Evaluating a Culturally Tailored Peer-Mentoring and Education Pilot Intervention Among Chinese Breast Cancer Survivors Using a Mixed-Methods Approach

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Breast cancer is the leading cancer among Asian American women, and the incidence of breast cancer among subgroups of Asian women is rising (Gomez et al., 2010). Despite the increasing size of the Asian American population (17.3 million) (U.S. Census Bureau, 2010) and the growing rate of breast cancer in that population, little attention has been focused on the informational and psychological needs of Asian American breast cancer survivors (Lee et al., 2013). Past research has shown that social support interventions effectively relieve psychological distress among non-Hispanic Caucasian cancer survivors (Stanton, 2006). However, no study has reported a social support intervention for Asian Americans. The current article aims to document and evaluate a peer-mentoring and education intervention culturally tailored for Chinese American breast cancer survivors.

Cultural Barriers for Seeking Support

Asian American populations with cancer, many of whom are immigrants, have an increased need for psychosocial interventions because of existing cultural and linguistic barriers (Lu, Zheng, Young, Kagawa-Singer, & Loh, 2012). Compared to Caucasians, Asian Americans are less likely to explicitly seek out social support. They often perceive that sharing their own problems may burden others and disrupt the harmony of their relationships (Kim, Sherman, & Taylor, 2008). Shame and stigma associated with cancer also prevent Asian cancer survivors from seeking social support (Wong-Kim, Sun, Merighi, & Chow, 2005). Patient-doctor relationships tend to be hierarchical in Asian cultures, unlike the more egalitarian relationships seen in Western cultures (Nilchaikovit, 1991). Therefore, Chinese patients tend to treat doctors as authority figures and do not ask questions about treatment options (Fielding & Hung, 1996).