

## Self-Acceptance of Breast Cancer Patients in the Minahasa Cultural Context of North Sulawesi: A Literature Review

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**ABSTRACT:** Breast cancer is the most prevalent malignancy among women compared to other types of cancer. Both the disease and its treatment have not only physical impacts but also significant psychological effects. Common psychological impacts experienced by breast cancer patients include anxiety, depression, fear of death, body image disturbances, and low self-acceptance. The aspect of self-acceptance plays a crucial role in the psychological adaptation process of breast cancer patients. In Minahasa society, culture and spirituality hold a central role in shaping how individuals perceive illness and the healing process. Beliefs in ancestral spirits, traditional healing practices, and life philosophies such as *mapalus* influence how patients respond to a cancer diagnosis and make decisions regarding medical treatment. This paper aims to conceptually explore how cultural beliefs in the Minahasa community influence self-acceptance among breast cancer patients and to discuss the application of the transcultural nursing approach using Leininger's Sunrise Enabler Model. This conceptual paper is based on a literature review of relevant scientific articles, ethnographic sources, and cultural texts. The analysis is conducted using a conceptual framework based on the Sunrise Enabler model and Madeleine Leininger's Culture Care theory. The literature study reveals that Minahasa culture significantly influences how patients accept their illness. Spirituality, traditional beliefs, and social support rooted in the *mapalus* value system can enhance self-acceptance. However, certain cultural beliefs also pose challenges, such as the myth that surgery can worsen cancer. In this context, nurses play a crucial role in culturally sensitive and collaborative repatterning through education. In conclusion, nursing approaches that acknowledge and respect local culture can effectively support patients' self-acceptance. The nurse's role in care delivery includes an approach that addresses patients' spiritual, social, and cultural traditions. This holistic approach is vital for promoting treatment adherence and improving the quality of life of breast cancer patients, especially within culturally rich communities like the Minahasa society.

**KEYWORDS:** Breast Cancer, Minahasa Culture, Self-Acceptance

### INTRODUCTION

Cancer is a malignant disease that causes the highest mortality compared to other illnesses worldwide. One of the most common types is breast cancer. Breast cancer was the most prevalent cancer among women in 157 out of 185 countries in 2022. In that year, 2.3 million women were diagnosed with breast cancer, with 670,000 deaths globally. Approximately half of all breast cancer cases occurred in women without specific risk factors (WHO, 2024).

In Indonesia, breast cancer ranks highest among the types of cancer affecting women, with an incidence rate of 42.1 per 100,000 population and an average mortality rate of 17 per 100,000 population. Cervical cancer ranks second, with an incidence of 23.4 per 100,000 and a mortality rate of 13.9 per 100,000 (WHO, 2024). According to Globocan data in 2020, there were 16.6% new breast cancer cases out of a total of 396,914 new cancer cases in Indonesia—approximately 68,858 cases, with 22,000 deaths (Kemenkes RI, 2022).

The prevalence of cancer in North Sulawesi Province shows an increasing trend. Based on the Indonesian Health Survey (SKI) 2023, about 1.2 per thousand people or approximately 3,175 individuals were reported to have cancer (Humas Kandou, 2025). At RSUP Prof. DR. R.D Kandou Manado, the number of breast cancer patient visits from 2021 to 2022 reached 5,047, with 371 patients undergoing inpatient treatment. The number of visits from early- to late-stage breast cancer patients has increased each year (SIMRS Prof DR RD Kandou, 2022).

Breast cancer and its treatments, such as surgery, chemotherapy, and radiation, affect not only the physical condition but also the psychosocial well-being of patients. Physical effects include body disfigurement, hair loss, skin darkening, difficulty swallowing, loss of appetite, nausea, vomiting, and pain (Wang et al., 2012). Breast cancer patients often face psychological disorders triggered by

anxiety about recurrence, uncertainty about the future, and fear of death. These emotional pressures can lead to stress, depression, anxiety, feelings of bodily loss, and the additional burden of prolonged treatment, which ultimately affects the patient's ability to accept their condition (Cipora et al., 2018).

Self-acceptance reflects an individual's capacity to accept their personal condition, actively maintain their health, and adapt to the disease through rational thinking (Begovic-Juhant et al., 2012). Research by (Cipora et al., 2018) revealed that the majority of breast cancer patients had low to moderate levels of acceptance, around 68%. Similar findings were reported by (Abbasi et al., 2017), where most of the 50 patients studied had moderate to low levels of self-acceptance. This is supported by (Chen et al., 2017), who found that the most dominant level of self-acceptance among breast cancer patients was low. A similar result was reported by (Sembiring et al., 2023), with 63.6% of breast cancer patients having poor to moderate levels of self-acceptance.

Self-acceptance among breast cancer patients involves several aspects, including acceptance of fear and anxiety related to body part removal (mastectomy), recurrence of the disease, uncertainty of recovery, possibility of death, and financial problems. It also includes acceptance of psychological discomfort such as anxiety, depression, and anger. Finally, it encompasses acceptance of lifestyle changes, such as physical discomfort, marital disruption, and changes in activity levels (Chen et al., 2017). These physical and psychological issues affect the level of self-acceptance and, in turn, influence patients' motivation to fight against the disease (Czerw et al., 2016).

Low self-acceptance can interfere with the patient's mental health and impact the healing process. For instance, patients with low self-acceptance may delay or discontinue treatment, resulting in worsening conditions upon returning to the hospital (Cipora et al., 2018). Self-acceptance is also influenced by environmental factors, including discrimination, race, and beliefs. Beliefs held by the community where the patient lives can influence their attitude toward the disease (Hurlock EC, 1994). In Jlegiwinangun, Central Java, there is a local belief that surgical procedures with scalpels can accelerate the spread of cancer, and injections are also believed to worsen the condition (Triratnawati & Novyantari, 2021). This is supported by research from (Sunarsih; et al., 2018), which states that delays in treatment among breast cancer patients are due to fear, lack of knowledge about cancer and its symptoms, myths, cultural influences on decision-making, distrust in doctors' diagnoses, healthcare services, and reliance on alternative medicine.

A study in Ghana showed that breast cancer patients delayed seeking treatment after discovering a lump in the breast. Reasons for the delay included no medical consultation (34.9%), lack of awareness (28.8%), fear of mastectomy (24.2%), and use of herbal medicine (19.7%) (Clegg-Lampsey et al., 2009). Various social and cultural aspects influence women's decision-making processes, such as beliefs that breast cancer is caused by supernatural forces, that mastectomy leads to death, that a woman becomes incomplete after mastectomy, and that healing comes solely from divine intervention (Aziato & Clegg-Lampsey, 2015). In a series of informal interviews conducted with breast cancer patients at a hospital in North Sulawesi, several women expressed the belief that undergoing surgery would worsen their cancer condition. These perspectives reflect deeply rooted cultural beliefs that significantly affect patients' willingness to pursue biomedical treatment. This belief makes it difficult for patients to accept their illness and make appropriate decisions.

Based on these considerations, it is important to explore in depth the Self-Acceptance of Breast Cancer Patients in the Minahasa Cultural Context of North Sulawesi, as a foundation for developing culturally sensitive nursing and psychosocial interventions.

## METHODS

The development of this conceptual framework was carried out through an extensive literature review. Sources of information included peer-reviewed journal articles, ethnographic studies, cultural literature, and initial interviews with Minahasa women who had been diagnosed with breast cancer. The conceptual discussion is grounded in a transcultural nursing perspective, specifically utilizing Madeleine Leininger's Sunrise Enabler model to analyze how cultural norms, belief systems, and social practices within the Minahasa community shape the self-acceptance process among breast cancer patients.

The literature review served to identify and analyze theoretical and cultural foundations relevant to the topic, enabling the researcher to grasp the contextual values and belief systems that could impact patient self-acceptance. These findings were synthesized and interpreted to illustrate how cultural elements influence both the emotional acceptance of illness and the medical decision-making of Minahasa women facing breast cancer. Since the research did not involve direct human subject participation, ethical approval was not required. Academic integrity has been upheld by the author through proper citation of all sources used, thereby ensuring the authenticity and originality of the work.

## RESULTS AND DISCUSSION

Self-acceptance is an active and ongoing process in which individuals fully and unconditionally accept themselves while continuing to live in accordance with their personally held values. In the context of psychological flexibility, self-acceptance is not merely an emotional state, but a behavioral pattern that evolves throughout one's life journey (Jeffcoat & Hayes, 2013). This means that self-acceptance involves not only acknowledging the illness but also actively taking steps to maintain health, including undergoing medical treatment.

Interviews with several breast cancer patients from the Minahasa ethnic group revealed that they believe their illness is the will of God. In addition, there is a belief that surgical procedures, particularly the use of scalpels for breast cancer surgery, can worsen the condition. This belief leads many breast cancer patients to delay treatment, especially surgical interventions such as mastectomy. This finding is supported by research conducted in Ghana, where reasons for treatment discontinuation among breast cancer patients included fear of mastectomy (57.1%), use of herbal medicine (37.1%), financial difficulties (31.4%), and reliance on spiritual therapies such as prayer or healing camps (28.6%) (Clegg-Lampsey et al., 2009).

Patients also reported that after being diagnosed with breast cancer, they preferred to use traditional or natural treatments. As a result, by the time they returned to the hospital, their cancer had progressed to a more advanced stage. This contributed to greater difficulty in accepting their condition and undergoing the necessary medical treatments.

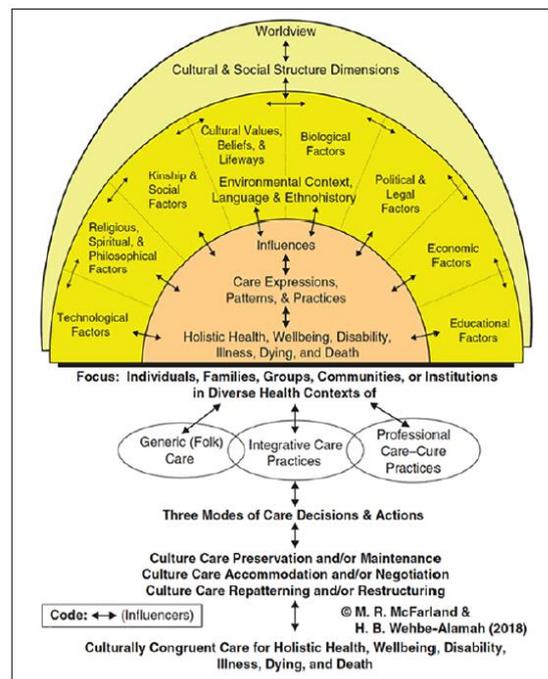
The concept of self-acceptance among breast cancer patients in the Minahasa community is strongly influenced by deeply rooted cultural structures. Religious values, social norms, and traditional beliefs play crucial roles in shaping patients' understanding of their illness and their ability to accept the physical and life changes it brings. The Minahasa people adhere to a monotheistic belief system centered on the worship of a supreme power, represented by their ancestors. They believe that this supreme power protects, guides, blesses, and heals during times of illness, but also punishes disobedience (Saruan, 1991).

The Minahasa community has a healing ritual for those who fall ill. Healing ceremonies or treatments can only be performed by a Tonaas, a spiritual leader considered the representative of ancestral spirits. These rituals cannot be performed by just anyone. A Tonaas is believed to be able to cure natural illnesses such as heart disease, cancer, liver problems, and others. During the ritual, the sick person is brought near the Tonaas, who uses tawaang (a ritual object) to perform healing. The tawaang is struck against the body of the person, who then identifies the area of pain. The ancestral spirit is believed to dwell within the Tonaas and will touch the afflicted area while chanting prayers. If necessary, the ancestral spirit may provide guidance for treatment using natural ingredients or recommend specific actions to aid healing. The Tonaas may also provide Makatana, traditional Minahasan medicine made from leaves, roots, and other types of plants (Supit & Welem, 2023)..

Cultural factors strongly influence an individual's self-balance, which can result in difficulties in social adaptation and, consequently, affect self-acceptance (Gunarsa, 2014). Culture significantly shapes how breast cancer patients come to terms with their condition. In Minahasan culture, spirituality plays a central role in providing psychological strength to the sick. This aligns with findings by (Aziato & Clegg-Lampsey, 2015), who stated that religious beliefs can reinforce one's acceptance of illness.

However, on the other hand, certain cultural beliefs may hinder medical treatment—for example, the belief that surgical instruments such as scalpels worsen the cancer. Self-acceptance is also influenced by environmental factors such as discrimination, race, and belief systems. For instance, the beliefs held within a patient's community can influence their attitudes toward illness (Hurlock EC, 1994). This is consistent with findings by (Triratnawati & Novyantari, 2021), who studied the community of Jlegiwinangun, Central Java. The study found that there was a belief that the surgeon's scalpel could cause cancer to spread, and that injections given by doctors could aggravate the disease. Additional factors contributing to delayed treatment in breast cancer patients include fear, lack of knowledge about cancer and its symptoms, myths, cultural decision-making norms, distrust in physicians' diagnoses, dissatisfaction with health services, and reliance on alternative treatments (Sunarsih; et al., 2018).

These findings are in line with the Sunrise Enabler Model developed by Madeleine Leininger, which is a conceptual model illustrating the comprehensive influence of culture on individual health behaviors. This model is used to understand how cultural values, belief systems, social structures, and surrounding environments shape the ways individuals perceive health, illness, and the healing process.



There are seven main cultural factors in this model that interact and directly or indirectly influence an individual's health-related decisions and behaviors. These seven factors include: technology, religion and philosophy, family and social structure, cultural values and lifestyle, political and legal systems, economic conditions, and level of education (Alligood, 2017).

The Sunrise Enabler Model, in the context of health behavior, illustrates that individuals do not make medical decisions based solely on clinical logic, but also based on culturally inherited, believed, and learned perspectives from early childhood. For instance, in Minahasa culture, belief in ancestors and strong spirituality may lead patients to interpret illness as a spiritual test or punishment, prompting them to seek religious or traditional treatments over modern medical care. Social structures, such as family values, also have a significant impact on health behaviors. Community and family support can serve as vital sources of encouragement for patients to undergo treatment. However, on the other hand, medical treatment decisions may be delayed if family members hold cultural beliefs that discourage procedures like surgery.

Nursing plays a pivotal role as a bridge between the community and the professional healthcare system. According to Leininger, there are three modes of culturally congruent nursing care:

1. Culture Care Preservation and/or Maintenance: Efforts to support and preserve cultural practices that have a positive impact on health.
2. Culture Care Accommodation and/or Negotiation: Processes of adjustment and negotiation between nurses and patients to align nursing interventions with cultural values without compromising clinical effectiveness.
3. Culture Care Repatterning and/or Restructuring: Strategies to modify or redesign cultural practices that may hinder health efforts, while respecting the core values cherished by the patient (Wehbe-Alamah & McFarland, 2020).

Cultural beliefs about health and illness contribute to an individual's ability to comprehend and act upon healthcare providers' guidance (Nelwan, 2020). Thus, a nursing approach is needed that not only respects cultural values but is also capable of modifying or adapting care practices to meet health needs (Culture Care Repatterning and/or Restructuring).

Culture Care Repatterning and/or Restructuring is a strategy used to modify or reorganize cultural behaviors that potentially hinder effective healthcare, without erasing the essential cultural elements valued by the patient (Wehbe-Alamah & McFarland, 2020). An

example of this approach in the Minahasa context can be found in research by (Nelwan, 2020), which highlights Mapalus as a deeply rooted sociocultural value in Minahasan life. The application of Mapalus principles in healthcare is based on its ethos, helping Minahasa communities to understand health and illness concepts. The health-related applications of Mapalus include:

1. Participatory Ethos: Community involvement in promoting healthy lifestyles such as group exercises, health walks, and community clean-up activities.
2. Responsibility Ethos: Awareness of individual roles in supporting health promotion, such as participating in health education provided by local clinics.
3. Trust Ethos (Bakupercaya): Trusting and following medical advice provided by doctors and nurses.
4. Work Ethic Ethos: A determined attitude to follow through with medical treatment and preventive measures as recommended by healthcare professionals.
5. Mutual Cooperation Ethos (Gotong Royong): Harmonious collaboration between patients, medical professionals, and families in openly addressing and managing the illness.
6. Equality Ethos: Emphasizing that all individuals have equal rights to access healthcare services, regardless of social or economic status.
7. Compassionate Ethos (Mengasihi): Offering help sincerely to others who are ill, without expecting anything in return.

Although the concept of Mapalus originally developed in an agricultural context, it continues to be preserved in Minahasan society. However, as societal focus has shifted from agriculture to governance, community, politics, and health sectors, the meaning and application of Mapalus have also evolved (Nelwan, 2020).

Self-acceptance in the context of chronic illness involves acknowledging one's health condition without allowing the illness to fully define one's identity. Self-acceptance may serve as a desired outcome, a process that facilitates adjustment, or even a byproduct of living a meaningful life despite facing health challenges (Gregg, 2013).

By adopting the repatterning approach, nurses can bridge the gap between local cultural practices and medical needs. As such, the process of self-acceptance for breast cancer patients is not merely an internal emotional journey but is also supported externally by culturally grounded approaches. This becomes crucial in improving patient adherence to treatment and enhancing overall quality of life.

## CONCLUSION

The self-acceptance of breast cancer patients within the Minahasa community is influenced by cultural structures, religious values, and traditional practices that are deeply rooted and continue to thrive in the society. Minahasa culture is inherently religious, placing strong emphasis on spirituality and traditional healing rituals, as well as communal values such as *Mapalus*, all of which collectively shape how patients interpret illness and approach treatment.

However, certain cultural beliefs that are not aligned with medical science can become barriers to the treatment process for breast cancer patients. Therefore, a transcultural nursing approach based on the Sunrise Enabler Model and the principles of Culture Care Repatterning is essential. This approach allows nurses to accommodate patients' cultural values while helping to modify beliefs or practices that may hinder recovery, in a professional and empathetic manner.

A deep understanding of culture enables nurses to design culturally sensitive, effective, and personally meaningful nursing interventions for breast cancer patients. This is key to enhancing self-acceptance, treatment adherence, and the overall quality of life for breast cancer patients within the cultural context of the Minahasa community.

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