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Determinants of access to breast cancer management in public health institutions in Enugu state, Nigeria

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Abstract

The study examined the determinants of access to breast cancer management in public health institutions in Nigeria using the case of Enugu state. The study derived justification from the fact that in recent times, cancers of all types have become issues of high concern. Even in developed societies where medical facilities are top notch, lives have continued to be lost as cancers of different parts of the body continue to spread like wildfire. There is therefore no gainsaying the fact that breast cancer just like other forms of cancer is a major problem developing countries where medical care seems to be developing at very slow paces due to lack of funds and dearth of functional, well equipped public health institutions, this is especially the case of Nigeria, where breast cancer has consumed the lives of women of all ages due to reasons ranging from financial constraints, inadequate testing and detection services down to lack of trust in public health institutions. Therefore, this study examined the perception of the public regarding the efficacy and trust they have in public health institutions in Nigeria with regards to breast cancer management. Utilizing a combination of both the quantitative (questionnaire) and qualitative (in-depth interviews) methodology in collecting data and data collected were computer processed and analyzed utilizing the twentieth version of the SPSS while the data from the qualitative survey were analyzed manually and used contextually. From the above, the study discovered *inter alia* that those who are affected by breast cancer prefer to go to private hospitals and chemists/pharmacists respectively than to public hospitals due to their lack of faith and trust in government hospitals; a big distrust of public health institutions by respondents; inadequacy of social work services and social workers addressing breast cancer in Nigeria. The study therefore recommended that policy makers and legislators in the country investigate, and where necessary review the policies guiding the public health sector in order to ensure that the average citizen in the country has access to health care services as and when due.

Keywords: Access, Public health, Determinants, Breast cancer, Management, Women

1. Introduction

The main ideas in this paper were drawn from a study on the societal perception of breast cancer among elderly women in Nigeria using Enugu state as a case study. Though breast cancer is considered as an aspect of the reproductive health problems encountered by women and require that women should have adequate access to reproductive health services, the health sector in Nigeria still appears to be lacking in this regard (Anugwom, 2016). This can be explained by the fact that in spite of a significant incidence of breast cancer in Nigeria, the public health system has not responded commensurately while social support has been affected by wrong notions of causes and stereotypes with severe implications for health of those affected and coping capacity of families (Akarolo-Anthony, Ogundiran, & Adebamowo, 2010).

Often as women age, such reproductive health problems as fibroids and cancer may ravage their bodies and put them through unimaginable pains. As has been observed, the reproductive life span begins at puberty and continues throughout life for men and ends with menopause for women; unfortunately, this understanding puts women in danger as they are neglected after menopause as it may be believed that they have no other business with reproduction and its related problems (Whelan, Sandler, McConnaughey & Weinberg, 1990). Furthermore, even reproductive health care services when made available are probably tailored mainly to meet the needs of young people and childbearing women (Anugwom, 2016). Thus elderly women who are generally considered as having passed the reproductive age may be left to suffer with little or no public health assistance since the extant policies on health care delivery in this regard in Nigeria target only childbearing women (World Health Organization, 1999). Noteworthy is the study by (Adebamowo, & Ajayi, 2000) where they utilized medical records which showed that the peak occurrence of breast cancer in Nigeria is at the age 42.6 years and post-menopausal women account for 20% of all cases of breast cancer in the country. In agreement to the findings of the authors, (Oluwatosin, & Oladepo, 2010) showed that majority of cases of breast cancer among women in Nigeria occur within the mean age of 43 – 50 years. Thereby affirming the notion that the incidence of cancer and its likelihood increases as women age, making age a critical factor in susceptibility to breast cancer. This may also be worse when the women in question are illiterates or people with low socio-economic status and as such may have no recourse to any informed alternative health care. Furthermore, it has been argued that women who have a first degree relative i.e mother or sister who had had cervical cancer have higher risk of developing and suffering from cervical cancer.

Moreover, medical social work which is a fledging area of social work in Nigeria has paid very little attention to the reproductive health of elderly women. In, this sense, there exists a lacuna in the support and counseling services desired of medical social work or geriatrics (medical gerontology) as orthodox social work practice in Nigeria focuses more on the social lives of people than their health (Anugwom, 2016). The author asserted that rural women in remote parts of the country seem to be worse off due to the fact that healthcare spending has not been a priority to the government and modern technology is not yet available to all women in Nigeria. Consequently, it becomes a necessity to educate women especially rural women on how to engage in routine Breast Self-Examination (BSE). This can also be seen in the earlier study by (Ohanaka, 2002) who asserted that though screening and mammography remains the most effective means of detecting breast cancer in elderly women, the facilities for these are not readily available in Nigeria therefore leaving health education on the use of BSE as the only option. According to him and giving credibility to the work of (Adebamowo, & Ajayi, 2000), it has been reported that the elderly in Nigeria who are illiterate and reside in the rural communities are usually not reached during public health campaigns. This is disheartening because in view of the intensive treatment available to other age groups, one would expect the same approach to be applied with elderly cancer patients, but the reality shows the opposite as most programmes by the government and World Health Organization concerning reproductive health are designed mainly for adolescents and young women, leaving the elderly women at the mercies of their families and their personal finances. Consequently, where the family cannot pay for an elderly patient's treatment the patient lives with the pain and eventually dies years earlier than she would have if she had received treatment.

The broad objective of this study was to ascertain the societal perception of the adequacy of public health care system for the needs of the aged with regards to breast cancer. It also sought to discover other places women go for treatment for breast cancer apart from the public health institutions and from these ascertain the main factors that affect these women's use and access to breast cancer related services in the state. In other words, the overriding goal of the study was to unravel factors that affect access to breast cancer management in public health institutions in Nigeria using Enugu State which portends both urban and rural characteristics as a study area..

2. Review of extant literature

2.1. Problems in Accessing Breast Cancer Management in Public Health Institutions in Nigeria

2.1.1. Lack of equipment and a total distrust in public health institutions by individuals:

Breast cancer has been identified as a major public health problem in developing countries but that notwithstanding, poor health education, poverty and a very high patronage of the non-orthodox healing practices have been seen to be very strong factors contributing to late presentations of breast cancer in most developing countries in Africa (Balekouzou et. al., 2017**).** According to (Pruitt, et. al., 2015), lack of access to optimal care and adequate infrastructure are major barriers to breast cancer treatment and management in Nigeria. In the opinions of these authors, Mammography and other expensive technologically complicated resources and therapies for early breast cancer detection, treatment and management are often not available to many women in a county as Nigeria and this therefore explains why a very alarming number of the respondents in the study expressed a strong distrust in the public health sector of the state with regards to breast cancer.

Furthermore, the health sector in Nigeria seems to be more of noise than action because as much as announcements and advertisements are shown regarding the effectiveness of the sector in the country, more often than not the advertised services are hardly available or only available to a privileged few. This can be explained by the fact that though the health sector in Nigeria at first glance seems very coordinated, the practical workings of the system are not as seamless as they seem and this often leads to a duplication and confusion of roles and responsibilities among the different tiers of government with poor coordination, track performance and benchmarking as attending implications/consequences (Adeniyi, Ejemba, Igbinosun, Muhammed, et. al. 2001; Ogunkorode, Holtslander, Anonson, & Maree, 2017). This inefficiency of the health sector in Nigeria more often than not gives rise to deterioration and in most cases deaths of patients due to poor health facilities and in some cases poor health care services by the health care professionals. Nwachukwu (2021) further stated that apart from perhaps a few top private hospitals in the country, the majority of hospitals in Nigeria are no more than mere consulting rooms, lacking in everything good hospitals are known for. According to (Ogunkorode, Holtslander, Anonson, & Maree, 2017), the health care sector in Nigeria needs to address the health financing and health system barriers such as lack of adequate infrastructure, limited access to breast care, delay in diagnosis and treatment, and a lack of palliative services as all these depend on the efficiency of the health services available.

Another nagging problem that puts the health sector in Nigeria down and contributes to the distrust of those institutions by individuals is the fact that health financing is more often than not borne by individual families through out-of-pocket payments for healthcare services and this has very dire consequences for access to health care services (Ogunkorode, Holtslander, Anonson, & Maree, 2017; Adeniyi, Ejemba, Igbinosun, Muhammed, et. al. 2001). Given that Nigeria is a developing country with a very significant percentage of the population still living below the poverty line, this issue of financing becomes a problem as treatment for breast cancer is often beyond what the average Nigeria can afford. As a result of this, a good number of patients go for alternative medicine which complicates the disease even more, leading to eventual death. As (Agbo, Khalid, & Oboirien, 2014) put it, surgery is the most common palliative treatment offered in Nigeria which is often followed by adjuvant chemo-therapy but compliance is always poor due to financial constraints and most of the patients lost to follow up are presumed dead or too discouraged to continue hospital treatment due to mounting expenses. Notwithstanding the fact that reproductive health care provisioning has to do with the availability of health care services to individuals in the society with regards to their reproductive well-being, the societal perception of the causes, nature and management of breast cancer can be seen as making a major difference in whether aged women afflicted by breast cancer survive or not. Moreover, the health needs of elderly women are not comprehensively covered given the lack of a clearly conceptualized social policy on health care of elderly members of the Nigerian population (Federal Ministry of Health, 2001).

Consequently, to achieve a sustainable healthcare system where people will feel the urge to access services without any form of reservations, the Nigerian government would need to provide a system of equitable distribution of health facilities, resources (human & material) and services to those who are vulnerable and in greatest need, ensure and implement cost-effective interventions and healthcare plans that strengthen the delivery of primary health referral services, ensure the provision and equitable of agreed "essential packages of care" at all levels of the healthcare system, establish a functional and competent monitoring and evaluation system to track progress and changes in the health sector at all levels of operation and periodically review their findings to improve the quality of care, encourage strategic and progressive leadership in the healthcare system, provide incentives to healthcare personnel at different levels and improve their salary structure so as to restrain them from seeking for more lucrative opportunities abroad and create an environment that is conducive to the advancement of science and research in Nigeria while adhering to the highest ethical and scientific standards (Obasan, & Orimisa, 2013).

2.1.2. Dearth of early testing and detection:

Apart from the expensive nature of health care services in Nigeria, health education which is a core function of the health sector in developed countries and are often made available to people free of charge in such countries is also either nonexistent in most public health institutions in the country or inadequate even where they do exist at all. There are not enough facilities for early detection and prevention of breast cancer in health institution. Even where they are available, they are either too experience or too far away from most rural areas that a large number of women can either not access them or are unable to afford them even when it is close to them. More often than not, it is discovered that a very reasonable number of women are not even aware of such testing tools as mammography and Breast Self-Examination (BSE) and this absence of or inadequacy of public health education perpetuates ignorance among Nigerians both in the urban areas and even worse in the rural areas and the ignorance on its part becomes even more dangerous when it has to do with terminal illnesses such as breast cancer. According to (Olasenhinde, Alatise, & Kingham, 2019), a major barrier to mammography is lack of awareness, locating mammography facilities, obtaining appointments, cost, fear of test results and embarrassment. It becomes imperative therefore that a widespread increase in awareness through culturally sensitive and linguistically appropriate educational programs such as seminars, workshops and crusades be engaged in to create more awareness about breast cancer detection tools such as mammography, screening, BSE, staging etc. among people to encourage early detection of breast cancer (Ogunkorode, Holtslander, Anonson, & Maree, 2017).

2.1.3. Lack of qualified personnel:

Given the high unemployment rate in the Nigeria, even where the public health sectors are available, they are often confronted by the challenge of lack of adequate qualified health care personnel. Even where the healthcare personnel are available, their commitment to work is usually very poor given the lack of staff welfare system in the sector. As (Adeoye, et. al., 2017) stated, the health system in Nigeria is relatively weak due to several months of unpaid salaries, lack of appropriate health facilities and emerging factions among health workers. This inability of the health sector and the Nigerian government to take care of the workforce in the health sector has left the very qualified health workers migrating to seek better work environments both in private health sectors within the country and even overseas (Adeoye, et. al., 2017; Dovlo, 2007).

2.2.Theoretical Framework

The study adopted conspiracy theory as an explanation for the gross distrust of people with the public health sector in Nigeria. Specifically, the study adopted the “enemy above” variant of the conspiracy theory put forward by Jesse Walker (2013). According to Walker (2013), this form of conspiracy theory engenders the perception by ordinary people that powerful people manipulate events in an organization or a society for their own gains. In other words, such powerful or privileged people are seen by the ordinary people as those above and whose interests are diametrically opposed to the interests of the ordinary members of the society. Generally, a conspiracy theory is an explanation for an event or situation that asserts the existence of a conspiracy by powerful and sinister groups, often political in motivation (Goertzel, 1994; Harambam & Aupers, 2021). Some authors have argued that conspiracy theories have been linked with distrust of authority and political cynicism (Jolley & Douglas, 2014; Freeman & Bentall, 2017; Douglas & Sutton, 2011). This distrust can be seen in the way most people who can afford private hospitals or even travelling abroad for medical reasons chose these options rather than visiting the public health institutions. Some of these authors also suggest that belief in these theories may be psychologically harmful or pathological and it is correlated with lower analytical thinking, low intelligence, psychological projection, paranoia and Machiavellianism.

The scenario can be seen as capturing the situation in a country like Nigeria where consistently public funds meant for the sustenance and running of public health institutions are either embezzled or misappropriated, leaving the public health institutions in the country in most cases underequipped, understaffed, and unfit to attend to such a serious health issue as breast cancer. Conspiracy in this case is seen in the fact that those in power or the privileged embark on willful undermining of such institutions especially health institutions since they easily access such services outside the country. The conspiracy then is largely in terms of a corrupt alliance between those in authority and the top administrators of the health ministry, who work in concert to undermine such institutions regardless of the health needs of ordinary people in the society.

In view of the above, a good number of people do not just have a deep distrust in the public health sectors in the country, but they have also lost faith in the results they get from these institutions. These category of people are more often than not convinced that the reasons behind their ailments or those of their loved ones are caused by witches and evil people around them and as such are beyond any form of medical explanation. This position is reflected in the fact that a lot of people prefer to visit spiritual houses and herbalists when confronted with breast cancer (or other serious health challenges) instead of going to the public health institutions (Anugwom, 2016). The belief that sicknesses are caused by witches and as such do not require medical treatment do not just have dire consequences for the patients and their families as lives are often lost in the process; they may also mean financial losses for health institutions (and in some cases, the country as a whole) as resources that would have come to them are frittered away in consultations with unorthodox healers and religious institutions. But the above incidentally aligns with the contentions of conspiracy theorists that such beliefs in conspiracy generate several side effects amongst which are reduced trust in scientific evidence and negative consequences for the economy concerned (see, Geortzel, 2010; Douglas, Karen, Uscinski, Sutton et. al., 2019).

3. Methodology

The study adopted the cross-sectional survey design. The survey design in this study was used to collect information from a sample which was representative of the total population in all major criteria. This design was best suited for the study since it enables one to get an overview of the perceptions and opinions of respondents at a particular point in time and is amenable to both qualitative and quantitative data collection invaluable in addressing the objectives of the study (Obikeze, 1990). The area of the study is Enugu State. This is a mainland state in southeastern Nigeria which was created in 1991 from the old Anambra State. Enugu State has a population of 3, 267, 837 according to the last National Census (National Population Commission. 2006) and the study sample was drawn from the members of this population who are 18 years and above. Enugu state has a total of 17 Local Government Areas with the principal cities Enugu, Agbani, Awgu, Udi, Oji, and Nsukka. She shares borders with Abia State and Imo State to the south, Ebonyi State to the east, Benue State to the northeast, Kogi State to the northwest and Anambra State to the west (Anugwom, 2016).

Economically, the state is predominantly rural and agrarian; with a substantial proportion of its working population engaged in farming, although in the urban areas trading is the dominant occupation while a small proportion of the population is also engaged in manufacturing activities, with the most pronounced among them located in Enugu, Oji, and Nsukka (Anugwom, 2007). The University of Nigeria Teaching Hospital (UNTH) and the Enugu State University Teaching Hospital and College of Medicine are both in Enugu State (Ituku Ozalla and Okpara Avenue respectively), as well as numerous private hospitals and clinics. Furthermore, there are seven District Hospitals at Enugu Urban, Udi, Agbani, Awgu, Ikem, Enugu-Ezike, and Nsukka and at least one health center or cottage hospital in each Local Government Areas and thirty-nine (39) Development Centres in the State (Anugwom, 2016).

The study purposively selected three LGAs in the state **(Udi, Nsukka and Enugu North)** representative of the population. These local government areas could be seen as exhibiting similarities in their traditions and attitudes towards diseases because traditionally they believe that certain serious diseases occur in individuals' lives as a result of evil deeds by the individuals or evil manipulations by the individuals' enemies. The sample size for the administration of the questionnaires in the study was statistically determined using the statistical formula by Cochran (1963); while the size for the IDIs was 30 respondents who were selected purposively giving a total of 1,182 respondents in all.

Both the quantitative and qualitative methods of data collection were used in the study for data collection. The questionnaire being the quantitative method contained both open-ended and close-ended questions addressing the research questions raised in the study and treated such issues as: perception of respondents on where they think those afflicted with breast cancer went for management; factors that affect women's use and access to breast cancer services while the In-Depth Interview served as the qualitative method. The multi-stage sampling technique was used as a combination of the simple random sampling, the systematic random sampling and the purposive sampling techniques were employed to select 1,152 respondents (determined by the Cochrane, 1963 formula) for the questionnaire administration while the purposive sampling method was used in selecting ten (10) respondents from each LGA and a total of 30 respondents for the In-Depth Interviews (IDIs). The IDI respondents comprised of both males and females as the selections were guided by gender equity, age variation and different educational levels of the respondents in a bid to cover as much diversity as possible in the sample (Anugwom, 2016). The IDI guide equally addressed the issues embodied in the questionnaire of the study; however, it deepened the questions and provided probing questions aimed at generating more in-depth views or opinions. The probing questions aided the researchers in maintaining focus during the interviews and in garnering deeper insights into people's

perceptions of the concerns of the study. In addition, the non-verbal gestures and communications of the interviewees were also noted.

The analysis of the data collected from the questionnaires were computer processed and analyzed utilizing the 20th version of the SPSS making use of descriptive statistics such as percentages and frequency tables to highlight findings and make preliminary comparison between variables while the chi-square (x^2) was used in establishing relationships between key variables.

On the other hand, the data from the interviews were analyzed manually and used contextually taking note of key assertions; insightful comments; experiential narrations; contested viewpoints etc. The information from this data set focused on identifying common themes in the data and used as a basis for comparing and contrasting opinions of respondents and how these are consistent or otherwise with the data from the questionnaire and were used in either supporting or teasing out discrepancies in the findings from the quantitative data derived from the questionnaire.

4. Results:

4.1. Overview of the socio-demographic characteristics of the respondents

The study made use of 1,152 questionnaires from which 1020 questionnaires were duly filled and returned. These returned questionnaires and the information collected from the interviews formed the basis of this presentation of findings. In addition, the study sample was chosen with the criteria stipulated in the methodology. As a result, the sample was fairly distributed in such major socio-demographic characteristics as age, education and income. Also, the sample reflected gender equity and this enabled a fairly balanced perception not unduly influenced by either gender or other social characteristics. In view of the above, the fining reported here can be taken as truly representative of the study population.

4.2. Summary of Major Findings

4.2.1. The major findings of the study include the following:

i. Majority of the respondents were of the opinion that most people affected by breast cancer in the state do not make use of the public health institutions in the state as there is an intense distrust people have in the public health institutions in the state especially with regards to cancer treatment.
ii. Resulting from the above, an overwhelming majority of respondents perceive and support the utilization of 'unorthodox' and traditional solutions to health challenges including breast cancer.
iii. The younger generation of women are more unaware of breast cancer and issues surrounding it than the older generation of women. This was assumed to be as a result of a general lack of interest as it is medically reported to be a disease that creeps in with aging.
iv. A reasonable percentage of the respondents believed there are no social work services available to women suffering from breast cancer in the state.
v. There is a direct relationship between income, educational status and awareness of breast cancer occurrence amongst elderly women given that improved income is a product of improved social status which places the individual in a position to access relevant health information.

The findings of the study indicate that there is a direct relationship between age and awareness of breast cancer amongst elderly women as only 48.8% of the young respondents were aware of the occurrence of breast cancer amongst elderly women while 78.4% and 82.4% of middle-aged and old respondents respectively were aware of the occurrence of breast cancer amongst elderly women. As it had earlier been indicated that the risk of breast cancer increases with age, it is therefore not out of place that age is equally a factor in awareness of the disease amongst elderly women.

Table 1. Influence of Socio-Demographic Factors on Awareness of Breast: Distribution of Respondents by Age by Awareness of Breast Cancer amongst Elderly Women

Age	Yes	No	Total
Young	322 (48.8%)	338 (51.2%)	660 (100%)
Middle	189 (78.4%)	52 (21.6%)	241 (100%)
Old	98 (82.4%)	21 (17.6%)	119 (100%)
Total	**609 (59.7%)**	**411 (40.3%)**	**1020 (100%)**

Source: Authors 2023

The study also sought to find out the influence of economic status measured here by monthly income/earnings on awareness of the occurrence of breast cancer amongst elderly women and it was revealed that there was also a direct relationship between income and awareness of breast cancer occurrence amongst elderly women. While only 31% of the respondents who earn low monthly income were aware of the occurrence of breast cancer amongst elderly women; 61.6% and 72.9% of those who earned middle and high incomes respectively were aware of breast cancer amongst elderly women. This is not surprising since improved income is a product of improved social status which places the individual in a position to access relevant health information. According to one of the respondents in the IDI,

"there is a relationship between income and awareness of breast cancer occurrence amongst elderly women because most rich people nowadays usually go for routine medical check-ups both within the country and abroad and this creates a lot of awareness on diseases such as breast cancer".

As improved income often results from higher education which in turn impacts on one's awareness and knowledge generally, the study equally sought to ascertain the influence of education as a social factor in the perception of occurrence of breast cancer amongst elderly women in Nigeria. From the study it was seen that the respondents with high education were also more aware of the occurrence of breast cancer amongst elderly women than the others as 71.7% of those with high educational qualification (from university first degree and above) were aware of the occurrence of breast cancer amongst elderly women while only 22.6% of the respondents with low educational qualifications were aware of the occurrence of the disease amongst elderly women (Anugwom, 2016). This goes in line with the observation of Ohanaka (2002) and Adebamawo and Ajayi (2000) who reported that the elderly in Nigeria who are illiterate and reside in the rural communities are usually not reached during public health campaigns hence, the lack of awareness of breast cancer amongst those who are uneducated. Scholars like Ashing-Giwa (1999) argue that socio-economic status also influence the awareness of breast cancer and use of the services for its prevention and effective management. According to her, financial constraint often inhibits the use of breast cancer preventive and control measures like mammography as "women who are living at or below the poverty level have to struggle with competing issues such as food, shelter, safety, and employment that take precedence over their own health and well-being" (Ashing-Giwa, 1999:55).

Table 2. Distribution of Respondents by Income by Awareness of Breast Cancer amongst Elderly Women

Income	Yes	No	Total
Low	232 (31%)	517 (69%)	749 (100%)
Middle	101 (61.6%)	63 (38.4%)	164 (100%)
High	78 (72.9%)	29 (27.1%)	107 (100%)
Total	**609 (59.7%)**	**411 (40.3%)**	**1020 (100%)**

Source: Authors 2023

4.2.2. Perception of respondents on where they think those afflicted with breast cancer went for management

Given that majority of the respondents indicated their distrust of public hospitals in the state with regards to breast cancer, this majority was further asked where they think those afflicted with breast cancer went for management and their answers are captured in Table (3) following:

It can be seen from the Table below that while 19.5%, 32.8% and 28.9% of the respondents from Nsukka LGA, Udi LGA and Enugu North LGA respectively are of the opinion that those who are affected by breast cancer prefer to go to private hospitals; 57.3%, 42% and 43.9% of the respondents from Nsukka LGA, Udi LGA and Enugu North LGA respectively are of the opinion that those who are affected by breast cancer prefer to go to spiritual houses and herbalists; 23.2%, 25.2% and 27.2% of the respondents from Nsukka LGA, Udi LGA and Enugu North LGA respectively are of the opinion that those who are affected by breast cancer prefer to go to Chemists/Pharmacists. Aggregately therefore, 27.2% and 25.2% of the respondents are of the opinion that those who are affected by breast cancer prefer to go to private hospitals and chemists/pharmacists respectively to the public hospitals and this serves as a pointer to their intense distrust and lack of faith and trust of people in government hospitals. As one respondents from the IDI stated:

> *"Why won't they prefer the chemist and in most cases prophets and spiritualists to hospitals? Though those chemists are usually unqualified to treat sick people, they are more affordable and they treat patients on a one-to-one basis and with so much care. The private hospitals on the other hand are so expensive that the common Nigerian cannot afford them while the government hospitals that are supposed to be affordable hardly function well. There are usually not enough drugs for treating patients and the medical personnel there do their work with so much laxity at the expense of the patients"* (Anugwom, 2016; Anugwom, 2019).

This then explained why most respondents in the study (47.6%) indicated that people afflicted by breast cancer go to spiritual houses and herbalists.

Table 3: Distribution of respondents by other institutions women go to for breast cancer management apart from public health institutions.

Other Institutions/ Places	LGA			Total
	Nsukka LGA	Udi LGA	Enugu North	
Private hospitals	48(19.5%)	86(32.8%)	71(28.9%)	205 (27.2%)
Spiritual houses/ Herbalists	141 (57.3%)	110 (42%)	108 (43.9%)	359 (47.6%)
Chemists/Pharmacists	57(23.2%)	66(25.2%)	67(27.2%)	190 (25.2%)
Total	**246(100.0%)**	**262(100.0%)**	**246(100.0%)**	**754(100.0%)**

Source: Authors 2023

4.2.3. Factors that affect women's use and access to breast cancer services

11.6% of the respondents in the study indicated that a lack of breast cancer services is the reason women do not access or use such services while 17.3% indicated financial constraints as their perceived reason arguing that even if the services are made available on women's doorsteps, using them would still be a problem as these women sometimes find it difficult to feed not to talk of being able to afford cancer treatments which are usually very exorbitant. To further buttress the 17.3% response which identified financial constraints as the reason for lack of use and access to breast cancer services in the state, one of the respondents in the IDI who happened to be one of the KPs in the study stated that:

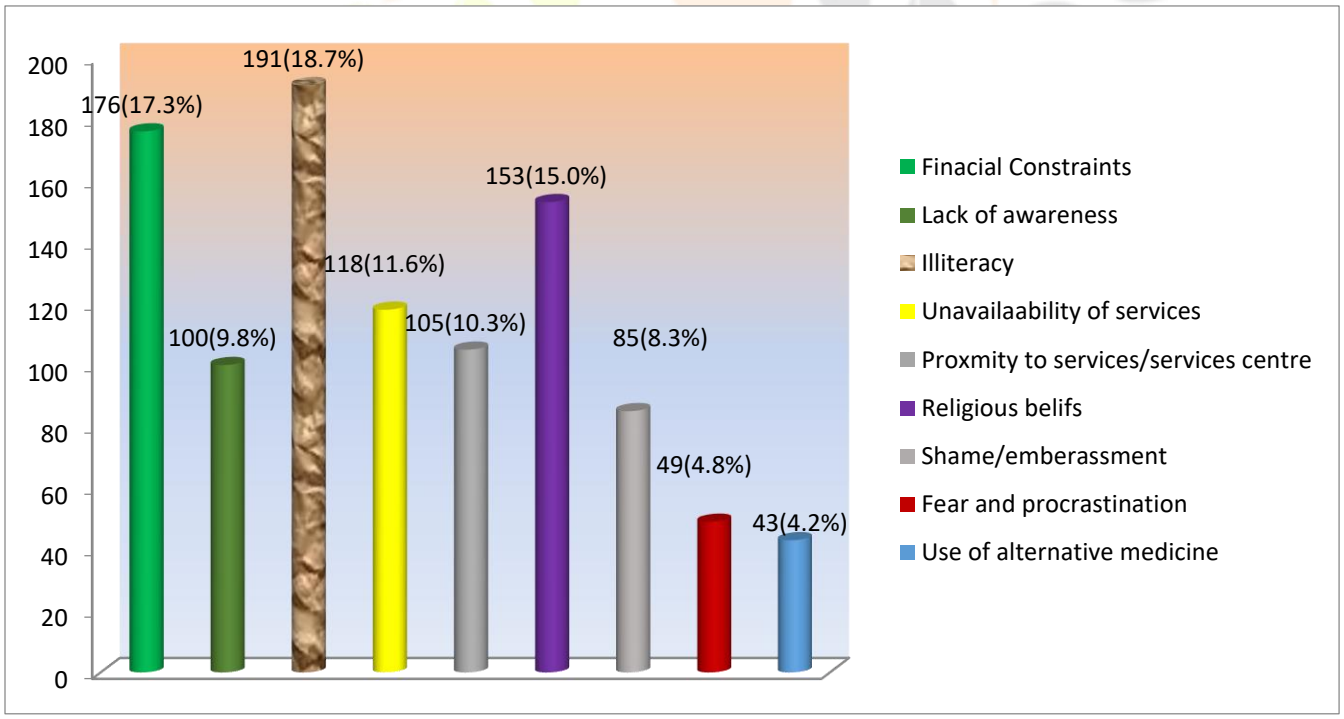
"Although not much is the state for breast cancer treatment and management, access and use of little breast cancer services in the state is largely dependent on the financial standing of the patients and their families because these services are not cheap in any way and only the financially stable can afford them".

…..and this still raises questions for the public health sector in the state given that such diseases as breast cancer with its mortality rate on the rise should have services for its prevention, management and treatment provided either free to some category of people or even subsidized so they can easily access them. This analysis of the responses of the respondents to this is also presented in Table and figure following:

Table 2: Distribution of respondents by factors that affect women's use by access to breast cancer services in Enugu state

Factors	Frequency	Percentage (%)
Financial constraints	176	17.3
Lack of awareness	100	9.8
Illiteracy	191	18.7
Unavailability of services	118	11.6
Proximity to services/services centre	105	10.3
Religious beliefs	153	15.0
Shame/embarrassment	85	8.3
Fear and procrastination	49	4.8
Use of alternative medicine	43	4.2
Total	**1020**	**100**

Source: Authors 2023



Factors that affect women's use and access to breast cancer services in Enugu

Source: Authors 2023.

4.2.3. Extent to which Social Workers Address the Reproductive Health of Elderly Women Especially in Relation to Breast Cancer

From posing the question of whether there are social work services available to women suffering from breast cancer in the state was put to the respondents in a Yes/No manner, 37.9% of the respondents were of the opinion that there were social work services available in the state to assist those affected by breast cancer while 62.1% of the respondents are of the opinion that there are no such services in the state. Consequently, those who believe that there are no such help for women suffering from breast cancer are more in number than those who said there are such services and this finding corresponds with the opinion of one of the key persons interviewed in the study who said that,

"though there are services going on in the state to help women detect cancer early enough to make treatment easier and more effective, these services are usually provided by some other groups or associations but there is none known to be organized and delivered by social workers". According to another respondent, "*social workers though not totally new in the country any more, are yet to gain the same level of recognition they have in the western societies both from the Nigerian government and the individuals who need their services".*

Table 4: Distribution of Respondents by Availability of Social Work Services

Available	Frequency	Percentage (%)
Yes	387	37.9
No	633	62.1
Total	**1020**	**100.0**

Source: Authors 2023

5. Discussion of findings

A crucial finding in the study is the intense distrust of public health institutions in the care and management of breast cancer as it has been discovered that there are no free or subsidized Medicare available for cancer detection, care and management in the state. However, the general distrust of the public health institutions to assist elderly women suffering from breast cancer is not peculiar to Nigeria since the (American Cancer Society. 2009) reported that some doctors in public health institutions are reluctant to consider surgery and resort to 'tamoxifen' (an effective anti-cancer drug) because it is easier to administer but several studies have proven that the cancer will eventually grow and spread if a tumor is not first removed surgically, even if the patient continues to take the drug. This problem of under treatment is often based on the belief that elderly women do not tolerate treatment and it is reported amongst the Swiss that many elderly women with breast cancer appear to have died because they did not receive full or appropriate treatment for their diseases (Bouchardy et. al. 2003; Anugwom, 2019). In the opinion of these scholars, breast cancer patients over age 80 who did not receive adequate treatment had a much higher death rate from their cancer than women who received proper treatment. Therefore, there is need for health providers and planners in Nigeria to re-dedicate themselves to ensuring full breast cancer coverage for elderly women especially since old women who did not receive adequate treatment have a much higher death rate than women who received proper treatment for breast cancer.

The study further revealed that a number of factors affect women's access and use of breast cancer services in the state such as financial constraints, people's assumption/belief that there is a lack of breast cancer services. These respondents argued that even if the services were made available at some women's doorsteps, using them would still be a problem as these women sometimes find it difficult to feed not to talk of being able to afford cancer treatments which are usually very exorbitant.

Finally, it was revealed also that there is a dearth of social work services in the state with regards to breast cancer as most of the respondents in the study indicated their ignorance of both social work services and social workers in the state. This also serves as a challenge to the public health sector and social workers in the state to come together to find ways of working together towards providing services targeted at the prevention, treatment, management and coping with breast cancer.

6. Conclusion and recommendations

Though the health and wellbeing of individuals in a country should be priorities in policy making and nation building, it can be observed that the reverse is often the case in developing countries. This is usually worse in the public health sector, leading to people's gross distrust in public health institutions in these countries. As this study shows, the above is no less the case in Nigeria where public health institutions lack the capacity to deliver good and effective services. In such a situation, people often resort to private hospitals or spiritual houses when confronted with terminal or complicated health challenges. Unfortunately, these private health care institutions are more often than not so expensive that the lower class and in some cases average citizens cannot afford their services leading to loss of lives that could have been saved if the public health institutions were well equipped and functional.

Equally interesting here is that the findings of the study revealed the validity of the conspiracy theory in explaining the perception of health institutions in Nigeria. These institutions are thus generally distrusted and seen as nothing but poor centers where adequate or effective medical care cannot be guaranteed. In this situation and as the findings attest, people seek 'unorthodox' and traditional solutions to serious medical challenges including breast cancer in Nigeria. The above often compound such medical challenges and breed other untoward consequences both for the individual and society at large. This is tune with the argument of some conspiracy theorists that the perception of conspiracy and the behaviour it elicits can be counterproductive in more ways than one (see, Geortzel, 2010; Douglas, Karen, Uscinski, Sutton et. al., 2019).

In view of the foregoing, it is necessary that policy makers and legislators in the country investigate, and where necessary review the policies guiding the public health sector in Nigeria to ensure that the average citizen has access to health care services as and when due. Apart from policy makers and legislators looking into how to make health policies responsive to the needs of ordinary citizens, those in charge of administering health care institutions in the different regions of the country need to be more committed to monitoring and evaluation to ensure that those working under them dispense their services judiciously towards protecting and improving health and lives individuals.

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