11months	Chemotherapy/Hormonal therapy
YWBC 7	8months	Chemotherapy
YWBC 8	1½ year	Mastectomy / Hormonal Therapy
YWBC 9	9months	Chemotherapy
YWBC 10	8months	Alternative treatment/mastectomy
YWBC 11	1½ year	

YWBC 12	4years	Chemotherapy Chemotherapy, Mastectomy and Radiotherapy

The three themes that emerged include: physical effects of breast cancer, effects on body image, and emotional and mental effects of breast cancer on patient diagnosis and treatment.

4.1 Physical effects of breast cancer on young women

Young women in this study complained of their inability to carry out their daily activities because of the effects of medications given to them. They could not walk, eat, or drink water after chemotherapy sessions. Some had their treatment suspended for a while because of severe anaemia:

> "... initially when I went through the chemo, I did not take it easy at all, I had a weakness, I vomited continuously for three days and could not eat or drink anything. When I went for the next session, the doctor said I did not have enough blood in me so he suspended the chemo and wrote blood tonic for me to go and buy" (WBC8).
>
> "I remained indoors because I was weak and I could not bath, walk or eat so I refused to go for the fifth one as scheduled (WBC10).

The side effects of the treatment also affected participants' social and spiritual life, comfort, and care of their children due to constant severe headaches:

> "I have constant severe headaches, and my immune system is also down. When I started the chemotherapy, it took me about three weeks in the house battling with the effects without being able to go to work. I vomited and became very weak so I was unable to pray" (WBC5).
>
> "... when I go for the chemo, I am not able to cook and also care for my children. I vomit when I smell food" (WBC9).

4.2 Effects of breast cancer treatment on body image

Participants who had undergone chemotherapy had their hair falling off which they considered a great loss because of how admirable their hair is, coupled with its effect on their beauty:

> "I have lost my long flamboyant hair, the long hair I decided to hold and twist anyhow, hmm. People use to admire my hair a lot when I go to the salon and now my husband has been complaining about the loss of my long beautiful hair. This has made me to see myself as ugly" (WBC11).

> "I have lost all my hair when I combed it two days after the chemotherapy, my hair came off so I shouted. My auntie became alarmed and reshaped it for me but later, everything came off rendering me bald" (WBC6).

Participants relied on wigs, both human and synthetic, to make up for their hair loss. Some purchased different types of human hair wigs to improve their looks.

> "Now this wig is what I have to live with until a miracle occurs. I have bought three types of human hair to appear attractive and be able to go to work" (WBC7).

> "My husband complains about the wig and said I should not wear the wig but I cannot live without the wig, I just don't feel comfortable at all seeing my scalp bald" (WBC9).

Darkening of the tongue, gum, skin, and the nails as side effects of chemotherapy became so obvious in some participants to the extent that, one participant likened herself to a smoker. She further narrated about her experiences with breast shrinkage and breast discharge:

> "Hmm! look at my colour, I have generally darkened including my tongue and gum. Just have a look at my nails, you might think I smoke a cigarette and my breast too is shrinking and discharging, hmm life" (WBC7).

Participants who went through mastectomy complained about their inability to wear brassieres when dressing up because of their wounds and the pains associated with it. This made it difficult for a participant to go out because she found it embarrassing when her nipples pointed out in her dress when she was not wearing a brassiere.

> "With the big plaster on my wound, I cannot go out. My wound was as big as my palm or yours but though it is getting smaller, I cannot wear a bra because of the pain and also my nipples point out in my dress without a bra and it is embarrassing to me" (WBC1).

The loss of the breast through a mastectomy affected participants' dressing and choice of dresses. Besides, some participants developed lymphoedema with its associated pain and discomfort which affected their quality of life:

> "After the surgery, something like a boil developed in my armpit which is painful and because of that I do not wear sleeveless dresses anymore" (WBC12).
>
> "My challenge now is that I like wearing sleeveless but now that I have lost one breast, my only choice is to wear dresses to cover my chest completely. I have small breasts so I wear a bra that pushes up my breasts but now how can I do that again? Hmm!" (WBC4).

In the absence of the breast, some participants folded rags, handkerchiefs, and gauze and put these in their brassier as breast prosthesis. Others emphasized that the non-availability of silicone breast prosthesis made them spend a lot of time when dressing up. Even participants who had not undergone mastectomy but had experienced the shrinkage of their affected breasts, used handkerchiefs as a prosthesis to augment the size of their breast:

> "I fold soft rag and put in my bra to replace my breast before dressing up. I have searched for the original breast prosthesis to buy but it is difficult to get. It makes me stand in front of the mirror for a long time." (WBC2).
>
> Oh! it is not easy my sister, after the surgery, I place abdominal pack in my bra and it looks just like my breast "(WBC10)
>
> "... I spend a lot of time dressing up because I have to make sure the breasts are of the same size. I hope to get an artificial breast someday." (WBC12).
>
> "Even though my breast has not been removed, it has shrunk and my dresses do not fit me anymore, now when I am dressing, I put a handkerchief on it before

> I move out of the room. I do it with care to achieve the same breast size." (WBCP11).

There were also changes in body sizes due to the effects of chemotherapy. While some complained of reduced body sizes, others alleged they put on weight due to the treatment received.

> "... I received a lot of intravenous fluids during my chemotherapy so I have grown fat and my dresses cannot fit me anymore. I also went through axillary clearance which has also resulted in lymphoedema so I dress strategically now due to my health." (WBC10).

> "This disease has ... come to spoil a lot of things. Physically I have changed, I used to be fatter than this but I have grown lean now. I am not able to wear my dresses anymore because they are now loose on me." (WBC9).

4.3 Emotional and Mental effects of breast cancer diagnosis and treatment

Most participants in the study did not receive enough counseling during their diagnosis, as most of them were shocked, sad, and cried because they never thought they could develop breast cancer one day. This effect was worsened by unkind reactions from hospital staff:

> "I was not given anyone to talk to me no, the doctor told me I have breast cancer and I shouted, Jesus! He looked at me and said go and think of it so that you come for us to take off the affected breast" (WBC 8).

> "After the tests, the doctor finally said 'Madam I am afraid you have breast cancer' and said I have to go through treatment. I was annoyed because when I detected it and reported, they only gave me antibiotics on two occasions so I waited for a year before they saw it, just imagine this" (WBC 12).

> "... I cried, I cried to the extent that all the nurses came to surround me. Oh, I never thought I could get breast cancer one day, not at all, that is the last thing to cross my mind. I never thought of it so I was shocked and sad" (WBC9).

> "I cried, I really cried that day, and my aunt tried consoling me but I did not even pay attention to what

> she was saying. I kept asking why me! Why me" (WBC6).

A participant said she could not sleep, eat or think for a week or two and saw her world crashing before her:

> "Oh I was shocked; I was shocked because we do not have such a disease in our family. There is no diabetes or hypertension in our family and I have not also heard about this kind of disease in our family before so I was shocked" (WBC5).
>
> "It was not easy for me at all, and I did not take it lightly … I realized that I was in trouble and I asked myself wherefrom this? For about a week or two I was not myself. I could not sleep, eat or think properly and I saw my world crashing before me" (WBC7).

Some participants lamented that they became mentally unstable and started talking to themselves, dressed shabbily, moved out of their houses, and went roaming the streets. Others felt they had brought a disgrace to their families because breast cancer is a disgraceful disease:

> "One day I was sitting on a bus talking to myself. I did not know where I was going until the bus attendant asked me where I was alighting. It was then I realized I neither had a destination in mind nor money to pay for, meanwhile, my baby was at my back. Hmmm I nearly got mad" (WBC4).
>
> "When it started, I nearly got mad because I could wear any dress at all without considering where I was going." (WBC6).
>
> "Among my siblings, I am the only one suffering from breast cancer, … so I feel I am the first person to have brought disgrace to our family hmmm!" (WBC9).

A participant narrated that she chose to disbelieve or disregard the news of her diagnosis and remained indifferent when she was told her diagnosis in the consulting room. She left the consulting room and asked her mother to get up for them to go home:

> "… The doctor asked … if I heard him and I said yes, you said I have breast cancer and I heard you perfectly. I just got up, picked up my bag, and asked my mother

> to get up so that we could go home. I was in denial but later the reality hit me" (WBC3).

One participant refused to eat or talk to people around her while another continued to cry because she did not understand why she suffered breast cancer:

> "… I woke up with so many tears and sobs, I don't know, it just came I don't know why it should happen to me. I don't know the reason behind it and I don't know what I have done … I was in real emotional something especially when I saw that the breast wasn't there (hmmm)" (WBC3).
>
> "… when the wound was opened the third day after surgery, oh my God! That was when I realized my breast was gone. … I was annoyed so I stopped talking to all the nurses, I was just crying... In the beginning, it was like a dream but now I have seen that it is real" (WBC4).

The fear of death was also an issue faced by some participants as they contemplated what would happen to their husbands and children if they succumbed to breast cancer:

> "I fear that I may die and leave my husband and children. Though the nurses have talked to me, I'm still afraid I may die for someone to come for my husband and maltreat my children (shedding tears)" (WBC9).

The study found that most participants after receiving chemotherapy experienced the usual side effects of chemotherapy as reported in the interview with the participants. These effects negatively impacted upon the daily activities of participants; household chores, ability to provide care to families, spiritual lives, and work experiences. On the contrary, some women were able to use their engagements in daily chores to distract their attention away from the side effects of their treatment. It could be implied from the way participants narrated their ordeals, that they were not adequately prepared, counseled and educated on the side effects of treatment before they began treatment. Women in Northeastern Thailand who were prepared psychologically, physically, and socially before treatment, had no such problems with side effects (Moghani, M.MPS., & Amani, O. 2017). However, a study (Globocan, 2019) indicated that some cancer patients also refuse to do their routine work because of the fear of exerting pressure on their bodies, and not because of the effects of medications.

Body image concerns raised by participants, for example, hair loss, absence of the breast that was complicated by unavailability of breast prosthesis, presence of lymphoedema, and skin changes, affected participants' quality of life. Similarly, findings from earlier studies confirm that changes in body image among women with breast cancer cause emotional disturbances that permeate their thinking, particularly when looking into the mirror, dressing up, taking a shower, and during sexual intimacy with their partners. Meanwhile, behavioural therapy and exercises are found to offer long term solutions to cancer-related treatment side effects.

In the absence of breast prosthesis, women in this study used rags, handkerchiefs, and pieces of gauze in their brassieres as breast prostheses after mastectomy. This is in tandem with findings from where women use cotton and pieces of cloth in their brassieres after mastectomy. This is a common practice among women in Sub-Saharan Africa where breast reconstruction surgeries are limited, and also, breast prostheses are difficult to procure and afford by people. However, in the advanced countries, even though women who undergo a mastectomy have access to silicone breast implants and other breast reconstruction techniques, these women equally encounter pain and poor appearance of their reconstructed breast with some opting to maintain a 'flat chest' to avoid multiple surgeries and risks of silicon related dangers. There is a need for health care providers to procure image enhancement equipment like silicone implants to give hope to those undergoing surgery. There should also be avenues for clinical psychologists to give care and do follow-ups on patients to support them psychologically.

Miller, Gorcey, and McLellan cited in Global Cancer Statistics 2018 indicated that chemotherapy causes skin and nail changes that negatively affect women's self-esteem and bodily functions. Some participants in this study experienced obvious darkening of the tongue, gum, skin and nails, and weight changes after receiving chemotherapy. Also, some participants lost their hair and resorted to using wigs as a cover. Studies indicate that alopecia and decreased body weight are treatment effects that people experience, with alopecia being the most disturbing side effect. On the contrary, in a study carried out among Muslims, participants did not worry about hair loss because it is not something permanent, as they prefer the wearing of a scarf to a wig. This could possibly be because of the participants' religious affiliation unlike that of the current participants. Interestingly, weight gain was not much of a worry for those participants who experienced it, even though their old dresses felt loose when worn. This was not surprising because typical African women cherish weight gain and body fat as a sign of good living. Emotionally, when participants were told their diagnoses, most of them were stunned, became sad and cried because they had no family history of breast cancer.

A study (Globacan, 2019) indicates that fear, loss of hope, emotional instability, shock, suffering, and guilt characterize breast cancer diagnosis and treatment. Some of the participants' emotions intensified because of pending surgeries, and body image changes they observed with chemotherapy. A few of the participants could not sleep, eat, or reason for days while others refused to eat or talk to people around them. This is part of a normal grieving reaction that could be exhibited by anyone experiencing a loss. To affirm this, an earlier study found that being diagnosed with breast cancer could be equated to a hard knock on the head, a bomb blast, or a sudden tragedy, with a sense of humiliation, hopelessness, sleeplessness, and reduced bodily strength. This could also be because of the perception people have about breast cancer as an evil disease. While some participants went into denial, a few dressed shabbily and roamed in reaction to their diagnoses. Even though this corroborates findings from earlier studies, some participants' reactions were to the extreme.

In Nigeria, medical sociologists are few in the health sector and are found mainly in teaching hospitals. Usually, a medical doctor has to refer a patient before the person can access the services of these medical sociologist or psychologists. If the participants in this current study were to receive enough psychological care, they would not have reacted the way and manner some did. Meanwhile, this is not the case in the advanced countries where patients can request for the services of a clinical psychologist when the need arises.

It is widely recognized that the management of treatment-related complications is a key component of supportive care, which has a well-defined clinical guideline but experts are of the view that this part of the breast cancer treatment is likely to be overlooked in low, and middle-income countries like Nigeria. From the findings of this study, it is evident that supportive care is not being fully implemented in Nigerian's healthcare system. It is therefore important for these guidelines to be followed in breast cancer care in Nigeria.

5. Recommendations

The ministries of health and the health maintenance organizations could adopt and implement supportive care programs outlined by the panel of experts and devote resources to educate healthcare providers, patients, and the society at large. It is also imperative to provide all breast cancer patients with psychosocial support in a manner that will be culturally be acceptable to them.

6. Implications for practice and future research

The findings of this study indicate that all young women did not get adequate support and counseling from their healthcare personnel. The lack of counseling before and after diagnosis worsened the psychological reactions of these young women. Therefore, nurses should be trained to offer counseling services to women suspected of having breast cancer before and after diagnoses as it is done in the case of Human Immunodeficiency Viral infection in Nigeria Future research could look at developing a program for breast cancer care in Ghana and assessing its impact. A quantitative approach could be adopted to look at the impact of psychosocial care in breast cancer patients.

In conclusion, breast cancer diagnosis and treatment create physical, emotional and mental problems that interfere with one's quality of life. Women who are diagnosed with breast cancer require holistic care from healthcare professionals. Every patient suspected of having breast cancer should be counseled before and after diagnosis to psychologically prepare him or her for treatment. It is also necessary to educate young women with breast cancer on the side effects and expectations of the various treatment modalities before their initiation to enable them to cope better.

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