

Immigration, a blessing or a curse? Explore the pattern of dietary change, breast cancer risks, and breast health self-advocacy of Asian American women

Yijing Qu

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1 Abstract

According to a recent study in California, from 1988 to 2013, the breast cancer incidence rates of Asian American women have been increasing steadily, in contrast with other ethnic groups. In this study, Gomez (2017) attributes the increasing incidence rates of breast cancer among Asian women to ‘acculturation to the Western lifestyle,’ which include more alcohol use, late pregnancy, and diet. Two questions arise about the causality between acculturation and increasing breast cancer incidence: 1) is it the result of lifestyle change correlated with acculturation; 2) does it suggest more detection because of increasing breast health awareness associated with acculturation? The author studied data from the California Health Interview Survey (2015), to test the two hypotheses: 1) acculturation is associated with the increasing breast health awareness represented by mammogram participation; 2) acculturation is correlated with lifestyle changes (diet, cigarette, and alcohol consumption), which contributes to the risk factors for breast cancer and further leads to rising incidence rates. The result exhibits no evidence that acculturation significantly affects the probability of using mammogram within the last two years. Counter-intuitively, socioeconomic factors, for example, income and education, also have little to inform us on screening behavior—in this data-set, cultural nor social factors predict screening behavior. Nevertheless, people who actively participate in mammogram tend to have college degrees and higher household income (over ten thousand dollars yearly). Furthermore, there are significant differences among the mammogram utilization rates in different ethnic groups: over 20 percent eligible women are not participating in screening in Korean and Filipino community. In terms of lifestyle, fast food consumption is the only variable that provides solid ground for the acculturation or cultural argument. Rather than shaped by culture, lifestyle is more likely the result of personal choice and socialization. Convenient as it is, attributing the cause of health results to culture can be perilous.

2 Introduction

Breast cancer is an issue for all, and increasingly, for Asian American women in the United States. According to a study by Gomez and others (2017), from 1988 to 2013, the breast cancer incidence rates of Asian American women have been steadily increasing, in contrast with other ethnic groups in California. Gomez (2010) explained the trend towards increasing breast cancer incidence among Asian women with the acculturation theory: ‘acculturation to the Western lifestyle’ including alcohol consumption, late pregnancy, and diet wholesomely contribute to higher risks of breast cancer and other cancers (Gomez, 2010). Does this suggest that post-first-generation immigrant women are at a growing disadvantage in facing breast cancer? The answer is: not necessarily. Apart from the potential increased risks, later generations also tend to be stronger advocates for their health, and thus more actively participate in screening leading to higher chances of early detection (Ashing-Giwa et al., 2004).

This research is particularly pertinent to inform policymaker and healthcare institutions of the strategy to introduce breast health educational intervention in Asian communities. Compared to all other racial groups, the utilization of mammograms is slightly lower among Asian American group. Of all ethnicities, Korean and South Asian women have the lowest mammogram utilization, and late-stage cancer is most frequently found in the groups with the lowest mammogram use (Gomez et al., 2010). Some qualitative studies can share insights into the explanation for the lack of advocacy to one’s own health.

For example, in a study by Ashing-Giwa et al. (2004) about the living condition of breast cancer survivors, the testimony of Philipino American women suggests that the low rate of breast cancer screening is due to their culture. The family value that they conform to put the well-being of family members over their own. As a result, their breast health –like their overall health–is often neglected. These evidence indicates the key role of socioeconomic issues in shaping one’s screening habit and general self-advocacy for health, which includes financial pressure, family pressure, living conditions, support, and education.

Such previous literature inspired the research question of this paper: has immigration proven to be a blessing or a curse? Have lifestyle changes for the worse as Asian immigrants live longer in the US? Or do they develop better self-advocacy and increase the likelihood of cancer detection?

This study explores the correlation between acculturation and breast cancer risk factors and screening (mammogram) habits. The study employs data from the California Health Interview Survey (2001-2015) to investigate the following aspects: lifestyle changes in the Asian American community in California, including diet, alcohol and cigarette consumption; the frequency and utilization data and trends of breast cancer screening; and also the association of these two trend with culture, ethnicity, immigration status, and generation. The re-

search will inform the culturally tailored strategies on public health education and awareness about breast health, not limited to the very diverse context in California.