

Tongan perceptions of cancer[☆]

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Abstract

Background: There is little published information about cancer-related knowledge, attitudes, and preventive behaviors of Tongans in the United States. The purpose of this study was to evaluate answers to the following questions: *What is cancer? What causes cancer? And what can you do to prevent cancer?* **Methods:** We completed face-to-face, semi-structured interviews with 48 self-reported Tongans (16 men and 32 women) over the age of 18 years, selected through non-probability purposive sampling with help from Tongan community-based organizations. The questions regarded demographic characteristics, and cancer-related knowledge, attitudes and preventive behaviors. The research settings were San Mateo, California and Salt Lake City, Utah. We analyzed the data using qualitative content analysis of individual interviews to identify themes. **Results:** All but one of the 48 participants had migrated to the U.S. from Tonga. The average income was approximately \$3100 per month and average household size was six. Fewer than half of participants had health insurance. The theme that cancer was equivalent to death was pervasive through all the responses. Weaknesses in the body and exposure to toxins in the environment were dominant themes in the causation of cancer. Leading a healthy life and prayer were among the preventive measures cited by the respondents. **Conclusion:** The association of cancer with death is a strong indication that cancer information is not reaching this community. Interventions must take this into account and include Tongan cancer survivors in order to enhance the effectiveness of early screening efforts. © 2008 International Society for Preventive Oncology. Published by Elsevier Ltd. All rights reserved.

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1. Introduction

Previous efforts to understand the cancer control needs of underserved populations have often overlooked Pacific Islanders. Their needs are obscured in part because of the aggregation with Asian populations whose education levels and economic status are often higher. Recent studies have begun to document the cancer control needs of some Pacific Islanders: Native Hawaiians [1], American Samoans [2,3],

and Tongans [4]. These studies suggest that cancer-screening rates are generally low and that cancer awareness is limited in these populations. However, there is still a paucity of information regarding the cancer control needs of Pacific Islanders.

Very little cancer control research has been conducted among Tongans, the fourth largest Pacific Islander group in the United States (U.S.). The only study to evaluate use of cancer prevention services found extremely low rates of mammography screening in a convenience sample of Tongan women [4]. To improve cancer awareness and increase the use of cancer-screening services, it is necessary to determine Tongans' understanding of cancer. Studies from many underserved populations have shown that interventions that incorporate cultural values and focus at

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an individual level are more effective in changing behavior than decontextualized medical information [1,5–7].

The investigation described herein will provide vital baseline data that will assist in a better understanding of how Tongans' knowledge about cancer may influence their use of screening services and in the creation of interventions tailored to meet the knowledge and economic needs of this community. However, before discussing the study, it is important to provide background information about Tongans in the U.S., including concepts of health, use of medical services, and cancer control needs.

1.1. Tongans in the United States

The history of Tongan migration to the U.S. from the independent nation of Tonga is relatively recent. Sponsored by churches such as the Latter Day Saints, Catholics and Protestants, Tongans began to migrate in the 1950s in search of educational and economic opportunities [8]. The 1965 changes in immigration laws enabled many immigrants to assist their siblings and parents in joining them in the U.S., primarily in Hawaii, California, and Utah. Family and church obligations played a central role in the daily lives and the building of community for Tongans in these sites.

Tongans are the fourth most populous Pacific Islander group in the U.S. According to the Census, 398,835 "Native Hawaiians and other Pacific Islanders" lived in the U.S. in 2000 [9]. Of these, 27,713 are Tongan. There are approximately 12,000 Tongans in California half of whom live in Northern California (San Francisco Bay Area) and approximately 9000 reside in Utah. Tongans are relatively young (average age 23 years) and have large families (4 persons). Approximately 23% of Tongans have incomes below the poverty level (compared with 10% nationally) with the per capita income being less than half the national average (\$6144 for Tongans compared with the \$14,143 national average) [9].

Given the recent history of Tongan migration, there is little published research regarding household composition and community in the United States. To our knowledge, Small [8] is the only researcher to examine Tongan migrants in the United States. Her research suggests that, like other Pacific Islander migrants, new arrivals typically live with a relative when they first arrive. This household assists in providing food, economic support and help finding employment. Once that migrant is financially stable, they may move out and begin a new household of their own. Often, elderly or young migrants may stay permanently in the original household. Even though someone moves out of the household they will be mutually obligated to contribute aid and collecting contributions for family or community events. The success and well being of a family is achieved through maintaining obligations to care for each other.

While obligations to family and community in the United States are a component of daily life, Tongans must also maintain their relationships with their families in Tonga.

Sending home remittances often helps in paying for the education of a niece or nephew, building a new home, or supporting a community improvement project in their home village. Remittances contribute to the prestige of the family in Tonga, maintain connections to Tonga, but more importantly show fulfillment of obligations to family, church, and country.

The intimate link between migration to the U.S. and the church are reflected in the centrality of and obligation to religious functions. Churches play important roles in the daily life of U.S. Tongans. There are dedicated Tongan services, Tongan choirs, youth groups, women's groups and Tongan dances. The church is a center for community interaction, an opportunity to meet and socialize with Tongan migrants from other villages. Many weekends are often filled with Tongan community and church activities.

1.2. Concepts of health

An explicit goal of cancer screening is to detect the disease before there are symptoms, while it is still treatable and before it has spread to other parts of the body. To attain this goal it is necessary for individuals to seek care when they feel healthy, that is they must seek care in order to confirm a state of health. These goals and expectations for preventive health care make sense if one believes that health is defined as the absence of disease, a belief that is pervasive in Western culture and the history of modern medicine [10–13]. However, the notion of preventive health care may not be salient for people who hold alternative concepts of health.

Tongan concepts of health are defined by a constellation of relationships maintained with both the living and deceased throughout life [14,15]. As McGrath [14] notes, "health in Tonga . . . includes having a good life, of being lucky or fortunate, of being satisfied that you are fulfilling duties to God, country and family. Health includes all of these feelings, and illness strikes when anyone is out of balance." This social relational concept of health has important implications for Tongans' (and most Pacific Islanders') use of preventive care. Prevention, within this framework of health, focuses on maintaining obligations and relationships with the family, church, and the Tongan community. As a consequence, health care is often sought only when symptoms prevent an individual from fulfilling an obligation.

1.3. Use of medical services

Contemporary studies of medical care use in Tonga show that medical pluralism is the rule and not the exception [14–16]. While there are distinctions between categories of diseases, *mahaki faka Palangi* (European illnesses) vs. *mahaki faka Tonga* (Tongan illnesses) or *puke* (just sick), the cause of the illness is often determined by the treatment method that worked. For instance, if one went to a *toketa* (biomedical practitioner) and the treatment succeeded in

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