

Cervical Cancer Screening Experiences Among Chinese American Immigrant Women in the United States

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ABSTRACT

Objective: To understand the experiences and perceptions of having cervical cancer screening tests and to explore the extant barriers to having the tests among first-generation Chinese American women in the United States.

Design: Qualitative, descriptive, phenomenological research.

Setting: Los Angeles, California.

Participants: Snowball and purposive sampling of 12 Chinese American immigrant women ages 20 to 65 years.

Methods: Individual face-to-face, in-depth, semistructured interviews in which participants were asked about their experiences and perceptions about cervical cancer screening. Interviews were audiotaped, transcribed, and translated into English. Data analysis included comparing and distinguishing, collecting and counting, and presupposing and inferring.

Results: Through the analysis process, we identified four major themes that reflected the experiences, perceptions, and barriers to having cervical cancer screening among Chinese American women: *Belief in a Healthy Lifestyle*, *Maintaining Privacy for Female Health Problems*, *Fear of Losing Control*, and *Feeling Vulnerable in an Unfamiliar Health Care System*. These themes indicated that Chinese immigrant women in the United States face challenges to their cultural health beliefs and practices with regard to decision-making and health-seeking behaviors related to cervical cancer screening. They felt more vulnerable as immigrants because of systematic barriers to navigation of the unfamiliar health care system and limited resources.

Conclusion: Women's health care providers should be aware of and give consideration to cultural differences through the provision of more educational information and comfort to Chinese immigrant women who seek cervical cancer screening. Ultimately, the development of culturally appropriate and affordable cancer prevention programs with effective strategies is important to ease Chinese American women's senses of vulnerability.

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AWHONN

Cervical cancer was the most common cause of cancer death for women in the United States in the 1950s and now accounts for only 0.7% of all cancer deaths among women (National Cancer Institute, 2017). Human papillomavirus (HPV) infection has been established as the leading cause of cervical cancer (Bao, Li, Smith, & Qiao, 2008). High-quality screening with cytology (Papanicolaou [Pap] testing), which is used to detect premalignant and malignant cells within the cervix before abnormal cells progress to invasive carcinoma, is a standard test for cervical cancer and has dramatically reduced the incidence of death from cervical cancer (Centers for Disease Control and Prevention [CDC], 2014). In addition, the detection of the most common

HPV types in cervical cancer has made it possible to develop new HPV screening methods and vaccines (Bao et al., 2008). The U.S. Preventive Services Task Force (2012) and the American Cancer Society (2016) released similar guidelines recently for cervical cancer screening. A routine Pap test is recommended every 3 years for all women ages 21 to 65 years, and the screening interval can be extended to every 5 years when combined with HPV testing for women ages 30 to 65 years. More intensive screening is recommended for women with a greater risk of cervical cancer (Saslow et al., 2012; U.S. Preventive Services Task Force, 2012). Although there have been significant decreases in rates of cervical cancer diagnosis and

mortality, screening rates vary greatly among ethnic populations in the United States (Moyer, 2012).

For several decades, Asian American women have consistently reported the lowest cervical screening rates among all ethnic groups in the United States (CDC, 2015). In 2013, this rate among Asian women 18 years and older was 66.9%, compared with 73.8% to 77.4% for non-Asian women in the United States (CDC, 2015). In 2007, the California Health Interview Survey showed that the cervical screening rates within 3 years among Asians and Chinese Americans were 77.5% and 80.8%, respectively (Chawla, Breen, Liu, Lee, & Kagawa-Singer, 2015). This was far less than the Healthy People 2020 goal of 93% for Pap testing among women within the past 3 years (Office of Disease Prevention and Health Promotion, 2017). Low rates of cervical cancer screening within this group are cause for concern because Asian Americans compose one of the fastest-growing ethnic groups in the country. The estimated number of Asian Americans in 2014 was 20.3 million, which represented 6.2% of the total population, and Chinese Americans were the largest ethnic group among them at 4.5 million (U.S. Census Bureau, 2016). Low rates of cervical cancer screening among Chinese American women were reported in Rhode Island (Robison et al., 2014); New Jersey and New York (Ma, Wang, et al., 2013); and Portland, Oregon (Lee-Lin et al., 2007). Without routine screening, there is no opportunity for early detection, which contributes to the greater incidence of and mortality from cervical cancer among Chinese American women than in the general U.S. population (Taylor et al., 2002).

Literature Review

Researchers have tried to identify barriers and facilitators to cervical cancer screening among Asian Americans in a number of studies (Chawla et al., 2015; Fang, Ma, & Tan, 2011; Pourat, Kagawa-Singer, Breen, & Sripipatana, 2010). Multiple factors such as age, education, socioeconomic status, marital status, sexual behavior, and gender of the health care providers affected participation in cervical cancer screening of Chinese American women (Ji, Chen, Sun, & Liang, 2010; Menvielle, Richard, Ringa, Dray-Spira, & Beck, 2014). Chinese American women who were older, had less education, or were from lower socioeconomic groups participated least in

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cervical cancer screening (Ma, Gao, et al., 2013). Cheung, Li, and Tang (2011) also found that Chinese Australian women with limited English language abilities who were unemployed and had short immigration histories were less likely to have had a recent Pap test. Cultural factors, such as embarrassment and modesty, were considered as barriers to having a Pap test among Chinese Canadian women (Redwood-Campbell, Fowler, & Laryea, 2011).

Knowledge and education about cervical cancer screening were potential factors that influenced the likelihood of screening among a sample of 472 Chinese American women (Ralston et al., 2003). The lack of knowledge about risk factors including the role of HPV infection in the development of cervical cancer and a misunderstanding of the purpose of screening were negatively associated with the likelihood of being screened (Wang, Lam, Wu, & Fielding, 2014). Because HPV vaccines were not available in mainland China until 2016 (Zhao, 2017), Chinese women usually did not have the opportunity to be vaccinated before immigration. In a cross-sectional study conducted in Pennsylvania, researchers reported that only about 19% of Chinese American women had ever heard of HPV and HPV vaccines (Nguyen, Chen, & Chan, 2012). Chinese American women also reported lack of knowledge about current cervical cancer screening guidelines (Ji et al., 2010). In a survey of Chinese immigrants in Rhode Island, more than 25% of participants never had Pap tests or did not know if they had ever had the test (Robison et al., 2014). Because of limited awareness of HPV and knowledge about the necessity of cervical cancer screening, education and an invitation from a health care provider were the most effective ways to increase cervical cancer screening (Everett et al., 2011; Seo, Bae, & Dickerson, 2016; Yoo, Le, Vong, Lagman, & Lam, 2011).

The health problems of Asian Americans and their use of health services are understudied (Seo et al., 2016). Furthermore, knowledge of how to use health services in the United States requires understanding of the complexities. Even though Asian women in the United States share some

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