



Review Article

Cultural Factors Associated with Breast and Cervical Cancer Screening in Korean American Women in the US: An Integrative Literature Review



Shin-Young Lee, PhD*

Department of Nursing, Chosun University, Gwangju, South Korea

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SUMMARY

Purpose: This study examined current research theories and methods, cultural factors, and culturally relevant interventions associated with breast and cervical cancer screening in Korean American (KA) women.

Methods: Based on Ganong's guidelines, the literature on cultural factors associated with breast and cervical cancer screening in KA women was searched using MEDLINE and the Cumulative Index to Nursing and Allied Health Literature (CINAHL) databases. Sixty-eight articles on breast cancer screening and 66 articles on cervical cancer screening were retrieved from both databases, and a total of 22 articles were included in the literature review based on the selection criteria.

Results: Of the 22 studies reviewed, 14 (63.6%) were descriptive and 8 (36.4%) were interventional. Many studies have used individual focused cognitive theories such as health belief model and different types of operationalization for measures of cultural beliefs. Cultural factors associated with breast and cervical cancer screening in KA women that were identified in descriptive quantitative and qualitative studies included family, embarrassment, preventive health orientation, fatalism, and acculturation. Most culturally relevant interventional studies used education programs, and all education was conducted by bilingual and bicultural health educators at sociocultural sites for KA women.

Conclusions: Theories focusing on interpersonal relationships and standardized, reliable, and valid instruments to measure cultural concepts are needed to breast and cervical cancer screening research in KA women. Traditional cultural factors associated with cancer screening should be considered for practical implications and future research with KA women.

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Introduction

Although Korean Americans (KAs) represented 9.2% of the total Asian American/Pacific Islander group in 2010 [1], KAs constitute one of the fastest growing Asian groups in the US between 2000 and 2010. Their population increased by 60.0% from 1 million to 1.6 million, whereas the total U.S. population grew only 9.7% from 281 million to 308 million [1,2].

Existing data show that breast and cervical cancer were the first and sixth most commonly diagnosed cancers in KA women from 1998 to 2002 [3]. Breast and cervical cancer incidence rates for KA

women from 1998 to 2002 were 53.5 per 100,000 and 10.8 per 100,000 individuals, respectively [3]. The mortality rates of these two types of cancer during the same period were 7.8 per 100,000 and 3.1 per 100,000 individuals, respectively [3]. Regular breast and cervical cancer screening is an effective way for reducing the burden of these cancers because early detection leads to timely treatment and high survival rates [4,5]. However, KA women have low levels of participation in breast and cervical cancer screening programs. For example, the 3-year merged data from the 2001, 2003, and 2005 California Health Interview Surveys found that KA women ($N = 1,152$) consistently showed the lowest rates of breast (57.1%) and cervical cancer screening (79.2%) utilization among American women including non-Latina white, Chinese, Filipino, South Asian, Japanese, and Vietnamese [6].

The low rates of breast and cervical cancer screening in KA women can be explained by their cultural beliefs and attitudes

* Shin-Young Lee, PhD, Department of Nursing, Chosun University, 309 Philmun-daero, Dong-gu, Gwangju, 501-759, South Korea.

E-mail address: slee@chosun.ac.kr

toward cancer screening [6–8]. Studies found that low cancer screening rates persist after controlling for socioeconomic status and access to health care (e.g., having health insurance and usual source of health care) for Asian Americans including KAs [8–13], which means that low rates of cancer screening in Asian ethnic groups are only in part explained by differences in demographic characteristics and access to care. For this reason, cultural barriers and attitudes as factors influencing cancer screening behaviors have been identified as major themes in research with Asian Americans including KAs [14].

Culture is a powerful, comprehensive, and multifaceted construct that influences beliefs, attitudes, behavior, and health [15–18]. The significance of culture influencing behavior such as cancer screening participation and playing an important role in explaining cancer screening disparities in racial and ethnic groups have been emphasized in research [6,8,15,19–27]. Thus, there has been a consensus among health behavior researchers and practitioners that health behavior change intervention programs must be culturally appropriate for targeting specific populations because there are differences in the prevalence of behavioral risk factors and in the predictors of health behaviors across racial and ethnic groups [17,28].

Identification of the prevailing cultural factors associated with breast and cervical cancer screening behavior among KA women would be very useful for developing population-specific health promotion programs and strategies to increase cancer screening utilization and reduce the rates of late-stage diagnosis and mortality. However, cultural factors associated with breast and cervical cancer screening or culturally relevant intervention programs for cancer screening in KA women have not been clearly addressed in the literature. To my knowledge, this is the first literature review to focus on cultural factors or culturally relevant interventions related to breast and cervical cancer screening in KA women. Both breast and cervical cancer screening were chosen because (a) breast and cervical cancer screenings are recommended for women by the American Cancer Society [4,5] and (b) the breasts and cervix are sexual organs in women, and women encounter similar issues, such as embarrassment, for both breast and cervical cancer screening.

The main goal of this literature review was to examine cultural factors associated with breast and cervical cancer screening in KA women. The research theories and methods were carefully examined to identify cultural factors associated with breast and cervical cancer screening behavior in KA women, as these theoretical and methodological factors can be associated with research outcomes. For an accurate analysis of factors associated with breast and cervical cancer screening behavior, it was necessary to examine research theories and methods in KA studies. The research questions for this literature review were the following:

- (a) What are the current research theories and methods used for studying cultural factors related to breast and cervical cancer screening behaviors in KA women?
- (b) What cultural factors are associated with breast and cervical cancer screening utilization in KA women?
- (c) What culturally relevant interventions are conducted to promote breast and cervical cancer screening utilization in KA women?

Methods

The methodology of this integrative literature review was based on Ganong's [29] guidelines for conducting such a review. Ganong [29] suggested that the methodology of integrative reviews include six tasks: (a) selecting the hypotheses or research questions, (b)

sampling the research to be reviewed, (c) representing the characteristics of the studies and their findings, (d) analyzing the findings, (e) interpreting the results, and (f) reporting the results.

By using the keywords "breast cancer", "breast cancer screening", "breast self-examination", "clinical breast examination", "mammogram", "cervical cancer", "cervical cancer screening", "Pap smear test", "Korean American", and "Korean immigrants", the electronic databases MEDLINE and the Cumulative Index to Nursing and Allied Health Literature (CINAHL) were searched in December 2013 for published articles in the US related to cultural factors associated with breast and cervical cancer screening utilization in KA women. Related articles and references in key papers were also searched. There was no limit on publication dates. All research articles written in English on breast and cervical cancer screening in KA women were searched. However, articles that reported only cancer screening rates were excluded.

The MEDLINE search yielded 29 articles on breast cancer screening in KA women and 40 articles on cervical cancer screening in KA women, whereas CINAHL yielded 39 articles on breast cancer screening in KA women and 26 articles on cervical cancer screening in KA women. Six articles on breast cancer screening and 8 articles on cervical cancer screening were duplicated between the two databases. The selection criteria for studies to be included in the review were as follows: (a) duplicated articles between the two databases were removed; (b) articles that involved nonspecific Asian populations or Koreans in South Korea were excluded from this review; and (c) studies in which the researchers indicated that factors may be associated with traditional Korean culture or that they constructed intervention programs considering Korean culture were included. Only articles pertaining to cultural factors or culturally relevant interventions associated with breast or cervical cancer screening in KA women were included in this review. Therefore, a total of 22 articles were reviewed for this article; of these, 13 articles addressed breast cancer screening behavior in KA women, 8 addressed cervical cancer screening behavior in KA women, and 1 addressed both breast and cervical cancer screening behavior in KA women (Table 1).

Results

The analysis of the reviewed studies focused on the research theories and methods, cultural factors, and culturally relevant interventions associated with breast and cervical cancer screening in quantitative and qualitative studies.

Research theories and methods

In terms of the study designs of breast and/or cervical cancer screening research in KA women, 8 quasi-experimental studies, 11 cross-sectional studies, and 3 qualitative studies were conducted (Table 1). Many studies on breast cancer screening in KA women used a quasi-experimental study design [32,34–37,40] or a cross-sectional study design [30,31,33,38,39,41]. Most studies on cervical cancer screening used a cross-sectional study design [44,47–50]. All eight interventions were quasi-experimental studies. There were seven breast cancer screening intervention studies [32,34–37,40,41] and one cervical cancer screening intervention study [43] that focused on promoting breast or cervical cancer screening in KA women. Four studies [34,37,40,43] included interventions with two arms (treatment and control), one study [35] included three groups (two treatment groups and one control group), and the other intervention studies had a one-group design. These studies assessed pretest-posttest differences between the treatment and control groups. Qualitative studies conducted focus group interviews or individual interviews to investigate cultural

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