MENTAL HEALTH

- The desire to “save face,” or maintain honor and dignity, may make it harder for patients to admit to having mental health problems (Kramer et al 2002).
- This may be why only 17% of the Chinese population in the U.S. that reported having a mental/emotional disorder actually sought care from a professional for treatment (DTBE China 2008).
- Additionally, patients may somaticize their problems, and as a result go to their primary care physician rather than a mental health clinician (Chu and Sue 2011).

COMMON HEALTH PROBLEMS

- Hepatitis B is a particular health concern of the Chinese and Asian American population. Asian Americans and Pacific Islanders make up less than 5% of the population in the US, but account for more than 50% of Americans with chronic Hepatitis B, and Chinese American men have nearly six times the risk for liver cancer caused by the disease than white American men.
- Cancer is the number one killer of Asian Americans in the United States (ACS Facts 2016), and Chinese American men highest rates of nasopharyngeal cancer. Breast cancer is the most common cancer among Chinese women.

RELIGIOUS BELIEFS

- China is one of the few nations of the world that is officially atheist. However, there are many Chinese individuals in China and the U.S. that practice religious belief systems that include Confucianism, Taoism, Buddhism, Christianity, and Islam.
- Confucian teachings emphasize the importance of authority, hierarchy, and filial piety. In order to be respectful of authority, patients may not ask direct questions of their physicians. Filial piety can impact end-of-life decisions for adult children who may feel that utilizing services such as hospice care is a failure to fulfill their obligations to their parents.

CONCEPT OF HEALTH

- Traditional Chinese Medicine (TCM) focuses on the balance of one’s life force, or Qi, which is comprised of opposite, complementary, and interdependent forces known as Yin and Yang.
- Patients may utilize TCM treatments, such as acupuncture, cupping, and herbal remedies in addition to Western biomedicine.

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Share your story of how CultureVision has influenced your patient care with us at culturevision@cookross.com and we may feature you in a future issue of this newsletter!
Transmasculine lactation, also known as chestfeeding, refers to the experience of individuals who were assigned as female at birth, who currently identify as male, and choose to use their bodies to carry, birth, and feed a child.

Many transgender men are capable of lactating and chestfeeding infants, even after chest masculinization surgery and during or after taking testosterone. However, it is important to keep in mind that even though an individual is capable of transmasculine lactation, and may have given birth to their child, they may not have the desire to chestfeed and it is always best to respectfully require about an individual patient’s preference.

Some transgender men may experience gender dysphoria issues while chestfeeding as nursing is historically linked strongly with the female gender. As such, some patients who have not undergone chest masculinization surgery may want to bind their chests in order to present as male, though it may cause discomfort or mastitis. In order to support a patient with gender dysphoria, care providers should be aware of these conflicting issues, and should make the effort to use gender-neutral language, such as “chestfeeding” instead of “breastfeeding”, or “parental” instead of “maternal.”

One of the barriers to inclusive transmasculine lactation support is that there is little research currently in existence about how best to support transgender men who experience lactation. Using what is available, including the groundbreaking paper Transmasculine individuals’ experiences with lactation, chestfeeding, and gender identity: a qualitative study, CultureVision has compiled some useful information for care providers which will be included within our LGBTQ2 section.

Trevor MacDonald, pictured above, is a trans man who chestfed his baby and has also helped to establish a research base for the transmasculine lactation experience. His paper Transmasculine individuals’ experiences with lactation, chestfeeding, and gender identity: a qualitative study is one of the first to examine this issue.

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