

Building Asian Women Cancer Support Group

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Abstract

A support system is a very important factor for a cancer patient. It is an even more important aspect among Asian women cancer patients than other ethnicities. China is the only country that women suicide rate is higher than that of men. The reason for that is domestic violence. This paper is about how a woman cancer patient can build her own support system. When they experience domestic violence, Who they should turn to, whether and how to work to make her job a wellness program. Also, where she should choose to live. Cancer treatment is more than chemo and radiation. It is about an all-around program to make the patient feel overall good.

Keywords: Cancer, Asian women, Domestic Violence, Wellness Program

Introduction

Chinese women in America are not the luckiest group among all the ethnicities, because Chinese women suicide rate is high nationally [1]. The cause of this high suicide rate is not from the stress of American society. Compared to Mainland China, Boston Chinese immigrants rated themselves in better health status, but had more functional limitations than their Shanghai counterparts [2]. In America, Chinese women are having better socio-economic status, health behaviors, health status, and access to health care than their mainland China counterparts, while social network does not affect health status [2]. This research will be about how a Chinese woman should build a supportive environment for her cancer treatment.

Method

The method of this research is literature review, which is a qualitative research. Qualitative research uses interview, focus groups, documentations, and observations instead of descriptive research, correlational research, Causal-comparative/quasi-experimental research, and Experimental research [3]. Good examples of qualitative research methods are Grounded theory, ethnography and Phenomenology, but they all have their flaws, which make them tentative research methods [3]. Grounded theory is to generate new concept or theory through gathering data [4]. Ethnography is to research cultural phenomena, the view of the subjects who view them [5]. Phenomenology research is about finding out people's feelings through interviews. Moreover, this research should include the researchers' personal opinion [6].

The method of this research belongs to grounded theory. One of the reasons is a limited budget. It is cheaper to use all the previous data than try to find out everything by the researcher. Since this researcher does not work in a health care setting, it is hard to access cancer

patients, or Chinese cancer patients. Therefore, it is not possible to do interviews. The third reason is that grounded theory is objective, and does not change according people's feelings [4]. This objective approach makes this research creditable.

Literature Review

This literature review will first discuss Chinese women social status in America and in their own cultural context. Next, this researcher will find out Chinese community domestic violence situation. Furthermore, this researcher will investigate where a Chinese woman should live and work to stay overall well. At last, since Chinese women have different cultural background and life experiences from western women, this author will render how to develop a cultural sensitive cancer support group specifically for Chinese ethnicity.

Chinese Women in America

Intimate partner violence does connect to cancer. In a research carried out by Cesario, McFarlane, Nava, Gilroy, & Maddoux, the researchers interviewed 300 women who experienced intimate partner violence [7]. Among them, eight stated that they received cancer diagnosis. The prevalence of cervical cancer in the researched abused women was 10 times higher than that of general population [7]. IPV victims, especially the ones of physical and sexual violence, are more likely to have cervical cancer than non-victims. However, the reason for this connection is more psychological than physical [8]. Stress, depressive symptoms, and cervical cancer significantly increase with IPV; while social support and self-esteem largely decrease with IPV. Providing social support and improving self-esteem should be an important aspect in lowering stress and depressive symptoms in cervical cancer treatment [8].

Intimate partner violence affects women cancer survival [9]. Life time and current IPV connects to low functional well-beings, high perceived stress, and high level of depression. Intimate partner violence and psychological abuse, no matter current or past, both

negatively affect a women cancer patient's well-being [9]. Intimate partner violence can also affect cancer treatment by forming women's bad personal habits. Intimate partner violence has a relationship with smoking. In a research carried out by Crane, Hawes, & Weinberger, the researchers went through 31 peer reviewed publications about intimate partner victimization and smoking [10]. The result showed that IPV victims are more likely to smoke than non-victims. To make it worse, pregnant IPV victims are more likely to smoke than non-pregnant IPV victims [10]. In a research done by de Dios, Anderson, Caviness, & Stein, not only do IPV victims suffer from depression and anxiety, they also six times more likely to use cocaine than non-victims after controlling for age, gender, education, opiate use and ethnicity [11].

Chinese Community Domestic Violence

Chinese community domestic violence starts from Boys and girls. Among Chinese adolescent dating partners, dating violence is very common. Although Chinese culture is mostly patriarchal, gender role is not the reason for Chinese adolescents male to female physical violence [12]. Like other male adolescents, Chinese male adolescents do think hitting women is wrong. On the other hand, the gender role belief makes the boys more likely to commit sexual violence and justify it than the boys who do not hold the belief [12]. Inside the Chinese community, domestic violence and women mental health is a common problem [13].

Intimate partner violence (IPV) is an important public health problem. There are many forms of IPV. Physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or previous intimate partner are all IPV's. IPV's can have life long consequences such as mental and physical health problems [14]. Although IPV happens in all socioeconomic, religious and cultural groups, women are usually the victims of IPV [15]. Other forms include sexual violence, emotional abuse such as threaten to harm and threats to take away children, and controlling behaviors such as isolate a person from families and friends [15].

Intimate partner violence (IPV) includes two types of violence, which are intimate terrorism (IT) and situational couple violence (SCV). The two types of violence differ in the motive of controlling [13]. IT is to try to dominate one's partner and to attempt general control over the partner. Violence is one of the control tactics. In patriarchal cultures, IT is very common [13]. Chinese culture is a patriarchal culture. This culture comes from Confucianism, which rules that men are superior to women, and connects women to bad images [16]. Therefore, it is not unusual these Chinese men want to be in control and exert IT, while they do not even realize how wrong they are. Among Chinese adolescents, controlling behavior is the most common violence that boys commit when boys have high levels of hostility. Boys with high levels of hostility also are likely to commit sexual violence [12].

When Chinese men exert IT on their domestic partners, they leave a negative psychological impact on their women. IT leaves a worse psychological effect than SCV [13]. For women who experienced IT they are more likely to have IPV related injuries, have more frequent use of medical resources, and more depressive and PTSD symptoms [13]. Chinese people like to link women with bad images [16]. This makes the abused women feel ashamed of themselves and subsequently mental health problems. Among the Couple who have IT problems, men are usually older than women [13]. In IT problems,

women who do not seek help are mostly because of fear [17].

The Right Place to Dwell

The way Chinese women experiencing intimate partner violence can be similar to American rural women who are usually under the influence of traditional gender roles [18]. Like rural women, Chinese women are usually victims for patriarchal attitudes [16]. Rural women need extra help in obtaining services and emotional support. The abusers usually use social isolation to control the victims; and the victims usually do not have any close friends to talk to. In a male dominated culture, domestic violence to women becomes a norm [18]. Under this situation, the abused women might feel the shame for being abused and not talk out about it. This is the very similar situation as women in Chinese communities [16]. When Chinese American women live in a small American town, they have the pressure from both American society and Chinese society to make them prone to domestic violence. Therefore, Chinese American women are better off living in big cities.

Generally, intimate partner violence has a connection with health care access. Among sheltered homeless women who experience IPV, they are more likely to use emergency care than primary care compared to their counterparts without IPV, despite of the fact that these abused women have the best medical care [19]. The IPV independently relates to emergency room visits. In another words, the abused women did not fully use their privilege of their medical insurance [19]. On the other hand, victims of intimate partner violence need more health care than their non-victim counterparts. Compared to non-victim, the victims are twice as likely to have HIV test and breast exam [20].

Chinese women have the worse problems. Among the Asian ethnicities, poverty status is the only factor for Korean residents to receive care, while insurance status is the only factor for Vietnamese; but for Chinese people both insurance status and poverty decide whether they have regular medical care [21]. In another words, if a Chinese family is poor, they may not go to see a primary care doctor even if they have health insurance [21]. In big cities, Asian ethnicities such as Korean, Chinese, and Vietnamese sometimes live in their own isolated areas. These ethnicities have different levels of accessing health care [22]. Among immigrants, immigrant Chinese was more likely to get check-ups than Filipinos and Vietnamese. However, Chinese people who dwell in China town were less likely to have yearly check-ups than Chinese people who live outside of Chinatown [22]. Among Chinese community, even if they get health insurance, they might not use it, Chinese women who live in China town, under the patriarchal tradition, may not want to be seen by doctors to start with, not alone getting detected of domestic violence [23]. In another words, Chinese women who dwell in big cities should get their health insurance and check-ups and start lives out of Chinese community.

In fact, all Asian women in the United States underutilize the proper medical care. Asian women of all nationalities have lower than standard usage of Pap smear and breast cancer screening. Among them Chinese women have the lowest Pap smear rates. The screening use connects to the length of the woman who stays in the United States, not language proficiency [24]. United States is not the only place that Chinese people underutilize the health care system. This phenomenon prevails all over the world. A survey done in North West England showed that Chinese people underused screening

programs and tertiary cancer services even if they have medical insurances [23].

Among the surveyed population, although ninety-five percent of the respondents have their own primary care doctors, only 75% used the service during the past year. Chinese people underused the cancer prevention programs and tertiary cancer services because of lack of awareness and the knowledge of cancer services in North West England, and generally decreased their quality of life. 41% of the respondents consider medical care abroad [23]. In fact, Chinese medical care is not as good as that of US. The underpaid Chinese doctors sometimes do procedures for economic reasons instead of medical reasons [25]. As underutilized as these care are among the Chinese community, these care are important for Chinese women's health. Cancer screening helps in preventing the occurrence of cancer. Tertiary care aims at decrease morbidity and disability among people who have the diseases to improve the quality of life [26].

Chinese Women Need the Help

Managing mental status is important for women, but especially important for Chinese women. Chinese culture intentionally oppresses women, and makes women more likely to commit suicide than women in other cultures. What makes it worse is that they do not even have access to mental health care [27]. Chinese women do not have a voice because of cultural issues. Among all the countries in the world, China is the only one that has a higher women suicide rate than that for men [28]. Being married is a protection for men, but not for women. Women are supposed to be the subordinate role in society and in a marriage. Both culture and marriage are against women [16]. This phenomenon is even particularly obvious in rural area. There are four factors that influence women suicide rate: self-esteem, instrumental support, attitude, and overall skills of coping [28].

Chinese women's fate in America is very similar. Chinese women suicide rate in America is currently high nationally [1]. In New York City, Data from the Centers for Disease Control and Prevention and the city Department of Health and Mental Hygiene shows high rates of suicide attempts by Asian women including Chinese, Japanese and Korean. These women are more likely to have lower social economic status than other ethnicities, and this is usually a unspoken topic among Asian communities [29]. Although depression and other mental illnesses among elder Asian women are very common, family members do not pay attention to the issue. Instead of treating mental illnesses, Chinese families hide the family member with mental illnesses; and the patients cannot get appropriate treatments [1].

As serious as the problem is, the related research is very limited [29]. The hiding and avoiding the issue actually made the problem worse. In a study using psychological autopsy method and a case-control design, Sun & Zhang [30](2015) researched 392 suicide cases in rural China. The results indicated that a person who used the avoidance coping skill is more likely to commit suicide than the one who uses approach coping skill. In another word, people who avoid issues are more likely to commit suicide than people who face the issues are [30].

Chinese culture is not on women's side. Confucianism makes people believe that men are superior to women. Women in Chinese culture are usually consistent with bad images [16]. This bad self-portrait hurts women's self-esteem. If a person deliberately retrieves positive

self-images, this person will have healthy and positive impression of self; and consequently have a high self-esteem. On the contrary, deliberate retrieval of negative self-images will do the opposite [31]. Self-esteem is an important factor in suicide prevention [16].

Building Chinese Cancer Support Groups

Cancer support group is an important tool for tertiary treatment. Chinese have unmet needs in cancer supportive care. A good example is the support for Hongkong Chinese women with advanced breast cancer. As the breast cancer patients started to live longer than before, the symptom distress brought unmet needs for these women [32]. Nonetheless, Chinese women in Australia do not effectively use cancer support groups. To understand this problem, Kwok & Ho started a breast cancer support group with the cooperation of a Chinese organization [33]. The result of the research showed that the women liked the group and thought the information was helpful. When the group is culturally sensitive and uses the appropriate language, the group offers the right informational and psychological support [33]. Chinese cancer women patients do need support groups. The effectiveness of this group depends on the cultural sensitive and the proper linguistic delivery [33].

The fact that Chinese community does not have enough support for cancer patients can be because of cultural issues. One of the Chinese cultural issues is to avoid mentioning cancer among the community [34]. However, communication and the methods of communicating are very important for patients' coping of the disease [35]. Communication and positive reframing coping can improve the cancer patients' quality of life. In another words, keep talking about the problems and look at the bright side will make the patients feel well both psychologically and physically. On the other hand, looking for help from other people may make the thing worse [35]. Although Chinese cancer patients and family do not talk about the cancers, they do have the feelings about the issues. To deal with the feelings, they conceal the emotions despite of fact that both the cancer patients and the families are equally suffering the sadness brought by the cancers [36]. The supports that the families offer are usually instrumental support, which means offering something tangible, instead of informational or emotional support [36].

Another cultural issue for Chinese women is their thoughts of fatalism. They believe that their fate decided their getting cancer and their fate would not change. On the other hand, they also try hard to deal with the situation. Believing in fate is a cultural sensitive issue among Chinese women cancer survivors [37]. Fatalism can affect health behaviors, but this effect differs among different races; and fatalism does not necessarily mean non-adherence to health behaviors. Among Chinese and Korean cancer patients, fatalism made the patients exercise more than they did before cancer [38]. Among Caucasian cancer patients, fatalism made the patients eat better and join more screening tests, but not exercise than before. Caucasian cancer patients who hold fatalism are more likely to have cancer recurrence than those without fatalism because of the sedentary health behaviors [38]. Chinese breast cancer patients in United Kingdom are a good example of fatalism. As a disadvantaged minority group, they underutilized the breast cancer screening programs and presented their symptoms in relatively late stages. To understand how to resolve this problem, Shang, Beaver, & Campbell, did a qualitative research about Chinese women's culturally related attitude. Chinese women hold three major thoughts about breast cancer. First they think breast cancer is a fearful disease, second a

taboo, which means that the cancer patients never want to talk about it, and third fatalism, which is to accept the fate of having cancer. The most common coping for them is self-care [39].

While communication and positive reframing coping can improve the cancer patients' quality of life, the avoiding and concealing methods among Chinese cancer patients and their family might be not very helpful in quenching the sorrow. There are some Chinese women who do understand positive reframing as a tool in dealing with cancer. In a research done by Ching, Martinson, & Wong, the researchers found out the breast cancer patients identified their meaning of their lives at different times and had different outcomes. Generally, the women dealt with the psychological impact of breast cancer by minimizing social disturbance, positively transforming philosophies of life, and changing social relationships into helpful ways [40]. Although they do not communicate as well as a normal support group, these patients dealt with the situation well through positive reframing [40]. Stoicism, fatalism, and daily spiritual experience do influence the cancer pain experience and treatment-seeking behaviors among Chinese American cancer patients. Stoicism makes people conceal their feelings, and therefore may bring negative impact to cancer patients because of lack of communication [35]. According to a research by Lo about Chinese cancer patients with high level of pain, daily spiritual experience and religious fatalism increase the use of Complementary and alternative medicine [41]. Among Chinese cancer patients who have pain, women are more likely to have daily spiritual experiences than men are [41]. With this in mind, integrating spiritual activities and fatalism in Chinese women cancer support groups might be culturally appropriate.

Cancer and Social Economic Status

Cancer is the top cause of death among Chinese American, which is actually unnecessary. Many of these cancers have the causes of infectious sources, which regular medical care can resolve [42]. This phenomenon might have something to do with socio-economic status. Social-economic well-being may decide the outcome of cancer treatment. Use breast cancer survivors as an example, Chinese immigrants have a low survival rate compared to US born Chinese and non-Hispanic White women. At the same time Chinese immigrants have the lowest social-economic status among the all three groups [43]. In addition, Chinese immigrants or acculturated Chinese breast cancer survivors have the language barriers preventing them from understanding health care information [43].

Chinese women socio-economic status is low both in China and America. Before reforming, women earn the same salary as men do, and the percentage of women in work force is the highest among the world. After reforming, Chinese jobs and salary systems changed [44]. After the reform, the firms pay higher premiums to their male employees than to their female employees. This phenomenon is especially obvious in firms facing harsh competition, adopting piece rates, and having a low degree of employees' influences [44]. This is to say, in China, when women and men competed under a market system, women lost the battle. In China mainland, with government forcing the equal pay of men and women employees, women are independent from their men. That is no longer the case among Chinese international students in America. Women in this group become wives and depend on their husbands [28]. In some situations, this dependence hurts wives' self-esteem and creates tensions in the family. When the wives are working and having an income, their self-esteem goes up; and there is less tension in the

families than that of wives with no income. Spouse giving attention, validation, and support can improve the family relationship through emotional communication too [28].

Conclusion

The high incidence of death from cancer among Chinese American women has to do with the low social economic status, domestic violence, and lack of support system. To survive cancer, a Chinese American woman should find work outside of Chinatown; communicate with her workplace to find out the best wellness plan for her. For a Chinese woman, marriage and family are not the best support system that she can turn to, because of the domestic violence situation. A woman should live in a big city and rely on a web of health care system. Do not live in a small town. A job for a woman also increases her self-esteem and eases the tension inside the family. Cancer support groups among Chinese American women should be culturally sensitive. They can feel free to believe that cancer is their fate; and all they can do is to comply with the treatments. Instead of concealing their feeling, they should unload their cancer related concerns and anxieties in their support group and health care team.

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