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Treatment-Seeking Behaviour of Stage Iiia and Iiib Breast Cancer at

Rsup Dr Wahidin Sudirohusodo Macassar

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Abstract

Breast cancer is the most common cancer in women. Breast cancer has a negative impact on physical, psychological, and social well-being. The impact caused by breast cancer encourages the emergence of behavior to treat cancer or what is called treatment-seeking behavior. Treatment-seeking behavior is an action taken by individuals when they feel they are experiencing health problems to seek treatment in order to restore health. This study aims to analyze the treatment-seeking behavior of stage IIIA and IIIB breast cancer at Dr Wahidin Sudirohusodo Hospital Makassar. This study used a qualitative method with an *in depth interview* case study approach involving 8 informants. The findings of the analysis in this study indicate that the treatment-seeking behavior of patients with stage IIIA and IIIB breast cancer at Dr. Wahidin Sudirohusodo Hospital Makassar is triggered by 1) lack of knowledge about breast cancer, 2) attitudes in choosing treatment by doing *self-treatment* and traditional medicine, 3) decisions in conducting treatment are influenced by fear of the severity of the disease, 4) good family support with family participation in accompanying treatment, 5) not getting social support, 6) good health worker support. The treatment-seeking behavior of breast cancer patients is caused by driving factors such as lack of knowledge, inconsistent treatment cycles and excessive anxiety, then the quality of health workers becomes a determinant for treatment. Therefore, through the results of this study, it is hoped that the cooperation of community health workers will increase their role in educating terminal diseases, especially breast cancer.

Keywords: Treatment-seeking behavior, Breast Cancer, Stage IIIA and IIIB.

Full length article *Corresponding Author, e-mail: azisbma22k@student.unhas.ac.id

1. Introduction

Breast cancer refers to cells in the breast gland that divide uncontrollably that can originate from the lobule or duct cells of the breast gland that can manifest as a mass or lump [1]. Breast cancer is the most common type of cancer among women in the age range of 40-60 years [2]. Clinical symptoms of breast cancer can include a lump in the breast that is painless. At first the lump is small and over time it gets bigger and sticks to the skin, causing pain and changes in the nipple. That is what makes the nipple pull inward, and is pink or brown in color until it shrivels or ulcers appear on the breast. Over time, the ulcers will get bigger and deeper and this is what will destroy the entire breast. According to statistics released by International Agency for Research on Cancer (IARC) in December 2020, breast cancer is most diagnosed type of cancer in world taking over position of lung cancer. Breast cancer incidence rates are increasing rapidly in several countries, one of which is countries in Asia. The increase is influenced by changes in lifestyle, socio-culture, and environment which have an impact on increasing risk factors for breast cancer [3]. In Indonesia, breast cancer is type of cancer with most cases added in 2020.

Based on data from GLOBOCAN (Global Cancer Statistics) shows that the addition of new cases of breast cancer in Indonesia ranks second in the cause of cancer deaths with a percentage of 9.6 per cent. Breast cancer in Indonesia is the most common cancer found in women with a proportion of 30.8 per cent of the total cases of other cancers, namely there are 65,858 new cases. The Ministry of Health has made several efforts to detect breast cancer early in women aged 40-50 years with clinical breast examination. Non-communicable disease (NCD) research states that public behavior in early detection of breast cancer is still low. It was recorded that 53.7% of community had never done SADARI, while 46.3% had done SADARI; and 95.6% of the community had never done SADANIS, while 4.4% had done SADANIS. Data obtained from South Sulawesi Provincial Health Office in 2020 stated that the number of cervical and breast examinations in South Sulawesi was 21,484 people. The East Luwu Regency had highest number of cervical and breast

examinations with 6,805 people. Lowest district was the Tana Toraja with only 21 cervical and breast examinations.

2. Methods

2.1. Study Design and Participants

This study was conducted from November 2023 to February 2024 at the oncology clinic of Dr Wahidin Sudiruhusodo Hospital Makassar, South Sulawesi Province, Indonesia. This type of research is qualitative research with a case study approach conducting in-depth interviews (*in depht* interview) to 8 breast cancer patients. The informant selection technique used *purposive* sampling technique by determining the criteria of informants that were determined specifically in accordance with the research objectives. Data collection was carried out by means of observation, documentation and indepth interviews, then data processing was carried out by reducing by presenting data in the form of narrative text.

3. Results and discussion

3.1. Results

3.1.1. Informant Characteristics

Table 1 provides Informant Characteristics.

3.1.2. Specific Characteristics of Informants

Treatment-seeking behavior of stage IIIA and IIIB breast cancer in disease management efforts seen from individual aspects in the form of:

a. Knowledge

This study shows that some informants have insufficient knowledge. Informants could not explain breast cancer and did not understand symptoms. All informants stated that they had never done the SADARI independently. The lack of knowledge about the causes of breast cancer and how to treat it results in different treatment efforts according to severity felt. However, there are other informants who know about breast cancer. Based on results of the interviews, it is known that 4 out of 8 informants have the knowledge about breast cancer, and know early symptoms of the breast cancer, and understand how to treat it. As following interview quotes:

"Breast cancer is like a lump that appears in the breast but is not painful, I tried to find information on the internet-, when I read digoogle it is better for early treatment, namely surgery or chemotherapy as well" (EV, 42 years old)

In addition to informants' knowledge of treatment facilities, informants expressed their experience when taking treatment in utilizing modern treatment facilities. As in the following interview excerpt:

"I make use of health facilities at the puskesmas or at the hospital, although the distance from my house to the hospital is quite far, it is a risk. It is normal for there to be a lot of queues at the hospital because it is not just me who is sick, and I can utilize the facilities at the hospital as recommended by the doctor." (BS, 51 years old)

b. Attitude

The utilization of health Centre or hospital services is the spearhead of health services for the community because it is quite effective in helping the community. The provision of first aid with cheap and affordable service standards should make this modern health service the main health service for the community, but in reality many people prefer to self-*Azis et al.*, 2024 medicate by buying medicine without a doctor's prescription and performing traditional medicine such as concoctions or performing rituals that are believed to be able to heal. As in the following interview excerpt:

"At first I was very afraid of seeking treatment at the hospital because of excessive fear, so I resorted to traditional medicine by consuming herbs or going to a traditional healer. I have tried various traditional treatments but there was no change" (WI, 48 years old).

The low utilization of puskesmas or hospital services is influenced by several factors including beliefs, culture, attitudes, distance, travel time, health needs, and stigma or external influences on puskesmas services. Based on in-depth interviews with 8 informants about attitudes in choosing the type of treatment, the results are shown in the following chart: This is in accordance with the statement of the nurse in charge of the oncology surgery clinic who stated that breast cancer patients who came for treatment admitted to having done *self-treatment* and traditional medicine that relied on the ability of traditional healers or leaf decoction water. As the following interview excerpt:

"Every time an assessment is made to a patient, the doctor or nurse will conduct an anamnesa by asking about their treatment history and not a few patients who come for treatment at the RSWS state that they have used traditional medicine such as the ability of traditional healers or rely on concoctions and boiled water of leaves that patients believe can cure them" (N, 45 years old).

c. Decision Making

The informants' decision to choose a treatment facility was triggered by excessive fear of their illness. Some informants created a strategy in dealing with their illness. In their efforts to overcome the disease, influenced by commitment, values and quality of treatment, informants chose to seek treatment at modern health facilities. As the following interview excerpt shows:

"Treatment should be done in a hospital, and be consistent with the treatment, you have to trust the expertise of health workers, I am worried that this disease will spread further and cannot be cured. I hope I can be cured like my mum and siblings who also had breast cancer. My family history in overcoming breast cancer with chemotherapy and surgery, if relying on traditional medicine actually makes the disease progress "(AR, 55 Years)

d. Family Support

One of factors that can affect quality of life of breast cancer patients is family support in carrying out treatment. The higher the family support, better quality of life, otherwise if the lower the family support, the quality of life will also decrease. Support provided by family can be in the form of attention and play an active role in the treatment and therapy programmes that are being undertaken by breast cancer patients. The participation of family members in motivating to maintain condition and carry out treatment according to schedule is a form of active role in treatment management. Support in other forms by providing time, providing information needed, encouraging to continue learning and seeking additional knowledge about breast cancer and treatment. These forms of activities can be carried out by families as support for their family members in undergoing treatment. One informants has a family member who works as a nurse and. As the following interview excerpt:

"I got the information from my niece who works as a nurse at the puskesmas, she always takes me for treatment because my niece definitely knows better what services are good, and I also want the best so I follow my niece's directions. I have had treatment at a traditional healer, and I did not feel any change so I went straight to the puskesmas" (BS, 51 Th).

Good family support will help the patient's spirit psychologically, motivating the patient to continue his treatment so that the planned therapy programme is on target and the patient's quality of life is better.

e. Social Support

Social support is a resource that provides physical and psychological comfort gained through the knowledge that the cancer patient is loved, cared for, valued by others and is also a member of a group based on common interests. Higher levels of social support lead individuals to believe that others care and accept them. Many previous studies have shown that social support is closely related to quality of life. Thus it can be concluded that the presence, hope and interpersonal support have the potential to affect the quality of life of cancer patients. However, in contrast to the results of this study, based on in-depth interviews with 8 informants with breast cancer, all informants stated that they did not get social support from their friends or neighbors such as informative, instrumental, emotional and appreciative support. As the following interview excerpt:

"During my illness I never met with neighbors or office friends, I was absent from work because I thought that this disease was serious so it should be treated quickly. There was no social support from friends or neighbors, such as encouragement or financial support. All food and transport costs are my own responsibility" (EV, 42 Th).

f. Health Worker Support

The attitude of health workers is an important factor in patients coming for treatment. Health workers will help speed up the patient's recovery. Based on in-depth interviews with 8 informants. All informants said that they had received information about breast cancer treatment and were advised by health workers to have a more complete examination at a modern service facility. All informants stated that they were satisfied with service and received good and maximum care during treatment, according to all informants, health workers such as nurses and doctors were very empathetic and cared about their recovery. As following interview excerpt shows: "I received treatment recommendations from doctors and nurses at the previous hospital when I was first examined in Merauke. RSWS is a hospital with more complete treatment facilities. When I was at RSWS the doctor and nurse explained all the treatment procedures I needed, the attitude of the health workers at RSWS was very friendly and the action was very fast. I am satisfied with the service, as a firsttime visitor I am happy to be directed and encouraged to be more comfortable during examination" (EV, 42 years old).

3.2. Discussion

a. Knowledge

The knowledge found was an understanding of breast cancer in form of a lump growing around breast that was initially painless. Most frequent reason in informants' *Azis et al.*, 2024

reviews for being late to first healthcare provider was that lump was common and not bothersome, initial painless symptoms were not considered serious. In addition, there was a lack of knowledge about access to health services available for breast cancer screening and treatment. The informants' low knowledge about early detection and treatment of breast cancer as well as delay in presentation and diagnosis of breast cancer is something should be addressed. Early symptoms of breast cancer before diagnosis are: swelling, pain and discomfort. Another symptom of cancer is pain. Experience of severe pain occurs when informant does the physical activities. This is one of effects of stressed nerves due to growth of cancer cells. Abnormal cells divide faster also increasingly disturb nerves around them so that pain felt more often and stronger. According to Junaidi [4], one of symptoms of cancer is pain which is a result of abnormal cell growth. Then results of the Anggraeni's research [5] explained that disease and illness in cancer very different from pain caused by the other diseases.

Cancer cells are increasingly dividing make it more visible on surface of skin and cause lumps that can be seen directly. The growing mass of cancer causes feelings of discomfort and inhibits activities. Lumps are an early sign of breast cancer complaints that grow in accordance with cancer cell division. Lumps affect body image and cause discomfort. All informants in this study stated that there was a lump in the breast like a marble, did not feel any pain or complaints. Informants' habits of consuming traditional medicines are believed to boost body's immunity, [6]. The importance of carrying out early detection of breast cancer can help reduce incidence of morbidity or mortality in breast cancer patients. Ignorance of community can be caused by a lack of knowledge gained during school or general knowledge such as reading or a lack of counselling carried out by agencies in environment, such as at level of home environment, namely RT, RW, village or health such as health centers in neighborhood where they live. Breast cancer often goes undiagnosed until it has progressed to an advanced stage due to a lack of information and individual awareness to consider early diagnosis as a means of prevention. SADARI technique for detecting breast cancer carried out by looking for lumps of a certain size in or around breast.

This is a significant number as breast cancer patients find about 85 per cent of all breast lumps. The BSE initiative in breast cancer aims to reduce patient mortality by identifying and treating disease at an early, detectable stage. Changes in breast size, shape and contour are visible symptoms of BSE. When looking for breast cancer, BSE is an important first step. Regular BSE screening can save lives by reducing number of women who develop breast cancer. 5 senses are means through which mind acquires knowledge. Everything a person learns from personal experience is his or her knowledge. External variables, such as accessibility and availability of information and assistance from health facilities, can impact success of SADARI in community, just as internal variables, such as level of awareness and attitudes related to family history of breast cancer can impact success of SADARI. The results showed that informants did not know about breast cancer, did not know about access to treatment services and did not know about SADARI. The informants never did initial screening, so it is likely that spread can be so fast to other organs. Women who want to participate in breast cancer screening need to be encouraged to do so.

Public should have a favorable view of breast cancer screening as this will have a beneficial impact on screening process. Health education initiatives, such as spreading awareness and teaching individuals how to look for early signs of breast cancer, are essential. Results of this study are in accordance with Cut Sidrah's research (2021), which states that the most delayed factors for breast cancer patients seeking treatment at the Cut Meutia General Hospital in North Aceh include lack of knowledge, most knowledge obtained is 43.5 (37 people). Of 37 respondents who lacked knowledge, 85.2% experienced treatment delays. Health education related to early detection of breast cancer can have a real impact on people's ability to learn more about the disease. There is a favorable correlation b/w health education & increased efforts to avoid developing breast cancer. According to researcher's assumption, many things influence informants in carrying out treatment, one of which is knowledge. Low informant knowledge has potential to result in delays in breast cancer treatment, this is due to a lack of understanding of importance of treatment and immediate management of disease experienced.

b. Attitude in Choosing Treatment

The findings of this study are that all informants stated that their illness would not be cured if they were not treated at hospital. Although some informants had previously had an examination at a community health Centre or hospital and then diagnosed disease, they did self-treatment and traditional medicine. Traditional medicine is a form of health service that uses methods, tools, or materials that are not included in standard medical treatment. Informants had considered traditional medicine as only therapy to overcome the disease, but traditional medicine does not promise a cure for any disease. Traditional medicine is biggest belief among people today and most treatments only based on suggestion and experience of the patient. An individual's attitude is result of an evaluation of a thing or situation, colored by his emotional response to the object or stimulus. This evaluation then forms basis for individual reactions or behavior in situation. Attitude factors can also affect a person's behavior in dealing with a problem. Attitude is clearly a connotation of suitability of reactions to certain stimuli which in everyday life are emotional reactions to social stimuli. Attitude is not yet an action or activity, but is a predisposition to action of a behavior. Attitude is a closed reaction, not an open reaction but a readiness to react to objects in a certain environment as an appreciation of object [7].

Treatment-seeking behavior arises when perceiving health problems. Medical treatment is taken as an effort to obtain optimal recovery. But there is also the behavior of combining several other efforts along with medical treatment. Widayanti's research (2012) explains that seeking healing is a response or effort when someone feels symptoms that interfere with their health. Health seeking behavior in Indonesia is carried out in three ways, namely: 1) Selftreatment without direction from health workers, 2) Traditional treatment using materials and methods that may not be standardized medical treatment. The treatment is done alone or with instructions from traditional medicine experts, 3) Treatment with medical professionals, namely doctors, nurses, and other health professionals. The researcher sees that the determination of the type of treatment is closely related to the informants' perception of the treatment they Azis et al., 2024

consider appropriate. Rural communities generally prioritize healing for their illnesses. Whether it is medical treatment, traditional treatment, or self-treatment, when a good effect is felt, then that is the type of treatment chosen. The selection of more than one type of treatment is also one of the individual responses to obtain optimal healing. Social activities that occur in the community allow individuals to seek information about the types of treatment that have been done by others.

This determines the trust in a type of treatment. When there is a type of treatment with effects that are felt to be good by the general public, it becomes the choice of type of treatment to be carried out. The results of this study are in accordance with research on the attitudes of breast cancer patients in carrying out treatment, namely that 66.4% of patients have sought traditional treatment and 43.7% of patients experience treatment delays of more than 3 months, which means that patients who have visited traditional medicine have a 9-fold chance of experiencing treatment delays. In determining a complete attitude, knowledge, thoughts, beliefs and emotions will play an important role. After someone knows the object or stimulus, the next process is to have or behave towards the stimulus or object [7]. Therefore, a good informant's attitude towards his treatment is influenced by knowledge, thoughts, beliefs and emotions. According to the researcher's assumption, the informants' attitude towards seeking treatment is low, the informants' treatment history before the hospital examination is by visiting traditional healers, consuming herbal medicines such as turmeric and prayer water which are believed to cure diseases, informants know they are sick but have not sought treatment at modern health facilities. Some informants utilize traditional medicine which has a higher risk of infection.

c. Treatment Decision

Although cancer treatment has developed rapidly in Indonesia, there are still patients who treated late. In Indonesia, approximately $65\overline{\%}$ of people come to doctor at an advanced stage, this finding shows that breast cancer patients are late in detecting their cancer, [8]. Excessive fear often makes women with symptoms of breast cancer come late to check themselves. Results of researcher's interview with one of oncology specialist doctors at Dr Wahidin Sudirohusodo Hospital Makassar, said that many breast cancer patients lack knowledge about breast cancer and its treatment, have too much fear. Breast cancer patients get various information about their disease and treatment incompletely. There are patients who are lied to by traditional medicine people who are believed to be able to cure breast cancer. In conducting treatment, some informants interviewed regarding use of traditional medicine according to him to maintain health and fitness, then there are also those who use it because they are interested in trying and other reasons related to traditions and beliefs. This percentage data shows use of traditional medicine in general, not referring to a particular disease, in this study, breast cancer.

The decision to undergo treatment differs from patient to patient. In non-Western societies, decision to undergo medical treatment is reached more slowly and involves a larger number of people [9]. While in the Indonesia, sick individuals come to traditional medicine clinics as another way to seek treatment besides going to the doctor. I.n countries like Indonesia, patients go to traditional healers or other traditional healers first before they go to health workers. Considerations in conducting the treatment consist of cost factors, the desire to recover, and trust in the type of treatment chosen by informant. Internal and external motivation is also a consideration for the patients in seeking treatment. The motivation for healing that arises can be seen from the first response when informants find out about disease, namely seeking treatment. The positive encouragement received by patients makes an additional energy and the psychological encouragement so that patients can fight against their illness.

The Cotesea [10], said that the internal motivation to recover is one of the factors supporting the health seeking behavior.

External motivation from the closest people also provides a positive impetus for the patient's recovery. The cost of treatment is also one of the main factors that arise in people's minds in seeking recovery. When costs are not available, the mindset of community is that they cannot afford treatment. Although informants have health insurance cards, they have to pay for their own living expenses and transport costs. This is the reason why financing is an area of concern. Not only costs, but other resources such as labor, travel time, and transport. The choice of modern medical treatment is not burdened with negative sanctions. The use of modern medical treatment would be more widespread among the rural population if there were no social sanctions imposed on those who had sought treatment. Particularly in kinship circles, a person may reverse his or her decision to seek treatment at a puskesmas or hospital if he or she is among the elders (who hold the power of kinship customs). Such circles have a great influence on a person's decision-making in choosing treatment.

Not a few of those affected by breast cancer, come to the wrong place for treatment and only check themselves to health care facilities, such as hospitals when they are at an advanced stage, so that cost of treatment is more expensive and the condition is difficult to cure. The long-term impact of using traditional medicine in breast cancer patients can make breast cancer patients come to the doctor when their condition is already at an advanced stage, resulting in a lower life expectancy. Evidence and documentation that traditional medicine can cure cancer is minimal. There is no convincing evidence that any of the many types of traditional medicine available for breast cancer patients are effective in their use, The results of this study are corroborated by Arwyn's research (2017) in the tawiri health Centre working area which states that decision making in the use of health services by the community is influenced by health perceptions, professional services and experience using health care services are the main factors that influence informants' perceptions and then lead to the emergence of decision factors in family and costs.

d. Family Support

Family support in breast cancer patients includes help, attention, response, information, health services, family finances greatly affect quality of life of breast cancer patients who are undergoing treatment. Someone who gets family support feels cared for, loved, feels valuable can share burdens, is confident and fosters hope so as to ward off or reduce stress. Family support can increase motivation in breast cancer patients after undergoing treatment. Most patients feel family support given to them while undergoing chemotherapy at a moderate level [11]. Positive family support is very beneficial for both parties and will need *Azis et al.*, 2024 mutual support, because breast cancer patients are generally overwhelmed by anger and depression. Therefore, to foster motivation in breast cancer patients in undergoing chemotherapy requires high support from family. Strength from within breast cancer patients will increase if supported by other strengths (family support) and with the confidence of patient herself. Family support is an external factor to be able to influence a person's motivation, but family support is very instrumental for those who are facing or suffering from an illness. Especially for breast cancer patients in undergoing chemotherapy, because this can help and accelerate healing process for breast cancer patients

Results of this study show that 2 informants BS and AR get treatment information from family. Family participation in accompanying informants to carry out treatment is an important factor in shaping the spirit and quality of life of patients. The results of this study states that most respondents received sufficient family support, namely 56. Most respondents had sufficient chemotherapy motivation, namely 82. There is a relationship between family support and motivation of breast cancer patients undergoing chemotherapy at Pusri Hospital, There is a moderate relationship between family support and motivation of breast cancer patients undergoing chemotherapy. According to the researcher's assumption, the family support received by the informant was very good because of the family's participation in accompanying the patient for treatment. Cancer patients who take treatment have an impact on sufferers, namely reducing the level of stress experienced after being diagnosed with cancer by a doctor. But when there is motivation and see the efforts and involvement of the family to provide support for sufferers to immediately get or seek treatment. These sufferers become excited again to immediately get treatment for the cure of cancer that is being experienced.

e. Social Support

Various government efforts in dealing with cancer cases in Indonesia, one of which is by forming the Indonesian Cancer Foundation, which is nationally known as the Indonesian Cancer Foundation or YKI, was established on 29 September 1986. As a cancer foundation in the DKI Jakarta Province, the Foundation plays an important role in ensuring the implementation of the Jakarta Provincial Government's health programme, especially in tackling cancer. Cancer problems and challenges. YKI is a non-profit social and humanitarian organization that has a special concern in the field of health, especially in the fight against cancer. Its main objective is to organize events and activities to promote, prevent and support cancer prevention efforts. Realizing that cancer prevention will be successful if it is carried out by all stakeholders, YKI DKI Jakarta carries out its activities in partnership with various stakeholders, including the government, professional organizations, NGOs, the private sector, and other businesses, both at home and abroad. Abroad In 1995, YKI DKI Jakarta established a clinic located at Jalan Sunter Permai Raya No.2, North Jakarta.

This clinic was established to directly serve the community in conducting early detection of cancer. Yayasan Kesehatan Kanker Indonesia (YKKI) was established on 10 June 2016 in Makasar City based on the decree of the Minister of Law and Human Rights of the Republic of Indonesia Number AHU-0027148.AH.01.04 Year 2016. 388 YKKI is committed to empowering young medical personnel in building public awareness to prevent tumors and cancer as early as possible. Seeing this condition YKKI is present in the community by providing information, understanding, and knowledge. This programme was continued throughout Indonesia. 250 people have been helped by the programme to date. The establishment of the community (YKKI) is very helpful in improving the quality of life of cancer patients in Indonesia, especially in the city of Makassar. However, social support in this study showed the results that all informants did not get social support from their friends or neighbors, all informants stated that they did not get informative, instrumental, and emotional and appreciation support.

This is because informants lack information about (YKKI) in the city of Makassar. Then this research is different from the results of research by Ika Nurmia [12] which states that the appreciation support received by postmastectomy breast cancer patients in Semaka District, Tanggamus Regency, Lampung is mostly words of encouragement, motivation and respect for patients. Material support received in the form of financial assistance from spouses and family, as well as assistance in providing fruits, food, drinks and purchasing medicines. Post-mastectomy breast cancer patients did not get information support from their friends and relatives. Social support can be in the form of emotional support such as attention, affection and empathy, then social support can be in the form of appreciation support (appreciation, feedback), information support (advice, advice, information) and instrumental support (financial assistance, energy, and time). Subjects who provide support will make sufferers feel comfortable, cared for, and not alone in carrying out treatment.

Patients with breast cancer treatment who get social support in the form of encouragement, motivation, advice, advice, and other support will have an impact on the patient's health and psychology. Patients will think positively about the treatment that will be carried out, will be more patient and try to get a cure and will bring up enthusiasm for the patient. So that in conditions like this, patients need social support from the closest people or the surrounding environment. Various supports are needed for breast cancer patients who are undergoing treatment, this support is needed to increase their sense of security, comfort, confidence and a sense of being loved by their surroundings. The importance of health support must be known by the source of support to know what to do in providing support to patients. Sources of support can find out information by various methods including searching for information via internet and getting information from health promotion activities carried out by health workers.

Health promotion related to the importance of social support for patients needs to be done by providing information to sources of support, the better and more information received by the source of support, the more support the patient will receive and will have an impact on the speed of recovery. According to the researcher's assumption, based on the findings of the interview, the informant did not get social support because the informant closed himself and did not want his illness to be known, so that the informant experienced a decrease in quality of life. His condition did not allow him to interact with neighbors, friends or work colleagues and felt isolated during his breast cancer diagnosis. Social support is a positive resource for combating depressive symptoms, and is beneficial for *Azis et al.*, 2024

improving mental health. The social support that individuals receive does not prolong the life of patients in the advanced stage, but it can reduce the suffering and pain of patients, as evidenced by the improved quality of life of patients, because improving quality of life in the last months of a patient's life is very important.

f. Health Worker Support

Health support in study showed that 8 informants had received further treatment information from health workers who handled their illness. All informants stated that health workers were very caring and had been quick in providing services. This is in line with Nunung's research [13], namely univariate analysis shows that breast cancer patients at Dharmais Cancer Hospital mostly have good quality of life (67.9%). Most considered caring behavior of nurses to be good (76.4%). And the relationship between nurses' caring behavior and quality of life of breast cancer patients at Dharmais Cancer Hospital is very influential on patient's decision to seek treatment. Health workers such as doctors and nurses provide care that has function and ability to improve quality of care for advanced breast cancer patients undergoing chemotherapy and other treatments. Providing information about effects of treatment and its management can minimize anxiety, stress, and depression in patients and families. Health workers are resources available in hospital environment that have knowledge and skills to be able to help patients restore or achieve balance in dealing with new environment.

Patients and families want good quality individual relationships from nurses [14]. The caring behavior of health workers is very important in improving the quality of life of patients. The caring behavior of health workers means that nurses or doctors provide quality nursing services to patients. Caring behavior can motivate patients to improve their adherence to care and treatment, which is indirect. There are five types of patient demands and expectations for nurses as service providers, namely, responsiveness (they must be willing & ready to serve), competence (they must know their job), courtesy (friendly, respectful, good ethics & flexible), credibility (they are trustworthy and honest), and sensitivity (they understand needs of patients) provide attention to patients, and are sensitive to environment [15]. Providing counselling and palliative care based on the needs of cancer patients since diagnosis is important to be able to improve quality of life of cancer patients and their coping abilities.

Nurses and doctors as professional health workers must be able to provide the right actions needed by patients. Caring is very important for nursing, which functions in the psychological care of patients. Caring is historically an important part of nursing practice. Caring is one of nursing actions carried out every day continuously, sincerely and cares about problems faced by patients [16-20]. According to researcher's assumption, health workers in communicating, providing information and education are the main points when carrying out health services, the role of health workers is an important factor in assisting the patient's treatment process [21-30]. The attitude of health workers can influence patients to carry out treatment. In this study, it found that informants had received good facilities and services during treatment, empathetic and friendly attitude of doctors and nurses determined the success of treatment process [30-41].

| Initials | Age | JK | Education | Tribe | Jobs | Address |
|----------|-----|----|-------------|----------|------|------------------|
| EV | 42 | Р | S2 | Sangir | PNS | Merauke |
| RT | 43 | Р | SMP | Makassar | IRT | Galesong |
| SH | 43 | Р | HIGH SCHOOL | Makassar | IRT | Selayar |
| WI | 48 | Р | HIGH SCHOOL | Mandar | IRT | Polman |
| NU | 48 | Р | SD | Bugis | IRT | Sengkang |
| NL | 50 | Р | SMP | Bugis | IRT | Pinrang |
| BS | 51 | Р | S 1 | Bugis | PNS | Moncongloe |
| AR | 55 | Р | HIGH SCHOOL | Bugis | IRT | North Kalimantan |

Table 1. Informant Characteristics

4. Ethical Clearance

This research has been approved by the Ethics Committee of the Faculty of Public Health, Hasanuddin University with number 5613/UN4.14.1/TP.01.02/2023.

5. Research Limitations

This study has limitations that can affect the results of the study, these limitations are

- a. The results of the research depend heavily on the honesty of the informants in answering the research interview guidelines.
- b. This research has limitations in the data collection process. The busy activities of the informants can affect the informants' concentration in answering the questions asked by the researcher during the interview. To minimize this limitation, researchers conducted interviews when informants were waiting for treatment.
- c. In this study, informants used various local languages, so researchers needed time to perfect the language so that it was easy to understand.

6. Conclusion

The results of this study found that:

- a. Informants lacked knowledge about the symptoms and treatment of breast cancer.
- b. Informants' attitudes in choosing the type of breast cancer treatment services vary, namely *self-treatment*, and traditional medicine.
- c. The informants' decision to seek treatment was influenced by the severity of their illness and their fear of the disease.
- d. The informant's family support is good. Family participation in accompanying during treatment process
- e. Not getting social support because the informant withdrew and hid his illness.
- f. Health worker support is good. Doctors and nurses communicate, provide information and education in planning treatment.

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References

 American Cancer Society. (2019). Breast Cancer Facts & Figures 2019-2020. Atlanta: American Cancer Society.
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- [2] M.D. Abeloff, J.O. Armitage, J.E. Niederhuber, M.B. Kastan, W.G. McKenna. (2020). Abeloff's Clinical Oncology E-Book. Elsevier Health Sciences.
- [3] H. Sung, J. Ferlay, R.L. Siegel, M. Laversanne, I. Soerjomataram, A. Jemal, F. Bray. (2021). Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA: a cancer journal for clinicians. 71(3): 209-249.
- [4] I. Junaidi. (2014). Living healthy cancer-free watching out for cancer early. Yogyakarta: Rapha Publishing.
- [5] D.A. ANGGRAINI. PERSEPSI MASYARAKAT TERHADAP PRODUK PEMBIAYAAN MULTIGUNA BANK SYARIAH INDONESIA. Institut Agama Islam Negeri (IAIN) Palopo, 2023.
- [6] W. Desen. (2011). Handbook of Clinical Oncology. Jakarta. FKUI Publishing Centre.
- [7] S. Notoatmodjo. (2012). Health promotion and health behavior. Jakarta: rineka cipta. 45-62.
- [8] D. Tjindarbumi. (2005). Early detection of cancer and its management. Jakarta. University of Indonesia Faculty of Medicine Publishing Centre.
- [9] G.M. Foster, B.G. Anderson. (2006). Anthropology of health. (P.P.Suryadarma and M.F.Swasono, Eds). Jakarta: UI. Press.
- [10] Cotesea, P.S. Jullen, Nyorong, Mappeaty, Ibnu, I. Fajarawati. (2013). Treatment-seeking Behaviour of Malaria Community in Remu Utara Village, Sorong District, Sorong City, West Papua, PKIP Section, Faculty of Public Health. Hasanuddin University.
- [11] N.P. Suyanto, P. Arumdari. (2016). Dukungan Keluarga pada Pasien Kanker yang Menjalani Kemoterapi Family support in cancer patients with chemotherapy. Buku Proceeding Unissula Nursing Conferenc. 90-95.
- [12] I. Nurmia, L. Handayani. (2022). Analisis Dukungan Sosial Pada Pasien Kanker Payudara Pasca Mastektomi di Kecamatan Semaka Kabupaten Tanggamus Lampung. Jurnal Cakrawala Promkes. 4(2): 114-127.
- [13] N.S. Haryati, Y. Susilowati, R. Sartika. (2023). The relationship of nurses' caring behaviour with the quality of life of breast cancer patients at Dharmais Cancer Hospital: Nursing Science Undergraduate Programme, Yatsi Madani University.
- [14] L.S. Treas, J.M. Wilkinson. (2013). Basic nursing: concepts, skills, & reasoning. FA Davis.

- [15] P. Kotler. (1994). Analysis, planning, implementation and control. Prentice Hall International.
- [16] C. Warastiko. (2016). Konvensional Bed-Bath Dan Prepacked Disposible Bed-Bath Dalam Pemenuhan Kebutuhan Kebersihan Diri Pasien Di Rumah Sakit Advent Bandung. Jurnal Skolastik Keperawatan. 2(2): 122-122.
- [17] M. Akram, M. Iqbal, M. Daniyal, A.U. Khan. (2017). Awareness and current knowledge of breast cancer. Biological research. 50: 1-23.
- [18] H. Barton, D. Shatti, C.A. Jones, M. Sakthithasan, W.W. Loughborough. (2018). Review of radiological screening programmes for breast, lung and pancreatic malignancy. Quantitative Imaging in Medicine and Surgery. 8(5): 525.
- [19] T.B. Bevers, M. Helvie, E. Bonaccio, K.E. Calhoun, M.B. Daly, W.B. Farrar, J.E. Garber, R. Gray, C.C. Greenberg, R. Greenup. (2018). Breast cancer screening and diagnosis, version 3.2018, NCCN clinical practice guidelines in oncology. Journal of the National Comprehensive Cancer Network. 16(11): 1362-1389.
- [20] P.D. Baade, P. Dasgupta, P.H. Youl, C. Pyke, J.F. Aitken. (2016). Geographical inequalities in surgical treatment for localized female breast cancer, Queensland, Australia 1997–2011: improvements over time but inequalities remain. International journal of environmental research and public health. 13(7): 729.
- [21] F. Cardoso, S. Kyriakides, S. Ohno, F. Penault-Llorca, P. Poortmans, I. Rubio, S. Zackrisson, E. Senkus. (2019). Early breast cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Annals of oncology. 30(8): 1194-1220.
- [22] O.F. ABIODUN, B. OHAERI, I.O. OJO, O. BABARIMISA. (2023). Early Detection and Prevention; The Role of Breast Cancer Screening.
- [23] Q. Cheng, J. Huang, J. Liang, M. Ma, K. Ye, C. Shi, L. Luo. (2020). The diagnostic performance of DCE-MRI in evaluating the pathological response to neoadjuvant chemotherapy in breast cancer: a metaanalysis. Frontiers in oncology. 10: 93.
- [24] M.-T. Chen, H.-F. Sun, Y. Zhao, W.-Y. Fu, L.-P. Yang, S.-P. Gao, L.-D. Li, H.-l. Jiang, W. Jin. (2017). Comparison of patterns and prognosis among distant metastatic breast cancer patients by age groups: a SEER population-based analysis. Scientific Reports. 7(1): 9254.
- [25] U. Fischer, F. Baum, S. Luftner-Nagel. (2018). Breast cancer: diagnostic imaging and therapeutic guidance.
- [26] Globocan. (2020). Cancer incident in Indonesia. International Agency for Research on Cancer. 858: 1-2.
- [27] A.E. Giuliano, S.B. Edge, G.N. Hortobagyi. (2018). of the AJCC cancer staging manual: breast cancer. Annals of surgical oncology. 25: 1783-1785.
- [28] T.L. Gall, C. Bilodeau. (2017). "Why me?"– women's use of spiritual causal attributions in making sense of breast cancer. Psychology & Health. 32(6): 709-727.

- [29] N.I. Jaafar, S. Ainin, M.W. Yeong. (2017). Why bother about health? A study on the factors that influence health information seeking behaviour among Malaysian healthcare consumers. International Journal of Medical Informatics. 104: 38-44.
- [30] Indonesian Ministry of Health. (2016). Info Datin Breast Cancer Awareness Month.
- [31] M.O. Karim, K.A. Khan, A.J. Khan, A. Javed, S. Fazid, M.I. Aslam. (2020). Triple assessment of breast lump: should we perform core biopsy for every patient? Cureus. 12(3).
- [32] Marsianti. (2016). Characteristics and treatment patterns of breast cancer patients at Abdul Wahab Sjahranie Hospital. Faculty of Pharmacy, Mulawarman University, Samarinda, Kalimantan Team.
- [33] Marice. (2019). Incidence of breast cancer based on its classification at Hasanuddin University Hospital for the period of January 2019-December 2019.
- [34] S.A. Kristina, Y. Yulianto, Y.S. Prabandari. (2018). Early experience with a health promotion course for pharmacy students in Indonesia. Health Education Journal. 77(2): 241-248.
- [35] A.N. Rahman, P.N. Prabamurti, E. Riyanti. (2016). Faktor-faktor yang berhubungan dengan perilaku pencarian pelayanan kesehatan (health seeking behavior) pada santri di Pondok Pesantren Al Bisyri Tinjomoyo Semarang. Jurnal Kesehatan Masyarakat. 4(5): 246-258.
- [36] Sarina. (2020). Peer support in increasing motivation for breast self examination (Sadari) as an effort to detect Ca Mammae Early. Journals of Ners Communit.
- [37] Y.-S. Sun, Z. Zhao, Z.-N. Yang, F. Xu, H.-J. Lu, Z.-Y. Zhu, W. Shi, J. Jiang, P.-P. Yao, H.-P. Zhu. (2017). Risk factors and preventions of breast cancer. International journal of biological sciences. 13(11): 1387.
- [38] H. Wang, C. Zhang, J. Zhang, L. Kong, H. Zhu, J. Yu. (2016). The prognosis analysis of different metastasis pattern in patients with different breast cancer subtypes: a SEER based study. Oncotarget. 8(16): 26368.
- [39] L. Wang. (2017). Early diagnosis of breast cancer. Sensors. 17(7): 1572.
- [40] W.M. Wambui, S. Kimani, E. Odhiambo. (2018). Determinants of health seeking behavior among caregivers of infants admitted with acute childhood illnesses at Kenyatta National Hospital, Nairobi, Kenya. International journal of pediatrics. 2018(1): 5190287.
- [41] A.R. Hakim. (2019). Self-Efficacy and selected demographics as determinants of the family behavior on examination for patients with Tuberculosis In Pamekasan. 122-132.