

ENABLING FACTORS RELATING TO PATTERNS FOR SEARCHING TREATMENTS AMONG PATIENTS WITH BREAST CANCER

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ABSTRACT

Background: Gresik Regency became one of the regions with the highest number of breast cancer sufferers, namely 189 patients. In 2015-2017, patients from Sangkapura Subdistrict numbered 12 people with 66.7% at an advanced stage (data from Ibnu Sina Hospital). Patients with breast cancer in Sangkapura tended to ignore the lump in the breast because the lump was not accompanied by pain so that it was considered a normal lump that was not dangerous. Lack of family support to get medical health services and cost limitations caused sufferers to do their own treatment or alternative medicine.

Materials and Methods: This study used qualitative methods with a phenomenological approach. The number of samples was eight people which obtained through purposive sampling technique. Data were collected by in-depth interviews and then analyzed by Interpretative Phenomenology Analysis (IPA).

Result: Some informants tended to self-treat their disease with soursop leaf decoction because of limited costs, while the family support that should be given to informants was cost, emotional support, as well as information about breast cancer treatment that was both medical and non-medical. However, limited costs and lack of family support caused informants not to undergo medical treatment.

Conclusion: Informants were not able to access medical health services so there was a need to socialize the use of BPJS, for sick and healthy Sangkapura communities, as well as to increase knowledge by families so that they can assist in making correct decisions regarding breast cancer.

Keywords: Enabling factors, treatment searching patterns, breast cancer

1.0 Introduction

East Java Province ranked second after Central Java became the province with the most cancer patients, namely 61,230 people (2013 Basic Health Research Data, processed data 2015). Based on Globocan's estimate of the 2012 International Agency for Research on Cancer (IARC), the highest incidence of cancer in women was breast cancer with a number of 40 per 100,000. In Indonesia, one person died in every hour due to cervical cancer, but breast cancer ranked first in East Java (Suara Media Nasional, 2018).

Data from the East Java Provincial Health Office in 2017 showed that Gresik Regency had the highest number of breast cancer patients after Surabaya and Malang, which was 189 patients. Based on data from Ibn Sina General Hospital and Sangkapura Health Center, Gresik, in 2015-2017, there were 12 breast cancer patients in Sangkapura. 66.7% of them were at an advanced stage.

Treatment-seeking behavior was defined as the behavior of individuals in monitoring their bodies, describing and interpreting the symptoms they experience, taking action for recovery by using resources to help and involve a more formal health care system (Andersen & Newman, 1973). According to Anderson's second phase theory, treatment seeking behavior was influenced by various related factors, including predisposing factors, enabling factors, need factors, and health care systems.

The phenomenon that occurred was that breast cancer patients in Sangkapura tended to ignore the lump in the breast because it was not accompanied by pain so that it was considered a normal lump that was not dangerous. Cost limitations caused patients to delay treatment at medical health services. Another factor related to the searching treatment pattern was the lack of family support for medical health services which caused sufferers to take self-medication or alternative. According to WHO (1999), one of the factors that caused a person to behave in terms of utilization of health services was the resources and funding sources that are owned, among others: opportunities and ability to pay (Setyawan, 2007).

Based on these data and problems, we needed a study of enabling factors related to treatment seeking behavior in breast cancer patients using the second phase of Anderson's treatment search pattern in the Sangkapura Health Center work area.

2.0 Materials and Methods

This study used a qualitative method with a phenomenological approach that aimed to describe enabling factors related to treatment seeking behavior in breast cancer patients in the Sangkapura health center work area. According to Kuswarno (2013), phenomenological research seemed to understand the understanding of informants on phenomena that arise in their consciousness without trying to found the right or wrong opinion of the informant.

The phenomenological approach in this study identified how the experiences of breast cancer patients in the Sangkapura Health Center work area regarding the pattern of treatment seeking and factors that could encourage and inhibit the search for treatment. The experience of each

informant was different so that it could be analyzed and compared to be able to narrate the phenomenon that occur in breast cancer sufferers in the Sangkapura Health Center work area. The purpose of this study was to determine the enabling factors related to the treatment seeking behavior of breast cancer patients. The focus of the research was on enabling factors consisting of income levels or sources of costs and family support provided to breast cancer patients. Informants were determined purposively, namely choosing informants who were understood and involved in the phenomena that occur in the informants. The numbers of informants in this study were 8 informants and 12 key informants consisting of 8 people from families and 4 people from health workers so that the number of informants had met the needs of phenomenological research.

Data collection was carried out by in-depth interviews using research instruments in the form of in-depth interview guidelines with open questions about cost factors, family support, and health services used. Data were analyzed using interpretative phenomenology analysis (IPA). Data validation used source and time triangulation. This study had passed the ethical review of the Airlangga University Faculty of Nursing Ethics Commission number 756-KEPK.

3.0 Result

3.1 The characteristic of the informant and the key informant

The informants in this study consisted of the informants and the key informants. The informants were breast cancer sufferers, while the key informants were family and available health workers. The characteristics of the informants and the key informants were explained in table 1 and table 2:

Table 1 Characteristics of Research Subjects (Informant)

Initials	Age	Educational Level	Employment
Informant 1	58 years old	Elementary School	Female workers/Housewife
Informant 2	48 years old	Senior High School	Housewife/Worker
Informant 3	54 years old	Elementary School	Housewife
Informant 4	41 years old	Elementary School	Housewife
Informant 5	51 years old	Junior High School	Merchant
Informant 6	58 years old	Elementary School	Housewife
Informant 7	54 years old	Elementary School	Housewife
Informant 8	54 years old	Senior High School	Merchant
Total	8 people		

Source: Primary data

Tabel 2 Characteristics of Research Subjects (Key Informant)

Key Informant	Age	Code
Family	60 years old	K1
Family	28 years old	K2
Family	30 years old	K3
Family	44 years old	K4
Family	35 years old	K5
Family	30 years old	K6
Family	31 years old	K7
Family	29 years old	K8
Doctor	40 years old	D1
Midwife	38 years old	B1
Midwife	36 years old	B2
Midwife	42 years old	B3
Total	12 orang	

Source: Primary data

3.2 Income level or costs source of breast cancer patients

The income level or costs source was the income which obtained by the informant for medical expenses. The income or source of the costs came from own income and main family, especially husband and children, as revealed by the informant as follows:

"About 2-4 million per month. Source of medical expenses was from the income when I was a merchant. There were also from my children because I don't have health insurance. " (Informant 5, 51 years).

"Retirement income was around 3-4 million per month, Ma'am. Medical expenses were obtained from insurance, retired husbands, and donations from my children too, Ma'am." (Informant 7, 54 years).

"My income was 3 million per month, Ma'am. The medical expenses came from myself because my husband has died and my child is still in college. I don't use health insurance, Ma'am. " (Informant 8, 54 years old).

Aside from the main family, the costs source which obtained by the informants was also obtained from other families such as relatives or nieces. Some also came from neighboring donations, as revealed by the informants as follows:

"I work as a cracker maker with a wage of IDR 20,000 per day. Per month, I get IDR 500,000-IDR 1,000,000, depending on the number of crackers which I made. For that, I treat my own disease because I have no fees. During treatment at Gresik Hospital, I got donations from other neighbors and relatives because I had no money. " (Informant 2, 48 years).

"I don't work, Ma'am. I also don't have a husband and child, so the money I get is only from family, relatives, and nieces. Like the cost for this treatment, I got it from my brother and niece, Ma'am. "(Informant 6, 58 years)

3.3 Family Support for Breast Cancer Sufferers

The form of social support given to informants was emotional, instrumental, assessment, and informational support in dealing with problems regarding cancer that they suffered. The social support was not only from the main family, but also from other families and the surrounding community. The emotional support provided for example by the habits of the Bawean community to visit neighbors or families who were suffering from illness to give attention or enthusiasm and assistance during treatment. Other social support were financial in the form of money and a place to live while undergoing treatment in Gresik, as revealed by the informant as follows:

"It's a lot, Ma'am. I got the cost during my treatment from my family and my neighbors. They also encouraged and gave me information about cancer treatment. " (Informants 2, 48 years).

"During treatment, I was helped by my family because I didn't work, such as my brothers, nieces, and neighbors. " (Informants 6, 58 years).

"I'm home alone. For examination, I was taken by my niece. I also received support with information about cancer treatment. Usually, many Bawean people visit to encourage if someone was sick. "(Informant 8, 54 years).

The social support was also in the form of information provided to informants regarding nonmedical treatment, in the form of herbs and alternative medicine in Bawean that could cure breast cancer, as revealed by the informant as follows:

"Yesterday when I was treated, I got information about breast cancer treatment with herbs, namely soursop leaves. So, there was no need for surgery and chemotherapy. Usually, people here always visit when there were people who were sick. " (Informants 3, 54 years).

"During this time, I was taken by my family, child, or son-in-law for examination at the hospital. Other relatives or neighbors often came home to give me enthusiasm, especially since my child died. When I had this second cancer, there were neighbors who told me that there was an alternative treatment for people who had lumps in their breasts only by massaging and giving chicken eggs and lime water. Costs and enthusiasm were obtained from my children. " (Informant 5, 51 years).

"Actually families, especially my children, were very supportive of alternative medicine. Therefore, a lot of information about the treatment. There were also many neighbors who came to give encouragement, while my child took care of me when I was sick. "(Informant 7, 54 years).

The informant's family 7 (children) also added that other families, including their siblings, supported alternative medicine because they believed that the lump in the breast was a disease sent from people who did not like it so medical treatment was unable to cure breast cancer suffered by the informant, as revealed by the key informant as follows:

"My brothers disagree when I take my mother to the hospital. They said it was the same as I was "delivering" my mother's life. They believe more in alternative medicine here. " (K7).

4.0 Discussion

4.1 Income Level and Source of Costs

According to Saeed et al (2013), family income had a significant influence on the decision to seek health services in Ghana. Although there were government subsidies, the low-income community still had difficulty accessing health services at the health center or hospital. The costs that must be incurred were not only for treatment, but also include transportation costs, meal costs, and shelter during treatment that was not covered by the government (Pratiwi, 2012). This was in line with the results of research which showed that the level of income or source of costs contributed to the pattern of treatment searching. Informants preferred to use non-medical health services or treat their own diseases for two years due to limited costs or low income. Other informants must waited for the fees to be collected to be able to utilize medical health services, even though they already had health insurance. This was because health costs were not only for treatment, but also for daily needs and transportation in ordered to cure the disease.

The results also showed that informants with high family income preferred to utilize medical health services. Communities with high family income would influence the decision-making process in ordered to seek better health services in improving their health status. This result was in line with research conducted by Saeed, et al (2013), which stated that income was an important gradient in Ghana. Family income was the nominal amount of money received by informants and families in one month that was used to meet the needs of life. There was a relationship (association) between the high income and the magnitude of specialization in health care, especially in terms of modern health services. Although the government had provided subsidies for treatment free of charge in the form of a national health insurance program, but the community also still needed costs such as the need for transportation costs to health care facilities, or the cost of other needs while running hospital care.

4.2 Social Support

Every human being needed help of other people in their life. This was because social beings needed each other. Human needed vary, ranging from physical needs, social needs, and psychological needs. These things would certainly not be possible without the help of others. If someone was facing a problem either mild or severe, then the presence of other people beside him would certainly had an impact on the person.

The results showed that almost all informants received support from their families and the environment. Social support obtained in the form of support from relatives and neighbors. Emotional support was obtained in the form of sympathetic support from the nearest neighbor who visited. Support from relatives in the form of financial. Internal support from within the family were in the form of support from husbands, children, and parents, such as always accompanying each treatment and when sick. Informative support was provided by health workers and neighbors about medical treatment for breast cancer. There was only one informant who did not get support from the family to get medical treatment. According to Dizon et al. (2011), involving family and social support could help cancer sufferers in the face of very difficult times in the sufferer's life. Social support was a positive influence that could be given by families, doctors, nurses, and the community to sufferers in supporting all matters related to their treatment.

The results showed that social support contributed to treatment searching patterns. Informants who did treatment at medical services fully get support from the family, while informants who did not have support from family preferred to do non-medical or alternative treatment. The role of social support was very important for informants because togetherness with the people around the informant made the informant feel loved, appreciated, and cared for their illness. Social support had a big role in determining the treatment status of patients. If the support expected informants to seek treatment, and even showed their support in various ways, the informant would feel more confident, happier, and ready to undergo all the treatment. This was consistent with Fauziyah's (2017) study that the influence on information support was positive. That is, the higher the information supported, the higher the motivation for treatment. This was consistent with the results of the study which showed that three informants switched from medical treatment to nonmedical medicine because they got information from other people about nonmedical treatment that was able to treat breast cancer.

5.0 Conclusion and recommendation

The lack of support from family informants for treatment to the hospital was due to the assumption that the illness suffered by informants was not a medical disease. Therefore, families were more supportive of alternative medicine. Health education was needed not only to be delivered, but also to help prevent delays in treatment and correct decision making in the selection of treatment. Dissemination of the use of BPJS to be owned by everyone, who was sick or healthy, also needed to be done so that the community was able to do medical treatment without having to think about the costs that must be incurred.

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Declaration

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Authors contribution

Author 1 : information gathering, data analysis and drafting of manuscript

Author 2 : final data analysis

Author 3 : final review of manuscript

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