Research on Women's Health Needs and Social Support in Contemporary Urban China

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Abstract

Urbanization in contemporary China has been promoting social progress and improving the quality of life. However, it also lead to environmental pollution, the change of residents's life style and threatened their health. Unhealthy diet, lack of exercise, pressure lead to increased disease. Both males and females are influenced, but females play different role from males in work and they are discriminated in social systems and structures. So women's health needs and social support cause more attention.

In the paper, the author applies literature and participation observation to explore women's health needs and social support in contemporary urban China, taking breast cancer patients for example.

Keywords

women's health, needs, social support, urbanization, breast cancer

URBANIZATION AND HEALTH

The relevance between urbanization and health has attracted more and more attention. Liao Yiling did an empirical economic study, which is based on Grossman's heath capital demand theory, using the data of the China Health and Nutrition Survey from 1991-2006. She compare the difference between the urban and rural samples, male and female samples to investigate the influencing mechanism of different factors on the demand for health. Her research indicates that the regression result of age, education, working status, insurance status, average income per capita, gender and martial status on health demand confirms to the Grossman's theoretical prediction. Urbanization level has significantly positive effect on the health demand, even after the author has controlled the effect of population density, road mileage per capita and Beds per 10000 population. Urbanization process influenced the health status through increasing the income per capita, improving social security system and cultivating modern health awareness. The results of empirical research grouping by urban and rural areas indicated, education has a negative effect on the health status for people in urban areas, since working pressure has offset the positive effect of knowledge accumulation of health.Population density and road mileage per capita also have different influence on health demand. The results of empirical research grouping by gender indicated, with the sexual discrimination in Chinese traditional ideas, educated male people are significantly more healthy than those who are less educated, while there existed little difference between female people with different education years.^[1] In a word, urbanization process influenced the health status.

Rapid urbanization makes good and bad effects on health. Urbanization increases income and health investment, improves social security system, cultivate modern health awareness so people have longer life expectancy and lower infant and

maternal mortality rate. However, during the process of urbanization, the environment including noise, water and soil is polluted. Meanwhile, life style is changed. Unhealthy diet, smoking, alcohol abuse, lack of exercise, pressure lead to increased disease. Beside, high-density population causes traffic accident.

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RESEARCH QUESTION

In the paper, the author applies literature and participation observation to explore women's health needs and social support in contemporary urban China, taking breast cancer patients for example. On the one hand, breast cancer is the women's most common cancer in the world and in China's many cities. It is the most commonly diagnosed cancer among women all over the world. And the incidence is increasing recent years. Though China is the low-incidence country, the incidence of breast cancer was the first among the female malignant tumors in many lager cities remaining increasing. On the other hand, the author has known and set up relationship with some breast cancer patients through practice since September 2011, so it's convenient to observe in participation.

RISKS OF CHINESE FEMALE BREAST CANCER

As we know, breast cancer is the women's most common cancer in the world and in China's many cities. In this part, I will explore the risks of Chinese female breast cancer. The researchers in and out of Chine explore the risk of female breast cancer through many methods such as case-control study and experimentation based on a large number of population these ten years. Their research results show the risks of Chinese female breast cancer are as follows.

The first one is biological factors, such as family history of breast cancer, family history of the other cancers. And history of benign breast disease is an important risk factor. [2,3,4]

The second one is the factors which are related to endogenic estrogen such as later age at menopause, menstrual disorder, more years of menstrual, more years of menstrual before giving first birth, abortion times>2, non-lactation. While factors as later menarche, lactate longer were protective factors for breast cancer.^[5,6]

The third one is the factors which are related to ectogenic estrogen such as oral contraceptive, hormone replacement therapy.^[7]

The fourth one is life style such as lack of exercise. Some research results show that smoking, alcohol abuse, using hair dye are risks of Chinese female breast cancer.^[7]

The fifth one is unhealthy diet. The risk factors of breast cancer include well-done meat intake, smoked food, too much milk product. While soybean food, vegetable, fruit, drink tea habit are protective factors for breast cancer. [7,8]

Besides, social and environmental factors are important influencing factors. High Body Mass Index, the level of radiation and pollution in job and life environment, psychological trauma, high pressure are risks of Chinese female breast cancer. Some researches find breast cancer is closely interrelated to negative life events especially to family problems such as marriage or children problems. While educational level is a comprehensive index. Some women who have high level education suffer from higher job pressure, marry at later age, breed and nurse less. Their diet are more unhealthy, and many of them are lack of exercise.

We can see most risks of Chinese female breast cancer are relevant to urbanization. Urbanization process caused environmental pollution, high pressure, the change of residents's life style and diet habit which led to the disease.

HEALTH NEEDS OF BREAST CANCER WOMEN

Zhao Ying assessed the breast cancer's patients's rehabilitation needs by using a self-designed investigation questionnaire. It contains physiology needs, safety needs, society needs, self-respect needs, self-realization needs, information needs, aesthetic needs, totalled 46 items. Firstly, she found radical mastectomy for breast cancer patients have a wide range of needs during hospitalization. Different personal characteristics, there is great difference demands. Occupation, education level, mental state, the relationship with her husband, hospitalization frequency, self-care ability, the source of hospital fees, whether the recurrence and metastasis after radical mastectomy are most import influences for breast cancer patients. Secondly, she found the highest demand is the information needs in seven different aspects of needs, demand for the lowest degree is self-actualization needs. Receiving care and social identity, physical function, sexual education, are demanded much higher. In addition, as the same as other patients, the breast cancers have these needs: staff skill levels, attitude of nurse, environment of hospital. Thirdly, the result showed self-efficacy have a positive correlation with self-esteem needs, self-fulfillment needs and aesthetic needs. [11] Some researchers paid attention to breast cancer patients' information needs. Fang Qiong's research found information sorted by breast cancer patients' needs level in a descending order is about cure, body, disease, checkup and psychosocial information. [12] Besides, some researchers found breast cancer patients' other needs. For example, Xue Caovi's research show community breast cancer survivors are expecting to return to the society, to get user-friendly rehabilitation and categorized health services, to obtain more economic support, to take part in more accessible, effective and various group activities, and to psychological care instruction. [13]

In short, breast cancer women's health needs include physical and psychological care, social identity and association, information needs and more economic support.

IMPACT OF SOCIAL SUPPORT ON BREAST CANCER WOMEN

Having these health needs, breast cancer women need social support. Many western research shows that social support plays an important role in the gaining of resource, the relief of the pressure and the improvement of the life for breast cancer

patients. From the form of social support, breast cancer patients get the informal support and formal support. Informal support is from family members, relatives, friends, wardmates, Internet and books, folk hospital and the patients themselves. And formal support is from formal hospital, unit, community, social medical insurance and experts. ^[14] In this part, I will discuss how the social support makes impact on Chinese breast cancer women.

The most important social support is from family for many breast cancer women. Lin wen-wen's research finds that informal support is the major and most important way for breast cancer patients to get social support. The support from the family members is the most important. If the breast cancer patient can get psychological support from family especially from husband and adult children, the family support is good for prognosis of disease. And Tang Li-li's research shows marriage state and social support may influence the recurrence and metastasis of breast cancer. Good marriage status can make breast cancer patients feel safe and confident to confront disease and cure.

Peer support is also very important. Qiu Jia-jia recruited and trained some volunteers in a breast cancer group. The volunteers who passed final exams began their voluntary work in words of the hospital. She find breast cancer volunteers could improve coping manner of new postoperative patients, and the establishment of volunteer peer support is a beneficial method for breast cancer patients. Peng Shanmin takes part in "Beauty of Life" group which is a support group based on how to recognize disease, especially understand illness, which aims to construct a positive self-image. This group focuses on explaining knowledge and skills, giving the freedom of expression and experience sharing. Research shows the group provides good emotional support for all the members, reduces the misunderstanding of breast cancer, increases the self-identity, and improves the quality of life. [18]

While the support and intervention from hospital and community is effective. Some clinical workers try to intervene and find it is effective to improve most breast cancer patients' psychological health status by cognitive therapy, behaviour therapy, relaxation training, music therapy, aerobic exercise and so on. [19]

Moreover, Internet are playing more and more important role. With the global popularization, Internet has been regarded as an effective access to obtain health information and emotional support for patients. Studies with the Internet as an intervention medium among breast cancer patients have been reported in western literature, most of which achieved positive results. In China, Huang Xiaoyan did the research. Her team developed an Internet-based support program for breast cancer patients. They found Internet-based breast cancer support program can provide abundant and targeted information, offer multi-disciplinary cooperated counselling, achieve real-time interactive interventions, thus it is an effective approach in reducing uncertainty to disease and leve of depression for breast cancer patients. In addition, it is effective in improving the level of disease-related knowledge. [20]

CONCLUSION

In conclusion, urbanization process influences women's health and Chinese female breast cancer are relevant to urbanization. We should propose and help breast cancer women to obtain and use social support from their family, peer, hospital, community, Internet to meet their physical, psychological, social and spiritual needs.

REFERENCES

- [1]廖一龄.城市化对居民健康需求影响的实证分析.硕士论文.复旦大学.2.2009.
- [2]王春霞,周永生,黄向明等.深圳宝安地区女性乳腺癌危险因素的初步分析 [J].中国现代实用医学杂志,2005,4(8):35 37.
- [3] 贾卫华,王继先,李本孝等.乳腺癌家族聚集性的遗传流行病学研究危险因素、分离比、遗传度分析[J].肿瘤,2000,20(4):245~245.
- [4] 左文述,路平华,刘翠玲.女性乳腺癌病因学的研究现状[J].中国预防医学杂志,2002,3(4): $336^{\sim}339$.
- [5]韩定芬,马骏,周新,邱晖,方黎,黄妹.武汉地区女性乳腺癌危险因素的病例对照研究[J].中华流行病学杂志,2004,25(3):256.
- [6]李霓.女性乳腺癌、子宫颈癌病因学及流行病学研究.博士论文.中国医科大学.10,43-45.2006.
- [7]何嵘. 农村妇女乳腺癌预防知识行为现状及系统化健康教育的效果研究. 硕士论文. 中南大学. 摘要 I-II, 41-45. 2008.
- [8]王启俊,李玲,祝伟星,刑秀梅,郭瑾.北京市乳腺癌危险因素病例对照研究[J].中国慢性病预防与控制,2000,8(4):165-167.
- [9]赵春英,方琦,谈柯岚,路向前.乳腺癌与负性生活事件及细胞免疫的关系[J].中华医学杂志,2002,82(18):1235.
- [10] 邹斌, 沈福民, 沈镇宙等. 上海市女性乳腺癌的遗传流行病学及病例对照研究[J]. 中国预防医学杂志, 1994, 28(2): 72-74.
- [11]赵颖. 乳腺癌根治术患者康复需求与一般自我效能感的调查研究. 硕士论文. 吉林大学. Abstract 3-4. 2009.
- [12]方琼,吴蓓雯,金秋燕,张男,装艳,沈冲炜.乳腺癌患者信息需求及其影响因素调查与分析[C].中华护理学会全国肿瘤护理新进展研讨会论文汇编,2012:288-289.
- [13] 薛曹怡. 上海社区乳腺癌患者生命质量现况及社区干预对策研究. 硕士论文. 复旦大学. Abstract 4. 2009.
- [14] 林雯雯. 关于乳腺癌病患的社会支持研究. 硕士论文. 中山大学. Abstract. 2009.
- [15] 黄海珊, 张静平, 邓小梅. 乳腺癌患者的心理问题及护理[J]. 护理研究, 2005, 19:945-947.
- [16] 唐丽丽, 张延龄. 婚姻社会支持对乳腺癌复发、转移的对照研究[J]. 中国肿瘤临床与康复, 2002, 9(2):101-102.
- [17]裘佳佳,胡雁,黄嘉玲,陆箴琦.乳腺癌康复互助志愿者病友支持方式的应用及效果[J].中华护理杂志,2008,43(8):690.
- [18]彭善民,顾晓丹."生命之美":疾痛视域中的乳癌小组工作探索[J].华东

理工大学学报,2012,1:39.

[19]周丽娟,郭巧红,任小红,刘琳. 乳腺癌患者术后心理问题护理干预的研究进展[J]. 中华现代护理杂志,2009,15(13):1294.

[20] 黄晓燕. 网络支持项目对改善乳腺癌患者疾病不确定感和抑郁的效果研究. 硕士论文. 复旦大学. Abstract 3-4. 2009.