

## Experiences of patients with Breast Cancer in Selecting Conventional and Complementary Therapies in Remote Areas: A Qualitative Study

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### Abstract

**Background:** The selection of therapy is a challenging issue to overcome. The selected therapy must be based on the condition of breast cancer patients and has advantages such as increasing life expectancy, being able to overcome the symptoms and complaints of breast cancer patients and improving the quality of life. This study aimed to explore the experiences of people with breast cancer regarding the reasons for choosing therapy, namely complementary and conventional therapies.

**Methods:** This study was qualitative research with a descriptive phenomenological study approach. Participants obtained using purposive sampling techniques were included until the data was saturated. Research data was collected through in-depth interviews conducted in a semi-structured manner. The thematic analysis used in this study consisted of several stages using the Colaizzi method.

**Results:** This study illustrated that complementary and conventional therapies were beneficial to cancer treatment. The three themes from the analysis results included the benefits of complementary and conventional therapies, access to therapy and treatment costs. The choice of therapy depended on available access and costs for breast cancer treatment.

**Conclusion:** Participants with breast cancer in remote areas choose complementary therapies, such as herbal medicine, meditation, reflexology, and acupuncture as the first choice and conventional therapies, such as surgery and chemotherapy as alternative therapies. This is because the choice of therapy also depends on the ease of access to treatment and the availability of costs for breast cancer patients.

**Keywords:** Breast cancer, experience, therapy

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### Introduction

Breast cancer is the leading cause of death in the world, including in Indonesia, which can occur at any time and mostly occurs in women aged 40–50 years. However, it has also been widely reported that breast cancer also affects women aged 18–20 years. In 2018, the incidence of breast cancer cases in women in the world ranks first at 54.4%, with a mortality rate of 11.6%.<sup>1</sup> In Indonesia, breast cancer ranked first at 34.30%, meanwhile in East Nusa Tenggara, there was 1.6% of breast cancer sufferer.<sup>2</sup> The high prevalence of breast cancer deaths in Indonesia is because more than 75%

come to the hospital at an advanced stage. The reasons are, among others, fear of surgery, the level of trust in traditional medicine is still high and there is no cost for treatment. Delays in the treatment of breast cancer cases, such as breast cancer surgery of up to 8 weeks, can increase the risk of mortality by 17%, while a delay of up to 12 weeks can increase the risk of mortality by 26%.<sup>3</sup> Based on interviews with health workers at the Dr. Ben Mboi Hospital, in January–July 2021, there were 6 cases of death due to breast cancer. Generally, breast cancer patients come to the hospital at stages III and IV because they need a handler to fulfill their daily needs, such as oxygen needs.

Selection of the right therapy in cancer patients is a challenging issue to overcome. The therapy chosen must be based on the condition of breast cancer patients and has advantages, such as increasing life expectancy, overcoming symptoms and complaints of breast cancer patients and improving quality of life.<sup>4</sup> The quality of life of breast cancer patients can be improved with conventional therapies, including radiation therapy, chemotherapy, surgery, and combinations.<sup>5</sup> The results of national basic health research (*Riset kesehatan dasar*, Riskesdas) 2018 illustrate that most of the population in Indonesia undergoes cancer treatment with surgery methods 61.8%, chemotherapy 24.9%, and radiotherapy 17.3%.<sup>2</sup> Conventional therapy requires expensive costs, so complementary therapy is used as an alternative or additional treatment or can be combined with conventional therapy. The benefits of using complementary therapies such as acupuncture to reduce hot flashes, yoga can reduce depression and improve health-related quality of life, Mindfulness-Based Stress Reduction (MBSR) can reduce anxiety and depression, and a combination of herbal medicine and chemotherapy synergistically improve clinical outcomes.<sup>6</sup>

Concerning complementary therapies in health services, complementary therapies must synergize with conventional therapies. Complementary therapies can be used in health promotion, treatment and rehabilitation. Complementary therapy focuses on the interaction between mind, body and behavior. Complementary therapy is useful for improving mood, quality of life and coping.<sup>7</sup> However, there has been no study that explores the experiences of people with cancer who use conventional and complementary therapies and simultaneously and live in remote areas. Therefore, this study has its novelty value, where this study explores the life experiences of breast cancer patients in carrying out conventional and complementary therapies as treatment, especially for cancer patients in remote areas.

## Methods

This was qualitative research with a descriptive phenomenological study approach. A descriptive phenomenological study was used to explore a phenomenon of interaction between researchers and participants in a research activity. In this case, researchers examined the experiences of breast cancer patients who had received complementary

and conventional therapies. Participants in this study (n=6) were selected by applying a purposive sampling technique until the data were saturated. The criteria for participants included breast cancer patients aged 18–50 years, patients could communicate verbally and did not have cognitive impairment, patients had taken one type of conventional therapy and had used one type of complementary therapies.

Evidence of willingness as a participant was stated by signing the informed consent. Data collection was carried out in January–April 2022 and used in-depth interviews conducted in a semi-structured manner direct and observation by using field notes. This study was conducted in 3T category areas (remote, underdeveloped and outermost) namely Manggarai, East Manggarai, and West Manggarai. Each area had two informants who had received complementary and conventional therapies. The researcher has made an outline of the subject matter in the interview questions. The questions were open-ended and did not lead directly to the research question. The process of interview was recorded with the informant's consent. This recording was made in written form (transcript).

The thematic analysis used in this study consisted of several stages by using the Colaizzi method. The researcher read the entire transcript repeatedly, then categorized the statements made by the participants. The researcher grouped similar themes into final themes and then compared or checked back with the original description contained in each transcript. Researchers triangulated the data by confirming with participants and reviewing by external parties. This research has received ethical approval from the Ethics Commission of UNKA Santu Paulus Ruteng No: 07/USP/R01/PE02/K/09/2021.

## Results

This study involved 6 participants with an age range of 28 years to 50 years, with various educational backgrounds. Most of the participants did not work. The duration of suffering from breast cancer was 4 to 12 years (Table 1).

The study found three main themes with five sub-themes related to complementary and conventional therapy options for breast cancer patients. During the study, the informants' conditions differed: one informant was undergoing chemotherapy three months postoperatively, one informant was six months

**Table 1 Characteristics of Participants**

Participants	Age (year)	Education	Job	Long Suffering from Cancer	Stadium of Cancer	Kind of complementary therapies	Kind of conventional therapies
P1	50	Primary school	Farmer	12 year	IIIA	Meditation	surgery
P2	48	Diploma III	Government employees	6 year	IIB	Reflexology	Surgery, chemotherapy
P3	30	Bachelor	Housewife	10 year	IIA	Acupuncture	surgery
P4	55	Senior High School	Housewife	7 year	IIA	Herbal	surgery
P5	49	Senior High School	Housewife	5 year	IIIB	Warm compress and rub with oil	surgery
P6	28	Junior High school	Farmer	4 year	IIIA	Massage	surgery

postoperative, two informants were one year, one informant was three years postoperative, and one informant is five years postoperative. All informants used complementary therapy before surgery, after surgery and until the time of the study.

The first theme was the various benefits of complementary therapy and conventional therapy. This theme consisted of two sub-themes including: a) Give a comfortable feeling: "... when I found a lump in my breast, we came to the shaman for a massage with my husband, and I felt good after the massage." (P6)

"... I was given the leaves which according to the elders could cure lumps in the breasts..." (P4)

"...when there is a lump in my breast, I give a hot compress and give oil so that the lump breaks quickly..." (P5); b) Reduce fear or anxiety; "...I am afraid of surgery because surgery does not cure breast cancer either... one month before surgery I regularly follow meditation... so I feel calm..." (P1)

"...I was worried when the doctor said that the treatment required surgery... because I was scared my appetite decreased, I often felt dizzy and could not even sleep, and the doctor advised me to follow acupuncture... 3 times acupuncture, my appetite increased and nausea decreased... After about eighth times of acupuncture, I could sleep soundly ..." (P3)

"...I myself was afraid of surgery, but my husband agreed to the operation and gave me strength... I often have nightmares and dream about death... I did reflexology...Yes, four times; I started to feel calm ..." (P2)

The second theme was access to conventional and complementary therapies. This theme was supported by two sub-themes, which were: a) Reduce fear or anxiety. Several respondents said: "...I am afraid of surgery because surgery does not cure breast cancer either... One month before surgery, I regularly follow meditation... so I feel calm..." (P1)

"...I was worried when the doctor said that the treatment required surgery... because I was scared my appetite decreased, I often felt dizzy and could not even sleep, and the doctor advised me to take acupuncture... three times acupuncture, my appetite increased, and nausea decreased...After about eight times, I could sleep soundly ..." (P3)

"...I myself was afraid to have surgery, but my husband agreed to the operation and gave me strength... I often have nightmares and dream about death... I did reflexology... Yes, four times, I started to feel calm ... (P6); b). Ease of getting therapy:All respondents have almost the same opinion about the ease of getting therapy including: "...I went to *Pustu* because it was only 2.5 km from my house." (P1)

"...We came to the *dukun* because we are in the same village, and according to people, he can cure breast problems." (P2)

"...When I felt a lump in my breast, I came to the *Pustu*, and I was directed to the hospital... When I arrived at the hospital, the doctor said I required surgery...uh, I was so scared... and when I felt pain in my breast, I came back again." (P3)

"... I came to the hospital from the start because I have a BPJS card, and it was only 1 hour from home by motorbike." (P4)

"...I chose a *dukun* because he came to my house to provide treatment...." (P5)

"...I go to smart people because I can meet at any time when I am not busy; it could be in the morning, it could also be in the evening ...." (P6)

The third theme in this study was the cost of treatment. This theme consisted of two sub-themes, including: a) health insurance ownership. The following statements supported this sub-theme:

"I have *Jamkesmas*; it can be used for treatment in government hospitals..." (P1)

"...luckily I have *ASKES*, so it helps a bit for medical expenses..." (P2)

"... I have no health insurance or coverage ..." (P6) b) Higher costs due to treatment outside the area. Three respondents stated this sub-theme, including:

"...I had the operation in Bali... Yes, I spent a lot of money for hospital fees and living expenses while there..." (P1)

"...I had surgery in Surabaya, the cost was quite expensive, but I had a check-up after three months, it turned out that I had to undergo chemotherapy.... I only took chemotherapy five times...because of the lack of funds; the doctor said I had to do it eight times." (P2)

"...I had an operation in Kupang...Yes, I spent a lot of money, especially in a private hospital; there was the hospital fee, and there was the cost of boarding, meals, etc., while there. Yes, the important thing is to be healthy; after all, the money can be found later." (P6)

## Discussion

Every breast cancer patient has different reasons for choosing therapy. The first theme in the study described the benefits of complementary and conventional therapies. Informants chose complementary therapy as the first choice before conventional therapy due to ease of access and cost. Scientifically proven complementary therapies are meditation, reflexology, and acupuncture. This therapy was not carried out independently by informants but together with professionals so that it could overcome informants' problems, such as anxiety disorders, to increase a sense of security, but it did not help reduce breast cancer. Breast cancer patients gave various reasons for using complementary therapy, including reducing the side effects of chemotherapy, increasing self-confidence in physical function, social and body image, providing satisfaction with the life they lived, reducing anxiety, positive quality

of life, increasing body endurance from generation to generation, and improve well-being and overcoming disease.<sup>8</sup> In addition to using conventional therapy to treat cancer, sufferers also use traditional, alternative, and complementary medicine to treat cancer, manage symptoms, and overcome side effects that may result from the treatment process.<sup>9</sup> Several plants that have been formulated for cancer treatment such as bitter, nutmeg, bidara upas, and sea bidara, have been formulated as cancer drugs for carcinoma-1, especially for cancer that has metastasized.<sup>8</sup> The most common reasons for using complementary therapies was to improve emotional well-being, such as increasing comfort and reducing the fear or anxiety experienced by sufferers due to conventional treatment. Meditation is useful for reducing stress, improving mood, improving sleep quality, and reducing fatigue.<sup>10</sup> Acupuncture can help reduce some of the side effects of cancer treatment such as nausea, vomiting and postoperative or preoperative pain.<sup>8</sup> Massage therapy is the most widely used complementary therapy for cancer patients.<sup>11</sup> One of these massage therapies is reflexology.<sup>12</sup> Reflexology is useful for reducing pain,<sup>13</sup> increasing spiritual<sup>14</sup> and managing the symptoms and side effects of breast cancer treatment.<sup>15</sup> This shows that complementary therapy provides psychological benefits in supporting the provision of conventional therapy so that it can improve the survival and quality of life of breast cancer patients.

The second theme explained about access. Access greatly determined informants in choosing a therapy. There were reasons informants chose complementary therapy first and over a long period. Conventional therapy could not be accessed at primary health care or hospitals in Manggarai because they did not have the tools and did not have oncologists. Informants had to leave the region to get surgery or chemotherapy. There were causes of delays in medical treatment. The choice of therapy was also very dependent on access to treatment. The ease of getting services is a determining factor for treatment. The reason for the delay in breast cancer patients' treatment is the difficulty of accessing health services due to the high price of cancer treatment.<sup>16</sup> The use of alternative medicine is a risk factor for treatment delays where breast cancer patients who use alternative treatments are at risk of 4.081 times more to experience treatment delays than patients who do not use alternative medicine.<sup>17</sup> A study reveals that the affordability of the distance to the health

service is an indicator of respondents' access to health services.<sup>18</sup> This shows that ease of access will be a consideration in choosing therapy. Clients will certainly choose the closest therapy compared to those far away.

The third theme explained about costs. Costs was one of the considerations for choosing therapy. Informants chose complementary therapies such as massage, herbs, compress as they did not require costs; besides meditation, acupuncture, and reflexology were cheaper when compared to the cost of surgery or chemotherapy. Informants who did not have health insurance or insurance could later carry out the treatment process, while informants who had health insurance or insurance also thought about other costs such as accommodation and transportation.. People without insurance are more likely to delay treatment compared to people who have health insurance.<sup>19</sup> The health service referral system for health insurance participants aims to reduce health costs. If people directly access referral hospital services without going through the services below, it will increase costs as well. A study states that the cost of health services for the same case in a type A hospital is 14 times higher than that of a type B hospital. The cost of health services at a type B hospital is seven times more expensive than at a specialized hospital.<sup>20</sup> A study showed that patients who did not have health insurance admitted that they objected to medical treatment, so they delayed treatment and chose alternative treatment because there was no cost to undergo medical treatment for breast cancer, which was considered very expensive.<sup>18</sup> This shows that the ownership of health insurance does not guarantee a reduction in costs, if it does not follow the applicable operational standards so that it continues to increase the costs used for breast cancer treatment.

This study is limited to the patient's life experience regarding the benefits of complementary and conventional therapies, access to services and the cost of treatment. The researcher did not explore specifically chemotherapy, surgery, radiation, and other types of complementary therapies.

In conclusion, breast cancer patients consider the selection of therapy as a benefit, even though it does not have a healing effect. The choice of therapy also depends on the ease of access to treatment and the availability of costs for people with breast cancer. Therefore, it is essential to have health education programs regarding breast cancer treatment

and management to ensure appropriate information regarding treatment is received. There is a need for adequate screening efforts for daughters of mothers with breast cancer so that it can be detected as early as possible.

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