

# AN EXAMINATION OF SOCIOCULTURAL FACTORS INFLUENCING LIFESTYLE, HEALTH AND HEALTH-SEEKING BEHAVIOUR – A CASE STUDY OF MALAYSIAN CHINESE CANCER SURVIVORS

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## ABSTRACT

This study of Malaysian Chinese cancer survivors aims at analysing the lifestyles, health and health-seeking behaviour of the cancer survivors. The focus of the study is primarily aimed at their early years of life and the ways they lived their lives. This includes their diets, leisure activities, work and social environments, perception of health, and health-seeking behaviours. While looking at these lifestyle components, the analysis of social and cultural factors in influencing their decision making on living and health-seeking behaviours was the focus of the study. 50 cancer survivors with different types of cancer were selected from the group of cancer survivors who frequent the Lembah Kiara Recreational Park in Kuala Lumpur; engaging in 'Guolin Qigong' exercise in the morning. Using qualitative methodology, this study employed participant observation technique as well as face-to-face informal interviews guided by a set of pre-set interview schedule. It is a general truth that the Malaysian Chinese have over the years inherited their forefathers' cultural beliefs and practices especially in their worldview of health and living. This is in turn related to the main finding of this study, which indicates that Chinese cultural beliefs and practices not only have a significant impact on the early lifestyle of the Malaysian Chinese cancer survivors, but also play a vital role in their interpretation and perception of health and illnesses as well as their needs for health care. In this study, the sociocultural values of the Malaysian Chinese community were consistently highlighted in the process of decision-making of the cancer survivors with regard to their lifestyle before cancer diagnosis and their health-seeking behaviours which include medical pluralism and cancer treatment options. Finally, this study holds an important implication in contributing to the literature of medical sociology, in particular, to the epidemiological study of cancer.

**Field of Research:** Cancer, Traditional Chinese Medicines, Chinese Community.

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## 1. Introduction

According to the World Cancer Report 2008 (Boyle and Levin, eds., 2008: 42-43), cancer typically confronts almost every family and hardly any family has not been hit by cancer. This statement then provides support to an estimate made in 2005 that the overall lifetime risk of developing cancer of each individual is expected to rise from more than one in three to one in two by 2015. The alarming data interprets that soon in any part of the world; one of every two persons will be afflicted by cancer (Peedell, 2005). In addition to this, reports from World Health Organisation show that cancer accounts for one out of every eight deaths annually and more people die from cancer every year around the world than AIDS, tuberculosis and malaria. As cancer continues to

attack, the impact of the disease on people's lives have become so immense that cancer is seen as a death sentence to anyone who is diagnosed with the disease (Boyle and Levin, eds., 2008).

Further, the World Health Organization ([WHO], 2003a) notes that people who are living in industrialized countries are twice as likely to be diagnosed with cancer as those in developing countries. The global cancer rates disparities between developed and developing countries is mainly due to the Western diet and lifestyle habits, for example, smoking, high fat diets, and high rates of meat consumption adopted in most developed countries. It was reported that as people in developing countries continue to adopt unhealthy lifestyles and dietary habits, the rates of colon, breast, prostate, and cervical cancer will also increase (WHO, 2003a).

In terms of overall cancer death rates worldwide, the cancer mortality rate in developing countries is almost twice the amount of the death rate in developed countries, and this shows a significant figure of 80 percent of cancer patients dying in poor countries as opposed to 50 percent in developed countries (Boyle and Levin, eds., 2008: 42-43). There are several factors that could have attributed to this scenario, mainly lifestyle habits of tobacco smoking, certain occupational dusts and fumes, limited health knowledge and health screening services, mistrust of the medical community, religious beliefs, and cultural factors (Mills and Porter, 1957; Claeys et al., 2002; Matthews et al., 2002; Boyle and Levin, eds., 2008).

In addition, a steady increase of ageing population worldwide plays a significant role in the sharp increase of cancer death rates globally. In Italy and North America, cancer disproportionately strikes individuals in the age group of 65 years and older. It was revealed that 56 percent of all newly diagnosed cancer patients and 71 percent of cancer deaths are in this age group (Yancik, 2005). Similarly, in Malaysia, the age medians of cancer diagnosis in Malaysian males are 59 years and 53 years for Malaysian females. This indicates a potentiality for increased cancer incidence and mortality in Malaysia as our population grows older, because the proportion of population aged 65 and over is projected to increase to eight percent by 2030 and cancer appears to strike Malaysian individuals in the age group of 53 years and above (Lim and Halimah, eds. 2004: 35).

Apart from dietary and lifestyle factors, cultural factors are also categorised as the fundamental causes of cancer. Cultural factors include ethnic and religious beliefs in relation to health and illnesses. Several studies have shown that people from different ethnicities encompass different cultural contexts, and may have different views in looking at health and illnesses. Chinese, for instance, believe that people, who have not taken good care of their health and thus fall ill, are said to be ill-fated. Here, there is a belief in the Chinese community that fate determines health and illnesses. The attitudes of Chinese individuals who subscribe to the concept of 'fate' strongly believe that fate pre-dominates everything in life, including a person's health and illnesses. For some of the Chinese adults with cancer, they simply accept their fate to be afflicted with cancer and believe they can do nothing to prevent it from happening (Chen, 2001: 270). In this respect, some western studies refer those people with ill-health and subscribe to a belief in fate or God's will as having a fatalistic attitude. Also, beliefs such as cancer fatalism in this context might influence people's responses to their diagnosis towards cancer as well as their decision-making in the choice of treatment for the disease (Straughan and Seow, 1998: 85).

Besides dietary, lifestyle, and cultural factors, cancer incidence and mortality rates in both developed and developing societies are also related to the nation's socioeconomic factors. Socioeconomic factors, as part of the social factors according to Kogevinas et al., (1997), include education, income, assets, housing and occupation. For instance, Van Loon et al., (1995) in their study evaluating the differences in lung cancer incidence between socioeconomic groups in the Netherlands, emphasize participants' education level as an indicator of socioeconomic status of the

participants. Their findings indicate that there is a negative association between the highest level of education and lung cancer. Participants who achieved higher level of education had a significantly lower incident rate of lung cancer, and vice versa. With regards to that, Behrman and Rosenzweig (2004: 587) in their study on the association between participants' purchasing power and the percentage of low birth weight babies in the United States highlight that most individuals with low education have low income too and thus do not have the means to purchase healthcare for themselves which then lead to higher rates of critical illnesses like cancer.

The association of individuals' socioeconomic status and cancer risk and mortality shows similar trends in both developed as well as developing countries. Generally, cancer studies in developing countries like India (Pakseresht et al., 2009) and China (Cai et al., 2009) suggested that there are significant differences between cancer incidence and mortality in relation to the socioeconomic status of the study participants. For instance, a study by Pakseresht et al., (2009) on the association of various risk factors with breast cancer among 115 women in Delhi reports that the significant difference in breast cancer incidence among women in Delhi is due to the difference in socioeconomic factors such as the women's occupation as housewives and their places of residence whether urban or rural. Women's occupation as a housewife and also staying in rural areas cause them to have limited resources to healthcare services which may influence their health status, and thus exposing them to higher incidence of breast cancer.

Clearly, the fundamental causes of unhealthy dietary habits and unhealthy lifestyle patterns of individuals as well as their health-seeking behaviours, affect a broad range of health outcomes such as cardiovascular diseases and cancers. Examining the distributions of these sociocultural influences at various levels across the individual's life duration, exposes significant patterns of cancer-inclined symptoms and may then lead to the outcomes of cancer formation. Thus, transdisciplinary research frameworks (Rosenfield, 1992; Hiatt and Breen, 2008) are significant as they take into account the social and cultural factors as determinants of cancer from the sociology perspective and at the same time, able to discover a more complete understanding of the development of cancer via the interactions between social, cultural, and biological factors in cancer etiology. In this study, the researcher further assessed the influences of sociocultural factors in the lifestyle, health, and health-seeking behaviour of the Chinese cancer patients in Kuala Lumpur, particularly during their life before and after they were diagnosed with cancer as well as during the therapeutic journey of the disease.

## **2. Methodology**

This is a case-study of Malaysian Chinese cancer survivors involving 50 cancer survivors cum qigong practitioners, selected from the regular group of Guolin Qigong practitioners at the Lembah Kiara Recreational Park in Taman Tun Dr Ismail, Kuala Lumpur. There are three reasons for Lembah Kiara Recreational Park to be chosen as the setting for this study. Firstly, the park is a popular site for cancer patients and cancer survivors to do their qigong exercises due to its green surroundings. These qigong practitioners believe that the surroundings of the park are conducive for qigong exercise. Particularly, the trees and water in the surroundings provide a good flow of *qi* between the body and the environment. Secondly, the factor of accessibility for the researcher was one of the significant reasons for the park to be selected as the setting for the study. Due to its location, the researcher became a regular user of the park, practising qigong and morning brisk walking for the last ten years starting from 2002. The park is located near Petaling Jaya, a modern suburb, 15 km away from Kuala Lumpur and 15 minutes drive for the researcher to patronise the setting frequently for research purposes. Finally, as a regular user of the park, the researcher observed a trend regarding the flow of cancer patients in the park: most of the newly diagnosed cancer patients would come to the park for their qigong exercises. Over the years, the number of

new cancer patients who practise qigong at the park has exceeded the required number for the present study. Thus, Lembah Kiara Recreational Park serves as a suitable setting as it gathers most cancer patients as well as cancer survivors for the study's purposes.

## 2.1 Profile of the informants

The majority (96 percent) of the 50 informants live in the urban area while only two (4 percent) reside in the outskirts of Selangor. With regard to gender and age composition, the study indicates that of 50 informants, there are 18 males and 32 females. Majority (64 percent) of the informants are between the ages of 40 and 59. Eleven (22 percent) are below the age of 40, and only seven (14 percent) of them are 60 years and above.

In this study, informants' age profile in relation to trend of cancer diagnosis suggests that cancer is diagnosed more often among informants aged between 40 and 59. Among these middle-aged adult informants, most of them are the breadwinner for their family. In achieving their goals to support their family, the demands of long working hours have caused them to most likely ignore their need for regular rest and even the need for health care. As such, this constant work pressure significantly affected their health and they became a risk group for cancer.

With regard to the role that gender plays in the informants' cancer experience, the researcher placed less emphasis on the differences of various cancer risks for men and women as in most biomedical cancer studies. In the initial stage of this study, the ratio of gender employed was according to the gender ratio of Chinese who are with cancer as reported in the Malaysia NCR reports, of which the gender ratio for Chinese ethnicity in Malaysia has been consistently showing 40 percent male and 60 percent female (Lim et al., eds. 2003; Lim and Halimah Yahaya, eds. 2004; Lim et al., eds. 2008). Later, the gender factor was associated with informants' traditional gender-based family roles as the study looked into the role of gender as a cultural factor in impacting informants' lifestyles, health, and health-seeking behaviours. For example, the researcher took into consideration the male informants' work hard attitudes in providing comfortable living to their family members, as well as female informants' attitudes of integrating paid work and non-work demands before their cancer diagnosis.

For marital status, 24 percent of the informants are single. The currently married category formed 66 percent of the informants. A further 10 percent are widowed, divorced or separated. In this study, married informants are much more likely to be diagnosed with the disease as compared to those who are not married. The researcher later found that this practice of patriarchal bias of contributing towards the husband's family is a commonly accepted cultural tradition among the Chinese informants in this study.

The majority of the informants (80 percent) have an education level of secondary school (40 percent) or tertiary (40 percent). About 16 percent of the informants only had primary education, and another four percent never received any formal education. Here, informants' level of education does not seem to affect the possibility of contracting cancer. The likelihood of cancer contraction is present in all informants of any level of education. Also, in the initial stage, informant's level of education was not considered as one of the criteria in forming up the study population.

Regarding religious belief, 12 informants (24 percent) subscribing to Taoism, whereas another 24 informants (48 percent) are Buddhists. Twelve other informants (24 percent) are Christians and only two (4 percent) do not subscribe to any religious beliefs. Further details of informants' religious beliefs indicated two significant patterns with regard to religion associated with cancer

among these Chinese informants. First, majority of the informants that subscribe to Taoism or Buddhism, tend to combine elements of Taoist and Buddhist traditions with the basic beliefs of Confucianism or Chinese folk religions such as their beliefs in the Great God, the Lord of Heaven. Second, two of the informants who claimed to be faithless, when experiencing a critical illness like cancer, they would pray to the Great God or the Lord of Heaven for a cure and for the strength and courage in the fight against cancer.

With respect to informants' occupation, the findings show that majority (80 percent) of them were under full employment before cancer. The list of occupation provided by the informants show a mixed of white- and blue-collar occupational classification which includes managerial, professional and clerical as white-collar occupations, whilst crafts and technical occupations referred to blue-collar occupations. About 50 percent of the female informants were white-collar employees as compared to 44 percent of the male informants. In the case of business involvement, 28 percent of male informants and three percent of female informants participated in business before they were diagnosed with the disease.

In this study, two areas with regard to informants' occupation status were identified as being related to their contraction of cancer. First, majority of the working informants (25/38) decided to withdraw themselves from the working environment after a cancer diagnosis, and concentrated on the necessary Western therapies such as surgery, chemotherapy and radiotherapy, coupled with a long recovery process. Most of these informants intended to lead a stress-free lifestyle by not having to endure stress physically and mentally, particularly in the workplace. Second, only 13 of the working informants returned to work shortly after their treatment. Among them, 10 were male informants and three females. The main reason for their returning to work was due to their role as the sole breadwinner of the family, being the only source of income for the family. This is particularly true for the male informants. Among the other three employed female informants, two were government servants who decided to return to employment after the end of a two-year sick leave, based on how physically fit they felt after the cancer treatment and a long rest within the two years.

### **3. Data Collection**

Data collection by the researcher took place between March 2007 and June 2009 (approximately 28 months). Two data collection techniques dominated in this qualitative study, mainly participant observation and interviewing. As a whole, the interviewing process took two methods. Method 1 involved in-depth individual interviews with all the 50 informants, conducted personally by the researcher, and each interview lasted between 60 and 90 minutes. Whereas method 2 involved breakfasts chats with five groups of the informants, of which each breakfast chat group comprised of five to six informants from the study group and each breakfast chat could run from two to three hours.

In this study, the researcher carried out the interviewing task guided by an interview schedule, of which some questions related to the issues of study were pre-planned and were used to ask the informants during the interview. The semi-structured interviews addressed informants' way of living before and after cancer diagnosis (for example, busy lifestyle, working environment, and work-family constraint), impact of cancer, health care access, culture (for example, role of health beliefs, acculturation, religion), social factors (for example, SES, education), barriers to health care and psychosocial care, role of the health care system, patient-physician relationship and medical adherence.

Generally, the interview session with the informants was on a one-to-one basis. However, there were some cases such as a revisit from the researcher to an informant for further clarification on certain issues gathered from an earlier interview, and where other qigong practitioners were present as well.

All the interview data were recorded by the researcher as written field notes and were later transcribed before the study was concluded. The process of transcribing the field notes is considered beneficial in facilitating any independent viewers such as the supervisor to researcher, to understand the study better during the phase of data analysis (Poland, 1995; MacLean, et al., 2004). All the participants' names used in the transcribed data are pseudonyms, to ensure confidentiality. Of all the 50 interviewed cases, the researcher identified 15 cases of informants that could provide significant information and insights for the critical analysis of the study. The field data collected from the passive informants help to triangulate the data collected from the interviews with active informants, and to overcome biases and differences in how public readers rate the individual informant's responses.

Throughout the interview, the researcher kept a field diary detailing the interviews and all observational activities on the informants, from the beginning of the research and all the way through the research process. The content of the field diary consists of field notes of informants' responses during the interviews, relevant issues of study that emerged from informants' group chats, informants' non-verbal behaviours, as well as researcher's thoughts and reflections.

Next, Glaser and Strauss (1967) and Strauss and Corbin (1990: 42) refer to the personal quality of the researcher as the "theoretical sensitivity" of the researcher. According to Strauss and Corbin, theoretical sensitivity indicates an awareness of the subtleties of meaning in the field data. It also refers to the attribute of having an insight, the ability to give meaning to data, the capacity to understand, and capability to separate the pertinent from that which is not. Thus, in order to achieve the suggested ultimate result of theoretical sensitivity, the researcher regularly entered the setting with minimum preconceived opinions or ideas, and at the same time, maintained a sensitive manner towards field data and to interpret the data without being influenced by prior biases or hypotheses.

Another useful source of data collection in this study was the group chats of the informants. As most informants of this study are regulars at the park, they tended to know each other quite well. Regular short chats are held usually after they have completed their qigong exercise. During this time, the researcher would casually join any of the small groups and take part in the chatting conversation. It was in these short chatting groups that the researcher did her additional data collection on issues related to informants' perceptions of health and illness, the concept of cancer and treatment, their health-seeking behaviours and utilisation of health services, and other related issues of the informants' interest such as the well-being of their children.

Occasionally, in the discussions, the researcher would use the opportunities to triangulate data with the informants on certain issues which had arisen in her fieldwork. Whenever there were doubts in her field notes, she would always try to clarify them by cross-checking with the informants concerned when she saw them the next morning at the park. The researcher would wait for them to complete their qigong exercise for the morning, and had had their 15-minute resting time, before she would pose the questions to them. In addition to cross-checking on previous data, any topics during this casual chat that appeared relevant to the study were recorded in the researcher's fieldwork diary. Here, cross-checking, casual chat, and informal interviews utilised are similar to the data triangulation proposed by Gay (1996), of which data were gathered

at different times and social situations, as well as from a variety of people. The use of multiple data collection methods in this qualitative study contributed to the trustworthiness of the data.

Throughout the whole study, the tape recorder was not used to record any forms of discussion between the researcher and informants. This was agreed earlier before fieldwork was carried out. This in turn had produced several positive contributions to the data collection process. For example, informants showed positive responses to most issues raised during the interviews. In many cases, they expressed their views and opinions freely, coupled with their emotions of happiness, sadness and anger. Another important point to mention is that the researcher was allowed to make any notes as and when the chats or discussions among themselves showed element of significance to the study. The informants were not worried at all as long as their words were not audio recorded.

#### **4. Data Analysis**

In relation to the process of “making sense” of the field data, the following discussions focus on the process of data analysis, which involves identifying and organising field data, followed by a process called unitising whereby the researcher extracted relevant data that contain common meanings. Then, the researcher continued to categorise those data extracted into several categories according to several broad themes, and this process is known as categorising. Later, the various categories of broad themes went through two more processes, synthesising the broad themes and then searching for similar patterns among the themes. Finally, the last process of data presentation involved presenting data based on the meanings emerged and interpreting from the previous synthesised broad themes (Bogdan and Biklen, 1982).

As seen in the above discussion on data collection, the element of data analysis started as soon as data collection or fieldwork stage began at Lembah Kiara Recreational Park, where each in-depth interview with informants in this study was conducted, together with the reflective and observation notes. Data analysis was carried out when the researcher organised and transcribed her field notes and then wrote summaries of her findings, insights and opinions immediately after each in-depth interview with the informants. In her summary notes, the researcher included her observations on issues discussed during the interview besides providing information about the actual discussion. In addition, short interview excerpts from the informants were highlighted in the summary. This process of working with field data continued throughout the entire fieldwork duration, until the stages of data analysis and data presentation.

#### **5. Findings**

This study addresses two main domains of the study, namely lifestyle and health-seeking behaviour. Four categories were identified under the lifestyle domain of the study. There are socialisation and network of friends, stress in the workplace and home, work-family conflict, eating patterns and informants' health. The domain of health-seeking behaviour covers two categories which are cancer etiology and cancer treatment. Each category of the respective domain is discussed in more detail below.

##### **5.1 Lifestyle of the informants before cancer diagnosis**

Lifestyle refers to how a person or a group of individuals live their lives. In their lifestyles, the individuals perform a variety of social practices such as goods consumption, home making, sport, leisure, shopping, and working, which span their daily lives. Most importantly, the performance of

social practices aims to fulfil the utilitarian needs of the individuals as well as to express a person's individual identity. In other words, each one of the social practices serves to fulfil a need in the individuals (Giddens, 1991: 81).

What follows below are the informants' lifestyle patterns adopted prior to cancer diagnosis according to these subtopics: (i) socialisation and network of friends, (ii) stress in the workplace and home, (iii) work-family conflict and (iv) eating patterns and informants' health.

### 5.1.1 Socialisation and networks of friends

In this study, socialisation commonly means to associate with people or friends. Informants of the study claimed that they led the minimum level of socialisation with their circle of friends before they were attacked by cancer. More than half (54 percent) of them agreed that before diagnosis, they seldom visited or called their friends. They spent less quality time during the ages of 30-59 years. They were either too busy with their jobs or they needed to juggle work and family and thus, were also having difficulties in finding time to spend with their family members. Zhen Jie,<sup>1</sup> a tailor before diagnosis, owned a tailoring shop for about 30 years told me that:

*Before her illness, she used to think that her tailor works will never complete. She used to receive plenty of tailoring orders, so much so that she often skipped her meals and avoided going to the washroom.*

(Field note: 7 May, 2007)

Similarly, Lilian, a piano tuition teacher married with two children had this to say: *Prior to her diagnosis, she used to give many classes of tuition within a day. She seldom have rest time and she even work on most of the Sundays and she also seldom call a friend just for chatting purpose.*

(Field note: 6 March, 2008)

The above informants' descriptions reflect how majority of the Chinese informants struggled to accommodate their busy lifestyle with personal enjoyment. Also, informants would sacrifice their personal needs for wealth accumulation for the family's comfort in future. Informants interviewed generally possessed a busy lifestyle shouldering heavy responsibilities either working hard for the betterment of their family members or for future self-development. Consequently, their own health was not given sufficient attention and deteriorated ultimately.

### 5.1.2 Stress in the workplace and home

According to Levi (1984: 1), "stress is the body's way of responding to some kind of influences, changes, demands, and strains," shown through unpleasant states of feeling such as discomfort or ill at ease within the individual. In most situations, stress is created by the individual's inability to satisfy his or her needs and desires compared to demands made and resources available in the environment. For example, Halpern (2005) in her study suggested that stress occurs when job demands in the workplace conflict with the demands of the employee's other roles and responsibilities, such as being at home with a sick parent or spouse.

In this study, stress faced by the informants cum working mothers can be explained in a symbolic manner through the game of tug-of-war. To them, it is a battle between the role of a working employee against the role of a working mother; with each role trying to gain supremacy and dominance over the other. They experienced role conflict when they find themselves pulled in

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<sup>1</sup> All informants' names are pseudonyms to protect the privacy and confidentiality of the informants in this study.

different directions while trying to respond to the many other roles they hold, and various demands required to be fulfilled. The working mothers thus concluded that their career demands as much time, energy, and attention as their family roles and responsibilities. This has led to the situation of role strain, and according to Goode (1960), the most important predictor to role strain among individuals is when they hold multiple roles as a spouse, parent, and employee; where their three commitments result in problems like role overload and role conflict.

The above explanation on role strain is found when many working mothers in this study experienced similar types of role strain in their daily lives. For example, Mei Fang, a school teacher, aged 38 years, working in a Chinese primary school located in Kuala Lumpur stated the following to me:

*She claimed that some of her students were quite weak and she had to pay more attention to their work and even tried to teach for a few extra hours in the afternoon. At times like this, she could not pay full attention in caring for her children. She used to leave the responsibilities to her husband and the maid. According to Mei Fang, once, her husband was angry at her for not taking her son to the clinic when the maid told her about his fever in the morning. She and her husband always have hot arguments over family matters. The burden from the family and the job responsibilities at school create tension and stress, and it tires her a lot. She subsequently related her stressful work and family lives to the occurrence of cancer in her.*

(Field note: 25 May, 2007)

The above description shows that work-family conflict is closely related to the informants' personal values and beliefs, personalities and characters. Informants strongly believe that it is the duty of the wife to take care of the husband and children. The inability to do so due to work commitment will make her feel guilty and eventually create more stress in her life. In this context, the informants in this study strongly felt that a strong persistence of role strain had affected their overall well-being.

### **5.1.3 Work-family conflict**

Traditionally, Chinese place a strong emphasis on family welfare and accumulation of wealth, to expand family wealth as well as to glorify their ancestors. These traits of the Chinese have thus driven the leader of a family, either the father or the eldest son, to work diligently and live frugally for the family. As such, in most cases, they therefore are willing to work long hours, as in the eye of the employer, they are considered as hard working (Thong, 1987; Myers, 1989; Sheh, 1995).

In relation to this, Leong, one of the informants, aged 39 years and used to be a local bank manager, had this to say:

*Leong started his first job as a bank officer in the loan department of a local bank. He moved from one bank to the other bank for better job prospects and higher monetary return. His latest position as a bank manager in the credit department earned him a five-figure salary. According to Leong, he had been working late till midnight ever since he first started work after his first degree graduation. In addition, he had been working on most of the weekends and seldom applied for leave for personal enjoyment. The only time he got to rest was when he had flu or cold throughout the last ten over years. Due to his long hours of working, he often suffered from constipation and felt lethargic prior to cancer diagnosis. Leong further*

*expressed his regrets for the consequences of his compulsive working behaviours over which he could actually control the situation before his health deteriorated.*

(Field note: 25 March, 2009)

The above account highlighted the negative effects of the informants' working long hours on malignant tumour, of which the co-relationship was built under the notion of informants being a son or a father in the family. The role of a son in a family, especially the first son, according to the Confucian concept of filial piety, is constructed on the simple fact that filial piety prompts the sons to love and respect their parents and contribute to their comfort and happiness. It is regarded as an obligation for a son to provide for his parents in their old age and their children comfortably, particularly in the aspect of material need (Wing, 1995).

Another example of informants' view on material gains is where the informants thought that it was a waste of money to seek treatment for an incurable ailment. They would rather reserve the money for their families' future use. According to Lau, a workshop mechanic, he claimed that before he was diagnosed with cancer, he thought he must earn enough money while he was still able to do so for his children's future expenses as well as to save up more money to upgrade the family's standard of living. I noted his experience in how he had dealt with the challenge between cancer and life as follows:

*According to him, he used to work very hard before cancer. He wanted to accumulate more wealth for the comfort of his family. In addition, he continued to accumulate wealth even when he was diagnosed as attacked by cancer. Thus, after cancer diagnosis, in order not to spend his life saving as a result of his hard work, he chose to consume Chinese medicine as it is definitely cheaper cost compared to Western treatment. He did not intend to use any of his hard earn money for the ailment. To him, it was a waste of money as the Western treatment such as chemotherapy was not only costly, the therapy would normally continue for a long duration. Moreover, he thought that Western treatment may not cure fully as he has witnessed some of the cancer patients (introduced by friends and relatives) who never make it to recovery even after much Western therapies and medication.*

*At times, when he felt better at health, or when the ailment did not strike him with unbearable pain from the affected organ, he would continue to work as a mechanic in the workshop. He aimed to save more money for his wife and children so that they do not suffer too much after he leaves them one day.*

*However, as he continued to work while his health deteriorating due to cancer attack, he felt fatigue easily. He now knows very well that the Chinese medicine does not work on his ailment and soon he will leave this material world as he continues to work hard for monetary returns.*

(Field note: 9 April, 2008)

As observed in Lau's experiences regarding the Chinese's materialistic approach in life, it is significant to understand that though material achievement among Chinese in most cases is to satisfy the family's economic needs and wants, one must not ignore the fact that an extreme efforts to gain the material achievement may produce ill-health symptoms as mentioned by the informants in this study, which are caused by stress and strain due to their long hours of working behaviour.

In this study, most married informants (80 percent) perceive their families as the center and most basic domestic arena in life. Married female informants disclosed that their traditional role at home

demands a great deal of time, effort, and attention from them. Despite their involvement in the workplace from eight to five, the amount of household chores and responsibilities at home has not declined. Their home duties amounted to a “second shift”<sup>2</sup> (Hochschild, 1989; Macionis, 1997) of work after returning from their first shift in the workplace. Whereas the married male informants claim that the motivation behind their intensive and aggressive hard work derives from their love towards the family. The following description was extracted from the researcher’s interview notes with Kuan, 55 years old and a businessman involving in housing projects:

*Before cancer diagnosis, Kuan believed that his family always comes first. He worked more than 18 hours per day. His aim was to build a solid base in the business for his children to take over one day. At least, when they take over his business, they do not need to work so hard like him when he first started the business. He also aimed to retire early and go travelling with his wife. As he said, his wife has sacrificed a lot for him as well as for the children. His wife, not only takes good care on their own family, she is also a good daughter in-law. She has been helping him to look after the welfare and wellbeing of his old age parents whenever he was too busy with his business matters. For Kuan himself, he would ensure that his parents’ needs are fulfilled. For example, he used to arrange several overseas trips plus comfortable accommodation for them. In order to support his parents’ expenditure, he tended to work extra hard to accumulate more money.*

*To Kuan, his family and his parents have always become the main force in pushing him to strive harder in his business because he wanted to ensure his family members enjoyed the best in life. In order to accomplish this objective in life, he worked extremely hard to achieve higher profits in his business. However, soon after he was diagnosed as a cancer patient, he finally realised that he had focused too much on the well-beings of his wife and the kids until he completely ignored his deteriorating health over the years.*

(Field note: 15 January, 2008)

A similar experience is described by Lai Chan, aged 36, used to be a full time tailor working for a garment factory in Kuala Lumpur before cancer and now can only afford to do part time tailoring in her house. I noted her experience as follows:

*Likewise, family is always the most important point in Lai Chan’s life, too. Her ex-husband used to be a lorry driver but he seldom brought them money. She had been working as a tailor to raise all her kids. Even when she is going through treatment, and although things are expensive now, she will still try to meet the children’s needs such as providing them nutritious food, new clothes, sufficient pocket money to spend, and reference books for school examinations.*

*Lai Chan then quoted the Chinese saying that “the mother can stand hunger but not the kids” and thus as a mother, she has the responsibility to make sure her kids are in good care even though she has to live a basic life without having luxurious enjoyment for herself.*

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<sup>2</sup> The ‘second shift’ is a term coined and popularized by sociologist Arlie Hochschild. It refers to the household and childcare duties that follow the day’s work for pay outside the home. For further readings, refer Arlie Hochschild, *The Second Shift* (New York: Avon Books, 1989).

(Field note: 27 November, 2008)

The above two cases highlighted the different patterns of two informants treating their family members. Though Kuan's family enjoys better material needs due to bigger profits from his business deals, as compared to Lai Chan's smaller profit from her tailoring works; both informants have a similar thought that they must work hard for their family. To them, family is always the point of their struggle. However, due to their filial responsibilities towards their parents and families, they tended to focus their energy in accumulating more wealth so as to fulfill their family members' materialistic needs, indirectly straining their health.

In this study, due to the informants' personal set expectations on their performances either at work or home, most of them suffered from work strain. To a certain extent, the constraints they encountered at work affected their performance at home and at the same time did not provide their utmost attention to their family members. According to several informants (20 percent), while performing a task in one domain, their attention frequently strayed to another thereby creating undue tension and mental anguish. Besides, high expectations of performance in both categories by these informants (88 percent for males and 84 percent for females) also contributed to stress in their personal life. The following description was extracted from the researcher's interview notes with Raymond, one of the informants, who is working in one of the local private university:

*As an academician, he questioned himself on what expectations he has for his own performance as a lecturer. He strived hard to be a dedicated lecturer. He made sure his students understood his lectures and could do well in the exams. Back in the house, he helped his children in their studies and made sure they passed all the exams with flying colours. He felt bad when any one of them did not do well in exams and he blamed himself for not being a good father.*

*He further added that he sometimes experienced stress at work or at home as and when he experienced setbacks in his work at the university or when he did not guide his children enough in their studies. He always aimed to do well in the two areas, lecturer's duties and home's responsibilities. Most of the times, he forced himself to complete most of the tasks in the best way. By pushing himself hard in producing great jobs in the work and home domains, he often felt tired easily. He commented that the tiredness in him was caused by his stressful work and too many responsibilities from the two domains; coupled with his self-set high expectation in the end results of each task performed by him. He then shared his view on the relationship between stress and his illness. To his opinion, stress weakened his body resistant and thus was easily attacked by critical illness like cancer.*

(Field note: 17 November, 2008)

The above account described how one of the informants did his utmost best to complete a task perfectly. This working behaviour indicates the high expectation an informant placed upon himself in order to produce the best result. As the informants in this study had placed great pressure in themselves, they at the same time suffered stress and strain in their work and family lives, which to most of them had caused them poor health with feelings of fatigue, loss of appetite, and also a great loss of weight.

#### 5.1.4 Eating patterns<sup>3</sup> and informants' health

In this study, the description of the informants' meal patterns such as their consumption of breakfast, lunch, dinner and supper, and meal frequency such as the regularity of their meals are grouped under the term 'eating patterns' (Nicklas et al., 2001: 602).

The findings of this study provide evidence that many of the informants (48 percent) frequently experienced irregular meal times in terms of not having main meals like breakfast, lunch and dinner accordingly. Such eating patterns of the informants were on a long term basis due to their hard working behaviour in their work. In addition, these informants tend to impose high expectations of themselves in various aspects such as in their job, in their family as good and responsible father and mother, or filial son or daughter.

In relation to the causal link of irregular meal times as discussed above and cancer, Kuan Nam, one of the informants aged 35 years and worked as a sales manager for a multinational company prior to cancer, related to the researcher the following:

*Kuan Nam strongly believed that his illness (stomach cancer) is closely related to his previous lifestyle which included irregular meal times all these years since he started his first job as a sales executive. He further elaborated on his sales job working hours of which most of the hours spent on the road to attend the next appointment. In order to achieve higher sales target, he had been racing with time to meet more customers within a day. It was due to this hectic schedule within a day that he normally skipped breakfast and/or lunch. However, there were times for entertaining customers on business deals, he would eat a lot as well as drink some liquor during meals. During these types of occasion, he felt he might have over-eaten during meals because he always felt like having the feeling of indigestion after a heavy meal. To add to his unhealthy eating patterns, he normally worked late in the office to finish up the paper work in the office. According to him, before he was married, he used to stay up till eleven o'clock at night or even up to twelve midnight. And he would go for some light meals after work before going back home. However, Kuan Nam felt that he was lucky that his illness (stomach cancer) was only at stage II compared to another qigong member at Lembah Kiara Recreational Park by the name of Kenny, who was at stage III and he is only in his twenties.*

(Field note: 4 July, 2007)

In this study, the researcher's field notes on the informants provide evidence that their eating patterns were strongly identified as closely related to their diagnosed stomach cancer. The informants further elaborated that their unhealthy eating patterns such as irregular meal times, over-eating, and skipping meals might have caused them gastric ulcers at the early stage, and later turned malignant when they continued to skip meals or have irregular meals and improper diets coupled with experiences of stress due to work and family duties and responsibilities.

#### 5.2 Health-seeking behaviour of the informants

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<sup>3</sup>The working definition for 'eating patterns' was adopted from Nicklas et al.,'s (2001: 602) study, of which it include restaurant food consumption, beverage consumption, portion sizes, meal patterns and meal frequency, and dietary quality. For further readings, refer Theresa A. Nicklas, Tom Baranowski, Karen W. Cullen, & Gerald Berenson. Eating patterns, dietary quality and obesity. *Journal of the American College of Nutrition*, 20 (6), pp. 599 – 608 (2001).

The other essential knowledge domain encountered in this study is the informants' health-seeking behaviour. In general, health-seeking behaviour is defined as any healthcare action undertaken by individuals who perceive themselves to be unwell or to have a health problem, for the purpose of finding an appropriate remedy (Ward et al., 1997).

The result of health-seeking behaviour of the informants indicated a pervasive influence of the Chinese culture on informants' health beliefs, and their perceptions and ideas of health and illness. The Chinese system of health beliefs and practices, in turn, underpinned the health-related attitudes and behaviours of the informants, of which analysis of findings were grouped into the categories of cancer etiology.

### 5.2.1 Cancer etiology

A detail analysis of the traditional Chinese philosophical context found in the findings of this study is crucial to understanding the informants' health beliefs and practices which have shaped their health-seeking behaviour. The three classical periods of Chinese philosophy in Confucianism, Taoism and Buddhism, constituted three great trends of human thinking and formed the belief system in the Chinese society (Liu, 2006). In this study, the philosophical trends of the Chinese belief system were explored in three key premises found in traditional Chinese philosophy: the teaching of Confucianism, the concept of *karma* (pronounce as *eye*, 恶业), and the *yin* and *yang* theory coupled with the use of traditional Chinese medicine (TCM). Each of these belief systems is elaborated at length in the following paragraphs.

Traditional Chinese philosophy, particularly Confucianism, has been sustained in the Chinese culture for thousands of years, of which the teachings of Confucius play a predominant role in shaping the Chinese's thinking and forming their behaviour. This includes the Chinese's perceptions and interpretations of health and disease, and their perceptions then coupled with their health beliefs and practices direct their health-seeking behaviour (Taylor, 2001: 199). The health-seeking process of the Chinese informants is evident in the present study's results where several (12 percent) of the informants (females aged 45-60 years) commented that their lifestyle before cancer was influenced tremendously by Confucianism.

According to the informants, the role system in Confucianism includes a set of rules for interaction with others, from which wife will always be on the submissive end. For instance, some of the rules are: women are not to control or take charge of the family matters, women are to follow orders, and women are expected to fulfil requirements and complete duties. While performing their duties in ensuring the family happiness, women are expected to control their emotions, to be obedient to their husband and in-laws. And these submissive and subservient attitudes of women are highly valued and important to achieve harmony in a family (Tsai, 2006). The above women's experience in relation to Confucianism was felt strongly by Zhen Jie, one of the informants. Zhen Jie blamed her disease on Confucius' teaching, which has rooted deeply in her:

*She felt that being a woman is very unlucky. Being a woman in a traditional Chinese family, they have to keep all their dissatisfactions deep in their hearts. The husband can tell everything out loudly in the family whenever he is not happy. On the other hand, the wives will always have to be patient with their husband, in-laws, and relatives. Due to their submissive attitudes, they used to keep their emotions, especially their sadness and anger with them. They normally do not find any solution to release their sadness or anger. The accumulation of those emotions in their body caused unhappiness to them and later affects their health conditions. Zhen Jie later blamed the teaching of Confucius for putting her and*

*other women cancer patients in such a painful stage by contracting life-threatening diseases such as cancer. According to her, the teaching of Confucius has been reminding them to be patient (忍 – pronounced as 'ren'). All the time patient, and patient and finally they were diagnosed cancer of various stages. Zhen Jie thought that they have sacrificed a lot for the family, but when they are so ill like now, there do not seem to be anyone who will pity them.*

(Field note: 7May, 2007)

The phenomenon of the teaching of Confucius in aiding the causes of cancer seems to be significantly explained by the informants in this study. The degree of informants' cultural inclination towards this traditional Chinese philosophical context is highly associated with the age group and the level of education related to the particular age group.

Another philosophical context in the Chinese culture that had has great influence on the etiology of disease among the Chinese society is the Buddhist philosophy of *karma*. In this study, most of the informants (48 percent) subscribed to the concept of *karma* in dealing with their illness diagnosis. These informants explained that it is the results of their own past actions or their own present doings. With this concept in mind, these informants see their illnesses as part of life and face it with courage. In relation to the issue of *karma* as one of the causes of cancer, Ying Mei, one of the informants, aged 50 years and used to be a primary school teacher in a Chinese independent primary school related her experience to me. She gave up her teaching post upon the cancer diagnosis two years ago.

*Ying Mei tried to explain the cause and effect of karma to me in our interview session. She felt that she had done something bad in her past lives. That's why she is getting the disease now. She thought that it is a true fact and she really felt that it is true. According to her, karma can be good or bad, if one do something good, one gets good karma and something bad brings bad karma and this is how a Buddhist like Ying Mei normally explains in this manner. Ying Mei is totally subscribed to this explanation. She felt better when she tells herself that she is paying back now for her previous bad actions. With this thinking in mind, she becomes calmer in mind and starts to be optimistic in the disease as well as have confidence in herself that her disease could be cured. She is as optimistic as some of the qigong members cum cancer survivors at the Tun Dr Ismail Recreational Park.*

(Field note: 20 April, 2007)

As observed in the above description, Ying Mei responded positively towards her cancer diagnosis, when she finally came to terms with the traditional Chinese belief that *karma* is strongly behind the whole incidence of her cancer attack. Likewise, in this study, informants that had subscribed to their favourable belief in the concept of *karma* as the causal factor to their illnesses, tended to accept the truth of their illness in a gradual manner and ultimately able to concentrate on their Western and Eastern treatment processes. Xian Ti, one of the informants aged 47 and a mother of two, had been reading a lot on Buddhism. She drew on her knowledge of Buddhism as she explained her illness in terms of *karma* and its effects on one's health:

*When her cancer diagnosis was confirmed three years ago, she went through a brief period of intense sadness, which she was then able to share with her husband. As both of them are Buddhists, her husband used to encourage her to read Buddhist articles on karma in Buddhism. As she continued to read more articles on illness and karma, she felt more at peace, and more confident that her illness was due to her past bad actions or her bad karma. In her own interpretation, she was optimistic that her illness could be cured if she went for early treatment. As she explained*

*further that her illness is an effect of her past bad actions such as killing of ants, kicking a dog, and yelling at her children. Thus, if she began to perform good actions such as abstaining herself from killings, and be kind to her children as well as animals, and at the same time have confidence in the chemotherapy; it would improve the likelihood that her cancer would be cured.*

(Field note: 11 March, 2009)

The significant traditional Chinese belief in *karma* as a cause of cancer emphasised in this study was also found significant in another cancer study by Yeo et al., (2005) of the community beliefs of Chinese-Australians about cancer in general. In their study, majority of their informants maintained traditional Chinese beliefs as the explanations of illnesses which included cancer. Besides *karma*, other Chinese beliefs subscribed by their informants consisted of retribution, fate or Heaven's or God's will, geomancy (*feng-shui*), black magic, misfortune or bad luck, and offending the gods or deities.

Besides *karma*, the Chinese health philosophy stemmed mostly from the Taoist philosophy of medicine which sees human as a whole that the well-being of the human comes from being in harmony with the universe, of which an individual is said to be in good health because the *yin* and *yang* energies in their body are in harmony within the person and with their environment (Quah, 1985; Lee, 1998). In this study, some of the informants of various age groups strongly believed that imbalances in the two factors of *yin* and *yang*, coupled with the disturbances of *qi* (vital energy) flow in their body, resulting in their current illnesses. Catherine, a housewife, aged 60 years narrated the following:

*According to Catherine, Chinese believe that human beings are part of the universe and everything in this universe including human beings is being controlled by the forces of yin and yang. When someone is ill, it is normally referred as imbalances of yin and yang energies in one's body. For instance, in her case, she believed that her illness was due to the same reason: Qi was not flowing well and yin and yang was not in harmony. She further explained that things that happen in one's surroundings can be imbalance in many ways in relation to one's body. Sometimes, one's emotion also can be one of the factors. As she remembered well, she used to be a very hot tempered person prior to cancer. For that, she attributed her hot temper as over excessive of yang energy which then caused heat in her body. She then explained her situation according to the Chinese philosophy that when there was too much 'yang' energy (hot character caused by hot temper) compared to 'yin' energy (cold character) in the body, it created 'discomfort' inside the body. Over the years, the 'discomfort' accumulated and became 'big problem' inside the body. In her case, she was finally attacked by cancer.*

(Field note: 19 October, 2008)

The above field notes elaboration of Catherine is found similar to the responses identified in the study by Liang et al., (2008) in their concept of "hot-cold" balance, in relation to the two components of *yin* and *yang* in one's body, of which the imbalance of *yin* and *yang* energies ultimately leads to the development of cancer. According to Liang et al., (2008), the optimal way to stay healthy is to achieve a stage of balancing *yin* and *yang* in one's body through proper food intake, where types of food are labelled as hot or cold, based on how they affect the body. For instance, people with a 'hot' body type need to consume cold foods, and vice versa, in order to maintain the balancing point of the dual power of *yin* and *yang*.

Further, within the Chinese belief systems, there is a system of health beliefs, which includes a collection of beliefs, ideas, and perceptions of one's health and illness. Later, these beliefs then influence the patterns of health-seeking behaviours of the Chinese people (Helman, 2000). In relation to this, there were several studies providing evident that cultural differences in health beliefs and practices may influence a person's health-seeking behaviour (Kleinman, 1980; Helman, 2000). For example, according to Kleinman (1980) and Helman (2000), non-Western cultures predominate the beliefs of supernatural explanation and attribute the cause of illness to mystical causes like fate, whereas Western cultures hold the patient responsible for his or her own illness. Thus, in this instance, non-Western societies may prefer to employ home health care which involve traditional herbs and medicines, religious practices, and dietary change. In contrast, in Western societies, biomedicines have gained professional dominance over other traditional health care approaches.

In the context of the Chinese culture in this study, the findings indicated variations between health beliefs and practices of the Chinese informants, which thus led to different health-seeking approaches in relation to their cancer diagnosis. The identified health beliefs and practices among the Chinese informants include the following: (i) the concept of saving 'face', (ii) beliefs in preventive diet, (iii) beliefs in supernatural powers, (iv) beliefs in fate, (v) fatalistic belief, and (vi) lifestyle changes after cancer. These are discussed further in the following sub-sections.

#### **5.2.1.1 The concept of saving 'face'**

Majority of the informants (80 percent) in this study chose not to disclose their illness to outsiders and even their relatives. According to them, this is to save the 'face' of the individual as well as the family. They would rather discuss with other patients rather than being a discussion topic among friends and relatives. According to Chinese cultural beliefs, it is considered 'bad luck' to speak on illnesses especially 'cancer' to another Chinese particularly the elderly. The following description was extracted from the researcher's interview notes with Teck Sue, one of the female informants, aged 51 years and used to be a school van driver for primary school students in Petaling Jaya, of Selangor.

*Teck Sue had been quite reserved regarding her illness throughout my fieldwork with the informants. She once told me that she did not want other people to know that she has cancer. Except those qigong members cum cancer survivals at the Tun Dr Ismail Recreational Park, she was seldom seen talking to people. To Teck Sue, telling others about her illness is not only something shameful, it is also not something so good and happy to tell other people. She used to think that may be other people also do not want to listen to this kind of news. To her opinion, others would think it is bad luck for them to hear about the news of a cancer diagnosis.*

(Field note: 9 July, 2007)

As seen in the study, the Chinese community still practises an inward approach when it comes to the diagnosis of cancer. Some enclose themselves in their own little world, not wanting to share the news of the terminal illness with others. Some hide it from their spouse and family members. And some feel shameful to tell others that they have cancer, worrying that others will then look down on them. These various types of negative cultural beliefs and perceptions towards cancer by the cancer patients ultimately result in negative implications for patients' health-seeking behaviour. First, by not sharing with others about their illness, these people may miss certain information that may assist them in healing themselves. Second, those patients that choose to hide their illness and not seek professional medical help will indirectly delay the necessary treatment needed and later turn up as a late stage presentation of tumour. And thirdly, by feeling shameful, it will put on

unnecessary pressure on them and this will again affect the whole process of healing from the psychological perspective and causes them mental stress.

### 5.2.1.2 Beliefs in Preventive Diet

The findings of this study show that many informants (44 percent) chose to have a change in their lifestyle after the cancer diagnosis. They were on a diet consisting primarily of more fruit and vegetables, and less meat. They also participated in moderate physical activities like walking and qigong exercises. Hence, these informants also reported marked improvements in quality of life. In relation to the informants' beliefs in the above lifestyle changes as well as the adoption of preventive diet, Fang Poh, aged 65 years old, a grandmother to seven grandchildren related to me the following:

*According to her, most of the Chinese cancer patients have been eating meat prior to cancer. But now, they just have to let go their temptations to take meat. Instead, they must eat more fruits and vegetables. Because, as quoted by Fang Poh, a famous Chinese saying considers that, "preventive is better than cure" (防胜于治). Thus, she just has to change her eating habit in order to stay healthy. In addition, she is afraid of relapsed cases like some of her friends in the qigong group.*

(Field note: 11 October, 2007)

In this study, diet has emerged as one of the most important source in relation to the causes of cancers. Most informants have indeed believed that what they eat is such a big part of their lives; there just has to be some effect from what we eat on how we get ill. In relation to this, Jolene, one of the informants aged 32, narrated to the researcher as below, her experience of looking for 'nice' food which were mostly tasteful but may be categorised under poor diet.

*In most chatting hours with other qigong friends after their qigong exercise, Jolene likes to recall her past experiences with good and nice food, of which she used to feel great with a gifted slim figure allowing her to indulge on nice and tasteful food without worrying about gaining weight. As she continued to enjoy eating, she paid less focus on the types of diet she had consumed. Most of the time, she ate too much animal fat which serves as the main cause to her ill health of today. However, after suffering from her current disease, she changed her diet and has never looked back. Her current diet consists of food with high fibre and less meat intake. She often has grains for breakfast and she avoids having too much fatty food during the day. She strongly believes that her strategy of adopting healthy, preventive, and proper diet as what she is practicing will help to boost her immune system and so, prevent cancer from coming back.*

(Field note: 25 April, 2007)

Thus, a healthy and preventive diet not only prevents the occurrence of cancer altogether, it is also the major driving force that curbs the reoccurrence or relapse of old cancers, a strong belief held by Jolene as well as other informants in the study.

### 5.2.1.3 Beliefs in Supernatural Powers

Another culturally particular health-seeking behaviour found in this study include traditional beliefs of the Chinese which adhere to supernatural powers such as God and ancestral spirits, as causes of disease and methods of treatment. For example, Holroyd (2002: 741) in his study investigating how the Hong Kong Chinese elderly revise, shift, and modify their health-seeking behaviours to

adapt to rapid social change found that, daily religious activities and visits to temples were utilised to help the elderly to foster the restructuring of their perceptions of themselves, of other people, and of the world around them. In addition, they turned to supernatural powers to rationalise and explain sufferings experienced by them and thus requiring treatment from traditional healers.

The findings of Holroyd's (2002) study further support the findings of the present study, in which the health-seeking behaviours of the informants are found closely associated with supernatural powers, which then determined different treatment choices. In this study, most informants (46 percent) irrespective of their education level and occupational achievement, have a strong belief that terminal illnesses like their cancer is associated substantially with supernatural causes and being a divine punishment for their sins.

The issue of divine punishment is closely related to the folk beliefs adopted by some of the Taoist informants in the study, and it was commonly mentioned among these Chinese informants, especially those of Taoism, where they used to pray in various Chinese Gods and Goddesses temples such as the "Guang Yin" temple during the first month of the Chinese lunar calendar. Chinese Taoists practise this ritual and traditional customs with the purposes of requesting for protection as well as to know a person's luck in the coming year. In return, the people will have to repay the God or Goddess in the last month of the Chinese lunar calendar. According to the informants, the Chinese believe that in the event of them failing to perform this ritual, something bad such as an accident or ailment will happen to them in the coming months of the year.

May Li, one of the Taoist informants, aged 52 years, and used to be a fish monger in the market, explained that her folk beliefs influenced her opinion as to the causes of cancer. And it thus led her to seek guidance from a religious counsellor from a Chinese temple to clarify the reason she was attacked by cancer. She then related her opinion on divine punishment in relation to her cancer diagnosis to me as follows:

*May Li remembered that on that year when she was struck by cancer, it was shown on the Chinese lunar calendar that her whole year luck was not smooth and she may have some illnesses and agonies. To start with, her handbag was snatched while walking on a busy street at the beginning of the year. Then, she met with an accident just immediately after Chinese New Year of that year. According to May Li, she was lucky that both incidents did not cause much harm to her. However, things went quite smooth after that. Then, just before the end of that year, she suddenly got ill and it was not an ordinary disease. She felt so upset and she had no idea why this happened to her. After much thinking, she realised she may have offended the Deities in the Chinese temple she used to ask for protection for the whole family. She remembered that she actually did not go back to the temple at the beginning of the year according to the Chinese lunar calendar to perform 'repayment' ritual; thanking the Deities for their protection to the family for the year before. May Li has a strong feeling that her serious illness was due to the divine punishment by the Deities in the Chinese temple for her forgetful behaviour.*

(Field note: 5 April, 2007)

A similar experience was described by Mei Mei, one of the informants, who commented that she had not been praying to any God before the cancer struck. According to her, she never performed any religious rituals even when she stayed in her parents' house where they prayed to the Taoist God as well as to their ancestors. She believed that her ailment was a punishment from God for not being a pious follower of God and now she has found a religion that could help her with cancer in various ways, as she illustrated to the researcher in the field notes below:

*According to Mei Mei, she felt strange when she was told by the doctor about her ailment because she has been very healthy all this while. She also did not have any bad habits like smoking or drinking alcohol. Her job all these years as a sales assistant was quite relaxing. She even arranged for holiday trips every three months. And yet, she still got this disease. The only answer is because God wanted to punish her. Because in her life, before she got this disease, she never prays to any God. Even, when she followed her mother to any Taoist or Buddhist temple, she never intended to pray at all. She always thinks that praying to God is something not realistic because no one has proven that there is God in this world. But now, after her cancer diagnosis, she has started to believe in God. She prays to God for protection and for a longer lifespan in this world. She begins to believe that there are supernatural forces such as God, in this universe.*

(Field note: 21 April, 2009)

The above accounts by May Li and Mei Mei have pointed out that supernatural powers such as God or Deity is utilised as a causal link to deal with life situations such as cancer attacks among the Chinese cancer survivors in this study. These study findings correspond with the findings of an earlier study by Kleinman (1980), who investigated medical services among Taiwanese. In his Taiwan fieldwork, Kleinman (1980) documents the major concerns of the cultural determination of illness, from which the researcher provides evidence of how the Chinese culture, particularly the belief in supernatural causation, shows patterns of depression and other psychological disorder among Taiwanese people.

Kleinman's finding was later supported by Lin and Lin's (1981) study in describing the religious view of causation of gods and ancestors in the etiology of mental illnesses among the Chinese community in Taiwan. To the Taiwanese people with strong traditional Chinese beliefs, mental illness is a punishment for their ancestors' misconducts. As such, some of the common supernatural practices performed by the participants in Lin and Lin's (1981) study include prayers and offerings at Buddhist temples, and calling on Taoist priests to perform shamanistic rites. From the finding of Lin and Lin (1981), it is not surprising that those participants in their studies considered the influence of supernatural forces as a cure for their illnesses. The rationale behind this consideration is such that those who believe in supernatural power as a causal explanation of diseases, view disease as the result of a specific supernatural agent. Therefore, recovery from diseases would require spiritual treatments by a religious healer to perform prayers, or to perform shamanistic rites.

As religion is part of the cultural aspect of any society, it plays a vital role in shaping the lives of cancer patients. In this context, religious beliefs assist the cancer patients to cope better with life. As a result of their religious beliefs, the cancer patients' aimless lives transform into meaningful quality lives.

In the present study, there are two different situations where religion has been utilised as a coping mechanism in relation to cancer attacks among the informants. The first is when informants are inflicted with life-threatening illnesses such as cancer, they fall into a state of despair, desolation, and feel that nothing is permanent in the world, especially their lives. With this existential threat to life, majority of the informants automatically turn to God for comfort and solace, mercy, and His Grace to heal the ailment. In this study, even an atheist like Lau, aged 46 years, one of the informants, turned to God in a desperate bid to come out of the ailment and be proclaimed a perfectly healthy person. The following description was extracted from the researcher's interview notes with Lau:

*Lau and his family have not been praying to any Deities before his cancer diagnosis. Although they are more inclined to Taoist way of living which means they sometimes pray to their ancestors during eve of Chinese New Year before they have reunion dinner among extended families, they have not visited any Chinese temples before. It was only until the very moment when Lau was diagnosed with stomach cancer, that his wife started to visit several Chinese temples and prayed to the Deities for protection to her husband so that Lau could survive through the illness. Lau, on his part would now pray to "Guang Yin" (the Goddess of Mercy)<sup>4</sup> to make him not feel so much agony and let him get well soon.*

(Field note: 9 April, 2008)

The second situation of religion as a coping mechanism among informants refers to the utilisation of religious beliefs in making the patient come to a realization that life is transient, nothing is permanent; materialistic, wealth and well-being are of no use in the face of a life-threatening disease like cancer. Henceforth, majority (68 percent) of the informants increasingly turned to God in a desperate attempt to live a peaceful life and accept the ailment as a part of their lives. When such a mental framework is present in a cancer patient, he or she can live free of stress and worry. In some instances, as in the case of some of the informants in this study, this attitude contributed to a better healing process. In relation to this issue, May Li related to me the following:

*May Li is a pious follower of the Goddess of Mercy and she always has faith in "Guang Yin" (the Goddess of Mercy) whenever she is in difficulties. Particularly in this cancer case, before the surgery as well as before any chemotherapy, she would recite some protection phrases from "Guang Yin" and consequently either surgery or chemotherapy session turned out to be very smooth processes. She claimed that she actually did not suffer as much as other cancer patients during their chemotherapy sessions. To May Li, the Goddess of Mercy helped her to go through the suffering process during therapies.*

*In addition, May Li's strong belief in the Goddess of Mercy make her pray constantly to the Deity. As she prays and feels comforted, she becomes calmer in mind. She has beginning to realise that nothing is permanent in this material world. This realisation of life makes her treat things in an easy manner and accepting things in an open-minded approach. This attitude change in her finally makes her accepts the truth that she has cancer and gradually live with the fact that cancer is part of her life now. With this new attitude towards life, May Li feels that her life now is stress free and she can cooperate better with her doctor in treating her illness.*

(Field note: 5 April, 2007)

As observed from the above informants' cases, it is common for the Malaysian Chinese informants to pray to their ancestors as well as deities in Taoism, particularly the Goddess of Mercy, when they have a life-threatening illness such as cancer. The findings also show that the most common form of religious practice for the Chinese informants is chanting of verses from Buddhist or Taoist scriptures, followed by praying to the Deities in the Chinese temples. The religious practice performed by the cancer survivors in this study were similar to those observed in Taiwanese cancer patients as reported in the study by Chang and Li (2004: 43). In their study to explore the use of complementary therapy while receiving conventional treatment among Taiwanese cancer patients, Chang and Li (2004) found that the most common religious practice among their study participants is praying and chanting Buddhist or Taoist scriptures.

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<sup>4</sup>The Goddess of Mercy is a common deity in Taoist families.

#### 5.2.1.4 Beliefs in Fate

Next, in the Chinese culture, the belief that fate determines health and diseases has significant implication on people's responses to cancer and thus affects the forms of therapies adopted by them (Chen, 2001: 270). In this study, many informants (58 percent) held the attitude that cancer was a matter of fate. May Li, aged 52 years and was a fish monger prior to cancer described her belief in fate to the researcher in relation to cancer as noted in the researcher's field notes:

*She remembered that she used to have a healthy lifestyle when she was young and she has always handled things calmly. She also claimed that she seldom raised her voice when talking to people or even when she was angry with certain people. Yet, she was still chosen as one of the people to have contracted cancer. In her opinion, it was her fate to suffer this kind of life-threatening disease. According to May Li, as her disease is due mainly to fate, she believed even the Western doctors could not do much to cure the disease completely. Thus, she has decided to switch her medication to Chinese traditional medicine prescribed by one of the 'sinseh' in a Chinese medical shop in the neighbourhood.*

(Field note: 5 April, 2007)

A similar belief is described by Winnie, one of the informants, aged 53 years and owned a flower shop prior to cancer. She sold off her flower business after her cancer diagnosis. The researcher noted her view of fate in the disease, as follows:

*According to Winnie, she used to work very hard when her kids were small. She was always rushing with time to complete jobs between her flower shop and the household chores. But then, when her kids were grown up and able to take care of themselves, she has had quite an easy lifestyle: ate well, slept well and also did some morning jogs within a week. She considered her lifestyle very healthy. She has always been very careful with her diet. As she commented that she could never understand how she came to contract the disease. However, as she looked around her surroundings carefully, people who have cancer can be of different conditions, and of all ages. Some very healthy people also got struck by cancer. Therefore, as Winnie had explained, cancer patients just have to tell themselves that it is their fate to have the disease and they just could not do anything about it. However, even though it is due to fate, Winnie continued to act positively by giving full cooperation throughout the conventional therapeutic process, as well as to keep herself in good mood all the time.*

(Field note: 9 June, 2009)

The two cases highlighted the same pattern of a healthy lifestyle before cancer among the informants, and yet both of them were still attacked by cancer. As disclosed by the informants, no matter how well they took care of themselves before the cancer diagnosis, fate will always predominate their lives. In this context, even though both informants attributed their respective illnesses to fate, the way in which they sought treatment was different. May Li completed the full course of her chemotherapy, but did not continue the medication after that. Instead, she sought further treatment from a Chinese 'sinseh' hoping that the Chinese herbal medicine prescribed to her could help to restore the insufficient *qi* in her body.

However, Winnie acted differently. After her full course of chemotherapy, she continued with the medication from hospital. In addition, she rejected all complementary and alternative medicines such as traditional Chinese medicine, multi-vitamins, and health products sold by direct selling

companies, of which were suggested by friends and relatives. She chose to focus on practicing qigong to restore the *qi* in her body.

With regard to the above two different interpretations of fate in cancer, one could generalise that the informants' fate in health and illness did not provide evidence of the majority of the informants treating cancer as a death sentence, and doing nothing to treat the disease. On the contrary, most informants showed differential interpretations of the disease in relation to fate, and then followed their own ways of treating the disease. In this context, the informants' ways or decisions with regard to cancer were very much influenced by their health and cultural beliefs, community values as well as perceptions of their friends and families.

#### **5.2.1.5 Fatalistic Belief**

Cancer patients who hold fatalistic beliefs about cancer survivorship perceive a cancer diagnosis as an inevitable death sentence, and thus affecting their outlook of life and their treatment decisions. Previous studies (Conrad et al., 1996; Straughan and Seow, 1998; Chen, 2004; Chio et al., 2008) suggest that patients, who subscribe to the belief that cancer is a fatal disease, see the disease as beyond human control. In this study, there were similar findings on the cancer diagnosis among the Chinese informants. Several informants (12 percent) chose to ignore the illness and accepted things as they come. This is part of a typical Chinese concept of materialistic values where the informants thought that it was a waste of money to seek treatment for an incurable ailment. They would rather reserve the money for their families' future use. According to one of the informants, Liang Hui, his present life on the earth was a matter of "*now you see it, now you don't*". This statement implies that he has totally given up on life as his belief in cancer fatalism had influenced his decision-making in the treatment of cancer. The following details illustrate Liang Hui's attitude towards his illness:

*Liang Hui was all the time showing a peaceful and calm expression during the process of the researcher's in-depth interview on his outlook in looking at his illness. According to him, it was his luck and fate to have contracted cancer. Since it was impossible to prevent it, he has decided to take things easy and taking each day as it comes as there is no certainty about the future. As Liang Hui emphasized regularly during the interview that we may see him today, and we may not see him anymore tomorrow. He strongly believes that he should enjoy the balance of the days in his life by eating any food of his preference. He made no changes in his diet and he continues to ignore the predicament of his illness. However, he has been praying to God for a peaceful death, without much pain mentally and physically.*

(Field note: 12 May, 2009)

The above field notes on Liang Hui indicates his fatalistic view that cancer is a deadly disease. Most importantly, this belief had great impact on the informants' responses towards their diagnosis and later influenced their decision making in the mode of treatment by not accepting any Western therapy or surgery.

#### **5.2.1.6 Lifestyle Changes after Cancer**

Findings of the present study also found that most informants (92 percent) adopted healthy lifestyles upon cancer diagnosis or during the cancer treatment process. The following description was extracted from the researcher's interview notes with Josephine, one of the informants, aged 52 years and had been a full time housewife since marriage:

*Josephine used to attend aerobic exercises during the early days of her marriage until her first child was born. However, the result of cancer diagnosis finally made her change her lifestyle by practising qigong at the recreational park on a regular basis, besides having a dietary change to a more nutrient focus diet as well as to avoid certain fatty and oily food. In terms of fruits and vegetables, she was strongly influenced by some of the qigong members insisting on taking the organic one. In addition, according to Josephine, she has been on a Chinese herbal medicine diet therapy ever since her chemotherapy, in order to enhance her body strength. She remembered that one of the cancer survivors told her that the chemotherapy is a very painful process. And she will get weaker after each session. And then, her illness became more serious. After hearing that, she was so worried that she may just pass away during chemotherapy because her body resistance was bad at that time. She also had 'oral ulcer' after chemotherapy. So, she decided to practise 'Guolin Qigong' and the members at the park also advised her to take Chinese herbal medicine every time after chemotherapy. From that time onwards, she did not get oral ulcer anymore. Her body became stronger each day. Josephine then attributed these improvements in her to regular qigong exercise and the Chinese herbs diet therapy.*

(Field note: 18 September, 2007)

The above account described several lifestyle changes in terms of physical activity and dietary pattern among the informants. These findings have important implications for the informants' health maintenance, having been cancer survivors for a minimum of two years. On the other hand, the healthy lifestyle changes after a cancer diagnosis are tied to the factor that survivors believed that the healthy changes they have implemented would ward off a recurrence of cancer in them.

The informants' lifestyle as one of the causal factor of cancer is found similar to the findings by Rabin and Pinto (2006). According to Rabin and Pinto, breast cancer survivors from the Miriam Hospital in the United States of America believed that an unhealthy diet, insufficient exercise, or alcohol consumption contributed to the causes of their cancer. In the study, breast cancer survivors who believed that their unhealthy behaviours had actually contributed to their cancer were more likely to modify the relevant behaviours and adopt healthy lifestyle changes after their cancer diagnosis.

## **6. Discussion and implications of the study**

There are a number of discussion and implications that can be drawn from this study. First, this qualitative study brought into light the findings that would only be applicable to Chinese individuals living with cancer in Malaysia, and would later provide a useful foundation to conduct a broader survey of TCM use by Chinese cancer patients in Malaysia. On top of that, this study contributes to the corpus of knowledge on medical sociology in general, and the study of cancer patients in particular.

Second, the study has shown a paradigm shift in Malaysian Chinese cancer patients from relying solely on conventional Western treatments to a combination of Western treatment with traditional Chinese medicine (TCM), emphasizing on Chinese health practices such as qigong and taichi exercises, and herbal medicinal treatment. However, this perceived superior wholesome treatment need to be further explored in order to tap the advantages of the practice. Future studies could focus on developing this area of research by checking with more cancer patients who employ both Western treatments and TCM practices. Furthermore, this area of research could help to enhance the cancer patients' confidence in utilizing TCM alongside Western medicine.

Third, Chinese cultural beliefs and practices appear to have an impact on the decision to use TCM concurrently with Western therapies, as reported by the informants in this study. The informants noted that following Chinese beliefs, the use of Western medicine is appropriate to alleviate acute health problems, while TCM is more appropriate to treat chronic conditions in a more holistic way. This finding appears consistent with the evidence from Simpson's (2003) study on Hong Kong women with breast cancer. Thus, the combination of both types of therapies appears to have distinctive, yet complementary purposes that make them appealing to cancer patients.

Fourth, for health care professionals, the implications of the study include the need to investigate their patients' reasons for seeking TCM and the need to be aware of sociocultural factors behind the use of TCM, during and after cancer treatment, as it affects patients' safety and health outcomes. With this, it is then hope that health care professionals will be able to support their patients in making better decisions that are evidence-based and congruent with the patients' own beliefs. Also, with the effort from health care professionals in having constant communication with TCM providers, they are able to facilitate their patients in using safe, proven, and inexpensive TCM.

Fifth, the Malaysian Chinese cancer survivors in this study tended to be influenced by their Chinese social and cultural factors in decision making on their lifestyle, health, and health-seeking behaviour. Because of the long and entrenched history of the Chinese culture in Malaysia, the Chinese ethnicity has traditionally incorporated the Chinese cultural beliefs, norms, and values into their lifestyle, health behaviours, and health-seeking behaviours. In relation to this, a number of studies (Lee, 1980; Li, 1985; Sun, 1991; Taylor, 2001), particularly in Hong Kong and China highlighted the sociocultural influences in health care and services. None of these studies, however, extended to an exploration of the impact of sociocultural factors on the Chinese's decisions in lifestyle and health and illness. It is in the absence of subsequent studies on this issue within the Chinese communities, that this study has provided insights into the influences of sociocultural factors on the ethnic's beliefs, in particular, those with cancer, lifestyle, health behaviours and health-seeking behaviours.

Lastly, the informants in this study have also shown that prevention is better than cure. This axiom is especially insightful that warrants preventive medicine since emotional and social factors as well as the physical condition of one's body influence the vital balance of health and illness. In this context, the Malaysian Chinese society has become increasingly knowledgeable and actively seeking healthy lifestyles and correct attitudes to avoid being afflicted by chronic diseases such as cancer.

## **7. Conclusion and recommendations for future research**

This study has highlighted several important findings in relation to the Malaysian Chinese cancer survivors and the influence of Chinese sociocultural factors in their lifestyle, health, and health-seeking behaviour. The major discovery of this study is that Chinese cultural beliefs and practices not only have a significant impact on the informants' early lifestyle before cancer diagnosis, but also play a vital role in their interpretation and perception of cancer as well as their needs for health care.

As the beliefs and practices of these Malaysian Chinese informants dictate the concept of balance and harmony in relation to health and illness, majority of the informants, particularly the elderly group preferred to use traditional Chinese treatments or TCM for their ailment. As such, it is important to highlight that the concept of medical pluralism was found to be frequently practised by these Malaysian Chinese informants.

Another major finding of this study, which is crucial in the field of medical sociology, is that sociocultural factors particularly the Chinese culture and the Confucian values, have much effect on the psychosocial aspect of the informants. Findings of the study provide evidence that the Malaysian Chinese informants often used non-biomedical approaches to deal with health and illness. In this context, TCM was often used concurrently with Western medicine in the cancer treatment of the informants. The main reason for informants to use a combination of TCM and Western medicine, during and after cancer treatment, is due to informants' past experiences and the testimonies of other cancer survivors. It is a well-known fact amongst cancer informants and survivors that Western treatment usually produces significant side effects, and TCM has been proven useful and effective in dealing with these side effects, as it was also consumed and utilised by other cancer survivors.

In reference to the relationship amongst the informants cum cancer survivors in this study, some of the informants with more years of survivorship had indirectly become the "support group" for other newer cancer survivors in the study. The "support group" played an important role of providing insights and confidence to new survivors who were still wrestling with the fear and anxiety surrounding cancer diagnosis and treatment. Their presence served as testimonies of the benefits of TCM utilisation during Western treatment and the high possibility of a quality life after cancer treatment.

As such, there is no doubt that the sociocultural values of the Malaysian Chinese informants in this study act as the defining characteristic of their levels of health and illness. While it is important to keep in mind the salience of ethnic's sociocultural values in determining the health status of the individuals and community of the Malaysian Chinese, advancing our understanding of the role of culture in a conventional biomedical model of health care system in the country and their policy implications requires more than a simple association to this study. Before the ultimate goal is achieved, several steps are necessary to advance epidemiologic studies in this area. In addition to the findings of this study, future research should attempt to understand the influence of sociocultural factors on health and illness of the other two major ethnic groups in the country, namely Malays and Indians.

There are basically many points to ponder on the topics relating sociocultural factors to health and illness of the Malay or the Indian community, particularly when cancer etiology is concerned. For example, future research and analysis with a view to examine the impact of sociocultural factors on health and illness of the Malay community in this country would require a review of the literature, not only from Malaysia, but to other Muslim countries as they practice the Muslim way of life. This will enrich the literature pertaining to the Islamic perspective on health and illness, as the literature is particularly scarce when reviewing cancer from the Islamic point of view.

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