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## ARTIKEL PENELITIAN

### **A Depiction of Social Support Through The Perspective of Cervical Cancer Survivors in Indonesia**

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#### **ABSTRAK**

Penelitian ini bertujuan untuk memahami gambaran dukungan sosial pada penyintas kanker serviks di Indonesia menggunakan pendekatan kasus studi instrumental dengan analisis tematik. Pendekatan ini digunakan untuk mengeksplorasi bentuk dukungan sosial yang dialami penyintas serta kesesuaian dukungan tersebut dengan kebutuhan mereka selama dan setelah menjalani pengobatan kanker serviks. Penelitian ini melibatkan tiga penyintas kanker serviks di Indonesia yang telah menyelesaikan pengobatan dan dinyatakan dalam kondisi remisi penuh. Data dikumpulkan melalui wawancara yang telah ditinjau oleh ahli. Hasil penelitian menunjukkan bahwa penyintas menerima berbagai bentuk dukungan sosial, yaitu dukungan emosional, instrumental, informasional, appraisal, dan companionship. Namun, dukungan yang diterima belum sepenuhnya memadai, terutama terkait kebutuhan emosional, tekanan finansial, keterbatasan akses pelayanan kesehatan, serta kebutuhan akan validasi dan kehadiran yang konsisten. Penelitian ini menegaskan pentingnya dukungan sosial dalam proses pemulihan penyintas kanker serviks serta menyoroti dukungan companionship sebagai bentuk dukungan yang bermakna dalam konteks pengalaman penyintas di Indonesia.

**Kata kunci:** *dukungan sosial, penyintas kanker, kanker serviks, perawatan kanker, pendekatan kasus studi, analisis tematik, psiko-onkologi*

#### **ABSTRACT**

*This study aimed to explore how cervical cancer survivors in Indonesia perceive and experience social support using an instrumental case study approach with thematic analysis. The study focused on identifying the forms of social support received by survivors and the extent to which these supports met their needs throughout the cancer journey. The study involved three cervical cancer survivors in Indonesia who had completed treatment and were medically declared in full remission. Data were collected through in-depth, semi-structured interviews using an expert-reviewed interview guide. Findings revealed that survivors perceived multiple forms of social support, including emotional, instrumental, informational, appraisal, and companionship support. Despite the presence of these support forms, survivors experienced inadequacies, particularly in emotional support, financial stability, access to healthcare services, and the need for deeper validation and consistent presence. This study highlights the importance of social support in facilitating psychological adjustment and recovery among cervical cancer survivors and offers data-driven insight into companionship support as a meaningful form of support within the Indonesian context.*

**Keywords:** *social support, cancer survivor, cervical cancer, cancer care, case study, thematic analysis, psycho-oncology*

## BACKGROUND

Cervical cancer is a malignancy characterised by abnormal cell growth in the cervix and is almost entirely caused by persistent infection with high-risk human papillomavirus (HPV), particularly types 16, 18, 31, and 45, transmitted through sexual contact (NIH, 2025; Ngune et al., 2020; Fowler et al., 2025). It is the fourth most common cancer among women globally, with approximately 500,000 new cases and 250,000 deaths annually (Brisson & Drolet, 2019; Fowler et al., 2023). In Indonesia, cervical cancer ranks as the second leading cause of cancer-related death among women, with an estimated 36,000 new cases and 21,000 deaths each year (WHO, 2024). While HPV-related cervical disease is most prevalent in younger adults, mortality peaks among women aged 40-50 years (Fowler et al., 2023).

Beyond its biological function, the cervix holds strong symbolic meaning as a marker of feminine health, reproductive capacity, and womanhood (Lee et al., 2007; Sirait et al., 2022). In many cultural contexts, including Indonesia, the cervix is closely tied to social expectations surrounding motherhood, sexuality, and marital roles. Consequently, a diagnosis of cervical cancer does not only threaten physical health but also a woman's identity, sense of self, and perceived social value. Maintaining the presence of one's cervix for a woman therefore means to closely maintain one's social responsibility intertwined with expectations of motherhood, spousal responsibility, and social desirability.

In contrast to these ideals, cancer is widely associated with social stigma across cultures, often framed as a disruption to normalcy, productivity, and moral responsibility (Tranberg et al., 2015). Individuals diagnosed with cancer may internalise feelings of shame, self-blame, and fear, interpreting the illness as a personal failure or to the extent of a death sentence. These experiences are particularly pronounced in reproductive cancers, where moral judgement related to sexuality and lifestyle becomes more salient (Moser et al., 2021). Cervical cancer, due to its sexual transmission pathway, is especially vulnerable to such stigmatisation.

For cervical cancer survivors, these stigmatising beliefs translate into profound psychological and social consequences. Women frequently report perceived shame, suspicion of sexual misconduct or infidelity, assumptions of promiscuity or HIV infection, and beliefs that the disease represents divine punishment (Akin-Odanye, 2021; Ginjupalli et al., 2022). Alongside these social judgments, survivors experience depression, anxiety, fear of recurrence, body image concerns, psychosexual difficulties, and uncertainty surrounding fertility and family planning (Pfaendler et al., 2015). These challenges often extend into survivorship, disrupting daily functioning, social participation, and independence.

The presence of stigma has been shown to significantly influence help-seeking behaviors among cervical cancer survivors. Fear of judgement and social rejection discourages diagnosis disclosure, delays treatment uptake, and increases the likelihood of internalized stigma (Nothacker et al., 2022). As a result, survivors become socially isolated and reluctant to seek or accept social support, despite its well-established importance in promoting psychological adjustment, treatment adherence, and quality of life. This paradox places cervical cancer survivors in a particularly vulnerable position.

Social support, defined as an exchange of emotional, instrumental, informational, and appraisal resources between individuals, plays a critical role in the management of chronic illnesses such as cancer (Langford et al., 1997; Taylor & Stanton, 2021). For cervical cancer survivors, social support has been associated with reduced psychological distress, improved coping, enhanced resilience, and better overall quality of life. However, the effectiveness of social support depends not only on its availability but also on how it is perceived, experienced, and aligned with the survivor's actual needs.

In Indonesia, the provision of social support is deeply shaped by collectivist cultural values that emphasise family obligation, communal caregiving, and shared decision-making. These cultural characteristics can facilitate emotional and instrumental support, mobilise community and religious resources, and accelerate access to care (Afiyanti et al., 2019; Martina et al., 2022). At the same time

however, studies have shown that collectivism may also restrict patient autonomy, limit diagnosis disclosure, reinforce sexual stigma, and reduce empathetic responses over time due to caregiver fatigue (Afiyanti et al. 2021; Bando et al., 2025). Due to these factors, many Indonesian cervical cancer survivors continue to report unmet needs, including psychological, informational, sexual, and financial needs, despite being embedded in supportive networks.

Existing research in Indonesia has largely focused on the biomedical benefits of social support, such as encouraging treatment uptake or alleviating physical symptoms in chronic illness. Comparatively little attention has been given to the psychological and social dimensions of support, particularly for gynecological cancer survivors whose experiences are shaped by stigma and cultural expectations. Furthermore, most cancer-related social support research continues to prioritise breast cancer populations, leaving cervical cancer survivors underrepresented.

Given these gaps, this study aims to explore how Indonesian cervical cancer survivors perceive and experience different forms of social support and whether these forms align with their needs. Specifically, this research examines the types of support survivors receive, areas where support is perceived as inadequate, and the influence of different support forms on survivor's psychological and social well-being. By situating survivors' experience within Indonesia's cultural context, this study seeks to contribute to a more nuanced understanding of social support in cancer care and to inform culturally responsive interventions for cervical cancer survivors and other stigmatised patient populations.

## METHOD

### *Research Design*

This study adopted a qualitative research approach using an instrumental case study design, as conceptualised by Stake (1995). An instrumental case study is used to gain insight into a broader issue or phenomenon by examining a particular case, with the primary interest placed on understanding the phenomenon rather than the case itself. In this study, the case of Indonesian cervical cancer survivors was examined to develop a deeper understanding of how social support is perceived, experienced, and evaluated in relation to survivors' needs, as well as to inform and refine existing theoretical explanations of social support.

### *Data Collection*

The unit of analysis in this study was social support, specifically the forms of social support received by cervical cancer survivors and their perceptions of whether these supports met their needs. Participants were recruited using purposive sampling based on predefined inclusion and exclusion criteria. The study involved Indonesian women aged 40-65 years who had previously been diagnosed with cervical cancer, had completed treatment, and were medically declared to be in complete remission, with diagnosis and treatment conducted in Indonesia.

### *Data Elicitation*

Data were collected through in-depth, semi-structured interviews designed to explore the four attributes of social support--emotional, instrumental, informational, and appraisal support--as well as their antecedents. Interviews were conducted online via Zoom or WhatsApp, depending on participant preference and accessibility. Participants were required to engage through audio and video to support observational aspects of the study. Confidentiality and privacy were ensured through the use of secure meeting links, passcodes, and restricted access to stored interview files.

### *Data Analysis*

Data analysis was conducted using thematic analysis as proposed by Boyatzis (1998), combining both theory-driven and data-driven approaches. The theory driven analysis involved generating initial codes based on established social support theory by Langford et al., (1997), reviewing their applicability to the data, and refining codes as necessary. The data-driven analysis involved reducing raw data through transcript review, identifying patterns across cases, generating themes, and developing corresponding codes. This dual approach enabled the analysis to remain grounded in theory while allowing themes to emerge organically from participants' narratives.

### *Establishing Research Credibility*

Research credibility was strengthened through data triangulation and coding reliability procedures, consistent with Stake's (1995) recommendations for qualitative case study rigor. The researcher conducted iterative discussions with the thesis supervisor, during which the developed codes and themes were jointly reviewed and applied to the data to assess consistency and coherence. Themes that lacked clarity or reliability were revised or removed, ensuring that the findings accurately reflected the participants' lived experiences.

## RESULTS

Three cervical cancer survivors--TD (45 years), BA (48 years), and IJ (57 years)--in Indonesia, were included in this study as participants. All participants had completed medical treatment and were medically declared in full remission at the time of data collection. Data were obtained through in-depth, semi-structured interviews to document the participants' experiences of social support across their previous journey as cervical cancer patients. The interview data were analysed using thematic analysis to identify individual experiences and shared patterns across participants. This analytic approach enabled an in-depth examination of how different forms of social support were perceived and psychologically experienced during illness and recovery, as well as the inadequacies perceived within each support form.

Emotional support played a central role in helping participants manage fear, distress, and emotional vulnerability throughout diagnosis, treatment, and survivorship. Participants described emotional reassurance, empathy, and emotional presence--primarily from close family members--as essential in managing fear of recurrence, emotional distress, and feelings of shame associated with a reproductive cancer diagnosis. On the other hand, limited emotional responsiveness from healthcare providers or pressure to maintain emotional strength intensified psychological distress and contributed to feelings of isolation and emotional suppression.

*"Jadi saya gundul, anak saya gundul. Jadi dia menyemangati, mensupport saya terus. Saya gini, saya harus berjuang karena anak-anakku pun sudah dan mensupport saya." (p. IJ)*

*"Ada norma yang harus dimengerti, at least jadi dokter tutur kata harus dipahami bahasa mana yang tidak menyakitkan orang." (p. TD)*

Instrumental support was commonly experienced through financial assistance, caregiving, accompaniment to medical appointments, and assistance with daily activities. With their spouse and children being the common source of instrumental support, participants' reported a sense of reduced practical burdens which provided psychological relief, thereby allowing them to focus on treatment and recovery. However, although survivors reported receiving instrumental support to promote continuity in accessing treatments, financial strains remained which persisted to burden the participants. Survivors reported feelings of loss of independence and limited functionality due to physical pain when expressing their inability to return to work to fulfill medical bills and additional patient needs such as pain medication when financial strains continued to persist throughout their journey.

*"Suami ya, dua puluh empat jam, dua puluh empat jam dia yang yang urus aku. Hal apapun dari nganter dari ngurus di rumah sakit, jaga di rumah sakit, ya, semuanya ya dia yang handle, dia yang urus sendiri." (p. TD)*

*"Jadi itu tak jual semua dapat uang seratus delapan puluh. Itu habis semua tidak sisa sama sekali saya itu sangat bersyukur ditolong sama Bu Elly itu sangat bersyukur iya kok nggak sama Bu Elly entah habis berapa Ibu" (p. BA)*

*"Karena saya kan masih belum bisa bekerja sendiri istilahnya, belum bisa untuk mencukupi diri sendiri, masih dibantu." (p. IJ)*

Informational support was key to providing the survivors' access to clear and timely information regarding treatment procedures, thereby enhancing their ability to cope with the disease effectively. This form of support was mostly sought through healthcare professionals and cancer communities, all of which were instrumental to providing the participants' a sense of control and a perceived sense of reduced anxiety, especially when coping with treatment side-effects. Cancer communities in particular were rather instrumental to aiding the participants' resilience through shared stories. In contrast, insufficient information--especially in regards to long-term side-effects after treatment--contributed to uncertainty, ongoing fear, and emotional distress. Survivors frequently reported the need to actively seek information beyond clinical encounters when professional guidance appeared unsatisfactory, which is where participants' reflected on eventually seeking the support of cancer survivor peers,

especially due to difficulties of processing complex medical information independently.

*“Dan dari suster, dokter, semuanya semuanya support cepat membantu ketika nanti aku pulang. Pasti ketika nanti pulang di rumah tuh ada aja yang, “Dok, ini kenapa perutnya gini? Ini kenapa kulitnya gini? Kenapa aku mual? Kenapa aku gini?” Itu dokter suster itu dua puluh empat jam tuh stand by.” (p. TD)*

*“Komunitas tuh penting mbak. Jadi kita saling sharing dan saling dukung.” (p. IJ)*

Appraisal support influenced the survivors’ ability to strengthen their endurance and resilience in which their sense of worry, anxiety, and fear were positively appraised by healthcare professionals, providing them a sense of normalcy in facing situations—mostly medical processes—that appeared foreign and unfamiliar. However, survivors also perceived a sense of inadequate appraisal during difficulties of digesting medical information and complex bureaucratic procedures alone in the hospital setting, prompting them to seek support elsewhere outside of the environment, particularly to their cancer survivor peers in overcoming health concerns.

*“Karena suamiku kritis suamiku tanya dulu gimana kalau gini gimana ke klinik terapi sampai dokternya bilang Pak saya kan dokternya saya bagian ngobatin. Bapak gimana caranya Ibu supaya sehat supaya dia tetap berobat. Udah Tuhan udah bagi-bagi tugas kita Pak, itu Bapak gak usah ditanya jadi akhirnya karena dari situ aku pun berpikiran benar juga kata dokter ini.” (p. TD)*

*“Katanya sudah sembuh, kok enggak dikasih obat barangkali untuk nyeri-nyeri, “ndak Ibu tinggal penyembuhan aja” gitu, tapi Ibu pulang itu masih pendarahan.” (p. BA)*

Companionship support provided survivors’ a sense of purpose and reason to endure the treatments, despite recurrent experiences of physical and mental fatigue, citing a sense of feeling needed by their support system beyond their role as a cancer fighter and rather as a mother, volunteer, and friend. Participants perceived companionship support often when opportunities to engage with their children through cancer-unrelated activities and peer survivors in community activities were present and welcomed. However, participants also reported limitations in this support form due to absence of consistent presence, which was apparent in aging survivors with decreased social support due to widowhood and divorce. This reflected a lack of sustained presence which led survivors’ to experience a sense of loneliness, often made up by engaging with cancer communities.

*“Mah, nanti si kakak datang, Mah, ini habis ini habis ini habis kita harus belanja. Terus nanti kalau belanja aku kan nggak ngerti. Nanti aku fotoin kita video call apa aja yang mesti dibeli. Di lorong ini yang mesti dibeli apa aja. Di lorong yang mesti dibeli apa aja. Itu adalah hal simpel, tapi aku merasa itu hal besar buat aku karena berarti aku dibutuhkan sama anak-anak. Karena uh, biasanya itu yang mengerjakan aku.” (p. TD)*

*“Mau ngeluh kemana, ngeluh ke siapa, anak ibu juga belum apa ya, belum mapan, semua masih kecil-kecil.” (p. BA).*

In summary, the findings show that cervical cancer survivors experienced multiple forms of social support throughout their journey in facing the illness, including emotional, instrumental, informational, appraisal, and companionship support. Each form of support contributed differently to the participants’ psychological experiences, such as emotional relief, reduced practical burden, increased clarity, reassurance, and a sense of purpose. In addition, participants also described limitations within each support form, including insufficient emotional sensitivity, ongoing financial strain, unclear or incomplete information, lack of validation, and inconsistent presence. Together, these findings illustrate how social support was experienced as both helpful and challenging, shaping the survivors’ psychological responses across diagnosis, treatment, and survivorship.

## DISCUSSION

This study explored the perceived forms of social support among cervical cancer survivors in Indonesia and their psychological impact throughout their cancer journey. The findings indicate that survivors experienced multiple forms of social support, including emotional, instrumental, informational, appraisal, and companionship support, each contributing differentially to coping, adjustment, and recovery. At the same time, each form of support was perceived with varying degrees of inadequacy, highlighting that the presence of support does not necessarily equate to its sufficiency.

Emotional support emerged as a central resource for managing distress, fear, and uncertainty associated with cervical cancer. Consistent with previous research, emotional support—particularly provided by family members—functioned as a buffer against psychological distress and facilitated emotional regulation during treatment and recovery (Pfanedler et al., 2015; Kelly et al., 2019). However, survivors also reported gaps in emotional support, specifically in interactions with healthcare professionals where communication was perceived as insensitive or overwhelming. This finding aligns with studies emphasising the importance of empathic communication in oncology care, as inadequate emotional engagement may discourage patients from seeking further information or support (Szamreta et al., 2022; Dirar et al., 2022).

Instrumental support played a critical role in enabling treatment continuity through financial assistance, caregiving, and logistical support. This form of support reduced practical and psychological burden, allowing survivors to focus on treatment adherence and recovery. Similar findings have been reported in studies of breast and cervical cancer survivors, where practical assistance was associated with improved physical endurance and psychological stability (Widodo et al., 2025; Cai et al., 2021). Despite participants' middle adulthood and advanced disease stages—factors often associated with vulnerability—instrumental support remained sufficient to support successful treatment completion for all survivors.

Informational support contributed to survivors' sense of control and clarity by helping them understand their illness and treatment processes. Healthcare professionals were the primary source of medical information, consistent with prior research identifying clinicians as trusted information providers for cervical cancer patients (Chepkorir et al., 2024). However, when information was perceived as unclear or overwhelming, survivors sought alternative sources such as peers or friends, reflecting the importance of accessible and patient-centered communication to prevent misinformation or disengagement from care (Szamreta et al., 2022).

Appraisal support was instrumental in promoting psychological adjustment by validating survivors' experiences and reframing negative emotions. Encouragement from healthcare professionals and fellow survivors fostered self-worth and confidence in navigating treatment-related challenges. This finding is reflective of a study into symptom appraisal for complications in cancer patients, by which healthcare practitioners are indeed impactful in transforming the perspective of the medical care the patients underwent (Defty et al., 2025). Nevertheless, appraisal support was often perceived as limited in depth, with survivors expressing a need for more sustained validation. This finding supports previous literature indicating that affirmation and recognition are critical for adaptive coping and self-esteem among cancer survivors (Febriana et al., 2025).

Beyond theory-driven forms of support, companionship support emerged as a data-driven finding. Companionship was experienced through shared presence and relational closeness, particularly with children and peers in cancer communities. This form of support fostered meaning-making, emotional grounding, and sustained resilience, even when interactions were not explicitly focused on illness. Consistent with prior research, companionship fulfilled survivors' psychological need for relatedness and reduced feelings of isolation (Leow et al., 2019; Miller et al., 2022). This finding suggests that meaningful support in survivorship extends beyond problem-focused assistance or in this case, assistance related to eliminating the disease.

Overall, the findings demonstrate that social support plays a crucial psychological role in the journey of cervical cancer survivors, positively influencing emotional regulation, coping capacity, and recovery. The identification of companionship support highlights the need to consider broader relational experiences in cancer patients beyond frameworks of social support that remain popular in oncology care. These findings underscore the importance of providing psychologically attuned social support in promoting well-being and successful recovery among cervical cancer survivors.

## **CONCLUSION**

This study demonstrates the multiple forms of social support perceived by the cervical cancer survivors has played a significant role in their psychological adjustment and recovery. Survivors experienced emotional support as a buffer against distress, instrumental support as a means of sustaining treatment continuity, informational support as guidance in navigating illness, appraisal support as validation and cognitive reframing, and companionship support as a meaningful connection beyond the illness itself. While these forms of support were present, survivors also reported inadequacies, including insufficient emotional sensitivity, ongoing financial strain, barriers to accessing trustworthy healthcare information, and unmet needs for deeper validation and consistent presence.

Furthermore, the findings indicate that each form of social support contributed positively to survivors' psychological well-being. Emotional support strengthened coping, instrumental support reduced practical and psychological burden, informational support enhanced clarity and perceived control, appraisal support supported self-worth and adjustment, and companionship support facilitated meaning-making and sustained resilience. These psychological benefits highlight the multifaceted role of social support throughout the survivors' journey to eliminating cervical cancer.

Beyond existing theoretical frameworks, this study identified companionship support as an additional and meaningful form of social support within the lived experiences of cervical cancer survivors that has been found to also promote the participants' road to successful recovery. This finding highlights that experiences with support contributing to recovery are not limited to problem-focused assistance, particularly to eliminating the disease, but also includes relational presence and shared connection that survivors' showed evident appreciation towards. Overall, the study reinforces the importance of social support as a critical component of successful recovery among cervical cancer survivors.

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## **DECLARATION OF POTENTIAL CONFLICT OF INTEREST**

Chiquita Evita Fatimah dan Triana Kesuma Dewi do not work for, act as consultants to, hold shares in, or receive funding from any company or organisation that may benefit from the publication of this work.

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