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Exploring Psychosocial Issue of Breast Cancer: What Coping Mechanisms Have They Used to Manage Their Stressors?



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Abstract

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One of the most common diseases causing death in women is mammary carcinoma which is the third largest cause of death in Indonesia after heart disease and stroke. Chemotherapy and surgery are treatment methods that have been widely used. The body image of patients who have undergone mastectomy will change as they no longer have breasts. The purpose of this study was to determine how coping mechanisms were used in patients suffering from carcinoma mammae post-mastectomy. This study used a qualitative-quantitative research design. The data was obtained through semi-structured interview guides and coping mechanism questionnaires as support. The data validity test method used triangulation of sources and methods. The data analysis in the study used domain analysis. The researcher analyzed the data using domain analysis and found seven main themes emotional distress when first diagnosed with Ca mammae, body image disturbance after mastectomy, breast loss after mastectomy, the use of active coping in seeking recovery, use of healthy lifestyle planning to reduce disease risk, use of religious coping mechanisms for illness perception, use of acceptance coping mechanism in illness. Some psychosocial problems such as mental emotional disorders such as severe stress, fear, and worry about the disease are often felt by patients. However, participants use adaptive coping mechanisms to adapt to psychosocial problems through the use of active coping, religion, planning, and being able to accept deficiencies in their body image.

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INTRODUCTION

Women who have been diagnosed with breast cancer, then undergo surgery and adjuvant therapy will experience stress during their daily lives. Women can experience concerns about changes in body image, which is a common occurrence due to breast cancer, however, this will also have an impact on social interactions, productivity, and interpersonal relationships ([Borgi et al., 2020](#)). Other research explains that additional concerns include disability after treatment, uncertainty about future relapse, periods of anxiety and depression, difficulty maintaining hope, fear of death, and loss of self-esteem ([Berterö & Chamberlain Wilmoth, 2007](#)).

If women who have been diagnosed with breast cancer do not have adaptive coping mechanisms, this can lead to more complex problems. Research results show that breast cancer patients are vulnerable to experiencing depression due to their illness, especially if the patient does not receive support from family, friends or others ([Zamanian et al., 2021](#)). Patients with breast cancer who undergo mastectomy can also experience a loss of physical aspects of themselves, requiring a relatively long time to accept changes in appearance if the depression phase is long.

The highest prevalence of cancer is breast cancer with 2.26 million cases and 685,000 deaths ([WHO, 2021](#)). In Indonesia, cancer is the third leading cause of death after heart disease and stroke ([Yarmaliza & Zakiyuddin, 2019](#)). The prevalence of cancer based on doctor's diagnosis is seen from East Java province in 7th place out of 34 provinces with a prevalence in 2013 of 1.5% and in 2018 of 2.4% ([Kementrian Kesehatan RI, 2018](#)).

Breast cancer occurs because cells divide faster, multiply, invade, and grow out of control, affecting the function and number of normal cells ([Martini et al., 2022](#)). The development of breast cancer can also be exacerbated by obesity disorders, poor lifestyle, improper diet ([Barone et al., 2020](#); [Heitz et al., 2018](#); [Mukhtar, 2022](#)). Long breast cancer treatment often affects mental problems in sufferers, it is important for nurses to plan anticipation of possible psychosocial problems that

arise such as stress, anxiety, depression, or anger because they do not accept the diagnosis ([Dai et al., 2020](#); [Kelly et al., 2020](#); [Northcott et al., 2018](#))

Patients who have undergone treatment or therapy are usually given measures to overcome the growth of cancer cells, namely organ removal through mastectomy surgery, chemotherapy, radiation, chemo-radiotherapy, and hormone therapy depending on the stage of cancer suffered at that time ([An et al., 2021](#); [Chlebowski et al., 2020](#); [Mkango et al., 2019](#); [Waks & Winer, 2019](#)). Breast cancer patients who are recommended to have surgery or mastectomy are in stage II and III breast cancer ([Trojan et al., 2023](#)). Cancer prevalence based on doctor's diagnosis seen from the proportion of the type of management, treatment or therapy that is widely used is surgery or surgery with a proportion of 61.8% ([Kementrian Kesehatan RI, 2018](#)).

Breast cancer patients have experienced changes in their physical, mobility, and emotional well-being. ([Lovelace et al., 2019](#); [Waks & Winer, 2019](#)). Long-term physical changes include anatomical changes, chronic pain, breast tenderness, axillary tissue syndrome and lymphedema. In addition, women may experience decreased strength, aerobic capacity, mobility, fatigue and cognitive dysfunction. Emotional and psychosocial changes include depression, anxiety, fatigue, concerns about body image, and sexuality issues. Another study with Systematic Reviews and Meta-analyses (PRISMA) guidelines type research which was previously carried out by ([Faria et al., 2021](#)) on June 2 2020 on the following databases: Lilacs (Literatura Latinoamericana y del Caribe en Ciencias de la Salud), Scielo (Scientific Electronic Library Online), Pubmed and Scopus. explained that 69.3% of respondents stated that mastectomy was a technique that worsened women's body image, sexual function and quality of life. Treatment should be multifactorial based on a thorough assessment of symptoms and may include medication, exercise, counseling, physical and occupational therapy, as well as alternative and complementary therapies. The results explain that overall, post mastectomy is the main factor in body

image disturbance in women with breast cancer, both in the short and long term. When compared with other forms of surgical treatment (such as breast-conserving surgery), radical breast removal indicates poorer levels of satisfaction with body image. These results reinforce the findings of other reviews, which also argue that post mastectomy has a greater impact on body image than other surgical modalities. Breasts have a strong symbolic meaning in women, because they are part of the social conception of femininity. Therefore, mastectomy represents a fragmentation of the female body, where symbols of femininity and female sexuality are lost.

A person who has lost a breast due to surgery can have an impact on body image disorders, where there is a negative perception of the shape, structure, and physical function of the body which ultimately contributes to the psychological distress of cancer sufferers ([Helms et al., 2008](#); [NURSALAM, 2021](#)). The problem of body image disturbance in cancer patients also has a correlation with low self-esteem, this happens because the ideal self of cancer patients who still want to look perfect fails. The need for a health worker to facilitate aspects of mental health care in order to form self-compassion of breast cancer patients as a result of the emergence between body image disturbances and psychological stress. ([Przedziecki et al., 2013](#)). As a result of the mastectomy surgery they have undergone, patients will also experience loss of self, which is a condition of loss of body parts, physiological or psychological functions ([Gershfeld-Litvin, 2021](#)). Losing aspects of the self can decrease an individual's well-being ([Mosher et al., 2013](#)).

Complex stressors due to progressive chronic diseases and medical treatments require patients to adapt adaptively to acceptance of changes in function and physical form. Stressors are resolved by developing coping mechanisms that depend on the patient themselves and require appropriate coping resources ([Lake et al., 2019](#); [Sutarna et al., 2019](#)). If a person manages stressors well, the better the coping mechanism is and vice versa.

Problem solving researchers will identify the beginning of the patient's use of coping mechanisms

in adapting to her cancer condition from the time of initial diagnosis, undergoing chemotherapy procedures, and mastectomy. In addition, it also identifies mental health problems caused by the progressive development of chronic mammary carcinoma and mastectomy procedures. The research novelty of the type of data taken in this study is not only qualitative data but researchers also use quantitative data to support the results of source triangulation. In addition to researchers involving respondents who have received a diagnosis of Carcinoma Mammae with Mastectomy procedures who are currently actively involved as activists for the cure of cancer in East Java. The purpose of this study is to explore psychosocial problems and the use of coping mechanisms in participants who have gone through phases of losing aspects of the body ranging from Denial Anger Bargaining Depression to Acceptance.

METHODS

The design of the study that had been used in this study was qualitative-quantitative research. The instruments that had been used were semi-structured interview guides, field notes, and Coping Orientation to Problem Experience inventory (Brief-COPE) consisted 28 items that measure 14 different coping strategies: active coping, planning, positive reframing, acceptance, humor, religion, using emotional support, using instrumental support, self-distraction, denial, venting, substance use, behavioral disengagement, and self-blame ([Bacanli et al., 2013](#); [Nahlen Bose et al., 2015](#)). Verbal data was taken using DVR (Digital Voice Recorder) tools, while the data that was complementary or supporting verbal and nonverbal communication was taken using field notes. Researchers used purposive sampling techniques with inclusion criteria, namely: the patient has received a diagnosis of Carcinoma Mammae, completed chemotherapy, completed mastectomy surgery, has gone through the denial phase of bargaining depression and acceptance. In addition, researchers also set exclusion criteria, namely: patients not yet at the acceptance stage, still undergoing radiation therapy or chemotherapy,

patients in physically and mentally unstable conditions. Researchers had tested the validity of the data by triangulating sources and methods. The data analysis in this study used domain analysis which aimed to obtain a general and comprehensive description of a research topic to obtain conceptual domain information. The participants involved were 4 participants, the research place was at home in

Sidomukti Village, Pasuruan Regency, East Java Province and the research time was conducted for four months. This study has obtained ethical clearance and was approved with an exempt status by the Research Ethics Committee of the Faculty of Health Sciences, University of Muhammadiyah Malang, under the approval letter No. E.4.d/025/KEPK/FIKES-UMM/IX/2024.

RESULTS

Table 1. Domain of analysis

No	Category	Sub Theme	Theme
1.	- Shocked - Stress - Like you're going to die - Fear - Sad	-	Emotional distress when first diagnosed with Ca mammae
2.	- Feeling changes in body shape - Feeling less confident with appearance - Trying to cover up appearance flaws	-	Body image disturbance after mastectomy
3.	- Feeling breast loss - Feeling strange about their body	-	Breast loss after mastectomy
4.	- Prioritize medical treatment - See a doctor for a health check - Seeking alternative treatment	Prioritizing health problem solving	The use of <i>active coping</i> in seeking recovery
5.	- Screening advice breast - Healthy food consumption advice - Regular exercise	Healthy living patterns	Use of healthy lifestyle <i>planning</i> to reduce disease risk
6.	- Perception that the appearance of illness from God - Perception of life test - Perception that God heals	-	Use of <i>religious</i> coping mechanisms for illness perception
7	- Trying to accept the side effects of cancer treatment - Adapting to physical and physiological changes	-	Use of <i>acceptance</i> coping mechanism in illness

Source: Primary Data

Table 2. Brief Coping Styles Questionnaire

No	Questions	P1	P2	P3	P4
1.	I've been turning to work or other activities to take my mind off things	1	1	2	1
2.	I've been concentrating my efforts on doing something about the situation I'm in.	4	3	3	4
3.	I've been saying to myself "this isn't real."	3	2	3	1
4.	I've been using alcohol or other drugs to make myself feel better	1	1	1	2
5.	I've been getting emotional support from others.	1	1	1	1
6.	I've been giving up trying to deal with it.	1	1	2	2
7.	I've been taking action to try to make the situation better.	4	3	2	4
8.	I've been refusing to believe that it has happened.	1	2	1	1
9.	I've been saying things to let my unpleasant feelings escape.	1	1	1	1
10.	I've been getting help and advice from other people.	3	4	3	2
11.	I've been using alcohol or other drugs to help me get through it.	1	1	1	1
12.	I've been trying to see it in a different light, to make it seem more positive.	1	2	1	1
13.	I've been criticizing myself.	1	1	1	2
14.	I've been trying to come up with a strategy about what to do.	4	2	4	3
15.	I've been getting comfort and understanding from someone.	3	2	3	4
16.	I've been giving up the attempt to cope.	1	1	1	1
17.	I've been looking for something good in what is happening.	4	4	4	4
18.	I've been making jokes about it.	1	1	2	1
19.	I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	2	1	1	1
20.	I've been accepting the reality of the fact that it has happened.	4	3	3	4
21.	I've been expressing my negative feelings.	1	1	1	1
22.	I've been trying to find comfort in my religion or spiritual beliefs.	4	3	4	4
23.	I've been trying to get advice or help from other people about what to do.	2	1	1	2
24.	I've been learning to live with it.	3	2	4	3
25.	I've been thinking hard about what steps to take.	4	3	4	3
26.	I've been blaming myself for things that happened.	1	1	1	1
27.	I've been praying or meditating.	4	3	4	4
28.	I've been making fun of the situation.	1	1	1	2

Information: (1) I usually don't do this at all (2) I usually do this a little bit (3) I usually do this a medium amount (4) I usually do this a lot.

Each number has determined the coping style used by breast cancer patients. The results of measurements that have been carried out with the Brief Coping Styles Questionnaire show that there are various styles of coping mechanisms used by participants in dealing with their stressors, the following types of coping mechanisms: *Active coping* in question 2 and 7 with the highest score (P1: 8, P2: 6, P3: 5, P4: 8), *planning* in question 14 and 25 with the highest score (P1: 8, P2: 5, P3: 8,

P4: 6) *religion* in question 22 and 27 with the highest score (P1: 8, P2: 6, P3: 8, P4: 8), and *acceptance* in question 20 and 24 with the highest score (P1: 7, P2: 5, P3: 7, P4: 7).

DISCUSSION

Emotional distress when first diagnosed with Ca mammae

The results showed that participants with breast cancer suffered from emotional stress caused

by the stressful situation of knowing that the disease was so severe that they could not do anything to modify it. ([Hasibuan & Prihati, 2019](#)). Stress is a negative emotional experience that involves changes in biochemical, physiological, cognitive, and behavioral responses aimed at modifying or adapting or adjusting to the stressor stimulus ([Suwarni, 2020](#)). The theme of Emotional distress when first diagnosed with breast cancer is supported by the interview results as follows:

“Shocked, yes... automatically shocked. At first, we didn't understand that there was a lump, and then it was ... the lump was already big ... 4 cm an.... dead my thoughts at that time, did I live until here?” P1

“The beginning was shocking.... Scared, stressed, thinking about it all the time” P2

“When I was in junior high school, my mother was stressed about why it could appear again even though it had not appeared for a long time when I was in elementary school until the beginning of junior high school, how come it could appear again?” P3

Stages of emotional stress are often felt by breast cancer patients due to adjustments to the initial response at diagnosis. Other studies corroborate that after patients are diagnosed with cancer to undergo chemotherapy procedures also experience mental health problems such as anxiety and stress. The role of nurses can provide psychotherapy, one of which is by using a spiritual approach, one of which is Murottal therapy which is proven to make chemotherapy patients calmer. ([Rosyidul 'Ibad & Napik, 2021](#))

Body image disturbance after mastectomy

The results showed that post-mastectomy patients have nursing problems with body image disturbances. Body image disturbance is a condition in which the perception of the body changes. These changes make individuals less accepting of the conditions they experience. The theme of Body

image disturbance after mastectomy is supported by the following interview results:

“Stress is the physical change that we don't have all one breast, so yes, even though we as women in our little hearts are uncomfortable and feel that something is missing in my body.” P1

“As a woman who has two breasts, one of which must be removed because of the disease, she becomes less confident ... used to be able to be confident because she had a breast, now one is removed ... To cover up the lack of problems ... just one breast sometimes we wear a bra and then we give a sponge to cover up the best possible I use a headscarf.” P2

“Why do I have to feel like this... wearing a big headscarf” P3

“Definitely like deep down I feel sad, feel less confident because there is something in my body that should be there that is not ... if for example I come to a formal event like a condangan event, I just wear a bra with a buffer” P4

As a result, the individual becomes less accepting of their own body because of the change in shape. Mastectomy can affect a person's self-image, starting with feeling changes in body shape, body image disturbances, feeling less confident with appearance, embarrassment, or anxiety when meeting others and trying to cover up shortcomings ([Arfina et al., 2022](#)). When a person experiences body image disturbance, they will use various coping mechanisms to try to overcome it, but the inability to deal with body image constructively is a major cause of maladaptive behavior. At this stage, social and family support for body image promotion support tools, acceptance, and motivation are needed ([Scandurra et al., 2022](#); [Thornton & Lewis-Smith, 2023](#)).

Breast loss after mastectomy

Researchers show that post mastectomy patients have nursing problems grieving loss. Loss

is a description of the circumstances that individuals have experienced when separated from what existed before. Loss is an experience that has been experienced by all humans throughout their lives. Breast loss after mastectomy theme is supported by the following interview results:

“Our physical change is not having one breast removed, so yes, even though we as women in our little hearts are not comfortable ... we as women have two breasts that must be removed because of breast cancer.” P1

“I feel like I'm missing one breast” P2

“It's strange, isn't it, women who originally had breasts so there's only one so it's like there's something missing from their body, and then it's like they feel lost, right?” P3

“...so, women actually have two breasts and then also feel lost because there is only one breast, of course, it's like deep down feeling sad” P4

Post mastectomy patients feel lost due to the loss of one of their breasts. Participants feel lost body parts, feel strange about their bodies, feel sad. Sadness is not a problem if individuals can manage their emotions to improve coping mechanisms, a person needs social emotional support. The process of loss consists of five stages, namely denial, anger, bargaining, depression, and acceptance ([Bernau, 2022](#); [Corr, 2020](#)). Patients with mastectomy will normally go through all five phases until they can accept the loss of this aspect of their body.

The use of active coping in seeking recovery

Researchers show that post-mastectomy patient participants use active coping in seeking recovery. The theme of the use of active coping in seeking recovery is supported by the following interview results:

“Efforts that have been made, first we do an examination to a medical doctor.... Alternative herbs sometimes drink... soursop leaves sometimes

drink boiled white turmeric drink bitter gourd, the most important thing is that the medical examination is the main thing... if a disease like our cancer, it should be really medical and thorough... if we... rely on alternatives or drink herbs alone, I think it can't be” P1

“See a doctor.... Drink white turmeric... sirsat leaves.... Then bitter melon... then boiled pineapple boiled white turmeric too... check with a doctor to find out more details” P2

“The most effective is medical to the doctor, if it's like an alternative, it's like yes, it's like a relief, a side, anyway, the most effective is to go to the medical doctor because the doctor knows better....” P4

Active coping is the process of eliminating sources of stress or taking steps and strategies to reduce the impact of stressors including deciding to take action and finding solutions. Active coping carried out by participants includes prioritizing medical treatment, seeing a doctor and seeking alternative treatment and is evidenced by the results of the coping style questionnaire, which always focuses on trying to do something about the situation faced by participants and always taking action to try to make the situation better. Other studies explain that active coping is the best step than passive coping, this is because cancer patients who use passive coping have a tendency to increase higher psychological stress, cortisol, and TNF- α levels increase. ([Perez-Tejada et al., 2019](#)).

Use of healthy lifestyle planning to reduce disease risk

Researchers showed that post-mastectomy patient participants used healthy lifestyle planning to reduce disease risk. The theme Use of healthy lifestyle planning to reduce disease risk is supported by the following interview results:

“The number one advice is to plan to avoid fatty foods, frozen foods containing Monosodium Glutamate (MSG), often early breast detection if

there is something wrong, we must quickly plan to check ourselves.” P1

“Routinely see a doctor if you have been diagnosed with cancer” P2

“As early as possible if there is something wrong with the body, foods that can cause breast cancer are avoided or reduced as much as possible, scheduled exercise and maintaining a healthy lifestyle.” P3

Planning coping is planning strategies and steps to handle stressors. Participants gave advice to plan breast screening, plan healthy foods that should be consumed every day, make a schedule of plans for regular exercise, and as evidenced by the results of the coping style questionnaire, they always try to make strategies about what to do and always think hard about the next steps they want to take. The majority of participants believed that diet and exercise can change the course of cancer.

Participants believe that fast food and MSG content can trigger the growth of cancer cells. Currently, various types of Junk food are available in restaurants such as cold drinks, pizza, burgers and sandwiches. The number of fast-food restaurants and fast-food restaurant chains is increasing as people around the world love to eat junk food. The United States, Canada, the United Kingdom, Australia, Japan, Sweden and others are the countries with the highest consumption of junk food in the world. Junk food is more popular due to its good taste experience, better shelf life, and easy transportation. The advertisement of junk food also plays a big role in the popularity of junk food, but it should be avoided due to lack of energy, high cholesterol and poor concentration. This leads to many harmful effects on the body such as obesity, diabetes, heart disease and various types of skin cancer ([Bhaskar, 2012](#)). Other supporting research explains overweight and obese women are more likely to be in the early stages of motivational readiness to lose weight and they report significantly lower exercise self-efficacy and lower

eating self-efficacy than their non-overweight peers. ([Pinto et al., 2002](#)).

The next plan is a regular exercise routine, and participants should maintain an ideal body weight according to BMI. Similar studies have weight control goals, for women with body mass index (BMI) greater than 25 kg/m², to lose 10% of body weight and, for women with BMI less than or equal to 25 kg/m², to avoid weight gain. The goal of the physical activity intervention is to achieve and maintain regular participation in a moderate-intensity physical activity program totaling 150-225 minutes for at least 5 days per week ([Ballard-Barbash et al., 2009](#)).

Use of *religious coping mechanisms for illness perception*

Researchers show that post-mastectomy patient participants use religious coping mechanisms for illness perception. The theme Use of religious coping mechanisms for illness perception is supported by the following interview results:

“The first time I felt it was shock, stress, but I believe that the disease comes from Allah SWT and the cure is also from Allah SWT, we just try and endeavor to find a way to recover and be healthy” P1

“Feeling lost and why do I have to feel like this, this is a test from God” P2

“Yaa Allah, what can I do with my mother?” P3

Religious coping is about turning the problem back to religion and asking God for help ([Kardiatus, 2021](#)). Positive spiritual development guides everyone to form good values and attitudes. When spiritual development is negative, it leads to negative spiritual coping, affecting the outlook in dealing with problems ([Aisyah et al., 2020](#)). Spirituality can mean acceptance and surrender to God, but accompanied by efforts and struggles for healing ([Andrianto et al., 2020](#)).

In this research, participants used religious coping because there was a perception of the emergence of disease from God, the perception of disease is a test of life, and the perception of God who heals and humans as God's creation must have patience. Acting on the basis of religious beliefs is the right choice in dealing with problems. Among them are guidelines and demands on how to address the heart and soul (compassion), how to deal with the spirit (positive thinking), and how to develop positive behavior and discipline in worship and gratitude. It can also affect the environment. Religion coping used by participants is also evidenced by the results of the coping style questionnaire, namely always trying to find comfort in religion or spiritual beliefs and always praying.

Use of acceptance coping mechanism in illness

Researchers showed that post-mastectomy patient participants used the Acceptance coping mechanism after passing through the 5 stages of loss according to Kübler-Ross theory.

“The first is stress, pain because the side effects of chemotherapy cannot be explained, it hurts, but we have to go through it to get healthy” P1

“Sickness is a destiny that I accept with sincerity in order to heal” P2

“In the past, as much as possible, I saw it as if I wanted to give up as if I couldn't believe that I was sick with cancer, I wanted to protest but I didn't know who was at fault because it was destiny so I had to accept it and then try to recover.” P3

“Had felt sad and depressed, but it only made the condition worse. Finally, I don't want to give up on my illness, I have to accept and fight this pain so that I can recover like that, I have to be enthusiastic” P4

Acceptance is the acceptance of oneself, including acceptance of one's shortcomings and strengths, accepting what happens in one's life ([Nabilah et al., 2022](#)). From studies and survey

results conducted by ([Anjainah & Muhid, 2022](#)) shows that women with breast cancer have lower self-acceptance due to the disease they suffer, but in participants, it is the opposite, they try to rise to accept their pain and adapt to changes that begin with a sense of Ikhlas. From a sense of sincerity towards the condition of their disease, they are able to rise from the stages of denial, anger, bargaining, and depression toward acceptance. Acceptance coping used by participants is also evidenced by the results of the coping style questionnaire, namely patients always accept the reality that has happened and always learn to live with this problem.

CONCLUSION

Stressful conditions begin to appear since the patient has received the first diagnosis of breast cancer by a doctor. Before being in the acceptance stage, breast cancer patients experience mental health problems such as mental and emotional disorders, body image disorders, and grieving for the loss of physical aspects of their limbs. In daily care, cancer patients use active coping strategies, planning, and religion, until they are able to accept the deficiencies in their bodies and return to being productive.

SUGGESTION

Suggestions for future research are to conduct a correlative analysis to find the relationship of the psychosocial problems caused, namely mental-emotional disorders, body image disturbances, and loss with the use of coping mechanisms used to overcome stressors, then identify which coping mechanisms are the most appropriate and adaptive in protecting the mental health aspects of breast cancer patients.

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CONFLICTS OF INTEREST

The authors declare no conflict of interest

AUTHOR CONTRIBUTIONS

Muhammad Rosyidul 'Ibad was responsible in the conceptualization, data curation, formal analysis, methodology, validation, writing the original draft, review & editing. Mery Katrina was in charge of the investigation, methodology, verification, and data collection. Muhammad Ari Arfianto also responsible in the review, editing, resources, and investigations.

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