Voicing the Struggles: Exploring Male Breast Cancer Challenges in Ghana

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ABSTRACT

Male breast cancer (MBC), though rare, presents a unique set of challenges that significantly impact the lives of those diagnosed. Therefore, this study seeks to explore the challenges of men with breast cancer in Ghana. Using a qualitative approach and an exploratory case study design, five (5) participants; one (1) male breast cancer patient, one (1) male breast cancer survivor and three (3) healthcare workers from a specialized breast care center were purposively selected, through in-depth interviews. The data collected were transcribed and analyzed using thematic data analysis to identify key challenges of men with breast cancer. The main findings of this study included stigma and social isolation, financial burden, marital and sexual issues, occupational challenges and a little or no of information on male breast cancer. The overall purpose of the study is to highlight these challenges to increase societal awareness, improve healthcare policies and implement holistic care approaches that address both the social and medical aspects of the disease. Additionally, the study advocates for tailored support systems for male breast cancer patients, such as the government extending the National Health Insurance Scheme to cover and absolve all costs associated with breast cancer testing and treatment.

Keywords: Male breast cancer, challenges, Ghana, healthcare awareness, support systems

INTRODUCTION

Breast cancer (BC), a banal form of cancer does not discriminate, as it is no respecter of age, gender or ethnicity. With 12.5 percent and 12.2 percent, respectively, of all cancer diagnoses, breast cancer has overtaken lung cancer as the most often diagnosed cancer as of the year 2020 (IARC, 2020). Despite the widespread misconception that only women can develop breast cancer, it can affect both men and women. Several research findings over the last decade have indicated an increasing problem with breast cancer in terms of incidence, morbidity, and mortality (Dadzi & Adam, 2019). In the United States, it was estimated that there will be 1, 958, 310 new cancer cases and 609, 820 cancer deaths in 2023 (Siegel et al., 2023). The majority of people in the world are unaware of the issue of male breast cancer (Goyal et al., 2020).This is due to the fact that women are more prone than men to develop breast cancer and as a result receives more attention, thereby causing a dearth in literature on male breast cancer (Yalaza et al., 2016).

The incidence of male breast cancer varies geographically. Compared to Finland and Japan, male breast cancer is higher in the US and the UK (O'Malley, 2002). In Germany, 2014, there were 650 additional cases of MBC and 134 MBC-related deaths (Halbach, 2020). Additionally, Sasco (2003) emphasized that 1% of male breast cancer occurs annually in the United States, which may seem like a small percentage but equates to about 2,000 additional cases projected per year and is still increasing. The prevalence of male breast cancer has roughly increased from 1 to 1.5 per 100,000 men worldwide (Brinton, 2008). Additionally, there

has been a prediction of 400 men losing their lives yearly to breast cancer in the United States (Bunkley et al., 2000).

Breast cancer incidence and prevalence are increasingly being reported in developing countries, rather than just developed countries. One of the most frequently diagnosed cancers and a major contributor to cancer-related deaths in Africa is breast cancer (Hamdi et al., 2021). Male breast cancer is more prevalent in African countries than in developed countries. In Central African countries, a higher percentage of 6-15% male breast cancer cases were recorded (Rudlowski, 2008). According to a study by Ahmed et al (2012), 15% of all MBC instances were reported in Zambia and the incidence rate in Egypt was 12 times higher than in the United States of America. In West Africa, an incidence rate of 2% was discovered in Ile-Ife, 2.4% in Lagos, 2.9% in Ghana, and 3.75% in Ibadan (Quayson et al., 2014). The more concerning aspect is that breast cancer is frequently discovered at a later stage in developing countries, where 50% of BC cases and 58% of BC-related deaths have been documented (Azubike and Okwuokei, 2013). This backs up Oppong et al.'s (2016) assertion that those affected by breast cancer in African nations continue to have the poorest survival rates worldwide. Men tend to seek medical attention at advanced stages of the disease when it cannot be reversed, which increases MBC incidence and mortality rates in Africa. This is due to a lack of knowledge about risk factors, symptoms, early detection methods, negative attitudes and misconceptions about breast cancer, such as mastectomy and death (Dandash & Al-Mohaimeed, 2007). The geographical distribution and ethnicity of individuals also have a large impact on the prevalence of male breast cancer (Fentiman et al., 2006), where traditional and African religious beliefs cause individuals to have different perceptions and attitudes toward breast cancer (Azuma & Onzaberigu, 2017).

This study contributes to the existing literature on breast cancer by examining a different dimension-exploring male breast cancer challenges in Ghana, which has often been overlooked. It provides new insights into the unique challenges faced by male breast cancer patients, encouraging further academic inquiry into MBC. Additionally, the study offers valuable information to policymakers, advocating for effective changes that provide better support for MBC patients in both social and medical contexts.

Navigating through cancer's complexities can be challenging, encompassing socio-cultural, economic, and religious aspects. The rarity of male breast cancer, coupled with its association with femininity, often leads to stigmatization and various socio-cultural, economic, and personal challenges for male patients and survivors. Goffman (1963) introduced the concept of stigmatization, which occurs when traits are negatively stereotyped (Link & Phelan, 2001). Although some contexts show little stigma toward breast cancer, it exists among patients in various countries (Ernst et al., 2017; Wong-Kim et al., 2005). Some men were open about having male breast cancer despite the fact that it is a 'typical women's disease' exposing men to the danger of stigma (Midding et al., 2018). Misinformation and superstition often fuel this stigma in Africa (Maree & Mulonda, 2015; Nmoh, 2019). The rarity of male breast cancer (MBC), lack of awareness and understanding, and its association with femininity can lead to isolation and nondisclosure due to fear of stigmatization (Bunkley et al., 2000; Iredale et al., 2006; France et al., 2000). Stigmatization often hampers care and support for male breast cancer patients. It can result in social exclusion, limiting life opportunities (Link & Phelan, 2006; Link & Phelan, 2001), potentially leading to self-stigmatization, which frequently includes humiliation or disapproval (Else-Quest and Jackson, 2014). However, some stigmatized individuals do not associate with these negative labels (Ernst, 2016; Midding et al., 2018). Aside from the female focus in breast cancer research, there is a social construct that associates breasts in general and breast cancer in particular with femaleness. The societal construct associating breast cancer with femininity can pose additional challenges for men with breast cancer (da Silva, 2016).

A breast cancer diagnosis can introduce various challenges to married couples. Men's sexual lives (erectile dysfunction, male libido loss) can suffer due to the side effects of treatment (Maleki et al., 2022; Donovan and Flynn, 2007; Ruddy et al., 2013). Issues like low self-esteem and communication difficulties regarding altered body image can lead to marital problems like divorce (Ming, 2002). Changes in the sexual relationship (emotional distance, feeling unwelcome by spouse, having negative thoughts about sexual

contact) after cancer diagnosis can impact the couple's bond (Ussher, Perz & Gilbert, 2012; Cull et al., 1993; Stead et al., 2007). This is not always the case as it is seen in a study by Diji et al. (2015) where participants reported there was no change in sexual activities before and after mastectomy.

Several factors contribute to patient absconding, including fear of mastectomy, use of herbal remedies, reliance on prayer, and financial difficulties (Clegg- Lamptey, Dakubo, and Attobra, 2009). High treatment costs of breast cancer, not fully covered by Ghana's healthcare system, can lead to reduced quality of life and increased mortality (Zelle et al., 2012; Opoku, Benwell & Yarney, 2012). The costly treatments have led many to resort to alternative and herbal medicine (Aziato & Antwi, 2016; Sanuade et al., 2021). Similar findings were confirmed by revealing that among a sample of Ghanaians, the cost and timely accessibility of alternative medicine were cited as the primary reasons for their use (Sanuade et al., 2021). Even insured cancer patients often face barriers to timely and affordable treatment (Carrera, Kantarjian & Blinder, 2018). The participants expressed concern for those who are poor and are without health insurance, as they will not be able to cover treatment expenses (Williams, 2015).

Cancer treatment-induced physical changes, especially those affecting one's masculinity (chest shape, facial hair loss), is a major concern to many male breast cancer patients as it causes emasculation (Bunkley et al., 2000; Donovan & Flynn, 2007; Pituskin et al., 2007; Robinson, Metoyer, & Bhayani, 2008; Midding et al., 2018). Scarred breasts and hair loss impair body image, with younger men showing higher concern than older patients (Iredale et al., 2006). These changes extend beyond physical disruption, impacting daily activities and psychosocial health (Brain et al., 2006).

Studies primarily focus on male breast cancer clinical aspects which are mostly quantitative studies (Nguyen et al., 2020), neglecting the emotional burden. Emotional challenges, including fear, guilt, and anxiety, sadness, suicidal thoughts, as previously observed with female breast cancer patients, could equally apply to men (Bonsu, Aziato & Clegg-Lamptey, 2014; Opoku, Benwell & Yarney, 2012). This is similar to other studies where many breast cancer survivors expressed fear of cancer recurrence as a challenge (Pinto & Azambuja, 2011; Saquib et al., 2011). The impact of male breast cancer mirrors that of female breast cancer, with body image disruption, increased anxiety, and depression heightened by social restraints (Oers & Schlebusch, 2020; Zakowski et al., 2003).

Work-life is a key aspect largely ignored in male breast cancer research. Complex and time-consuming treatment may cause short term effects such as work absences, while long-term side effects like psychological effects, fatigue can impair work ability even years post-treatment (Duijts et al., 2014; Amir, Neary & Luker, 2008). Furthermore, cancer patients risk early retirement and discriminatory reduced work hours (Maunsell et al., 1999; Mehnert, 2011).

Male breast cancer patients report a lack of relevant information, as much of the available literature pertains solely to women, discussing topics like menstruation, bra fittings and surgeries to reconstruct breasts. A need for male breast cancer-specific resources, including images of male mastectomies, should be noted (Williams et al., 2003). National protocols addressing MBC diagnosis, masculinity challenges, stigma, and healthcare system navigation are required (Donovan and Flynn, 2007).

Twahir et al., (2021) conducted a retrospective observational study investigating the challenges breast cancer patients face in accessing care within sub-Saharan Africa. The study included 862 patients from Ghana, Kenya, and Nigeria and evaluated their access to care and the utilization of healthcare resources from 2014 to 2017. One of the stark findings was the high prevalence of out-of-pocket (OOP) payments for treatments (including diagnostic testing) ranging from 45%–79% in Ghana, 8%–20% in Kenya, and 72%–89% in Nigeria, suggesting inadequate healthcare insurance coverage. These findings call for governments to implement policies to expand healthcare resources and improve insurance coverage for breast cancer treatment. Shifting from a broad geographical perspective to a specific demographic, Maleki et al. (2021) delved into the sexual life of breast cancer survivors of reproductive age in Iran. Through semi-structured interviews with 21 survivors, the study unearthed issues such as unfulfilled sexual life, undesirable sexual

function, context-based beliefs, unmet information and supportive needs, and emotional crises. These findings emphasize the necessity for healthcare providers to take proactive steps in identifying and mitigating sexual and marital issues among breast cancer survivors, including introducing specialized counseling units for sexual health.

Nmoh (2019) examined the struggles faced by cancer patients in Kenya, incorporating the perspectives of both patients and healthcare professionals. The study found significant obstacles, including prohibitive treatment costs, limited access to cancer centers and specialized oncologists, especially for those in rural areas, professional burnout among medical personnel, inadequate psycho-social support and counseling, and widespread lack of cancer knowledge leading to stigmatization. In response to these challenges, patients suggested that the Kenyan Government take more serious measures toward cancer care, including decreasing treatment costs, enhancing accessibility to facilities, and boosting support for all cancer patients.

Further expanding our understanding of the experiences of male breast cancer patients, Midding et al.'s (2018) study, titled "Men with a 'woman's disease': Stigmatization of Male Breast Cancer Patients," investigated the stigma male patients face when diagnosed with a disease commonly associated with women. Utilizing a mixed methods approach, the study found that stigmatization took many forms, primarily in sexual stigmatization and ignorance of male breast cancer within cancer care systems and work environments. A significant finding was that 59.26% of the participants reported experiencing sexual stigmatization, wherein they were treated as women by cancer care providers. Moreover, self-stigmatization arose, with male patients feeling they were intruding into a female-dominant care area. The study underscored the need to raise awareness about male breast cancer and emphasized the importance of gender-neutral communication and information resources.

Transitioning to examining the impacts of cancer on sexual behavior, Ussher, Perz & Gilbert (2015) explored the subjective meaning and consequences of sexual changes after a cancer diagnosis in both men and women. Prior research had primarily focused on physical and sexual dysfunction, leaving a gap in our understanding of the subjective experiences of these changes. The study, involving 657 cancer patients (535 women, 122 men) via a survey and an in-depth interview with 44 participants, revealed reduced sexual frequency, satisfaction, and engagement in various sexual activities post-diagnosis. This decrease was attributed to the physical consequences (erectile dysfunction, tiredness, surgery and old age for men) of cancer treatment, psychological factors, body image concerns, and relationship factors. Participants also highlighted the emotional toll of these changes, including feelings of loss, frustration, anger, sadness, and inadequacy. However, the study also found that some participants reported positive outcomes, such as increased confidence, sexual renegotiation and a strengthened relationship following their cancer diagnosis.

Western and African studies, including those in Ghana, predominantly target female breast cancer, leaving male breast cancer largely unexplored (Udoh, 2020; Agbokey, 2014). While much research scrutinizes male breast cancer's clinical aspects such as epidemiology and pathological features, there is an urgent need to address the social, emotional, and psychological challenges it imposes. The design of effective interventions to tackle the difficulties faced by male breast cancer patients must be grounded in empirical evidence to enrich healthcare practice and enhance breast cancer research (Mulder, 2012). Due to the dearth of accessible information for men (Peate, 2001), this study seeks to address the broader social, marital, occupational and financial challenges faced by men on male breast cancer, fostering a holistic understanding of this critical health concern.

METHODS

Research Design.

A qualitative approach and an exploratory case study design were used to investigate the challenges faced by men with breast cancer in Ghana. This methodology was chosen due to the novelty and complexity of studying a rare condition like male breast cancer. It also addresses new areas on which little to no research

has been undertaken (Brown, 2008), including the challenges experienced by men with this condition in Ghana. This subject has received little attention in Ghanaian literature. The main objective was to gain new knowledge or provide clear insights into this research issue. The rationale for using a qualitative approach was to avoid numerical measurements or quantifying outcomes, as experiences and behaviors cannot be quantified (Maletsky et al., 2023), making it suitable for examining the challenges faced by men with breast cancer.

Study Area and Population.

The research was conducted in two different regions: Ashanti and Central (Cape Coast) Region. Due to the infrequency and unfortunate death of potential participants of male breast cancer, the two regions were chosen among others based on the availability and willingness of men with breast cancer. The population included a male breast cancer patient, a male breast cancer survivor, and health workers from a specialized breast care center, Peace and Love Hospital, located in the Ashanti region.

Participant Selection.

The male breast cancer patient, survivor, and health workers were purposively selected for their relevance to the study. According to Schok, Kleber, and Boeiji (2010), purposive selection is employed to select individuals who possess characteristics expected to be of considerable value to the research project, such as breast cancer healthcare professionals and males with BC. This technique is suitable for this study as it aids in gaining a deeper understanding of first-hand experiences and is particularly recommended for qualitative studies (Denzin & Lincoln, 2011).

Data Collection.

Data were collected through in-depth interviews with an unstructured interview guide. This method allowed the researcher to adapt questions based on field conditions and the challenges encountered during the study. Interviews were conducted either in English or Asante Twi, depending on the participant's language preference. In-person interviews were conducted for health workers from the Peace and Love Hospital while phone interviews were organized for both male breast cancer patient and survivor based on issues related to anonymity and proximity.

Data Analysis.

Thematic data analysis (TDA) was utilized to analyze the challenges faced by men with male breast cancer during the research process. The analysis involved identifying recurring themes and patterns in the data that highlighted the difficulties faced by men with breast cancer in the study. This transformed the acquired data into a format that can be accessible and interpretable, enabling meaningful conclusions to be drawn.

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 distributed to MBC patient/survivor and health care personnel prior to 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 MBC 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.

RESULTS

This section discusses the challenges male breast cancer participants faced during their MBC experiences. Participants disclosed circumstances that limited or acted as barriers in their lives, while some health workers

witnessed the struggles of MBC patients. These challenges were categorized into stigmatization and social isolation, financial burden, marital challenges, occupational challenges and little or no information on male breast cancer.

Socio-demographic Characteristics of Participants.

The variables representing the socio-demographic characteristics used in this study included age, marital status, religion, level of education, occupation and ethnic group. Responses from healthcare workers directly involved with male breast cancer patients and survivors were used to complement the experiences shared by male breast cancer patients and survivors. However, these variables did not apply to the health workers.

The study interviewed five (5) participants: one (1) male breast cancer survivor, one (1) male breast cancer patient and three (3) female health workers from the Peace and Love Hospital in Oduom, Oforikrom Municipality, Ashanti Region. The male breast cancer patient (aged 70) is a trader, while the male breast cancer survivor (aged 65) is a retiree from the Central Region.

The three (3) healthcare personnel (all females) included two (2) nurses and one (1) doctor. The head nurse supervises other nurses, conducts ward-rounds (checking up on admitted patients) and provides counseling. The second nurse administers medications and injections, checks the vitals of patients, conducts breast cancer screenings and dresses wounds. The doctor is also responsible for diagnoses, physical examinations and oversees laboratory investigations and scans.

Both the male breast cancer patient and survivor were Christians. Additionally, the male breast cancer patient (MBCP) identified as an Ashanti, while the male breast cancer survivor (MBCS) identified as a Fanti.

Stigmatization and Social Isolation.

The majority of participants reported experiencing stigma associated with their diagnosis, largely due to the perception of breast cancer as a "female" disease. This stigma often resulted in heightened feelings of social isolation, as participants feared being judged or ridiculed for their condition. This stigmatization also discouraged some men from seeking support or sharing their experiences with others, further exacerbating their isolation. As the male breast cancer patient noted,

> *Nobody knows I have breast cancer, I do not want anyone to know because of the perception they have on breast cancer, as a devil's disease. My wife and children are the only people who know, my workers do not even know about it, maybe one day when I am healed, I will tell people-* ***Mr. Asamoah, 70-year-old MBCP.***

Financial Burden

High Treatment Costs.

Male breast cancer treatment is prohibitively expensive, according to the patient, survivor, and health workers. Covering procedures such as biopsies, chemotherapy, surgeries, and radiation were cited as a major source of financial stress. The Ghanaian healthcare system does not fully subsidize these costs, leaving patients to shoulder the financial burden alone. This financial strain often leads to difficult decisions, such as opting for herbal or traditional treatments based on affordability rather than effectiveness. As noted by Dr. Adoley and Mr. Oduro, a 65-year-old MBC survivor, the more expensive the treatment, the better the drug or its perceived efficacy, leading to a financial burden on patients. The financial capacity often determines the quality of care a patient receives.

> *...Financial difficulties, because the disease requires a lot of money for its treatment. Even from the mammogram or the scan to biopsy, CT scan, it is not easy for most of them because it is quite expensive-* ***Dr. Adoley.***

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one challenge is financial because I told you the drugs are in series, the costlier, the better- ***Mr. Oduro, 65-year-old MBCS***

Marital Challenges

Sexual Dysfunction and Marital Strain.

Marital relationships were also impacted by the diagnosis and treatment of male breast cancer. Both MBC patient and survivor reported erectile dysfunction and a loss of libido as a major marital challenge resulting from chemotherapy and other treatments. These changes led to strain in marital relationships. Despite this, participants reported strong spousal support, although the challenges remained significant. Healthcare workers also cited that most of their patients experienced estranged marriages upon being diagnosed with breast cancer, often due to the cost, body changes, fear of death or mastectomy.

If you are a man, you will have a problem with your sex life. The male sex organ will not be working because you will become weak and cannot have sex. You do not feel anything and you do not have the urge to have sex…- ***Mr. Asamoah, 70-year-old MBCP****.*

Occupational Challenges

Reduced Work Efficiency.

Male breast cancer participants indicated their work was affected because they could no longer work as they used to due to the effects of the chemotherapy treatment. The weakness, fatigue and pain caused by the chemotherapy treatment significantly impair the ability of male breast cancer patients to work. This reduction in work efficiency often leads to financial strain, as their earnings diminish while their medical expenses continue to rise. This situation further complicates their ability to afford ongoing treatment. This statement above was supported by Mr. Asamoah; a trader who could no longer manage his business due to the debilitating effects of the treatment. In the case of the MBC Survivor; he had to take an extended leave. Mr. Asamoah explained that;

Your business or work will collapse small. For mine, I had to bear the cost and my children took hold of the rest…

Little or No Information and Awareness on MBC.

A recurring theme in the interviews was low education or insufficient information and awareness on male breast cancer. Among the general public and within the healthcare system, they found that information on female breast cancer was more prevalent, with little or no mention of the risk factors, signs and symptoms, prevention, and treatment options for MBC, despite the fact that men are also at risk and have a higher mortality rate as compared to females. This lack of information can lead to delayed diagnosis, inadequate treatment, and increased stigma, as men may not recognize the signs of breast cancer or may be reluctant to seek help.

Dr. Adoley and Mr. Asamoah, respectively, mentioned that;

We have to put more oil in creating awareness in male breast cancer (MBC) because the awareness and knowledge in MBC is zero.

As for men, we are not aware of it. They call it breast cancer and men do not have breast, so that is the thing

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DISCUSSION

The challenges faced by male breast cancer patients and survivors, also confirmed by the health workers are multifaceted, encompassing social, financial, occupational, marital, and informational aspects. These challenges are often exacerbated by the rarity of the disease and the societal perception that breast cancer is primarily a woman's illness.

Stigma as a social challenge plays a significant role in the experiences of men with male breast cancer. Stigmatization in MBC patients can manifest through various socio-cultural lenses. In many African societies, misinformation and superstition surrounding breast cancer exacerbate this stigma, as highlighted by Maree and Mulonda (2015) and Nmoh (2019). The fear of being perceived as less masculine or the lack of public awareness can cause men to hide their diagnosis, thereby reducing their access to social, emotional and even medical support. Link & Phelan (2001), suggests that individuals with traits negatively stereotyped by society often face exclusion and discrimination. In the case of male breast cancer, this stigma is compounded by the disease's association with femininity. Both statements elaborated above affirms the results found in the study, where the male breast cancer patient disagreed with disclosing his MBC status due to the negative stereotypes attached to breast cancer, which he had associated with witches being victims of breast cancer, until he was diagnosed with it. On the contrary, Midding et al. (2018) noted that some men openly discuss their diagnosis despite the risk of being labeled with a "woman's disease," as seen in the case of the male breast cancer survivor. The stigmatization and social isolation experienced by these patients highlights the need for greater public awareness and education about male breast cancer.

Most marital challenges according to participants in the study were due to the effects of chemotherapy. The treatment weakens the male organ and diminishes their sexual desires, which in turn affects marital satisfaction. Health workers further stated that most of their patients have estranged marriages when BC diagnosis occurs because of the cost, body changes from chemo treatment, fear of death or mastectomy. These findings align with the studies of Maleki et al. (2022), Ruddy et al. (2013) and Donovan & Flynn (2007), which confirms that chemotherapy drugs like tamoxifen can lead to erectile dysfunction, male libido loss and sexual dysfunction. However, other studies, such as Ussher, Perz & Gilbert (2015) and Diji et al. (2015), presents a more nuanced perspective. Some men reported no change in their sexual activities post-mastectomy or even experienced a strengthened relationship after diagnosis, attributing it to old age (mean age 67.8 years), hence perceiving sex as less importance than companionship in their marital life.

The study's findings indicate that despite their ages being above 60 years, the effects of chemotherapy on their sexual health were of great concern to these men. This illustrates their sexual life and companionship within marriages were equally important to them.

Again, MBC participants and healthcare workers highlighted on the high cost of BC treatment, from biopsies, to chemotherapy, to surgeries, to radiation, which became overbearing for most patients. This is due to the fact that the Ghanaian healthcare system does not cover the costs of breast cancer treatment, causing patients to incur significantly higher expenses (Opoku, Benwell & Yarney, 2012). This is consistent with another study in which nearly all patients in Ghana and Nigeria (87%–93%) paid for their diagnostic tests entirely from their own pockets compared with 30%–32% in Kenya, where the healthcare system covered some of these expenses (Twahir et al., 2021). It can be deduced that high treatment costs can lead to reduced quality of life and increased mortality, leading many patients to resort to alternatives- herbal medicine due to financial constraints.

The side effects of breast cancer treatment cause physical and psychological changes (pain and fatigue, bodily changes) that impair work ability and efficiency. This inability affects their finances (as they earn income from their jobs) which also affects their health due to the expensive treatment, since earnings to cater for such expenses are drawn back. Studies by Amir, Neary & Luker, 2008; Kennedy et al., 2007; Main et al.,

2005; Maunsell et al., 1999 supports this study's findings that cancer patients' fatigue reduced their efficiency after they returned to work.

Finally, one issue MBC participants and health workers found challenging was the lack of information on male breast cancer. This lack of knowledge contributes to delayed diagnoses, inadequate treatment, and social stigmatization. Patients often struggle to find relevant information, as most breast cancer resources are tailored to women (Williams et al., 2003), leaving men feeling isolated and underserved, even though they have a higher mortality rate. Williams et al. (2003) and Thomas (2010) emphasize that this lack of awareness and information is a significant barrier to effective care for male breast cancer patients. In many cases, men are surprised to learn that they can even get breast cancer, a situation that underscores the need for more gender-neutral health education and resources.

There are several challenges discussed in various studies where their findings portrayed physiological changes due to the effects of the chemotherapy treatment (Robinson et al., 2008) and emotional detriment (Bonsu, Aziato & Clegg-Lamptey, 2014; Opoku, Benwell & Yarney, 2012) as challenges. However, in this study, as in other literature (Bunkley et al., 2000), these were reported by MBC participants as experiences rather than challenges. Therefore, the challenges MBC participants encountered include stigma and social isolation, marital challenges, financial challenges, occupational challenges and a lack of information on MBC. Furthermore, the impact of MBC on marital relationships and occupational life underscores the importance of holistic care approaches that consider the psychological and social aspects of the disease. Healthcare providers should be trained to recognize and address the unique challenges faced by male breast cancer patients, ensuring they receive the support needed throughout their treatment and recovery.

CONCLUSION

Male breast cancer patients face a unique set of challenges that are often overlooked in both medical and social contexts, as well as in breast cancer research. From stigmatization and financial strain to marital difficulties, occupation and lack of information, these challenges significantly impact the lives of men with breast cancer as stated by male breast cancer patient, survivor and health providers. This article underscores the urgent need for increased awareness, gender-neutral healthcare protocols, and tailored support systems for male breast cancer patients. The government should extend the National Health Insurance Scheme to cover and absolve all costs associated with breast cancer testing; clinical breast examination and mammography and treatment or provide free medications, as they do with anti-retroviral drugs. The study found that the male breast cancer patient was unable to disclose his MBC status and as a result, did not receive as much support as the survivor did. The study therefore recommends that MBC patients should not feel shy or ashamed to disclose their status and seek support when necessary, especially given the high cost of breast cancer treatment. The implications of this study on the challenges of men with MBC underscore the need for targeted interventions, including financial support, marital counseling, and increased public awareness and education about male breast cancer. Addressing these issues holistically can improve the quality of life and treatment outcomes for male breast cancer patients and survivors.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

Authors' Contribution

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

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

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