

Quality of Life and Cultural Influences: A Comparison Study of Chinese Women Diagnosed with Breast Cancer

Angela Sun, MPH₁ and Evaon Wong-Kim, MSW, MPH, PhD₂

₁ Chinese Hospital of San Francisco ₂ University of Hawaii

Asian American Network for Cancer Awareness, Research, and Training (AANCART) Pilot Study

Funded by National Cancer Institute Special Populations Grant #: U01-CA86322-03,

Chinese Hospital, Chinese Community Health Care Association, and Chinese Community Health Plan



Sociodemographics of Preliminary Sample

	American-born (N=10)	Foreign-born (N=8)
Age		
30-50	2	4
>50	8	4
Marital status		
Single	7	6
Married	3	2
Birthplace		
U.S.	10	
HK & Canton		8
Length of stay in U.S.		
<15 years		8
>15 years	10	
Education		
College	5	2
No College	5	6
Annual household income		
<\$35,000 annually	2	6
>\$35,000 annually	7	2
Unknown	1	
Health insurance		
Medicaid		3
Private insurance	10	5
Number of visits with Western medical doctor in past 6 mos.		
<10	6	7
>10	4	1
Number of visits with Chinese medical doctor in past 6 mos.		
<10	10	6
>10	0	2
Type of treatment received		
Radiation therapy	7	5
Chemotherapy	5	3
Lumpectomy	6	1
Mastectomy	4	7
Receiving psychological/psychiatric care		
Yes	2	2
No	8	6

Acknowledgments:

Special thanks to Advisory Committee members, Jeremiah Mock, MSc, PhD, Carol D'Onofrio, PhD, Edward A. Chow, MD, Steve McPhee, MD, and Tung Nguyen, MD.

Introduction

Background:

- Chinese Americans are the largest group of Asian Americans in the U.S., representing 19.6% of the population in San Francisco (Census 2000).
- Among Chinese American women in California, breast cancer is the most commonly diagnosed cancer (American Cancer Society California Cancer Facts & Figures, 2003).
- Foreign-born Chinese women may differ from American-born Chinese women in their cultural perspectives about and experiences with breast cancer.
- Very few studies have investigated quality of life (QOL) among Chinese American women with breast cancer, or compared foreign-born to American-born Chinese women with breast cancer.

Specific Aims:

1. To investigate the experiences of Chinese American women with breast cancer.
2. To understand how these women define quality of life.
3. To compare how national origin and immigration experience affect quality of life among these two groups.
4. To understand how the experience of breast cancer change these women's perspectives about quality of life.
5. To understand how these women deal with advance directives.

Methods:

Qualitative face-to-face, one-to-one interviews with 15 Chinese immigrants and 15 American-born Chinese adult women with breast cancer recruited in San Francisco from oncology practices, support groups, health-related web sites, social networks, newspapers, or in response to flyers.

Eligibility Criteria:

- Born in U.S. or Hong Kong/Canton.
- Self identify as being of Chinese ethnicity.
- Foreign-born women in the U.S. for less than 15 years.
- Primary language is English or Cantonese.
- Diagnosed with breast cancer within 24 months of study.
- No longer on active treatment, except Tamoxifen.

Topic Areas:

- **Sociodemographics:** background and life history.
- **Beliefs:** causes of cancer and the meaning of a breast cancer diagnosis, roles of faith, spirituality, fate and fatalism.
- **Quality of life:** definitions, influence of cancer diagnosis, and changes in perspective.
- **Treatment:** efficacy and side-effects of biomedical treatment, use and efficacy of Chinese medicine, and pain control.
- **Family:** roles and support of, as well as effects of cancer and its treatment on family.
- **Advance directives:** understanding and perceptions.

Data Analysis:

1. Audio taped interviews transcribed in original language.
2. Both investigators reviewed transcripts independently.
3. Pre- and post-analytical memos and conferences on data analysis.

Preliminary Analysis of Themes (N=10)

Defining Quality of Life (QOL):

- Both groups of women tend to include family relationships and family support when describing good QOL.
- More foreign-born Chinese include wealth as an important dimension of QOL.
"I felt that money was very important.... With money, I could almost get anything done."
- American-born Chinese use words such as independence and freedom to describe QOL.
"And being a responsible citizen, contributing to society and not a burden to society or to anybody...live and enjoy yourself...."

Beliefs About Cancer:

- More foreign-born women perceive cancer as a **terminal disease**.
"For me, cancer was like an incurable disease, and that was why I was so frightened."
- Having cancer diagnosis is a **stigma**.
Foreign-born: "I lost my hair; I could not hide [the fact that I had cancer] anymore. My landlady got scared and asked me to move out saying, 'you should go to a nursing home, you should not live inside this house.'"
American-born self-identified lesbian: "[Cancer] is a big part in Asian culture; it's about shame and face... [Cancer is associated with] the fear of death, taboo that you did something bad and therefore karma is getting you back... I heard [that] from my family setting as a child.... [Having cancer is] more difficult than coming out as a lesbian or a gay person... It's very difficult being Asian and having cancer."
- Both groups of women seem to have a **need for additional supportive services**.

Pain Control:

- Both groups of women tend to **avoid taking pain medication** and tried **alternative medicine** to alleviate pain and treatment side-effects.
"I figure I could take the pain as much as I could.... [Pain] pills may ruin my liver."

Advance Directives:

- Knowledge about advance directives seems to be associated more with higher levels of formal education than with national origin or immigration.

Cultural Experiences:

- Foreign-born Chinese women all expressed great difficulty in adjusting and adapting to life in the U.S., such that their quality of life before being diagnosed with breast cancer was already very poor. Many of these women saw breast cancer as another traumatic event that compounded their difficulties.
"Once in the U.S., the first thing is to survive, not to enjoy life."
"Since I came to the U.S., my whole life changed. Worries, depression, fatigue, one thing just came upon another, even my family had problems... and it made me very tired and exhausted my energy."

Conclusion:

Analysis is ongoing. Preliminary data suggest that there are important differences between American-born and foreign-born Chinese women in their beliefs about, perceptions of, and experiences with breast cancer. These beliefs, perceptions, and experiences may have important implications for cancer support services and survivorship. Foreign-born Chinese women describe their breast cancer diagnosis as a wake-up call, to remind them to take better care of themselves.