Chinese Cultural Beliefs

about Breast Cancer and Breast Self-Examination

Ya-Lie Ku

Abstract: The pattern of disease in Taiwan has changed from acute to chronic with a higher incidence of cancer, including breast cancer. Cancer is also the leading cause of death in Taiwan; the mortality of breast cancer has increased and more than cervical cancer. The majority of research on Chinese women’s breast cancer and breast self examination (BSE) are quantitative surveys based on the framework of the American Health Belief Model (HBM). Foundational research has not been attempted to identify the Chinese dimensions of cultural variation for the HBM. Therefore, the purpose of this ethnoscience study was to explore Chinese women’s cultural beliefs about breast cancer and BSE for the HBM. Meleis’s criteria of culturally competent principles (1996) were used in this qualitative study as guides to develop the research process. The study was used individual interviews of Chinese women admitted to the study using maximum varied criteria for inclusion. Final sample size determination depended on thematic redundancy. Content analysis of data involved analysis of interviewing data and contrasting responses to elucidate alternatives and verify themes. Inter-rater reliability finally was approached at 90% from the data of six cases among total 37 women. Findings identified several Chinese cultural beliefs about breast cancer and BSE in HBM. For instance, Bao, Lun Hui, Ming Yun, Feng Shui (susceptibility); Lin Jin, Ting Tian You Ming, Qiu Shen Wen Pu, Yin Huo De Fu (severity); Ren (benefits); Tie Chi, No news is good news, Bi Se, Selfless (barriers); Ji Hui (cues to action) were found in HBM. These predetermined cultural beliefs are deeply embedded in some Chinese women’s minds and interwove with Chinese philosophy, religious thoughts, family values, and cultural taboo that are the major barriers in the motivation to practice BSE. Future recommendations to the health care professionals from this cultural study will be 1) to inform health care professionals of Chinese cultural beliefs 2) to develop patient education materials that both respect Chinese women’s cultural beliefs and provide correct information 3) to design the prevention protocols for Chinese women that include Western and Chinese styles of strategies.

Key words: Chinese Women, Cultural Beliefs; Health Belief Model; Breast Cancer; BSE

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Introduction

The pattern of disease in Taiwan with longer life spans has changed from acute to chronic including malignant neoplasms and cardiovascular diseases. Of these chronic diseases, cancer has been the number one cause of death in Taiwan since 1982\textsuperscript{[1]}. Additionally, there is also an upward trend of mortality from breast cancer among Chinese women in Taiwan and 2000 cases died annually and death from breast cancer has exceeded that for cervical cancer in Taiwan since 1996\textsuperscript{[1]}. The rise in the incidence and mortality from breast cancer among women in Taiwan suggests the importance of detecting breast cancer early. The 5-year survival rate for breast cancer identified as in situ is almost 100%, stage-1 (less than 2 cm) is 84%, and the 5-year survival rate decreases to 18% if breast cancer has advanced to stage-4 with distant metastasis\textsuperscript{[1]}. Ways to detect breast cancer include breast self-examination (BSE), physician breast examination (PBE), and mammography; however, BSE is the most easy, convenient, and economic way to detect breast cancer.

Problem

Based on an extensive literature review, it was apparent that almost all studies of Chinese women’s breast cancer and BSE focused either on quantitatively surveying knowledge, attitudes, and behaviors, or on designing interventions to improve knowledge, attitudes, and behaviors. One of the most frequently used frameworks to guide these quantitative studies has been the health belief model (HBM). However, the HBM appears limited for studies of Chinese women, having been developed by American social psychologists, who are middle-class white men. The concepts of HBM based on the values of white men may not be able to reflex Chinese women’s
belief systems. Quantitative findings based only on the concepts of the HBM may have comparatively little significance for ordinary Chinese women in Taiwan. These women may have beliefs about breast cancer and BSE, as yet unstudied, that are different from the underlying beliefs in the American-based HBM which pertain to susceptibility, severity, benefit, barrier, and cues to action.

**Purpose of Study**

The purpose of this study was to explore Chinese women’s cultural beliefs about breast cancer and BSE. The specific aim was to establish the Chinese dimensions of cultural variation for the HBM about breast cancer and BSE.

**Operational Definitions of Major Terms**

**Chinese Women**

Chinese women were young, middle-aged, or elderly females ages 18 to 65 years, who lived in Kaohsiung, Taiwan, and had ancestral heritage from Mainland China or Taiwan.

**Cultural Beliefs**

Cultural beliefs were traditional cultural views influenced by social environment, ethnicity, religion, and precious experiences, yet accepted and highly regarded. Specially, cultural beliefs for the study were common sense understandings, opinions, and views of breast cancer and BSE, for example, in Chinese philosophy and religion.

**Health Belief Model**

For the study, beliefs also included susceptibility, severity, benefits, barriers, and cues to action. Susceptibility was the subjective risks of getting breast cancer. Severity of breast cancer was the impacts in terms of its medical or clinical consequences or on the job, family life, and
social activities. Benefits of doing BSE were the good that can result. Barriers to doing BSE were any things that kept one from doing BSE. Cues to perform BSE were any things spoken or done that increased the likelihood of doing BSE.

**Breast Cancer**

Breast cancer was any type of malignant mammary neoplasm on the female chest at any of the four standard carcinoma stages from early mid disease to severe metastatic disease.

**Breast Self Examination**

Breast self examination was self-assessment activities that women used to evaluate their breast health.

**Literature Review**

**Health Belief Model**

The original HBM was developed in the early 1950s by a group of largely white male social psychologists[^2]. HBM is based on American values as understood by white men. Chinn[^3] stated that research based on the values of white, middle-class men may have limitations for discovering and creating new knowledge about women’s health. The HBM is based on the premise that an individual’s psychological beliefs direct actions[^4]. HBM reduces complex health-related behavior to its psychological components[^5]. Yet, personal world-views, values, and beliefs are all largely shaped by person’s cultural context, as Segall[^6] states, and the HBM does not address cultural context. Therefore, its effectiveness as a model for understanding Chinese women’s health-related behaviors in context appears limited. Chinese cultural beliefs about health, illness, and health-related behaviors appear heavily related to Chinese philosophy, religion, and folk belief. Knowledge generated from the HBM, but not including Chinese beliefs
may not accurately reflect Chinese health, illness, and health-related behaviors.

**Research on Breast Cancer and BSE based on HBM**

HBM has been identified as the most frequently used framework for quantitative surveys for data about Chinese women’s breast cancer and BSE. Early questionnaires used only two concepts, susceptibility and benefits, of HBM for their studies and operationalized them at the nominal level\(^7\) [8] [9]. Champion \(^10\) developed the first instrument using the HBM to study women’s BSE behaviors comprehensively and its content validity has evaluated by eight experts. The content validity of Champion’s scales adapted for Chinese women’s BSE in Taiwan has evaluated by several experts including physicians, head nurses, and public health nurses\(^11\)[12] [13] [14] [15] [16] [17] [18].

However, items based on the expectations of experts often lack the cultural components. For instance, Lu\(^19\) suggested modifying the item, “My chance of getting breast cancer is great” to, “My fate will determine if I get breast cancer or not.” for Chinese women. Furthermore, the majority of studies on women’s breast cancer and BSE based on the HBM use instruments with numerical scales and Chinese women may respond to the questions in a similar way with American, but quite possibly, they might interpret numbers differently. As Chia, Allred, and Jerzak\(^20\) observed, compared to women in the United States, Chinese women might have stronger social desirability. Consequently, Chinese women might answer numerical questions with socially accepted responses and express neither the true beliefs.

**Susceptibility**

The feeling of susceptibility about getting breast cancer is the encouraging factor for 41 United Arab women to do BSE \(^21\). Chao and Lo \(^22\) identified 75% of 242 nurses who believed
they could be affected by breast cancer. However, in a 1994 study by Lee, Kuo, and Liu\textsuperscript{[17]}, 42% of 485 junior college students stated they were not likely to have breast cancer and 37% said that did not know how susceptible they were. Chen \textsuperscript{[18]} studied 1,330 female workers who also perceived low susceptibility for breast cancer. Similarly, 23 Chinese women in the United States, from China or Taiwan, considered themselves at low risk for breast cancer and did not believe they were susceptible \textsuperscript{[19]}.

Mo\textsuperscript{[23]} noted that the Chinese believed that eating foods from cans, instant noodles, raw foods, and salted fish increased susceptibility to cancer. Diet in Chinese is classified as hot, cold, neutral, dry, or wet and each is believed to influence health and prevention of illness \textsuperscript{[24]}. Some women believed self-care skills such as maintaining balanced energy by eating foods not too hot and cold and exercising regularly prevented breast cancer\textsuperscript{[22]}. The current research also indicated that soy isoflavone genistein can protect women from getting breast cancer \textsuperscript{[25]}.

Additionally, Duh\textsuperscript{[26]} found the following cited as causes of breast cancer: bad lifestyle such as unbalanced diets and stressful work, bad relationship with husband or mother-in-law, environmental factors including damage to breasts from accidental trauma, breast feeding, radiation, or air pollution. McAllister and Farquhar\textsuperscript{[27]} used in-depth semi-structured interviews of 23 Asian women in London and found they thought diet, relationship with families, and happiness were the main factors related to their health. Mo\textsuperscript{[23]} reported that breathing polluted air, smoking, drinking, using aluminum and lead utensils, and chemicals sprayed on crops were believed to be the cause of cancer. Except for the diet, religions or universal factors such as bad aura (chong dao), ming yun, feng shui, god’s punishment were considered as the causes of breast cancer\textsuperscript{[26]}. Besides, the relationship between health and body function in the balance of yin and
yang may influence the causes of breast cancer such as the factors of stress and bad temper.

Severity

Chen reported 1,330 Taiwan workers perceived breast cancer as of high severity. Besides, 48% of 5,131 women randomized in six Taiwanese cities and 43% of 242 nurses addressed breast cancer as seriously. Cancer removes control from people concerning their death. This uncontrollable disease may be equal to death. Fear of death may be decreased as people aged. For instance, 90% of 60 Chinese-born elderly (20 males and 40 females) in the United States said, they had no fear of death.

Lee, Kuo, and Liu identified that 61% of 485 junior-college students were most concerned about changes in body image because of the severity of breast cancer. Breasts are a symbol of women’s identity and self-worth. The psychological trauma of amputation, mutilation, or disfigurement of breasts for some women who have breast cancer is severe. Fifty-two women with breast cancer have perceived their breast cancer as harm/loss, threat, and challenge.

Benefits

The attitudes of 187 Taiwanese public health nurses about the benefits of BSE were positive because they believed doing BSE is needed, they felt no discomfort in doing BSE, and doing BSE made them more secure about the health of their breasts. Jong and Chen reported that 316 the elementary and high school teachers and 1,330 workers had positive attitudes about the benefits of BSE. Ninety-five percent of 5,131 women in Taiwan perceived
that early detection of breast cancer was the main benefit of BSE \cite{15}. Besides, 169 public health nurses believed doing BSE could early detect breast lumps, reduce the mortality of breast cancer, and improve their future health \cite{34}. Twenty-three women in the United States from China and Taiwan said the benefits of practicing BSE were to avoid passing bad genes to the next generation, to have a sense of being personally safe, and to ensure reproductive health \cite{22}. Besides, 83% believed doing BSE could prevent breast cancer; 56% believed BSE could substitute for PBE \cite{22}.

**Barriers**

Facione and Katapodi \cite{35} indicated that poverty and lack of education might account for cultural differences in breast screening behaviors. Also, for 242 nurses \cite{11}, 700 rural women \cite{12}, 169 public health nurses \cite{34}, 381 and 316 elementary and high school teachers \cite{19} \cite{33}, the major barriers for women practicing BSE were being busy, forgetful, or having no confidence, and not knowing how to do BSE. Even 169 public health nurses expressed that it was difficult to remember the time to do BSE and to discern normal and abnormal lumps \cite{34}. Except for the knowledge, Chinese women often look at the relationships with family and friends as more important than their health \cite{23}. The social roles of Chinese women such as Thrice Obeying (Father, Husband, Son) may keep them busy serving the family members and ignore their own body health \cite{23}. Also, Chinese women perceived gestation and childbirth as the symbol of women power \cite{23} and therefore, many Chinese women believe that breast examination after child bearing is not necessary \cite{36}.

Besides, modesty was a barrier identified by 23 Chinese women living in the United States for BSE \cite{22}. Modesty as a barrier for traditional Chinese women pay attention on their
breast health, especially those who were still single\textsuperscript{[36]}. Beliefs about modesty may originate from Confucian philosophy: several authors identified a sense of personal shame and saving face as an integral part of Chinese culture\textsuperscript{[37][38]}. Chen\textsuperscript{[12]} identified shame as a barrier to performing BSE among 700 rural women. Privacy is the way of influencing on people’s feelings about shame. No privacy was a barrier to practicing BSE for 520 elementary and high school teachers\textsuperscript{[16]}. Especially for the unmarried Chinese women, Mo\textsuperscript{[23]} said that one Chinese-American stated she was embarrassed to discuss BSE because she was unmarried: Some unmarried Chinese Americans are reluctant to touch their own bodies\textsuperscript{[39]}.

Furthermore, prevention of illness, generally, is not a familiar concept in the Chinese culture\textsuperscript{[36]} because Chinese believe that cancer could remain undetected in human body\textsuperscript{[23]}. Lu\textsuperscript{[19]} reported that 381 elementary and high school teachers expressed fear of finding a lump as a barrier to do BSE. “No news is good news” is the Chinese cultural belief as a barrier for women not go for BSE\textsuperscript{[22]}. Finally, fatalism may play as barriers to inhibit women go for BSE. Hoeman, Ku, and Ohl\textsuperscript{[22]} found that 23 Chinese women had a fatalistic view about breast cancer and so did not engage in preventive health behaviors until they became physically ill.

**Cues to action**

One hundred and eighty-seven public health nurses believed that the important people around them would influence their doing BSE more than a support group\textsuperscript{[32]}. Mass media reminders; training by health professionals; and family’s or friends’ history of breast cancer were all cues to BSE\textsuperscript{[11]}. Lee\textsuperscript{[16]} determined that using methods to remind themselves or family members, relatives, and friends about breast disease can motivate people to practice BSE. In another study, 169 public health nurses said that having someone remind them or having relatives
with breast disease were cues to action to practice BSE\textsuperscript{[34]}. Hoeman, Ku, and Ohl\textsuperscript{[22]} stated that the subordinate and passive roles of Chinese women may affect their motivation to do BSE: in their study of 23 Chinese women, the women stated that their husband’s involvement, mass media, and legal regulation influenced their decision to do BSE. Bhakta\textsuperscript{[40]} found that 48 Asian women in London stated they would practice BSE regularly if health providers emphasized its importance.

**Design**

The study was ethnoscience design. Meleis’s criteria\textsuperscript{[41]} for substantive and rigorous cultural research were used to structure the study design and data collection. As noted the eight criteria, contextuality; relevance; communication style; awareness of identity and power differentials; disclosure; reciprocation; empowerment; and time, was structured in this study as the research process.

**Sample**

The population of interest was Chinese women living in the south of Taiwan. To enhance cultural understanding of Chinese women’s beliefs about breast cancer and BSE, maximum varied criteria for inclusion were used. The maximum varied criteria are to purposively select samples with a wide range of demographic information. However, snow-ball sampling was the alternative way to recruit more breast cancer subjects. Additional participants are referred by one breast cancer case after the other in the “Kapok group”. Kapok is a support group for breast cancer patients and developed by Chung-Ho Memorial Hospital in Kaohsiung Medical University since 1995.
Data Collection

Women were recruited using posted flyers on bulletin boards of the community and by the investigator’s phone invitation. As more women heard of the study, they volunteered. Final sample size was determined from thematic redundancy. Meleis’s eight criteria as the principles were followed in this study for data collection. The investigator recognized that even small changes in wording might cause differences in responses. Also, the researcher attempts to build the trust relationship with women by listening to the women carefully, adhering to their time, acknowledging that the sensitive topics of breast cancer and BSE for some, and conveyed to the women that investigator was a caring, ethical, professional capable of discernment and of maintaining the women’s confidences regardless of what she was told.

Besides, the investigator used strategies to reduce the women’s being power differential. For instance, the researcher went to the women’s homes; dressed simply and plainly; used lay language common to the locality; and constructed the interview session to ensure that the women made the majority of decisions—about when to commence the interview, the pace of the interview, and the time when the interview terminated. Furthermore, to reciprocate, after having completed an interview, in return for participating, the investigator responded to the women’s questions. Secondly, an educational brochure from the local health station about breast cancer and BSE was offered to each woman. Third, the investigator gave each woman a small bunch of flowers and thank you note as a token of appreciation for her time and participation.

Analysis of Data

All audiotapes were listened and typed in English using a Microsoft Windows 95-English version. Data analysis began while interviewing was in progress. After each interview, data were
examined, memos were done, and themes were identified. The interview guide was revised slightly after each interview in the pilot then significantly for the all study. After all interviewing were completed, fine-grained content analysis was done to discover additional themes and concepts. The trustworthiness of this study was evaluated by following the Miles and Huberman’s [42] criteria as confirmability, dependability, credibility, transferability. For confirmability, calling things by the right names is the way to confirm the data. During interviews, the researcher used the women’s dialects, Mandarin (Chinese) and Taiwanese. When there were terms or words that were not understood by the investigator, the investigator asked the women to clarify their meaning.

For dependability, the researcher have the consistent and culturally competent data stable over time, the investigator played as the instrument for the data collection systematically followed Meleis’s eight criteria in the process of interviewing women. For credibility, the study was established by prolonging the time in the culture being studied; for instance, the investigator has lived in the research study community for more than 30 years. The credibility of this study was also strengthened by triangulation between complementary methods and various data sources from news, local women’s ideas, and experts’ opinions. For transferability, this study was referred to the contexts being found in this research that can be fit into the other similar situation. In order to provide the wide range of information being transferred for this study, the data in this study were described as thick as possible.

Results

Demographics

The total samples are 37 Chinese women and the majority of them are Taiwanese (46%)
and Mainlander (46%). Sixty-two percentage Chinese women speak Mandarin and 75% aged from 30 to 49 years old. The majority of them are married (76%) and 86% have at least high school education. The occupation is distributed equally from teachers (30%), housewife (30%), staff (19%), and labors (19%). Thirty-eight percentage Chinese women believe Buddhism and 27% have no religion. The demographic information is filed in Table 1.

Table 1.
Demographics in the Samples (N=37)

<table>
<thead>
<tr>
<th>Categories</th>
<th>Subcategories</th>
<th>Numbers (n)</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethic group</td>
<td>Taiwanese</td>
<td>17</td>
<td>46%</td>
</tr>
<tr>
<td></td>
<td>Mainlander</td>
<td>17</td>
<td>46%</td>
</tr>
<tr>
<td></td>
<td>Hakkas</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>Aboriginal</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Languages</td>
<td>Mandarin Chinese</td>
<td>23</td>
<td>62%</td>
</tr>
<tr>
<td></td>
<td>Taiwanese</td>
<td>12</td>
<td>33%</td>
</tr>
<tr>
<td></td>
<td>Hakkas dialect</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Age</td>
<td>&lt;30</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>30-39</td>
<td>13</td>
<td>35%</td>
</tr>
<tr>
<td></td>
<td>40-49</td>
<td>15</td>
<td>40%</td>
</tr>
<tr>
<td></td>
<td>50-59</td>
<td>5</td>
<td>14%</td>
</tr>
<tr>
<td></td>
<td>&gt;60</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>Marriage</td>
<td>Single</td>
<td>4</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>Married</td>
<td>28</td>
<td>76%</td>
</tr>
<tr>
<td></td>
<td>Divorce</td>
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<td>2%</td>
</tr>
<tr>
<td></td>
<td>Widow</td>
<td>4</td>
<td>11%</td>
</tr>
<tr>
<td>Education</td>
<td>No education</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>Elementary</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>High School</td>
<td>16</td>
<td>43%</td>
</tr>
<tr>
<td></td>
<td>College</td>
<td>16</td>
<td>43%</td>
</tr>
<tr>
<td></td>
<td>Graduate</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>Job</td>
<td>Housewife</td>
<td>11</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>Teacher</td>
<td>11</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>Staff</td>
<td>7</td>
<td>19%</td>
</tr>
<tr>
<td></td>
<td>Labor</td>
<td>7</td>
<td>19%</td>
</tr>
<tr>
<td></td>
<td>Uncertain</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
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<td>Catholics</td>
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<td>8%</td>
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<td></td>
<td>Protestant</td>
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</tr>
<tr>
<td></td>
<td>Buddhism</td>
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</tr>
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<td></td>
<td>Taoism</td>
<td>4</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>Yi Guan Dao</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>None</td>
<td>10</td>
<td>27%</td>
</tr>
</tbody>
</table>
Chinese Women’s Cultural Beliefs about Breast Cancer and BSE

The data analysis was based on the concepts of HBM and elicited the Chinese cultural themes. Inter-rater reliability between the two investigators finally was approached at 90% from the data of randomly selected six cases among total 37 women. Findings identified several Chinese cultural beliefs about breast cancer and BSE in the concepts of HBM. For instance, Bao, Lun Hui, Ming Yun, Feng Shui (susceptibility); Lin Jin, Ting Tian You Ming, Qiu Shen Wen Pu, Yin Huo De Fu (severity); Ren (benefits); Tie Chi, No news is good news, Bi Se, Selfless (barriers); Ji Hui (cues to action) were found in the concepts of HBM. The themes of Chinese cultural beliefs in the concepts in HBM for breast cancer and BSE, including examples of women statements, are cataloged in Table 2.

Table 2. Chinese Cultural Beliefs about Breast Cancer and BSE

<table>
<thead>
<tr>
<th>HBM Concepts</th>
<th>Themes</th>
<th>Examples of Women’s Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Susceptibility</td>
<td>Bao (retribution)</td>
<td>My first feelings about getting breast cancer is that I cannot accept this fact because I think I am a very kind and pure person. Why did I get this kind of illness? It is unfair. I may wonder if I have done something wrong.</td>
</tr>
<tr>
<td></td>
<td>Lun Hui (reincarnation)</td>
<td>I believe the Buddha said that you may have done something wrong in a previous life, and you must pay some penalties in this life. I accept the fact that I have breast cancer because the ordeal of facing breast cancer will reduce the total burden and I will try not to do anything else wrong.</td>
</tr>
<tr>
<td></td>
<td>Ming Yun (fate)</td>
<td>I believe that everybody’s life has been arranged, which stage you will be at, so when it comes, you must just face it bravely.</td>
</tr>
<tr>
<td></td>
<td>Feng Shui</td>
<td>Chinese believe that if certain places or (geomancy) arrangements are not auspiciously aligned, it may make people uncomfortable or sick, for example, if your bed is not put in the right place or if a door does not open on the correct side.</td>
</tr>
</tbody>
</table>
Several years ago, when I was taking showers, I found lumps in my breasts. People say women will get lin jin, and believed my lumps were lin jin, so that I did not pay special attention on it.

If the tumor is benign, it will be nice; but if it is cancer, I will let my fate decide my life.

I believe in Buddhism. After having breast surgery, I went to a future teller to ask about my fate. The Tang Ki (spirit medium) told me I would become better after that.

After I got breast cancer, I was less stubborn about everything. For instance, before I was very demanding to my children; I was a mother who wanted to control everything. Until I become sick, then I changed my way of teaching them.

Confucius emphasized ren which means zi-ai (self love). If women love themselves, they may need to take care of their own health. BSE is a kind of self-care behavior so that women who do BSE love themselves.

Some of my friends have visited and told me that they are so afraid to get breast cancer. I always teased them “How can people get breast cancer in such an easy way?” Now I do not say this sentence anymore because I have breast cancer.

My awareness is not very high and I forget to do BSE. It must be that I try to escape from the problem of getting breast cancer. Life is so fast-paced, it is easy to ignore BSE.

Chinese are Chinese and some tradition cannot be changed. My husband cannot accept me to do PBE. Whenever I go to the hospital to check up my breasts, I feel so embarrassed.

Chinese women often ignore their own health, and they do not have the concept of taking care of themselves. They may always think about care of their family members as their priority.

TV has taught women to how to do BSE by showing pictures. To be honest, it is not the real female model so it is very difficult to understand what they are teaching. Maybe this kind of teaching is a taboo.

Discussion

Susceptibility

Four themes in the Chinese women’s cultural beliefs about the susceptibility of breast cancer are Bao (retribution), Lun Hui (reincarnation), Ming Yun (fate), and Feng Shui (geomancy influences). Bao constitutes the belief that good deeds toward others are rewarded. Because of
the belief Bao, women who have good behaviors, but get breast cancer, will have the following response:

My friend who had breast cancer was not happy and kept asking about why she got this disease. She is good to her mother-in-law and children. Why did she get this disease? She has a very kind heart. Why does she have this kind of disease?

The studying result is similar to the Duh’s finding that the relationship with husband or mother-in-law may be the cause of breast cancer. McAllister and Farquhar also indicated that the relationship with families and happiness were the main factors related to their health.

Bao can also be explained in terms of the relationship between what people have done in previous lives and what will happen to them in this life (reincarnation). Lun hui (reincarnation) constitutes the belief that evil deeds committed in a previous life (causes) are punished in this life with problems such as diseases (effects). The other example will be:

Some masters say that people get sick because of their “Ye Zhang” (retribution or the penalty for sins committed in a past life). Ye Zhang is Buddhist theory that explains your behaviors in a previous life (cause) influences this life (effect).

Ye Zhang are debts in this life for people’s sins accumulated from several past lives. If Chinese confront unavoidable events, they may think they are because of this Ye Zhang. Ye Zhang from the previous lives may cause what is happening in people’s lives now; this is called one’s Ming Yun (fate).

Chinese people believe that everyone’s Ming (life) was predetermined before he or she was born into this world. Therefore, people’s Ming cannot be changed. However, Yun (fate) is controlled by each individual’s behaviors so that people can change their Yun. One woman stated:

I believe in fate, but not completely, although it seems that people’s lives have been pre-arranged. I think that the possibility of women getting breast cancer is determined fifty
percent by her fate (Ming) and the other half by her own efforts to keep her body healthy (Yun).

The other cultural belief is Feng Shui by which the location or arrangement of a house or tomb has an influence on the fortune or health of a family. One woman stated:

I think the Feng Shui is related to breast cancer. For instance, people who live in an apartment where the bathroom does not have a window will later be prone to sickness. Also, the arrangements in my house affect my health. For instance, I have put all my books back where it is so dark that I do not like to go there to clean. Later, some bad evil spirit or ghost may hide there that may cause people to get sick.

Because of the bad Feng Shui, some evil may attack people’s health. One woman said, “Some people also think that the bad aura gets into women [Chong Dao] and may cause breast cancer.”

The findings of ming yun, feng shui, and chong dao are similar to the studying results of Duh [26] that bad aura (chong dao), ming yun, feng shui were considered as the causes of breast cancer. However, the diet was not found in this study for the cause of breast cancer as the literature suggestions [25][24][23].

Severity

Four themes in the Chinese women’s cultural beliefs about the severity of breast cancer are Lin Jin(milk fat), Ting Tian You Ming(fate decide the life), Qiu Shen Wen Pu(questioning the gods), Yin Huo De Fu(profiting from bad luck). The woman believe that the lumps she found are just Lin Jin(milk fat) and that could not be so seriously. However, some women believed that if they find lumps in their breasts, the cancer must be very serious and in the late stages. One said, “I think that, generally speaking, once women have found lumps and do not feel comfortable, it must be very serious and in the late stages.”
According to the literature, the majority of women perceived breast cancer as seriously because of such illness as being equal to death. When people are facing death because of breast cancer, they may have three attitudes as *Ting Tian You Ming, Qiu Shen Wen Pu*, and *Yin Huo De Fu*. For *Ting Tian You Ming*, one woman will let fate decide her life. She said, “If the tumor is benign, it will be nice; but if it is cancer, I will let my fate decide my life. For *Qiu Shen Wen Pu*, one woman said, “I think when people feel helpless, they may like to ask for help from the religion.” The other said, “I believe in Buddhism. After having breast surgery, I went to a future teller to ask about my fate. The *Tang Ki* (spirit medium) told me I would become better after that.”

No matter the *Ting Tian You Ming* or *Qiu Shen Wen Pu*, they are negative attitudes either try to ignore the fact of getting breast cancer or ask for Gods’ helps. *Yin Huo De Fu* is the positive thinking. Some women said that because of breast cancer, they have changed their way of living so that life has improved. One woman said, “After I got breast cancer, my children behaved better and my husband accepted it. My mother-in-law realized I had breast cancer a serious disease, so she was nicer to me too.”

**Benefits**

One theme in the Chinese women’s cultural beliefs about the benefit of BSE is *Ren*(benevolence). One belief about the benefits of doing BSE is that women will understand and love their bodies more. Another said, “Doing BSE also can help women understand the feelings of their own bodies more.” The other woman stated, “When I believe people need to love their own lives, I may do BSE.” However, this finding is not similar to the literature. The literature has identified that many women perceived the benefits of doing BSE as early detecting the breast
cancer\textsuperscript{[13]}\textsuperscript{[34]}\textsuperscript{[32]}\textsuperscript{[15]}\textsuperscript{[33]}. Besides, some women perceived the benefits of doing BSE as avoiding the bad genes transformed into the next generation\textsuperscript{[22]}.

**Barriers**

Four themes in the Chinese women’s cultural beliefs about the barriers of BSE are *Tie Chi* (Stubborn), *No news is good news*, *Bi Se* (Conservatives), *Selfless*. *Tie chi* (stubborn) refers to people being stubborn in their one-sided way of thinking and not wanting to change. Some women thought that they did not need to do BSE because either they thought they were still healthy or they would never get breast cancer. One woman even stated, “I think I will never get breast cancer.” The other women believe that “no news is good news,” and they do not do BSE because they are afraid to find breast lumps.

According to the literature, lack of education and preventive concepts may play as the barriers for Chinese women to go for BSE\textsuperscript{[35]}\textsuperscript{[23]}\textsuperscript{[36]}. Lu\textsuperscript{[19]} and Hoeman, Ku, and Ohl\textsuperscript{[22]} reported that fear of finding a lump and no news is good news are also the barriers for Chinese women to go for BSE. The findings in this study are similar to the literature. However, fatalism has been mentioned in the literature as a barrier to inhibit women to go for BSE\textsuperscript{[22]} that was not found in this study.

The other barrier is *bi se* (conservative). One woman stated, “Chinese women are very *bi se*, even though they have seen BSE teaching in the hospital, they may feel uncomfortable talking about it although they need to know it.” Another woman even expressed her reluctance about touching her breasts. She stated, “I do not like to feel my breasts because I feel so strange.” [She laughed with embarrassment!]. According to the literature, modesty originate from Confucian philosophy about shame has played as the barrier for Chinese women to touch their own bodies.
either by themselves or other professionals, especially for the unmarried women [12] [22] [16] [23] [38] [36].

The final cultural belief about the barriers of doing BSE is selfless. Chinese women often do not have an image of “self” so that they may ignore the BSE or have others do BSE for them. One woman said, “Women generally forget themselves and do not know how to arrange their time and always keep so busy.” Another woman said that busyness and forgetfulness are the reasons they do not do BSE. The other woman stated, “Modern time women are so busy that they may forget to do BSE.” The findings are consistent with the studying results in the literature [11] [12] [34] [19] [33] that has identified the major barriers for women practicing BSE were being busy and forgetful. Besides, the social roles of Chinese women such as Thrice Obeying (Father, Husband, Son), childbirth and bearing[36] may keep them perceive serving family members as more important than taking care of their own health[23].

Cues to action

One themes in the Chinese women’s cultural beliefs about cues to action of BSE is Ji Huǐ(cultural taboo). Mass media teaching on BSE may violate Chinese culture as Ji Huǐ. One woman stated “TV has taught women to how to do BSE by showing pictures. To be honest, it is not the real female model so it is very difficult to understand what they are teaching. Maybe this kind of teaching is a ji huǐ.” It indicates that using real female model to teach BSE on TV is Chinese cultural taboo. According to the literature, Chinese women are passive and need the support groups as cues, including mass media, family members, health professionals, and legal regulation, for them to do BSE [40] [11] [22] [16] [33] [31]. The finding Ji Huǐ in this study is different from the literature.
In conclusion, Chinese dimensions of cultural variation for the HBM about breast cancer and BSE are different. The cultural beliefs such as Bao, Lun Hui, Ming Yun based on Buddhism have been deeply inside Chinese women’s mind. Breast cancer have predetermined in their lives so that these women may have the attitudes toward Ting Tian You Ming or Qiu Shen Wen Pu that either ignore the illness or ask for God’s helps. Besides, the preoccupied cultural beliefs also lead women become Tie Chi that they are stubborn “no news is good news” and reject the BSE. Additionally, Bi Se based on modesty from Chinese philosophy of shame may inhibit women to do BSE or go for any kind of breast screening. Finally, Chinese women often are selfless that their lives are focused on the health of family members, but their own. Unless they have the thought of Ren that love themselves, in turn they would like to do BSE indicating the symbols of self-love.

These predetermined cultural beliefs are deeply embedded in some Chinese women’s minds. These beliefs are interweaved with Chinese philosophy, religious thoughts, family values, and cultural taboo that are the major barriers in the motivation to practice BSE. Future recommendations to the health care professionals from this cultural study will be 1) to inform health care professionals of Chinese cultural beliefs 2) to develop patient education materials that both respect Chinese women’s cultural beliefs and provide correct information 3) to design and encourage the prevention protocols for Chinese women that include Western and Chinese styles of therapies.

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乳癌和乳房自我檢查的中國文化信念
顧雅利

摘要：臺灣的疾病型態已經由急性轉變為慢性，且有很高的癌症發生率，包括乳癌。癌症也為臺灣的主要死亡原因，而乳癌死亡率也超越子宮頸癌。中國婦女乳癌和乳房自我檢查的研究大多為量性，且以健康信念模式為基礎。未發現有企圖確認健康信念模式中之中國文化變項的基礎研究。因此本研究目的乃在探索健康信念模式中，中國婦女乳癌和乳房自我檢查的中國文化信念。

此研究使用最大變異原則來徵收個案，並個別訪談中國婦女。依照發現主題的重覆性來決定最後的樣本數。內容分析牽涉到分析並對照訪談的資料和反應，以萃取出另類主題並修正之。由37個婦女中抽出6位個案測試分析者間的信度達90%。研究發現確認出健康信念模式中有許多中國婦女乳癌和乳房自我檢查的中國文化信念。例如，報應、輪迴、命運、風水(易感性)；脂肪瘤，聽天由命，求神問卜，因禍得福(嚴重性)；仁(利益性)；鐵齒，沒消息為好消息，閉塞，無法自我(障礙性)；忌諱(行動刺激)。這些既定的文化信念深深地埋於一些中國婦女內心，且與中國哲學、宗教思想、家庭價值、文化禁忌相互交織成實施乳房自我檢查的主要障礙。此文化研究對健康照護專家的未來建議將為1) 告知健康照護專家中國文化信念；2) 發展尊重中國婦女文化信念，但能提供正確資訊之病患衛教教材；3) 設計包括中西式的預防指引策略。

關鍵詞：中國婦女、文化信念、健康信念模式、乳癌、乳房自我檢查

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