

**ADDIS ABABA UNIVERSITY COLLEGE OF HEALTH SCIENCE  
SCHOOL OF NURSING AND MIDWIFERY  
POSTGRADUATE PROGRAM**

**BODY IMAGE OF WOMEN WITH BREAST CANCER AFTER  
MASTECTOMY AMONG WOMEN VISITING TIKUR ANBESA  
SPECIALIZED HOSPITAL, ETHIOPIA 2020: A QUALITATIVE STUDY**

**BY: MERON HAILU (BScN)**

**THESIS SUBMITTED TO SCHOOL OF GRADUATE STUDIES OF  
ADDIS ABABA UNIVERSITY, COLLEGE OF HEALTH SCIENCES,  
SCHOOL OF NURSING AND MIDWIFERY IN PARTIAL  
FULFILLMENT OF THE REQUIREMENTS OF MASTER OF SCIENCE  
IN ADULT HEALTH NURSING**

**JUNE, 2020**

**ADDIS ABABA, ETHIOPIA**

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## **ACKNOWLEDGMENTS**

I would also like to express my appreciation to Addis Ababa University, College of Health Science Librarian and Internet center coordinator, and Tikur Anbesa Specialized Hospital oncology unit staffs for their assistance and support by providing the information I needed.

I would like to extend my deep appreciation to my advisors Mr. Niguse T. and Mr. Yohannes A. who have reviewed my document and provided continuous encouragement. I would also like to acknowledge Addis Ababa University, College of Health Sciences School of nursing and midwifery, for the sponsorship and the opportunities for conducting this study. My appreciation also goes to Mr. Sileshi Demelash (MPH) who has provided me much support and guidance in the analysis part of my thesis.

Last but not least, I would like to appreciate my family and friends who were supportive directly or indirectly in doing this thesis.

## **ABBREVIATIONS**

AACCR	Addis Ababa City Cancer Registry
BC	Breast Cancer
BCS	Breast-Conserving Surgery
BCT	Breast-Conserving Therapy
BID	Body Image Distress
CD	Compact Disk
IRB	Institutional Review Board
MyCB	My Changed Body
TASH	Tikur Anbesa Specialized Hospital

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## Summery

**Background:** Breast cancers pose a great shattering feeling on the women's feminine identity. The loss of a part of the body that brings this feminine identity makes ladies experience a humbling feeling and ugliness within her imagination. Both their physical and emotional health of patients are impacted by the patient's body image and concerns related to their situation, thus understanding their feeling about their body can help us to better understand and improve patient's health. However, no study done in Ethiopia addressed body image of breast cancer after mastectomy.

**Objective:** To gain a holistic and deep understanding about lived experiences and how mastectomy affects body image of Ethiopian Women with breast cancer who undergone mastectomy in Tikur Anbesa Specialized Hospital, Addis Ababa, Ethiopia, 2020.

**Methods:** A qualitative descriptive phenomenological study design was employed to understand the lived experience and perception of body image of women with mastectomy. The data was collected from 11 women who had mastectomy. An in-depth interview using unstructured interview guide from April 28-30, 2020. Member checking, peer debriefing and audit-trial were applied to assure data quality. Thematic analysis using editing analysis style was used by qualitative data analysis software package Atlas ti-7.

**Result:** The result of the analysis led to the emerging of four main themes and sub themes, which are my body image, mastectomy, social life and relationship, and coping mechanism. Most women consider their breast as part of their body, their beauty, full health and life. In this study the women perceive themselves as a disabled person, looking like an old lady at young age and commonly a feeling of loss is reported. Majority of the women said that it hasn't brought any change in their relationship. There are different coping mechanisms a women use to deal effectively with the difficult condition they are in.

**Conclusion:** Women consider their breast as their beauty and its removal affects both psychological and mental well-beings. Mastectomy as a treatment of breast cancer is found to have a negative impact on the women's perception about their body image. The care the women with mastectomy receive from the health care professional is found to be very vital.

**Keywords:** *Body image, Breast cancer, Mastectomy, Tikur Anbesa Specialized Hospital*

# Chapter One

## Introduction

### 1.1 Background

World Health Organization reports breast cancer to be the foremost frequent cases of cancer which occurs in women worldwide. Breast cancer affects about 2.4 million women annually globally. The Globocan 2018 figure shows that about 11.6% of breast cancer incidence and 6.6% of deaths ensued due to breast cancer in both sexes (1). In 2018 breast cancer cases accounted for about 22.6% in Ethiopia; from which female cases were 32.9% and death ensued for 17% of the patients (2).

A body image is a self-created perception that someone derives from how they accept their body and how their body is valued by society. Body image is not a precise interpretation of one's body (3).

Breast cancer diagnosis and treatment can bring a major alteration within the patient's body image and quality of life. In the treatment of breast cancer, mastectomy plays a major role from other treatment approaches. Cutting out the breast causes immediate however usually permanent amendment within the body of the patients inflicting major alterations of body image (4).

Numerous women in Ethiopia avoid early diagnosis and treatment of cancer due to many reasons. Fear of treatment like cutting out the breast being the major concern that leads them to late diagnosis (5).

In the treatment of breast cancer, mastectomy plays a major role from other treatment approaches. A study in pattern of cancer therapy reviewed a data from Addis Ababa City Cancer Registry (AACCR) and from those diagnosed from 2012-2014, more than half (52%) of the patients with primary breast cancer were operated as a treatment (6).

Studies conducted in Ethiopia showed that Ethiopian breast cancer patients having low quality of life compared with others (7), they were displeased with emotional support and respectful

care (8). Earlier public oncology treatment was found solely in Tikur Anbesa Hospital however since cancer is becoming a health burden in Ethiopia, the government is currently operating to expand the treatment centers and to produce top-quality care to look after patients with carcinoma (9).

## **1.2 Statement of the problem**

Physical, psychological, and social problems are the early and late side effects of breast cancer and its treatments. Mastectomy had a grander impact on the alteration of body image and quality of life of the patient (10).

Breast and gynecological cancers pose a great shattering feeling on the women's feminine identity. The loss of a part of the body that brings this feminine identity makes the women experience a humbling feeling and ugliness within her imagination (11).

Most women attach the meaning of motherhood, attraction, femininity, and perfection to their breasts. Losing this breast through mastectomy causes a great sadness, feeling of half, shame, a desire to hide themselves with cloth, and also have an affected sexual life (12). Due to the very essential meaning attached to a breast, many women find it difficult for a decision of mastectomy. Since mastectomy is also considered as an attack for their gender, it is the common reason for ladies to delay or reject treatment (13).

Breast removal for the treatment of cancer is shown to cause a pronounced impact on the patient's perception of femininity (13). Breast cancer patients feel embarrassment concerning their self-image, avoiding exposing their physical selves, separating from intimacy and grief due to loss of former attractive self (14).

There are different implications a women with mastectomy develops. Several ladies once having cut out their breast consider their life as if they are in jail, because of feeling helpless, being dependent on others and they also feel as they lack freedom. And the method of making an attempt to be comfy with their body takes a very long time (15).

Within the contrary few women are less disturbed for the loss of their breast. They worth their look less and provides priority to survival. Most women don't consider having mastectomy as incapacitated femininity (16).

Usually, after surgery the role of nurses is on giving wound care, pain relief and reduction of distress. Soon after discharge, the patient may develop substantial psychological distress and concerns of body image. This would possibly cause social dysfunction and maladaptation; thus special attention ought to run to body image problems once cutting out surgery of the breast is done (17).

Health care professional priority of treatment focuses on saving the life of the women. But the upshot of breast losing must not be left unremarked. Thus the nurses have to arrange a personalized care plan for ladies getting ready to go through mastectomy owing to the danger of getting negative perceptions concerning their body image (18).

Cancer is nowadays changing into the main health liability in Ethiopia. Breast cancer is recently getting research attention it deserves (9). Limited researches studying breast cancer focus on its quality of life, late diagnosis, breast cancer survival, and quality of life focusing in chemotherapy in Ethiopia (5,7,9,19). However, there is no research done about the body image of breast cancer women after mastectomy yet.

Patients who had a mastectomy are in great need of care for psychological support that may remain for a long time. The nurses have enormous responsibility of providing nursing care to correct perception about the altered body image. Therefore this study will aspire to provide information about Ethiopian breast cancer patient's body image after mastectomy.

## Chapter Two

### 2. Literature review

This chapter reviews the works of literature related to the body image of women after mastectomy. The reviews are classified on different subtitles.

#### 2.1. Meaning of the breast

The special meaning that ladies give to their breasts has a greater impact on her body image. Several women in different studies explained their breasts as a very vital organ for their femininity. In a qualitative study in Turkey, the participants explained breasts as an organ that perfects a women in which meanings like femininity, beauty, motherhood, and attraction are attached (12).

Fifteen young Nigerian women were included in a study exploring life without a breast. Many women see the choice of mastectomy as a choice of death or having a critical part of their femininity removed. Mastectomy had a very considerable impact on their femininity, many do not want to look at themselves in the mirror and others feel like they have become a disabled person (13).

The treatment of breast cancer will cause an altered body image leading to the dissatisfaction of the women with their bodies. A cross-sectional study done in Brazil reported that 74.8% of the participants to be dissatisfied with their body image. Women who went to employment after they received treatment and those who did not receive multi-professional follow-up were more affected (20).

A narrative study done in Sweden reports having mastectomy will have an individualized and contextual meaning. There are a group of women the first group saying it is no big deal, the others saying that it is like losing their lady self and there are others in between who accept that there is a loss but it is not that much exaggerated (16).

A study done in Ethiopia, Tikur Anbessa Specialized hospital explored the main reasons for the late diagnosis of cancer. A change in body image after the surgical removal of breast cancer was one of the patient's concerns. One participant explained the feeling of having mastectomy by saying *"Oh, my God, I felt many things, having a breast removal at old age . .*

*. I had no pain at all. I felt why I have to go through breast removal at this age. I should die and get buried with dignity. I felt very sad.” (5).*

A qualitative study on 49 young ladies post-mastectomy using a UK-based online support network was done to assess their body image after mastectomy. Some women during this study gave priority to the need for survival than aesthetics. One study participant said *“I think I just wanted to know it had all gone. I don’t think I really thought about the aesthetics or my body image”*. The changed body image has brought some patients with loss of confidence and that they felt like they have a new identity. One participant said that after she lost her breast she has developed a new identity by doing more girly stuffs. Associated with the scars they have, although there are women who are ashamed to see their scars, some feel that the scars are war wounds of their life struggle and feel proud they beat the cancer (21).

The loss of the breast for some women has become unnecessary, survival has outweighed aesthetics. A woman with mastectomy stated that *“... I was grateful that if I had to have cancer it was in a part of my body that I didn't actually ‘need’ ” (22).*

## **2.2. Body image after mastectomy**

The participants from the study in Turkey explained their altered look after surgery as they saw a *“wretched, horrible, scary, ugly, crooked, collapsed shape”*, and that they felt as incomplete or disabled. During this study, many women were unable to perform their previous routine activities and responsibilities frequently due to their hand complication (12). And this condition has led the women to experience negative emotions like depression. This is supported by a study in northern Taiwan that used a cross-sectional correlational design for a sample of 110 patients. This study reports that after mastectomy for breast cancer 46.1% of the participants showed high body image distress (17).

Another qualitative study on 17 women also showed that there are around 7 psychological reactions among women with breast cancer after mastectomy. From these psychological reactions, one is a negative body image. One woman in this study said, *“I try to accept my body, but I cannot; I cannot look in the mirror until now; Sometimes I feel a stranger from my body (depersonalization) especially after the loss of my hair, eyelashes, and eyebrows; I avoid any social gathering to expose my body especially in front of my mother-in-law and sister-in-*

laws". Some women also experienced an affected whole personality and depression. A woman stated, *"I am not worthy anymore; I do not have the confidence to face my family and friends with a naked chest; I am not good for anything; I am crying when I look at the mirror."* (23).

A case-control study in Brazil evaluated the influence of body image in women undergoing treatment for breast cancer. 90 women were with breast cancer in the case group and 77 were without breast cancer in the control group. The result of this study showed that women with breast cancer were more dissatisfied with body image. When compared with women who were submitted to breast-conserving therapy, women who underwent mastectomy were more discontented with their looks (24).

Different researches also suggest that different factors to have caused the women to develop a negative body image. Qualitative approach research in southern Thai assessed the body image transformation after their diagnosis and treatment. This study indicated that participants who had the chance to make their mind up on their treatment had less body image disturbance than those who had not. One participant in this study said that *"Cut it out or die ... That's what the doctor said. I had no choice at all"*. Also, the improper and rushed truth-telling by their doctor has caused them to own a lot of severe body image disturbance. Another participant expressed her experience as *"I was entering the doctor's office with my husband when he [the doctor] told us, 'You have breast cancer and it needs to be removed or else you will die'. My husband just broke down and cried right at the door."*(25).

A study in Washington was done to assess the impact of surgical treatments and surgical side-effects severity on early-stage (0-IIA) breast cancer patients' body image over time. The patients with different surgery sorts such as breast-conserving surgery (BCS), mastectomy alone, mastectomy with reconstruction was interviewed at different points of time. The times are at 4-6 weeks (T1), six (T2), 12 (T3), and 24 months (T4). The study reported that early-stage breast cancer patients' body image differed by the style of operation received. However, after 2 years body image problems failed to differ significantly by the surgery type. At T1-T3 but not at T4 patients with mastectomy with reconstruction reported poorer body image than patients with BCS. At T2, patients who underwent mastectomy with reconstruction similarly reported poorer body image than patients who underwent mastectomy alone (26).

Another study on the quality of life and patient satisfaction after surgeries like breast-conserving therapy (BCT), mastectomy and reconstruction included 112 patients. The patients with BCT had a much better body image and that they have a much better quality of life and higher satisfaction rate (4).

As a solution in order to ease the negative body image that ladies have encountered with mastectomy different researches were done for different treatment approaches. A prospective randomized control trial was applied on 194 breast cancer (BC) survivors who faced negative body image and/or difficulties with sexual functioning. An 8-week intervention which is an expressive guided-imaginary exercise integrated with a model of group therapy principle was used for the intervention group. And the control condition comprised standard care plus educational reading materials. This study showed that women within the intervention group reported significantly less distress/concern about body look, minimized stigma, and a better BC related quality of life than the control group. However, there was no statistically significant group difference in sexual function (14).

There is similarly a web-based psychological intervention to alleviate body image distress(BID) called My changed Body (MyCB), the intervention is over a single-session, self-compassion focused writing activity. An RCT evaluated the impact of this MyCB on BID and body appreciation in breast cancer survivors. The study showed that participants who received MyCB reported significantly less BID and greater body appreciation and self-compassion than expressive writing participants (27).

### **2.3 Justification of the study**

Some studies are conducted in Ethiopia relating to breast cancer but the titles and the methods used did not adequately explain the phenomena of body image after mastectomy. This qualitative study on the body image of breast cancer survivor women after mastectomy has provided a fresh insight and filled the knowledge gap about the patient's perception of their body image.

## **2.4 Significance of the study**

The finding of this study has given us the insight into lived experience of women who have had a mastectomy as a treatment of breast cancer and about their body image. Cancer becoming the current health concern justifies the need for exploring the patients feeling related to the treatment they receive. Knowing this the nurses and the doctors in the oncology unit will incorporate counseling, advice, and support about the body image in the individualized care plan of the patient. In addition to describing the body image after mastectomy, it has also tried to recommend some points which will be useful in planning contextually effective interventions related with breast cancer care. As to our search, since this study is the first research to uncover critical views on the body image of women after mastectomy in Ethiopia that has not been explored before, researchers may use it as a primary source for future researches to be done.

## **Chapter Three**

### **3. Objectives**

#### **3.1 General objective**

To gain a holistic and deep understanding about the lived experiences and how mastectomy affects body image of Ethiopian Women with breast cancer who underwent mastectomy in Tikur Anbesa Specialized Hospital, Addis Ababa, Ethiopia, 2020.

#### **3.2 Specific objective**

- To describe the perception of women with breast cancer about their body image after mastectomy.
- To understand the lived experiences of Ethiopian women with breast cancer who undergone a mastectomy.
- To assess the coping mechanisms the women use to cope with their body image after mastectomy.

#### **3.3 Research question**

1. How do breast cancer survivor women perceive and experience their body image after having a mastectomy?
2. What are the different coping strategies that women with breast cancer use to cope with their body image after post-mastectomy?

## **Chapter Four**

### **4. Methods and materials**

#### **4.1 Study area and period**

This study was conducted from April 28-30, 2020 in Tikur Anbesa Specialized Hospital (TASH). Tikur Anbesa Specialized Hospital is found in Addis Ababa city, the capital of Ethiopia. It is a teaching central tertiary comprehensive referral hospital. It has approximately more than 800 beds, gives diagnostic, and treatment service for about 370,000-400,000 patients per year. It is the largest and well known public hospital, which was built in the early 1960s.

It has several services specialized in the treatment of cancers such as radiotherapy, medical oncology, anatomic pathology, nuclear medicine, gynecology, and surgery. TASH oncology unit has three senior oncologists, one palliative care specialist, nine residents, five radiotherapists, four medical Physicist, and twenty-three nurses. The most common cancer cases seen in this hospital were breast, cervical, colon, and sarcomas. This study was conducted at the oncology unit which is one of the specialty units of the hospital (28).

#### **4.2 Study design**

A descriptive phenomenological study design was used to describe the body image that breast cancer survivors perceive after having a mastectomy.

Phenomenology which was rooted in a philosophic tradition in the early 20<sup>th</sup> century was developed by Husserl and then by Heidegger. There are two main schools of thought in phenomenology, descriptive and interpretive phenomenology. Husserl developed descriptive phenomenology and his philosophy is focused on the description of human experience. Phenomenology as a philosophy gives a theoretical guideline for researchers to study human phenomena at a deeper level of consciousness to understand lived experience (29).

Phenomenological method is above all effective at bringing the experiences and perceptions of individuals from their own perspectives. This research has tried to gain a holistic and deep understanding about lived experiences and how mastectomy affects body image of breast cancer women. Phenomenology was found to be the best-suited approach for this study to gain

a deeper understanding of how women perceive the body image after they had a mastectomy and describes their lived experience.

### **4.3 Population, sample size, and sampling procedure**

This study assessed the population of breast cancer survivor women who have undergone mastectomy and visiting TASH. Purposive sampling technique was used to select women with a mastectomy. The criteria for selecting participants relayed on the inclusion criteria and the potential to deliver rich information that will answer the research question without any restraints. The researcher has conducted 11 individual interviews until data saturation was achieved. The participants were selected by sending a letter to the department of the oncology unit in TASH. The study participants were accessed when they came for a follow-up visit in the outpatient department and when they came for chemotherapy by giving them a letter of explanation and letter of consent.

### **4.4 Eligibility criteria**

#### **4.4.1 Inclusion criteria:**

- Women who had primary breast cancer whose age is greater than 18
- Women who had undergone mastectomy
- Who could provide written consent to participate in the study
- Who wear capable of communicating

#### **4.4.2 Exclusion criteria:**

- Have psychiatric illness
- Have any other health problem that could affect body image (amputation, visible scar, blindness, visible physical disabilities).
- Who had reconstructive surgery

### **4.5 Data collection tool and process**

Individual in-depth interview using unstructured interview guide was used to collect the data. Using in-depth interviews had enabled the researcher to explore the perception of the body image of women after mastectomy and has led to a better understanding of the issue. Before starting the data collection the researcher had conducted a pilot study on one woman who meets the inclusion criteria, that person and the findings were then omitted from the study.

The pilot study had enabled the researcher to identify any problems with the interview guide, audiotape, suitability of the environment, and time required for the interview. Additionally, it has helped the interviewee to give her opinion on the interview, setting and the interview guide. These issues were corrected by this way. In the data collection process, the women who met the eligibility criteria were contacted while on their follow up visit in the TASH oncology department and when they came for chemotherapy treatment. Those who met the inclusion criteria were selected by providing the required information regarding the study and the interview process. All the women who participated in this study have given their consent before beginning the interview. The setting of interview was a familiar and conducive area in the hospital while they were taking chemotherapy and before their turn has reached for their follow-up visits. The researcher had begun the interview by introducing herself and has asked questions from an in-depth interviews guide. The first broad question was asked in order to start from the beginning by making them remember the time of diagnosis and to build a rapport with the women. And then subsequent narrow questions which were able to meet the objective of the study were asked (see Annex 2). Subsequent probes and follow up questions were used to continue the conversation. The participant had showed different behaviors from shy to being over active. In addition, the researcher took field note, observing and recording any detail information for further refinement of the study and accomplished interpretation and analysis. Individual interviews lasted between 10:21 minutes to 36:15 minutes with a mean time of 23:12 minutes. The interviews were digitally recorded using high quality audio recorder, and translated and transcribed by the researcher.

#### **4.6. Data analysis process**

Data analysis was carried out simultaneously with data collection. All in depth interviews were transcribed verbatim directly from audio in to Amharic language transcripts and was translated in to English by the researcher so that the texts were accurately captured. Interview transcriptions were organized and managed by Atlas ti 7 Software, and then thematic analysis using editing analysis style was used by qualitative data analysis software package Atlas ti-7. After data collection the transcribed data was rereading again to be familiar with the data and check for any errors. After that generating initial codes and theme searching among the codes was done. In presenting the data, relevant verbatim quotes were reported to aid the interpretation of the data in each themes and categories. Line by line coding was done to

identify themes. From the analytic process four major themes emerged and sub-themes (categories) were identified.

## **4.7 Data quality control**

### **Trustworthiness**

The trustworthiness of a qualitative study is determined by the extent to which it is dependable, confirmable, credible and transferable (30). The researcher has adhered to this principle for the study, as stated beneath. (12)

- **Credibility**

Credibility deals with how congruent the findings are with reality and how the study participants find the results of the study to be true. It refers to the extent to which data and data analysis are believable, trustworthy or authentic.

- **Dependability**

It refers to a criterion for evaluating integrity in qualitative studies namely the stability of data over time and conditions. It indicates that if the work is to be repeated given the same methods, in the same context, and with the same participants, similar results would be obtained.

- **Conformability**

This criterion refers to the extent to which the research findings could be confirmed or corroborated by other researchers in the field. It is defined as that the work's findings are the result of the experiences and ideas of the informants, rather than the characteristics and preferences of the researcher.

- **Transferability**

Transferability refers to the degree to which the results of qualitative research can be generalized or transferred to other similar contexts or settings or groups. In qualitative research, the intention is not to generalize the findings but qualitative researchers have a responsibility to produce sufficient data that is conceptually representative of the people studied within a specific context and they need to account for contextual factors when data is transferred from one situation to another. A thick description of the data will be done to

assure the transferability.

To assure the trustworthiness of the research and avoid biases the researcher had used different methods. Such as

**Member checking:** Member checking with participants was carried out throughout data collection by probing questions, within this, member checking occurred initially by reiterating statements made by participants during initial interview and/or subsequent observations to them for accuracy. And the researcher had also contacted some of the participant through telephone after the interview.

**Audit trail:** The findings of this study was audited and verified by advisors and others who have experience in qualitative research so that an outside individual can examine the data. Each process was documented and audio records are available for cross-checking.

**Peer-debriefing:** Sessions with researchers and those who have qualitative experience was used to review and explore various aspects of the inquiry. The researcher discussed data coding, data analysis and interpretation continuously throughout the research process with my peers who are also conducting qualitative researches and with a researcher who is experienced in doing qualitative researches. A peer debriefer (other researcher) reviewed coding of interview data, and to better understand and describe the relationship between categories.

### **Researcher self-reflectivity and bracketing**

The principal investigator is a nurse in her background that has experience of teaching health science students and mentoring students in their clinical practices. The researcher had experience in conducting and analyzing qualitative study. The research advisors involved in this study have a health background and have experience in qualitative data analysis.

Bracketing is the process of setting aside personal experiences, previous research findings, and preconceived notions about the research topic. In this study, the researcher had done bracketing.

#### **4.8 Ethical consideration**

The study was conducted after full approval and ethical clearance was obtained from Addis Ababa University, College of Health Sciences, School of Nursing and Midwifery. Written request to conduct the study was made to the TASH oncology department.

Informed verbal consent was obtained from each study participants after clear explanation about the purpose of the study at their level of understanding. All the interviews were conducted with strict privacy and to keep confidentiality of the collected information. The right of the respondents to refuse answer for few or all of the questions was also respected.

#### **4.9 Dissemination of the study**

The result of this study will be disseminated to Addis Ababa University College of Health Sciences, School of Nursing and Midwifery and to TASH oncology department. Attempts will be made to publish the research findings on reputable journals. The results will also be disseminated through workshops and seminar presentations.

## Chapter Five

### 5. Results

An indepth interview was conducted in eleven women with breast cancer who had a mastectomy. A total of eleven women were included in the in-depth interview. The participants were aged between 25 and 65 years with the mean age of 42.91 years. Above eighty percent (n=9) of the participants were orthodox Christian followers and 27.3 % of the participants are housewives. About 45.5% (n=5) of the respondents have taken elementary education. The site of mastectomy is left unilateral for 72.7%, right unilateral for 18.9 %, and one woman had a bilateral mastectomy. The duration since their mastectomy was done ranges from a minimum of 2 months up to 11 years. For 81.8 % of the respondents, the residence is in Addis Ababa. More than half (54.5%) of the respondents are married, 36.4% of the women are divorced and 1 woman is not married.

The result of the analysis has led to the emerging of four main themes and sub-themes beneath the main themes, the main themes are my body image, mastectomy, social life and relationship, and coping mechanism. Under the theme, my body image sub-themes like the meaning of breast, body image, and first reaction to the wound are discussed. Subthemes like reaction to mastectomy news, other's influence on treatment decisions, and thinking back at their decision were stated under the theme mastectomy. For the third theme, sub-themes like going out, relationship with husband, and response from the health care providers were described. For the theme coping mechanism, convincing, acceptance, distraction, aesthetics, comparing it with others, religious practices, and clothing adjustments were found to be the methods the women use to cope and they are stated as subthemes.

#### **Theme 1: My Body image**

##### ***Meaning of breast***

The majority of the participants attach different meanings for their breasts. One 56 years old participant said: *“First, it is a tool that you use to raise your children, it's your beauty....psychologically it really hurts when it is cut out.”* Another 38 old woman explained it as: *“It is milk; the use is for milk right?”* Another 43 years old woman defined breast as

*“Breast...means life for a human being. Especially for a woman whether you die or live...it’s...”*

Some of the women believe breast to be part of their body and beauty. A 48 years old participant also added by saying *“It is a beauty, its good. Well, it’s part of your body...its part of your body that God gave you.”* Another 25 year old participant stated *“Its full health...it’s all my beauty! Now I consider myself as a disabled person.”*

### ***Body image***

Due to the different meanings these women give to their breast their body image also differs. Removal of the breast had made the majority of the women to express their bodies as they are now half, like losing one part of the body. One 25 years old participant even said *“Just I was shocked...because just my body was missing...like one part of my body...I felt like I lost my leg...at the time I was very shocked. But when I see other people from time to time I bear up.”*

One 38 years old woman felt as if she looked old *“...well as you see you will look like an old lady.”* The feeling of loss is common to majority of the women. A 56 years old married woman said *“Of course you will feel like as if you are missing something.”*

However, some women seemed to care less about their body image they worth their life and survival more. A 34 years old participant expressed the feeling she had about her mastectomy as *“Nothing, I fear the disease, I just fear the disease. As I told you I didn’t give any sense for the operation. Just because my breast is removed?...no this is God’s job, what I want is just to be healed.”* Another 56 year old woman also said *“When thinking about breast cancer the first thing that comes to mind is death. So the thing you think about is ‘do I live or die?’ rather than worrying about your beauty and jewelry.”* A 34 years old participant explained her feeling as *“Breast is something that is inside, let alone your breast which is not visible, your leg might also be removed if it’s sick....so not that much.”*

### ***First reaction to the wound***

After the women had mastectomy and when they see their wound the first time in the mirror, a lot of feelings are expressed by them. The majority of them were scared, some feel bad and others were disgusted with the wound. A 56 year old participant reacted by saying

*“wuuuu...you will feel so bad...very...I felt so bad”* Another 43 years old woman remembered the time *“Ohh...In the name of the father!... It wasn't a wound...since I am slim...it was really scary...it looked like the head of the bull you know.... It was very disgusting...very (with a facial grimace). I have seen other's wounds but mine was very disgusting. The blood was just flowing like a spring, it stopped when it was left a week for 2 months.”*

For some women the reaction to the loss of their body is disappointing. One 40 years old divorced woman expressed her reaction as *“Yes...when you lose part of your body...being created with full-body parts and then losing half of your body... it's disappointing...there is something you feel. But it's better to live for my kid; I convinced myself that it's better to live.”*

However, some women claim that there is no feeling they felt. One 34 years old woman said that *“Nothing. I felt nothing. What I was worried about was the wound healing and my breast is small so it healed fast. So I was worried about the healing, I never felt bad about it even until now.”* Another 48 years old participant said that she doesn't have a feeling of loss, she said *“No. If it is meant to be it will, if not it won't. I don't have a problem. God gave, and God took away. God can plant a breast again.”*

## **Theme 2 Mastectomy**

### ***Reaction to the mastectomy news***

The news the women get about the need to have mastectomy has many feelings it creates. The majority of the women reacted by crying, feeling bad, and hurt inside. A 48 years old woman with no kid said *“Well you will be hurt inside...after all it's part of your body...yes”* Another 37 year old women with 3 kids said *“In the name of the father!... I felt bad a little...Yes, I was sad.”* One of the participants said that she cried over her mastectomy news rather than the cancer news. *“What made me cry was when they told me that my breast should be removed. It was a little hard for me... I asked them if they can just remove only the tumor.”* Some fear the outcome of the operation. A 25 year old participant said *“I was shocked...and I thought I would die there. I never thought I would be out from the operation room but it was done peacefully and I was out.”*

And some find it hard to accept the removal of their breast. A 5<sup>th</sup> participant whose age is 65 said remembering what she felt 11 years back when she was told to have mastectomy: *“Well! I never thought I would survive if my breast is removed.”*

However, some women feel good due to the sense of relief. One 48 year old woman expressed her reaction as she felt happy, she said that *“I just felt happiness....Yes, because when it ruptured I had a feeling that I might not survive. I used to guess that it has changed so even when they told me its cancer...I was expecting it. And when they say it needs to be removed, I felt nothing just happiness because I’m going for survival.”*

Majority of the women preferred to have only the tumor removed rather than their whole breast. They prefer to be treated without their breast being removed. A 25 years old woman said *“...When I asked if I can be treated without my breast being removed, they told me it’s a necessity. So I did it.”*

#### ***Others influence on treatment decision***

Regarding the decision for mastectomy, although usually it’s self-decision of the women that lead them to decision but some also had an influence from others peoples too. Some people advice the women to accept the mastectomy. A 65years old participant with 6 children said *“my kid was so angry with me when I cried; he said ‘what is the problem if you lost your breast? People loss their legs! You have breast fed and raised your kids, there is no problem.’ He said don’t worry.”* Another 43 year old participant also said *“My brother said to my sisters that ‘People loss there hand and legs...this doesn’t mean anything...if you look after her it’s for 2 or 3 months, if it’s more than that the family will hate her. The disease is very bad, it doesn’t kill fast...it will make you wonder on the road, it hurts so much. And you might also not treat her like before...you might hate her...there might be fluids that come out of her body...that is something that smells very bad. That is very disgusting so she better be operated, there is no problem.’ Then I entered to hospital and I was operated...”*

On the other side some people give advice for the women about not accepting the treatment. One 34 years old woman said *“People used to tell me to go to religious solutions but I was very eager to live so I said wait and just went to modern treatment. So now people say that*

*'This is because you went to treatment...if you first went to holy water...' well I came here, I'm alive now and it's God who knows about my future.'*

### ***Thinking back at their decision***

The decision for mastectomy is hard for most women and while thinking back at their decision many feel regrets of not deciding early. One 48 year old participant believed that if she might be able to save her breast, she said *"I also think it's my fault.... Yes, I think that I might not loss my breast...maybe it was something simple that can be removed easily..."* Some women don't have any regrets regarding their decision. One 65 year old woman said *"No, I don't regret it! I've survived why would I regret? I don't regret it."*

### **Theme 3 Social life and relationship**

#### ***Going out***

Having mastectomy has its own impact on clothing and it has also its own effect on the interest of the women to go out for social interactions. Many women said that there is no problem to go out and they still go out by making clothing adjustments. One 48 years old woman said *"There is no problem I go out.....Yes. Just because I don't have a breast?...No. There is no problem there is bra, plastics, and you can also use towels...it looks like a breast. I don't feel a thing about it. I have never thought about it and never complained. I think that's why the devil was mad and making me sick now...but still it's God who wins."*

Majority of the women said that they have no problem to go out, but the thing that makes them to limit their movement is the chemotherapy that they take and due to the current epidemic which is COVID-19. One 25 years old woman stated her reason not to go out by saying *"No...it's just that since they say that this medication needs shade, so I won't go out to far places. By wearing towels I work in my house."* Another 38 year old participant said *"I used to go to 'eder', 'baltena'...but now since this disease (corona) comes I haven't gone anywhere."*

However some women admit that it has created a bad feeling about going out. A woman who has made 2 months since her operation and who is a 56 years old woman said *"You will not*

*have much courage to go out. You feel like you have lost something...but of course you might go to nearby places.”*

### ***Relationship with husband***

The treatment of mastectomy causes a major life change and it has some effects also on the relationship they have with their husbands. Majority of the women said that it hasn't brought any change in their relationship; even they have found their husbands to worry and care for them. A 48 years old participant said *“My husband is a very good man...he suffers with me. He worries about me.... Yes, very much. Well he would be happy if I am healed.”*

However for some women there is a loss of interest to have sex and to have a kid again because of the condition they are in. Some women find it to believe that their condition has made their husband to leave them. One 43 year old divorced woman due to this disease said *“yes...uummm....you know...when you are in this kind of condition...some guys...uumm...first when you are in this condition...having sex is...uummm...and this cancer will also make you...uummm (feeling ashamed). So while you are in this condition you need someone who understands and listens to your feelings. Since I was in hospital he was a goner. When I was in hospital he does some things...so due to that reason we separated.”...continued saying “And also I wasn't interested that much for it (sex)...I am hurt inside because of my condition.”*

Some women feel they can't be in a relationship again and have kids. Another 38 year old participant was separated with her husband long ago and when he wanted to get back together she refused saying *“Yes, when people say be together, I said this disease doesn't want this so I refused. I become afraid of giving birth....that's it there is no other relation...ohh in the name of the father! I just...I just fear very much (Feeling ashamed and laughing).”* For her not having breast also have stopped her from her long dreams of having a second baby, she said *“What will I breast fed? I said it's enough...what will I breast fed...which breast does I have? My daughter says you will breast fed this one (pointing at her breast which is not operated), and she is still trying hard...”*

### ***Responses from the health care providers***

The responses the health care providers give to the women while giving care has a greater impact on their feelings. Regarding the information they received from the health care professionals some of the participant claimed that the health care professionals didn't talk to them in a way that protects their feelings and didn't have time to comfort the patient well. One 38 year old participant remembered the time of her diagnosis as *"At first when he was about to take the sample he was saying that 'Where do I take from, this is all breast...' and in one Hospital the main doctor...he said this is your breast and laughed at me very loudly...I will never forget it."* Related to providing them with the cancer news, one 34 years old woman described that time as *"Just I was shocked at that time and he was just like joking. I even hated coming here very much because what you need is to be treated well. There are a lot of professionals who treat you well, but he...I guess it was my chance to be seen by him... (She paused)"*

While giving wound care some health professional's reaction to the wound has an impact on the patient's feelings. A 43 years old women remembered the health care provider's reactions she received regarding her wound seemed to have created a strong disgusting feeling to her, she stated it as this *"he just said 'I won't dress this again!'...he was very disgusted and said 'If you want call to your doctor... I won't touch this thing!'..."*

However, majority of the respondents agreed that they have received a good care and comforting by the health care professionals has been important for them. One participant who is 56 years old mentioned the doctor's response as *"Also when the Doctors tell you that 'it means nothing...you can survive' ...it creates hope in you..."*

#### **Theme 4 Coping mechanisms**

The treatment of mastectomy has its own impact on women life in many ways. There are different coping mechanisms a women use to deal effectively with the difficult condition they are in. Women used convincing as one method, a 38 year old participant mentioned *"Well I have felt so bad losing my breast...but what do you do about it. You have to convince yourself...it's a must you have to convince yourself. If you worry you will cause another problem and worrying is not good for a person so you have to convince yourself."*

One of the methods the women use is acceptance. They accept the situation and try to be fine with it. A 48 years old participant said: *“Well the feeling...you will accept it. You will say ok and accept it because you can't do anything. That's what I think...I don't want to think about it.”* For some women as days go by the feeling the women experience change. A 40 years old woman sates *“As time passes you will forget everything. You will get used to it...yes that's why.”*

Majority of the participants claimed to worth their being alive more than their body image. A 38 year old said: *“Because, If you survive...it's just a sponge right...so you will put on a sponge. Different distructions like performing different activities have an impact on not giving much attention to be sad about their condition. A 38 years old lady stated *“Well I don't give it much attention...I move around my house, I perform different activities and when the house made come I will sleep.”**

One participant who is 48 years old with no kid mentioned that she hated the word cut while we were taking about her mastectomy. She said *“I feel uncomfortable. Rather than saying it was cut, I say it is all removed, I say it's just gone. (She laughed).”* Thinking breast as aesthetics for some women seemed to ease the feeling they had about their mastectomy. A 56 years old woman with 4 kids stated *“Even if the idea itself came to my mind, I tell to myself that this is not the time for me to beautify...from now on it's time for me to turn my face into my religion. The main thing is my health, let Allah give me my health, that's what I say.”* Another participant who is 48 years old added by saying *“I'm around forties right...(with laugh), I say it hasn't been any use for me...for my life until now since I don't have a kid...so if it stays longer it will be just for clothing and for beauty...that's what I thought.”*

### ***Comparing it with others***

As a coping strategy most women think about and compare their situation with others which they thought is worse than theirs and thank God. A 56 years old women with 4 kids said *“Maybe there were young girls who have been operated with me...when I see them I used to feel very bad because they have to give birth yet....I am an old person, I am an old lady...you understand me right?... I have breast fed and raised my kids. Since I have a lot of things to be confronted on, I haven't given it much attention.....But when I see those kids...there was one*

*young lady who was operated with me...very young...she haven't given birth yet...when I see her...I don't now I used to feel so bad. For me...not that much...its God's will...the main thing is living ...everybody wishes to live first."*

Another 48 years old women compared with worse conditions by saying *"No, I don't feel bad. I will tell them to stop...why? Because there is someone who doesn't have an eye but who is living thanking God. Is my condition worse than him?...No, I go by seeing things around no one leads me...no one leads me I have foot to walk. There is pain I feel but I see beyond that."* (9<sup>th</sup> participant)

### ***Religious practices***

Breast cancer women are affected in different ways by mastectomy, and their reactions to it are dependent on individual attributes. Different religious view and practices are practiced by the women, and they believe has made them strong now. Accepting their situation as the will of God was seen in some participants and they said that it has made them turn to, the Almighty.

A 48 year old married woman assertively replied as *"Yes, that's what I think. Because not even your breast you can lose your legs...God doesn't temp us with evil, it's to test our strength and patience like 'Eyob' (Job). Job was not a man at that time...who can handle what Job handles at that time...So thanks to God."....continued saying "What happens is in God's will, you don't know when we will die whether it would be today or tomorrow."*

Similarly a 48 year old single woman replied as: *"Just...what made me strong like this is that when I use the holly water and holly ash, it is by praying...by asking God for forgiveness so I guess that's what has given me a big strength. That's what gave me the strength. When I come to this treatment I thought that God can heal me with the holy water but he is also willing for us to be helped by the treatment. Then I came believing that God is with me, thinking about God so...even when the doctor was very worried to tell me that it has changed to caner but I wasn't worried."*

### ***Clothing adjustments***

All the participants agreed that there is a change in clothing that having mastectomy causes. They use different clothing adjustments to cover the area of the removed breast. Trying to hide

it by wearing wide clothes and covering it is common but some agree that whatever you do the feeling is still there. One 48 years old participant said “...because you will remember it...well the pain and that your breast is removed... ..whether you were loss dress or any cloth...it’s always half in this side...so you will feel, but sometimes you prefer your life, surviving...if I survived like that...that’s it.” The need to hide the lost breast for some women is usually for others sake and for avoiding questions, other than their feeling. A 34 years old participant with one kid said “I was breast feeding at that time so now when I change my cloth I cover to hide from my son. Maybe if he asks me but for me I never even consider it that I have it or not...I don’t give much attention to it.....Yes, because these days kids ask too many questions...what happened? Where did it go?....and so on since he knows while I was sick...that is why I hide from him. But me...I feel nothing.”

Another 34 years old participant also said “Well there is a bra. As I told you for me it’s nothing I even cannot wear it but it’s for people that I do. My breast is so small that’s it’s not that obvious. So when it’s a must to go out you will wear a bra but sometimes because there is no breast inside the bra will be loss...it might not be balanced, but you will do something about it. There is no problem.” The size of their breast has its own effect in problems regarding clothing. A 56 year old woman with 4 kids stated “My breast is very big...it’s big so it will not be uniform in your clothe. Of course there are many problems as I told you it’s her adornment for a lady...so you will find a solution for it. ”

## Chapter Six

### 6. Discussion

This study has examined the lived experience and perception of body image of women with mastectomy. It has highlighted the perception they have about their body image and assessed their life experience regarding their mastectomy. The body image a women has usually related with what she thinks her breast is. And in this study, most women consider their breast as part of their body, their beauty, full health and life. Also some women consider it to be a source of milk and a tool which is important to raise their children. This finding is similar in another study which state breast to be a symbol of femininity, beauty, motherhood and attraction (12).

Body image is a self-created perception that a person drives from the societies or their acceptance of their body. The different meanings the women attach for their breast has also an influence on how they perceive their body especially after their mastectomy. In this study the women perceive themselves as a disabled person, looking like an old lady at young age and commonly a feeling of loss is reported. Almost similar expressions like feeling half, incomplete and disabled were mentioned commonly in another studies (12,13). The different perception of the women about their body indicates that most women don't accept their body positively.

The first encounter the women had with their body by seeing the wound or the scar especially the first time leads to the emerging of different emotions and feelings towards their body. Disappointment, feeling of loss, feeling bad, being scared and disgusted of their wound were the common reactions reported by the participants in this study. Similarly studies report that the feminine body without breast has made the women to distance themselves from the illness and not wanting to see at their breasts through mirrors. They don't even want to look at it because what they say they think is mutilation, damage, and defect (23,31). On the other hand some women felt nothing and no feeling of loss; they were concerned about the wound healing. This finding coincides with other research findings where women were commonly grateful that it hasn't affected the critical part of their body and there are others who accept it as part of the process (12,22)

Majority of the participant in this study agreed that even if there is a feeling of loss and feeling like a disabled person they usually thank God that they are still alive and believe that there are

others in a worse condition. Most of the women also still did not stop going out and participating in social life. Most of the women still participants in social gatherings like wedding and others regardless of their condition. As a coping mechanisms most of the participant mentioned that spending time with families, husbands care and talking with others in similar status has helped them not to feel bad and to be stronger now. Another study which assessed the psychological reactions of women with breast cancer after mastectomy highlighted that there is a preference of being alone and avoiding social interaction by most of the subjects in the study. Majority of them are more sensitive to have people around them, any reaction they get from people affected their emotional involvements (23). These major differences observed in majority of the participants could be due to the strong social life there is in Ethiopia other than the western countries. The social interaction has made the women in this study to not have time to worry about other things and to be comforted by others condition.

A sexual connection is a vital concern that improves distinct physical and psychological makeup of a family that can alleviate disagreement among families (32). In this finding some women have loss of interest to have sex and to have a kid again because of the condition they are in. However majority of the women said that it hasn't brought any change in their relationship; even they have found their husbands to worry and care for them. Some women find it to believe that their condition has made their husband to leave them and they feel that they can't be in a relationship again and have kids. A study in Turkey reported that few of the women claimed that the relationship they have with their husband has changed in many ways (12). In a similar study majority of breast cancer women worry about their appearance affecting the intimate relationship they have with their husbands (22).

In the current study, a religious beliefs activity helps the women with breast cancer to face the stress of disease and life events. This change in some way was the placement of supplementary alterations due to religious background in these individuals. In similar studies, most of religious and spiritual matters had emerged after the onset and positive changes had been observed along with other changes (23,33). Spiritual beliefs and Religious practices performed by the women are reported to be the most positive outcome among women with mastectomy over many studies.

## **Chapter Seven**

### **7.1. Conclusion**

In conclusion, women consider their breast as their beauty and its removal affects both psychological and mental well-beings. Mastectomy as a treatment of breast cancer is found to have a negative impact on the women's perception about their body image. Most women use religion as the best coping mechanism to overcome the stress associated with breast cancer and its treatment. The care the women with mastectomy receive from the health care professional is found to be very vital.

### **7.2. Recommendation**

The study has assessed the perception of women with mastectomy and has tried to show their lived experience. In line with this, the recommendations out looked; The health care professional's role is found to be important in easing the feeling a women go through related with her mastectomy. Women that go through this process should receive sufficient information and professional support for breast health. The health care professional's care should be by showing sympathy and being careful about their feelings. Since their response will pose a great impact on the women's perception of their body image a good care should be employed by health care staffs. Sexual challenges were described by some women, therefore counseling and education about sexual relations should be given to the couple. Counseling the women about effective coping mechanisms and advising to enhance their spiritual practices should be given to the patients. This will reduce the women's negative body image and experience the women pass through the hard times.

### **Limitation of the study**

Different limitations wear encountered in this study. First, the time since their mastectomy was done in this study ranges from 2months to 11 years; this might cause a risk of recollection bias. If a prospective longitudinal research is conducted it will be good to show their initial experience and the long-term change through time. Second, it didn't include men's experience, especially those who are in relationship with these women like their spouses. This would have been a good way to see the women's experience form other's side. Generally since this research was conducted at the time of COVID-19 pandemic, it has brought different limitations in this study to access the patients easily and to spend more time with them.

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## Annexes

### **Annex 1: Information sheet and consent form**

#### **RESEARCH TITLE: BODY IMAGE AFTER MASTECTOMY OF BREAST CANCER SURVIVORS VISITING TEKUR ANBESA SPECIALIZED HOSPITAL, ETHIOPIA 2020**

**Dear respondents,**

**Introduction and purpose:** Hello my name is Meron Hailu, and I'm a 2<sup>nd</sup>-year Adult Health Nursing masters student at Addis Ababa University, School of Nursing and Midwifery. I'm in the process of doing a research for the completion of my masters study. I'm researching the body image after mastectomy of breast cancer survivors visiting Tikur Anbesa Specialized Hospital, oncology department. As a way to help me gather the information I need you to answer my questions, I have prepared this interview questionnaire. You are being invited to take part in this research because I feel that your experience can contribute much to our understanding and knowledge about the body image a breast cancer survivor has after mastectomy.

**Voluntary Participation:** Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate, all the services you receive at this hospital will continue and nothing will change. You may change your mind later and stop participating even if you agreed earlier.

**Procedure:** If you agree to you will have an interview with the researcher (Meron) or another interviewer which will take approximately 30-50 minutes. During the interview, I or another interviewer will sit down with you in a comfortable place at the Hospital. If it is better for you, the interview can take place in your home or a friend's home. If you do not wish to answer any of the questions during the interview, you may say so and the interviewer will move on to the next question. No one else but the interviewer will be present unless you would like someone else to be there. The information recorded is confidential, and no one else except the researcher will access the information documented during your interview. The entire interview will be tape-recorded, but no-one will be identified by name on the tape. The tape will be kept in a laptop which is secured by a password. The information recorded is confidential, and no

one else except the researcher will have access to the tapes. The tapes and manual paper data will be destroyed after five years.

**Confidentiality:** We will not be sharing information about you to anyone outside of the research team. The information that we collect from this research project will be kept private. Any information about you will have a number on it instead of your name. Only the researchers will know what your number is and we will lock that information up with a password.

**Risk and benefits:** There are no foreseeable physical, psychological or social risks or discomforts involved in participating in this study. However, this study might take about 30-50 minutes of your time. This study has no direct benefits to the respondents by taking part in this study in terms of finance or other means. However, you and other patients will be benefitted indirectly by improving the care provided for patients going through mastectomy.

**Who to contact:** If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact the researcher by the following address: Meron Hailu, Mobile number +251921066907, Email- [merryhailu32@gmail.com](mailto:merryhailu32@gmail.com)

This proposal has been reviewed and approved by school of nursing and midwifery ethical review committee, which is a committee whose task it is to make sure that research participants are protected from harm.

Thank you in advance to those of you willing to participate.

**Informed consent form**

By understanding the foregoing information, I'm giving my consent to participate in a study entitled "Body Image after Mastectomy of Breast Cancer Survivors Visiting Tekur Anbesa Specialized Hospital, Ethiopia 2020". I have read or it has been read to me the foregoing information about the nature of the study, benefits, voluntary participation, confidentiality and withdrawal from the study at any time without any harm. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

ID Number of Participant \_\_\_\_\_

Signature of Participant \_\_\_\_\_

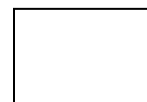
Date \_\_\_\_\_

**If illiterate**

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print name of witness \_\_\_\_\_

Thumb print of participant



Signature of witness \_\_\_\_\_

Date \_\_\_\_\_

**Statement by the researcher**

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands what will be done. I confirm that the participant was allowed to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Name of Researcher \_\_\_\_\_

Signature of Researcher \_\_\_\_\_

Date \_\_\_\_\_

## **Annex 2: Questionnaire (English Version)**

### **Un-structured in-depth interview guide form**

Interview date: .....

Start time: .....

End time: .....

Interviewer: .....

#### **Section 1. Socio-demographic data**

- I. How old are you?.....
- II. What is your marital status?.....
- III. How many children do you have?.....
- IV. What is your status in education?.....
- V. What is your occupation?.....
- VI. What is your religion?.....
- VII. Where do you come from?.....

#### **Section 2. Status of their mastectomy**

- I. Is your mastectomy bilateral or unilateral?.....
- II. How long has it been since your mastectomy is done? .....

#### **Section 3. Body image related questions?**

- I. How was your feeling when you were first told that you need to have a mastectomy?
- II. What does breast mean for you?
- III. What things have contributed or helped you in deciding to go through your mastectomy?
- IV. How do you explain the health professional's role through your mastectomy process?
- V. What did you think of yourself when you see yourself in the mirror for the first time?

- VI. How do you feel about your body image currently, has this changed since the treatment and if so how has it changed?
- VII. How is your relationship with your husband after your mastectomy?
- VIII. How do you explain the reaction of your children, friends and the community after your mastectomy?
- IX. How do you describe your social life?
- X. What was helpful for you to ease your felling while you go through this process?
- XI. What would you want to say that you haven't said to anybody?

**Prompts:**

- ✓ What do you mean by this.....?
- ✓ Can you tell me a bit more about this.....?
- ✓ Anything else you would like to add..... ?

**Thank you very much for your participation!**

### Annex 3: Information sheet, consent form, and questionnaire (Amharic version)

#### አባሪ 1 የመረጃ ወረቀት እና የስምምነት ቅጽ

የጥናት ርዕስ - ከ ከጡት ካንሰር የተረፉ ሰዎች በቀድሞ ጥገና ጡት ማስወገድ ከተሰራላቸው በኋላ ያላቸው የሰውነት ምስል በጥቁር አንበሳ ልዩ ሆስፒታል፣ ኢትዮጵያ 2020 እ.ኤ.አ. >

#### ውድ ምላሽ ሰጪዎች

**መግቢያ እና ዓላማ:** - ጤና ይስጥልኝ ስሜ ሜሮን ሃይሉ ይባላል እናም በአዲስ አበባ ዩኒቨርሲቲ ፣ የነርቶች እና አዋላጅ ትምህርት ቤት የ 2 ኛ ዓመት የአዋቂዎች ጤና የነር ማስተርስ ተማሪ ነኝ ። ለማስተርስ ትምህርቴ ማጠናቀቅያ የሚሆን ምርምር በማካሄድ ላይ እገኛለሁ ። ከጡት ካንሰር የተረፉ ሰዎች በቀድሞ ጥገና ጡት ማስወገድ ከተሰራላቸው በኋላ ያላቸው የሰውነት ምስል በጥቁር አንበሳ ልዩ ሆስፒታል ፣ አንኮሎጂ ክፍልን የሚጎበኙትን የጡት ካንሰር በሽታ ተካሚዎች በመመርመር ላይ ነኝ ። ለዚህ ጥናት የሚያስፈልጉትን መረጃ እንድንሰበስብ ለማገዝ ይህንን የቃለ መጠይቅ መጠይቅ አዘጋጅቻለሁ እርሶም ለጥያቄዎቼ መልስ እንዲሰጡኝ እጠይቃለሁ ። በዚህ ጥናት ውስጥ እንዲሳተፉ ተጋብዞታ ምክንያቱም የእርሶ ልምድ አና ምላሽ ከጡት ካንሰር የተረፉ ሰዎች በቀድሞ ጥገና ጡት ማስወገድ ከተሰራላቸው በኋላ ስላላቸው የሰውነት ምስል ላይ ላለን ግንዛቤ እና ዕውቀት ከፍተኛ አስተዋጽኦ እንደሚያበረክት ይሰማኛል ።

**በፈቃደኝነት የሚደረግ ተሳትፎ:** በዚህ ጥናት ውስጥ ያለዎት ተሳትፎ ሙሉ በሙሉ ፈቃደኛ ነው። ለመሳተፍ ወይም ላለመሳተፍ ምርጫዎ ነው ። ላለመሳተፍ ከመረጡ በዚህ ሆስፒታል ውስጥ የሚያገኙዎቸውን አገልግሎቶች በሙሉ ይቀጥላል እና ምንም ነገር አይለወጥም ። ቀደም ብለው ቢሰማሙም እንኳን በኋላ ሀሳብዎን መለወጥ እና መሳተፍዎን ማቆም ይችላሉ ።

**ሒደት:** ከተሰማሙ ከተመራማሪዎ (ሜሮን) ወይም ሌላ ጠያቂ ጋራ ከ 30 - 50 ደቂቃ ያህል ይሚቆይ ቃለ መጠይቅ ያካሂዳሉ። በቃለ-መጠይቁ ወቅት እኔ ወይም ሌላ ቃለ-መጠይቅ አድራጊው ምቹ በሆነ ቦታ ውስጥ በሆስፒታል ውስጥ እንቀመጣለን ። ለእርስዎ የተሻለ ከሆነ ቃለመጠይቁ በቤትዎ ወይም በጓደኛዎ ቤት ውስጥ ሊከናወን ይችላል ። በቃለ-መጠይቁ ወቅት ለአንዳንዶቹ ጥያቄዎች መመለስ የማይፈልጉ ከሆነ እንደዚህ ማለት ይችላሉ እናም ጠያቂው ወደ ቀጣዩ ጥያቄ ይሄዳል ። ሌላ ሰው እንዲገኝ ካልፈለጉ በስተቀር በቃለ መጠይቁ ላይ ሌላ ማንም አይገኝም ። የተመዘገበው መረጃ ምስጢራዊ ነው እና በቃለ-መጠይቅዎ ወቅት የሰነድ መረጃ ከተመረማሪው በስተቀር ማንም አያገኘውም ። አጠቃላይ ቃለመጠይቁ በቴፕ ይቀረጻል ፣ ግን በቴፕ ላይ ማንም በስም አይታወቅም። ቴፕ በይለፍ ቃል በተጠበቀ ላፕቶፕ ውስጥ ይቀመጣል ። የተመዘገበው መረጃ ምስጢራዊ ነው እና ከተመረማሪው በስተቀር ማንም ሰው በቴፕዎቹ ላይ መድረስ አይችልም ። ቴፖቹ እና ወረቀቶች ከአምስት አመት በኋላ ይደመሰሳሉ ።

**ምስጢራዊነት:** - ስለእርስዎ መረጃ ከጥናቱ በፊት ውጭ ለሌላው አናጋራም። ከዚህ የምርምር ፕሮጀክት የምንሰበስበው መረጃ በምስጢር ይጠበቃል ። ስለእርስዎ ማንኛውም መረጃ ከስምዎት ይልቅ በእሱ ላይ ቁጥር ይኖረዋል ። እርስዎ ቁጥርዎ ምን እንደሆነ ማወቅ የሚችሉት ተመራማሪዎቹ ብቻ ሲሆኑ ያንን መረጃ በይለፍ ቃል እንቆልፋቸዋለን።

ሲጋት እና ጥቅሞች-በዚህ ጥናት ውስጥ በመሳተፍ ሂደት ውስጥ ሊታዩ የሚችሉ አካላዊ ፣ ሥነ-ልቦናዊ ወይም ማህበራዊ አደጋዎች ወይም ችግሮች የሉም ። ሆኖም በአማካኝ ከ30-50 የሚሆን ደቂቃ ሰዎችን ይወስድባቸዋል። ይህ ጥናት በገንዘብ ወይም በሌሎች መንገዶች በዚህ ጥናት ውስጥ በመሳተፍ መልስ ሰጪዎች ቀጥተኛ ጥቅሞች የሉትም ። ሆኖም በቀዶ ጥገና ጡት ማስወጣት ለሚሰራላቸው ህመምተኞች የሚሰጠውን እንክብካቤ በማሻሻል እርስዎ እና ሌሎች ሕመምተኞች በተዘዋዋሪ ተጠቃሚ ይሆናሉ ።

**ማንን ማነጋገር እንዳለብዎ:** ጥያቄ ካለዎት አሁን ወይም በኋላ መጠየቅ ይችላሉ ። በኋላ ላይ ጥያቄዎችን መጠየቅ ከፈለጉ ተመራማሪውን በሚከተለው አድራሻ ማነጋገር ይችላሉ ሜሮን ኃይሉ ፣ የተንቀሳቃሽ ስልክ ቁጥር +251921066907 ፣ ኢሜል- [merryhailu32@gmail.com](mailto:merryhailu32@gmail.com)

ይህንን የሀሳብ እቅድ በነርሲንግ እና አዋላጅ መምሪያ ትምህርት ቤት የሥነ ምግባር ግምገማ ኮሚቴ ተከልሷል እና ፀድቋል፣ ኮሚቴው የምርምር ተሳታፊዎች ከጥቃት የተጠበቁ መሆናቸውን የሚያረጋግጥ ኮሚቴ ነው ።

ለመሳተፍ ፈቃደኛ ለሆኑት በቅድሚያ እናመሰግናለን።

**የመረጃ ቅጽ**

ከላይ የተዘረዘሩትን መረጃዎች በመረዳቱ “ ከጡት ካንሰር የተረፉ ሰዎች በቀዶ ጥገና ጡት ማስወገድ ከተሰራላቸው በኋላ ያላቸው የሰውነት ምስል በጥቁር አንበሳ ልዩ ሆስፒታል፣ ኢትዮጵያ 2020 እ.ኤ.አ.” ላይ ለመሳተፍ ፈቃደኛ ነኝ ።ከላይ የተዘረዘሩትን ስለ ጥናቱ ተፈጥሮ ፣ ጥቅሞች ፣ በፈቃደኝነት መሳተፍ ፣ ምስጢራዊነት እና በጥናቱ በማንኛውም ጊዜ ያለምንም ጉዳት ከጥናቱ ለመውጣት አንብቤያለሁ ወይም ተነበልኛል ። ስለሱ ጥያቄዎችን የመጠየቅ እድል አግኝቼያለሁ እናም ለማንኛውም ጥያቄዬ በተሰጠኝ መልስ እርካታ አግኝቼያለሁ ። በዚህ ጥናት ውስጥ ተሳታፊ ለመሆን በፈቃደኝነት እስማማለሁ።

የተሳትፎ መታወቂያ ቁጥር \_\_\_\_\_

የተሳታፊ ፊርማ \_\_\_\_\_

ቀን \_\_\_\_\_

**ያልተማረ ከሆነ**

ለተስማማው ተሳታፊ የስምምነት ቅጽ ትክክለኛ ንባብ በትክክል አይቻለሁ ፣ እናም ግለሰቡ ጥያቄዎችን የመጠየቅ እድል አግኝቷል። ግለሰቡ በነፃ ፈቃድ መስጠቱን አረጋግጣለሁ።

የምስክር ስም \_\_\_\_\_

የተሳታፊው የአውራ ጣት ፊርማ

የምስክርነት ፊርማ \_\_\_\_\_



ቀን \_\_\_\_\_

**በተመራማሪው የተሰጠ መግለጫ**

የመረጃ ወረቀቱን ለሚመለከተው ተሳታፊ በትክክል አንብቤያለሁ ፣ እና በተቻለኝ አቅም ሁሉ ተሳታፊው ምን እንደሚከናወን እንደተረዳ/ች እርግጠኛ ነኝ። ተሳታፊው ስለ ጥናቱ ጥያቄዎችን የመጠየቅ እድል እንደተሰጣቸው አረጋግጣለሁ ፣ እናም በተሳታፊው የተጠየቁት ጥያቄዎች ሁሉ በትክክል እና እስከምችለው ድረስ እንደተመለሱ አረጋግጣለሁ ። ግለሰቡ ፈቃድ ለመስጠት እንዳልተገደደ እና ስምምነቱ በነፃና በፍቃደኝነት እንደተሰጠ አረጋግጣለሁ።

የምርመራው ስም \_\_\_\_\_

የተመራማሪ ፊርማ \_\_\_\_\_

ቀን \_\_\_\_\_

**አባሪ 2- መጠይቅ (በአማርኛ)**

ጥልቀት ያለው የቃለ መጠይቅ መመሪያ ቅጽ

የቃለ መጠይቅ ቀን: - .....

የተጀመረበት ጊዜ: .....

ያለቀበት ጊዜ: .....

ጠያቂ -.....

**ክፍል 1. የማህበራዊ እና ስነ-ህዝብ መረጃዎች**

I. ዕድሜዎ ስንት ነው? .....

II. የጋብቻዎ ሁኔታ ምንድነው? .....

III. ስንት ልጆች አሉሽ?

IV. የትምህርት ደረጃዎ ምንድነው?

V. ስራዎ ምንድነው? .....

VI. ሃይማኖትዎ ምንድን ነው?.....

VII. ከየት ነው የመጣሽው?.....

**ክፍል 2. በቀድሞ ጥገና ስለተወገደዉ ጡት ሁኔታ**

I. የተወገደዉ ጡትሽ አንዱ ነው ወይስ ሁለቱ ነው?

II. ጡትሽ በቀድሞ ጥገና ከተወገደ ጀምሮ ስንት ጊዜ ሆነሽ? .....

**ክፍል 3. ከአካላዊ ምስል ጋር የተዛመዱ ጥያቄዎች**

I. ለመጀመሪያ ጊዜ ጡትዎ በቀድሞ ጥገና መወገድ እንዳለበት ሲነገሩ የነበረው ስሜትዎ እንዴት ነበር?

II. ጡት ለእርስዎ ምን ማለት ነው?

II. በዚህ ሕክምና ለማለፍ በሚወስኑበት ጊዜ አስተዋጽኦ ወይም ጠቃሚ ነበር የሚሉአቸው ነገሮች ምን ነበሩ?

III. በዚህ ሕክምና ሂደትም በኩል የጤና ባለሙያዎቹ የነበራቸው ሚና እንዴት ያዩታል?

IV. ለመጀመሪያ ጊዜ እራስዎን በመስታወት ውስጥ ሲያዩ ምን ነበር ያሰቡት ወይም የተሰማዎት?

V. በአሁኑ ጊዜ ስለ ሰውነትዎ ምን ይሰማዎታል? ፣ ከሕክምናው ጊዜ ጀምሮ ይህ ተለውጥቶል? እና ከሆነስ እንዴት ተለውጥቶል?

VI. ከዚህ ሕክምና በኋላ ከባለቤትዎ ጋር ያለዎት ግንኙነት እንዴት ነው?

VII. ከዚህ ሕክምና በኋላ የልጆችዎን ፣ የጓደኞችዎን እና የሕብረተሰቡን ምላሽ እንዴት ይገልጹታል?

VIII. ማህበራዊ ኑሮዎን እንዴት ይገልፁታል?

IX. በዚህ ሂደት ውስጥ ሲያልፉ ስሜቶን ለማቃለል ለእርስዎ ምን ጠቃሚ ነበር ወይም ምን ረዳዎት?

X. እስካሁን ለማንም ያልተናገሩት መናገር የሚፈልጉት ነገር ካለ?

**ማብራሪያ ጥያቄዎች :**

- ✓ ይህን ስትይ ምን ለማለት ፈልገው ነው.....?
- ✓ ስለዚህ ነገር የበለጠ ሊነግሩኝ ይችላሉ.....?
- ✓ ለማክል የሚፈልጉት የሆነ ነገር አለ..... ?

**ስለ ተሳትፎዎ በጣም አመሰግናለዉ!**

**APPROVAL BY THE BOARD OF EXAMINATION**

This thesis by Meron Hailu is accepted in its present form by the board of examiners as satisfying the thesis requirement for the degree of masters in Adult Health Nursing.

**INTERNAL EXAMINER:**

_____	_____	_____	_____
NAME	RANK	SIGNATURE	DATE

**External EXAMINER:**

_____	_____	_____	_____
NAME	RANK	SIGNATURE	DATE

**RESEARCH ADVISORS:**

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NAME	RANK	SIGNATURE	DATE

**DEPARTMENT HEAD**

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## STATEMENT OF DECLARATION

By my signature below, I declare and affirm that this thesis is my own work. I have followed all ethical principles of scholarship in the preparation, data collection, data analysis and completion of this thesis. All scholarly matter that is included in the thesis has been given recognition through citation. I affirm that I have cited and referenced all sources used in this document. Every effort has been made to avoid plagiarism in the preparation of this thesis.

This thesis is submitted in partial fulfillment of the requirement for a graduate degree from the Addis Ababa University at College of Health Sciences, School of Allied Health Sciences department of Nursing and Midwifery. The thesis is deposited in the Addis Ababa University Digital Library and is made available to local, national and international scientific community. I solemnly declare that this thesis has not been submitted to any other institution anywhere for the award of any academic degree, diploma or certificate.

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