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From Diagnosis to Survivorship: An Ethnographic Insight into the Lives of Young Adult Cancer Survivors in Indonesia

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ABSTRACT

Background: Cancer remains a significant non-communicable disease in Indonesia, with young adults facing unique challenges due to their developmental stage. Previous research has primarily focused on clinical aspects, neglecting the psychosocial dimensions of cancer survivorship in young adults (aged 20–40 years). Meanwhile, in young adulthood, a person will experience many progressive and integrative changes physically, cognitively and psychologically-emotionally to move towards an increasingly mature and wise personality. The aim of this study is to explore the demographic, sociocultural, and environmental factors influencing the quality of life of young adult cancer survivors in Indonesia, with the objective of identifying their unique challenges and proposing tailored interventions to improve their QoL.

Method: This study employs a qualitative ethnographic approach, conducting in-depth interviews and participant observations with 18 young adult cancer survivors aged 20–39 in two cancer shelters in Jakarta. The participants were selected to provide a diverse range of experiences based on gender, marital status, educational background, and length of survivorship. Data were analyzed using MAXQDA 2024, following an inductive approach to identify key themes and insights.

Results: The quality of life (QoL) for young adult cancer survivors in Indonesia is shaped by demographic, sociocultural, and environmental factors. Survivors in their twenties faced career disruptions, while those in their thirties struggled with family responsibilities and unmet goals. Gender roles influenced coping, with women often transitioning to homemakers, facing professional limitations, while men dealt with financial stress as providers. Married survivors benefited from spousal support, while single survivors faced challenges in forming new relationships. Higher education levels improved cancer management and health outcomes. Additionally, urban survivors had better access to healthcare and support networks, while rural survivors struggled with misinformation and limited healthcare access, impacting their QoL.

Conclusion: The study underscores the necessity for age-specific, gender-sensitive, and culturally tailored interventions to address the unique needs of young adult cancer survivors. Enhanced support systems, education and awareness campaigns, equitable healthcare access, and continuous monitoring and support are recommended to improve their quality of life. Addressing these recommendations can significantly enhance the well-being and recovery of young adult cancer survivors in Indonesia.

INTRODUCTION

Cancer is a major non-communicable disease (NCD) in Indonesia, ranking third in prevalence after heart and respiratory diseases. It is the second leading cause of death, with a significant financial burden estimated at IDR 63 trillion between 2012 and 2030 (World Economic Forum, 2012). Nationally, cancer incidence is 0.1% of the population, and the mortality rate is 17 per 100,000 people with breast and cervical cancers

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are the most common [1,2]. Young adults (ages 20–40) account for 22% of cancer patients in Indonesia, contributing significantly to survival rates.

Young adulthood is a critical life stage focused on career development, higher education, and starting families. A cancer diagnosis during this time disrupts these trajectories, posing physical, emotional, social, and spiritual challenges. Erik Erikson's developmental theory emphasizes that young adults seek stable relationships, and cancer can hinder achieving these key milestones, deeply affecting quality of life (QoL). The study conceptualizes QoL as multidimensional, encompassing physical, psychological, and spiritual well-being, drawing from theories by Ryff [3,4] and Ventegodt et al. [5]. Young adult cancer survivors face profound physical limitations, including chronic pain and fatigue, alongside emotional distress and social isolation. Psychologically, they experience anxiety, depression, and identity crises, while socially, cancer interrupts roles within the family and workplace. Financial stress compounds these burdens, as ongoing care costs and the inability to work significantly strain survivors and their families.

Cancer research in Indonesia has largely focused on clinical and pre-clinical studies, with limited attention to psychosocial aspects, especially during the survivorship phase. Most research uses quantitative methods, neglecting qualitative exploration, particularly regarding young adults. Of the 1,773 cancer studies in Indonesia between 1999 and 2020, only 27% focused on the survivorship phase, and just 53 used qualitative methods. A literature review found no research specifically examining the QoL of young adult cancer survivors using a qualitative approach, revealing a significant gap. Young adults face distinct challenges that require tailored interventions. Social and cultural factors, such as strong family ties and cancer-related stigma, play critical roles in the Indonesian cancer experience. Stigma, especially for breast cancer, can lead to social isolation and emotional distress, making it essential to understand these socio-cultural dynamics for developing effective support mechanisms.

This study aims to explore the QoL of young adult cancer survivors in Indonesia by examining how demographic, sociocultural, and environmental factors influence their physical, psychological, social, and economic well-being. It highlights the unique challenges faced by this group and seeks to inform culturally sensitive interventions. Additionally, it focuses on healthcare access disparities between survivors using the Social Security Organizing Body for Health (BPJS) and those with private insurance, providing insights to enhance QoL through targeted support systems and policies.

METHODS

This study employs a qualitative approach using ethnographic methods as the primary foundation. According to James Spradley, ethnography involves describing or depicting a culture [6]. In this context, the researcher aims to understand and explore the perspectives and lives of the subjects—cancer survivors. Ethnography offers a deep understanding of human behavior, thoughts, and actions, seeking to uncover the reasons behind these behaviors [6,7].

To gain an in-depth understanding of the cancer survivors' experiences, the researcher conducted intensive visits over one month to two housing facilities used by cancer survivors. These facilities are: (1) CISC Cancer Shelter in West Jakarta, managed by the Cancer Indonesia Support Center (CISC); and (2) Sasana Marsudi Husada Shelter, managed by the Indonesian Cancer Foundation (Yayasan Kanker Indonesia/YKI). Fieldwork was conducted from November 2023 until May 2024. During the fieldwork at these locations, the researcher engaged in participatory observation and conducted in-depth interviews using semi-structured interview guides.

The ethnographic approach in this study allowed the researcher to immerse in the daily lives of cancer survivors, observing their actions, thoughts, and experiences in-depth. Fieldwork involved intensive visits, participatory observation of their daily activities, and conducting in-depth interviews. This approach provided insights into the underlying meanings of cancer survivors' behaviors from their perspectives, which are often not revealed through other research methods. The applied ethnographic approach allowed the researcher to fully immerse and uncover local perspectives that might not be revealed through other research methods [7].

The study included 18 subjects, divided equally between males and females aged 20–39. The informants were categorized based on the duration of their survivorship. Inclusion criteria can be seen as the following: (1) Indonesian citizens aged 20–39 who are undergoing or have undergone cancer treatment in Indonesia or abroad; (2) Cancer patients who are currently in treatment, up to survivors who have been in remission. The definition of cancer survivors, based on Fitzhugh Mullan's concept [8], includes individuals currently undergoing cancer treatment and those who have been in remission for over five years.

Meanwhile, those who are excluded from the respondent are the following: (1) Patients who only pursue alternative treatments without standard medical cancer treatment; (2) Patients currently undergoing palliative care; (3) Patients with severe neurological disorders.

This method was the main data collection technique, allowing the researcher to fully understand cancer survivors' experiences. The researcher actively participated in various social activities, accompanied survivors to the hospital, and experienced their daily lives.

Semi-structured interview guides were used for conducting in-depth interviews. These interviews were carried out after the researcher had built a strong rapport with the informants, with the time and place adjusted to the informants' conditions and needs. The interview setting was made as relaxed as possible to ensure informants felt comfortable sharing their experiences.

Interview recordings were transcribed by professional transcriptionists who signed non-disclosure agreements. The researcher then conducted the data analysis using MAXQDA 2024, a computer-assisted qualitative data analysis software (CAQDAS). The data analysis followed an inductive approach, enabling the researcher to deeply understand the data [9].

RESULTS

Age and cancer experience

Young adults diagnosed with cancer experience profound changes in their QOL, heavily influenced by their age and life stage. This study found significant differences between participants in their twenties and those in their thirties, with each group facing unique challenges.

For survivors in their twenties, cancer disrupted a critical life stage typically marked by transitions from university to the workforce. They were enthusiastic about entering the job market and becoming financially independent, often feeling a strong sense of pride in contributing to their families. However, cancer forced them to delay these ambitions, leading to frustration and uncertainty. Despite these setbacks, some survivors found new sources of strength and fulfillment. They embraced activities like basketball, which offered a sense of achievement and youthfulness, and utilized social media platforms to share their cancer journeys, inspiring others while finding personal fulfillment. Social media became a crucial outlet for many, allowing them to campaign for health causes and redefine their sense of purpose, which contributed to their emotional and psychological QoL.

Conversely, participants in their thirties were at the peak of their careers or progressing toward family-building, facing a different set of challenges. They expressed greater psychological impacts, often marked by fear of not living long enough to witness their children's growth or to complete their work. This concern created deep emotional distress, as many felt a sense of sadness and shame over the loss of vitality and their reduced ability to provide for their families. These anxieties directly impacted their QoL, as they grappled with feelings of guilt and inadequacy, especially in the face of societal expectations surrounding family and career success at this stage of life.

Gender roles and relationships

Gender roles had a significant impact on how young adult cancer survivors managed their illness, shaping their overall QoL in nuanced ways. Societal expectations based on gender greatly influenced their coping strategies and recovery processes.

Women's experiences

For women, the intersection of professional and familial roles added layers of complexity to their cancer journey, deeply influencing their QoL. Many women admired peers who successfully balanced battling cancer while maintaining high career positions and fulfilling family responsibilities, seeing this as a source of inspiration. However, societal expectations to perform well in both roles often placed overwhelming pressure on them. Post-diagnosis, some women transitioned from professional roles to homemaking, finding satisfaction in nurturing family relationships, which provided emotional fulfillment. While this shift helped them cope with the physical and emotional toll of cancer, it also came at the cost of limiting their professional growth and financial independence, thereby reducing their sense of autonomy and professional satisfaction, key components of their overall QoL.

Unmarried female survivors and single mothers faced unique challenges that further impacted their QoL. The societal stigma surrounding cancer, coupled with the pressures of single parenting, created significant barriers to forming new romantic relationships. These women approached relationships with caution, fearing rejection due to their health status and prioritizing the well-being of their children. This combination of fear, stigma, and the demands of single parenthood led to feelings of isolation, negatively affecting their emotional and social QoL. Many reported withdrawing from social circles and feeling disconnected from their peers, which compounded their emotional distress.

Men's experiences

Men, on the other hand, often focused on their roles as breadwinners and providers, which heavily influenced how they approached their illness and recovery, directly impacting their QoL. The societal expectation to maintain their provider role placed immense financial and emotional stress on them. Cancer disrupted their ability to work and provide for their families, creating feelings of inadequacy and failure. Many men reported a heightened need to prove their resilience and capability, both to themselves and to their employers, which led to overexertion and neglect of their health needs. This approach resulted in exacerbating both their physical and mental strain, ultimately deteriorating their QoL.

Moreover, societal expectations for men to be strong and self-reliant hinder their willingness to seek help or emotional support, contributing to a lack of adequate coping mechanisms. This stoic approach led to underreporting of their struggles and limited emotional support from colleagues and family. Men often prioritized their professional recovery over personal relationships, reflecting a gender-based prioritization of financial stability over emotional well-being. As a result, their psychological and emotional QoL suffered due to an inability to balance these competing demands.

Marital status and support

Marital status significantly shaped the cancer experience for both men and women, influencing their emotional support systems and overall QoL. Married survivors generally benefited from consistent spousal support, which helped alleviate some of the stress associated with treatment and recovery. Spouses played a critical role in providing practical assistance with household responsibilities and emotional comfort, contributing positively to their QoL by creating a stable and supportive home environment.

Conversely, single survivors—especially single parents—faced greater challenges in managing their illness. Without a stable partner, they had to rely more on extended family, friends, or professional support services, which were often less consistent and emotionally intimate than spousal support. This lack of close emotional support detracted from their emotional well-being, resulting in a lower QoL. Forming new romantic relationships was also a significant challenge, as many survivors feared rejection due to their uncertain health status. This fear led to reluctance in pursuing new relationships, contributing to social isolation and negatively impacting their social and emotional QoL.

Single parents, in particular, bore the dual burden of managing their health while ensuring their children's well-being, which added an overwhelming layer of stress to their lives. These dynamics underscore the critical need for tailored support systems that address the unique emotional and practical needs of single and single-parent survivors, ensuring that they receive comprehensive and empathetic care that improves their QoL.

Occupational dynamics and financial condition:

The impact of cancer on occupational dynamics was profound for young adult survivors, with their professional lives closely linked to their overall QoL. Many survivors faced physical and cognitive limitations post-treatment, which necessitated adjustments in their professional lives. Chronic fatigue, pain, and long-term side effects from surgery, chemotherapy, and radiation treatments significantly affected their ability to perform job-related tasks efficiently. This resulted in disruptions to their careers, directly impacting their financial stability and, by extension, their QoL.

Many survivors opted for career changes that offered greater flexibility, such as freelance or entrepreneurial roles. These changes allowed them to manage their health more effectively by providing the necessary adaptability for medical appointments and rest periods. However, while these flexible roles reduced some of the stress associated with rigid corporate schedules, they also came with financial instability and limited opportunities for career advancement, negatively affecting their financial security and sense of professional accomplishment, both of which are key components of their QoL.

The workplace environment also posed challenges. Survivors often faced prejudice or bias if their medical history was known, leading to potential discrimination or stigmatization. This discrimination created a sense of insecurity and reduced survivors' QoL by adding psychological stress. Survivors felt the need to hide their cancer history, which affected their workplace interactions and limited their opportunities for advancement.

The financial burden of cancer treatment was another significant aspect of occupational dynamics that deeply impacted survivors' QoL. High treatment costs, often exceeding what insurance covered, placed a substantial financial burden on survivors and their families. This financial strain forced many survivors to return to work prematurely, despite not being fully recovered, exacerbating their health issues and reducing their overall QoL. The need for robust workplace policies that support cancer survivors, such as flexible work arrangements and anti-discrimination measures, was critical to ensuring their successful reintegration into the workforce and improving their QoL.

Education, information access, and living environment

Education emerged as a key factor in shaping the experiences of young adult cancer survivors, significantly influencing their QoL. Higher education levels are often correlated with enhanced critical thinking skills, enabling survivors to conduct thorough research about their condition and treatment options. Survivors with higher education were better able to advocate for themselves, ask more informed questions, and make better decisions about their care, which improved their overall health outcomes and QoL.

However, education's influence extended beyond formal qualifications. Survivors emphasized the importance of being surrounded by individuals with a growth mindset, regardless of their educational background. Being in the company of educated and positive individuals provided both logical and emotional support, fostering resilience and proactive health management. This supportive social circle played a crucial role in improving survivors' mental and emotional QoL by encouraging them to adopt a more positive approach to managing their illness.

Conversely, survivors living in less educated environments were more susceptible to misinformation and ineffective treatments. This environment negatively impacted their QoL, as they often lacked access to accurate medical information and support. Education facilitated health literacy, enabling survivors to better understand medical advice, participate in informed discussions with healthcare providers, and make treatment decisions aligned with the best available evidence. This comprehension was crucial for improving their health outcomes and overall QoL.

The living environment also played a significant role in shaping survivors' QoL. Those living in urban areas with better access to healthcare facilities and support networks benefited significantly from these resources. These environments provided greater opportunities for comprehensive treatment and continuous support, contributing to better physical and mental health outcomes. Urban survivors were able to access timely medical care, engage with support groups, and benefit from community activities, all of which enhanced their QoL.

In contrast, survivors in rural or less educated environments faced greater challenges in maintaining their QoL. Cultural beliefs and misinformation about cancer were more prevalent in these areas, leading to reliance on alternative treatments and delayed access to proper medical care. This significantly worsened their health outcomes and reduced their overall QoL. The lack of supportive social networks and limited access to healthcare services compounded these challenges, making it difficult for rural survivors to maintain both physical and mental well-being.

Treatment process and reaching the survivorship phase

The process of reaching the survivorship phase was fraught with challenges that deeply affected the QoL of young adult cancer survivors. Many experienced initial misdiagnoses or delays in treatment, exacerbated by external factors such as the COVID-19 pandemic. Misdiagnosis with diseases like tuberculosis or autoimmune disorders prolonged the time to receive accurate cancer treatment, adding to the stress and anxiety associated with the disease and negatively impacting survivors' QoL.

Survivors' treatment journeys varied significantly, with some initially opting for alternative therapies due to fear of the side effects of conventional treatments. This often worsened their condition before they finally sought medical treatment, further diminishing their QoL. Those who pursued medical treatments promptly generally experienced better outcomes, although the physical and psychological challenges of chemotherapy and radiotherapy took a toll on their overall well-being.

Achieving remission brought a complex mix of relief and persistent anxiety for young adult cancer survivors. On one hand, survivors felt immense gratitude and pride for overcoming a significant hurdle in their cancer journey. This milestone was celebrated as a testament to their resilience and the effectiveness of their treatment, positively contributing to their emotional QoL. However, the transition into remission was not without its challenges.

Survivors had to adjust to a new normal characterized by regular health monitoring, such as follow-up CT scans and routine check-ups. This ongoing vigilance, while necessary for early detection of any signs of recurrence, contributed to an underlying chronic anxiety. Survivors were constantly reminded of their vulnerability to cancer recurrence, which added a psychological burden to their QoL. The fear of relapse overshadowed the relief of remission, making it difficult for survivors to fully enjoy their recovery.

The remission phase necessitated a redefinition of normalcy and well-being. Survivors had to balance the relief of being cancer-free with the psychological and emotional strains of constant health surveillance. Support systems that were crucial during active treatment remained essential in this phase, helping survivors manage not only their physical health but also their mental well-being. Family, friends, and healthcare providers played a pivotal role in providing ongoing emotional support and reassurance, which was crucial for maintaining their QoL during remission.

Insurance and healthcare access dynamics

The type of insurance survivors had played a significant role in shaping their QoL, particularly in terms of healthcare access and financial stability. Survivors with private insurance often experienced quicker and more comprehensive access to healthcare services. Private insurance policies typically covered a broader range of treatments and medications, providing survivors with more immediate and specialized care options. This access to cutting-edge treatments and continuous follow-up care ensured that any recurrence or complications were promptly addressed, leading to better health outcomes and higher survival rates, which positively influenced their QoL.

Conversely, survivors using BPJS faced numerous challenges that negatively impacted their QoL. The bureaucratic nature of BPJS required survivors to navigate multiple layers of approval and documentation before receiving care, leading to delayed diagnoses and treatment initiation. These delays often worsened survivors' health outcomes and added significant stress to their lives. The limited coverage of BPJS for certain medications and advanced treatments further exacerbated these challenges, often forcing survivors to seek additional financial resources or forego necessary treatments altogether. The financial burden of cancer treatment was another area where disparities between BPJS and private insurance holders were evident. While BPJS provided a safety net for basic healthcare needs, it often fell short in covering the full spectrum of cancer-related expenses. Survivors frequently faced out-of-pocket costs for medications, specialized treatments, and supportive care that were not covered by BPJS. This financial strain was overwhelming for many survivors, leading to difficult decisions such as selling assets or borrowing money to fund treatment. The disparities in insurance coverage and access to care had a direct impact on survivors' QoL, with those on private insurance experiencing better health outcomes and less financial stress, contributing to a higher overall QoL.

The intersubjectivity of the illness

The intersubjectivity of the illness refers to a holistic understanding of cancer that integrates both observable daily functionality and survivors' mental and cognitive health, physical appearance, and support systems. This approach is critical to understanding the multifaceted QoL experiences of young adult cancer survivors, as it highlights the complex interplay between social perceptions and personal responses to the illness.

Observations from family members, friends, and colleagues played a significant role in shaping survivors' understanding of their QoL. Survivors' ability to engage in daily activities, such as cooking, cleaning, commuting, and socializing, was seen as a tangible benchmark for recovery. This physical functionality was important in assessing their overall health and contributed to both survivors' and their support systems' perceptions of their well-being.

Mental health and cognitive sharpness were also key components of this assessment. Survivors who exhibited calmness, clarity of thought, and active engagement in conversations were often perceived as being in better health. These cognitive indicators were seen as essential for evaluating survivors' mental and emotional QoL.

Physical appearance and vitality were additional components of the intersubjective assessment. Maintaining a healthy weight, good skin condition, and high energy levels signaled recovery and well-being to both survivors and their social circles. These visible signs complement self-assessments, offering an objective way to gauge survivors' overall health status.

Strong community and support systems were crucial for enhancing survivors' QoL. Family, friends, and healthcare providers played pivotal roles in supporting survivors, offering both physical assistance and emotional reassurance. This support network was essential for maintaining survivors' mental and emotional well-being, as it provided a stable foundation for recovery. Observers within these networks could offer valuable insights into survivors' progress by noting improvements or declines in their daily functionality and demeanor.

This concept of intersubjective objectivity highlights the importance of integrating social realities with personal perceptions in understanding QoL. It moves beyond simple measurable parameters to include the complex interactions between societal views and individual experiences, providing a richer, more comprehensive picture of survivors' QoL.

DISCUSSION

This study explored how demographic, sociocultural, and environmental factors shape the quality of life (QoL) of young adult cancer survivors in Indonesia. These findings reaffirm that QoL is a multidimensional construct—encompassing physical, psychological, social, and existential dimensions—as theorized by Ryff and Keyes [3] and Ventegodt et al [5]. Survivors' experiences reflect the dynamic interaction between individual agency and broader sociocultural structures that influence their adaptation, coping strategies, and long-term well-being.

The study's results reveal that age significantly affects survivorship narratives. Young adults in their twenties experienced a disruption in career trajectory and personal growth milestones, consistent with Erikson's psychosocial theory, which positions this life stage as critical for identity formation and autonomy development [10]. This is echoed by Zebrack [11], who found that cancer in emerging adulthood often delays psychosocial development, impacting future planning and vocational achievements. In contrast, survivors in their thirties were burdened by responsibilities related to family and financial stability, aligning with findings by Park et al. [12], which highlight increased emotional stress among older young adults due to life role expectations.

Gendered experiences also shaped QoL outcomes, particularly in a collectivist society like Indonesia, where rigid gender roles persist. Women survivors often shifted from professional to domestic roles, mirroring prior findings by Krok-Schoen et al. [13] that emphasize how societal expectations constrain female survivors' career reintegration and psychological well-being. Men, meanwhile, were more likely to internalize their provider identity, experiencing psychological strain when unable to fulfill this role, consistent with cultural studies in Asia showing that masculinity ideals affect men's help-seeking behavior and emotional resilience [14].

Social support—especially from spouses—proved vital in mitigating the emotional burden of survivorship. This finding supports House et al.'s [15] social support theory, which underscores the protective effects of emotional and instrumental support on health outcomes. Married participants reported greater emotional stability, while single survivors—especially single mothers—experienced heightened vulnerability, paralleling the findings of Warner et al. [16], who found that relationship status significantly moderates survivorship stress.

Occupational dynamics also contributed significantly to survivors' QoL. The finding that some shifted to flexible or entrepreneurial work aligns with the concept of "adaptive career flexibility" described in adult cancer survivor literature [17]. However, many still encountered stigma in the workplace, reflecting the persistent discrimination identified in a prior Indonesian study [18], where cancer survivors are perceived as less capable or burdensome.

Furthermore, educational attainment was found to be a powerful enabling factor. Higher education promoted better health literacy, proactive care-seeking, and critical assessment of treatment options, consistent with the health behavior model [19]. Survivors with lower education levels were more prone to misinformation and reliance on alternative therapies, exacerbated by limited access to accurate cancer-related knowledge in rural areas—a condition frequently documented in health disparities research in LMICs [20].

Access to healthcare was heavily mediated by insurance type. Survivors with private insurance benefited from faster, more comprehensive treatment, while BPJS users often encountered bureaucratic delays and limited service coverage. This confirms prior evaluations of BPJS's limitations in providing timely cancer care [21] and highlights systemic inequities that impact survivorship outcomes across socioeconomic strata.

A unique insight from this study is the emphasis on intersubjectivity—the mutual interpretation of health status between survivors and their social environment. This supports anthropological perspectives that health is socially constructed, and aligns with Kleinman's concept of "explanatory models" [22], where illness experience is interpreted not only through biomedical indicators but also through culturally shaped interpersonal perceptions.

Limitations of this study include the predominantly urban and educated sample, which may not represent survivors in remote or less literate populations. Future research should employ broader demographic coverage and longitudinal methods to trace the evolution of QoL across different stages of survivorship.

Practical implications of this research underscore the need for culturally sensitive, gender-responsive, and age-specific interventions. Healthcare providers and policymakers should consider integrating comprehensive psychosocial support services, expanding educational and awareness campaigns to mitigate stigma, and improving equitable healthcare access through policy reforms targeting insurance and healthcare systems, particularly enhancing BPJS services. Future research directions should include investigating intervention effectiveness and longitudinal studies examining QoL changes over extended survivorship periods.

CONCLUSION

This study illuminates the significant impact of demographic, sociocultural, and environmental factors on young adult cancer survivors' QoL in Indonesia. Tailored, culturally sensitive interventions and improved healthcare policies addressing gender and age-specific needs are critical. Future research should aim to validate these findings with broader populations and evaluate long-term interventions' effectiveness, ultimately enhancing survivorship outcomes for young adults in diverse Indonesian contexts.

DECLARATIONS

Competing interest

The author declares no competing interests in this study.

Ethics approval and consent to participate

This study has been approved and given ethical clearance by Pusat Pengembangan Etika Universitas Katolik Indonesia Atma Jaya Jakarta, Indonesia, with the certification number 0010L/III/PPPE.PM.10.05/11/2023.

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