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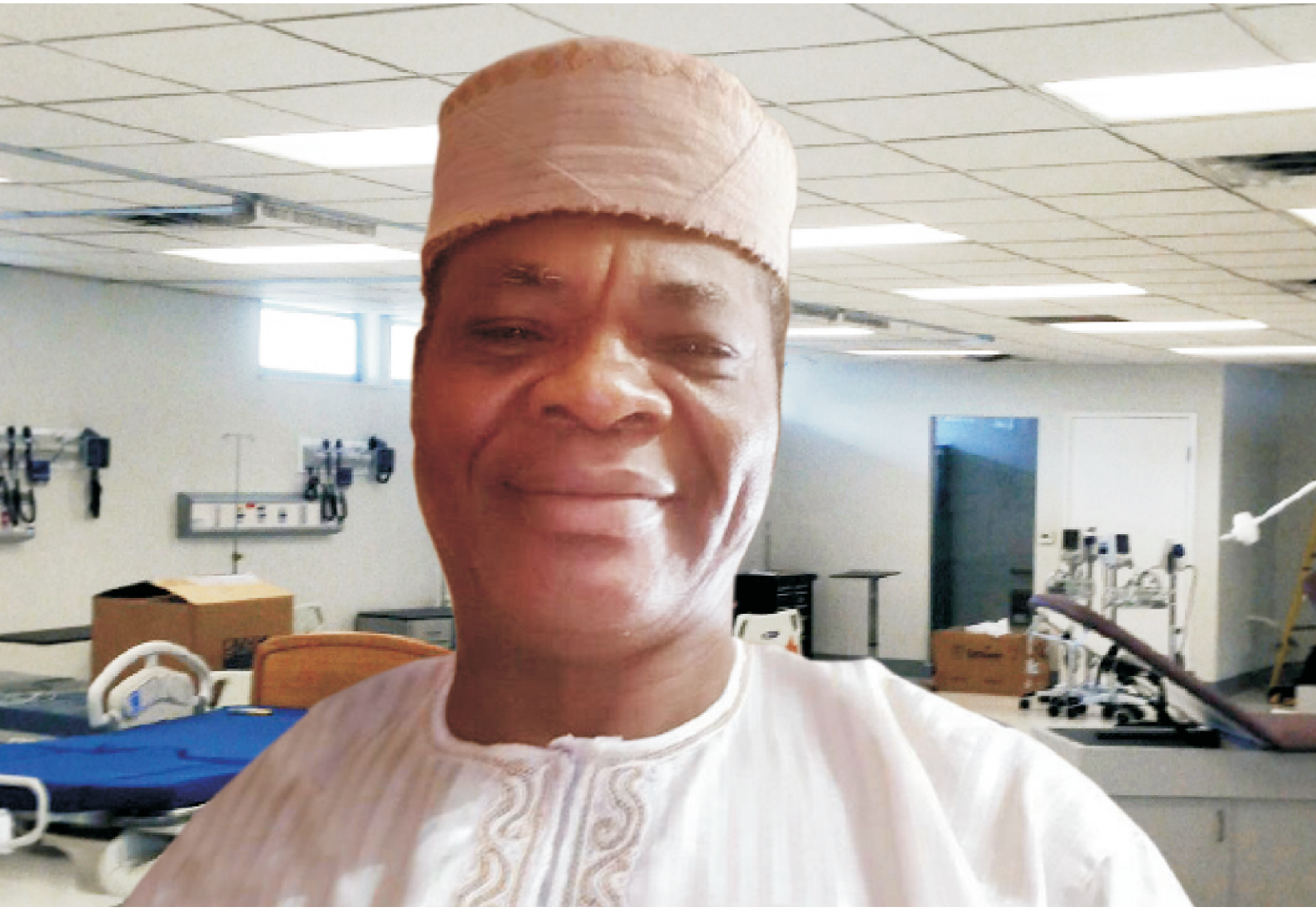

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TABLE OF CONTENTS

HEALTH-SEEKING BEHAVIOURS OF WOMEN PRESENTING WITH ADVANCED STAGES OF BREAST CANCER

AGATHA OGUNKORODE; D. T. ESAN; I. D. OWOEYE; M . I. ALADE & F. E. OJO

ABSTRACT

Globally, breast cancer is second most common cancer among women. It is also the second cause of cancer-related mortality in women in high-resource income regions after lung cancer in low and middle-resource income regions. Breast cancer is the leading cause of malignancy-related mortality among Nigerian women. Women in Southwestern Nigeria typically present with advanced stages of the illness making the survival rate very low (48%). Given the dearth of work in this direcion in medical scholarship this study sets out to explore women's health-seeking behavior among women with advanced cancer. The study applies the interpretive description (ID) method. The study participants were thirty women with advanced stages of breast cancer, defined as stages III in Ibadan, Nigeria. Data were collected through one-on-one, semi-structured audio-recorded, interviews guided by open-ended questions and from a demographic information form individual participant completed in advance. Data analyses of interview transcripts were inductive. Descriptive statistics were used to illustrate the study participants' characteristics. Result of this study showed that the health seeking behaviour of participants include engaging in self-medication by buying drugs from the local pharmacy, rubbing the wound with Vaseline ointment or Shea butter to soften the boil, seeking divine Intervention, going to herbalist/traditional healers and lastly by going to the hospital for medical care and secondly the factors influencing the health seeking behaviour of participants are stigma, lack of money, Fear, family and individual decision. It is therefore recommended that nurses listen to their patients and use every opportunity to replace their patient's misconceptions with evidence-based alternative explanations and teachings.

Keywords: Breast cancer; health-seeking behaviour; women.

INTRODUCTION

Breast cancer is the fifth cause of global cancer-related death and it is the second cause of cancer-related mortality after lung cancer in high-resource regions of the world (Ferlay et al., 2015). In low and middle-resource countries, breast cancer is the leading cause of cancer-related deaths among women (Ferlay et al., 2015). Both the incidence and mortality rates of breast cancer have been rising in low and middle-resource income countries (Akarolo-Anthony, Ogundiran, & Adebamowo, 2010). In low-income countries, projections show that the incidence of breast cancer will continue to rise because of changes in population parameters and lifestyles (Porter, 2008). The breast cancer burden in low-middle income countries is growing, with survival rates much lower than those in high-income nations (Farmer et al., 2010; Parkin & Fernandez, 2006). Approximately 60% of breast cancer deaths occur in low-income, and economically developing countries (Jemal, Center, DeSantis, & Ward, 2010). In low-income countries, women present with the advanced stages of the illness (Jemal, Center, DeSantis, & Ward, 2010).

In Nigeria, breast cancer is the leading cause of cancer-related mortality among women (Adesunkanmi et al., 2006; Jedy-Agba et al., 2012; WHO, 2016), with 70-79% of women presenting with advanced stages, which are stages III and IV of the illness (Ezeome, 2010; Jedy-Agba, McCormack, Adebamowo, & dos-Santos-Silva, 2016). Research findings indicate that in low-income countries like Nigeria, women do not typically present until the illness has reached advanced stages, and delayed treatment represents significant problems for these women (Adesunkanmi, Lawal, Adelusola, & Durosimi, 2006; Oluwatosin & Oladepo, 2006). Furthermore, in the advanced stages of the illness, conservatory surgery is difficult to realize (Adesunkanmi et al., 2006; Adisa et al., 2011; Azubuike & Celestina, 2015).

In 2012, 27,304 cases of breast cancer, which account for 53% of other types of cancer, are diagnosed in Nigerian women while 13,960 deaths are recorded (WHO, 2016; 2013). This figure accounts for 48.9% survival rate. In the Western part of Nigeria, young women present with an

aggressive sub-type of breast cancer at the advanced stages of the illness (Adisa et a., 2012; Ntekim, Nufu, & Campbell, 2009; Pearson, 1963). The stage of breast cancer at diagnosis is a vital determinant of the illness survival rate; earlier stage disease presentation has often been associated with a better prognosis than later-stage disease presentation (Allemani et al., 2015). That is, advanced stage breast cancer has often been associated with a low survival rate (Ntekim, Nufu, & Campbell, 2009).

Delays in seeking appropriate treatment could result in advanced stage disease presentation. Presenting with advanced stages of the disease could be due to either patient-related factors or health system-related factors. Patient-related factors include age, education, economic status, sociocultural factors, knowledge about breast diseases, and health-seeking behaviors. Health system-related factors include the healthcare provider's characteristics, the waiting time for a cancer diagnosis, and lengthy referral protocols (Roy, Naher, Alam, Hanifa, & Sarkar, 2015).

Health-seeking behaviors are activities and initiatives in which individuals who perceive themselves to have health issues engage to resolve their perceived health problems. Health-seeking behaviors can either lead to a cure for the illness or reduce its effect on the individual's life. The measures undertaken are components of the health-seeking process (Chrisman, 1977). When individuals are ill, they are responsible for taking steps to restore their health by seeking help from appropriate and competent healthcare providers and return to full social functioning as soon as possible (Parson, 1951).

Health-seeking behaviors are often influenced by factors such as socio-economic status, gender, age; type of illness, the influence of significant others and other social networks, and the quality of healthcare services (MacKian, 2003). Delays in obtaining proper diagnosis and care could result in the worsening of symptoms, potentially leading to adverse effects or outcomes (Afolabi, Daropale, Irinoye, & Adegoke, 2013). For health care providers, understanding the health-seeking behaviors and factors that influence health-seeking activities of patients which this study sets out to explore is, therefore, critical, and crucial in providing patient-oriented services (Olenja, 2003). Hence, this study is essential in providing this important understanding.

Objectives of the study

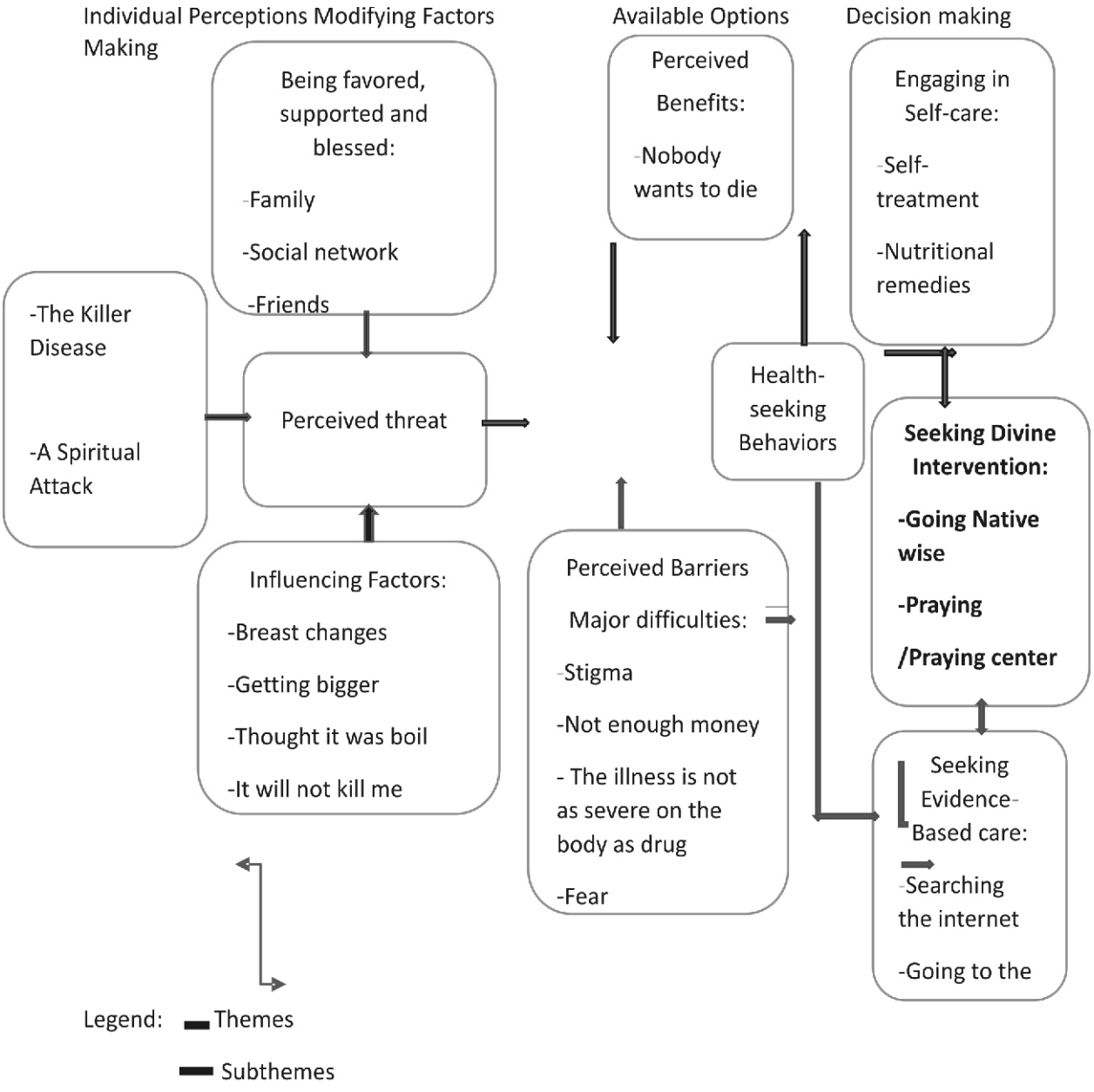
This study sets out to explore the health-seeking behaviours of women with breast cancer from their own perspectives.

Research question one

What is the health-seeking behaviour of women with breast cancer from the women's perspectives?

Figure1: Thematic Framework

Health-seeking Model of Women Presenting with the Advanced Stages of Breast Cancer in Southwestern Nigeria, as Narrated by the Women to Represent their Health-seeking Patterns.



Adapted from Rosenstock, 1974.

METHODOLOGY

Study design: Interpretive description, a qualitative approach was adopted for this study.

Study setting. The setting for the study was the oncology section of a large, urban tertiary, and university-affiliated hospital in Ibadan Nigeria. The hospital is a referral center for the whole country and West-African Sub-region. In this oncology section, patients referred from hospitals near and far usually receive comprehensive, and specialist assessment, diagnosis, quality treatment, and care of breast cancer and other illnesses. Data were collected at the oncology section of this hospital.

Study population: The population for the study are women presenting with the advanced stages of breast cancer in the university-affiliated, large tertiary healthcare institution in Ibadan Nigeria. These patients are usually referred from other hospitals to seek oncology specialist care in the setting.

Sample selection. The purposeful sampling technique was used to select 30 participants.

Participant recruitment procedure:

A letter of support was requested from the authorities of the hospital where the data were collected. Ethical approval was obtained from the University of Saskatchewan, where the researcher is studying. Ethical approval was sought and obtained from the hospital where the data was collected. Permission to engage in data collection was obtained from the Chairman of the Medical Advisory Committee of the hospital. A letter of introduction and a copy of the ethical approval document were presented to the director of the oncology section to allow the researcher to gain access to prospective participants.

Two nurse clinicians at the oncology unit/ward who follow patients with advanced breast cancer were enlisted to serve as gatekeepers for the study. The researcher interacted with the gatekeepers before the commencement of the study to specify the characteristics and features of the study. These individuals were also provided with a reminder information sheet that described the purpose of the study, the inclusion and exclusion criteria, and other details. The gatekeepers assisted in recruiting participants in line with the inclusion and exclusion criteria of the study.

The information sheet was given to the gate-keeper nurses, who helped the other nurses in recruiting appropriate participants. The researcher's local phone number was made available to the gate-keeper nurses, so they could alert the researcher when a potential participant was identified. After the researcher had been notified about a prospective participant, the researcher called the research assistant, who reassessed the identified prospective participant and obtained the informed consent to participate in the study.

An appointment for an interview was scheduled at the consenting participant's convenience. The interview took place in a private room, which was previously arranged for the purpose in the hospital. Before the interview began, information about the study was reviewed with each participant. The researcher stressed that the participant is free to change her mind and not take part in the study, and to do so without penalty.

Sample size: The selection of the 30 participants who took part in the study was guided by the saturation principle, also known as data redundancy, when the researcher begins to hear the same comments again and again.

Instrumentation: Each study participant participated in one-on-one; face-to-face, semi-structured interviews guided by open-ended questions.

Validity: The interview questions and protocol were designed by the researcher based on the information obtained through literature review. Broad questions on the interview guide asked for information on the participant's health-seeking behaviors after they noticed breast changes. The interview protocol was translated into the local language by a professional Yoruba language translator and then translated back by another independent translator to ensure consistency with the original meaning. The interview protocol was assessed for its suitability and adequacy to collect the required data by two senior and experienced breast oncologists who have carried out research studies on breast cancer in the same context in Nigeria. Necessary corrections and adjustments were made. Once the protocol was deemed acceptable, study participants were interviewed in the language of their choice, either in Yoruba or English language. Questions relating to the health-seeking behaviors of the participants after noticing breast changes and abnormalities were asked.

Data collection: The data collection for the study occurred in two phases: during the first phase, each

participant completed a personal demographic form. The demographic form obtained information on the participant's ethnic affiliation, age, educational attainment, yearly income, employment status, family history of breast cancer, and religious affiliation. During the second phase, the researcher conducted an audio-recorded, face-to-face, one-on-one, semi-structured interview with each study participant. These interviews were enhanced with the interview guide. Probes were used to encourage the participants to share the details of their experiences. The interviews were audio-recorded. Towards the end of the interview, a summary of the points that the participants shared were presented to them by the researcher for clarification. The duration of each interview ranged from 45-60 minutes, depending on the information the participants were ready to share.

Data analysis: Descriptive statistics (means, median, and simple percentages) were used to analyze and illustrate the participants' characteristics. The individual audio-recorded interviews were transcribed verbatim by the researcher into a Microsoft Word document. The researcher transcribed the interviews while listening to the audio recordings and made necessary corrections. The data were cleaned by removing all the data that could identify an informant or any third party whose name was mentioned during the interview and replacing them with initials. The transcribed interviews in the Yoruba language were translated into the English language by the researcher. The translations were back-translated by another independent translator, who signed the confidentiality agreement, to ensure that the original meaning of the interviews was maintained. Individual participants' files were uploaded into NVivo, 12 software (QSR, International, 2018). The software was used to facilitate and organize the initial phase of analyzing the data into nodes.

Data analysis was inductive.

Reflexivity. The researcher engaged in reflexivity, by exploring and paying attention to whatever emerged, to produce usable knowledge (Thorne et al., 1997).

Ethical consideration: The core principles that express the value of human dignity as laid down in the Tri-Council Policy Statement (TCPS-2, 2014) and the principles of research ethics in Africa (Kruger, Ndebele, & Horn, 2014), guided the conduct of the study. Ethical issues were addressed before, during, and after the study. Human subject research ethics approval was obtained from the University of Saskatchewan Research Ethics Review Board before starting the study. To enter the research environment and collect data for the study, ethical approval was obtained from the Joint Ethics Committee of the university and hospital where data were collected. Operational approval was obtained from the Chairman of the Medical Advisory Committee (CMAC) of the hospital.

Study prospective participants were fully informed of their rights as study participants. To safe guard against a possible power imbalance between the researcher, the gate-keeper nurses, and the study participants, a neutral person was employed as a research assistant, to obtain participants' informed consent to take part in the study. The research assistant, who was especially hired for this purpose, obtained informed consent from each participant. The written consent outlined the purpose of the study, the procedures to be followed, and potential benefits. Also, included in the consent form were information on data handling and storage, confidentiality, the right to withdraw consent to participate in the study at any time if the participant so wishes without any penalty, the right to answer only the questions the participant was comfortable with, permission to make an audio-recording of interview and for note-taking during the interview, ethics approval number, contact information of research supervisors, and that of the ethics board were given to each study participant. To ensure confidentiality, the participants' names did not appear on the demographic form and interview transcripts. Codes were used instead.

RIGOR

Rigor in qualitative research refers to the truth value or trustworthiness of the study findings. Lincoln and Guba (1985) proposed four criteria for judging the integrity of the finding from a naturalistic inquiry: “credibility, applicability, consistency, and confirmability”. Credibility is the extent to which the interpretations of the data are consistent with the ideas and meanings of the study participants. To guarantee that the results are credible, and to ensure that the findings and interpretations are those of the study participants, the researcher engaged in reflexivity as noted above. During and after the interview, the researcher asked for clarification of the

participants' shared experiences to ensure that the points being shared were accurately understood. As the data analysis progressed, the initial interpretations of the findings were discussed with the study participants to clarify if they resonated with their experiences. Consistency involves the stability of the research procedures. Creating a detailed audit trail will enable another researcher to follow the same process.

RESULTS

The demographic characteristics showed that a greater majority (87%, n=26) of the respondents were Yoruba. Further findings revealed that majority of respondents were Christians within the age group of 41 to 51 years and their level of education of majority were both Secondary school and technical certificate. Studies showed that majority of respondents are either working for a pay or are in business. Further findings revealed that majority earn 200,000.00 and they have no family history of cancer. Lastly, the time frame between the discovery of breast changes and presentation in the hospital had less than five months to live.

Table 1: **Presenting Participants' Demographic Information**

Demographic Variables	Participants' Characteristics	N	%
Ethnic Origin	-Yoruba	26	87
	-Ibo	1	3
	-Efic	1	3
	-Edo	2	6
Primary Language	Yoruba	26	87
	Ibo	1	3
	Efic	1	3
	Edo	2	6
Specific other language	English	13	43
Religious Affiliation	-Christian	24	80
	-Muslim	6	20
Age Group	-20-30	1	3
	-31-40	4	13
	-41-50	17	57
	-51-60	4	13
	-60+	4	13
Level of Education	-Less than primary 6	0	0
	-Secondary school	10	33
	-Some college, associate degree, -technical certificate -bachelor's degree	11	36
	-Graduate degree e.g. Masters,	6	20
	PhD	3	10
Employment Status	-Working for a pay or business	25	83
	-Not currently employed, looki ng for a job	2	6
	-Not currently working and not looking for job	3	10

Economic Status/ income sources in 2017	Less that N 50,000.00	2	6
	-N 100,000.00	3	10
	-N 200,000.00	8	27
	-N500,000.00 and above	7	23
Family history of breast cancer	-Yes	7	23
	-No	23	77
Time frame between the discovery of breast ch anges and presentation in the hospital	-Less than five months	11	36
	-5-10 months	7	23
	-11-15 months	3	10
	-2 years +	9	30

Thematic analyses of the interview scripts

Three themes emerged from the analyses of the transcribed interview scripts representing the health-seeking behaviours of the participants (engaging in self-care), seeking divine intervention, and seeking care in the hospital. These themes represent the similarities and differences between the views and experiences of the participants, expressed in their separate interviews.

Theme 1: Engaging in Self-care.

Some participants disclosed that they engaged in self-care. After they noticed breast changes, some of them engaged in self-treatment by buying drugs from local pharmacies. Forty-two-year-old Participant 2, and 40-year-old Participant 9 described their attempts to manage the abnormality or pain they had noticed in their breasts: *"I just buy paracetamol and use."* (42-year-old Participant 2), *"I went to buy those tablets for infection that are being sold from the chemist shop."* (40-year old Participant 9). Sixty-year-old Participant 8 shared her experience with using ointment and pain medications: *"I was rubbing it with Vaseline ointment. I thought it was a boil. I also rubbed Shea butter to soften it. I also took pain relief medications given to me by my brother."* Fifty-four-year-old Participant 24 also described her self-care behavior in trying to restore health: *"I am starting to feel pain in this arm, closer to the breast. But I have a balm that I apply to it.*

Theme 2: Seeking Divine Intervention

Depending on the individual's belief, some study participants sought divine interventions in handling their illness. Some participants indicated that they engaged in health-seeking by accessing the services of the traditional healer and the herbalist. The traditional healer engages in divination while most herbalists do not (although some do). However, since the gift of recognizing herbs that cure different ailments has not been given to everybody, visiting the herbalist was regarded as divine intervention in this study. Fifty-four-year-old Participant 24 had gone to the diviner. She related her experience:

I called my junior brother and I told him. I was crying, and he also started crying with me. He then said we should go somewhere (diviner). In that place, the woman told us that it was a spiritual attack. That is was a spiritual attack. We paid money there. She gave us a lot of things……. see……. She said it was an attack. We paid money there. She gave us various things. Since that time, in spite of all her efforts, there was no change, no cure. It seems as if it was the treatment here that seems to reduce the swelling. So, I have made up my mind and to believe that everything belongs to God. So, I have decided not to worry myself. If I notice anything, I will just come here.

Forty-two-year-old Participant 2 related, *"I went to traditional healer……. They only gave me the ones that I can be rubbing on it."* Forty-nine-year-old Participant 4 recounted the following: *"Other people can take native treatment like the Yoruba people they like native treatment. They like all these stems and roots, boil it and be drinking.*

Diverse experiences with traditional healing were shared by some participants in the study. Forty-eight-year-old Participant 19 shared her experience when she was told she had breast cancer: *When I was told I have breast cancer, and that I will be operated, I ran to the village. In the village, some people brought black medicines for me to drink, like herbal solutions, saying that when I drink them, the cancer will disappear. But nothing happened. It did not disappear. I rubbed herbal mixture on it. I should not tell you a lie. I rubbed it but, there was no change I then came back to Lagos.*

Thirty-eight-year-old Participant 28 shared a related experience:

> *I ……..... I took herbal solution and mixture. The herbal solution that I drank, I noticed that, as I was drinking the herbal solution, I was getting bigger. My legs, my hands, body, everywhere. All my body parts were getting bigger. I was getting fat. I called the woman who gave me the herbal solution. I said ha, the herbal solution that you gave me, I am getting bigger. The next thing she said was that she does not know what she can do again. She told me to go to the hospital*.

Sixty-year-old Participant 17 stated, "I know that people drink herbs and rub leaves on it. It was recommended for me. But I did not use it."

When participants were asked for the reasons why some engaged the services of some of the herbalists despite the stories they were sharing, Participant 15 responded:

> *Like I said, they are scared of the table, scared of the knife, so, they feel that if they go the native way after all, other people they used native and it worked. But they are forgetting that what they [other people] used native for is different from what they are facing*.

Forty-two-year-old Participant 12 shared a related experience:

> Some would have gone to the /herbalist and traditional healers. *For some of them, the wound would have swollen, decayed, and busted. Some people here with us at the same time we were here in the hospital, their wounds have decayed, and I used to cover my nose because of the smell that comes from their wound and the water that was oozing out of it. Many of them have died.*

Forty-two-year-old Participant 27 was also skeptical "Some of them (the traditional healers or herbalists) will say when you take traditional medicine, ….. you will be healed of cancer." As shared by sixty-year-old Participant 8, some traditional healers also assure people that they can cure the illness: "When I saw one man, who is an herbalist in our place, he said that he can cure it with herbs. He prepared the herbs for me to drink." Forty-seven-year-old Participant 6 shared what others do: "They go to different mountain top to go and pray. Then go to different herbalists. But, of all I have seen, it has not done anything." Forty-four-year-old Participant 25 expressed the opinion that the cost of conventional treatment may be responsible for why women patronize the services of the traditional healers and herbalists:

> *They come to the hospital. When they tell them the cost of the treatment, they run to those people, or they will say no. "I will not remove my breasts. Let me go to the pastor or the traditional healers." At the end of the whole thing, when it has escalated, that is when you see them coming back to the hospital*.

Most of the participants resorted to praying for healing as a form of health-seeking behavior. Participants expressed their belief in the power of prayers to cure their illness as shared by 60-year-old Participant 8: "I believe in the power of prayers. I believe that Jesus is alive. I pray that God will grant us healing." The same belief was shared by the following: 35-year-old Participant 3, 49-year-old Participant 4, 29-year-old Participant 5, 47-year-old Participant 6, 44-year-old Participant 13, 44-year-old Participant 16, 60-year-old Participant 17, 54-year-old Participant 24, 44-year-old Participant 25, and 41-year-old participant 29. Forty-seven-year-old Participant 6 emphasized the importance of prayer when she indicated, "Prayer is very vital. If one is not praying before, she should try and to learn how to pray because it is only prayer that can help."

The participants in this study prayed to God to intervene by not only praying in their private homes but also at praying centers and churches as shared by Participant 1: *"I initially started praying on it. I went to praying center……I did fasting and prayer."* Many participants consulted with their pastors to pray for them. Forty-one-year-old Participant 30 puts it this way: *"So, I ran to some pastors. I have been to prayer houses for God to intervene. And I know that it is even God that is strengthening me on this issue. I went there for prayer and fasting."* A similar experience and view were shared by 42-year-old Participant 27: *"But in my church, I prayed, I prayed, and I talked to my pastor, my shepherd. I talked to my shepherd. I said please pray for me. We prayed….and with prayers….. I believe, there is cure for it."*

Family members were involved in the prayers. As narrated by 42-year-old Participant 12, *"I got home, I explained everything to our daddy. We knelt and prayed. In the middle of the night, we got up and cried out to God."* Forty-three-year-old Participant 10 involved her children in prayers: *"I told my children. I just said, let's be praying because they know our purse, our condition."* At the individual level, participants also engaged in praying. Forty-four-year-old Participant 11 shared her routine: *"I will pray into the water in the morning, then I will drink it."* Fifty-four-year-old Participant 24 indicated that she follows a similar practice: *"When I wake up in the morning, I pray to God. I tell God that this illness, I do not want it again in my life."* Participant 5 also prayed regularly: *"I took it to God in prayer. So, after then, I rested my heart on God. I believe in God."*

Some participants shared the view that many people believe that breast cancer is not an ordinary illness, and may, in fact, be a spiritual attack. When they were asked about how the attack is usually repelled, 34-year-old Participant 28 responded this way: *"By way of prayer, let them prepare anointing oil for me, so that I can be rubbing it on the breast. There is nothing the power of God cannot handle."* Forty-six-year-old Participant 14 also recounted that the attack was repelled through prayers: *"Initially, we first went for prayers maybe it was a kind of war…. Ha by prayers, for the attack to be resolved."* Prayers also figured into sixty-eight-year-old Participant 26's reaction to the attack. She wondered why she should be targeted:

> *I came to the hospital after the prayers were said on my behalf that if it was an attack, that God should return it to the sender. When I did not have any issues with anybody. I did not have any quarrels with anybody. Why will anyone attack me?*

Some participants shared that some pastors encouraged their clients to go to the hospital, while others did not. Forty-four-year-old Participant 16's pastor was unequivocal: *"He (pastor) prayed for me. He was the one who advised me to go for the surgery without delay."* A similar experience was shared by 42-year-old Participant 27: *"I talked to my shepherd. We prayed. He was among the people that even said go, that it needs medical attention. That don't think it is spiritual."* Thirty-one-year-old Participant 23, however, described a different experience with a pastor:

> *So, one of my brothers called one of his friends a pastor to pray for me. The pastor now…… told me I should not do any surgery. That he will pray for me and the lumps will get out of there. He said did I have faith? I said yes now. He prayed for me that day. He said at 12 noon, something will happen. But nothing happened. Then, they will say it is the anointing oil and the water they will pray to* that will remove the lump.

Fifty-four-year-old Participant 24 shared the opinion, *"Only God gives healing. All other people are just trying."* And she prayed, *"May God lay His healing hands on me. May God show me favor and healing."*

Theme 3. Seeking Evidence-based Knowledge and Care

When some of the participants noticed their breast changes, they wanted to know more. They sought explanations and understanding. Some of them tried to obtain the knowledge through browsing the Internet and consulting with a healthcare provider. This theme was supported by two subthemes: searching the Internet and going to the hospital.

After the diagnosis of breast cancer, some participants described their health-seeking behaviour. Forty-seven-year-old Participant 6 described what she did when she saw the breast changes: *"I saw a lump. So then, I browsed about it in the Internet*." According to 44-year-old Participant 25, "*I went home, and I started doing some research online. You know, checking for hospitals in the country that really treat cancer patients. And so, that was how I got to know about UCH*." Forty-two-year-old Participant 27 shared a related health-seeking behaviour: "*I started Google searching for how to treat cancer. What causes it, the food to eat. So, I started taking fruits, doing some things that I read on the Internet*." Forty-nine-year-old Participant 4 did the same thing: "*I browsed on breast cancer. The information I got online is that if you detect it early, it can be arrested. I also browsed and saw that soursop is used to treat cancer and hinder the spread*."

When participants perceived changes in their breasts, they responded to the observations in many ways. Some immediately went to the hospital. Forty-two-year-old Participant 12 shared: "*The only step we took was to come to the hospital for treatment*." A similar action was shared by forty-

three-year-old Participant 21: "*I know only of the hospital*." Forty-four-year-old Participant 13 also sought medical opinion at the hospital:

> *It looked like boil. I thought it will resolve by itself. I went to the hospital. They told me it is cyst that it will disappear on its own. When it did not disappear, after three months, and it was getting bigger and bigger, I went back to the hospital*.

Other participants observed their breast changes over a period of time before going to the hospital. Forty-six-year-old Participant 14 shared: "We thought maybe it was just an ordinary breast problem. But when we saw that it did not heal. It was getting bigger and more and more uncomfortable; we went to the hospital." A similar experience was shared by 37-year-old Participant 15: "On the right breast. I did not take it seriously until I think I started seeing some discharge from my nipple. By then, I went to the hospital."

Some participants reacted with fear when they perceived changes in their breasts. As shared by 53-year-old Participant 18, "I was afraid and then went to the hospital where our family normally take treatment when we are in need of health care services." A similar experience was also shared by 31-year-old Participant 23:

> *The one I have seen is the thickness of that water. I did not know it was breast cancer. So, I went to a private hospital. I told my doctor that see, I am having pains on the nipple of my right breast. So, that one thick water is coming out. So, he said maybe it is an infection. So, he gave me Ampiclox.*

All the study participants are eventually engaged in health-seeking by going to the hospital, which is where they were recruited for this study. Forty-year-old Participant 9 expressed the importance of health-seeking by going to the hospital as the solution to breast cancer: "When one does not understand it, and one has run around without finding solution to it, it is to the doctor, the orthodox medical man that one will go.

DISCUSSION OF FINDINGS

This study explores women's health-seeking behavior among women with advanced cancer. The demographic characteristics shows that a greater majority of the respondents are Yoruba, Christians and within the age group of 41 to 51 years. Result also revealed that their level of education are secondary school certificate and technical certificate. Study shows that respondents are either working for a pay or in business. Also majority of respondents earn 200,000.00 and had no history of cancer. Lastly, the time frame between the discovery of breast changes and presentation in the hospital had of less than five months.

This study observes that the health seeking behaviour of participants include engaging in self-medication by buying drugs from the local pharmacy, rubbing the wound with Vaseline ointment or Shea butter to soften the boil, seeking divine Intervention, going to herbalist/traditional healers and lastly by going to the hospital. These findings are congruent with those of Jegede (2002) who observes in his study that on perceiving they have any illness, the Yoruba people initially engage in self-care. It is after these self-care attempts fail that they go to the hospital. Similar findings are found in Ibrahim and Oludara (2012) qualitative study of the socio-demographic factors associated with delay in breast cancer presentation in Nigerian women. Findings from their study indicate that 61.6% of the participants in their study engage in alternative, spiritual and herbal medicine to manage their breast abnormality

This study also reveals that the factors influencing the health seeking behaviour of participants are stigma, lack of money, fear, family, and individual decision. Similar findings are identified by Pruitt et al. (2015) in a qualitative study of the social barriers to the diagnosis of breast cancer in a teaching hospital in Nigeria.

CONCLUSION AND RECOMMENDATIONS

The analysis of the participants' description of their health-seeking behaviors reveals three themes "engaging in self-care," "seeking divine intervention," and "seeking evidence-based care." Some participants try home remedies to handle their breast changes, while others sought divine interventions and traditional remedies to know the cause of their symptoms. Some also spoke about other patients they know from the hospital who

went to herbalists. Many participants sought medical care after trying other types of remedies to resolve their breast changes and realizing the severity of their symptoms. The findings increase the awareness of the necessity for a comprehensive education about breast health and issues relating to breast cancer in the population studied.

Nurses should provide education, counselling, and information to women and the general public. The awareness could be carried out through public health campaigns, public education, and behavioral change interventions at the general community level. Public and community health practitioners could intensify health promotion campaigns in all categories of healthcare institutions and hospitals, to provide relevant information that could enable people to make informed choices. Increased knowledge and understanding of breast health, breast ill-health, and breast cancer-related issues could lead to a decrease in the incidence of breast cancer. Mass media coverage and effective media campaigns could assist in providing information on topics such as breast health and breast cancer. Therefore, training journalists on breast cancer and health reporting might be one way of addressing breast cancer-related myths and misconceptions. It could also, lead to earlier breast cancer identification, diagnosis, initiation of treatment, and a reduction in the mortality rates related to the illness.

Implications for nursing practice

In Nigeria, late presentation of breast cancer, leading to limited treatment options have been assumed to contribute to the reasons for the poor prognosis of the disease. Exploring and understanding the health-seeking behaviors of women with the advanced stages of breast cancer could help identify the steps they take when they perceive breast ill-health and the actions that hinder an earlier presentation in the hospital. The awareness of the health-seeking behaviors can aid nurses and other health care professionals to know and understand their patients' health-seeking perceptions. This consciousness is important if health care professionals and patients are to successfully work together to better address patients' needs. This new understanding could also empower nurse clinicians and other breast cancer care stake holders to recognize the critical areas and points contributing to delays in seeking medical attention for breast cancer and to develop and implement useful and contextually appropriate strategies, and interventions to encourage earlier presentation. Early presentation, diagnosis, and treatment of breast cancer might lead to improved treatment outcome.

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