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Reflexive Responses to Social Challenges among Rural Breast Cancer Patients in Sri Lanka

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ABSTRACT

The most common cancer among women worldwide is breast cancer. In recent years, the number of women in Sri Lanka who have had a breast cancer diagnosis has increased steadily and significantly. The social challenges experienced by breast cancer patients worldwide have been extensively researched by academics, but Sri Lankan rural women have gained very less attention. Thus, this study focused on identifying the reflexive responses of Sri Lankan rural women living with breast cancer to social challenges under three themes: family and community support, accessing medical support and information, and coping with the financial burden. This study takes a qualitative approach, with data obtained through semi-structured interviews and with twenty-four rural women living with breast cancer who were self-selected. Themes were derived using a first-level analytical coding approach, and data were analyzed using thematic analysis. As major findings, most women have good support from their family and community. Educational level and employability have affected the degree of social support, and women who have high social interaction receive greater social support. Accessing medical support and information was the biggest challenge due to long-distance travel and the lack of proper access to information before diagnosis. Lack of health information harms these women. Some women do not know the symptoms, available treatments and where to go for treatments. Although most of them have a severe financial burden, as a positive point of being rural, these women have good supportive people around them. Women who have greater interaction with society have greater financial support than others.

1. Introduction

Everyone is aware that breast cancer is unquestionably the most prevalent cancer among women worldwide. Both developing and developed nations are affected by breast cancer, which is the second most prevalent type of cancer (American Cancer Society, 2013). Breast cancer has a nearly three-fold greater global incidence (that is, the number of women diagnosed with breast cancer) than colorectal cancer. In addition, it is the leading cause of cancer in women. Sri Lanka is no exception. According to WHO estimates in 2012, roughly 4000 Sri Lankan women are diagnosed with breast cancer each year since 2010, with nearly a third of these women dying from the disease (Ferlay et al., 2015).

The global incidence of breast cancer has increased over the last several decades, and it is expected to increase by another 25% by year, 2019 (Fernando et al., 2018). As a result, breast cancer can be identified as a growing threat to women worldwide, which should be of great concern. According to the International Agency for Research on Cancer (I.A.R.C.), developing nations have disproportionately high breast cancer fatalities due to lower cancer-specific survival rates.
Studies on social support and breast cancer adjustment have investigated support from various sources. In a study of women with advanced breast cancer, Bloom and Spiegel (1984) discovered that family, emotional support and social engagement opportunities were connected to adjustment (Holland & Holahan, 2003).

Although it has been demonstrated that social support improves patients' emotional well-being, the mechanism by which social support promotes emotional well-being has not been well investigated. Women who have breast cancer face numerous social and emotional obstacles. However, occasionally those around them, or people in general, cannot comprehend their reactions.

While many studies have not been conducted in Sri Lanka, some studies have been done on the significant social issues faced by breast cancer patients worldwide. Additionally, the majority of those difficulties have not been acknowledged or analyzed. Thus, the main objective of this study is to investigate how rural Sri Lankan women with breast cancer are responding to social challenges.

1.1 Breast Cancer

Breast cancer is a widespread disease among women worldwide that is alarming, mostly in developing nations and low- and middle-income countries like Sri Lanka. It is critical to figure out how people react to or respond to such issues. It is an illness with no boundaries regarding race, religion, social class, or economic standing (Banning , et al., 2009).

According to the International Agency for Research on Cancer (I.A.R.C.), emerging nations have disproportionately high breast disease fatalities due to lower cancer-specific survival rates. According to studies, the greatest increase will be among women in developing countries, most of who live in Asia. The majority of research on breast cancer incidence and trends has been published in developed nations. In contrast, there are a few studies of these trends and patterns in developing nations, such as Sri Lanka (Fernando, et al., 2018).

1.2 Rural Women with Breast Cancer

As defined by national statistical offices, people who live in rural regions are the rural population. According to World Bank development indicators, Sri Lanka's rural population accounted for 81.89% of the overall population in 2019, with rural women accounting for 41.99% (World Bank, 2020). Breast cancer has a crude incidence rate of 28.8 per 100,000 females, with most cases occurring among rural women; this has recently become more prevalent. As a result, women with breast cancer in rural locations face far more challenges than those in

metropolitan areas. Rural women may have unique worries due to their geographic location, diagnosis, and the challenges of living with breast cancer; this has recently become more prevalent. These problems stem from their remoteness from metropolitan regions and specialized health care, as well as specific challenges in rural life, such as rural unemployment, reduced agricultural earnings, drought, dwindling population, company and service closures, and the loss of farms by long-term residents (Kumarasinghe & Thalgaspitiya, 2019).

1.3 Social Challenges

Social functioning can be a burden for some breast cancer women if it does not function well; unsupportive partner, being a topic to gossip within surrounding people, not having supportive family and friends, not believing in or not having spiritual (religious) support, and less access to medical support and related information. At the same time, rural women with breast cancer may benefit if the social functioning occurs well as a support to her; supportive partner, family and friends, good spiritual support from religious places and having proper access to medical support and relevant information. Most rural women with breast cancer struggle most with accessing proper medical support and information.

From the viewpoint of women, breast cancer and its treatments might affect modifications to their community and family responsibilities and relationships. Diagnoses and treatments can strip people of their social and family responsibilities, resulting in emotional suffering for everyone involved (Wyk & Carbonatto, 2016). Since, one's capacity to fulfill particular responsibilities is correlated with one's sense of self-worth; a woman's sense of self-worth is negatively impacted when she is unable to fulfill her roles in the home and in society (Brennan & Moynihan, 2004). When women employ escape-avoidance coping or believe their cancer prevents them from accomplishing what they want to do and affects their self-esteem, their social functioning is worse (Bourjolly, et al., 1999).

Studies have shown that social support contributes to improved disease management and higher quality of life; nonetheless, it is crucial to consider whether the assistance is actually appropriate (Leung, et al., 2014). The social support that was provided to women with various stages of breast cancer was compared by Silberfarb et al. in 1980. They discovered that, in comparison to other women, women with recurrent breast cancer were more likely to feel socially isolated and dissatisfied with their physicians. In terms of social work, social functioning refers to carrying out a person's responsibilities that arise through interactions with others, including family, friends, society, and the environment, in order to carry out everyday activities(Wyk & Carbonatto, 2016). Some other researchers also have similar ideas regarding social functioning. Bourjolly and others claim that social functioning is connected to functional status, which is determined by how well an individual performs tasks related to their roles. For women with breast cancer, these tasks include taking care of their homes, families, friends, communities, and themselves, as well as their jobs (Bourjolly, et al., 1999). Despite the fact that social support is linked to a favorable adjustment to breast cancer, there is cause to worry that women might not always get it when they need it (Brady & Helgeson, 1999).

2. Materials and Methods

2.1 Study Context

The researchers' objective was to discover personal tales, experiences, and social changes during and after the diagnosis to better understand the underlying research concerns of how Sri Lankan rural women living with breast cancer respond to social challenges. This study lasted three months and involved rural breast cancer patients

who were fully healed or still receiving treatment. The data was gathered using a semi-structured, in-depth interviewing strategy, which yielded 24 interviews with self-selected breast cancer patients. The interviews took place in various places by visiting them and used different modalities like communication through telephone depending on the respondents' preferences. Some interviews with the patients' families were conducted. A written consent was taken from the respondents before the interviews. The same research contexts and interviewing techniques have been used by Obeidat et al. (2012) in a similar study.

The participants' self-narratives highlight significant events in their lives and how they dealt with breast cancer. Each interview began with them narrating their symptoms and diagnosis in their own words. In a few instances, participants shared their stories outside of the guide. Participants shared stories about their encounters with family, friends, coworkers, hospitals, and clinics.

2.2 Participants and Data Analysis

There were 24 participants in the study, including 16 rural women who had breast cancer or were currently battling it, as well as 8 of their families. They have divided themselves into two groups for the purpose of reporting their responses in order to reflect their opinions. Direct Patients (DP) and Relatives were the names of the first and second groups, respectively (RP). A two-part code that begins with two letters and a digit was given to each participant. The digit serves as the unique participant's identifying code, while the two letters stand in for the group to which the member belonged.

Table 1. Sample Profile (Kumarasinghe & Thalgaspitiya, 2021)

Patient Code No.	Age	District	Occupation	Marital status	No. of children	Current status of cancer
DP-1	53	Puttalam	Housewife	Married	4	Recovered
DP-2	55	Kurunegala	Retired Teacher	Married	2	Recovered
DP-3	37	Kaluthara	Housewife	Married	2	Taking treatments
DP-4	52	Kalutara	Housewife	Married	No	Recovered
DP-5	40	Galle	Farming	Married	2	Taking Treatments
DP-6	39	Kurunegala	Housewife	Married	2	Taking Treatments
DP-7	54	Puttalam	Farming	Married	2	Taking Treatments
DP-8	58	Anuradhapura	Retired Clerk	Married	3	Taking Treatments
DP-9	46	Kurunegala	Hospital Attendant	Divorced	No	Taking Treatments
DP-10	42	Kurunegala	Teacher	Single	No	Taking Treatments
DP-11	51	Matara	Tailoress	Married	2	Recovered
DP-12	53	Galle	Housewife	Married	3	Taking Treatments
DP-13	61	Gampaha	No	Married	3	Recovered

DP-14	38	Gampaha	Office Assistant	Single	No	Taking Treatments
DP-15	52	Kegalle	Teacher	Widow	2	Recovered
DP-16	56	Galle	Tea Plucker	Married	3	Recovered
RP-1	45	Nuwaraeliya	Housewife	Married	5	Taking treatments
RP-2	35	Kandy	Bank officer	Married	1	Taking treatments
RP-3	56	Anuradhapura	Retired Teacher	Married	2	Recovered
RP-4	48	Kurunegala	Housewife	Married	2	Taking Treatments
RP-5	46	Matara	Housemate	Widow	No	Taking Treatments
RP-6	51	Kurunegala	Farming	Married	3	Taking Treatments
RP-7	54	Badulla	Cleaner	Married	2	Taking Treatments
RP-8	62	Gampaha	No	Married	3	Recovered

The qualitative approach was chosen by the researcher as the study's methodology. Then three main themes were determined from previous research and knowledge to explain the social struggle challenges faced by rural women with breast cancer. Therefore, the findings were interpreted and discussed using the thematic analysis. Obeidat et al. (2012) used the same coding, thematic analysis, and research approach to analyse Arab American women's lived experience with an early-stage breast cancer diagnosis and surgical treatment and Mehrabi et al. (2016) to analyse the lived experiences of Iranian women confronting breast cancer diagnosis.

Table 2. Themes and Codes

Themes	First level codes
Family and Community support	Support from the family Support through social relations
Difficulties in accessing health services	Difficulties in accessing health services Availability of access to information
Coping with the financial burden	Financial difficulties and Income level of the patient and the family Financial support by outside parties

3. Results and Discussion

3.1 Family and Community Support

It could be identified that immense family and community support has been given to these rural women with breast cancer. Some of them have been helpless sometimes. It has differed from one to another in how they engage with others; family members, relatives, and society.

3.1.1 Support from the Family

One woman said that she had not gotten much support from her family members to manage her work. It might be because her husband is not at home, her two daughters are married and living far away from home, and her two sons do not have the capability of good understanding.

> "So, many problems were there in the home; I was also staying at the elder daughter's home when taking treatments. So many things I did alone; there was no great support from the family, and even my two sons didn't look after me well. They don't have an understanding; no one came to see me while I was in the hospital" (DP-1)

All others mentioned that they had greater support from their husband, parents, siblings, children, and other closest members in the family to manage day-to-day household activities and all other things related to medical treatments and psychological.

> "I received immense support from my family members and the society, too; it was difficult for me to do the housework. So, my mother and husband helped me a lot. One of my elder brothers (cousin) said to me, Nangi (younger sister) don't stay like this and bought me a wig as soon as he saw me without my hair" (DP-2).

> DP-3 mentioned the same idea again. "I receive a lot of help from the family; my husband works in the Army. So, he is not at home. He only comes on holidays. I was very worried about managing the work of my kids. I had great support from my mother and husband's mother to manage my children and the household work".

> "Husband and the relatives supported to manage day-to-day activities at home" (DP-4)

> "When I go for treatments, I couldn't manage the household work and the children's work too. During those times, all family members supported me" (DP-5).

Respondents in the R.P. group (relatives of the patient) shared their views regarding the family support to these rural women with breast cancer.

> "Almost all the family members support her to remove the fear and to look after her five children. Most of the time, her elder daughter manages the household work" (RP-1).

> "The family gave a lot of support; we are always with her in every situation. Especially her husband is always with her. She couldn't manage her day to day work alone, so especially our mother supports her lot" (RP-2).

> "Most of the time our father did everything in the home; my elder sister and I support him. We always tried to provide rest to mother without making her tired. Our father cooked for us also" (RP-3).

> "When the wife goes to take treatments, our children are alone at home. Then especially her sister comes and looks after our children and manages their school work. All our

relatives live around our house. So, they always help my wife" (RP-4).

3.1.2 Support Through Social Relations

These women had/have considerable support from the society as well. No one mentioned that they had been rejected by society.

People in society have shown their kindness towards the emotions of these rural women living with breast cancer.

> DP-1 stated d that "They always say you don't fear, [you] will get recovered. These are common things which happen to every one of us, if we are born, we have to die one day, and they say you don't worry".
>
> "No one was insulting me, and everyone talked with me to make my mind" (DP-3).
>
> DP-14 shared her ideas like this. "I received huge support from my family members and the society too. The people living around my house came and supported me even with boiling water and bathing and washing and ironing clothes. So, their support was a huge strength for me. Leave from work was also given to me from school to obtain treatments. People in society had more sympathy for me. I had huge love and kindness from others."

In the same way, another woman also has/had received good support from society. They quoted as follows.

> "Nearby people helped me when I needed" (DP-4).
>
> "Ladies in the village come to see me and support me greatly" (D.P. -11).
>
> "Her relations and people in the village help her with financial and non-financial support" (RP-1).
>
> "She has immense support from her workplace also, still she has not been fired from her job. They support her financially, especially to pay medical bills. So, everyone helps her even by a word" (RP-2).
>
> "Since she is a school teacher, she highly interacts with society. So, everyone known supports her as they can" (RP-3).
>
> "Our children's school teachers and parents support. My friend who is with me also supports us" (RP-4).

3.2 Accessing to Medical Support and Information

There are no developed health services in rural areas compared to urban areas in Sri Lanka. Especially, knowledge about breast cancer is very low for these women before the diagnosis. So, almost all women have faced difficulties accessing medical support and information.

3.2.1 Difficulties in Accessing Health Services

Except for a few women, all others had/ must come to Apeksha Hospital, Maharagama, for treatments. It is often a very long journey for many who come from their villages, and hence, costly. They also need assistance upon admission. They shared their difficulties in access to medical services as follows.

> "To a greater extent, I did everything by myself. No one is there; I went to the hospital alone by bus. Most of the time I was alone" (DP-1).
>
> "I went to cancer hospital by bus; when I was admitted, someone had to stay with me in the hospital". (D.P.- 10)
>
> DP-5 also shared the same idea. "In case of travelling, firstly I went by bus, later I had to travel by a separate

vehicle. My mother and sister looked after me when I was in the hospital" (DP-5).

Few others expressed their views regarding access to health services and their difficulties in an explanatory way.

"Firstly, I went to District General Hospital- Chilaw; always, my husband came with me. My mother looked after me when I was in the hospital, and also other relatives came to see me and stayed with me. Later, the doctor asked me to go to Apeksha Hospital, Maharagama, for clinic monthly. I went by bus with my husband or some other relative. Then it was somewhat tiring for me as it was a long journey". (DP-2)

"Firstly, I travelled by bus with my mother to take treatments, but later, when I became physically weak, I had to hire a three-wheeler or any other vehicle to go to the hospital. Financially it was a challenge. When I am admitted to hospital, my mother or husband's mother stays with me, and then sometimes it is difficult to leave the child alone without both mother and father" (DP-3).

"There were no known health facilities or medical clinics in her area to take treatment for cancer. So, normally about 5-6 hours to travel to Maharagama from Nuwaraeliya. It is so hard for her. When her body became weaker, she couldn't travel by bus, and then family members had to hire vehicles. It is so costly" (RP-1)

"Initially, this breast cancer was diagnosed, and treatments were done in Anuradhapura Hospital. Later a doctor advised us to admit the mother to Maharagama Cancer hospital for further treatments. So, coming to Maharagama from Anuradhapura is a hard journey. My father takes my mother mostly through public transport because coming by a separate vehicle is much costlier. So, from time to time, I or my father or my sister came with mother" (RP-3).

"Breast cancer diagnosis was done in Kurunegala Hospital and got treatments for a certain period there. After that, doctor transferred my wife to Apeksha Hospital, Maharagama, it was difficult for us to travel every week for further treatments. We went by bus" (DP-10).

RP-2 who is from the Kandy district does not require to come to the Apeksha Hospital, Maharagama. She says they are satisfied with the treatments and the facilities received from the Kandy national hospital for breast cancer. So, RP-2 said, "All the treatments were done in Kandy hospital, facilities in the Kandy hospital are now satisfying. There was no need to go to Apeksha Hospital, Maharagama".

3.2.2 Availability of Access to Information

These rural women did not have a considerable knowledge about breast cancer before the diagnosis. All the information regarding breast cancer and its treatment were learned after going to the hospitals.

"At the beginning, one of my arms got pain; I went to take medicine. Then the doctor said to do a check-up related to breast cancer. Before that, I didn't think of this type of cancer. After going to the Apeksha Hospital, Maharagama, doctors gave much information" (DP-12).

DP-5 also mentioned the same idea. "I hadn't any knowledge about this cancer, everything I got to know after meeting the doctors".

"There was no chance to get information about this cancer before. Everything we got to know after she came to the Cancer hospital" (RP-8)

"No one has been diagnosed with breast cancer in our village before my mother. It was a new thing for everyone because my mother hadn't much knowledge when we diagnosed it in 2014. There was no way to know about it before going to the hospital" (RP-3)

"My wife never had a breast cancer check-up earlier, so she hasn't much knowledge about it. After going to Kurunegala hospital, doctors gave all the information". (RP-6).

Some of them had obtained information by contacting other women who suffered breast cancer and recovered.

"It seemed as if the breast has embedded inward, and then a few ladies told me to go to a doctor. Then I first went to District General Hospital - Chilaw, and then doctors told the details and gave every information regarding treatments. And also met other women with breast cancer and shared their experiences" (DP-1).

"Doctors gave me much advice, and there were leaflets in the hospitals related to this cancer; I read them. In addition, I contacted a lady in the Horana area who recovered from this type of cancer; when I got changed physically, I asked her and again went and talked to the doctor, sometimes went to private doctors too. Her information was a big strength for me" (DP-2).

"I first knew about this when I went to take medicine to a private place. That doctor gave me some details and advised me to do a check-up. Then after going to Apeksha Hospital, Maharagama, I got more information from doctors. And also talked to a recovered breast cancer lady, and she shared her experience with me" (DP-3).

RP-2, from the Kandy district, gave a slightly different idea since her sister is educated. She had a bit of knowledge about cancer before the diagnosis. "My sister is an educated lady. She has a little bit of knowledge about this Cancer. While taking treatments, doctors also gave all the details regarding breast cancer and its' treatments".

3.3 Coping with the Financial Burden

Many financial issues arise for rural women with breast cancer. So, the patient and the family's financial difficulties and income level have been described as the financial support received by outside parties.

3.3.1 Financial Difficulties and Income Level of the Patient and The Family

Except for high-level income families, it is difficult for low-income level and middle-income level families to face financial issues that arise when someone is diagnosed with a chronic disease in the family. So, almost all the rural women in the sample profile are in middle-income or low-income families. Patients' and families' income levels and financial difficulties are quoted below.

"[I] couldn't go to work and husband gave a little money. Since the operation was done in Putlam government hospital, I did not have to bear the cost. But other expenses were not easy to manage".

"[I] was a school teacher and my husband is a farmer. Only I had the permanent income method. So financial problems arose. I even cut and sold the trees in our home and sold them to earn money". (DP-2)

> RP-2 explained the income level of her sister and the family. They are at the middle-income level. "Though we are in a rural area, we are in a middle-income level because both my sister and her husband have a job in the private sector. But it doesn't mean that she is not having financial problems. My parents and I also gave money when they needed it".

According to the view of RP-3, they also have a middle-income level. Both the patient and her husband had government jobs. So, they were not affected much by financial issues: "since both my father and mother did government jobs, economic problems didn't arise to a greater extent, but we had to spend a big amount of money on medicine, treatment, injections, travelling, etc."

The majority of the women in the unit of analysis are just housewives who do not have any method of income. Their husbands are the only breadwinner of the family. According to their views, they are/were facing too many financial challenges when coping with breast cancer and its' treatments.

DP-3 is a housewife whose husband works in the Army. She stated this.

> " I face many difficulties related to money for medicine and travelling. In our home, only my husband does a job. Many expenses occur for the education of the kids also. We haven't saved a considerable amount of money for an emergency like this".

> DP-4 is a housewife. She has no children, and only her husband earns money. "[I] had some money problems, but however could manage them" (DP-4)).

> DP-5 is a housewife, and her husband has a boutique; "our only income is through the boutique of my husband, so we had financial problems really. But my husband doesn't let me worry about them. He, however, tries to find money".

> RP-1 mentioned that her aunt is also a housewife, and her husband is the breadwinner of the family. "her husband's salary is the main way of income, and they have no other way. So, it is enough for them to manage all the things because they have five children to feed also".

> RP-4 also quoted that only he is earning money in the family. His wife stays at home while looking after the children." since I'm riding three-wheel for hire, we have a daily income, so it is not enough to face such a situation; we have to feed our children and get loans from them others ".

3.3.2 Financial Support by Outside Parties

The women had good financial support from the outside parties, including relatives, people in the village, colleagues in the workplace, and others in society. The financial support they received from them greatly impacted their survival through breast cancer. So, they all quoted their ideas regarding that as follows.

"People around me gave me money many times voluntarily". (DP-9)

> "My mother and father gave me money, and my brothers' salary was spent on me. Some of the people nearby gave money. We had to spend around twelve hundred thousand rupees " (DP-2).

> "I have a big problem with money, but I could manage those financial difficulties to a certain extent through the money received from our relatives and other known persons in the village" (DP-3).

"Other people in the village gave money when in difficult times" (D.P.- 4).

> "The money I received from others was a big strength to me and my husband. Many people voluntarily gave money as they can. Even I received money from the village temple" (DP-6).

Relatives who shared their ideas also significantly mentioned that the financial support they received from other parties was a big strength in coping with the financial burden that arose within the family. According to the ideas shared by RP-1, her aunt has received money through a fund where her husband works. "They are given financial support from a fund where her husband works; other than that, relatives and friends give money in difficult situations". RP-2 also said that her sister has good support from the workplace: "she has good financial support from her workplace to pay medical bills and also from the relatives": "some people supported us financially, especially the teachers of our children's school" (RP-4)

Although RP-3 said that their family hadn't experienced a financial burden to a greater extent, whenever they needed support, there were good people around them every time. "whenever she needed financial support; there were kind people around her to support without any hesitation".

3.4 Family and Community Support

The respondents of this research study significantly described family and community support. Rural women have supportive people around them rather than people in urban areas. So, they are given good support except for one respondent. Having good support from family and community is a big strength for these rural women living with breast cancer. In order to strengthen their reactions to social challenges, rural women may draw on some of their strengths. These strengths can include pride in the accomplishments and customs of rural life, a tradition of independence, solid family ties, and a strong feeling of community. Positively, the women got a lot of help from the unofficial support systems present in rural regions (McGrath et al., 1999). The women and their loved ones received substantial practical support and emotional support from these networks, which encompassed family, friends, and the community, during the breast cancer experience (McGrath et al., 1999). The help from family, friends, and neighbors in their communities was crucial to the ability of these women to beat their sickness (Leung et al., 2014).

3.4.1 Family Support

Except for DP-1, all other women had/had great support from their family members. Reasons behind the unsupportive family members for that respondent were that her husband was not at home and was not supportive, her two daughters were married and have infants, and her two sons haven't the capability to understand her difficulties; they have not completed their primary education even. So, family support was a challenge for her. But she has received support from nearby people in the village financially and non-financially. Some western research studies also revealed non-supportive partners. Positive spouse support can be strong, but non-supportive partner behavior can be destructive, causing emotional discomfort and unhealthy coping mechanisms (Manne & Schnoll, 2001). For these rural women dealing with breast cancer who did not have a supportive intimate partner, community support was a crucial feature of their care (Sawin, 2002). Since housewives made up the bulk of the participants in this study, the disease had a considerable influence on their capacity to perform domestic duties (Banning et al., 2009). Some women's husbands have expanded their role within the family due to their wives' illnesses. They have cooked, washed the clothes of wife and children, and managed the children's school works. Parents

and siblings also had to look after these women significantly. Banning et al., (2009) have revealed the same findings. Numerous women found comfort in the family support provided by husbands, siblings, and members of their personal and extended families.

3.4.2 Support Through Social Relations

Most of the women in the unit of analysis had/have good or considerable support from society. But the level of support they received differs from one another. Two women were school teachers, and a woman working in a bank was a graduate. Those three women had/have a greater extent of social support because of the high social interaction. Others were housewives with only general interaction with society. So, their educational level and employability have affected social support. A group of other researchers has revealed the same finding. The social support scores in their study varied significantly by level of education. Women who had only completed grade school reported much less social support than those who had completed high school or graduate school, while those who had completed college or university did not report significantly less social support than those who had completed graduate school (Katapodi et al., 2002). Those women who had a greater level of social support also had less difficulty with financial issues than others.

3.5 Accessing Medical Support and Information

Accessing medical support and information is a major challenge for rural women living with breast cancer due to the lack of developed health services. Living in a rural place means being cut off from specialized medical care. However, it also entails residing in a small neighborhood that offers these people a great deal of emotional support and comfort. Only one of ten respondents mentioned that she had knowledge and information about breast cancer and its treatments before diagnosis. Therefore, living without information is a difficulty for rural women with breast cancer. The positive features of rural life are discarded in the effort to draw attention to the serious social and economic issues that rural communities face, and are replaced with images of decline and hardship (Rogers-Clark, 2002). Inadvertently, this may contribute to rural areas' falling populations and their communities' failure to attract professionals like nurses and doctors. Instead of presuming that rural areas are defined by their lack of specialized resources, interventions pertaining to rural women with a history of breast cancer must strive to build on the strengths of rural communities with lifestyle and support (Rogers-Clark, 2002). Due to the lack of appropriate health services and knowledge, this study also found that informal support is frequently quite helpful in helping people in rural regions.

3.5.1 Accessing Health Services

Travelling for medical treatments was/is a major challenge for these rural women. Except for a few, all other women had/have to come to Apeksha Hospital, Maharagama, although diagnosis and basic treatment were done in hospitals in their districts. Some have to travel more than 5-6 hours by bus or hire a vehicle. As a positive sign, money for bus tickets is not taken from cancer patients travelling to Apeksha Hospital, Maharagama, by buses under Sri Lanka Transport Board (S.L.T.B.) from long-distance areas. Other researchers have found this difficulty related to the western country context. As noted by Gray et al., 2003, many women participating in the focus groups reported travelling to cancer centres to access treatment; this involved extensive distances by car, plane, train, or bus. (Gray et al., 2003)

They experienced extra difficulties as a result of their distance from rural regions, including being cut off from friends and relatives at a time when they were most vulnerable, traveling a great distance for follow-up care, and facing higher travel and lodging expenses

(Rogers-Clark, 2002). Rural women must travel longer for treatment, adding stress and expense. The distance between their homes and the treatment facility might also cause issues with social roles, such as caregiving, and they may also experience disruptions at work as a result (Sawin, 2002). Similar results from a different researcher's research study have also been reported. For surgery, radiotherapy, and follow-up care, all but one of the participants had to travel a substantial distance; this was disruptive, expensive, and caused great personal upheaval (Katapodi et al., 2002).

3.5.2 Accessing Information

Smyth et al. (1995) conducted a meta-analysis of the literature on women's experiences with breast cancer and found that it repeatedly demonstrated deficiencies in the quantity and caliber of information and support offered to women who had been diagnosed with the condition. The National Breast Cancer Centre's paper Clinical Practice Guidelines for the Management of Early Breast Cancer emphasizes the necessity to address this issue (National Breast Cancer Centre 1995). Few studies have examined how cancer patients' perceived needs are being addressed across a range of areas, such as information provision or emotional well-being, despite their acknowledged relevance. A small number of research on needs assessment reveal that cancer patients have many unmet needs, particularly in terms of health information (McGrath et al., 1999). Lack of health information harms these women. All women except one had got almost all of the information after going to a hospital. They did not know the symptoms, available treatments, or where to go for treatments.

3.6 Coping with the Financial Burden

Due to the rurality, these women are challenged in coping with financial issues. Because they need money for medicine, injections, treatment, travelling, food, etc. Other research studies related to breast cancer also have highlighted financial difficulties faced by rural women. The issues raised by women in his research study were given even more significance by the economic realities of rural living (Gray et al., 2003). As a result, many families had to use all of their funds to pay for therapy, which was highly expensive for them and frequently caused financial issues. It frequently had to do with the family's loss of breadwinners and source of money (Banning et al., 2009).

3.6.1 Financial Difficulties and Income Level Of The Patient And The Family

Only a few are in middle-income families, while others are in low-income families. Most of them are housewives whose husbands are the only breadwinners. Due to the rurality, they cannot easily access health services. They have to travel long distances for treatments, so they have to incur more money. Women in middle-income families could bear this difficulty to some extent. But not at all. Sometimes some of these women had to get loans from others. One said that she cut and sold trees to earn money, although she has a government job.

3.6.2 Financial Support by Outside Parties

As a positive point of being rural, these women have good supportive people. So, those people around them have supported financially many times. Women who have greater interaction with society have greater financial support than others. A few respondents have received financial support from the workplace.

4. Conclusion and Recommendation

This study aimed to determine how Sri Lankan rural women living with breast cancer reacted to social problems in three areas: family and community support, medical care and information, and coping with the ensuing financial burden. According to the results, most women enjoy strong family and community support. Women who

have a high level of social engagement receive more social assistance, regardless of their educational level or employment. Due to long-distance travel and a lack of a reliable way to acquire information before diagnosis, getting medical help and information was the most difficult issue. A lack of health information harms these women. Some women are even unaware of the symptoms, available therapies, and where to seek therapy, among other things. Despite their significant financial hardships, these women have good supporting individuals in their lives due to their rural location. Women who interact with society more frequently receive more financial help than others. Finally, women with breast cancer face numerous societal challenges that they must overcome. However, occasionally those around them, or people in general, cannot comprehend their reactions.

The findings of this research can be applied to real-world contexts when dealing with rural women living with breast cancer. Sri Lankan rural women have good strength in coping with breast cancer. But the medical services and information should be developed more. Rural women suffer when accessing medical services by travelling long distances. It kept away them from their family members and loved ones. And also, more communication methods should be developed within rural areas to share information related to breast cancer, its symptoms, treatments, available services, etc. It is better if government authorities could hold mobile clinics and medical check-ups in rural areas. Although they are available in urban areas, it is difficult for those women to access them; it is also costly.

Family and community support should be further promoted to maintain the psychological and social well-being of the rural women living with breast cancer because family and community support directions could be identified as a major coping mechanism with some emotional issues.

Future studies can go deeper into this study by looking at women in metropolitan regions, people of different ethnicities and religions, professionals and workers in a range of jobs, and many other aspects.

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