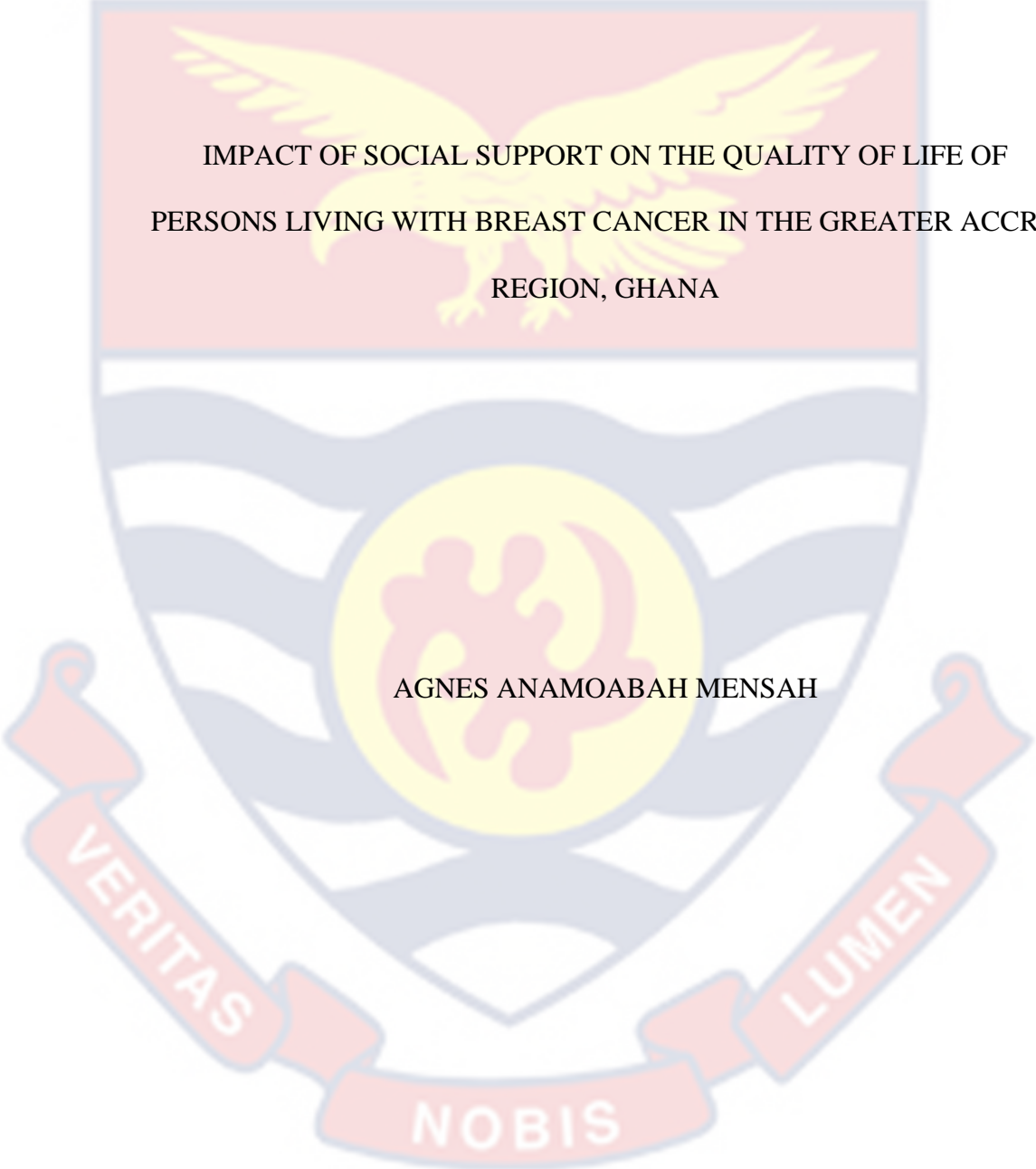UNIVERSITY OF CAPE COAST

IMPACT OF SOCIAL SUPPORT ON THE QUALITY OF LIFE OF

PERSONS LIVING WITH BREAST CANCER IN THE GREATER ACCRA

REGION, GHANA

AGNES ANAMOABAH MENSAH

2021

UNIVERSITY OF CAPE COAST

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PERSONS LIVING WITH BREAST CANCER IN THE GREATER ACCRA

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BY

AGNES ANAMOABAH MENSAH

Thesis submitted to the Department of Education and Psychology of the

Faculty of Educational Foundations, College of Education Studies, University

of Cape Coast, in partial fulfillment of the requirements for the award of

Master of Philosophy degree in Clinical Health Psychology

AUGUST 2021

DECLARATION

Candidate's Declaration

I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's signature………………………   Date…………….…………

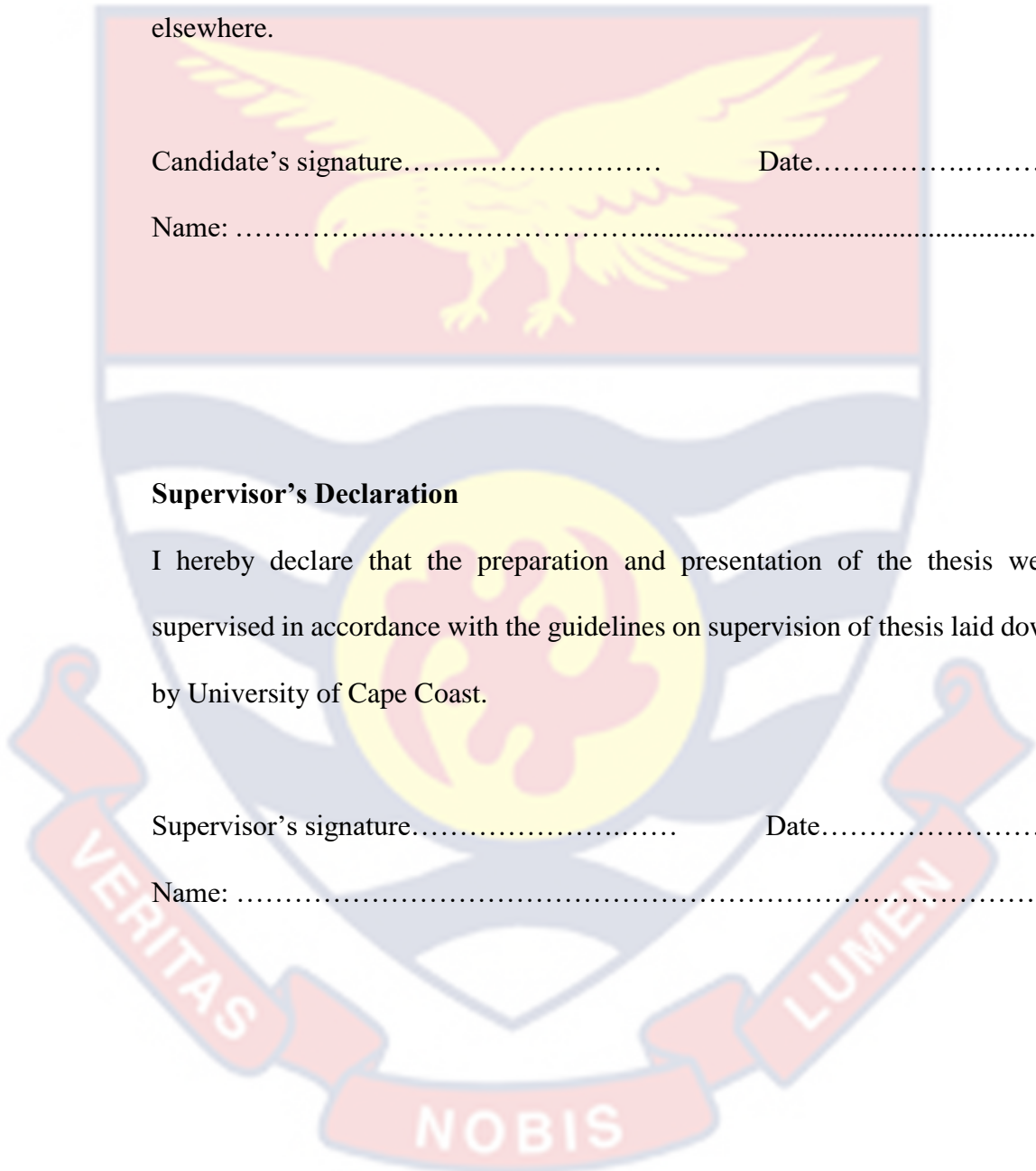Name: ……………………………………...

Supervisor's Declaration

I hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by University of Cape Coast.

Supervisor's signature……………….……   Date……………………

Name: ……………………………………………………………………

ABSTRACT

Several works have explored the relationship between social support and quality of life. This study investigated social support as having an impact on the Quality of Life of cancer of the breast patients in the Greater Accra region of Ghana. Ferran's quality of life model and Khan's theory of social support Kahn`s (1979) theory assumes that effect, aid and affirmation are important factors in transactions to support others, led the study. A descriptive method was used for the research. Patients diagnosed of "breast cancer" for at least 6 months and being treated were selected as samples and they were 63. The EORTC Research Group's Questionnaire on "Quality of Life" QLQ–C30 and the "Multidimensional scale of perceived Social Support" were administered. The data was analysed using descriptive and inference statistics. Concerning this present investigation, the outcome revealed breast cancer patients experience financial difficulties, extreme physical distress, and household chores. The study also found that people with breast cancer lost their hair, were worried about their future health, had sickness, skin problems, headaches, and hot flashes. In addition, the subjects depicted with breast cancer were supported by their families and a few special people that gave them aid through emotional means and care they needed. At last, it was found that social support affects the Quality of Life of respondents. Considering the results, it was found that social support improves the Quality of Life of cancer of the breast patients Quality of life, so it is recommended that healthcare professionals encourage sufferers of cancer of the breast families, friends and caregivers to continue to support them.

KEY WORDS

Breast Cancer

Challenges

Patients

Quality of Life

Social Support

Time Since Treatment Began

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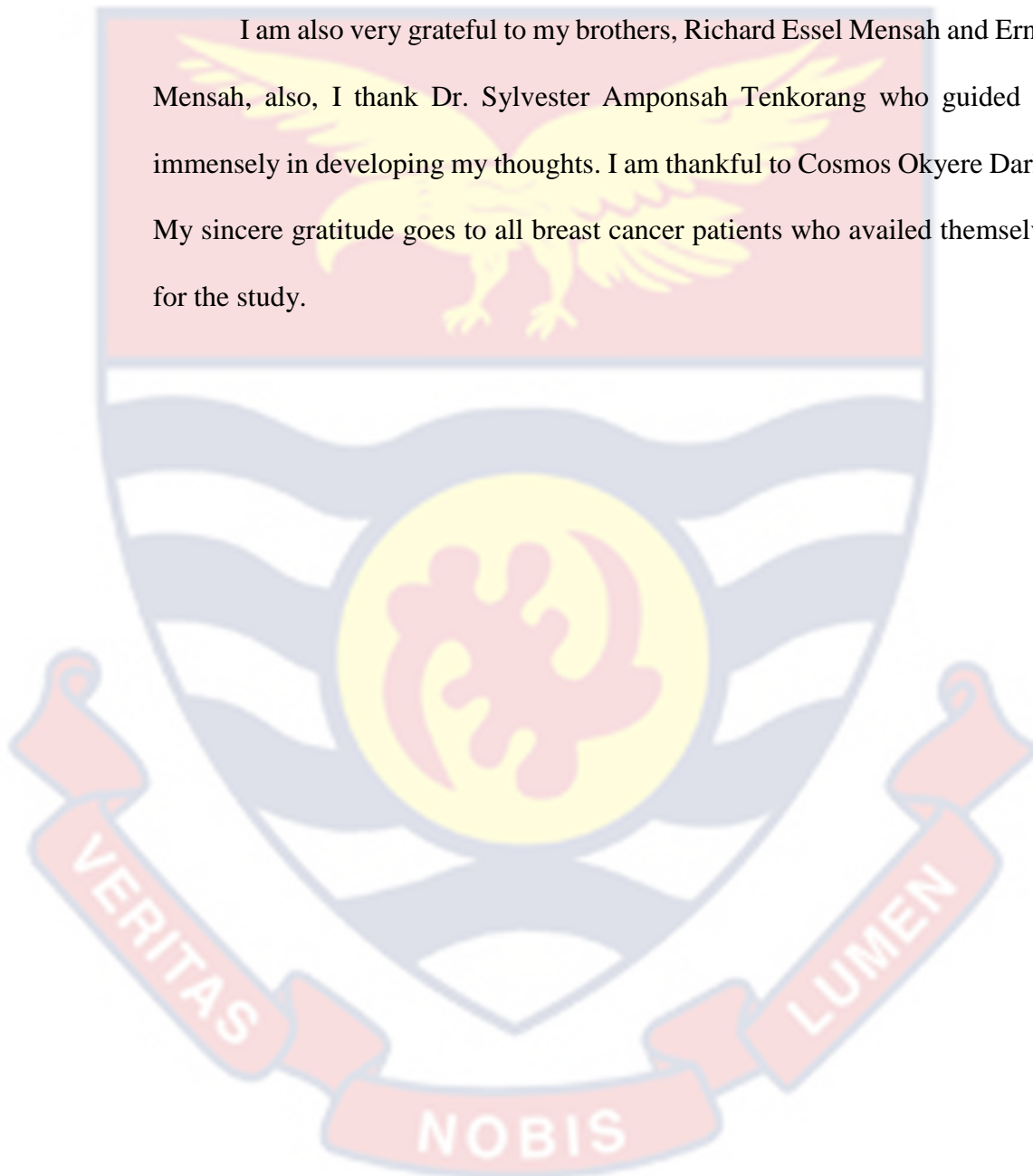
DEDICATION

This piece is dedicated to my brother, Richard Essel Mensah

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CHAPTER ONE

INTRODUCTION

Cancer refers to abnormal cell growth. It can happen anywhere within the body. The event of cancer isn't necessarily a death sentence and cancer treatment has tremendously progressed (Akechi, 2012). According to 'Ferlay (2004), carcinoma, a type of cancer, is one that has a high death rate and affects many women all over the planet. Every year, approximately 1.1 million females find out that they have carcinoma. This represents about a tenth of all new diagnoses of cancer. This diagnosis translates to a little over 400,000 deaths each year among women worldwide. This also amounts to about 1.6% of the total women deaths globally.

However, Akechi (2015) states that people with advanced stages of cancer are plagued with a steady reduction in overall physiological function including debilitating physical health. Specifically, women who suffer from breast cancer are most likely to have comorbid depression and also anxiety (Friedman, Kalidas & Elledge, 2006). In some developing countries, the necessary public health attention is not given to some chronic conditions like breast cancer hence investigations into its incidence are low leading to lower reported incidence rates (Bauer, 2010).

According to the World Health Organization (WHO, 2013), being overweight and obese are some important factors that can increase the risks of cancer. Other risk factors include chronic alcohol abuse (defined as taking alcohol above two units in a day), taking in fermented foods containing aflatoxins and consumption of excessive amounts of salts. Again, statistics revealed from the "International Agency for Research on Cancer" (IARC)

indicated a projected 12.8 million reported cases of cancer to exist. This is also tied to a reported 7.6 million mortality from cancer. Particularly in the third world, there is an increasing amount of people who die from cancer, about 4.8 million each year (Magrath, 2010). In the third world, the annual incidence of breast cancer is steadily growing by 5 per cent (Anderson et al., 2006). Thus, a worrying and concerning nature of cancer is present in the third world (Farmer et al., 2010).

One factor is the availability and accessibility to mammography have been key determinants in reducing mortality due to breast cancers in the west. Between 1975 and the 2000s, there was a 48% reduction rate in breast cancer in to the U.S which could in part be attributed improving mammography equipment and screening (Berry, et al, 2005). Thus, systems have been put in place within the United States to implement screening for women or females that are prone to cancer of the breast to keep the gains of reduction in mortality (Screening for breast most cancers, 2009). That is unfortunately not the case in Ghana. Such nationwide screening modalities simply do not exist and at best are organized during a few occasions. Examining oneself at a facility also known as Clinical Breast Examination (CBE) and doing so at home at one's convenience also known as Breast Self-Examination (BSE) are the two main protocols proposed for early detection of breast cancers. According to Kosters (2003), earlier studies had not done randomized controlled trials on the efficacy of CBEs and there has been no increase in deaths associated with BSE. In Ghana, instead of nationwide screening programs, a combination of CBE and BSE is useful to detect a lot of breast cancer cases.

Optimistically, there has been an increase in public education campaigns. Nongovernmental Organizations and governmental organizations alike have been involved in raising awareness. Hospitals like the "Korle Bu" Teaching Hospital (KBTH) sometimes engage in CBEs freely for the general public. In the wake of all of these efforts, the utility of CBEs and screening, in general, have not been fully realized in Ghana (Clegg Lamptey, 2007). In 2002, the WHO issued a guideline for entrenching programs aimed at tackling cancer in nations across the world. This was an upgrade from the 1991 monograph (WHO, 2002). In the west, a higher occurrence of breast cancer is present among premenopausal women. In Africa, issues of cancer the breast are worsened by absence of proper diagnosis and subsequent treatment of the problem. This leads to many women being diagnosed too late for treatment. many productive years are lost in chasing treatment of "breast cancer". Many young women are again unable to access healthcare resources and available treatment which leads to poor prognosis (Soerjomataram, 2012). In Ghana, majority of breast cancer sufferers report to the hospital with stage four and five cancers. They usually do not report to the hospital immediately they notice the symptoms. For cancer of the breast at the nation of Ghana, the estimates of WHO about the ratio of incidence rates to mortality stood at 0.68, much higher than the 0.2 in the United States (WHO, 2004).

Background to the Study

Breast cancer has recently been receiving increasing attention as an ailment of over proliferating cells of the human breast. Though it originates in the breast, breast cancer can undergo metastases, that can reach to all other areas of the body, making it even more lethal (Balentine, 2018). According to official

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statistics available from the American Cancer Society (2013), the disease happens as second seen cancer affecting both west and other worlds equally. It can affect both men and women. Among women, breast cancer takes the number one spot as the most prevalent cancer globally. About 1.4 million women find out they have breast cancer every year (Harford, 2011). In the US, breast cancer also tops the prevalence rates of cancer among women, especially among women who do not have a melanoma diagnosis (Desantis et al., 2014). Many women tend to want to start childbearing at a young age (Lambe et al., 1994), however, breast cancer has been an increasing source of psychosocial distress and that tends to disturb the prognosis (Payne, 1996). In Africa, breast cancer happens to be the commonest or widely observed and the likely source of cancer-related mortality (Parkin et al., 2014). Many cancer-related deaths and prevalence rates occur in third world countries and as such, it might be the case very soon that cancer may slowly offset infectious diseases in prevalence and mortality by 2030. (Ferley, 2015). There is still a lot of work to be done on breast cancer in Africa. Some study needs to be done on the interplay between causative factors like infections, occupation-related factors and environment-related factors. A lot of earlier studies have held that there is a need for more documentation on breast cancer in Africa. Some data is available but that data has not been fully elaborative (Allemani, et al., 2015). There has also been some scholarly interest in the role of some triggers as far as breast cancer is concerned. In an investigation which was a case-control, Jordan (2013) discusses the impact of taking in some dietary fats on breast cancer risks among Tanzanian women. It seemed that there was some kind of protective effect. Again, in Africa, there is a lack of utility of available surgical interventions which means many women

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do not get a mastectomy because they simply are afraid to do so (Galukande, 2014). Africa's microbiota is diverse which has gained a lot of scholarly interest, especially with diseases that are associated with some pathogens (May, 2009). As a clinical condition, breast cancer has mostly been identified as a heterogeneous condition whose diverse clinical features are associated with some key predictors. Some studies examine breast cancer risks among African women while conceptualizing the pathogenic condition as a homogenous condition (Yang, 2011). Other studies have sought to understand the biological factors that underpin the condition. Some of these factors are genetic, immunological, hormonal, etc. Yet again, other studies have focused on environmental factors. Some other variables that are connected to progression of cancer of the breast include the amount of physical activity, use of drugs, chemical exposure, family risk, developmental milestones, use of alcohol and diet (Okobia, 2006).

Ferlay et al. (2013) opine that even more studies have to be done into risk factors of breast cancer, especially for some subtypes of breast cancer. Regardless of inadequate documentation of breast cancer, GLOBOCAN projects that incidence rates of cancer might be twice their current numbers by 2050. Again, in sub-Saharan Africa, Ferlay (2013) reports that about Twenty-five percent of all cancers and about 20% of all cancer-connected mortality among women is due to the disease. There also exist plenty cases of increasing cancer of the breast incidence across the continent even amidst scanty records (Forman, 2013). While there is evidence of a significant local and global partnership in cancer within Africa regarding breast cancer research, there still seems to be a significant research gap and one that is growing especially in

basic, translational, clinical and health interests (Silverstein, 2016). This is very important because studying and researching breast cancer can provide unique insights into infectious pathogens, the diversity of the African microbial flora and other factors (May, 2009). However, breast cancer is generally recognized as a heterogeneous disease in which some clinical features are correlated with specific risk predictors (Garcia Closas, 2006). This is different from the conclusion drawn by investigations or enquiries of breast cancer in the African continent which conclude breast cancer as rather a homogenous disease.

Even though public health implications involving cancer of the breasts are growing, the reported rate of occurrence of "breast cancer" is still generally on the low as compared to the west, probably less than thirty-five per 100,000 females in many nations in relation to one the ninety-a hundred and twenty persons per 100,000 women in the west. "Breast cancer" prevalence is also mega in urbanized areas than in rural areas. In South Africa, the levels of cancer of the breast are increased in comparison with other regions, which may report better documentation systems and also the susceptibility of women with a Caucasian background to developing the disease. It might also be reflective of a higher standard of living which exposes women to more cancer-causing agents (Parkin, 2008). Many countries do not have standard cancer registries, so accurate numbers of incidence in Africa are lacking (Ferlay et al., 2013). However, there are still some global data to rely on. For example, GLOBOCAN reported in 2012 that over Ninety-thousand women were reported to be victims of cancer of the breast while a total of over 40,000 dies from the disease within the sub-Saharan region alone (GLOBOCAN, 2012) .The fight against cancer is aimed at helping to minimize causal factors and disease burden (WHO, 2008).

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In Ghana, the disease happens to be one of the seen or observed reasons of hospitalization after cardiovascular disorders and accidents or toxins (Biritwum & Amaning, 2000; CleggLamptey et al, 2009). New statistics from the GLOBOCAN report an astonishing 100% increase in breast cancer cases in Ghana. The number has increased from 2000 registered cases annually a few years ago to 4650 annually. The greatest source of mortality among women in Ghana is cancer of the breast (Wiredu & Armah, 2006). The disease is generally more common among the older population but most of the affected people are in their 40s. Most young women have breast sarcomas, but breast cancer affects Ghanaians as early as 20 years (Yarney, 2008). According to CHIM (2004), data from 32 parental locations across the country lead to mortality statistics, except for locations in the Volta and Brong Ahafo areas where the cancer was present. Following a ten-year study of autopsy data and records of mortality conducted in Ghana, there was an increase of about 4,444 cases of breast cancer in Ghana (Wiredu, 2006). From 1990 to 1997, cancer was recorded as the ninth cause of hospitalization and mortality in Korle-Bu Teaching Hospital (KBTH). This accounted for a little over 3% of most hospitalizations and over 2% of mortality (Amoah, 2004). Cancer of the breast is also observed and seen to be among the most common malignant pathologies in Ghana and accounts for a little over 15% of the total number of malignant pathologies in Ghana. This seems to be even on the increase (Badoe, 2000). This follows the IARC report that there is a trend of increase in cases of the disease, especially among third world countries globally. This means that, like other third world countries, Ghana suffers from a growing incidence of breast cancer. Ghana has tried to implement several intervention mechanisms in response. This includes primary,

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secondary and even tertiary prophylaxis (Appiah, 2015). In recent years, many public awareness programs on breast cancer have been implemented, and some non-governmental organizations have added their voices to improve awareness of cancer and implementation. Because cancer is a heterogeneous disease, there is no standard treatment for cancer. Therefore, treatment is tailored to the characteristics of each patient and their tumour. For most patients who have breast cancer, their facility of choice is the KBTH. There, they are usually evaluated in the OPD section of the department concerning general surgery. After three evaluations, a diagnosis is arrived at. There is usually pressure at the centre due to greater volumes of sufferers and also many trainees that are taught at the facility hence, the surgeon has little time to dedicate to each person (Petrelli, 2008). Breast cancer is not only fatal but also a threat to society as a whole. Over the long term, cancer spending will increase as well as overall medical costs. It is an economic burden and the cost of illness consists of direct costs, morbidity costs and death costs. (Brown, Lipscomb & Snyder, 2001). This means that the cost of breast cancer is high. Psychological stress in long-term postoperative treatment of breast cancer patients also causes psychological stress (Hack & Degner, 2004). Breast cancer patients in Ghana are 40-49 years old, about 10 years earlier than in Western countries (Clegg Lamptey, 2007).

The next stages of the breast cancer experience vary, but after diagnosis, a patient can expect other experiences like initial therapy, genetic risk assessment, psychosocial support, cancer type related issues (invasive or non-invasive), treatment adherence, survival and social reintegration (Hewitt, Herdman & Holland, 2004). In Ghana, (Clegg Lamptey, 2007). Some negative social stigma is attached to breast cancer. These usually translate to emotional

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trauma for the patients and can sometimes exacerbate the symptoms. There are various treatments available for patients. This includes surgery, drugs, use of radiation and systemic therapy (American Cancer Society, 2010). The treatments themselves can stress the patient; talk less of the stigma which accompanies the ailment. The combined effects impact the quality of life of patients negatively (Groenvold, 2010, Montazeri, 2008). Especially when patients begin treatment in hopes that their symptoms would reduce and are met by unanticipated side effects and stigma, their "quality of life" can be significantly reduced (Kyei et al., 2014). Accompanying consequence of the management together combined with the disease itself can not only significantly affect the patient's "Quality of Life" but also impact the patient's overall wellbeing (Quoted in Fatma & Elshaken, Kyei et al., 2014). Perry et al (2007) hypothesized that the "Quality of Life" generally consists of many areas, including physical function, "social support" and mental condition. Zoëga (2008) also considered "Quality of Life" as a primarily independent state of being, including mental and physical states that affects a person's day to day functioning and the way they generally perceive their health. Quality of life includes the biological, affective, social and psychological well-being of people. Similarly, Torre et al. (2016) hypothesized that Quality of Life is connected with a well-integrated optimal state of psychosocial and biological including effective well-being. This reinforces the idea that a person's "Quality of Life" is not just the mere lack of illness (Hogg et al., 2012; Pagels et al., 2012). Most women experience stress when they are diagnosed and in the stage of treating the cancer of the breast (Enache, 2011). This cancer causes severe distress among the sufferers and it has been reported that especially among those with

advanced cases, their levels of psychological distress, particularly depression are very common (Akechi, 2012). Furthermore, Akechi (2012) argued that such depression could have widespread negative and serious consequences for patients, thereby reducing their "quality of life". This can be increased in women who have this cancer due to the prolonged treatment regime, affecting the women's "Quality of Life" and their sense of control (Dodd et al., 2010). Other issues that affect women suffering from this cancer are self-esteem and body image issues that also affect general self-esteem. These contribute poorly to the "Quality of Life" of such women (Paterson et al., 2016). Most women hesitate to go to the doctor until the tumor has progressed. The reasons for such reluctance may include ignorance of the severity of the condition, the myths and lies surrounding the condition and the affinity for seeking out less effective alternative treatment services (Clegg Lamptey et al., 2009). This problem is well documented, often delaying patients from paying attention to their condition quickly. Taking Nigeria for example, it was reported that it takes a little over 11 months delay from the time symptoms start to show with 39% presenting functional tumors (Adesunkanmi et al., 2006).

A way to help the victims or suffers of cancer of the breasts is to deal with the problems they encounter is to provide aid to them socially, that is, "social support" (SS) (Rehse & Pukrop, 2003). "Social support" is broadly defined and clearly defined in the opinion of the support provider or recipient as the provision of social resources to someone to help improve their general wellbeing (Kahn et al., Salonen et al. Quoted in 2013). More specifically, (SS) has been viewed as the transaction of psychological as well as social assistance to strengthen someone when they need help (Albrecht & Adelman). Many

investigations have endorsed the effectiveness of "social support" during the treatment of patients including improvement in general biopsychosocial mechanisms (Sammarco & Konecny, 2008; 2010; Sammarco, 2001; 2009). In that same vein, the world acknowledges that the giving (SS) is invaluable to the treatment and outcomes of sufferers with cancer of the breast Arving et al. (2007) and Maeda et al. (2008). "Social support", therefore, has been shown to impact patients' "Quality of life" and their general wellbeing (Sammarco, 2003).

"Social support" has a good influence on persons' "Quality of Life" (Trevino et al., 2013), but various forms of assistance have varying consequences on cancer of the breast patients. Many patients can rely mostly on their kids, acquaintances, partners and relatives (Sandgren et al., 2004; Umezawa et al., 2005). However, one of the most important sources of information and perhaps some sort of psychosocial support are medical professionals (Arora et al., 2007). The Quality of Life of patients suffering from breast cancer is recognized as a very important indicator when treatment of cancer is administered (Cheng et al., 2012; Costa et al., 2013).

The investigation is conducted with that in mind. The treatment of predominantly biological conditions must not preclude the assessment of the ever-present trigger of obtaining an ailment which is cognitive in nature (Patel & Kleinmann, 2003; De Menil et al., 2012). If not tackled or addressed, this psychological instability can adversely affect physiological state and exacerbate the existing condition of breast cancer patients (Sweetland, et al., 2014). Young women victims of breast cancer usually have aggressive biological characteristics, and usually have a more advanced diagnosis and a poorer

prognosis than older postmenopausal women (Kruger, 2007). When diagnosing breast cancer, many women experience stress due to the overwhelming nature of their symptoms, which can affect their treatment. Many of these women may feel sadness, anxiety, shock, and fear (Perry et al., 2007). These psychological problems make the experience of breast cancer sufferers more intolerable, affecting overall "Quality of Life". According to WHO estimates in 2008, applying current knowledge, quitting smoking, dieting, being vaccinated for infectious pathologies (hepatitis B, human papillomavirus), and some others like cancer-related Helicobacter pylori, schistosomiasis, avoidance of exposure to carcinogens. Breast cancer in Ghana accounts for a little over 7 per cent of the total number of cancers managed between 1972 and 1977 at KBTH (Quartey, 1980). However, this data is outdated and represents data collected from one site in Ghana. Newer available data shows an increase in breast cancer cases, according to Badoe (2000), breast cancer amounted to a little over 15% of the total recorded malignancies at KBTH. In Ghana, the average tumor size for breast cancer patients at presentation is 67 cm while the average tumor size for US women is 1.4 cm (Zabicki et al., 2006). It also notes that while the Government of Ghana and NGOs have offered interventional services for screening to some people at some facilities and during some functions, general screening is low. Current studies suggest that even if a woman confirms her diagnosis of "breast cancer", follow-up care for treatment is inadequate (Clegg Lamptey, 2009). A lot of research in the west has established the importance of "SS" for "Quality of Life" of "breast cancer patients" (Champion et al., 2014; Michael et al., 2002). The same cannot be said within the context of Ghana. Researchers have found a lack of local research on this subject. A few studies

have focused on suffers' of cancer of the breast's "quality of life". Kyei et al (2014) investigated factors that contribute to "Quality of Life" for women with such condition. Boateng (2017) in similar research investigated mental agony and "Quality of Life" of sufferers of such condition. The investigation revealed that sufferers were high in distress and had a generally poor "Quality of Life". Many women reported to have cancer of the breast usually have reached a severe stage of the illness. This is usually due to ignorance and leads to poor prognosis and elevated chances of mortality (Frank et al, 2016). Although there is rising body of knowledge on breast cancer, at the Greater Accra, there is however in existence, very little enquiry on how "social support" impacts "Quality of Life" among sufferers of cancers affecting the breast. This reason was weighted as enough justification for the investigation to be done.

Statement of the Problem

Individuals with physical health conditions such as cancer are at an increased risk of developing psychological disorders (Patel & Kleinman, 2003; De Menil, Osei, Douptcheva, Hill, Yaro, & Aikins, 2012). Left untreated, these psychological instabilities can negatively impact physical health, and worsening the already existing condition of breast cancer patients (Sweetland, Oquendo, Sidat, Santos, Vermund, Duarte, & Wainberg, 2014). Breast cancer in young women has more aggressive biological features, with more advanced disease at diagnosis and a poorer prognosis when compared to older post-menopausal women (Kruger, 2007).

Upon diagnosis of breast cancer, many women experience distress because of the overwhelming nature of the symptoms that can affect their treatment. Many of these women might feel sad, anxious, shocked, and scared (Perry et al, 2007).

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These psychological issues make the experiences of breast cancer patients more unbearable thereby affecting their quality of life. WHO estimates that applying current knowledge could prevent one-third to 40% of all cancers, by stopping smoking, providing healthy food, immunizing against infectious agents (hepatitis B, human papilloma virus), treating infections (e.g., Helicobacter pylori, schistosomiasis) linked to cancers; and avoiding the exposure to carcinogens (WHO, 2008).

(Sammarco, 2003) stated that "social support" has effect on the "quality of life" in women with "breast cancer". The paper also found that "social support" positively relates the health of breast cancer patients. Nevertheless, inadequate "social support" contributes to poor quality of life among women suffering from breast cancer (Salonen et al, 2013).

There is extensive research on the influence of "social support" on the "quality of life" of persons living with breast cancer in the international literature (Champion, Wagner, & Monahan, 2014; Michael, Berkman, & Colditz, 2002). However, the same cannot be said of the Ghanaian context. The researcher observed a dearth of local studies on this subject. The few related studies have concentrated on only the "quality of life" of patients suffering from breast cancer. For instance, Kyei, Oppong, Opoku and Tagoe (2014) found that people suffering from breast cancer and undergoing treatment had a good "quality of life". From the above findings, it is important for people suffering from the disease to seek earlier medical attention to improve their well-being. Boateng (2017) also sought to determine the relationship between "psychological distress" and "quality of life" among people suffering from breast cancer in Ghana. The paper found that breast cancer patients had higher

"psychological distress" and lower "quality of life". Statistics records obtained from (Frank, et al, 2016) shows that 70% of women suffering from breast cancer in Ghana, are at the advanced stages of the disease due to low awareness, ending up with limited treatment success and a higher fatality. The lesson from this paper indicates that women suffering from breast cancer require earlier awareness and education for the disease to be curbed at the initial stages.

Researchers in the past have observed that not much work had been done on the effect social support have on the quality of life of people suffering from breast cancer though records of breast cancer cases in the Greater Accra region had increased over time. Therefore, carrying out this study was considered necessary.

Purpose of the Study

The purpose of this study was to determine the impact of social support on the Quality of Life among victims of breast cancer at the Greater Accra Region of Ghana. Specifically, the research sought to:

- Identify issues that pose a challenge to a patient who has breast cancer in the Greater Accra Region of Ghana.

- Investigate the Quality of Life of patients with breast cancer in the Greater Accra Region of Ghana.

- Investigate the level of social support that patients with breast cancer receive in the Greater Accra Region of Ghana.

- Find out the impact of social support on Quality of Life of patients with breast cancer in the Greater Accra Region of Ghana.

- Examine the challenges breast cancer patients face in the Greater Accra Region of Ghana considering different age groups.

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- Determine the relationship between the challenges breast cancer patients face in the Greater Accra Region of Ghana and number of years they had the disease.

Research Questions

The following research questions were constructed to serve as a guide for the investigation:

- What challenges do breast cancer patients face in the Greater Accra Region of Ghana in different age groups?

- What is the quality of life of breast cancer patients in the Greater Accra Region of Ghana?

- What level of social support exists for breast cancer patients in the Greater Accra Region of Ghana?

Objective of the Study

The main objective of this study was to determine the impact of "social support" on the "Quality of Life" among people suffering from breast cancer in the Greater Accra Region of Ghana. Specifically, this research:

- Identify issues that pose a challenge to a patient who has breast cancer in the Greater Accra Region of Ghana.

- Investigate the "Quality of Life" of patients with breast cancer in the Greater Accra Region of Ghana.

- Investigate the degree of "social support" that patients suffering from breast cancer receive in the Greater Accra Region of Ghana.

- Find out the effect of social support on quality of life of patients with breast cancer in the Greater Accra Region of Ghana.

- Examine the challenges breast cancer patients face among different age groups in the Greater Accra region.

- Determine the relationship between the challenges people suffering from breast cancer face and number of years they had the disease in the Greater Accra region.

Research Questions

The following research questions were constructed to serve as a guide for the investigation:

- What challenges do people suffering from breast cancer face in the Greater Accra Region of Ghana in different age groups?

- What is the quality of life of people suffering from breast cancer in the Greater Accra Region of Ghana?

- What level of social support exists for breast cancer patients in the Greater Accra Region of Ghana?

Hypotheses

- H_0: There is no significant impact of social support on the quality of life of breast cancer patients in the Greater Accra Region of Ghana.

  H_1: There is a significant impact of social support on the quality of life of persons living with breast cancer.

- H_0: There is no significant difference in the challenges of breast cancer patients in the Greater Accra Region of Ghana due to age.

  H_1: There is a significant difference in the challenges of breast cancer patients in the Greater Accra Region of Ghana based on age.

- H_0: There is no significant difference in the challenges breast cancer patients in the Greater Accra Region face considering different age groups.

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H_1: There is a significant difference in the challenges breast cancer patients in the Greater Accra region face considering different age groups.

Significance of the Study

Outcome of this research would be important to stakeholder's e.g., health workers, psychologists at the clinical settings, primary caregivers of breast cancer patients and researchers. Specifically, all health workers would be able to utilize the information available from the study to improve prognosis and patient outcomes.

The close family and friends who support these patients can also benefit from the study by knowing the link between the social support they can provide and cancer. Consequently, outcomes from the investigation can contribute to the general body of knowledge cancer of the breast in Ghana and the world.

Delimitations of the Study

The investigation is delimited to the impact of "social support" on the "Quality of Life" of people suffering from breast cancer and the extent to which such factors influence those variables. The study is delimited to people with breast cancer living in the Greater Accra Region of Ghana. It is again delimited to the impact of specific participants, the enquiry covered individuals who were recently diagnosed by a doctor with the "cancer of the breast condition", that is in a space of 6 months.

Limitation of the Study

The investigation was concentrated on the Greater Accra Region of Ghana due to its closeness to the researcher. Other limitations may include social desirability and a non-professional understanding of the questionnaire content.

Definition of Terms

These are several major terminologies that have been defined that will be utilized throughout this research:

"Social Support": It refers to any form of physical or psychological assistance that is given to individuals to enable them to cope with any situation or crisis.

"Quality of Life": This is used to refer to a state of psychosocial, physical and emotional wellbeing among people

Organization of the Study

This study was divided into five chapters, which were ordered as follows: The first chapter of the thesis introduced the paper. Chapter one was subdivided into the following sections: investigation's background, problem statement, the objective of the study, research questions, and the importance of the investigation. Additionally, the delimitations and limitations of the investigation, as well as a description of key words, were included.

Second chapter of the research examines the literature of the study, which includes; theoretical framework, conceptual framework, and empirical framework of the research. The methodology of the thesis is reported in the third chapter. The design of the study, the population, sampling methodology, data collection procedure, processing and analysis of obtained information from participants, were all covered in detail. The findings of the investigation are discussed in detail in Chapter 4, which is devoted to their analysis and interpretation. Afterwards, the final chapter gave a summary of the study as well as its conclusion and some recommendations, as well as proposals for future investigations.

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CHAPTER TWO

LITERATURE REVIEW

Numerous researches had been done in the past to observe the relationship that exist between "social support" and the "quality of life" of "breast cancer" patients. The review would be done by the following:

Theoretical Framework

- Ferrans' "Model of Quality of Life"

- Kahn's "Theory of Social Support"

Conceptual Framework

- Challenges and needs of people suffering from Breast Cancer

- Concept of "Quality of Life"

- Concept of "Social Support"

Empirical Review

- Experiences of Breast Cancer Patients

- "Quality of Life" of people suffering from Breast Cancer

- Level and Forms of Support available to people suffering from breast Cancer

- Impact of "social support" on the "Quality of Life" of people suffering from breast cancer.

Theoretical Framework

The theory of Ferrans (1990) work on the quality of life is the main theory used for this study. The theory posits Quality of Life as a multidimensional construct which had a collection of various areas of spiritual factors, biological factors and socioeconomic factors. The theory is built on individualistic idealism which furthers the understanding that the Quality of

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Life of a person is based on subjective and unique experiences of people (Ferrans, 1990). Different people have different values than what is expected in the model (Ferrans, 1990), so even in the same situation, the quality of life of different people can be different. It is based on the ideology that people have different values because only individuals can correctly assess their quality of life (Ferrans, 1996).

Consistent with this ideology, Ferrans viewed the Quality of Life as the satisfaction with several areas of human life that are considered crucial. In the context of this study, the model is relevant since the researcher assumed that breast cancer patients were inclined to a different "Quality of Life" since they might have different values. Kahn`s Theory of Social Support Kahn formulated the theory in 1979. Kahn`s (1979) theory assumes that effect, aid and affirmation are important factors in transactions to support others. Affect was used to refer to feelings of admiration, holding in high esteem, enjoyment, or adoration. Affirmations include approval or recognition of the adequacy or correctness of actions or statements by others, and the theoretically used support relates to important support factors such as money, information, time and qualifications. (Kahn, 1979), this model has been extended by Uchino (2004) and linked to health. Uchino said that social support promotes quality of life, emotions, and morbidity through psychosocial mediation mechanisms (psychological processes (stress assessment, etc.) and behavioral processes (promotion of health promotion, adherence, etc.). I think that, social support for the above cases has been reported as it shields persons from the unhealthy and damaging consequences, and can again operate as a protective buffer to stand

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against the negative side effects of sickness as per Helgeson and Cohen (1996).

In this respect, the theory was considered to be relevant to this research.

Conceptual Framework

The framework designed for carrying out the study is shown in Figure

1.
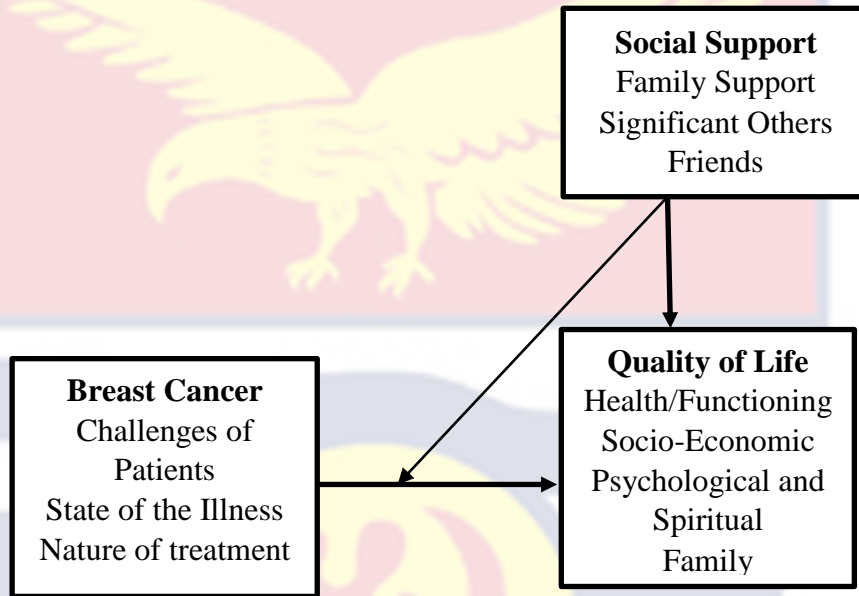
Figure 1: Relationship between "Quality of Life" and "Social Support" (Researcher's Construct)

Figure 1 shows how breast cancer patient's "Quality of Life" is affected and how "social support" affects their "Quality of Life". It turns out that the condition of the disease, along with the type of treatment, can affect the Quality of Life of suffer of cancer of the breast. However, the "Quality of Life" of a patient depends on the support the patient receives from family, important others, and friends (Uchino, 2004). In this regard, Leung et al. (2014) found that when treatment focuses only on the physical aspects of cancer, excluding the psychological and social aspects, patients are exposed to long-term stress. I found it to be vulnerable. Figure 1 also shows that social support can impact the

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association between breast cancer problems and patients' "Quality of Life". If breast cancer patients are suffering from their illness, the support they receive from the social surroundings can significantly affect their "Quality of Life". Therefore, the paper seeks to study the experiences of these patients and their "Quality of Life" and the impact the support has on the "Quality of Life". Patients suffering from breast cancer seem to be on the rise around the world (Dsouza et al, 2018). Patients suffering from "breast cancer" have the tendency to develop various problems both with the disease itself and also some of the therapies, which themselves can have a lasting effect long after the therapy ends. Therefore, the disease is challenging for the women who suffer from it because the disease is serious and the therapies required are very severe (Shrestha et al, 2017). Therefore, women who develop "breast cancer" face a long struggle for survival and cure. This includes the presence of comorbid psychological states (Glanz & Lerman, 1992). The commonest psychological conditions present among breast cancer sufferers are a state of anxiety and also depressive disorders (Baumeister et al, 2010). These problems especially when left untreated have very significant impacts on the lives of the women involved especially on medication adherence and their willingness or ability to maintain a proper healthy lifestyle because of the reduction in motivation. Thus, more attention has been driven to rehabilitation attempts for these women targeting their psychological states. This has had a significant impact on their chances of surviving the disease (Luoma et al, 2014). Many "breast cancer" patients experience persistent adverse effects including psychological and physical symptoms like tiredness and mental strain (Holzner et al, 2001). Exercise is recognized as a practical and well-tolerated strategy for alleviating physical and

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psychological problems among women who suffer from cancer (Bicego et al., 2009). However, the personal perspectives of the women involved have received only a smattering of attention, which is unfortunate (Luoma et al, 2014).

Quality of Life Concept

"Quality of Life" is a major developed part of healthcare over the last three decades (Ferrans, 1996). In oncology, "Quality of Life" is recognized as a very useful factor to measure the outcome of therapy (De la Torre et al, 2016). Conceptually, the term is associated with the general well-being of a patient and is tied to psychosocial factors, symptomatic factors, physical factors, environmental factors and general wellbeing (Aaronson et al, 2017). According to Kimura and Silva (2009), "Quality of Life" is a subjective concept many times and the way individuals perceive their biopsychosocial wellbeing is critical to their felt "Quality of Life". "Quality of Life" is divided into four categories (Kimura & Silva, 2009). The four categories are related to health/function, socioeconomic, psychological/mental and family. General wellbeing in these aspects indicates a good and improved "Quality of Life'" of the sufferer. Meanwhile, a paper conducted in Scandinavia found that patients with breast cancer reported better "Quality of Life" (BantemaJoppe et al, 2015). In the Brazilian survey, the average "Quality of Life" was similar to that of Colombia (Evangelista et al, 2016). One possible reason why the moderate quality of life scores was obtained is bias in selection. The study possibly included women with relatively higher economic standing who most likely were in the study area. Another study conducted at Columbia (Salas & Grisales, 2010) showed that people with better education were very apt to also have a

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high Quality of Life. Optimism is also linked to "quality of life". All functional scales were associated with the optimistic scale of the LOTR (SchouBredal et al, 2017). In the general public, there have been similar links found. (Waldmann et al, 2007) conducted this study and found that treatment did not significantly relate to "Quality of Life". In another study, the type of therapy did not significantly affect the "Quality of Life". It should be noted that this does not necessarily mean that therapy does not affect "Quality of Life". The study wasn't randomized in the assignment of specific therapy to patients and the sample size was small for generalization to be done. In addition, there was some overlap between treatment options. Much work has been done on victims having breast cancers in so as to determine their "Quality of Life". (Ghislain et al, 2016; Lemieux et al, 2011; Mols et al, 2005). Bulk of these studies was done in the West with very scant scholarly attention directed at Africa and Ghana.

Concept of Social Support

Several constructs and concepts concern patients' "Quality of Life" and have received large amount of scholarly attention. One such configuration is that of "social support". According to (Schwarzer et al, 2004), the concept of "SS" regards the quality of interactions between people that is human relations. In contrast, there is the concept known as social integration. These are social structures and relationships (Schwarzer et al, 2014). Therefore, social integration deals with the number of social relationships whilst the quality of those relationships is referred to as social support. "Social support" is still a complex and multi-layered construct (Uchino, 2004). Therefore, it may be offered in various forms. Awareness of the general availability of support is related to recognized social support (Haber, et al, 2007; Schwarzer et al, 2004),

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and appreciation of the support received is an act of support. The societally obtained support is related to the assessment of the actual assisting behavior that is remembered as per (Haber et al, 2007) and (Schwarzer et al, 2004). According to (Chang et al, 2014), he considered it is as the amount to which one thinks that one's requirements for assistance, knowledge, and evaluation are satisfied. The recognized and received support can theoretically look different, but they are essentially related. In addition, there is a need for assistance that reflects assessing the magnitude of mastering the task through concrete support from others (Schwarzer et al, 2004). All of these aspects are forms of "social support" and are conceptually related. Therefore, in most cases, some will be used instead of others. Marital satisfaction is usually seen as a result of recognition or receipt of one of the components, social support (Uchino, 2004). Recognized support in social form is a key factor regarding the ability of victims of cancer of the breast to deal with the condition and treatment (Chang et al., 2014). According to Helgeson and Cohen (1996), they see communication, the provision of empathy, care, being there and calming them as a useful thing. From the potential adverse effects of stressful events (buffer model) (Spatuzzi et al., Cited in 2016 by Cohen & Wills). Therefore, in cancer patients, psychological stress and suicidal ideation decrease as perceived social support increases (Ceyhan et al, 2014).

Therefore, in cancer patients, "social support" as experienced by the individual is linked to decreased mental stress and suicidal thoughts (Ceyhan et al, 2014). Therefore, psychological stress decreases with increasing awareness of social support and vice versa. Health professionals also need to recognize the essence of social support that women with cancer of the breast get from the

healthcare system. Recognizing this need helps health professionals help women with cancer of the breast tackle health problems more effectively. As shown, women need both scientific information and emotional support as an aid coming from those in charge of their health. (Landmark et al, 2002). Minghui et al. (2015). Appropriate support obtained socially is an important determinant of emotional adaptation to serious illness, sharing concerns and problems. Suggested to convey perceived emotions that fascinate someone. In this regard, support recognized as an effective social asset is linked to low levels of depression and anxiety, rapid social adaptation, and increased self-esteem (Wang et al, 2015). Therefore, accurate data concerning the how support in social forms affects short-term and long-term "Quality of Life" and helps patients and medical teams make administrative decisions. According to Giesinger et al, (2009), sufferers with cancer of the breast do not recognize themselves as medical professionals as they want psychological and social help. Doctors should be aware. This was also seen in the Colombian sample. The majority were pleased with the efforts of doctors to provide psychosocial support. The patient made a summary about whether or not they had social support. In this paper, it is not possible to distinguish between emotional support and instrumental support, nor is it possible to compare subjective assessments with objective criteria. Obstacles to additional care delivery must be assessed and assessed. Integrating short forms of "Quality-of-Life" observation into routine clinical practice can be key for identifying physiological and psychological issues and keeping tabs of their progress for a while. In contrast, just approximately 50% of the sufferers who requested further care (cognitively or mental) receive it. Computerized evaluation methods can make this type of

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monitoring even easier. The qualitative approach is chosen because it accepts that qualitative researchers must try to understand the meaning and interpretation that people give to their experience to understand their experience. Particularly beneficial in situations where you are unfamiliar with the people and their viewpoint. Women with breast cancer in northern Thailand were interviewed by Liamputtong, who investigated their experiences (Isan). There has been a great deal of study done on the influence or how (SS) affects the well-being and quality of life of women who have been detected with cancer of the breast (Champion, Wagner & Monahan, 2014; Michael, Berkman & Colditz, 2002), but there are not many aspects yet. It's "now completely explored. Is there a relationship between the "Quality of Life" in people suffering from breast cancer and the amount of support they receive from numerous areas, such as relatives, colleagues, and other significant people? This represents a gap that needs to be filled in with current research.

Family Support

If a lady is reported to have the disease, it has a profound influence on the family's system over time, and the family's reaction to this assignment frequently have some substantial impact on the evolution and "Quality of Life" of the ill person (Patterson & Garwick, 1994; Williams & Arnold, 2000). Breast cancer is detected more seen in low as well as middle income nations than in high-income ones (Shulman, Willett, Sievers & Knaul, 2010). The intensity of the sickness, the magnitude and kind of handicap produced, the internal or external impression of the variation, the prognosis of life, the course of the illness, the management and its accompanied agony, side feelings and helplessness are the characteristics of these criteria. It is determined by the

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symptoms as well as the patient's incapacity. For patients, the illness is aggressive and distressing, and it may disrupt women in all aspects of their lives, resulting in both short- and long-term alterations in their capacity to function on a daily basis in and out of family and personal life. Her perception and their body image (Nigenda et al, 2009). Therefore, Gonzalez et al. (2018) Family members and breast cancer patients are affected in many ways: emotional and financial safety, daily life including childcare and employment aptitude, plans, for themselves and others. What it means, and even the meaning of life. An important element for breast cancer patients is family support. Family support includes support received from an individual's family. This type of support is essential for patient health and general well-being. Financial aid, home maintenance, and childcare services are only a few of the many forms of family support available to women suffering from breast cancer. Depression can be treated more quickly. According to the findings of a prospective research that studied sufferers for 23 years, the more family support women suffering from breast cancer get, the lower the incidence of depression at baseline (Kamen et al, 2011). Breast cancer patients over the age of 55 have shown that support from adult children is also associated with the reduction of anxiety and depression. This was another study done (Maly et al, 2005). Northouse and colleagues, in addition discovered the awareness of guardians to possess a key or potent influence on the quality of life for both sufferers and household members (Northouse et al, 2005). All of this shows that breast cancer patients need family support. Important Other Support, Important Other refers to those who were first used by HS Sullivan in 1953 and are key to a person's life, general wellness, and self-assessment: B. Spouse/partner, family, close friends, and/or

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co-workers. "Important Other" is a generic term that also occurs. However, in most literature, it is used to refer to support from a spouse or partner. Women with cancer who have a stable partnership have been shown to require greater support from their partners than others (Manne et al, 2004). Again, the patient needs change over time, further complicating support. As a result, when it comes to coping with cancer, many women are dissatisfied with their interactions with their spouses. Even in relationship satisfaction, this discontent might manifest itself in the form of a negative mood. Given that challenges might persist after therapy is completed, they are most visible during the treatment phase owing to the significant load of assessment and therapy that these partners must bear. According to Zimmermann (2015), partners are motivated to provide this support, but it is difficult to provide social support because they need themselves or do not know how to become the support women need. There may be cases. It is increasingly recognized that quality dialogues of marriage, the availability of partners, or even general marital satisfaction, other than social support from other people, are essential to the positive outcomes of the patient. In light of the difficulties that the disease raises to marital relationships, it is critical to identify the most efficient method of assisting couples in diagnosing "breast cancer", as well as the centrality of marital relationships in patient-partner adaptation. In breast cancer patients, spousal empathy was a potent variable that predicted patient psychological adaptation than general content with marriage affairs (Manne & Badr, 2008). In addition, open communication with partners regarding cancer is a level of self-esteem, thoughts about the control one has, and ability to express emotions, with less emotional and physical discomfort, in addition to higher relationship

satisfaction. Is associated with high (Badr & Taylor, 2008; Manne et al, 2006). On the other hand, unbeneficial interaction patterns suggested by Badr et al. (2010), partner avoidance and criticism, concealment of concerns, mutual denial of anxiety, and preventing mutual dialogues can be linked to reduced adaptation. Percentage of patients with increased stress, maladapted techniques in adapting, and intrusive ideas about sickness linked to decreased socialization function as per Traa, et al, (2015). Helping partners maintain the normality and quality of connections throughout cancer and deal with them as a unit can lead to interactions that are improved and improved closeness to relations (Siegel et al, 2004). For partners with breast cancer patients, the area of communication needs to extend from cancer-related issues to the lives of common couples (Badr & Taylor, 2008). For example, as reported in previous studies, depressive levels were shown to be lower when spouses were thought to be more supportive of them. (Talley et al, 2010). Friend Support In some situations, the patient may be most dependent on that person's friends.

Empirical Review

It is necessary to do the review in accordance with the investigation 's objectives. This part is concerned with an empirical review of relevant literature in relation to the research.

Experiences of Breast Cancer Patients

For clarity on the experience of victims suffering from breast cancer, several researches have been done. Some of the findings of this research were based on personal experience. Examples include research done by Shrestha et al. (2017) on the 'SS', "Quality of Life", and neural stability of these patients suffering from cancer of the breast in Nepal, as well as studies conducted by

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Sharma et al, (2017) in the area of "Quality of Life" and mental health of cancer of breast's victims in India. The investigation was done using a cross-sectional design, which was chosen. Hindered and forty-nine individuals with breast cancers who satisfied the eligibility requirements partook in the investigation. In order to choose patients who had been afflicted for at least 6 months, convenience sampling was utilized. Participants were interviewed by phone using the EORTC, mMOSSSS, and HADS questionnaires. Statistical evaluation was performed using SPSS (version 16). Researchers have concluded that cancer of the breast victims have a greater prevalence of undiagnosed depression. Therefore, regular psychiatric assessments and follow-ups were recommended. The investigation by (Lu et al, 2018) aimed to tackle the challenges and needs of cancer survivors, especially breast patients. Seventeen breast cancer survivors, 6 months after the cancer treatment was done, were selected using targeted sampling techniques and used a qualitative study design. Detailed interviews were conducted, data was transcribed and translated, and codes and topics were developed. The identified experiences of breast cancer survivors were consciousness, psychological expression, spirituality and misunderstanding, financial distress, restrictions, body image and shyness, confidentiality, family support, and physical stress. Breast cancer survivor needs have been identified as financial, informative, breast reconstruction surgery, family activity support, family support, counselling, and emotional support. A study by Williams and Jeanetta (2016) used a targeted sampling technique to select people from 2 cancer centers in Missouri. 15 female breast cancer survivors were interviewed. This study found that diagnosis and management of treatment was a stressful journey, requiring many adjustments

and changes, and frustrating them. Some respondents have developed various methods to provide comfort, such as recording activities. The focus was on diagnosing, treating, and looking at the living condition of survivors of "breast cancer" since then. In addition, family support was shared as an important factor in empowering and encouraging them throughout the various stages of treatment. However, respondents felt abandoned after completing the treatment phase. Based on the results below, the researchers concluded that financial difficulties were widespread among breast cancer patients. Altice et al. (2017) use the PubMed, Embase, Scopus, and CINAHL databases to describe the financial plight of cancer survivors between 1990 and 2015. They conducted a systematic review of 676 identified studies, 45 fit in the selection criteria and had access in the process. Most of the investigations (82%, n = 37) caused financial distress as a measure of the situation. Others reported psychological (7%, n = 3) and behavioral measurements (16%, n = 7). According to Thomsen, Pedersen et al. (2007), they did an enquiry which was qualitative to investigate the plight of breast cancer victims. They spoke with 15 sufferers all of whom had finished adjuvant therapy (three) months prior to the interview. They were asked to recall the five sensations they had throughout the therapy during a ten-minute conversation. Topics were retrieved using categories obtained from prior research, but they were also responsive to additional information and classifications that were discovered during the investigation. A variety of treatment circumstances provided respondents with both good and negative interaction feelings. Two main themes emerged. It is about communicating information as professional care and meeting emotional needs. Analysis has shown that proper information delivery can perform several functions, including

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future recovery of patients and, in the worst case, reduction of fantasy. Meeting emotional needs is rarely reported directly through negative emotions, but rather through the behavior of various health care workers. We also found that patient care and psychological care in certain treatment situations may be closely linked. Carrera et al. (2018) discussed how to deal with the economic toxicity of sufferers or victims and how inefficient adaptation causes one's health to deteriorate and unhealthy consequences. A discussion was held about the kind of economic toxicity, which was described as the quantifiable cost burden and personal financial hardship experienced by cancer patients as a consequence of their treatment with novel pharmaceuticals and related medical services. In order to provide complete cancer therapies, they must engage in tough and urgent discussions regarding the cost and value of cancer treatments, the existence and accessibility of assets, and the evaluation of economic toxicity. Covered management strategies for oncologists. In addition, Nies et al. (2018) investigated the side effects and chemotherapy experience of breast cancer patients in Malaysia. Certain comparison methods and subject analysis were relied upon to analyze the interviews. There were six key themes that emerged from the data: no chemotherapy concepts, handling symptoms, being frightened of chemotherapy, patient ideologies in alternative medicines, and post-chemotherapy care health maintenance; post-chemotherapy patients Concerns. Using targeted sampling techniques, we selected thirty-six "cancer of the breast" sufferers who agreed to complete chemotherapy and take part in a semi-structured detailed interview. In addition, Malaysian oncology clinics needed clinical pharmacy services for them to give details that are appropriate to assist sufferers get to have adequate knowledge of the chemotherapy they are

receiving. The studies reviewed show that most breast cancer patients face some challenges when battling cancer of the breast. It was concluded that these patients managed to receive all chemotherapy, despite complaints of inexperienced chemotherapy-induced side effects.

Quality of Life of Breast Cancer Patients

The "Quality of Life" of women suffering from breast cancer has also aroused interest in research in some societies. In this section, were viewed some studies. Barber (2013) investigated the relationship between physical activity self-efficacy, adult overcomers in cancer and social support from caretakers, physical act behavior, and Quality of Life. Also, getting to know the perceptions of people who have survived cancer of the breast and their caregivers about social support when participating in physical activity was investigated. Participants answered questionnaires, 8Foot UpandGo tests, and open questions. The data were analyzed using descriptive statistics, "Mann-Whitney U, Spearman's Rho and Wilcoxon signed-rank test". Obtained qualitative information was analyzed with the aid of subject analysis. Samples were taken from 101 adult who had not died of cancer and those who take care of such people. Quasi-design of experiments was chosen for research. Spearman's Rho confirmed a negative association exists between physical Quality of Life and physical activity in those who did not die of cancer. An important relationship is also found in victims of caregivers who have received social support from friends. The investigation concluded that caregivers' overall quality of life of cancer patients was much superior to that of cancer overcomers. From qualitative data, the study also found three key issues linked to the idea of "social support": friendship, motivation, and health promotion. According to

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the findings of the investigation, researchers concluded that caregivers have a higher quality of life than patients, even though they are a major provider of "social support" for cancer survivors. Social support was also essential to PA's involvement. (Finck, Barradas, et al, 2018) investigated the relationship between quality of life, normal hope to become better and social support in a ninety-five sample of cancer victims being managed at a healthcare facility at Bogotá. They also investigated the "Quality of Life" of cancer in the breast victims in Colombia. In addition, reference data for EORTC QLQC30 and LOTR was gotten from a sample that was reflective of the bigger population of Colombia. They were also asked to show who they wanted as in the people around them and tell how social support was given. In this study, breast cancer victims affected the "Quality of Life" on most of the EORTC QLQC30 function and symptom scales, while the holistic evaluation of one's health and overall "Quality of Life" was not worse than the controlled assessment. In addition, a study of "Quality of Life", social support, and cognitive status of cancer of the breast victims by (Shrestha, et al, 2017) observed that "Quality of Life" was superior to physical function worldwide and recommended it for a better "Quality of Life". Rehabilitation measures and better pain management should be tried. Optimism is quality and positive in a study by (Finck et al, 2018), who investigated the "Quality of Life" of breast cancer victims in Colombia and the link or association between "Quality of Life", normal hope, and support from one's "social" circle. It turns out that there is a correlation between life. What that means is that patient optimism affects their "Quality of Life". Paraskevi (2012) published an overview of the "quality-of-life" results in line with already obtained descriptive findings in victims of cancer of the breast. From 1987

through 2008, the English Biomedical Journal offered a bibliographic overview of the literature on articles that were published in the journal. Among the keywords used in the enquiry strategy was both "quality of life" and cancer of the breast, which appeared in the title of the published article. The following are the most important findings, which have been made brief and captured under numerous headings: Examining the health-related quality of one's life after diagnosis, treatment, and follow-up, there are three stages to consider. Per the outcome of the investigation, sufferers of cancer of the breast who are getting chemotherapy may have several signs and accompanied feelings that bring some bad impact on their overall "Quality of Life". Adjuvant hormone treatment has a deleterious impact on the "Quality of Life". Patients with breast cancer frequently experienced mental stress, e.g., anxiety and sadness. Pain, malaise, and sleeplessness were among the most frequently reported symptoms, with pain being the most prevalent. Per the outcome of the research evaluated, victims with cancer affecting their breast have a number of difficulties that have a detrimental influence on their overall "Quality of Life". The general health experience of someone reflects the overall quality of their life. The Amount of Support Provided to Breast Cancer Patients From a variety of sources, various people receive varying degrees of help and support. As a result, scent, and so forth. After breast cancer surgery, it was discovered that women with the disease received helpful information assistance from their healthcare professionals at the three and five-month mark. Support related to one's emotions from family and friends, decision assistance from healthcare professionals and families three months after surgery, and decision support from healthcare providers five months after surgery are all beneficial. Additionally, per an enquiry by Finck et

al (2018), most victims with cancer of the breast desire and get social support from their doctors and friends/family members. Moreover, according to (Shrestha et al, 2017), who evaluated the "social support", "Quality of Life", and the victim of cancer of the breast's mental stability in Nepal, those who had higher social support were more likely to survive. Researchers, conversely, advised that spouses, relatives, and friends be allowed to give counseling to the patient in order to promote social gotten support. This enables nursing personnel to give the best attention to breast cancer sufferers as much as feasible. (Rutten et al, 2005) also require information and sources of cancer of the breast victims who can demonstrate that social derived support has not reduced over time, but that its focus and substance have changed over the years. There is sex, and this is indicated in the material about the systematic review. Arora and colleagues (2007), However, we discovered that both access to support obtained from one's social circle and the quality of that assistance or aid were dramatically reduced within the first 5 months following breast cancer surgery, and that this was especially true for women who were newly diagnosed. Per Luoma and colleagues (2014) BREX (Breast Cancer and Exercise) is a randomized controlled training intervention trial that is being conducted on 25 breast cancer survivors who have recently received systemic adjuvant therapy. They investigated how cancer survivors experienced a bespoke exercise. Focus group discussion was held with median of (4) participants in each group (range 36) to discuss disease progression, participation in exercise attempts, personal importance of bespoke exercise sessions, and individual groups. The experience was recorded. Participants noticed that this was made-to-order due to changes in appearance and weakness. According to (Wiredu et al, 2014), "The aim of

their study was to look at the pattern of breast cancer over a period of five years and to compare the findings to similar studies done in the Department and elsewhere within the African sub-region. All breast cancers diagnosed in the Department of Pathology of the Korle Bu Teaching Hospital, Accra, over a 5-year period were compiled. The slides for the cases were retrieved and reviewed. Invasive ductal carcinomas were graded according to the Scarff-Bloom-Richardson's grading system. The data were entered and analysed using the EPI-Info microcomputer software (Version 3.5.1, 2008, Centre for Disease Control and Prevention (CDC) Atlanta). Breast cancer in Accra is mostly of the ductal type or its variants affecting relatively younger age groups. The mean age of incidence of cancer in Ghana is 48 years, and about 67% have lymph node metastases (at least Stage II or N1) and 74% are of high grade at the time of diagnoses. The percentage of male breast cancers in Ghana is 2.9% (2.0 - 3.75% within the West African sub-region) and is higher than what is reported in Western literature. The results of this study show that there has been no improvement in the stage at which patients present with breast cancer". Also, according to (Karger, 2016), his "study was aimed at comparing the quality of life, body image, and perceived social support in women with breast cancer surgery. Patients receiving breast-conserving surgery (BCS) (n = 72), mastectomy alone (n = 44), and mastectomy with breast reconstruction (n = 41) were evaluated using the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-C30), the EORTC Breast Cancer Module (QLQ-BR23), the Body Image Scale (BIS) and the Multidimensional Scale of Perceived Social Support (MSPSS). The results indicated that the BCS group had a better body image compared with the other

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2 groups and better role functioning compared with the mastectomy-alone group. In the reconstruction group, body image correlated with perceived social support, especially from family".

Demographic Variables and Breast Cancer Experience

There have been some studies that have looked at demographic variables having an influence in the encounter of cancer of the breast victims. This paper would focus on age and the number of yeasts with breast cancer. Some studies regarding these are reviewed in this section. (Ho et al, 2018) conducted a study "on health-related Quality of Life among patients" from Asia who also had breast cancer. The study was a metadata analysis of well-known databases according to PRISMA guidelines. The outcome of the investigation showed that the victims with the following factors had poorer Quality of Life outcomes. Thus, patients who had other illnesses apart from cancer, patients who were on drug therapy, patients with fewer needs met and those without adequate support socially or with lower social support. The findings of the studies on the relationship; age, income, therapy type, marital status and sexual needs were discordant. The study recommended better social assistance for sufferers with cancer affecting their breast in Asia to impact their "Quality of Life".

Similarly, a qualitative study conducted in Ghana, the breast cancer experiences of women were studied. The results of the study were analyzed using content analysis to extract three themes. These included the physical and emotional influence of cancer affecting one's breast on women and the therapeutic effect. A portion of the women experienced some aches in their bodies and had to resort to being inside for a considerable amount of time. Some had alopecia due to the drug therapies and they resorted to using wigs to achieve

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cover their head. A lot of them were also self-conscious about the gap left by the mastectomy and resorted to using props like pieces of clothing as a prosthesis in replacement of their breasts. A few of the participants also deflected and refused to accept the diagnosis thus directing their anger towards other people. Many cried, experienced anhedonia and were psychologically unstable, especially when informed of the existence of their condition. A number of them felt that the cancer was a disgraceful sickness and that it had somewhat brought dishonor to their families. The study concluded that the women who were reported to have gotten cancer of the breast needed some level of psychotherapies and needed support from the health delivery team and social support as well.

(Sapkota et al, 2016) in an investigation which adopted the descriptive cross-sectional method looked at breast cancer victims in Nepal. The study includes participants who had been through complete treatment for at least half a year. The study used the Breast Cancer Prevention Trial instrument and recruited 51 patients with breast cancer stages from zero to three who had completed their treatment and had no cancer for at least 6 months. The outcome of the investigation indicates that about 84% of patients received a mixture of radiotherapy, surgery and chemotherapy. The study also found the most prevalent symptoms in the survivors. 61% of survivors reported feelings of tiredness, with 52% reporting forgetfulness, 52% reporting decreased libido, 49% reporting pains in their body and 49% reporting anxiety. The women who were older than age 45 when they were diagnosed had on average higher psychosocial problems as compared to those who were 45 years and below during time of diagnosis. It was also discovered that a significant association

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existed between severe psychological problems and social problems among those who had finished treatment above 1 year. The above results were buttressed by the outcome of (Cheng et al, 2014) and (Janz et al, 2007). (Ganz et al, 2003) also revealed that breast cancer patients of all ages and regardless of their years with breast cancer experienced hot flashes and night sweats.

Chapter Summary

The above chapter touched on the literature review of this paper. The theories reviewed in the paper were Ferran's Model of "Quality of Life" and Kahn's theory of "Social Support". The study's conceptual framework was designed by the researcher in accordance with the paper's objectives. Concepts relating to "the challenges of" victims of "breast cancer", the "Quality of Life" and "Social support" were reviewed in this chapter. Based on the empirical studies observed, it was seen that a paucity of Ghanaian literature exists leading to the present investigation's objectives. This investigation will thus bring out findings that can help bridge this gap in the literature.

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CHAPTER THREE

RESEARCH METHODS

This aspect of the work deals with the methodology and processes which were chosen for this investigation. The section concentrates on the design used, area of investigation, the study population, the processes for sampling, the procedure of data gathering and techniques and the steps in data analysis and processing.

Research Design

Conducting the present investigation, the descriptive survey was utilized. This is a research design that helps researchers to be able to find explanations for happenings and access data for the testing of the research hypothesis (Ofori & Dampson, 2011). Therefore, in using this type of design for the investigation, information was gathered or obtained at a particular instance in time from the population. This design was suited to the research since it aids the researcher to identify factors that are related to a particular event, result, condition, or behavior (Kulbir, 2009). Therefore, it could prove useful in order to get to know "the Quality of Life of" victims' "breast cancer" and the related factors such as how "social support impacts on the Quality of Life of" victims. Descriptive surveys are advantageous because they use the same survey to extract information from a large number of people and can generate many answers emanating or coming from many individuals (Best & Khan, 2001). However, descriptive research can lead to unreliable data if the question being answered is misleading and unclear. Poor design and management of research tools can undermine the nature of research. However, the study was not affected by this weakness, as researchers worked with their

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bosses and other experts to confirm that the data collection tools were suitable for the study.

Study Area

This enquiry or research was done at Korle-Bu Teaching Hospital. This hospital was chosen because of its referral nature from both private and government agencies throughout Ghana. The hospital is also favored by patients from neighboring countries such as Togo and Burkina Faso. The hospital treats an average of 1500 patients per day in 17 clinical and diagnostic departments/units, with approximately 250 hospitalized per day. The number of breast cancer cases is about 346 annually (KBTH Annual Report 2013). The health facility can be found at the Able Kuma South district of the Greater Accra area. This district has a population of approximately 213,914, of which 47.4% are male and 52.6% are female (GhanaDistricts.com, 2014). The major area of trade in the locality or region is catching fish (because it is close to the Atlantic Ocean).

Population

Osuala (2005) considered the surveyed population as a whole of units with certain common characteristics. Additionally, it is the investigator's selected people who are deemed to be suitable for the investigation and again it is to them that the results of a particular research are generalized to. This investigation's population of interest was women suffering from breast cancer in the Greater Accra region. However, the accessible population comprised of 75 women suffering from breast cancer currently being treated at the "KBTH". This hospital was opted for because it is referred private and government agencies throughout Ghana. The hospital is also favored by patients from

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neighboring countries such as Togo and Burkina Faso. The hospital treats an average of 1500 patients per day in 17 clinical and diagnostic departments/units.

Sampling Technique and Sample size

This is a subset of the population deemed appropriate for the study. The entire population of interest to the researcher cannot be included in the survey, so a sample representing the population is selected. 63 participants use for the investigation due to my inclusion and exclusion criteria. A targeted sampling process was used when selecting the samples to be investigated. Intentional sampling is used when a researcher deliberately chooses an individual and a place to learn or understand a phenomenon (Creswell, 2002). Therefore, targeted sampling involves selecting samples based on criteria. The study collected a sample of inpatient victims with cancer affecting breast who had been reported to have breast cancer with a minimum of six months diagnosis and are currently being treated. Targeted sampling helps you get information-rich data because only the data that is relevant to your survey is selected.

Inclusion and Exclusion Criteria

People who had been detected with cancer of the breast for a period with a minimum of 6 months and were actively getting therapy were included in this investigation. These were the patients who have been with the disease long enough to have experienced it and are at stages II, III, IV. However, the study excluded patients who had preexisting mood disorders, chronic diseases unrelated to the pathogenesis and/ or management of cancer, or an acute medical condition occurring within the last month that also required at least a week of hospitalization or those labeled as cured.

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Data Collection

Data was collected by administering a questionnaire to women suffering from "breast cancer". Amedahe (2002) viewed a questionnaire as an instrument for the collection of data in educational research which helps in securing factual data and probing the mindsets and behaviors of study participants. This study utilized a questionnaire instrument that consisted of adapted versions of "Quality-of-Life Questionnaire QLQ–C30" "of the EORTC Study Group on Quality of Life" and "Multidimensional Scale of Perceived Social Support" (Zimet et al, 1988).

Specifically, the questionnaire comprises four parts. Section (A) which is the first part solicited questions on the demographic data from participants. Second section (B) covered the experiences of "cancer of the breast" patients. The third section (C) dealt with the "Quality of Life" of the respondents. The fourth section (D) covered the amount of "social support" received by the respondents.

Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988)

The MPSS was a research instrument used to gather information on how individuals perceive aid from three (3) roots namely friends, family and spouses. There are 12 items in total, 4 items for each subscale. The questionnaire is scored "on an 8-point Likert scale" scoring from lowest 1, which represented "very strongly disagree to 7", which represents "very strongly agree". Thus, the scale invited participants to score how much they felt each statement referring to the support obtained from one's social circle they had gotten from the three

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sources. In using this scale, it was rather converted to a four-point instead of the original. The study also combined all three subscales into one.

Quality of Life Questionnaire QLQ–C30

"European Organization for Research and Treatment of Cancer Quality of Life Core Questionnaire (EORTC QLQ-C30, version 3)" The "EORTC QsLQ-C30" is a scale that was originally developed in 1988. It was a general instrument that was used for several "disease" conditions to measure the "Quality of Life". This study used the QLC. It comprised 22 items and was based on a "Likert scale" of "not at all", "a little bit", "quite a bit", and "very much".

Reliability

Reliability implies establishing the consistency by which the used tool measures what it is has to measure. "The Multidimensional Scale of Perceived Social Support" comprised of four subscales, with 45 items in total. The scale Cronbach alpha is 0.85 (Zimet et al, 1988). "The Quality-of-Life Questionnaire" QLQ–C30 has reliability .83 (Shrestha et al, 2017). Since the instrument was adopted, the instrument was piloted to establish reliability within the Ghanaian context. The piloting was done with 20 breast cancer patients at Trust Hospital in Accra. Reliability coefficient of 0.81 was realized. Thus, the implication is that the tool was reliable for the investigation.

Validity

Validity is concerned with how well an instrument can be trusted to measure its proposed construct(s). The instrument's appropriateness to use "validity" was established by the investigator's supervisors. Specifically, the content validity of the instrument was ascertained. Ogah (2013) posited that

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validity is best established through expert judgment. Therefore, it was in the right place for my supervisors to establish content validity.

Pilot Testing

Pilot testing was carried out with "breast cancer patients" receiving treatment in Trust Hospital. This site was chosen for the pilot study because the respondents served as a good basis for establishing the instrument's psychometric characteristics and the extent to which the instrument can get information related to the sub targets of this investigation. Two assistants aided during the testing of the questionnaire. The testing lasted for one week. In so doing, this gave the chance to identify most problems and tackle them accordingly.

Data Collection Procedure

In collecting information for this investigation, a letter of introduction and ethical clearance was taken at "the University of Cape Coast Institutional Review Board" and supervisor's approval letter was taken or gotten at "the Department of Education and Psychology" and taken to "KBTH". Letter of introduction and ethical clearance and supervisor's approval letter permitted the researcher to collect the data.

Before data collection, the participants' consent was sought. This was after the investigation's aim was explained in detail to them and questions regarding the study were answered. The participants were then allowed to complete the questionnaires. Afterwards, the questionnaires were collected from the study participants. The respondents were not allowed to take their questionnaires home to evaluate the outcome of the research. Also, not all the respondents were literate. Some of the respondents were non-literate and the

researcher had to read out the questionnaire to them before the data was taken. Data for this research was collected in person. Total period of data collection for the study was four weeks.

Ethical Considerations

The researcher assured the respondents of their full ethical rights including anonymity, autonomy, right to decline, confidentiality and right to withdraw. Following this, the instrument did not collect the names of the participants and the other information obtained was used purely for the academic purposes stated in this research. The respondents were also given the contact of the researcher and that of the department if they wanted to clarify any issues.

Data Processing and Analysis

The Data collected for investigation was cleaned, coded as well as inputted into the analysis software. The background information of the participants was analyzed and presented descriptively using percentages and frequencies. The obtained information was analyzed using the Statistical Product and Service Solutions (22).

Data for research questions 1, 2 and 3 were analyzed using mean and standard deviation.

Hypothesis 1 was tested using regression analysis.

Finally, research hypothesis 2, and 3 were both tested using one-way anova.

Chapter Summary

The above chapter describes the method of the current investigation. Descriptive survey with cross-sectional design was employed in this investigation. Women with breast cancer who had been detected and managed

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for at least six months, and who were actively undergoing treatment, were used to collect samples for research. Specifically, the Pradhananga et al. (2009a) "EORTC Quality of Life Questionnaire" on "Quality-of-Life QLQ-C30" and the (Zimet et al, 1988) Perceived Multidimensional Scale of "Social Support" questionnaires are being investigated. A reasonable and descriptive analysis was done.

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CHAPTER FOUR

RESULTS

This chapter focuses on obtained findings of the investigation and discusses such findings. Thus, this section of the paper presents its results, followed by a discussion.

Demographic Characteristics of Respondents

Tables 1 and 2 show the demographics of those who answered the survey questions. In Table 1, the data on the age and marital status of those who partook in the research are presented.

Table 1: Age and Marital status of Respondents

Item	Frequency (F)	Percentage (%)
Age in years		
31-40	10	15.9
41-50	25	39.7
51 and above	28	44.4
Marital Status		
Never married	8	12.7
Married	23	36.5
Living together	5	7.9
Divorced/Separated	16	25.4
Widow/Widower	11	17.5

Source: Field Survey (2020)

In Table 1, It was observed that 28 respondents corresponding to 44.4% were aged 51 years and above. This was followed by the respondents within the age range of 41 to 50 years 25, (39.7%). Only 10 (15.9%) of respondents were between ages 31 and 40 years. The data shows that most of the respondents are above 40 years of age. It can also be seen that 23 (36.5%) of respondents were married whilst 16 (25.4%) were divorced or perhaps separated. Finally, (17.5%)

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of the respondents were widowed, 8(12.7%) were never married and 7.5% were living together. The marital data shows that most of the respondents were either married or divorced.

The data on the occupation and years the respondent had been living with breast cancer were shown in Table 2.

Table 2: Occupational Data and Years with Breast Cancer

Item	Frequency (f)	Percentage (%)
Occupation		
Professional	13	20.6
Employment	3	4.8
Business	31	49.2
Not working	16	25.4
Years with breast cancer		
Less than a year	37	58.7
1-5 years	17	27.0
5-10 years	7	11.1
Above 10 years	2	3.2

Source: Field Survey (2020)

From Table 2, about 31 respondents representing 49% of the total participants were business women. Also, 16 (25%) of the respondents were not working while about 13 (21%) were in various professions. With the number of years with "breast cancer," obtained information in Table 2 shows that the many participants, 37(58.7%) had lived with breast cancer for less than a year. Also, 17(27%) of the respondents had suffered from breast cancer for one to five years while 11% of respondents were staying with "cancer of the breast" for five to 10 years. Only, two respondents corresponding to 2(3.2%) of the respondents were living with "cancer of the breast" for more than 10 years.

Research Question 1

What experiences exist among "breast cancer" victims in the Greater Accra

Region of Ghana?

This research question was targeted at getting to know the experiences

breast cancer patients go through. The respondents were given list of statements

to respond to. The statements were scored "Not at all=1", "Rarely=2",

"Sometimes=3", "Often=4" and "Very Often=5". The mean and standard

deviation of the data were obtained. "Mean scores" between 3.0 and 4.0 connote

respondents had experience more often while "mean scores" between 2.0 and

3.0 indicate the respondents had the experience quite a bit. Mean scores below

2.0 indicate that the respondents had the experience just a little bit. The obtained

findings are displayed in Table 3.

Table 3: Experiences of Breast Cancer Patients

Statement	Mean	Std. Dev.
I have poor body image	2.76	1.58
I experience financial difficulties	4.19	1.32
I have difficulty doing household chores	3.35	1.50
People's negative thoughts about breast cancer affect me	2.49	1.41
I have extreme physical pains	3.60	1.29
I do not get the best of care from my relatives	2.38	1.67
I do not get the best of care from my friends	2.57	1.48
I do not get the best of care from my spouse	2.31	1.50
I do not have enough information about the illness	3.14	1.20
I do not have enough information about the treatment	3.23	1.10

Source: Field Survey (2020)

Depicted in Table 3 is the outcome, respondents experienced financial

difficulties (M=4.19, SD=1.32). Also, the respondents reported having extreme

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physical pains (M=3.60, SD=1.29). The "respondents" also indicated they had difficulty doing household chores (M=3.35, SD=1.50). In addition, the respondents indicated that they did not have enough information about the treatment (M=3.23, SD=1.10) and the illness (M=3.14, SD=1.20).

Research Question 2

What is the "quality of life" of "breast cancer" patients in the Greater Accra Region of Ghana?

This research question aimed to determine the "Quality of Life" of victims of "breast cancer". The respondents had to respond to several questions to indicate how they have been felt about their "Quality of Life". This part of the questionnaire was scored as "Not at all=1", "A little bit=2", "Quite a bit=3" as well as "Very much=4". The data's means and standard deviation were analyzed. "Mean scores" between 3.0 and 4.0 connote the "respondents" experienced the issue under consideration while "mean scores" between 2.0 and 3.0 indicate that the respondents had experienced it quite a bit. Mean scores below 2.0 indicate the "respondents" had the experience just a bit. The results are presented in Tables 4 and 5.

Table 4: "Quality of Life of Breast Cancer Patients" in the Past Week

Statement	Mean	Std. Dev.
During the past week:		
Did you have a dry mouth?	2.14	1.20
Did food and drink taste different than usual?	2.22	1.14
Were your eyes painful, irritated or watery?	2.33	1.24
Have you lost any hair?	2.98	1.32
Did you feel ill or unwell?	2.83	1.09
Did you have hot flushes?	2.44	1.29
Did you have headaches?	2.51	1.23
Have you felt physically less attractive as a result of your disease or treatment?	2.22	1.11
Have you been feeling less feminine as a result of your disease or treatment?	2.29	0.97
Did you find it difficult to look at yourself naked?	2.11	0.94
Have you been dissatisfied with your body?	2.27	0.88
Were you worried about your health in the future?	2.89	1.19
Did you have any pain in your arm or shoulder?	1.76	0.91
Did you have a swollen arm or hand?	1.87	0.94
Was it difficult to raise your arm or to move it sideways?	1.87	0.89
Have you had any pain in the area of your affected breast?	2.29	1.31
Was the area of your affected breast swollen?	1.69	1.03
Was the area of your affected breast oversensitive?	2.39	1.24
Have you had skin problems on/in the area of your affected breast (e.g., itchy, dry, flaky)?	2.56	1.24

Source: Field Survey (2020)

Information in Table 4 revealed participants had lost their hair quite a bit (M=2.98, SD=1.32), and were quite concerned for their future wellbeing (M=2.89, SD=1.19). Also, the respondents felt ill or unwell quite a bit (M=2.83, SD=1.09). The respondents experienced issues with the skin around their detected breast (e.g., dry, flaky, itchy) quite a bit (M = 2.56, SD = 1.24). In

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addition, the respondents had headaches (M = 2.51, SD = 1.23) and hot flushes (M = 2.44, SD = 1.29) a bit. There was also an indication from the respondents that the area of their affected breast was oversensitive (M=2.39, SD=1.24). From TABLE 4, it can be realized that overall, the respondents had lost their hair, worried about their health in the future, felt ill or unwell, had skin problems, had headaches and hot flushes quite a bit.

The respondents were also asked to indicate their experiences regarding their quality of life in the past four weeks leading to the study. The results are shown in TABLE 5.

Table 5: "Quality of Life of Breast Cancer Patients" in the Past Four Weeks

Statement	Mean	Std. Dev.
During the past four weeks:		
To what extent were you interested in sex?	2.38	1.28
To what extent were you sexually active? (With or without intercourse)	2.57	1.16
Answer this question only if you have been sexually active: To what extent was sex enjoyable to you?	2.11	1.29

Source: Field Survey (2020)

From Table 5, participants were sexually active quite a bit (M=2.57, SD=1.16) and were interested in sex quite a bit (M = 2.38, SD = 1.28). It was seen from the results that the respondents were more sexually active than they were interested in sex. As a result, the respondents did not enjoy sex as much as they had sex.

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Research Question 3

What level of "social support" exists for "breast cancer" victims in the Greater

Accra Region of Ghana?

The Question aimed at examining the level of "social support" available

to victims of "breast cancer". The data were scored as "Strongly Disagree=1",

"Disagree=2", "Agree=3", and "Strongly Agree=4". The obtained information

was analyzed by utilizing the "mean and standard deviation" as measures of

variability. Table 6 shows the outcomes.

Table 6: Level of Social Support Received by Breast Cancer Patients

Statement	Mean	Std. Dev.
There is a special person who is around when I am in need	2.92	1.24
There is a special person with whom I can share my joys and sorrows	2.97	1.19
My family really tries to help me	2.95	1.17
I get the emotional help and support I need from my family	2.87	1.16
My friends really try to help me	2.32	1.13
I can count on my friends when things go wrong	2.27	1.05
I can talk about my problems with my family	2.76	1.04
I have friends with whom I can share my joys and sorrows	2.60	1.10
There is a special person in my life who cares about my feelings	2.87	1.13
My family is willing to help me make decisions	2.98	1.11
I can talk about my problems with my friends	2.19	1.11

Source: Field Survey (2020)

Table 6 indicates the participants indicated their families were willing to help them make decisions (M=2.98, SD=1.11). The people who partook in the research also indicated that they had some special persons with whom they shared joys and sorrows (M=2.97, SD=1.19). The respondents also revealed that their families tried to help them (M=2.95, SD=1.17) and gave them the emotional help and support they needed (M=2.87, SD=1.16). They also had a special person who was around when they were in need (M=2.92, SD=1.24) and cared about their feelings (M=2.87, SD=1.13). From table 6, the respondents had support from family members and also received support from some special persons in their lives. This enabled them to receive emotional help and support whenever they were in need.

Hypothesis One

H_0: There will be no significant impact of "social support" on the "quality of life" among "breast cancer" patients in the Greater Accra Region of Ghana.

H_1: There will be a significant impact of "social support" on the "quality of life" of persons living with "breast cancer".

This hypothesis sought to find out whether "social support" significantly impacted the "Quality of Life" of victims of "cancer of the breast". Simple linear regression analysis was relied upon for the hypothesis test. The analysis used "social support" as the predictor and "Quality of Life" as the dependent variables respectively. The investigation also tested assumptions of linear regression analysis.

Normality Testing

Normality assumption is described as the assumption that the values of a data set must be distributed normally. This can be tested in a p-p plot and is presented below.
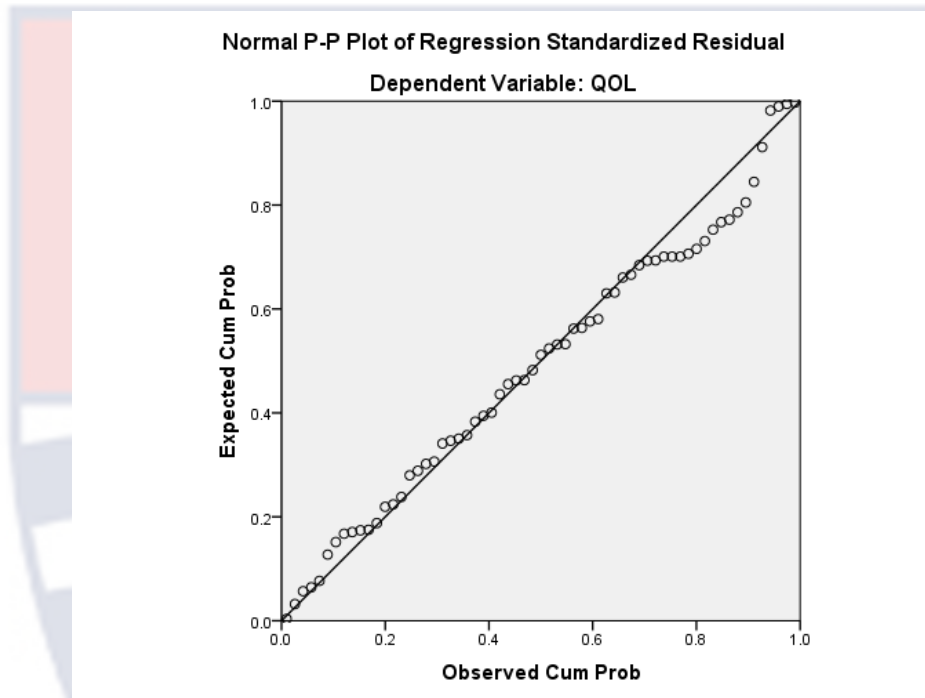
Figure 2: Normality of Data
Source: Estimated by Author

The P-P plot reveals the data point as centered around the line. This is an indication that the dataset was normally distributed and hence fulfilled the assumption of normality.

Homoscedasticity

Homoscedasticity is a statistical assumption that states that the deviations should not be substantially distinct throughout the determinant. The scatterplot is used to determine whether or not this is true. On closer examination of the scatterplot, it is noticed that there is no discernible pattern present.

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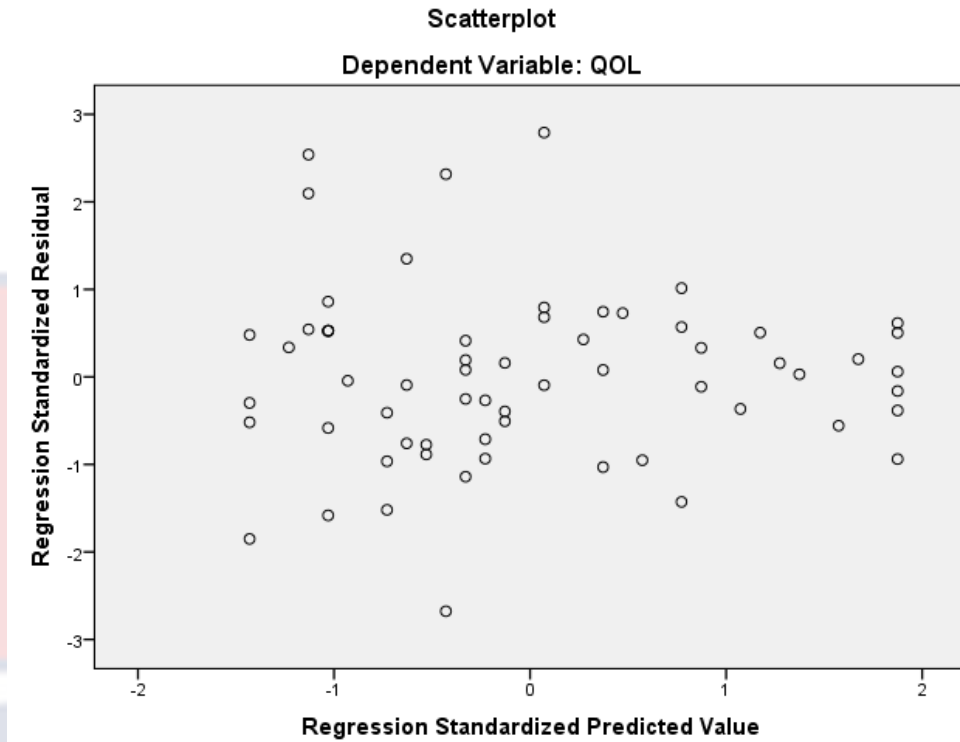
Figure 3: "Scatterplot of Communication and Productivity"

Source: Estimated by Author

From figure 4, the dots of the scatterplot are scattered. This means that the homoscedasticity assumption was met.

Independence of Observations

Durbin-Watson Statistic is used to test for the independence of observations. Table 7 shows the results.

Table 7*:* "Test for Independence of Observations"

Model	R	R Square	"Durbin-Watson"
1	.160[a]	.026	2.19

Source: Field Survey (2020)

Table 7 depicts that the assumption was fulfilled since the statistic is 2.19. The metric is that if the statistic is between 1.5 and 3.0, the assumption of independence of observations is fulfilled.

Since the assumptions of the regression model were met, "the summary of the analysis" is shown in TABLE 8.

Table *8:* Model Summary

			Change Statistics				
Model	R	R Square	R Square Change	F Change	df1	df2	Sig. F Change
1	160[a]	026	026	1.598	1	61	021

a. Predictors: (Constant), Social Support

b. Dependent Variable: Quality of Life

Source: Field Survey (2020)   *Significant, p<.05

From TABLE 8, the model amounted 2.6% to the variations in the dependent variable (R^2=.026X100=2.6%). Because the model was significant (p<.05), conclusions can be drawn that "social support" significantly impacted the "quality of life" of "breast cancer" patients used for the study.

Hypothesis Two

H_0: "Social support" will not significantly affect the relationship between challenges and "quality of life" of "breast cancer" patients in the Greater Accra Region of Ghana.

H_1: "Social support" will not significantly affect the relationship between challenges and "quality of life" of "breast cancer" patients in the Greater Accra Region of Ghana.

The hypothesis aimed to find out if support gotten from the social circle significantly moderated the link between breast cancer experiences and "Quality of Life" of cancer of the breast victims. In testing this hypothesis,

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moderation analysis was carried out using multiple regression. An interaction term was created with "social support". The results are displayed in Table 9.

Table *9:* Model Summary for Moderation Analysis

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.300[a]	.090	.060	8.77856	.090	2.973	2	60	.059
2	.381[b]	.145	.102	8.58161	.055	3.786	1	59	.046

a. Predictors: (Constant), Social Support, Experiences

b. Predictors: (Constant), Social Support, Experiences, Int. SS*Experiences

c. Dependent Variable: Quality of Life

Source: Field Survey (2020)   *Significant, p<.05

Model 2 in the model description above, which seems to be the model that contains the interaction component, is the model that must be observed or noted when interpreting the findings. It can be seen in the table that the change in R2 is 5.5 percent (0.055 times 100 = 5.5 percent), which corresponds to a percentage rise in the amount of variance described by the interaction term when the interaction term is included. According to the data in the table, this rise is statistically significant (p <0.05). The findings suggest that social support acts as a moderating factor in the association between breast cancer encounters and Quality of Life. Consequently, it can be concluded that the amount of influence that breast cancer victims encounter can have on their Quality of Life can be regulated by the degree of social support that the sufferers get along their journey through the disease.

Hypothesis Three

H$_0$: There is no "significant difference" in challenges "breast cancer" patients in the Greater Accra Region of Ghana face considering different age group.

H$_1$: There is a "significant difference" in the challenges "breast cancer" patients in the Greater Accra Region of Ghana face considering different age group.

With this hypothesis, we intended to test whether or not "there was statistical significance difference in the perspectives of women with "breast cancer" in the Greater Accra Region depending on their age. In order to assess the hypothesis at the 0.05 level of significance, the One-Way ANOVA was utilized in conjunction with the three age groups that were included in the investigation. When utilizing One-Way ANOVA, it was necessary to determine whether or not the variance across the groups was homogeneous. Table 10 shows the outcome of Levine's homogeneity test, which was performed on the data.

Table 10: "Test of Homogeneity of Variances"

Levane Statistic	df1	df2	Sig.
1.619	2	60	.207

Source: Field Survey (2020)

Table 10 demonstrates that the significant level of.207 is more than the threshold of.05. As a result, it is possible to infer that the variances are homogenous. Thus, it is appropriate to carry out One-Way ANOVA.

The outcome of the ANOVA test is shown in Tables 11 and 12.

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Table 11: Descriptive Results for Different Age Groups

Age Groups	N	Mean	Std. Dev.
31-40	10	23.40	6.63
41-50	25	25.56	4.70
51 and above	28	22.86	5.90
Total	63	24.02	5.64

Source: Field Survey (2020)

From Table 11, it can be inferred that participants falling in the age range of 41 to 50 years had a mean score of 25.56. This was the highest mean followed by the respondents within the age range of 31 to 50 (23.40). The respondents aged 51 and above recorded the lowest mean of 22.86. Even though there were differences in the mean scores, a statistical test was needed to get to know if the differences were significant.

The findings of the ANOVA test, which analyzed the significance of the difference detected between the groups, are shown in the Table 12.

Table 12: Difference in Experiences of Breast Cancer Patients based on Age

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	100.996	2	50.498	1.622	.206
Within Groups	1867.989	60	31.133		
Total	1968.985	62			

Source: Field survey (2020)

No significant difference observed in women with breast cancer based on their age, as revealed in Table 12 [$F_{(2, 60)} = 1.622$, $p > .05$]. When the "p-

value" is larger than 0.05, it is considered statistically not significant. This suggests that the difference in the mean scores of the three distinct age groups was not significant. The null hypothesis, which reflects no statistically significant difference in the experiences of breast cancer patients based on their age, was shown to be correct in this investigation.

Hypothesis Four

H_0: There is no "significant difference" in the challenges "breast cancer" patients in the Greater Accra Region of Ghana face considering the number of years the patient had the disease.

H_1: There is "significant difference" in the challenges "breast cancer" patients in the Greater Accra Region of Ghana face considering the number of years the patient had the disease.

The hypothesis was stated to look at a "significant difference" in the challenges breast cancer patients at Greater Accra face considering years the patient had the disease. Since there were four categorizations, the One-Way ANOVA was used to analyze Data at an "alpha level" of 0.05. "One-Way ANOVA" was used to assess the homogeneity of variance among the groups. Levane's test for homogeneity was shown below.

Table 13*: Test of Homogeneity of Variances

Levene Statistic	df1	df2	Sig.
3.279	3	59	270

Source: Field Survey (2020)

In Table 13, the significant level of .270 is greater than .05. Thus, it means that homogeneity of variances can be assumed. Thus, conducting "One-Way ANOVA" was appropriate.

The "Results of the ANOVA test" were shown in TABLES 14 - 15.

Table 14*: "Descriptive Results for Years with Breast Cancer"

Years	N	Mean	Std. Dev.
Less than a year	37	23.51	4.63
1-3 years	17	25.82	7.12
3-5 years	7	20.57	4.96
Above 5 years	2	30.00	4.24
Total	63	24.02	5.64

Source: Field Survey (2020)

Depicted in the Table 13, participants with breast cancer for above five years had the highest mean of 30.00. This was followed by the respondents with breast cancer for one to three years (M=25.82). The respondents who had breast cancer for three to five years recorded the lowest mean of 20.57. An ANOVA test was conducted to get to know if the difference is significant.

Results from "ANOVA test" shown below.

Table 15: "Difference in challenges of Breast Cancer Patients based on Years with Breast Cancer"

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	219.556	3	73.185	2.468	071
Within Groups	1749.428	59	29.651		
Total	1968.984	62			

Source: Field survey (2020)

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Looking at TABLE 15, it was clear no "significant difference" existed in the challenge's women suffering from breast cancer face compared to number of years they have had the disease [F (3, 59) = 2.468, p > .05]. The "p-value" of .071 is higher than the 0.05 significant level. This implies that the difference in the "mean scores" of the varied groups was not "significant". Hence, we fail to reject the null hypothesis.

Discussion

Challenges for Breast Cancer Patients. This study found that respondents were experiencing financial difficulties. In addition, respondents stated that they experienced extreme physical distress. Respondents also said it was difficult to do household chores. In addition, respondents said they did not have sufficient information about treatment and illness. Breast cancer is an economically tiring illness that is expensive to treat. Therefore, it was not surprising that the respondents had financial difficulties. Breast cancer also causes a lot of pain that can paralyze the patient and prevent them from doing active household chores. To make matters worse, there is little information in the media about breast cancer and its treatment, so false information or lack of information can do far more harm to breast cancer victims. The outcome is congruent with the result of Shrestha et al. (2017). An investigation was done to evaluate the "social support", "Quality of Life", and "mental health" of "breast cancer" victims in Nepal. Shrestha et al. These patients faced several challenges, including financial, physical, and general pain, most of which resulted in a high prevalence of undiagnosed depression. Similarly, (Dsouza et al, 2018) The experience and needs of breast cancer survivors need to be investigated. Breast cancer survivor needs have been identified as financial,

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informative, breast reconstruction surgery, family activity support, family support, counselling, and emotional support. These problems plagued breast cancer patients and exacerbated their experience. In addition, Williams and Jeanetta (2016) investigated "the diagnosis", "treatment", and subsequent experience of "breast cancer survivors" at two cancer centers in Missouri. They discovered the experience of breast cancer as leading to multiple challenges, including financial, stress, and general misinformation, making it difficult to deal with the detection as well as handling of cancer of the breast. These findings have been confirmed in current studies. In addition, an article published by (Altice et al, 2017) used the PubMed, Embase, Scopus, and CINAHL databases in order to give an orderly review of the financial plight of cancer survivors in 1990. It took place in the year 2015. They found that financial difficulties and lack of clarity about the treatment process made the overall breast cancer experience difficult. It turns out that the situation in which breast cancer patients are facing many problems is clear from the previous discussion. These issues were primarily related to not only financial issues but also illness pain and treatment process issues of "Quality of Life" for cancer of the breast victims. In this current investigation, respondents had hair loss, worried about their future health, and felt sick, had skin problems, headaches, and hot flashes. Respondents also showed signs that some of the affected breasts were hypersensitive. Regarding gender, respondents were sexually active but not interested in sex. As a result, respondents did not enjoy sex so much. As for their sexual activity, it can be inferred that the breast cancer partner was probably still having sex with the respondents, as most of the respondents probably had not had breast cancer for over a year. In essence, respondents may

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not have seen any deterioration. Obtained findings of this investigation are consistent with the outcomes of several researchers. The relationship between adult cancer survivors and the "social support" obtained from those who provide care, physical activity (SEPA), physical activity behavior (PA), and "QUALITY OF LIFE" is described in Barber (2013) was investigated. The study arrived at the conclusion that physical "Quality of Life" was lower in people who survived cancer but significantly higher in people who give care to cancer patients. Quality life for cancer of the breasts patients was not high, most of the time because they felt sick and were generally worried about their health. (Finck et al, 2018) also investigated "quality of life" of "breast cancer" victims in Colombia. The investigation found that "cancer of the breasts" victims affects "quality of life". This was shown not only in their general indifference to sexual activity but again in their experience with general complaints. (Shrestha et al, 2017) also observed that cancer of the breasts victims generally has a lower "Quality of Life" and mental health. There were common illnesses such as anxiety and headaches. (Sapkota et al, 2016) have shown that breast cancer patients feel uncomfortable, often tired, have general pain, and are very worried about the future. These were confirmed in investigations by (Cheng et al, 2014) and by (Ganz et al, 2003). The results of the present investigation are confirmed in many previous studies. Therefore, victims suffering from cancer of the breast are implicitly generally of poor "quality of life". This can be true because the experience of the disease can be very damaging to the patient.

Levels of Support Available to Breast Cancer Patients

Survey respondents said their families were ready to assist in decision-making. Respondents also stated that there are special people who share joy and

sadness. Respondents also stated that families tried to help them and gave them the emotional help and support they needed. They also had special people in need and cared about their feelings. The results show that respondents receive support from special people in their families and lives. This allowed them to get emotional help and support whenever they needed it. The outcome supports the results found in (Arora et al, 2007) work. Women suffering from cancer of the breasts had useful information support from their healthcare providers three, five months after "breast cancer" surgery. Emotional assistance from friends as well as relatives and decision support from healthcare givers. An investigation by (Finck et al, 2018), suggested that many cancers of the breast's victims want and receive social support from their doctors and relatives or close peers. Similarly, the "results of this study" are consistent with those of (Rutten et al, 2005). These results, in a systematic review, concluded that breast cancer patients need the support from the social circle, especially support from a large number of people. Family and friends. They explained that the illness sometimes "cripples" people and requires the help of family and friends. (Carrera et al, 2018) also found that family and friends provide emotional and social support to victims of cancer of the breast. In addition, some "cancer of the breast" victims were able to rely on financial difficulties when needed. The similarities observed in the results suggest that there was no missing support for most cancer of the breast victims. This is a good signal about the experience of cancer affecting or deteriorating breast victims.

In another study, researchers looked at the influence of "social support" on the "Quality of Life" of cancer of the breast survivors. According to findings from this investigation, socially obtained support has a substantial influence on

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the "quality of life" of "breast cancer" victims. As previously seen, (Yan et al, 2016), "social support" for victims suffering from cancer of the breast dramatically enhanced their "quality of life". Provision of social assistance indirectly adds to the improvement of the overall life quality. Furthermore, the findings imply socially gotten support as impacting on overall "quality of life". The null hypothesis was rejected. "Breast cancer" is a tough event that could have a negative effect on the patient's "quality of life". However, with help of relatives and acquaintances, they will find the experience to be less difficult. The findings are congruent with prior research (Luszczynska et al, 2013), which revealed socially acquired support as having considerable impacts on Quality of Life, and in specifically, felt support from one's social circle predicts Quality of Life strongly wherever in the world. The index has been enhanced in recent years. Salonen and colleagues (2013) also did a study to evaluate social network support and "quality of life" for women with cancer affecting their breast, and they discovered that "social support" had an influence on changes in "quality of life", health, and function for women with "breast cancer". It was possible to reduce "social support" as a result of the relationship between the experience of having cancer affecting your breast and overall "quality of life". According to the findings of this investigation, "social support" can help to reduce the association between breast cancer encounter and "quality of life". As a result, it was reasonable to expect that the degree of "social support" received by a victim with "breast cancer", will have an influence on the possible impact of the cancer experience on the patient's "quality of life". Findings indicate that "breast cancer" patients require some level of social support in order to live with their "breast cancer" diagnosis and treatment. This indicates that the support of

parents, spouses, friends is key to victims of cancer of the breast overcoming the disease. The findings corroborate those of Banovcinova and Baskova, respectively (2016). Overall social support and all functional subscales of the subscale's relatives, colleagues, other significant individuals, and quality of life questionnaires are shown to be positively correlated, as demonstrated by this finding. The overall quality of one's life the outcome of the investigation by (Spatuzzi et al, 2016), which relates to the "quality of life", body image, and the "social support" perceived by women who have gone through "breast cancer" surgery, and the favorable attitude of supportive social networks, are that women who have undergone breast reconstruction have the psychology of surgery on breast reconstruction. It has been demonstrated that having a positive body image might assist in better managing the affects. A further study conducted by Adam and Koranteng (2020) examined the provision of "social support" for victims suffering from cancer of the breast at the "Komfo Anokye Teaching Hospital" in the Ashanti region, as well as the accessibility of such assistance and its influence on client outcomes. In their conclusion, they stated that "social support" is critical for the longevity and "quality of life" of patients suffering from chronic illnesses, such as breast cancer, which was the subject of this research. Even in the absence of prior experience, the presence and/or ease of access of "social support", whether financial or otherwise, has a substantial influence on the survival rate and quality of life of "cancer of the breast" patients. Yang et al. (2017) also looked at the connection between patient "social support" and "QUALITY OF LIFE", and concluded "Quality of Life" for cancer of the breast sufferers at various phase of therapy was favorably connected with "social support" in their studies. Irrespective of how breast

cancer patients have fared in the past, increasing their social support can enhance their overall "Quality of Life".

Experiences of "Breast Cancer Patients" Based on Age

This investigation also yielded no significant difference in the experiences of "cancer of the breast" victims based on age meaning the difference in the "mean scores" of the three different age groups was not significant. By implication, the experiences of breast cancer patients did not vary by age.

The outcome or obtained data agrees with the outcome of Ho et al. (2018) that experiences of "cancer of the breast" victims in Asia were the same regardless of their ages. They argued that patients mostly experienced difficulties that cut across all patients. In a similar vein, Cheng, Darshini, Wong and Koh (2014) revealed that breast cancer patients of all ages experienced similar challenges.

In contrast to this study, (Sapkota et al, 2016) sought to find out the challenges or obstacles of Nepalese "cancer of the breast" overcomers residing or staying at the urban area who had finished their treatment for not less than six months and revealed that age was significant in the problem experienced by breast cancer patients. Specifically, women less than 45 years had more social as well as psychological problems than women aged above forty-five years. The contradiction between this finding and that of the present investigation could be as a result of the differences in the scale of measurement.

Number of Years with "Breast Cancer and Breast Cancer" Challenges

Finally, outcomes of this investigation demonstrated "no significant difference" found in the obstacles faced by "breast cancer" victims and the

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number of years they had been diagnosed with the disease. This suggests that no statistically significant difference is present between "the mean scores of the different groups". The null hypothesis, which stated there is no "statistically significant difference" in the obstacles faced by cancer deteriorating breast sufferers based on the number of years they had been living with the disease, was confirmed. In summary, the respondents' breast cancer issues did not differ dependent on the number of years they had been detected with the disease.

The outcomes of this investigation agree with Iddrisu, Aziato and Dedey (2020) which is a study in Ghana and reported that the challenges of "cancer of the breast" sufferers did not vary based on their years with breast cancer. They argued that it did not matter the number of years with "cancer of the breast", patients experienced several challenges. Similarly, Cheng et al. (2014) revealed that "cancer of the breast" victims regardless of the number of years with the disease had several challenges.

Chapter Summary

It was determined that the study solved three research questions in particular while three hypotheses were tested in the study. Generally, it was found that breast cancer patients experienced several challenges and at the same time received some form of support from friends and family. Also, it was discovered that socially derived assistance/support significantly affected "Quality of Life" of "breast cancer" victims. Finally, challenges experienced by victims of "cancer of the breast" were seen not to differ based on age and the number of years the patients lived with the illness.

CHAPTER FIVE

CONCLUSION

This section contains a summarized version of the study's findings, conclusions as well as suggestions. In addition, the chapter makes recommendations for additional investigation.

Summary of Study

The study's goal was to get to know "the impact of social support on the Quality of Life of people living with breast cancer at the Greater Accra Region of Ghana". Sampled respondents were people "diagnosed with breast cancer". To be more specific, investigation provided answers to three research questions as well as examine four hypotheses as stated above.

Major Findings

The study revealed that respondents experienced financial difficulties, had physical pains, had difficulty doing household chores and did not have enough data about such sickness and its management or treatment. The study revealed also that the respondents lost their hair, were worried about their health in the future, felt ill or unwell, had skin problems, and had headaches. They also experienced hot flushes quite a bit, were sexually active, and had oversensitive feelings of the affected breast. Even though the respondents were sexually active, they were not interested in sex and hence did not enjoy it.

Further, it was shown that the respondents in the study had families that were willing to help them make decisions. The respondents also indicated that they had some special persons with whom they shared their joys and sorrows. The respondents also revealed that their families tried to help them and gave

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them the emotional help and support they needed. They also had special people around when they were in need and cared about their feelings.

In addition, this study found "social support" impacted the "Quality of Life" of respondents. Specifically, the "Quality of Life" of breasts cancer patient was improved by the "social support" they received. The findings of this investigation also demonstrated that social support might help to mitigate the association between breast cancer experiences and overall health. According to the findings obtained in the investigation, no "significant difference" was present in the obstacles faced by "breast cancer" patients based on their age. Lastly, the investigation discovered no significant difference in the perspectives of women with "breast cancer" depending on the number of years they had been "diagnosed with the disease".

The investigation sought to determine how "social support" impacts the "Quality of Life" of people dealing with "cancer" affecting their breast in the Greater Accra Region of Ghana. Participants included people detected with cancer of the breast. The findings are as follows; Firstly, the study revealed that respondents experience financial difficulties, had physical pains, had difficulty doing household chores and did not have enough information about the illness and its treatment.

Secondly, the study revealed also that the respondents lost their hair, were worried about their health in the future, felt ill or unwell, had skin problems, and had headaches. They also experienced hot flushes quite a bit, were sexually active, had oversensitive feelings of the affected breast. Even though the respondents were sexually active, they were not interested in sex and hence did not enjoy it. Further, it is concluded that breast cancer patients

received varied kinds of support mostly emotional support from their friends and families. The support they received gave them the strength to go through their challenges.

It was also concluded that "Quality of Life" of "cancer of the breast" victims could be improved if they received adequate "social support". This implies that challenges of "cancer of the breast" patients can be made bearable through the support available to them. Also, regardless of experiences of "breast cancer patients", their level of social support can moderate the extent to which the experiences affect their "quality of life".

It was concluded regardless of ages of diagnosed "cancer of the breast" victims, all such patients experienced difficulties in their lives. Thus, age did not matter in the breast cancer challenges of the patients in the current investigation. Finally, it is concluded that all cancer of the breast patients experienced difficulties and challenges regardless of the number of years they have had cancer of the breast.

Recommendations

Depending on the outcomes of the investigation, the key suggestions are made beneath:

- The Ministry of Health should improve on its education on breast cancer since breast cancer patients had issues with inadequate information about the illness and the treatment process.

- Health workers in charge of "breast cancer patients should pay" monitor minor sicknesses like headaches and general worries in cancer of the breast sufferers since these affected their Quality of Life negatively.

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- Health workers are encouraged to support families, friends and caregivers of "breast cancer patients" to continue giving them support since social support was found to improve the "quality of life" of cancer of the "breast cancer" victims.

Suggestions for future Research

These conclusions are suggested for further investigation:

- "Future researchers" should adopt "a qualitative approach to" explore actual day to day "experiences of breast cancer patients" as they receive treatment. This will help gain in-depth knowledge into the encounters of cancer of the breast victims.

- Future researchers should investigate the encounters of cancer of the breast victims from the perspective of their caregivers and families. This can help gain insight into the perspectives or experiences of cancer of the breast victims from the perspective of other people.
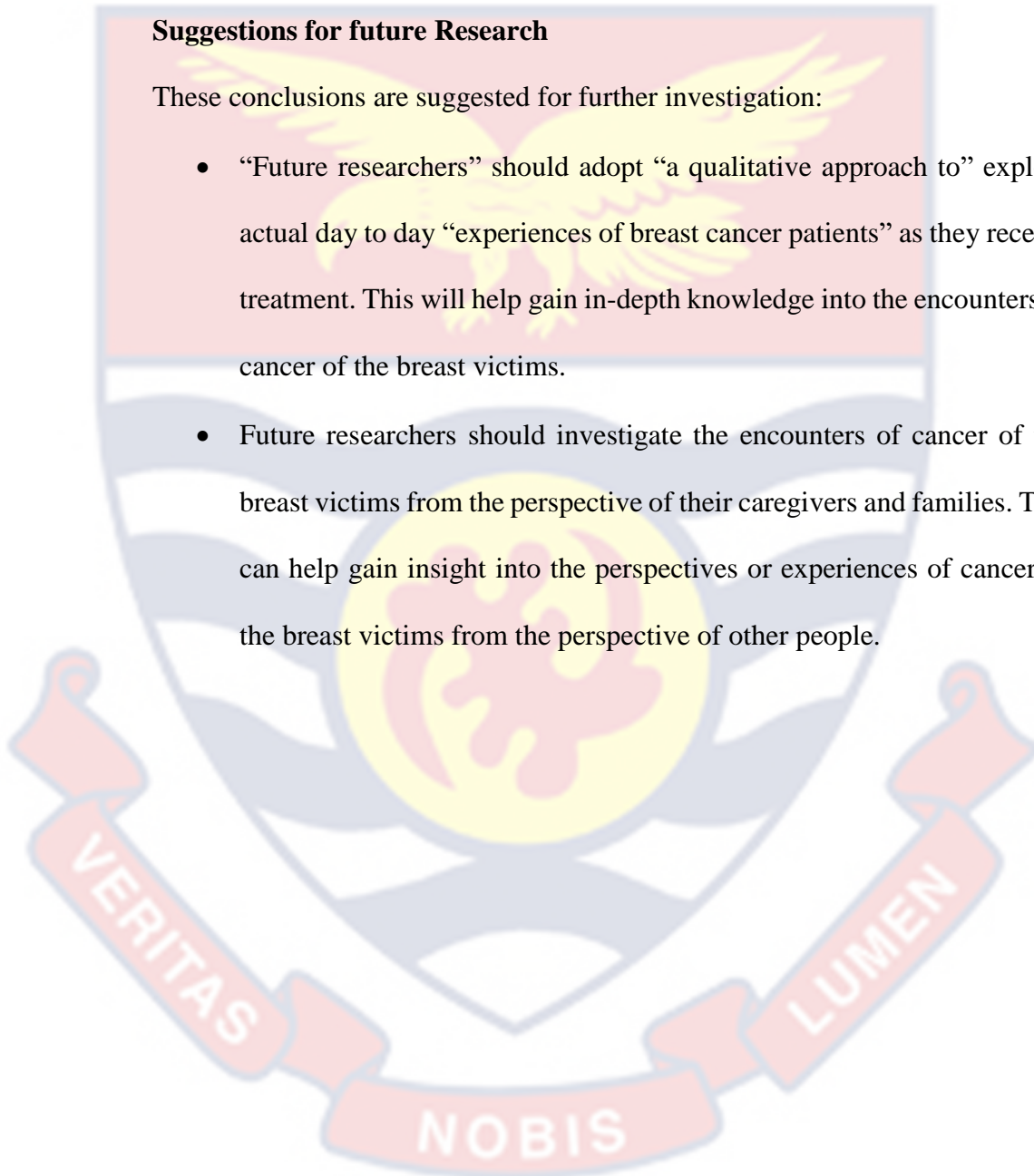
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APPENDICES

APPENDIX A

UNIVERSITY OF CAPE COAST

FACULTY OF EDUCATIONAL FOUNDATIONS

DEPARTMENT OF EDUCATION AND PSYCHOLOGY

RESEARCH QUESTIONNAIRE

Dear Respondent, I am embarking on a study that seek to find out the impact of social support on the quality of life of persons living with breast cancer. I will be grateful if you could answer the questions below. There is no right or wrong answer, I am interested in your personal experience and opinion. The confidentiality of your information is guaranteed.

Instructions:

For each item, please choose the answer which best describes you by ticking (√)

Section A - Demographic Data:

1. Age: 20 – 30 ( )   31 – 40 ( )   41- 50 ( )   51 and above ( )

2. Marital Status: Never married ( )   Married ( )   Living together ( )

Divorced/separated ( )   Widow ( )

3. Occupation: Professional ( )   Employment ( )   Business ( )   Not working ( )

4. Number of years diagnosed with breast cancer: …………………….

Section B – Challenges of Breast Cancer Patients:

Indicate how often you have experienced any of these.

Please use the scale: Not at All, Rarely, Sometimes, Often, and Very Often.

	Experiences	Not at all	Rarely	Some-times	Often	Very-Often
5.	I have poor body image					
6.	I experience financial difficulties					
7.	I have difficult doing household chores					
8.	People's negative thought about breast cancer affect me					
9.	I have extreme physical pains					
10.	I do not get the best of care: (a)from my relatives (b)from my friends (c)from my spouse					
11.	I do not have enough information about the illness					
12.	I do not have enough information about the treatment					

Section C – Quality of Life of Breast Cancer Patients:

Please respond to the following questions as they relate to your quality of life.

Please use this scale: Not At All, A little bit, Quite a bit, Very much.

	Question During the past week:	Not at all	A little bit	Quite a bit	Very Much
13.	Did you have a dry mouth?				
14.	Did food and drink taste different than usual?				
15.	Were your eyes painful, irritated or watery?				
16.	Have you lost any hair?				
17.	Did you feel ill or unwell?				
18.	Did you have hot flushes?				
19.	Did you have headaches?				
20.	Have you felt physically less attractive as a result of your disease or treatment?				
21.	Have you been feeling less feminine as a result of your disease or treatment?				
22.	Did you find it difficult to look at yourself naked?				
23.	Have you been dissatisfied with your body?				

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24.	Were you worried about your health in the future?				
	During the past four weeks:				
25.	To what extent were you interested in sex?				
26.	To what extent were you sexually active? (With or without intercourse)				
27.	Answer this question only if you have been sexually active: To what extent was sex enjoyable for you?				
	During the past week:				
28.	Did you have any pain in your arm or shoulder?				
29.	Did you have a swollen arm or hand?				
30.	Was it difficult to raise your arm or to move it sideways?				
31.	Have you had any pain in the area of your affected breast?				
32.	Was the area of your affected breast swollen?				
33.	Was the area of your affected breast oversensitive?				
34.	Have you had skin problems on or in the area of your affected breast (e.g., itchy, dry, flaky)?				

Section D – Level and Forms of Social Support

Instruction- Please use this scale

 -Strongly Disagree

- Disagree

- Agree

- Strongly Agree

Please read each statement and indicate the one, applicable to you over the past week for each statement.

	Statement	SD	D	A	SA
35.	There is a special person who is around when I am in need				
36.	There is a special person with whom I can share my joys and sorrows				
37.	My family really tries to help me				
38.	I get the emotional help and support I need from my family				
39.	My friends really try to help me				
40.	I can count on my friends when things go wrong				
41.	I can talk about my problems with my family				
42.	I have friends with whom I can share my joys and sorrows				
43.	There is a special person in my life who cares about my feelings				
44.	My family is willing to help me make decisions				
45.	I can talk about my problems with my friends				

APPENDIX B

UNIVERSITY OF CAPE COAST

DEPARTMENT OF EDUCATIONAL FOUNDATION

INFORMED CONSENT FORM

Title: impact of social support and the quality of life of persons living with breast cancer in the Greater Accra Region of Ghana.

Investigator: Agnes Anamoabah Mensah

Address: Faculty of Educational Foundations, Department of Psychology and Education.

General Information about Research

The main purpose of this study is to investigate social support and the quality of life of persons living with breast cancer in the Greater Accra Region of Ghana. The Multidimensional scale for perceived social support and Quality of Life Questionnaire QLQ–C30 of the EORTC Study Group on Quality of Life will be used to assess the impact of social support on the quality of life of persons living with breast cancer in the Greater Accra Region.

This study will inform policy makers on the reality of social support and the quality of life of persons living with breast cancer.

If you do not wish to answer any of the questions included in the questionnaire, you are free to opt out. The information on the answered questionnaire is considered confidential, and no one else except the principal investigator and the two thesis supervisors will have access to your response.

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Possible Risks and Discomforts

During your participation in completing this questionnaire, there are no dangers anticipated to be encountered. Sometimes people feel nervous when completing a questionnaire. Therefore, feel free to opt out any time you feel uncomfortable.

Possible Benefits

Others may benefit from your participation in the study because the findings from this research will help practitioners, policy makers, and other authorities to structure health care interventions, do risks assessments and provide right social support for breast cancer patients.

Alternatives to Participation

The alternative/other choice is not to participate in this study.

Confidentiality

The information you give to the researcher in this study will be kept confidential. Your name will not be used in any reports or advertisements. Your name will appear only on this consent form which will be kept in a locked file cabinet by the investigator conducting this study. The answered questionnaire results will be analyzed by researcher alone and no one will have access to the information without your consent.

Compensation

There are no direct benefits from being in this study.

Additional Cost

The only cost to you is the time you spend completing the questionnaire which it is estimated to be no longer than 10 minutes.

Voluntary Participation and Right to Leave the Research

Taking part in this study is voluntary-it is your free choice. You may choose not to take part at all. If you start the study, you can stop at any time. Leaving the study will not result in any penalty or loss of any benefits you would otherwise receive.

Termination of Participation by the Researcher

The researcher may take you out of this study if he believes that you are upset in some way due to your participation in completing the study questionnaire.

Contacts for Additional Information

If you have questions about the study right now, please ask. If you have questions about the study later on, please call the principal investigator, on 0559607780.

<div align="center">

VOLUNTEER AGREEMENT

</div>

The above document describing the benefits, risks and procedures for the research has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

_____   _____

Date   Name and signature of volunteer

If volunteers cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer.

All questions were answered and the volunteer has agreed to take

part in the research.

_____   _____

Date   Name and signature of witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

_____   _____

Date   Name and Signature of person Who

Obtained Consent

APPENDIX C

ETHICAL CLEARANCE

UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
ETHICAL REVIEW BOARD

UNIVERSITY POST OFFICE
CAPE COAST, GHANA

Our Ref: ....

Date: ....

Your Ref: ....

Dear Sir/Madam,

<u>ETHICAL REQUIREMENTS CLEARANCE FOR RESEARCH STUDY</u>

Chairman, CES-ERB
Prof. J. A. Omotosho
jomotosho@ucc.edu.gh
0243784739

Vice-Chairman, CES-ERB
Prof. K. Edjah
kedjah@ucc.edu.gh
0244742357

Secretary, CES-ERB
Prof. Linda Dzama Forde
lforde@ucc.edu.gh
0244786680

The bearer, *Agnes A. Mensah*, Reg. No. .... is an M.Phil. / Ph.D. student in the Department of *Education and Psychology* .... in the College of Education Studies, University of Cape Coast, Cape Coast, Ghana. ~~He~~ / She wishes to undertake a research study on the topic:

The impact of social support on the quality of life of persons living with breast cancer

The Ethical Review Board (ERB) of the College of Education Studies (CES) has assessed his/her proposal and confirm that the proposal satisfies the College's ethical requirements for the conduct of the study.

In view of the above, the researcher has been cleared and given approval to commence ~~his~~/her study. The ERB would be grateful if you would give him/her the necessary assistance to facilitate the conduct of the said research.

Thank you.
Yours faithfully,

Prof. Linda Dzama Forde
(Secretary, CES-ERB)

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