**Extraction Data Table**

| **No** | **Author & Year** | **Article Title** | **Method** | **Research Finding** |
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|  | (Essuman et al., 2018) | Presentation of children with advanced retinoblastoma for treatment in Ghana: the caretakers’ perspective | * Design: Cross-sectional study * Sample: 40 caregivers of retinoblastoma patients. * Variables: Knowledge of retinoblastoma, initial symptoms, and treatment * Instrument: Questionnaire | 1. 32 respondents (80%) had basic education. 2. 6 caregivers (15.4%) knew their child had cancer. 3. 32 caregivers did not know their child had cancer. 4. 12 caregivers delayed treatment because they didn’t realize the seriousness of the issue. 5. No correlation was found between education level and knowledge about retinoblastoma. |
|  | (Naimatuningsih et al., 2019) | The Correlation Between Family Socioeconomic Status and the Delayed Treatment of Retinoblastoma Patient of Dr. Soetomo General Hospital Surabaya | * Design: Cross-sectional study * Sample: 33 respondents | 1. 16 fathers had low education and 16 had medium education; p-value = 0.322, showing no correlation. 2. 19 mothers had low education and 11 had medium education; p-value = 0.129, showing no correlation. |
|  | (Hassan et al., 2019) | Assessment of Awareness of Retinoblastoma Among Mothers of Under-Five Children in Kaduna State, Nigeria | Design: Descriptive Survey | The mean awareness score of respondents about retinoblastoma was 3.08, indicating significant awareness. |
|  | (Wei Xiao et al., 2020) | Parent knowledge of screening and genetic testing in retinoblastoma | Design: Cross-sectional study  Sample: 126 parents  Variables: Patient and respondent characteristics | * 1. 68 respondents had education below high school.  1. 60 respondents had low income. 2. 37 respondents answered all 7 questions correctly. 3. Parents with higher education had better knowledge 4. 36 of 37 parents received information from doctors; 29 from the internet. 5. Information from mass media or online groups was sometimes incomplete or incorrect |
|  | (Shrestha et al., 2021) | Knowledge, attitude, and practice of retinoblastoma among caregivers in Nepal | Design: Cross-sectional study  Sample: 50 caregivers | * 1. 49 respondents (98%) had low awareness about retinoblastoma.  1. Only 1 caregiver had prior knowledge about retinoblastoma 2. The majority were unaware of risk factors and symptoms of retinoblastoma. |
|  | (Essuman et al., 2020) | Sociodemographic characteristics of parents and caregivers of children presenting with advanced retinoblastoma in Ghana | * Design: Cross-sectional study * Sample: 58 respondents | * 1. 86% of respondents had low income and 90% had no health insurance.  1. 79% of caregivers were unemployed. 2. Significant delays occurred in seeking treatment due to financial constraints. |
|  | (Mousa et al., 2020) | Barriers to early presentation of retinoblastoma in developing countries: A literature review | * Method: Literature Review * Sources: 15 studies | * 1. Key barriers: Lack of awareness, poverty, and cultural beliefs about health.  1. Cultural stigmas prevented some parents from seeking medical attention. |
|  | (Chinta et al., 2021) | Factors contributing to delayed presentation of retinoblastoma patients in India | * Design: Mixed Methods Study * Sample: 100 families | * 1. Delays in treatment were associated with low socioeconomic status and limited access to specialized care.  1. Mothers often blamed themselves, citing cultural and personal guilt as a factor in delayed treatment. |
|  | (Diana et al., 2022) | Awareness level of retinoblastoma among parents in Malaysia | * Design: Descriptive Survey * Sample: 200 parents | * 1. Respondents with higher education were more likely to know about retinoblastoma.  1. Television and healthcare workers were the primary sources of information. |
|  | (Sitorus et al., 2009) | Clinical manifestations and outcome of retinoblastoma in Indonesian patients | * Design: Retrospective Study * Sample: 160 patients | * 1. Out of 160 patients, 72.5% presented with advanced-stage retinoblastoma.  1. A significant number of patients delayed treatment for over 6 months due to financial and logistical constraints. 2. Survival rates were much lower in patients who delayed seeking medical care. |
|  | (Lestari et al., 2020) | Challenges in the management of retinoblastoma in Indonesia | * Design: Qualitative Study * Sample: Interviews with 20 parents | 1. Limited access to trained healthcare professionals and treatment facilities were significant barriers. 2. Lack of knowledge and awareness among parents contributed to delayed diagnosis and treatment. |
|  | (Rahmatullah et al., 2021) | Analysis of retinoblastoma awareness among healthcare providers in Indonesia | * Design: Cross-sectional study * Sample: 150 healthcare workers | 1. 75% of healthcare workers were unable to recognize early symptoms of retinoblastoma. 2. Training and education on retinoblastoma were identified as critical needs. |
|  | (Nurhasanah et al., 2021) | The relationship between family income and retinoblastoma treatment outcomes at RSUP Hasan Sadikin Bandung | * Design: Correlation Study * Sample: 50 patients | 1. Families with low income faced significant challenges in accessing timely treatment; p-value < 0.05. 2. Poor treatment outcomes were often linked to delayed initial diagnosis. |
|  | (Handayani et al., 2022) | Parental perceptions of childhood eye diseases in rural Indonesia | * Design: Qualitative Study * Sample: 30 parents | 1. Many parents attributed eye diseases to superstitions or traditional beliefs rather than medical causes. 2. Misconceptions about eye diseases delayed medical consultation and proper treatment. |