

Meeting Chamorro Women's Health Care Needs: Examining the Cultural Impact of *Mamahlao* on Gynaecological Screening

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Abstract

Peoples of Micronesia customarily seek western medical care only when needed and not typically as a preventive care. There is a subtle reluctance to resorting to available modern biomedical practices. This article discusses cultural aspects of Chamorro women's preventive health-seeking behavior. It specifically examines the effect that the Chamorro cultural value of *mamahlao*, or a sense of shame, has on women getting Papanicolaou (Pap) tests and other ways *mamahlao* dissuades modern-day Chamorro women from seeking preventive gynecological care. A purposive sample of fifteen Chamorro women living on Guam participated in this exploratory study. A semi-structured interview was administered and included questions on what *mamahlao* means to them, appropriate versus inappropriate reasons why women should get annual Pap tests, and the relationship between *mamahlao* and modesty in women. The interviews revealed women's concerns with shame, religion, and morality in their health-seeking behavior. The study suggests that for a Chamorro woman, seeking gynecological care can have negative symbolic connotations thereby creating a sense of shame or *mamahlao*, in the woman.

Key words: Guam, Chamorro, Pap test, cervical cancer, preventive health, culture, *mamahlao*.

Introduction

Peoples of Micronesia customarily seek western medical care only when it is needed rather than as a means of preventive care.⁽¹⁾ This pattern typically leads to conditions worsening when they could have been treated earlier. This is a particular concern with respect to cancer among Guam's Chamorro population, since cancer is reported as the second leading cause of death among Chamorros.⁽²⁾ Chamorro women are third highest, behind Asian and Caucasian women, in age-adjusted mortality rates for cervical cancer.⁽³⁾

Cervical cancer is the second most common cause of cancer-related disease and death among women worldwide.⁽⁴⁾ Cervical cancer ranks as one of the top five causes of cancer death in the U.S. Affiliated Pacific Islands (USAPI) and is the leading cancer killer among Chuukese women of Micronesia.⁽⁵⁾ This poses a particular concern since aggressive illnesses such as cancers may go undetected until they become life-threatening. The aim of this study was to examine the influence of *mamahlao* (a sense of shame) on Chamorro women seeking preventive gynecological screening or Papanicolaou (Pap) tests. It was hypothesized that



within the constructs of *mamahlao* there are features that generate an unwillingness to seek preventive sexual health care.

Seeking cancer screening before symptoms of illness occur is a well accepted practice for many people in the United States. However, even in the most Americanized islands such as Guam, Pap tests are a relatively recent introduction into the Pacific comparable to other 20th century western medical screenings. We would expect health promotion efforts to achieve greater success when they are consistent with local cultural values, i.e., within the Guam Chamorro community. Health promotion efforts based upon mainstream U.S. mainland norms and practices may fall short within a culture like that of the Chamorros on Guam. Promoting these 'standard' biomedical methods fails to consider how such methods may clash with core values of the society. Previous studies have identified structural barriers to preventive care as being insurance status, cost, transportation, distance to the clinic and lack of time.⁽⁶⁾ Health disparities have been well documented, suggesting that factors other than access to care are responsible, e.g. culture.⁽⁷⁾ Determining to what degree culture affects health-seeking behavior needs to be more adequately assessed.

Background

Cervical Cancer and Preventive Screening

In 1941, the Papanicolaou test (Pap test or Pap smear) was introduced as a screening measure for cervical cancer, and arguably has become the most effective screening test in clinical medicine.⁽⁸⁾ Most cervical cancers develop through a series of gradual, well-defined precancerous lesions. The Pap test proves its effectiveness by identifying asymptomatic precancerous conditions and pre-invasive lesions and abnormalities.⁽⁹⁾

The incidence of cancer and deaths from cervical cancer declined over the years because of prevention, screening, and early detection by Pap tests. In the United States, most organizations recommend annual Pap tests once a woman is sexually active, and the preventive benefits of the Pap test are emphasized.⁽¹⁰⁾ More than 50% of women who develop cervical cancer in the United States and more than 95% worldwide are either unscreened or inadequately screened.

Mamahlao and Shame in Chamorro Culture

Conformity to complex cultural norms is a commonality among societies and defines an individual's sense of self and identity.⁽¹¹⁾ Through adherence to such norms, group membership and reciprocal relationships are formed and strengthened. Shame is a consequence of violating a well-defined ideal shared by the group and leads to one feeling exposed and producing a stigma.⁽¹²⁾ Piers and Singer explain that shame results from the external sanctions the community imposes for one's disapproved actions, generating a "shame culture."⁽¹³⁾ Failing to meet shared ideals in Chamorro society cultivates shame and is profoundly frowned upon. Furthermore, the literature describes cultures where shame has developed enough to become an internal sanction, which seems to resonate in the Chamorro community.^(14,15)

Mamahlao is a complicated, multifaceted value very much internalized and adhered to in Chamorro society. *Mamahlao* is an intense form of shame learned at a young age. A Chamorro child is taught early on to



convey a sense of deference, or respect, to the greater community and contribute to the social order of interdependence and cooperation. Modern-day Chamorros are expected to possess and exhibit this trait since it is still highly valued. For women, this incorporates modesty and respect regarding the private matter of their sexual health.

A Chamorro woman's action of seeking medical screenings such as Pap tests could be viewed as a form of disrespect and contrary to the *mamahlao* expected of her. In a traditional sense it is judged as shameful. Additionally, since it goes against the traditional norm, a Pap test might be negatively interpreted as an indication of engaging in inappropriate forms of sexual interaction. That is, people might assume that the sexual behavior warranted medical attention, which publicly draws attention to the young woman and family.

In Pacific Islands cultures, communal harmony and respect for the concerns of others is highly valued. *Mamahlao* also implies putting others before yourself and refraining from actions that provoke shame, particularly in public. Women in the region of Micronesia invest a great deal of their energy attending to their family and community. She may consider excessive concern over her own health rather than the interests of her family or community as shameful.

The Catholic Church, Morality and Sexuality

In other cultures as well as among Chamorros, inappropriate sexual activities are symbolically construed as "bad" behavior infused with cultural beliefs about morality and virtue.⁽¹⁶⁾ Religion's influence within the culture gives rise to the negative stigma assigned to women and sex, sexuality and the objectification of their bodies. Stigma is strongly associated with improper sexual behavior in Chamorro culture. People are preoccupied with how their behavior is perceived, and they share clearly defined rules on appropriate versus inappropriate behavior, heavily saturated with a sense of morality.

In the eyes of the Catholic Church, sex and sexuality are tainted.⁽¹⁷⁾ Throughout the Church's history there has been a fixation on sexual themes and immorality. Sexuality is considered something that weakens the soul, and conversely, the soul strengthens as it resists carnal temptation. During the long Spanish colonial era in the Mariana Islands (1521-1898), celibacy was considered the holy state of life according to Catholic doctrine. Catholic morality holds that sexual inclination must be regulated by means of chastity, a form of self-mastery over sexual instincts and feelings.⁽¹⁸⁾ It is a means of control and ensures that the expression of sexuality occurs only in socially sanctioned ways.

The ideology of Catholicism and its associated emphasis on patriarchy spread rapidly in the Marianas with missionization in 1668, followed by massive depopulation and social disruption. Spanish Catholicism permeated much of the Islanders' lives through the subsequent centuries of the Spanish administration of Guam, and along with Spanish mores and language wove itself permanently into the fabric of contemporary Chamorro culture. Contemporary Chamorro culture is a complex fusion of traditional Chamorro values and customs with those of the Catholic Church, and it is difficult to distinguish between the two. Catholicism served to frame aspects of Chamorro life within the context of piety and morality. A woman's submissive role, her extolled virtue, and the repression of her sexuality were results of the cultural amalgamation. Women's sexuality, deemed "normal" prior to the arrival of Catholic morality, was suppressed and supplanted by a sense of it being wrong, perverse, and taboo.



The Ever-Evolving Reflection of Culture in Language

Language plays a crucial role as an agent of cultural transmission. Today Chamorro linguistic expression reflects the Catholic value system that has infiltrated Chamorro culture for centuries. New meanings became attached to old customs. Spanish words were introduced and assimilated thoroughly into the Chamorro language, and existing Chamorro words, such as *mamahlaho*, were transformed to incorporate the new meanings.

The concept of *mamahlaho*, although inherent in the pre-contact culture, changed over time and acquired new connotations of modesty and bashfulness. The arrival of the Spanish, carrying their Catholic ideology and religiosity, led to the transfusion of a new set of ideals and the transformation of traditional, pre-contact Chamorro culture and language. A highly-charged morality in regards to sexuality entered society. *Mamahlaho*, which traditionally meant feeling extreme shame about “something”, altered to make sexuality the focal point of the “something” one should feel shameful about, which for Chamorro women leads to a morally-charged concern with their bodies and their sexuality.

Design and Methods

Sample

In order to examine the cultural impact of *mamahlaho* on gynecological screening, this study sought out women who were brought up in a Chamorro cultural setting and identified with the concept of *mamahlaho* as a guiding value in their lives. The study participants were from the Mariana Islands, the native land of the Chamorros. Fifteen Chamorro women served as key informants and were mostly from Guam. One participant was from Rota and another from Saipan. An attempt was made to select participants of varying ages, socioeconomic status and educational background, in order to diversify the sample. The sample, however, was constructed so that nearly half of the women were in their 20's and consequently western preventive health care and Pap test procedures were available to them throughout their life. Ages ranged from 22 to 63 years. Educational levels ranged from completion of the 10th grade to completion of graduate degrees. Occupations included homemaker, civilian employee for the U.S. military, law enforcement, educator, and artist. All women identified with being Roman Catholic. Since the intention was to examine cultural variables independent of structural access to health care as a factor, the study selected only participants who reported they had access to medical care, through their own insurance, or as a dependent on another person's insurance plan.

Data Collection

This exploratory study was conducted using a purposive sample selected after two years of participant observation on Guam. I used a qualitative approach to evaluate the women's experience, which enabled me to uncover an ample amount of relevant information. The participant observation, demographic data, and interviews provided me with an inclusive awareness of the women and their experiences as well as insight into their social world.

Semi-structured interviews were the primary mode of data collection. Interview sessions averaged about



35 minutes. Each woman was interviewed at her convenience and at a location of her choice. Open-ended questions were used, which are conducive to exploratory research within a small sample. A broad range of perspectives was identified, factors that influence Pap test-seeking were assessed, and the conditions of making actual decisions about getting a Pap test were recounted. The interview approach was geared towards facilitating discussion with the participants and generating candid conversation. A computerized qualitative content analysis, Atlas.ti, was used to analyze, create categories and assign codes⁽¹⁹⁾ A tabulated system was generated to demonstrate recognized patterns and provided a categorical perspective from which to view the data.

Results

A Chamorro woman stating she is *mamahlaho* about going to the doctor encompasses a complex string of associations. Shame has to do with how one is seen by others, which in turn contributes to identity. Whether the “other” is internalized or literally an external other, the person experiencing shame enters a self-referential crisis. Shame is associated with an ambiguous set of emotions that range from mild embarrassment to intense disgrace. The latter equates to the *mamahlaho* experienced by Chamorros. It is provoked not necessarily by the action but by the stigma associated with the action and how one will be judged by society.

Mamahlaho embodies such a deep and significant sense of shame that it indeed guides and prompts the behavior and actions of Chamorros. The effort to avoid behaviors provoking a sense of *mamahlaho* operates as a self-monitoring system. For a woman, using the word *mamahlaho* to express reluctance about going to the gynaecologist is her superficial description of bashfulness. However, it is a far more complicated event. Such a statement is rooted in the woman’s concern over how the act of seeking sexual health care is perceived symbolically and collectively by the community within the context of religiously-influenced cultural standards.

Themes that emerged from the interviews included: health care, definitions of *mamahlaho*, morality, and stigma. All of the participants expressed the view that it is good practice to seek preventive care. It is not only important but necessary. Among the participants, 60% stated that seeking health care is a priority over feeling *mamahlaho* (Table 1). However, actual behavior departed from this expressed view, as only 40% of the women reported regular annual Pap tests over the past ten years and 40% did not receive a Pap test in the past year.

Religion was identified by 80% of the sample as the source of the sense of morality associated with *mamahlaho* (Table 4). To varying degrees, 14 of the 15 participants judged Pap tests as highly beneficial but were firm in exemplifying the negative stigma attached to unmarried women seeking the screening. Fully 73% of the sample attached the stigma of having had unprotected sex and possibly having acquired an STD to an unmarried woman seeking a Pap test (Table 4). The same percentage, 73%, also attached the stigma of having multiple partners and behaving promiscuously to an unmarried woman seeking a Pap test. The purpose of the Pap test was misunderstood by 27% (20% equated it with STD testing) (Table 1).

The following Tables summarize participants’ statements from the interviews, in regard to health care (Table 1), the concept of *mamahlaho* (Table 2), morality (Table 3), and stigma (Table 4).



Table 1

Percentage of Participants Reporting Statements about Health Care (N=15)	
Has not had a Pap test in the last year	40% N=6
Has not had regular annual Pap tests in the last 10 years	60% N=9
Has not had a Pap test in over 10 years	7% N=1
Reason for seeking last Pap test was for pregnancy	20% N=3
Reason for seeking last Pap test was for a check-up	80% N=12
Stated a preference for female physicians	27% N=4
Misunderstands the purpose of a Pap test	27% N=4
Feels lack of information on Pap testing may be a barrier	13% N=2
Has experienced cancer herself or someone close to her	47% N=7
Feels health care is a priority over feeling <i>mamahlao</i>	60% N=9
Traditional, local, or Chamorro medicine is an option for medical care	40% N=6

Table 2

		Percentage of Participants Reporting Statements about <i>Mamahlao</i> (N=15)
<i>Mamahlao</i> defined as ashamed	87% N=13	
<i>Mamahlao</i> defined as embarrassed	60% N=9	
<i>Mamahlao</i> defined as respect	27% N=4	
<i>Mamahlao</i> defined as shame	13% N=2	
<i>Mamahlao</i> defined as shy	13% N=2	
<i>Mamahlao</i> equates with modesty	53% N=8	



Table 3

Identified with being Roman Catholic	100%	Percentage of Participants Reporting Statements about Morality (N=15)
	N=15	
Feels sense of morality comes from culture	7%	
	N=1	
Feels sense of morality comes from religion	80%	
	N=12	
Feels sense of morality comes from culture and religion	13%	
	N=2	

Table: 4

She is too young, sexually active and possibly pregnant	60%	Percentage of Participants Reporting Statements about Stigma (N=15)
	N=9	
She is having unprotected sex and possibly has an STD	73%	Stigmas associated with a woman seeking a Pap test:
	N=11	
She has multiple partners and is promiscuous	73%	
	N=11	
She has needs to get checked while in a relationship proving there is infidelity on the part of either her or her partner	13%	
	N=2	
She is part of the sex industry	7%	
	N=1	

Discussion

This study has identified obtaining a Pap test as inappropriate and shameful within the value orientation of Chamorro culture. The question, “how can going to the doctor for a Pap smear be such a terribly shameful thing?” can be answered by understanding the symbolic meanings attached to a woman’s visit to the doctor. Following the theoretical insights from symbolic interactionism which is based on the premise that identity involves shared significant symbols or shared meanings that emerge in the process of interaction with others, we can understand how one’s behavior is perceived based on the group’s approval or disapproval of that behavior.^(20,21) It is the symbolic meaning of the doctor’s visit for the community, family, and self that triggers feeling ashamed or not. The Chamorro woman’s concern is that her society and family will conclude that she is seeking medical care as a consequence of committing an immoral act. If it can be suggested a Chamorro woman is seeking sexual health care beyond the scope of a socially sanctioned context, her health-seeking behavior will likely be judged as shameful. In turn, the woman may very well re-evaluate her decision to seek care.



The women in this study made it exceedingly clear that the Chamorro community is constantly vigilant over its members' actions. A critical factor guiding a Chamorro's actions is the community's assessment of those actions. The women did not think that a visit to the doctor per se was an immoral act affecting their afterlife. It is the social judgment of inappropriate and indecent behavior a doctor's visit can provoke that concern the women. It is the act of going to a *gynaecologist* that carries negative social and symbolic connotations, which when internalized, creates the sense of shame. A woman seeking care regarding her sexual health may symbolically confirm the community's assumption that she engaged in non-sanctioned sexual behaviors. Her visit to the doctor is perceived as a consequence of engaging in appropriate sexual activity and in essence "she got caught" thereby generating negative stigma and jeopardizing not only her reputation for integrity, but that of her family. The potential for such an interpretation creates a paralyzing sense of shame, or *mamahlaho*. The concern over shaming oneself and the good name of one's family can indeed take precedence over other considerations, including preventive health care. The anticipated judgment, criticism, and stigma are enough to dissuade Chamorro women from seeking preventive gynaecological screening and to pose a barrier to Chamorro women's health promotion. *Mamahlaho* does, however, make traditional Chamorro medicine an attractive option since such values are honoured as part of the care and treatment of the person.

This study also suggests a relationship between *mamahlaho* and modesty. A woman in Chamorro culture does not feel comfortable showing or exposing her body outside an acknowledged intimate relationship. To do so is contrary to the Christian moral standard of modesty that is valued highly in Chamorro culture. Following contemporary Chamorro cultural ideals, a woman should be ashamed to reveal her body. Modesty and shame have come to be understood as one and the same, as evidenced by the participants' consistent use of the word *mamahlaho* in the interviews. Modern-day Chamorros accept the traditional meaning of the word *mamahlaho* as incorporating the added dimension of Christian values, i.e., virtue, sexual modesty and privacy. Aside from being *mamahlaho* about going to the doctor, a woman is *mamahlaho* about the procedure itself once she is there.

Looking Ahead

This study may have practical benefits for the improvement of women's health care delivery on Guam. To better serve the community and optimize Chamorro women's health promotion, health services leaders need to attend to the culturally-conditioned sense of *mamahlaho*, and ensure that Chamorro women can comfortably seek appropriate preventive health services. Health promotion and moralistic values embraced by Chamorro women should complement each other. An overall, open discourse regarding sexual matters is needed in the Chamorro community. Efforts to promote the importance and benefits of Pap tests need to tackle the stigma associated with the procedure. Providing clear and concise information regarding the nature and purpose of gynaecological preventive screening can serve to reduce the negative stigma at the community level.

This study can be expanded by measuring the Chamorro community's knowledge of the purpose of Pap tests, and testing the possible effects of information-based intervention. A more thorough qualitative examination of the differences between generations may be beneficial as well. Future research can also include identifying forms of complementary and alternative medicine (CAM) as viable health care options and measuring attitudes and utilization of such services in Chamorro society.



Chamorro culture and society are not static but ever changing. Culture need not be antagonistic towards western health promotion models. Women's health promotion should be framed within a context recognizing and commending Chamorro women's dignified role in society. Chamorro women are concerned with their health promotion but are equally concerned with respecting themselves, their family, and society. By addressing Chamorro women's reluctance to seek care and validating their feelings and concerns, the advantage of preventive gynaecological screening may be more clearly recognized, appreciated and accepted. The cultural and religious value systems of the Chamorros should not be challenged but instead celebrated, thus utilizing culture as an agent to promote preventive health care.

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*“People think I’m disciplined. It is not discipline. It is devotion.
There is a great difference.”*

Luciano Pavarotti

