

Family Caregivers' Perspectives of the Economic Burden Imposed through Caring for Family Members with Cancer in KwaZulu-Natal, South Africa

Phindile Mlaba

<https://orcid.org/0000-0002-1500-1626>
University of KwaZulu-Natal, South Africa
mlabap@ukzn.ac.za

Themba Ginindza

<https://orcid.org/0000-0002-0993-8308>
University of KwaZulu-Natal, South Africa
Ginindza@ukzn.ac.za

Khumbulani Hlongwana

<https://orcid.org/0000-0002-1777-0402>
University of KwaZulu-Natal, South Africa
Hlongwanak@ukzn.ac.za

Abstract

This study explored the perspectives of family caregivers of the economic burden imposed by caring for their family members who are living with cancer in KwaZulu-Natal, South Africa. This study employed qualitative methods to explore the subjective experiences of the family caregivers caring for family members living with cancer, drawing from the interpretivist paradigm. Data saturation was reached after conducting 20 in-depth interviews among family caregivers. The participating family caregivers were actively involved in caring or previously had the experience of caring for a family member with cancer. The interview questions focused on the caregivers' perspectives of the economic burden of caring for a family member with cancer. Three key themes emerged from the analysis of the research findings, namely, the loss of income, financial coping before the cancer diagnosis, and financial challenges due to the cancer diagnosis. Cancer caregiving can be financially taxing on families, and impose more strain especially on families with low-household incomes. There is a need for health policymakers to consider exploring financial relief mechanisms for families who care for members living with cancer.

Keywords: cancer, family caregiver, economic burden, financial situation, experience, KwaZulu-Natal



Background

Cancer is one of the non-communicable diseases (NCDs) that are increasingly becoming part of the leading public health problems, globally (Maree et al. 2017). It is estimated that one in four people in South Africa are affected by cancer, annually, either by having a family member or friend diagnosed with cancer or by personally being diagnosed with cancer (Maree et al. 2017). A cancer diagnosis has a greater impact on family members than on patients (Girgis et al. 2012). Therefore, there is a need to understand the family caregivers' (FCs) psychosocial and economic needs and experiences in caring for their loved ones (Girgis et al. 2012). Thus, the aim of this study was to explore the perspectives of FCs of the economic burden imposed through caring for their family members who are living with cancer in KwaZulu-Natal, South Africa.

NCDs, such as cancer, were once considered to only affect high-income countries (HICs) (Kankeu et al. 2013). However, cancer has now been found to account for a considerably high morbidity and mortality in low- and middle-income countries (LMICs) too (Kankeu et al. 2013). Literature had previously focused more on the impact of NCDs at a household level in HICs, and therefore, researchers are also beginning to unpack the effects of NCDs in LMICs (Kankeu et al. 2013). The impact is anticipated to differ between HICs and LMICs, as there is little to no financial risk protection such as free health insurance in LMICs (Kankeu et al. 2013). Therefore, medical costs for NCDs, such as cancer, are covered by the households which then become a financial burden to the families (Kankeu et al. 2013; Northouse et al. 2012). The FCs receive little to no compensation for the financial burden they incur in the caregiving process and they receive little financial support from the government (Kankeu et al. 2013; Rodríguez-Madrid et al. 2019). This economic burden often goes unrecognised by health policymakers and society in general, especially in LMICs (Hanly et al. 2013).

In addition to the psychosocial and emotional burden, caregiving creates a financial burden for FCs, as caregiving is not limited to physical and emotional support, but also includes financial support (Girgis et al. 2012; Yabroff and Kim 2009). Studies have revealed that FCs adjust their working hours, as they need to either leave work early or take leave, often unpaid leave, resulting in reduced pay, whereas others work from home in order to fulfil caregiving demands (Duggleby et al. 2017; Girgis et al. 2012; Park et al. 2013). This has long-term financial implications, as it affects FCs' financial saving efforts (Girgis et al. 2012). An Irish study revealed that out-of-pocket costs of cancer care imposed a direct financial burden to FCs, especially for those in low-income households and contributed to considerable financial strain on FCs (Hanly et al. 2013). In another American study, many FCs reported to having lost most or all of their family savings as a result of caregiving, and others reported having one or more drastic financial or social changes since the patient's cancer diagnosis (Mosher et al. 2013). Furthermore, high medical expenses may result in patients delaying or not adhering to treatment to avoid these costs (Bestvina et al. 2014; Kent et al. 2013).

A review by Muliira, Salas and O'Brien (2017) demonstrated that older African women with cancer often reported poorer health and were likely to suffer from multiple health complications, owing to their poor economic situation that prevented them from obtaining an income to cover the costs of their illness. This was largely as a result of unemployment, low education, low-income and residing in rural areas (Muliira, Salas, and O'Brien 2017). A South African study of breast cancer diagnosis and distance from diagnostic hospitals revealed that breast cancer patients who lived further away from the hospital were diagnosed with advanced stages of cancer compared to those who lived closer to the hospital (Dickens et al. 2014). This was mostly owing to the unaffordable transportation costs to the hospital which are increased as cancer patients are often accompanied by their FCs (Dickens et al. 2014). The lack of medical insurance by many patients remains a key challenge to early access to diagnostic and treatment services (Dickens et al. 2014). Medical insurance also reflects socio-economic inequities, as it is only available to those who can afford it (Dickens et al. 2014; Tucker-Seeley et al. 2015). Poverty exacerbates the burden of cancer care and further complicates the caring process, including patient transportation to the hospital and access to treatment (Maree et al. 2017; Shin et al. 2012). In the study by Maree et al. (2017), the loss of employment and early retirement in order to care for the patient were key drivers of drastic financial difficulties (Maree et al. 2017). The authors determined that cancer, regardless of a person's socio-economic status, is synonymous with high monetary costs (Maree et al. 2017).

Methods

Study Design

This study explored the perspectives of the FCs of the economic burden imposed through caring for their family members who are living with cancer in KwaZulu-Natal, using qualitative methods (Tracy 2012). The study was rooted in the interpretivist paradigm in order to understand the caregiving experiences and perceived financial burden through the subjective perspectives of the FCs (Thanh and Thanh 2015). The interpretivist paradigm allowed the researchers to discover the participants' realities of their economic burden of caregiving through their own perspectives, background and experiences of providing cancer care (Thanh and Thanh 2015).

Study Setting

This was a community-based study conducted in three (Chatsworth, Wentworth and Umlazi) and two (Sobantu and Imbali) research sites in Durban and Pietermaritzburg, respectively, in the province of KwaZulu-Natal, South Africa. The in-depth interviews were conducted in the participants' homes or at a setting that was preferred by the participants in the respective communities.

Characteristics of Participants

The participants in this study were primary FCs residing in the study sites and who were or had previously been involved in the daily processes of caring for a family member with cancer. Only FCs above 18 years of age and currently living with or had previous experience of living with the family member with cancer were invited to participate in the study. All the participants voluntarily participated after signing the informed consent form. This study was approved by the Biomedical Research Ethics Committee (Ref. BE532/18) of the University of KwaZulu-Natal.

Participant Recruitment and Procedure

The participants were FCs recruited through referral by cancer patients attending cancer support groups and non-governmental organisations (NGOs) such as hospices and homes for the sick in the study sites. Leaders of the NGOs and the support groups, as instrumental gatekeepers, played an enabling role in accessing cancer patients, who then referred the research team to their primary FCs. The FCs of the late cancer patients were recruited through a snowball process with the assistance of other participants who knew them (Tracy 2012).

Data Generation

Data generation was achieved through in-depth interviews (Tracy 2012). The development of a flexible semi-structured interview guide, which allowed for follow-ups, probes and unplanned questions, was guided through the reading of the literature (Jamshed 2014). Consistent with the literature-supported parameters for achieving data saturation, data saturation for this study was reached at 20 in-depth interviews (Hennink, Kaiser, and Marconi 2017). At the end of the interviews, a short researcher-administered questionnaire containing socio-demographic questions was completed.

Data Analysis

Interview recordings were transcribed verbatim by an experienced transcriber. Subsequently, the IsiZulu transcripts were translated into English by the first author. Transcripts were then transferred to the NVivo 12 software for a qualitative data analysis. Data were coded and organised into the identified themes. A thematic analysis was used to identify patterns in the data (Braun and Clarke 2006). A deductive analytical approach was used to develop themes, guided through the interview guide questions (Charmaz and Belgrave 2007; Fereday and Muir-Cochrane 2006). Emergent themes were populated with the relevant data from the participants in the form of verbatim quotes. The socio-demographic information sheets were scanned and saved in a protected folder in a computer and were used to create a table representing the participants' general demographic characteristics. Pseudonyms were assigned to each participant's transcript to maintain anonymity and to protect their identity (Grinyer 2009).

Results

Fourteen of the twenty participants were females and the relationship to the patients varied widely, with seven of the participants being spouses of the patients (Table 1). The youngest participant was a 21-year-old female who cared for her aunt who suffered from Kaposi's sarcoma. On the other hand, the oldest patient was an 84-year-old male who cared for his wife suffering from uterine cancer. Three patients had passed on at the time their caregivers were interviewed.

At least 65 per cent of the participants had household incomes from two or more streams (Table 1) and these were inclusive of family members who were pensioners and receiving a social grant. The participants with a single income stream were mostly South African Social Security Agency (SASSA) pensioners. However, all the participants, irrespective of the number of their income streams, still felt that their household incomes were not enough to support the whole family, given the extra expenses brought about by the cancer illness. One participant reported to have no consistent source of income, as no one was employed in that household, however, they made money by doing people's hair, which was not an everyday activity.

Table 1: Family caregiver profile

No	Participant's (family caregiver) information			Patient's information as reported by the participant			Household income stream
	Participant pseudonym	Age	Gender	Patient's relationship to caregiver	Cancer types reported	Patient alive at time of family caregiver interview	Reported no of household incomes during caregiving
1	Thembi	48	F	Grandmother	Stomach cancer	No	2
2	Candice	21	F	Aunt	Kaposi's sarcoma	Yes	0
3	Mandy	82	F	Grandson	Nasal cancer	Yes	2
4	Zandi	27	F	Aunt	Lung cancer	No	4
5	Olivia	59	F	Grandmother	Leukaemia	Yes	3
6	Ingrid	73	F	Husband	Prostate cancer	Yes	2
7	Wendy	61	F	Grandson	Leukaemia	Yes	1
8	Sanele	75	M	Wife	Uterine cancer	Yes	2
9	John	84	M	Wife	Uterine cancer	Yes	2
10	Andile	60	M	Wife	Breast cancer	Yes	2
11	Max	63	M	Mother	Breast cancer	Yes	2
12	Lucia	32	F	Mother	Breast cancer	Yes	3
13	Tracey	73	F	Daughter	Colon cancer	No	0
14	Cindy	61	F	Husband	Prostate cancer	Yes	1
15	Steve	42	M	Father	Oesophageal cancer	Yes	1
16	Linda	72	F	Husband	Lung cancer	Yes	2
17	Mary	37	F	Mother	Squamous cell cancer	Yes	3
18	Dora	34	F	Aunt	Breast cancer	Yes	3
19	David	67	M	Wife	Breast cancer	Yes	1
20	Lauren	30	F	Mother	Head and neck cancer	Yes	1

F: Female

M: Male

Loss of Income

The participants shared the way in which the cancer diagnosis and caregiving affected their financial income and that of their households in general. The dominant view was that the diagnosis and cancer caregiving negatively affected their financial situation. The loss of income was one of the dominant themes that emerged from the interviews. This loss of income was as a result of having to work less often or having to leave work completely to focus on caregiving.

There was a piece job that I had in Durban, it was affected because I had to be here in Pietermaritzburg to take care of her [my mother]. I couldn't stay [at work] for the week and come back on the weekend or month end, I had to keep coming back here [to check on my mother]. (Max)

Sometimes when I have to be out working in other areas like Nongoma, but I can't because I have to be at home taking care of him [my father], and I get a call from someone who wants me to do a job for him, but I can't. (Steve)

Well, I was working at the time and I left work to look after her [my daughter]. (Tracey)

An FC reported that the loss of income was due to the ill family member not being able to work anymore as the money she made helped in the household and therefore getting ill meant one less income for the household.

She [patient] used to go out and get small jobs in people's houses. . . . she can't anymore because you would find that the sun is too hot and then her leg gets those watery pimples and swells up and becomes sore then she can't carry on. (Candice)

For most participants, their major financial loss was due to cancer caregiving and medical expenses, such as cancer treatment, transportation to healthcare facilities, purchasing the recommended food for the patient and caregiving resources.

Just recently trying to help him [patient], trying to get him treatment, I took out R4 000. . . . at Estcourt I spent about R1 000, and I was advised by others to also try Hammarsdale so tomorrow I must get someone to drive us to look for that place because I'm fighting for his life, even when I see that I'm not winning I just try. (Mandy)

He [patient] uses it [pension grant] up on transport going back and forth to hospital, like the cars, and he doesn't only go to one hospital, he goes to King Edward, Wentworth, Albert, St Aiden's and Mshiyeni. (Steve)

I know my stepfather, he went down [financially] because her [patient] medication and Ensure [soft porridge] and the stuff she eats is very expensive. He used to have a lot of money, so he doesn't have money now because the stuff she needs, the pain killers, the

Ensure [soft porridge], the special foods you know all of that, it's costly, the petrol to hospital and back it's very expensive. (Lauren)

On the contrary, one participant reported not to have been negatively affected financially or in any other way owing to the cancer diagnosis or caregiving. This was owing to the cancer not being too severe on the patient that she was caring for.

Like I had mentioned that I was not affected in any way, nothing has disrupted my life at home or my money, there has never been a time where we had to wake up at night and had to rush her [patient] to the doctor, everything is as it was before she got sick. (Olivia)

Financial Coping before the Cancer Diagnosis

The participants were asked to describe their financial situation before their family members were diagnosed with cancer and before taking on the caregiving role. The following statements arose: "we were prosperous" (Thembi), "I could live" (Max), "I didn't really have any financial problems" (Tracey), "we were a bit comfortable" (Cindy), "I was able to go to work" (Steve), "it was much better" (Mandy), "financially, we were okay" (Zandi). These assertions show that most participants and their families were financially stable before the cancer diagnosis of the patient. The majority of the participants reported having had a satisfactory financial status before their family members got sick and before having to take on the caregiving role.

I had a nice job, I was getting paid well so I didn't really have any financial problems, I was living well and then she [patient] was working but then she was [medically] boarded in the end because she couldn't work, so they boarded her. (Tracey)

I'd say we were okay [financially] because we could buy our groceries, eat well and pay our bills then when he [patient] got sick we reduced the money we spent even on bills, we started to pay less money and spent more money on trying to get him [patient] better. (Ingrid)

I was able to go work out and stay for longer and come home with a fair amount of money, now I have to work close by and the people around here don't pay well. (Steve)

Financial Challenges due to the Cancer Diagnosis

The participants were also asked to describe their financial situation after the cancer diagnosis and taking on the caregiving role. The following statements emerged: "it's not that good" (Cindy), "it's very bad now" (Steve), "things have tightened a bit" (Linda), "it is non-existent" (Mandy), "we had to start cutting down on some things" (Zandi), "it is difficult and there are a lot of expenses now" (Ingrid). Most participants reported a drastic change to their own and the family's finances after the cancer diagnosis as compared to before the illness of their family members.

It made us poor, I don't think our family ever recovered till now. (Thembi)

Well it is difficult now, like I said we have to use money to go to hospital, I have to buy fruits for him, carrots, apples and grate these things to make his juice to give him the nutrition. (Wendy)

Life is very difficult that's the truth, money is never enough it's too little. (John)

One participant reported that she had not experienced any financial changes before and after the cancer diagnosis of her family member.

Nothing has changed, nothing has been affected . . . it is the same, like I said I think it is the type of cancer that she has that makes everything normal. (Olivia)

Another FC reported that he did not experience any financial changes or difficulties before or after the cancer diagnosis of his family member owing to the financial support from his employer and also the sick family member's employer.

It's [financial situation] still the same because she does still get her salary. My company also, they actually told me go there, speak to the doctor, and if something that is going to be done which is not in your reach just get it done, we will support you financially. . . . if the doctor gives me a note and I say this hospital, I can't do it because I can't afford it, they say not to worry, they will fit the bill. (David)

Discussion

The FCs participating in this study consistently asserted that caregiving had adverse effects on the households' financial standing. Caring for a patient with cancer added to their financial distress as caregiving comes with added unplanned expenses. Several households in this study survived on old age social grants provided by SASSA to citizens above 60 years of age, thereby making caregiving financially challenging (SASSA 2019). Although some participants reported having more than one source of income, it was perceived as not enough, given the high costs of managing cancer (Maree et al. 2017). Poverty exacerbated the caregiver burden of families that had no constant source of income; this was confirmed in this study as the participants reported extreme difficulty in providing adequate care due to the lack of funds to finance caregiving resources (Maree et al. 2017).

This study confirmed that cancer and the caregiving thereof are financially taxing on the families of the patients. This is consistent with the findings of Hanly et al. (2013), which reported that out-of-pocket costs of cancer care enforce a direct financial burden on FCs, especially in low-income households (Hanly et al. 2013). This study confirms the findings of Girgis et al. (2012), which reported that FCs needed to leave work early or take leave from work to fulfil caregiving duties, thereby resulting in receiving reduced pay (Girgis et al. 2012). The ill family member might also have to leave work owing to the severity of the illness, resulting in more than one loss of income in that household. This study has shown that the main cause of financial loss for FCs and their

families are cancer care and treatment-related expenses. Consistent with the study findings by Dickens et al. (2014), most participants in this study reported transportation and travel costs to medical facilities as some of the most financially taxing challenges (Dickens et al. 2014). Financial strains caused by cancer caregiving may provide a plausible explanation for the reasons why patients miss hospital appointments. If transportation to healthcare facilities could be freely provided for patients, full adherence to medical treatment and hospital appointments could be ensured. Free transportation could also lighten the burden of travel costs and financial strain on families, especially those from low-income households.

This study revealed that cancer caregiving causes unfavourable financial changes for families, as most participants in this study confirmed that their financial situation changed for the worse after the cancer diagnosis of their family members, and this is consistent with the literature (Mosher et al. 2013). Although many participants in this study were from low-income households, they reported that life was manageable before the cancer diagnosis and that their financial situation worsened with the cancer invasion. This study also showed that a cancer diagnosis can have long-term financial effects on families, culminating in the difficulty to recover financially even after the patient has passed on. This study confirmed the findings of Shin et al. (2012) that cancer medical costs differ depending on the type of cancer (Shin et al. 2012). One participant in this study confirmed this as she reported that her finances were not affected by the patient's cancer diagnosis as the cancer type was easily manageable and not severe. It can be confirmed that the costs of cancer care will differ based on the cancer type, cancer stage and severity of the illness.

This study also highlighted that additional financial assistance can be beneficial to FCs and may lessen the financial strain associated with cancer caregiving, as one participant reported not to have had any financial difficulties due to cancer care. He was helped by his employer who provided financial support for medical procedures and allowed flexible working hours to make time for caregiving responsibilities without pay cuts. This participant's family member left work owing to the severity of the cancer, however, she was still getting a salary from her employer, which was helpful to the family. This implies that, if employers could offer financial support, in as far as practically possible, a cancer diagnosis can be financially manageable for families who are affected and thus lightening the financial burden associated with cancer caregiving. The same could be done by SASSA by subsidising families, especially low-income households, for the additional expenses that arise from caregiving.

Strengths

This study explored the perspectives of the FCs on their economic experiences of caring for a family member with cancer in low-income households and provided a platform for the participants to share their experiences and voice their challenges as caregivers. This

study is an important contribution to the corpus of knowledge, in so far as the economic burden of cancer care in low-income households in South Africa is concerned.

Limitations

The findings of this study are based on the personal experiences of FCs of low-income households of which 95 per cent of the participants cared for patients who did not have medical insurance nor used private healthcare facilities, hence they were only treated in public hospitals. Therefore, the findings of this study cannot be completely transferable to other FCs who care for patients who use private healthcare facilities or who have medical aid cover as their experiences and perceived economic burden may differ.

Conclusion

The results of this study asserted that cancer caregiving can be financially taxing on families, especially in low-income households. A cancer diagnosis has a long-term negative impact on the finances of the families affected, thus making the financial recovery difficult. It can be concluded that financial support for families caring for members with cancer can lighten the financial burden of caregiving.

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References

- Bestvina, Christine M., Leah L. Zullig, Christel Rushing, Fumiko Chino, Gregory P. Samsa, Ivy Altomare, James Tulskey, Peter Ubel, Deborah Schrag, and Jon Nicolla. 2014. "Patient-Oncologist Cost Communication, Financial Distress, and Medication Adherence." *Journal of Oncology Practice* 10 (3): 162–167. <https://doi.org/10.1200/JOP.2014.001406>.
- Braun, Virginia, and Victoria Clarke. 2006. "Using Thematic Analysis in Psychology." *Qualitative Research in Psychology* 3 (2): 77–101. <https://doi.org/10.1191/1478088706qp063oa>.

- Charmaz, Kathy, and Linda Liska Belgrave. 2007. "Grounded Theory." *The Blackwell Encyclopedia of Sociology*. <https://doi.org/10.1002/9781405165518.wbeosg070>.
- Dickens, Caroline, Maureen Joffe, Judith Jacobson, Francois Venter, Joachim Schüz, Herbert Cubasch, and Valerie McCormack. 2014. "Stage at Breast Cancer Diagnosis and Distance from Diagnostic Hospital in a Periurban Setting: A South African Public Hospital Case Series of over 1,000 Women." *International Journal of Cancer* 135 (9): 2173–82. <https://doi.org/10.1002/ijc.28861>.
- Duggleby, Wendy, Jamie Tycholiz, Lorraine Holtslander, Peter Hudson, Cheryl Nikolaichuk, Mehrnoush Mirhosseini, Jasneet Parmar, Thane Chambers, Angele Alook, and Jennifer Swindle. 2017. "A Metasynthesis Study of Family Caregivers' Transition Experiences Caring for Community-Dwelling Persons with Advanced Cancer at the End of Life." *Palliative Medicine* 31 (7): 602–616. <https://doi.org/10.1177/0269216316673548>.
- Fereday, Jennifer, and Eimear Muir-Cochrane. 2006. "Demonstrating Rigor Using Thematic Analysis: A Hybrid Approach of Inductive and Deductive Coding and Theme Development." *International Journal of Qualitative Methods* 5 (1): 80–92. <https://doi.org/10.1177/160940690600500107>.
- Girgis, Afaf, Sylvie Lambert, Claire Johnson, Amy Waller, and David Currow. 2012. "Physical, Psychosocial, Relationship, and Economic Burden of Caring for People with Cancer: A Review." *Journal of Oncology Practice* 9 (4): 197–202. <https://doi.org/10.1200/JOP.2012.000690>.
- Grinyer, Anne. 2009. "The Anonymity of Research Participants: Assumptions, Ethics, and Practicalities." *Pan-Pacific Management Review* 12 (1): 49–58.
- Hanly, P., A. O. Ceilleachair, M. Skally, E. O'Leary, K. Kapur, P. Fitzpatrick, A. Staines, and L. Sharp. 2013. "How Much does it Cost to Care for Survivors of Colorectal Cancer? Caregiver's Time, Travel and Out-Of-Pocket Costs." *Support Care Cancer* 21 (9): 2583–92. <https://doi.org/10.1007/s00520-013-1834-3>.
- Hennink, Monique M., Bonnie N. Kaiser, and Vincent C. Marconi. 2017. "Code Saturation versus Meaning Saturation: How Many Interviews are Enough?" *Qualitative Health Research* 27 (4): 591–608. <https://doi.org/10.1177/1049732316665344>.
- Jamshed, Shazia. 2014. "Qualitative Research Method – Interviewing and Observation." *Journal of Basic and Clinical Pharmacy* 5 (4): 87. <https://doi.org/10.4103/0976-0105.141942>.
- Kankeu, Hyacinthe Tchewonpi, Priyanka Saksena, Ke Xu, and David B. Evans. 2013. "The Financial Burden from Non-Communicable Diseases in Low- and Middle-Income Countries: A Literature Review." *Health Research Policy and Systems* 11 (1): 31. <https://doi.org/10.1186/1478-4505-11-31>.

- Kent, Erin E., Laura P. Forsythe, K. Robin Yabroff, Kathryn E. Weaver, Janet S. Moor, Juan L. Rodriguez, and Julia H. Rowland. 2013. "Are Survivors who Report Cancer-Related Financial Problems more likely to Forgo or Delay Medical Care?" *Cancer* 119 (20): 3710–3717. <https://doi.org/10.1002/cncr.28262>.
- Maree, J. E., D. Moshima, M. Ngubeni, and L. Zondi. 2017. "On Being a Caregiver: The Experiences of South African Family Caregivers Caring for Cancer Patients." *European Journal of Cancer Care*. <https://doi.org/10.1111/ecc.12801>.
- Mosher, Catherine E., Victoria L. Champion, Christopher G. Azzoli, Nasser Hanna, Shadia I. Jalal, Achilles J. Fakiris, Thomas J. Birdas, Ikenna C. Okereke, Kenneth A. Kesler, and Lawrence H. Einhorn. 2013. "Economic and Social Changes among Distressed Family Caregivers of Lung Cancer Patients." *Supportive Care in Cancer* 21 (3): 819–26. <https://doi.org/10.1007/s00520-012-1585-6>.
- Muliira, Rhoda Suubi, Anna Santos Salas, and Beverley O'Brien. 2017. "Quality of Life among Female Cancer Survivors in Africa: An Integrative Literature Review." *Asia-Pacific Journal of Oncology Nursing* 4 (1): 6. <https://doi.org/10.4103/2347-5625.199078>.
- Northouse, L., A. L. Williams, B. Given, and R. McCorkle. 2012. "Psychosocial Care for Family Caregivers of Patients with Cancer." *Journal of Clinical Oncology* 30 (11): 1227–34. <https://doi.org/10.1200/JCO.2011.39.5798>.
- Park, B., S. Y. Kim, J. Y. Shin, R. W. Sanson-Fisher, D. W. Shin, J. Cho, and J. H. Park. 2013. "Prevalence and Predictors of Anxiety and Depression among Family Caregivers of Cancer Patients: A Nationwide Survey of Patient–Family Caregiver Dyads in Korea." *Support Care Cancer* 21 (10): 2799–807. <https://doi.org/10.1007/s00520-013-1852-1>.
- Rodríguez-Madrid, María, María del Río-Lozano, Rosario Fernandez-Peña, Jaime Jiménez-Pernett, Leticia García-Mochón, Amparo Lupiáñez-Castillo, and María García-Calvente. 2019. "Gender Differences in Social Support Received by Informal Caregivers: A Personal Network Analysis Approach." *International Journal of Environmental Research and Public Health* 16 (1): 91. <https://doi.org/10.3390/ijerph16010091>.
- SASSA (South African Social Security Agency). 2019. "Grants for Older Persons." Accessed 4 April 2019. <https://www.sassa.gov.za/Pages/Older-Persons-Grant.aspx>.
- Shin, Ji-Yeon, So Young Kim, Kun-Sei Lee, Sang-II Lee, Young Ko, Young-Soon Choi, Hong Gwan Seo, Joo-Hyuk Lee, and Jong-Hyock Park. 2012. "Costs during the First Five Years following Cancer Diagnosis in Korea." *Asian Pacific Journal of Cancer Prevention* 13 (8): 3767–3772. <https://doi.org/10.7314/APJCP.2012.13.8.3767>.
- Thanh, Nguyen Cao, and T. T Thanh. 2015. "The Interconnection between Interpretivist Paradigm and Qualitative Methods in Education." *American Journal of Educational Science* 1 (2): 24–27.
- Tracy, Sarah J. 2012. *Qualitative Research Methods: Collecting Evidence, Crafting Analysis, Communicating Impact*. Medford: John Wiley and Sons.

- Tucker-Seeley, Reginald D., Gregory A. Abel, Hajime Uno, and Holly Prigerson. 2015. "Financial Hardship and the Intensity of Medical Care Received near Death." *Psycho-Oncology* 24 (5): 572–578. <https://doi.org/10.1002/pon.3624>.
- Yabroff, K. Robin, and Youngmee Kim. 2009. "Time Costs Associated with Informal Caregiving for Cancer Survivors." *Cancer* 115 (S18): 4362–4373. <https://doi.org/10.1002/cncr.24588>.