



Living with Male Breast Cancer: Personal Experiences and Insights from Ghana

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Abstract

Male breast cancer is a rare but severe disease that causes significant morbidity and mortality. The study aims to examine the experiences of men with male breast cancer (MBC) in Ghana. Through in-depth interviews, five (5) participants were purposively selected, using a qualitative approach. The data collected were analyzed using thematic analysis. This study found four themes in the experiences of male breast cancer patients and survivors; emotional experiences, clinical experiences, body image, and relationships with healthcare personnel. This study noted that the experiences of male breast cancer participants were subjective though there were some universal aspects shared among those affected with the illness, including positive and negative experiences. The study recommends that there should be more education and sensitization on male breast cancer. Due to subjective experiences, special attention should be paid to affected people's social, emotional, physical, medical, and psychological needs to enable them to cope with the male breast cancer illness.

Subject Areas

Gynecology & Obstetrics

Keywords

Male Breast Cancer, Experiences, Patient, Survivor, Ghana, Health Workers, Men

1. Introduction

Significant morbidity and mortality are caused by the uncommon but deadly male breast cancer disease (MBC) [1]. Due to its scarcity, health-care workers rarely see enough patients to conduct a properly controlled prospective study on. As a result, the majority of research studies are based on female breast cancer, and these findings

are frequently deduced into male breast cancer clinical diagnosis and treatment [2], which cannot be completely applicable due to the differences in both cancers, such as etiology.

Male breast cancer incidence varies geographically across the developed world. In the United States of America, approximately 200,000 females and 2000 males are diagnosed with breast cancer (BC) each year [3]. In 2024, it is estimated that there will be 2,790 cases of male breast cancer and 530 deaths [4]. The incidence rate of male breast cancer in Israel is 1.24 per 100,000 per year, while in Thailand, it is 0.16 per 100,000 per year. Epidemiological studies on male breast cancer have also revealed a steady growth in annual occurrence [5]. It is higher in Jewish men, where it is 2.3 per 100,000, and in nations with a high prevalence of parasite liver disease, such as Egypt and Zambia [6]. According to [7], patients with male breast cancer had greater mortality rates than women with breast cancer. Men typically receive diagnoses at later and advanced stages than women, which results in lower overall survival rates for men than in women [8].

Male breast cancer is relatively increasing and more prevalent in African countries than developed countries. Egypt has a 12 times higher incidence rate than the United States, which is around 1 per 100,000 people [6]. In Zambia and Uganda, 5% - 15% of males develop breast cancer [9]. In West Africa, an incidence rate of 2% is discovered in Ile-Ife, 2.4% in Lagos, 2.9% in Ghana, and 3.75% in Ibadan [10]. While in Ethiopia, 10.4% incidence rate was recorded [11], about 1.97% was also discovered in Lebanon [12]. Potential explanations for these high rates are the increased prevalence of liver illness in these nations, which is linked to high levels of oestrogen (a risk factor for male breast cancer), lack of knowledge about risk factors, symptoms and early detection methods, negative attitudes, mastectomy and death [13] and misconceptions about breast cancer as female-illness. At 5 years, the overall survival rate for male breast cancer patients is ranged between 36 and 75%, according to various studies [14]. Therefore, having a less favorable outcome in terms of survival in breast cancer than in women.

The findings of breast cancer research on women have influenced breast cancer in men in terms of the risk factors, signs and symptoms, treatment options because female subjects are more easily available and because the prevalence of breast cancer in women is higher. Despite this assumption, the prevalence of male breast cancer (MBC) has progressively increased over the last three decades [15], and the prognosis of MBC is worse than that of breast cancer in women [16]. In spite of the fact that there has been little research on MBC in Ghana, there has been an increase in incidence-mortality estimates ranging from 2.4% [17] to 2.9% [10]. A retrospective research of breast cancer in Ghana (1980-1996) discovered 18 male and 735 female cases [18]. The lack of cancer registries in Africa and other poor nations such as Ghana has been reported to impede understanding of the true incidence and impact of breast cancer in these countries [19]. Data on breast cancer that defines and describes the disease's characteristics should be explored in order to discover the best treatment options and reduce mortality rates [20].

Living with a breast cancer diagnosis can lead to an extensive range of experiences and can have an impact on the patient and those who surround and support them, including family, neighborhood, and larger society [21], particularly for men. One's experience with male breast cancer begins with diagnosis and continues throughout treatment and recovery. According to [22], these experiences are subjective; it cannot be generalized. Contrarily, [23] also states that all breast cancer patients encounter some similarities in their experiences, independent of their nationality, age, tribe, or the stage of the disease.

Feelings of inferiority, shame, fear, worry, and emasculation are common emotional reactions men feel when diagnosed with male breast cancer [24]. The diagnosis also triggers confusion, anxiety, worry about the future, pain, and the fear associated with living on the edge of life and death, even with cancer survivors [25]. The majority of these sparked emotions are a result of the lack of knowledge about male breast. Research suggests that up to 40% of cancer patients experience significant levels of distress, like anxiety and depression, which often go unnoticed in medical practice but considerably impacted quality of life [26]. The physical scars from a mastectomy and a breast cancer diagnosis can heighten feelings of emasculation and psychological distress [27]. Uncertainties about the disease's prognosis can generate constant fear and anxiety. Despite the prevalence of these emotional responses, clinical levels of anxiety and depression are relatively low among male breast cancer patients (MBCP) (6% and 1%, respectively), with 23% of patients experiencing cancer-related difficulties [28]. This might be due to healthcare workers focusing on the practical needs of patients rather than emotional ones [29]. For survivors, the fear of recurrence stems from the worry that cancer may spread to other regions of the body or return to the same breast or the opposite breast [30]. Nevertheless, most survivors exhibit low anxiety levels and this influences psychological adjustment and well-being during survivorship [31]. It is important to note that emotional experiences can vary significantly between individuals and over time. In some cases, men who have had a mastectomy and received support from their partners and medical facilities report feelings of happiness and joy as a long-term result of the treatment [32]. These findings emphasize the importance of comprehensive care for MBCP, including physical, psychological, and emotional support.

The experience of male breast cancer diagnosis and treatment encompasses a range of complex emotions and social responses. Some men feel comfortable discussing their status, particularly when questioned directly about it while others may feel embarrassed or unwilling to share their experiences due to stigma or a lack of understanding about male breast cancer [29] [32]. Men commonly face loneliness and have few avenues for assistance, like spouses, close relatives or friends which contributes to their social isolation and humiliation [33].

In many cases, men may delay seeking medical help due to fear or denial, with visits often triggered by the involvement of spouses or partners who monitor their health [34] [29]. Once in the healthcare system, men often exhibit stoic behavior,

influencing how healthcare staff approach males with breast cancer, which negatively affects relationships between health care providers and cancer patients [35]-[37]. Survivors often report a decline in assistance from their personal support network, which causes psychosocial difficulties [38]. These physical and psychological issues survivors continue to have indicated that health workers and personal networks are failing to meet the needs of breast cancer survivors [39]. Hence, men often feel isolated, leading to further emotional distress and feelings of being a burden [40].

Despite their challenges, many survivors report positive changes in their outlook on life [41]. This aligns with research suggesting that life-threatening experiences can inspire positive adjustments as people confront a shorter lifespan and seek to live more meaningful lives [42]. Some people with breast cancer report to have benefitted psychologically from cancer diagnosis and treatment by gaining a clearer perspective on life, deepening relationships, and experiencing a heightened sense of life's importance [7] [43].

Breast cancer is most commonly associated with women, so research and understanding of the experiences of men diagnosed with breast cancer have been limited. However, exploring men's experiences with breast cancer is crucial in understanding and providing appropriate care for this under-researched population. The mixed-method study by [44] in Germany highlighted several experiences that male breast cancer patients (MBCPs) encounter. These include delayed diagnosis due to misinterpretation of symptoms, issues with accessing treatment, uncertainty in the healthcare provider's approach to treatment, stigmatization, and issues with continuity of care. Interestingly, it was found that men who received treatment in hospitals affiliated with a breast cancer center and had support from spouses or partners in identifying the symptoms of the disease had better experiences. The study emphasizes the need to lessen stigmatization and increase awareness of male breast cancer among the general public, medical professionals, and researchers to prevent delays in diagnosis. Furthermore, it stresses the importance of having healthcare facilities that ensure access to gynecological care.

The study by [45] took a deep dive into an individual's experience with breast cancer using Interpretative Phenomenological Analysis. The participant, referred to as "Henry," provided insights into the emotional and psychological turmoil, impact of the breast cancer, his relationship with health care providers, masculinity, body image, and the shift in self-perception that the disease instigates. The study offers an in-depth understanding of a man's journey through diagnosis, treatment, and early recovery from breast cancer. [46]'s comparative study of men and women's experiences with breast cancer was revealing. Although there were a few similarities in experiences between men and women, such as their health seeking behaviors and disclosing their breast cancer status, it was reported that men generally had a different experience. Men were given limited choices in their treatment, they had to contend with female-specific or inadequate information, and reported limited support. The experiences in clinical and ward settings were

mostly negative, with men often being mistaken for supporters rather than patients. However, despite these negative experiences, many men could renegotiate their masculine identities to incorporate their breast cancer experiences. They took on the role of educators, informing others that men can and do develop breast cancer.

The study by [40] that explored the lived experience of men with breast cancer provided significant insight into how the disease impacted the participants' sense of masculinity. Despite its main focus, other themes extracted from the study included living with breast cancer, concealment of diagnosis and interactions with healthcare providers. These men often felt their bodies and masculinity were altered post-mastectomy and reported a lack of specific information tailored to men. Similarly, [47]'s study sought to investigate men's experiences with breast cancer, the effects of having an illness generally associated with women, and its influence on the available information, support and treatment methods. Participants were shocked at male breast cancer diagnosis and reported dissatisfaction with the available support services and information. They also felt ignored by doctors due to their lack of medical knowledge on male breast cancer. However, the varying healthcare systems in each participant's country may have affected their reported experiences. [48] also sought to describe the psychosocial effects of being diagnosed with male breast cancer. This study highlighted several issues that affect the care and management of MBCPs, including delayed diagnosis, shock, stigma, body image, causal factors, the provision of information, and emotional support. This research suggested that a structured education program for healthcare professionals and gender-specific information for patients could alleviate some of the psychological and social issues associated with diagnosis and provide more appropriate counseling services for partners of patients.

Despite these insightful studies, it is clear that there is a dearth of research on the lived experiences of men with male breast cancer, particularly in Ghana. Majority of studies exploring the experiences of male breast cancer patients are western based and since different contexts may yield different results, there is a need to also explore the experiences of male breast cancer patients/survivors from the Ghanaian context. Compared to the extensive research on the experiences of female breast cancer patients, there is a significant knowledge gap concerning the experiences of male breast cancer patients/survivors, particularly regarding the social, emotional, clinical and psychological experiences. This lack of research underscores the importance of further studies to provide more comprehensive care and support to these male breast cancer patients/survivors.

2. Methods

2.1. Research Design

A qualitative approach and an exploratory case study design were utilized to explore the experiences of men with male breast cancer. This approach was selected to provide an in-depth understanding of complex issues such as the lived experiences

of men with breast cancer within a real-life context. An exploratory case study design was employed because it is particularly useful when sufficient information about a research subject is lacking or when a field is new or understudied. This aids in offering fresh perspectives on a phenomenon and exploring new or emerging topics [49]. Male breast cancer is a subject that has received little attention, especially in Ghanaian literature. The rationale for using a qualitative approach was to explore participants' perceptions and subjective views in a natural setting in order to better understand research problems and provide solutions to them. This approach avoids the need for numerical measurements or quantifying outcomes, as experiences and behaviors are quite complex and cannot be quantified [50].

2.2. Study Area and Population

The study was conducted in two regions of the Republic of Ghana: Ashanti Region and Central (Cape Coast) Region. The study population included a male breast cancer patient, male breast cancer survivor, and health workers from the hospital stated above. Due to the rarity of male breast cancer patients and survivors, the two regions were selected due to the salient characteristics participants possessed. They were selected from these two regions after conducting hospital and media rounds to get more participants following the unfortunate deaths of potential participants (patients and survivors) recruited earlier. Health workers from the Peace and Love Hospital were selected based on their expertise and direct experiences with male breast cancer patients.

2.3. Participant Selection

Participants were selected through purposive sampling for the male breast cancer patient, survivor, and health workers. The selection was based on their firsthand and witnessed experiences with male breast cancer. Purposive selection is used to select individuals who possess a characteristic that is known to or is anticipated to be of considerable value to the research project, such as breast cancer healthcare professionals and males with breast cancer (who are key informants with expertise and experience). In order to eliminate participants who did not match the requirements, this approach was utilized to choose individuals who satisfy the study's defining characteristics [51].

2.4. Data Collection

Unstructured in-depth interviews were conducted to capture the detailed experiences of the participants. The purpose for using in-depth interviews was because it allowed the researcher gather first-hand knowledge and to gather authentic and detailed data from participants. The participant's sense of what is appropriate allowed the researcher to be able to probe further where necessary, delve into specifics, examine and revise questions, as well as interpret responses based on participant's knowledge and life experiences on male breast cancer. The unstructured

interview guide (an informal framework with a series of open-ended questions) offered the flexibility to productively diverge and explore various aspects of their experiences in detail. Interviews were conducted in either English or Asante Twi, based on the participant's preference.

2.5. Data Analysis

Thematic data analysis (TDA) was employed to analyze the collected data. The analysis involved transcribing interviews, coding the data, and identifying key themes related to the experiences of male breast cancer patients and survivors. Data was analyzed according to [52]'s approach to thematic analysis. This approach was chosen for its flexibility in identifying, analyzing and noting patterns (or themes) within data.

The first stage is data familiarization. This includes verbatim transcription of all recorded data retrieved through interviews, as well as typing all field notes with each participant and saving them as word documents as soon as possible to avoid missing any key points relevant to the study. Data recorded in any local dialect were translated and transcribed into English. Transcripts were reviewed for accuracy, to gain understanding of the data, as well as noting down outstanding impressions.

The next stage is generating codes. After transcribing and familiarizing with the data, major concepts in each transcribed document were highlighted manually in order to generate codes that use phrasal words or keywords to represent concepts.

The third stage is generating themes. Themes are groups of codes that represent a researcher's analytical concept. As a result, similar codes and patterns identified were grouped together, new codes were generated, and the cycle continued until all codes were categorized into identifiable themes. Also, some different codes were organized into broader themes.

The fourth step focused on reviewing the themes. The validity of the themes was checked by revisiting the transcripts to ensure that the codes and themes were in sync and accurately reflected participants' perspectives and experiences. Some preliminary themes were merged or modified to align better with the data collected. After a thorough re-examination of the data, a central theme emerged.

The final stage involves presenting the results. The analyzed results were presented and supported by specific and meaningful literature to enhance the study's comprehensibility, and illustrated with quotes from the participants' descriptions to exemplify each theme.

2.6. Ethical Consideration

With a granted ethical clearance from the Kwame Nkrumah University Review Board, an introductory letter was sent to the Peace and Love Hospital's management for approval to interview healthcare personnel and male breast cancer patients/survivors. Information sheets and consent forms were sent out to male breast cancer (MBC) patient/survivor and breast health care personnel before data

collection. They were assured of anonymity in the publication of the research findings. Therefore, participants were provided with fictitious names where health care personnel were given “Ga” names and male breast cancer participants were given “Akan” names to conceal their identities. Research participants were also given the option to withdraw from participating in the study if they so wished at any point without any negative consequences.

3. Results

This section entailed the collection of events or activities male breast cancer participants encountered. These experiences encompassed their opinion, feelings, which could either be witnessed (in the case of health workers) or participated in (as with the male breast cancer patient and survivor). These experiences were categorized into two subthemes, experiences pertaining to breast cancer (BC) diagnosis and experiences pertaining to treatment.

3.1. Experiences pertaining to Breast Cancer Diagnosis

3.1.1. Emotional Experiences

Before diagnosis, the breast lump accompanied by pain for the patient and the abnormal bleeding from an enlarged breast in the survivor, was emotionally challenging for them. Upon being diagnosed with breast cancer, they expressed shock and doubt at the reality that a disease traditionally associated with women could also affect men. The health workers also confirmed these sentiments by stating that men frequently experienced feelings of depression, fear and surprise when informed of their diagnosis. The survivor articulated that there were times he had no desire to see or communicate with anyone. Additionally, he mentioned the emotional trauma associated with the fear of imminent death. Mr. Oduro stated that;

I think fright also kills them. People get frightened they have cancer. So, fright is one of the things which really make people get down.

And Dr. Adoley shared that;

I will first of all say, depression, hearing it for the first time because nobody wants to be diagnosed with breast cancer.

3.1.2. Clinical Experience

The patient and health workers stated some public hospitals do not offer the best of services to its patients. Both patient and survivor sought treatment for their breast at both public and private hospitals. The survivor’s experience from both hospitals were good and pleasant (he described health workers as great people who empathized and encourage him, early diagnosis and treatment), unlike the patient who had to transfer from a public hospital to a private hospital because he was told he was the 45th person and should come back in 3 to 4 months’ time for treatment, which could have led to his death. The doubts and delays in diagnosis and treatment, the lack of specialized healthcare workers, unfriendliness and poor

personal interaction with patients at some public hospitals as indicated by the patient and some health workers were concerning. It was disclosed that;

The reason why I did not go there was because they told me I am the 45th person, so it will be about 3 to 4 months and I said so if I die, I die?—Mr. Asamoah, a 70-year-old, male breast cancer patient.

I was fortunate because my job paid for the expenses, so moving in between hospitals, I had a better experience at the hospital unlike some people—Mr. Oduro, a 65-year-old, male breast cancer survivor.

...most patients report from the government hospitals, where we know they also do breast care and chemotherapy and work with a national health insurance with reasons been that they are been delayed, and want a second opinion. According to patients from these hospitals, you will not get anyone to interact with you, you will go here and they will be tossing you here and there. Go, there is no doctor, come this day, some are scheduled for 3 months, which the cancer cells can metastasize but when you come, quickly you are diagnosed. We want to quickly start the therapy and we encourage you to visit regularly—Dr. Adoley

3.2. Experiences Pertaining to Treatment

3.2.1. Body Image

Throughout their (male breast cancer patient and survivor) treatment process, the physiological effects of the chemotherapy treatment were specifically hinted at by the patient, survivor and health workers. According to them, the effects of the chemotherapy treatment cause one to change completely, where the patient stated that you do not look human anymore. Some changes include loss of hair from all parts of your body, darkening of the skin, toe and finger nails and weakness in the genital area, nausea and vomiting and loss of appetite. Mr. Asamoah mentioned that;

The chemotherapy is like a bomb because it searches for the virus to kill it which makes everything in your body die. Your hair on your head, legs, hands, all gets lost totally. You will look like a mad person; you do not look normal.

Nurse Akweley said;

Chemotherapy is with its own side effects, talking of alopecia, you losing your hair, sore mouth and throat, color change.

3.2.2. Relationship with Health Workers Throughout Treatment Process

The patient and survivor revealed they have a good relationship with their healthcare providers, be it a male or female, which made them feel safe and supported. Health workers interviewed also confirmed by saying that they treated their patients as kings and queens, pampering them to build a better doctor-patient relationship. Mr. Asamoah specified that;

I became part of the hospital family, as at now I am still a part of the family. All the doctors and nurses are nice people and I am free with them.

Nurse Akweley mentioned that;

Patients testify that we are different and ask where we get our training from because we treat them as kings and queens. We do not talk when they are talking, we patiently listen and reply them calmly.

4. Discussion

The experiences of male breast cancer patients/survivors entail the collection of events or activities male breast cancer (MBC) victims encounter. These experiences have been categorized into two subthemes, experiences pertaining to MBC diagnosis and experiences pertaining to treatment. This study took time to evaluate the experiences of MBC victims during and after diagnosis. The discussion on the experiences pertaining to male breast cancer diagnosis is divided into two subthemes; emotional experiences and clinical experiences.

On the subject of emotional response to diagnosis, male breast cancer participants reported a sense of disbelief and shock upon hearing their diagnosis with a disease generally associated with women. Health workers from the Peace and Love Hospital also confirmed stating that men mostly experienced depression, fear and shock when diagnosed with breast cancer. The study's findings are consistent with prior research including [53], where the emotional toll of being diagnosed with male breast cancer may lead to men feeling inferior, ashamed, scared, worried and emasculated. Cancer patient/survivor(s) experience confusion, anxiety, worry about the future, pain, fear and the gray area between life and death [25]. Another study by [28] noted that male breast cancer patients experienced these emotional issues including anxiety and depression, partly because healthcare workers frequently focus on their practical needs rather than their emotional ones [29]. Other studies like [32] indicates that male breast cancer patients who receive support from their partners and healthcare providers rather experience positive emotional outcomes, including contentment and joy as a long-term result of the treatment, contradicting the negative emotional reactions reported in this study highlighting the need for emotional support in improving the mental and emotional health of male breast cancer patients and survivors.

With male breast cancer (MBC) participant's clinical experiences, MBC patient and health workers confirmed that some public hospitals do not offer the best of services to its patients, including cancer patients. Both patient and survivor sought public and private hospitals for treatment on the breast. The survivor's experience from both hospitals were pleasant (he was treated well, encouraged and empathized with, diagnosed and treated on time and had a good doctor-patient relationship. Unlike the patient, who went to a public hospital upon seeing the signs and symptoms, had to transfer to a private hospital for treatment because he was told he was the 45th person and should come back in 3 to 4 months' time, when he could have died due to late diagnosis. Doubts and delays in diagnosis and treatment, lack of breast care specialists, unfriendliness and poor personal interaction with patients at some public hospitals as indicated by the patient and some health

workers were not great. Some studies oppose this study's clinical experiences where males diagnosed with breast cancer are usually the cause of their clinical experiences where they frequently postpone doctor visits for six to nine months [34] which adversely affects their own health.

It can be deduced that the emotional experiences of male breast cancer patients often intersect and significantly influence their clinical experiences, and vice versa. Frustration from prolonged waiting periods and delays in diagnosis and treatment may create doubt, add to emotional shock and exacerbate disbelief. Also, empathetic interaction, care and attention given to patients may reduce ill feelings and improve the emotional, psychological and physical well-being. Effective healthcare can mitigate some negative emotional experiences by emphasizing the need for quality support in private and public hospitals.

Experiences pertaining to treatment were also categorized into further sub-themes, body image and relationship with health workers throughout treatment phase. Throughout their treatment process, the effect of the chemotherapy treatment was underlined by male breast cancer patients (MBCP), survivors and health workers. According to them, the effects of the chemotherapy treatment cause one to change completely, where the patient stated that you do not look human anymore and classified the chemotherapy treatment as a bomb to the human body. Some changes according to male breast cancer victims include loss of hair, darkened skin, discoloration of the toes and fingernails, which can contribute to an appearance that some study participants perceive as a mad person. The health workers in this study also confirmed that alopecia (loss of hair), sore mouth and throat, color changes.

With male breast cancer (MBC) participants, their relationships with health providers throughout treatment process were indicated as admirable, both males and females, which made them feel safe and supported. MBCP went ahead to describe that he was part of the hospital family, illustrating a good relationship with their health care providers. The health workers from the Peace and Love Hospital in this study also mentioned their focus was on building a better doctor-patient relationship, which supports the opinions of MBC victims. Contradicting several studies by [35]-[37], where the relationship between health care providers and cancer patients was not encouraging, depicting a poor relationship. This leads to physical, psychological issues and decreased wellbeing [54].

[23] stated that all breast cancer patients share similarities in their physical experiences emanating from the side effects of the chemotherapy treatment, regardless of one's nationality, age, ethnic group, or stage of the disease. This contradicts [22]'s claim that male breast cancer patients have different experiences. Both perspectives align with the findings of this study. For instance, the shock, disbelief and surprise at being diagnosed with a life-threatening illness as male breast cancer (MBC) portrayed a universal reaction among participants especially when the disease in question is frequently associated with women only. Also, the physical changes as a result of the breast cancer treatment such as alopecia, weakness,

sexual dysfunction, loss of appetite, darkening of the skin were common side effects experienced by male breast cancer participants in this study. Finally, there was a universal experience of MBC participants with their health providers where they felt safe, supported and cared for during the treatment phase, which eased the emotional and psychological burden of their condition. On the contrary, their subjective experiences were based on their encounter with public and private healthcare settings. The patient did not receive personalized and more attentive care at the initial hospital where he presented his symptoms, which happened to be a public hospital unlike his experience at the private hospital. For example, the patient was instructed to visit the hospital months later as he was the 45th person to be attended to. This could be a result of a lack of specialized staff and diagnostic equipment leading to late diagnosis and high mortality rates. Unlike the patient, the survivor had a positive experience at both public and private hospitals where he was diagnosed early, started treatment and was given the support, care and attention needed before and during his treatment journey. This is seen as Mr. Oduro, the survivor stated he had a better experience at both hospitals unlike others. Even though he was aware of the ill experiences of others at some hospitals, he was fortunate to have a more positive encounter.

5. Conclusion

Using a qualitative approach and a case study design, the study established the following conclusion: The experiences of the male breast cancer patient (MBCP) and male breast cancer survivor (MBCS), which concurred with the opinions of specialized breast health care personnel were categorized under four themes; emotional experiences, clinical experiences, body image and their relationship with health care personnel. This study has established that some experiences were subjective. Male breast cancer participants did not have a common experience, as they individually could tell what their experience was like at both public and private hospitals after detecting the signs and symptoms. On the other hand, there existed some universality in their experiences, which was mostly related to the physical side effects of the breast cancer treatment, shock of diagnosis and good doctor-patient relationship they encountered. The conclusion that there are both universal and subjective experiences was sourced from the thematic analysis of participants' responses in the study where common and varying themes were identified. Based on the study findings, the following recommendations were made; the Ghana Health Service, Ghana Education Service, religious organizations, media and non-governmental organizations should create more awareness on male breast cancer to promote early detection. Again, these platforms should educate the public on how important it is for male breast cancer patients to receive the support needed to enable them to cope with the illness. Due to the subjective differences in experiences, special attention should be paid to the social, emotional, physical, psychological and medical needs of male breast cancer patients/survivors. In so doing, build a good doctor-patient relationship with their patients.

Also, the role of health workers is very important in coping with breast cancer. This study recommends that patients be counseled along with their caregivers on the side effects of the chemotherapy treatment. This is to prepare them emotionally, physically and to help them understand and prepare for what is ahead of them.

Authors' Contribution

Joyce Nana-Amankwah: Conducted the research and drafted, reviewed, and finalized the manuscript.

Jonathan Mensah Dapaah: Supervised the research, offered guidance, and contributed to the review and finalization of the manuscript.

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Conflicts of Interest

The authors declare no conflicts of interest.

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