

# Family Beliefs About Diet and Traditional Chinese Medicine for Hong Kong Women With Breast Cancer

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**Purpose/Objectives:** To explore beliefs about diet and traditional Chinese medicine related to the breast cancer experience of Hong Kong Chinese women and their families.

**Design:** Interpretive phenomenology.

**Setting:** Hong Kong, China.

**Sample:** A purposive sample of 20 Hong Kong Chinese women diagnosed with breast cancer at various stages of the illness trajectory and at least one other family member.

**Methods:** A semistructured, three-hour interview was translated, transcribed, and back-translated.

**Findings:** Many women and their family members believed that diet was responsible for their cancer and recurrence. They integrated their cultural beliefs about diet and traditional Chinese medicine to manage illness symptoms and prevent recurrence. Families were anxious and confused about conflicting messages from various sources about dietary practices to promote their health and prevent recurrence.

**Conclusions:** Food and diet alternatives should be discussed with the understanding that beliefs about diet and traditional Chinese medicine are embedded in culture and that many Chinese women and their families seek a combination of Eastern Chinese medicine and Western medicine strategies to manage the illness trajectory.

**Implications for Nursing:** Many Chinese families have different beliefs about food and diet and the role that food plays in managing the cancer experience. Often, Chinese people will not seek clarification if they do not understand information. If information does not fit with their predominant belief systems, families may not implement it, nor will they discuss a situation if they think the conversation will result in a relationship of conflict with healthcare providers.

## Key Points . . .

- Beliefs about breast cancer and efficacy of treatment are embedded in Chinese culture.
- Families sought both Eastern and Western medicine to manage the illness trajectory.
- Family beliefs about diet and traditional Chinese medicine were integral to self-care strategies adopted.
- Nursing care for Chinese individuals should integrate family beliefs about the illness.

ethnic Chinese are the largest Asian subgroup in the United States (Truman, Wing, & Keenan, 1994).

Recently, some models of care have been developed specifically for Chinese populations with cancer (Chan, Law, & Leung, 2000; Chang & Tsang, 2000; Cheng, 2000; Ma, Choy, & Sham, 2000). Research findings derived from Asian populations can facilitate the development of indigenous treatment models, as well as promote a greater understanding for the development of culturally competent nursing practice and multiculturalism. Although Martinson and Kuan (2000) reported on psychosocial support for parents of children with cancer in Hong Kong, few reported studies have examined Chinese families and the breast cancer experience.

Culture and belief systems affect the perceptions women have about themselves, their health and illness, their attitudes about accessing health services, and their participation in treatments, surgery, chemotherapy, radiation therapy, and traditional medicine (Dodd, Chen, Lindsey, & Piper, 1985; Facione & Katapodi, 2000; Kleinman, 1988; Sadler, Wang, Wang, & Ko, 2000). In Chinese culture (unlike in the West, where the individual is the focus), the family unit is the most important social unit. However, in both societies, the role of the woman in the family and the role of the family in supporting the woman experiencing cancer can influence the illness trajectory (Cooley & Moriarty, 1997). This information can

**B**reast cancer accounts for 4% of deaths and is the third leading cause of death in Hong Kong women. The incidence rose from 40 per 100,000 in 1993 to 49 per 100,000 in 1997. The mortality rate currently is 11.5 per 100,000 (Tsang & Cheung, 2002). The overall worldwide trend shows the incidence rate of breast cancer increasing with age. This is also true in Hong Kong; however, breast cancer in Hong Kong women also seems to occur at a younger age than for women in the West (Foo, 1999).

Hong Kong seems to be at the crossroads of Eastern and Western societies. Most current treatment and symptom-management modalities for breast cancer are derived from Western medical models. Research assessment tools related to the needs of women with breast cancer, when and how women access health services, how women and their families manage the illness trajectory, and quality-of-life issues also have been developed primarily from Western perspectives using Caucasian populations. Asian Americans are one of the fastest-growing minority groups in North America, and

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