

Original Article

Supporting factors and coping mechanisms for quality of life: Housewives and career women's perspective

Diah Priyantini* 

ABSTRACT

Introduction: The quality of life between housewives and career women facing chronic hepatitis B shows differences in coping abilities, and is influenced by several causal factors. This study aimed to explore the quality of life of housewives and career women experiencing chronic hepatitis B.

Methods: This qualitative phenomenological study consisted of 14 women (seven housewives and seven career women) with chronic hepatitis B. The instruments used to collect information from participants were in-depth interviews about the supporting factors and coping mechanisms that influenced their quality of life. Participants were recruited using purposive sampling, and data were analyzed using the Colaizzi technique to describe the theme.

Results: The results showed two major themes from the participants' answers: supporting factors and coping mechanisms. The sub-themes of partner support, family support, peer group support, and social community support made up the supporting factors. Meanwhile, coping mechanisms consisted of adaptive coping, improving knowledge, interacting with other people, problem-solving, and changing lifestyles and controlled routines. On the other hand, maladaptive coping caused participants to isolate, think negatively, grieve excessively, and show stress or depression symptoms.

Conclusions: Housewives with chronic hepatitis B have a better quality of life than career women because they are more accepting and have better-coping mechanisms in facing this condition. The research study results can be implicated in nursing interventions to improve the coping abilities of women with chronic Hepatitis B.

Keywords: chronic hepatitis B; coping mechanism; quality of life; supporting factors; women

INTRODUCTION

Indonesia is the country with the second-largest hepatitis B endemic in Southeast Asia after Myanmar (Karimi & Brazier, 2016). That makes this disease a severe health problem in Indonesia. Hepatitis B can develop into severe diseases like hepatoma, cirrhosis hepatitis, and hepatocellular carcinoma (Gupta et al., 2017). It could potentially increase morbidity and mortality in areas highly endemic to hepatitis B (Völker et al., 2017). Previous research has shown that 50% of cases have a potential risk of becoming chronic liver disease, and 10% of patients have the potential risk to develop liver fibrosis, which, in time, can develop into liver cancer (Gupta et al., 2017; Piscaglia et al., 2016). In Indonesia, it is hypothesized that 1,050,000 patients could potentially develop liver cancer if they do not take medicine regularly (Khan et al., 2018; Piscaglia et al., 2016).

Indonesia continues to report a high prevalence of hepatitis B among women in recent decades. Although the

total HBsAg cases in Indonesia decreased by 2.2% from 9.4% in 2007 to 7.2% in 2012, hepatitis B is still prevalent in the Indonesian population—more than 18 million people were infected with hepatitis B in 2017. One of the areas with the most cases is East Java. Data reported that there were 33 cases in East Java in 2015, but the number increased to 432 cases in 2016. Surabaya has had the highest prevalence of hepatitis B cases in East Java since 2019, with a total of 219 cases.

Chronic diseases correlate with people's quality of life; most patients with chronic disease have a poor quality of life because they have to manage their condition at the hospital (Khan et al., 2018; Theofilou, 2013). Quality of life is an individual's perception of their general condition, both negative and positive, based on their experiences from birth (Gillams, 2014; Han et al., 2014; Mantzoukis et al., 2017). The concept of health-related quality of life (HRQOL) is a topic that needs further research, though it began in the 1980s (McCormick, 2018). Previous research has shown that patients with chronic illnesses such as end-stage renal disease, cancer, AIDS, and stroke could have their HRQOL increased more easily if they got better healthcare service (Zeng et al., 2012). In addition, each individual's quality of life can be well measured to understand the patient's perception, enjoyment of life, health maintenance, satisfaction in life, and experience in facing psychological conditions (Piscaglia et al., 2016; Völker et al., 2017).

In Indonesia, a country with a large number of hepatitis cases, most hepatitis B patients are women. Many women discover they have hepatitis B when doing pregnancy checks (Patton & Tran, 2014; Tran, 2016). Based on previous

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*Correspondence: Diah Priyantini (diah@fik.um-surabaya.ac.id)
Faculty of Health Science, Universitas Muhammadiyah Surabaya, Surabaya, Indonesia

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research, a high number of hepatitis B cases occurs in the productive age, with many women who are HBsAg positive having an average age of 20-45 years positive (El-Serag, 2012; Mühlemann et al., 2018). The high rate of hepatitis B cases in women, especially those still in their productive age, forces some women to live with the virus for the rest of their lives (Boushab et al., 2017; Nguyen et al., 2019). They must continue to exercise routine control to prevent the disease from developing more severely and causing complications such as liver cancer and liver cirrhosis (Locarnini et al., 2015; Schillie et al., 2013). Attention should be directed towards supporting women with hepatitis B because this will affect their quality of life (El-Serag, 2012; Tran, 2016).

Almost all women in their productive age are married as evidenced by positive cases during initial screening before marriage or during antenatal care (ANC) (WHO, 2016; Serrano Cardona & Muñoz Mata, 2013). Women of productive age are women who engage in a variety of activities. Some are housewives who focus on their family, and some are career women who are both mothers and workers. If a woman who is both a housewife and a working woman gets infected with hepatitis B, it is possible for her condition to worsen due to irregular health checks (Badfar et al., 2018; Noubiap et al., 2015). The severity of the disease and its symptoms will decrease a woman's quality of life. Previous research conducted on women with hepatitis B in Surabaya showed that women's quality of life can be influenced by many factors (Athyros et al., 2017; Xaydalousouk et al., 2016). The results state that the quality of life of housewives was better than that of women who worked outside the home (Noubiap et al., 2015).

Based on the background information, it is vital to conduct more in-depth research on women who have chronic hepatitis B and use the results as background for the formulation of a policy. This study aimed to analyze the experience of women with hepatitis B and the factors that affect their quality of life.

METHODS

Design

This study was a qualitative study with a phenomenological approach (Sholokhova, 2022) on housewives and career women with chronic hepatitis B. This study intended to explore the effects of supporting factors and coping mechanisms on subjects' quality of life. Data were intuitively processed, analyzed, and described alongside interviews with patients.

Sample and Setting

Data collection consisted of in-depth interviews with each participant. Fourteen female participants were selected for this study through purposive sampling. The criteria for participants were adult women with chronic hepatitis B who received regular treatment at the Sidotopo Wetan Health Center, Surabaya, East Java. Patients had been diagnosed for at least one year, were aged 20-54 years, and could speak Indonesian.

Instruments

The demographic questionnaires included age, level of education, marital status, occupation, treatment, therapy, and diagnosis. A guide for a focus group interview and questionnaire was chosen depending on the literature and

researchers' involvement regarding the population. The institutional review board gave ethical approval; ethical clearance was given by the Faculty of Nursing, Universitas Airlangga. After the participants gave their consent and signed an informed consent form, the researchers conducted unstructured face-to-face interviews with the participants. The in-depth interview process with the participants lasted 30-60 minutes. Each question followed up on participants' answers before continuing to the next question. During the research process, interviews were recorded using a voice recorder and field notes compiled into one document. The resulting information included the participants' environmental conditions, characteristics, nonverbal behaviour, discussion processes, relationships, impressions, and any problems they experienced. It was ensured that there were no repeated questions or answers as the data saturation had been met.

Data Analysis

The Colaizzi method was used to analyze the data (Bianchi & Ghiretto, 2022; Vignato et al., 2022). The data process used the steps of formulating every theme and sub-theme, then grouping them in a structured and conceptual form to organize each category. The final results were in a narrative form and showed the study's phenomenon.

Ethical Considerations

This study has received ethical clearance from the Faculty of Nursing, Universitas Airlangga, with validation certificate number 1827-KEPK, with due observance of the ethical principles of informed consent, beneficence and non-maleficent, justice, confidentiality, and veracity.

RESULTS

Participants' Demographics

The study conducted on January 2020 focused on women with chronic hepatitis B. The 14 women that participated, the youngest age being 21 years and the oldest being 44 years, had different experiences with diagnosis confirmation. The average first diagnosis was between 2-5 years, and for more than ten years, participants that had been diagnosed with this disease for longer had better experiences surviving with this condition. Based on the results, most participants had only graduated senior high school, and the highest level of education among participants was a bachelor's degree. The proportion of participants was balanced between career women and housewives, with participants being predominantly Javanese. All participants were married, and six women were pregnant (Table 1).

Results of Thematic Analysis

A qualitative in-depth interview was conducted, and the results of the thematic analysis from participants' statements were organized to discuss the results. The following themes were intended to answer the research purpose, which was to identify the experiences and factors that affect the quality of life of women with hepatitis B. Participants' quality of life were discussed in terms of the two most significant themes. The discussion was concluded with sub-themes that are correlated with the quality-of-life domain among career women and housewives.

Theme 1: Supporting Factors

Supporting factors can help chronic hepatitis B patients increase their quality of life. Support can come from anyone, and it can motivate individuals to defend against disease. The observed career women and housewives had different qualities of life, depending on the support they received while they were diagnosed.

Partner Support

In general, the participants were married, meaning that they had support in their life from their husbands. All participants expressed feeling support from their partners. Both career women and housewives stated that partner support was essential in increasing their motivation.

"I am blessed because my husband is very kind. He always accompanies me wherever I go."

"My husband always reminds me to maintain our health because both of us have hepatitis B in our body."

"I feel happy because my husband never leaves me although I got this disease from my first husband."

Family Support

Participants also stated that family support made them better because their families helped them survive the disease. Parents and children meant everything to the participants. Some of the participants asked if they needed support from family.

"Although I had chronic hepatitis B and sometimes I got symptoms like nausea, pain, and vomiting, my family always cared for me and never left me..."

"Yes, you were right. All my family members are positive for HbsAg, and we always support each other; especially my daughter, who is a teenager."

"My family always comforts me at home. I always engage in positive activities with my mother like making handicrafts and then selling them..."

However, some participants felt they needed family support because they were located far from their family.

"Since my husband and I live in the city, I meet my family once or twice yearly. It makes me missing them so much..."

"I have always had a support system in my mother and father since I was young. Now because my office is in a big city, I just call my parents at night after I come home from working..."

Peer Group Support

All participants had friends with various characteristics. Some were regular friends, and some were very close friends. Friends can be good confidantes when problems arise. However, some participants thought that friends were not all good. The role of peers is significant because participants can share the same feelings. Based on participants' opinions, housewives and career women had the same idea that peer group support is important, especially if they routinely do positive activities together.

"I am feeling happy because twice a month, the primary healthcare center in my sub-district holds an event and invites speakers to educate us..."

"...every Thursday night, I attend routine religious activities like diba'an and istighatshah, and sometimes we read the Al-Qur'an together. It makes me better although they know I have hepatitis, they always allow me to participate..."

"When I feel tired from my job, I always call my community

and invite them to refresh in a cave, park, or other place..."

Social and Community Support

The support system from the public is essential to disease survivors because infectious diseases sometimes result in negative stigma and cause patients to become uncomfortable in public situations. Based on the results, both career women and housewives agreed that social and community support had an essential role in motivation for disease survivors.

"I lived in an area where everyone was kind and friendly. We always helped each other. They know I am a hepatitis patient, but they are not afraid of me..."

"...the government's public policy for hepatitis B changed the minds of my complex members; they have enough routine information from health facilities, so they do not refuse me..."

"My neighbour once brought me to health facilities when I was in a lot of pain. She helps me when my husband is still at work ..."

Theme 2: Coping Mechanisms

A coping mechanism is the ability of each individual to adapt and determine the solution to their problems. Each individual copes differently. Individuals who have many sources of motivation and are open will have better coping mechanisms than individuals who like to harbour the problems being faced. Based on an in-depth interview with participants, it was argued that coping mechanisms can be negative or positive.

1. Adaptive Coping Mechanism

Participants said coping mechanisms were divided into two categories. The first, adaptive coping, was considered positive. Some reasons already stated by the participants in these results showed that housewives had better coping mechanisms based on previous research. Previous research by Miftahussurur showed that housewives' quality of life was better than that of career women.

Positive Daily Feelings

Every person with adaptive coping had positive feelings and was always happy with their life. Based on the statements from participants, housewives generally had more positive emotions than career women. Career women felt bored when they received too many assignments and made their bosses angry.

"... it was a terrible day, yes, Monday was terrible. My leader is always angry when we do not finish our work well. Ma'am, I think I already put in my best effort..."

"I feel dissatisfied with my office because the environment is bad, and I am preparing to resign next month..."

Different statements were made by housewives, who felt better because they do what they like every day.

"As a mother and housewife, I am satisfied because I can give my time for my husband and my child. Every day, I wait for them while they are at school and work. While waiting, I do my favourite hobby; sometimes I sew, sometimes I care for my garden and many others..."

"...I never regret becoming a housewife, even though my husband prohibits me from working..."

Improving Knowledge

It is essential to improve one's knowledge, especially for individuals with chronic diseases. There are various unclear information sources, especially from digital media,

that must be vetted and should not be immediately trusted. Every participant with a suitable coping mechanism will undoubtedly find a reliable source of knowledge.

"I always read information from the internet, but if I find confusing information, I call my friend who is a nurse for confirmation..."

"...yeah, I agree, information from the internet sometimes makes us afraid and anxious. That is the reason why I like to give questions to my doctors by WhatsApp..."

"I get a lot of my health information from the internet, and I can implement that in my life."

Interaction with Other People

Participants argued that despite chronic infectious diseases, they must still interact with others. When other people are afraid and worried about getting infected with the illness, the participants explain their condition to prevent spreading incorrect information and not isolate themselves.

"...I don't care what people say, but I always tell them about the transmission..."

"Some people, who I diagnosed in the first month, looked like they were distancing themselves from me, but I still tried to give them the true information, and then there were changes..."

Problem-Solving

Problems that occur should not be left alone but must be resolved. Participants with good coping mechanisms will find solutions to issues.

"...I believe Allah will give us a solution to our problems. Even though our problems were difficult, I was still optimistic I could solve them with my husband..."

"My family has different ways to solve problems. We always sit together and discuss problems to reach a solution. We are always open with each other..."

Changed Lifestyle

Hepatitis B can occur due to several factors, including lifestyle and knowledge. When someone is already living with the hepatitis B virus, care must be taken to maintain health to prevent the condition from worsening. A healthier lifestyle, appropriate food consumption, adequate rest, and innovative activities were crucial to participants staying fit.

"... Hahaha (laugher), you are right, Sis. I changed my habits after I was diagnosed with hepatitis B. I was afraid, and I controlled my life and also my husband's."

"This illness makes us worry. My child was still young, and I had to survive for my child. So, I aimed to change my lifestyle and health culture in my home."

Routine Health Services

Routine health services need to be considered to maintain health and not develop more severe conditions or complications. The housewives and career women experienced differences in their routines. Career women stated they had to arrange their schedules in advance because it would be difficult to attend appointments during the workday, whereas housewives could make doctor appointments at any time.

"...my routine medicine checkup is done once a week. I go to my doctor in this complex. He is an internist doctor..."

"Sometimes, I have to make an appointment with my doctor, and it is often at night when I get home from work."

2. Maladaptive Coping Mechanism

A maladaptive coping mechanism is participants' inability to respond positively to what they are experiencing. As a result, it is possible to show some negative symptoms and rejections that require intervention. The statements below describe some participants' maladaptive coping tendencies.

Isolation

Isolation is one sign of dissatisfaction with self-actualization, causing patients to tend to withdraw from society.

"One of the examples of negative coping is isolation, maybe? They feel afraid and shy with other people..."

"... I read one sign, isolation from social life..."

"I have experienced this. When I was first diagnosed, I felt sad and isolated at home. Luckily, my family always supports me so that I can solve my problems..."

Negative Thinking

Chronic illnesses can bring up thoughts of other health problems if patients do not care for themselves properly. As participants reported, excessive worries can cause negative thoughts.

"I always force myself to think positively because positive thinking gives me extra energy."

"Previously, I always thought negatively about my condition, but my husband always makes me strong and gain motivation again."

Excessive Grieving

Excessive grieving is not recommended for anyone because it can worsen an illness. Patients must make changes in themselves to avoid remaining in the same condition.

"Be grateful in life. We have Allah that always gives us solutions."

"I do not agree. Being sad for a long period worsens our health."

"...we have support from many people, so should we excessively grieve our illness?"

Stress and Depression Symptoms

Excessive grieving will produce high levels of stress. This will eventually develop into depression because those with chronic diseases are very susceptible to depression due to routine treatment.

"...I think being in a sad condition for a long period is not good. We must be happy, and our quality of life will improve."

"...depression often happens in individuals that have a chronic illness, but it is based on the individual, how they can manage their condition. I think like that..."

"I never stress. I always try to be happy every day. If I am stressed, my body feel discomfort..."

DISCUSSION

Women constitute a larger proportion of those who suffer from chronic hepatitis B than men; therefore, a deeper study needs to be conducted to improve women's quality of life. There are differences in views and ways to deal with health occur between career women and housewives. Based on the qualitative research results, housewives had a better quality of life. This was due to several reasons. Namely, housewives spent more time at home, and their work was limited to house work, while career women had to consider work both at home

and at the office. Another difference was that the housewives could do activities they liked or could have 'me time', when their children had gone to school and their husbands had gone to work. They could express their hobbies, making them feel fun (Karacaer et al., 2016; Zhang et al., 2014).

The better quality of life that housewives with chronic hepatitis B had is in line with research conducted by Valizadeh in 2016. The findings of that study indicate that housewives with hepatitis B have various psychological reactions that need to be controlled and managed by themselves or healthcare providers. It showed that health interventions with a focus on psychological care can prevent problems (Karacaer et al., 2016). Educational and counselling programs about hepatitis from various sectors can provide enough information for patients. Based on that, housewives have a better quality of life because they do regular checkups more often than career women (Jayasinghe et al., 2016).

Due to the fact that they always take checkups regularly, housewives receive education and treatment from health facilities which improves their psychological state (Nguyen et al., 2019). In contrast, the present study contradicts previous research results indicating that career women have a better quality of life. Previous studies have found that this is because career women will experience higher self-satisfaction by establishing themselves through their career. Generally, when women receive paychecks, they spend them on family expenses, specifically healthcare and education (Karimi & Brazier, 2016). Multiple studies have shown that when women do better, their babies and children do better, reaping the benefits of improved maternal health, better nutrition, safer housing, and early education. Those good head starts in life can add up to exponential improvements in a family's overall health and income throughout generations, the benefits of which can spread over an entire community. Based on previous studies, it is known that career women have a better quality of life because they can get a salary, and reach their need (Shambhunath B, 2016; Theofilou, 2013).

Another study found that the wife had relatively open or greater access to the labor market, and, effectively, she enjoyed greater mobility to shift from one role to another easily. The tables show that full-time work status had the largest potential impact on happiness compared to the other work statuses. This is perhaps consistent with the belief that a full-time work status is the better option if the wife ever chooses to pursue paid work. Research shows that a good quality of life will result from high satisfaction. This means that housewives and career women can have a good quality of life if they also have high satisfaction in life. Thus, housewives and career women need to increase their knowledge to improve their quality of life (Enescu et al., 2014; Locarnini et al., 2015).

The current results showed that all participants showed adaptive coping mechanisms, evidenced by their statements. This positive coping mechanism is produced from supporting factors and health maintenance (Patton & Tran, 2014; Rodríguez-Pérez et al., 2017). Based on previous studies, hepatitis B patients mostly experience worsening conditions when there is no monitoring and management of themselves. In terms of the negative impacts of hepatitis B knowledge on psychological conditions, most hepatitis B patients felt lonely and disappointed. This worsened their conditions, which could develop into premature death. Moreover, the long-term condition of chronic hepatitis B caused serious problems and decreased quality of life. Other studies have also demonstrated social isolation, depression, stigma, economic problems, and psychological disorders developing as a result of having

hepatitis B. This study correlates exactly with a previous study that stated an initially healthy liver infected with the hepatitis B or C virus which develops chronic hepatitis and fibrosis and then cirrhosis. The risk proportion reached 15-25% for fibrosis, then developed to 30% for cirrhosis, and 30% for liver cancer. Health management is required to minimize these risks. The factors that need to be considered to maintain health are lifestyle, diet, anxiety, stress control, exercise, and pressuring conditions (Rodríguez-Pérez et al., 2017; Shambhunath B, 2016).

There were several limitations found in the course of conducting this study. It is necessary to excavate the wider community in the future research. If possible, this can be done on people who live in villages or cities to show heterogeneity of quality of life. Future studies can explore a wider range of participants to better differentiate the quality of life between different demographics of women with chronic hepatitis B.

CONCLUSION

The quality of life of women with chronic hepatitis B was observed as a phenomenon with supporting factors and resulting coping mechanisms. Based on the findings, the supporting elements come from patients' partners, families, peer groups, and communities. The patients' coping mechanisms were categorized as adaptive and maladaptive. They generally had positive emotions, continued improving their knowledge, had social interactions, adjusted their lifestyles, and received health services. However, patients also showed negative coping mechanisms such as isolation, overthinking, grieving, stress, and depression.

Declaration of Interest

The authors declare that there was no conflict of interest in this study.

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Data Availability

The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

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