

4.2.4.4.6 Financial needs

Table 4.14 shows that financial needs were significantly associated with younger age, lower education level and those in the lower income groups. It was seen that younger women had 7.5 times more financial needs compared to older women (Table 4.16).

Those with no income had the highest financial needs (84.8%). A high proportion of those earning below RM 1500 (68%) and those earning between RM 1500 to RM3500 (53%) had financial needs. A lower proportion of those earning between RM 3500 to RM 5000 and above RM 5000 had financial needs, however still more than 20% in the RM 5000 and above income bracket had financial needs. Multivariate analysis also proved this to be an independent predictive factor for financial needs (Table 4.16). It showed that those with no income had a 17 times risk of needing financial aid.

Majority (70.8%) of those with lower primary and no education had financial needs. Almost 80% of those with lower secondary education had financial needs. Although those with university and college education had lower financial needs, still 38.3% had needs (Table 4.12).

Multivariate analysis showed that no formal education and primary education had 4 times; lower secondary education had 5.6 times; and those with upper secondary education had 2.3 times higher financial needs compared to those with tertiary education (Table 4.16).

4.2.4.4.7 Transport needs

Younger women had 2.4 times more transport needs and those lower income bracket had more transport needs (Table 4.16).

4.2.5 Coping methods during the period of diagnosis

The first analysis was done on the total score of the coping styles, Kruskal Wallis one-way analysis of variance (ANOVA) by ranks was used to examine group differences in ethnicity, religion, age and stage at diagnosis.

The second part of the analysis was to predict for the type of coping style used by participants. The mean total scores were re-categorised into binary outcomes.

Fig 4.8 shows the most common coping style employed. A score of 6 and above would denote that the style was used moderately or frequently.

4.2.5.1. Distribution of coping styles by mean total scores

Figure 4.8 shows that acceptance was the commonest coping style used. Followed by religion, active coping and positive reframing. The least used were substance abuse, behavioural disengagement, self-blame and denial.

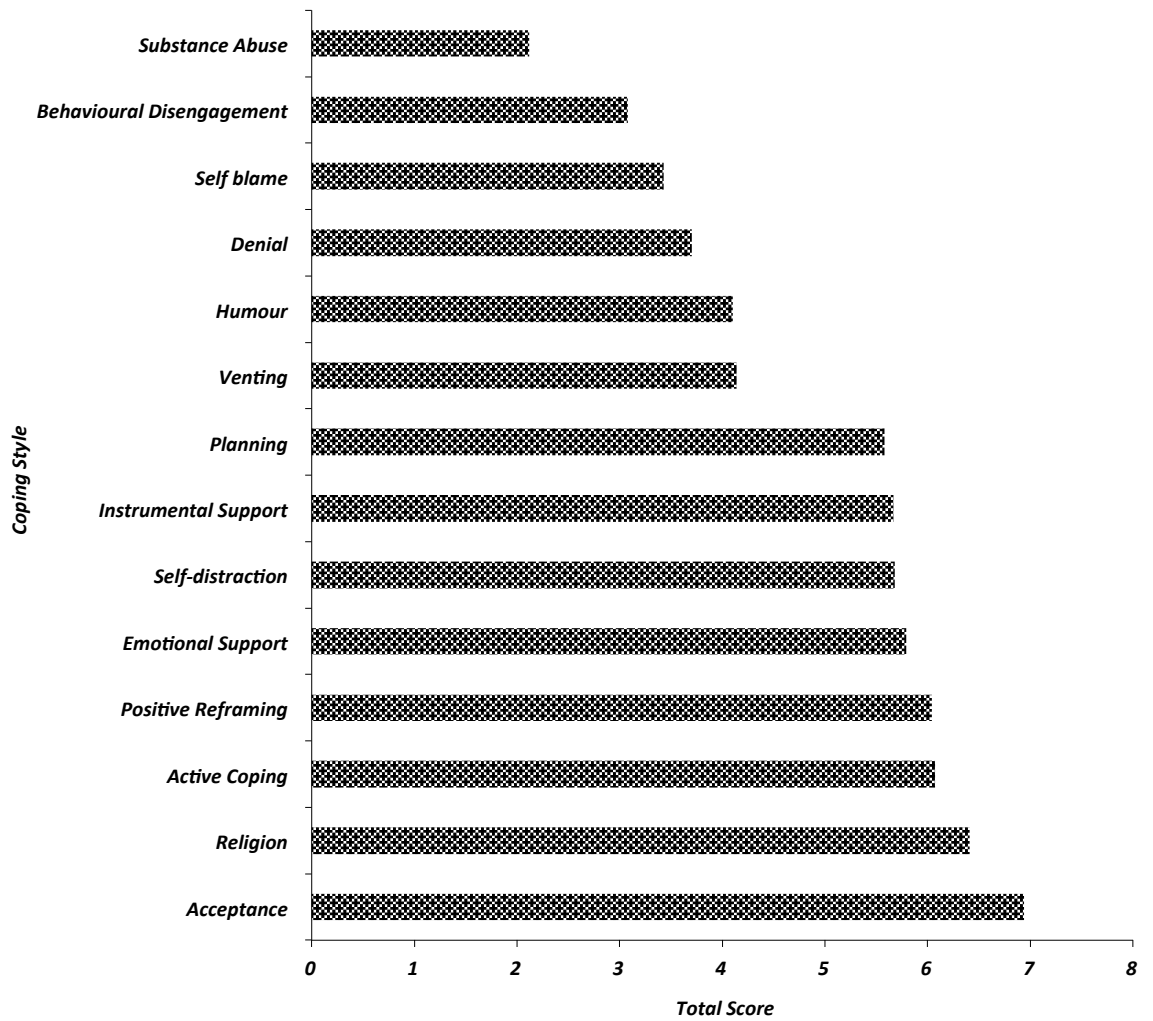


Figure 4.8 Mean total score of the coping styles employed during the diagnosis period in ascending order

4.2.5.2 Coping style by ethnicity

There was a statistically significant difference between using religion among the three ethnic groups ($H(2) = 79.1, p = <0.001$) with a mean rank of 187.2 for Malay, 150.6 for Indians and 98.1 for Chinese. Acceptance was also commonly used, and it was statistically different among the three ethnic groups ($H(2) = 8.6, p = <0.01$) with a mean rank of 145.9 for Malay, 123.9 for Chinese and 105.4 for Indians.

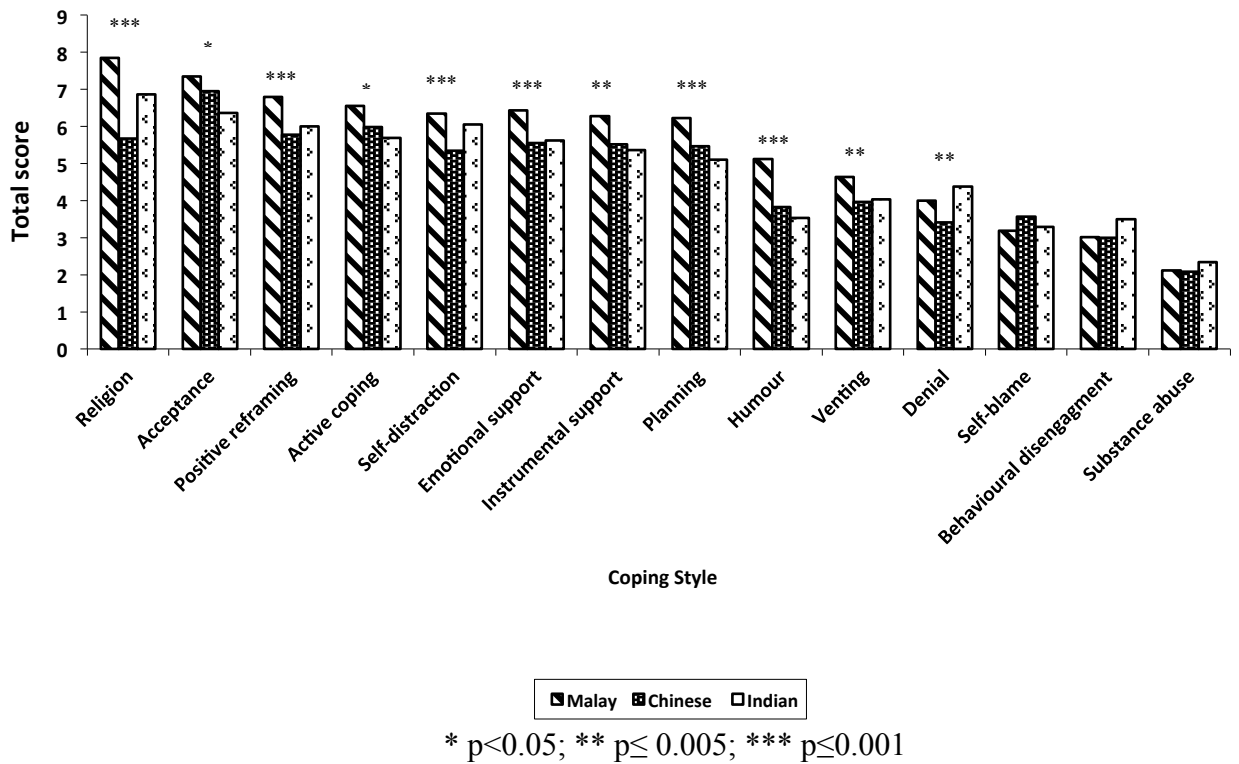


Figure 4.9 Mean total score of coping styles by ethnicity

Statistical significance studies include positive reframing among the three ethnic groups ($H(2) = 21.1, p = <0.001$) with a mean rank of 162.8 for Malay, 126.0 for Indians and 113.8 for Chinese; active coping among the ethnic groups ($H(2) = 8.9, p = 0.01$) with a mean rank of 150.5 for Malay, 121.6 for Chinese and 114.7 for Indians; self-distraction among the ethnic groups ($H(2) = 20.2, p = <0.001$) with a mean rank of 155.7 for Malay, 148.0 for Indians and 111.2 for Chinese; emotional support among the three ethnic groups ($H(2) = 15.6, p = <0.001$) with a mean rank of 157.7 for Malay and 124.8 for Chinese and 115.6 for Indians; instrumental support among the three ethnic

groups ($H(2) = 12.5, p = 0.002$) with a mean rank of 155.3 for Malay and 119.2 for Chinese and 116.2 for Indians; planning among the three ethnic groups ($H(2) = 13.8, p = <0.001$) with a mean rank of 155.5 for Malay, 121.1 for Chinese and 107.3 for Indians and humour among the three ethnic groups ($H(2) = 29.7, p = <0.001$) with a mean rank of 168.8 for Malay, 116.8 for Chinese and 99.5 for Indians and venting among the three ethnic groups ($H(2) = 9.9, p = <0.007$) with a mean rank of 152.3 for Malay, 121.6 for Indians and 119.2 for Chinese.

The Indians used denial much more than Malays and Chinese, and this was statistically significant ($H(2) = 11.9, p = 0.003$) with a mean rank of 157.9 for Indians, 139.5 for Malay and 116.4 for Chinese.

The least coping style used was substance abuse, and no significant difference between using substance abuse among the ethnicities ($H(2) = 0.7, p = 0.70$) (mean rank of 157.9 for Indians, 139.5 for Malay and 116.4 for Chinese), further no significant difference in the use of behavioural disengagement among the three ethnic groups ($H(2) = 3.5, p = 0.17$) (mean rank of 147.5 for Indians, 124.3 for Chinese and 124.3 for Malay).

The Malay ethnic group used all coping styles more than the other ethnic groups except for denial and self-blame (Fig. 4.9). The Chinese used self-blame more than the other races, but this was not statistically significant ($H(2) = 4.4, p = 0.11$) with a mean rank of 135.5 for Chinese, 118.6 for Indians and 115.2 for Malay.

4.2.5.3 Coping styles by religion

Muslims, Hindus and Christians use religion as the commonest style of coping, and there was a statistically significant difference between using religion among the five faiths ($H(4) = 97.5, p = <0.001$) with a mean rank of 184.8 for Muslims, 144.8 for Hindu, 142.7 for Christians, 82.2 for Buddhists and 61.6 for Taoist/ Confucianists.

Taoists/ Confucianists and Buddhists use acceptance as the commonest coping mechanism and there was a statistically significant difference between using acceptance among the five faiths ($H(4) = 13.3, p = 0.01$) with a mean rank of 147.3 for Muslims, 129.9 for Buddhists, 115.5 for Hindu, 113.4 Taoists/ Confucianists, 102.1 for Christians.

Muslims and Christians use positive reframing quite frequently. There was a statistically significant difference between using positive reframing among the different faiths ($H(4) = 27.72, p = <0.001$) with a mean rank of 162.9 for Muslims, 128.8 for Hindus, 117.8 for Buddhists, 116.7 for Christians and 81.2 for Taoists/ Confucianists.

There was a statistically significant difference between using active coping among the different faiths ($H(4) = 15.9, p = 0.003$) with a mean rank of 151.7 for Muslims, 131.3 for Buddhists, 111.7 for Hindus, 105.9 for Christians and 103.8 for

Taoists/Confucianism; self-distraction among the different faiths ($H(4) = 25.7, p = <0.001$) with a mean rank of 155.9 for Muslims, 153.5 for Hindus, 114.9 for

Buddhists, 106.5 for Taoists/ Confucianists and 99.4 for Christians; denial among the different faiths ($H(4) = 14.7, p = 0.005$) with a mean rank of 162.1 for Hindus, 138.9 for Muslims, 121.4 for Buddhists, 110.9 for Christians and 102.8 for Taoists/

Confucianists; planning among the different faiths ($H(4) = 23.1, p = <0.001$) with a mean rank of 155.7 for Muslims, 133.6 for Buddhists, 108.8 for Hindus, 100.5 for

Taoists/Confucianists and 98.4 for Christians; venting among the different faiths ($H(4) = 18.7, p = 0.001$) with a mean rank of 152.9 for Muslims, 129.0 for Hindus, 128.8 in Buddhists, 102.0 for Christians and 93.3 for Taoists/Confucianists; emotional support among the different faiths ($h(4) = 16.6, p = 0.002$) with a mean rank of 157.9 for Muslims, 122.0 for Hindus, 116.2 in Buddhists, and 115.5 for Christians and 110.7 for Taoists/Confucianists; instrumental support among the different faiths ($h(4) = 16.2, p = 0.003$) with a mean rank of 154.4 for Muslims, 131.1 for Taoists/Confucianists, 124.5 for Buddhists, 111.4 for Hindus and 102.5 for Christians;; humour among the different faiths ($H(4) = 28.0, p = <0.001$) with a mean rank of 165.2 for Muslims, 122.8 for Buddhists, 113.6 for Taoist/Confucianists, 104.3 for Christians and 100.3 for Hindus and self-blame among the different faiths ($H(4) = 10.5, p = 0.034$) with a mean rank of 146.1 for Buddhists, 125.1 for Hindus, 115.3 for Taoists/Confucianists, 115.8 for Muslims and 113.6 for Christians.

Substance abuse was the least used coping style for all the faiths and there was not any statistically significant difference between using substance abuse among the different faiths ($H(4) = 1.4, p = 0.84$). Behaviour disengagement was also not used very much among the different faiths, and the differences was not statistically significant ($H(4) = 9.4, p = 0.051$).

4.2.5.4 Coping by age groups

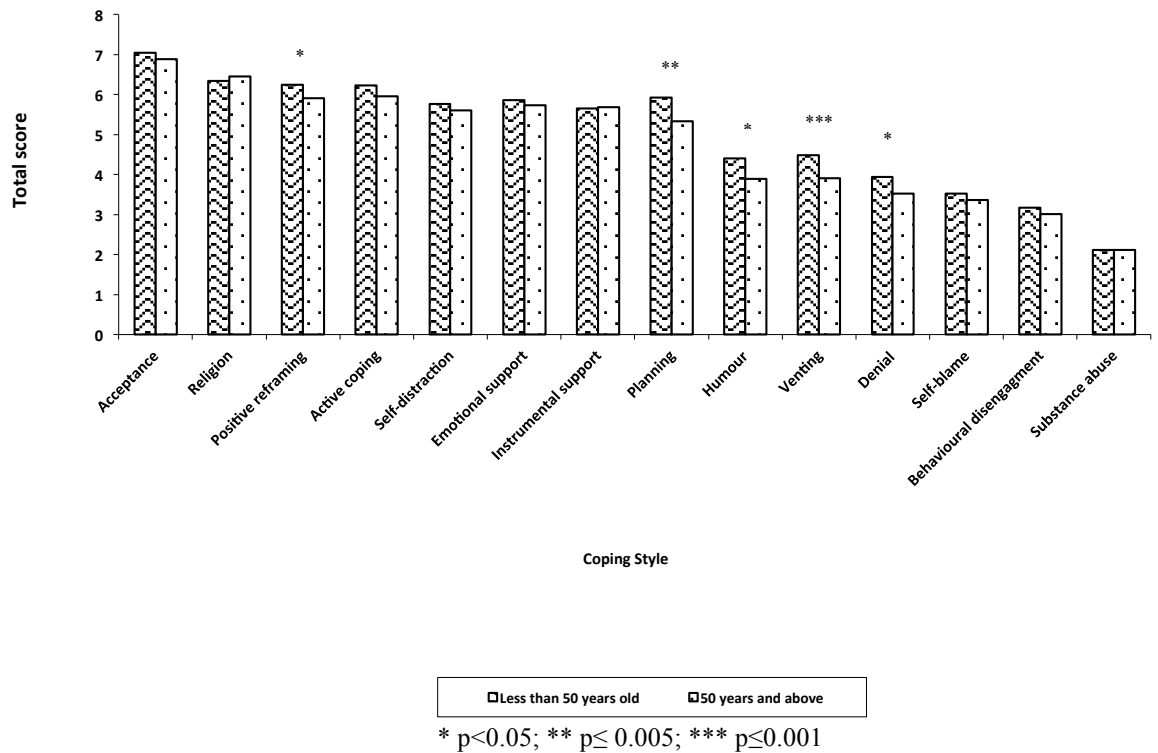


Figure 4.10 Mean total score of coping styles by age group.

Figure 4.10 shows the mean total scores by age group. There was statistically significant difference in the use of denial by age group, ($H(1)= 4.705, p =0.03$), the mean rank was 142.33 for less than 50 years and 122.35 in those 50 years and above; positive reframing, ($H(1)= 3.88, p =0.049$), the mean rank was 141.33 for less than 50 years and 123.04 in those 50 years and above; venting, ($H(1)= 10.40, p =0.001$), the mean rank was 147.80 for less than 50 years and 117.87 in those 50 years and above; planning, ($H(1)=7.79, p =0.005$), the mean rank was 145.86 for less than 50 years and

119.93 in those 50 years and above and humour ($H(1)= 4.92, p =0.03$), the mean rank was 142.17 less than 50 years and 121.57 in those 50 years and above.

There was no significant difference in active coping ($H(1)= 1.92, p =0.17$); self-distraction ($H(1)= 1.45, p =0.23$); substance abuse ($H(1)= 1.71, p =0.19$); emotional support ($H(1)= 0.39, p =0.53$); instrumental support ($H(1)= 0.019, p =0.89$); behavior disengagement ($H(1)= 0.35, p =0.55$); acceptance ($H(1)= 1.14, p =0.28$); religion ($H(1)= 0.11, p =0.74$) and self-blame ($H(1)= 1.12, p =0.29$).

4.2.5.5 Coping and cancer stage at diagnosis

Bivariate analyses showed there were no differences in coping styles by the various Stage at diagnosis (Table 4.17).

Table 4.17 Coping styles by stage of disease at diagnosis

	Stage	N	Mean rank	χ^2	df	P-value
Denial (n=251)	1	47	127.31	2.50	3	0.48
	2	143	124.94			
	3	41	133.76			
	4	20	114.62			
Substance abuse (n=250)	1	46	124.28	1.15	3	0.77
	2	143	125.25			
	3	41	127.00			
	4	20	127.00			
Emotional support (n=250)	1	46	129.41	1.26	3	0.74
	2	143	125.95			
	3	41	126.23			
	4	20	111.75			
Instrumental support (n=251)	1	47	134.74	3.05	3	0.39
	2	143	124.27			
	3	41	115.79			
	4	20	138.75			
Positive reframing (n=251)	1	47	119.88	3.56	3	0.31
	2	143	130.77			
	3	41	113.11			
	4	20	132.70			
Behavioural disengagement (n=250)	1	47	129.34	4.48	3	0.21
	2	142	122.32			
	3	41	128.95			
	4	20	132.00			
Venting (n=250)	1	47	137.36	3.97	3	0.27
	2	142	122.47			
	3	41	120.56			
	4	20	129.25			
Acceptance (n=249)	1	47	126.24	1.28	3	0.73
	2	141	126.24			
	3	41	119.07			
	4	20	125.45			
Planning (n=251)	1	47	131.24	0.87	3	0.83
	2	143	123.40			
	3	41	130.66			
	4	20	122.70			
Religion (n=251)	1	47	125.38	1.09	3	0.78
	2	143	124.86			
	3	41	133.91			
	4	20	119.38			
Humour (n=250)	1	47	128.90	1.87	3	0.60
	2	142	122.05			
	3	41	134.16			
	4	20	124.25			
Self-blame (n=251)	1	47	132.83	3.18	3	0.37
	2	143	123.21			
	3	41	126.32			
	4	20	129.22			

4.2.5.6 Factors predictive of the coping styles

The scores were re-categorised into binary outcomes as mentioned in Chapter 3. The findings somewhat differed from the Kruskal Wallis test. Where Malays had higher mean rank scores for almost all types of coping mechanisms except for denial and self-blame. However, when it came to quantifying it by moderately and frequently used rather than by an aggregate score, the results were different. When categorized into binary outcomes, it gives a better reflection of what is actually used by the participants during their period of diagnosis.

Logistic regression was used to examine factors predictive of the reported different coping styles during the period of diagnosis. The following variables were fitted into the logistic regression model: age, ethnicity, marital status, religion, income, family history of cancer, non-family history of cancer, ever-worked and stage at diagnosis. Other independent variables like type of surgery, whether the respondent had chemotherapy, radiotherapy and alternative treatment that were related to post diagnostic treatment were also included to ascertain if certain coping mechanisms were associated with type of treatment

Fig 4.11 shows the percent distribution of the various coping styles of those who use it moderately to frequently used compared to minimally or not used. Acceptance is the main coping mechanism used (89.3%; n=233) followed by active coping (73.5%,n=191); by religion (70.4%,n=183); positive reframing (66.2%,n=172); emotional support (63.7%,n=165); self-distraction (62.5%,n=162); instrumental support (60.0%, n=156); planning (57.7%,n=150).

Coping styles less moderately and frequently used by the participants were venting (17.8%, n= 46); humour (23.9%, n=62); denial (7.3%, n=19); self-blame (5.0%, n=13) and substance abuse (1.2%, n=3).

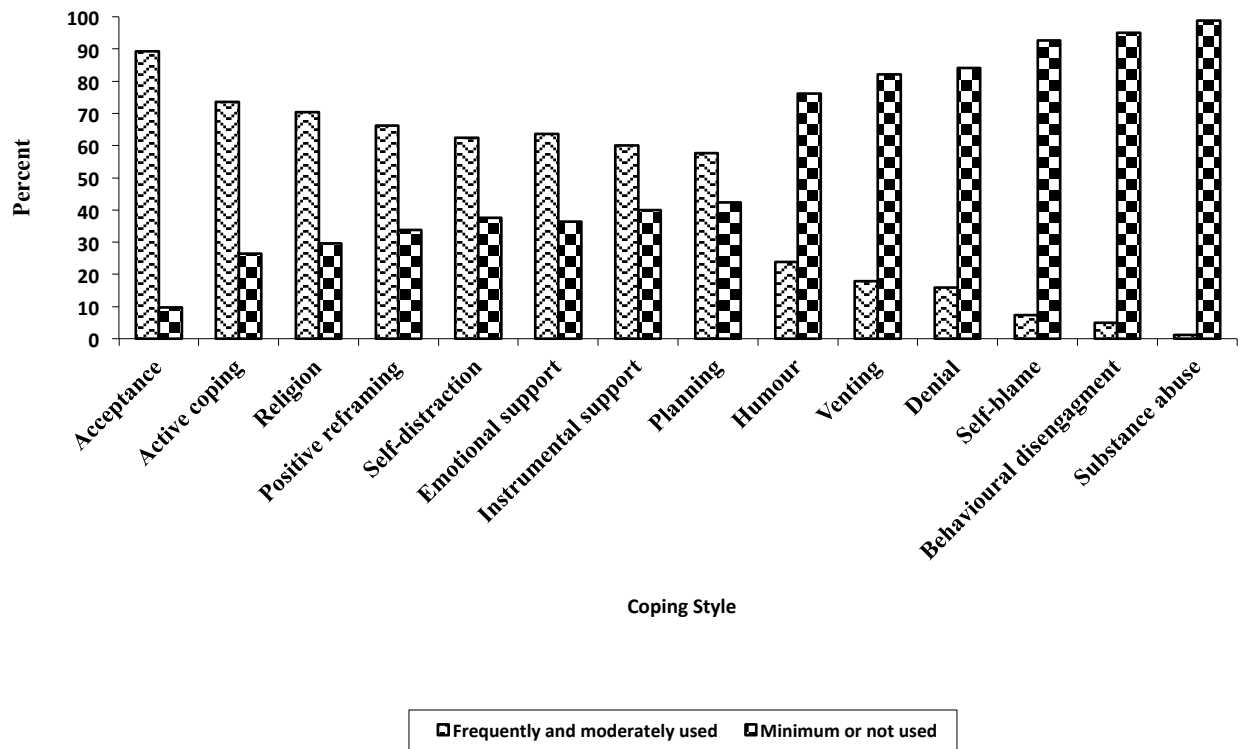


Figure 4.11 Percent distribution of the frequency of employing various coping styles