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## Research Article

## Influencing Factors of Intention to Receive Pap Tests in Vietnamese Women who Immigrated to Taiwan for Marriage

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## SUMMARY

**Purpose:** This study aimed to explore the factors associated with the intention to receive a Pap test among married immigrant women of Vietnamese origin living in Taiwan.**Methods:** This was a cross-sectional community-based study. We enrolled 281 women aged 30 years and over in the study, from July 2013 to January 2014. The participants' characteristics, cervical cancer knowledge, Pap test knowledge, attitudes toward cervical cancer, barriers to receiving a Pap test, fatalism, and intention to receive a Pap test, were measured using self-report questionnaires. Hierarchical multiple regression analyses were performed to examine the variables associated with participants' intentions to receive a Pap test.**Results:** Vietnamese women with low scores on the measures of cervical cancer knowledge and perceived barriers to receiving a Pap test were more willing to receive the test, as were those with high scores on the measures of Pap test knowledge and fatalism. Women who received a Pap test in the previous year were more willing to receive a Pap test within the next 3 years.**Conclusions:** Preventive healthcare for immigrant women should be a focus of nurses. The development of culturally appropriate health education and strategies should enhance their knowledge of Pap tests and reduce perceived barriers to Pap test participation. This study's results can be a reference for nurses who work with immigrant women.Copyright © 2016, Korean Society of Nursing Science. Published by Elsevier. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

## Introduction

Cervical cancer is the world's second leading cause of cancer in women, and the leading cause of death in women [1]. Studies have revealed that at least 50.0% of women who suffer from cervical cancer have never received a Pap test [2]. Vietnamese-American women have lower Pap test participation rates compared to other Asian-American women [3]. The low Pap test participation rate in Vietnamese and other Asian women can be attributed to a lack of cervical cancer and Pap test knowledge, a conservative culture that

prohibits discussions of such topics, a less than positive attitude about Pap tests, fatalistic beliefs, and shyness [4,5].

According to Taiwan's 2010 Cancer Registry and 2012 Death Statistical Data, there were 1,680 cases of cervical cancer, which caused 669 deaths, making cervical cancer the seventh-leading cause of cancer and deaths among women in Taiwan [6]. In Taiwan, one free Pap test per year is provided to insured individuals over 30 years of age. In recent years, it has become more common for women to immigrate to Taiwan for marriage. According to statistics reported by the Taiwan National Immigration Agency, most of the immigrants and foreign spouses originally held Vietnamese citizenship (56.5%) [7]. Women in transnational marriages in Taiwan comprise a population with health disadvantages. Studies indicate that immigrants often are infrequent users of medical treatment, especially preventive health examinations [8]. The implementation of preventive health examinations not only affects women's health, but also influences their children, spouses,

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and families. According to statistics from the Taiwan Department of Health, from 2012 to 2014, the participation rate for Pap tests was 52.6% among Taiwanese women, which included Southeast Asian women who joined the National Health Insurance program through marriage, and who received at least one Pap test within the previous 3 years [9]. A study found that Vietnamese American women mostly lacked an awareness of Pap smears [10]. In addition, a survey of newly immigrated women (aged 20–40 years) to Northern Taiwan from Vietnam, Indonesia, and China, found that only 45.7% of them received Pap tests within the past 3 years [11].

Studies of cervical cancer prevention for women in transnational marriages in Taiwan are insufficient, especially those pertaining to women of Vietnamese descent. The theoretical basis of this study was developed using three models: the knowledge, attitudes, and practices (KAP) model [12], the health-belief model [13], and the Powe fatalism model [14]. The merged model used in the present study incorporated the concepts of knowledge, attitudes, and practices from the KAP model, perceived barriers from the health belief model, and fatalism from the Powe model. The purpose of the present study was to explore the factors associated with the intention to receive a Pap test among Vietnamese women who immigrated to Taiwan for marriage.

## Methods

### Study design and participants

This descriptive study used a cross-sectional design. Data were collected via the snowball-sampling method, which is appropriate and effective in the recruitment of members of traditionally underserved or vulnerable populations [15]. Eligible participants were asked to recruit additional participants. The eligibility criteria were as follows: (a) aged 30 years and over, (b) Vietnamese woman in a transnational marriage, and (c) recipient of National Health Insurance coverage. These criteria were intended to avoid the effect of economic barriers to having a Pap test. The exclusion criteria were as follows: (a) diagnosed with cervical cancer or a history of surgery for cervical cancer, (b) a history of undergoing a total abdominal or total vaginal hysterectomy, and (c) diagnosed with a mental disorder.

The results of a power analysis based on logistic regression found that 177 participants were needed to meet the statistical criteria to achieve 80.0% power using a two-sided test, and a 5.0% significance level for a medium effect size [16]. To account for a 30.0% maximum dropout rate, we needed to enroll 231 participants. The snowball sampling method was conducted over the course of 6 months. Of the 295 women who responded to our recruitment efforts, 14 were unwilling to participate (10 women were busy and 4 women did not state a reason). Therefore, 281 (95.3%) women who met the eligibility criteria participated in the study.

### Data collection

Three Vietnamese data collectors were recruited from two communities in Southern Taiwan. All data collectors had served as qualified interpreters for more than 2 years in public health centers. They had lived in Taiwan for more than 10 years and were well connected with the married immigrant women of Vietnamese origin, due to their prior service as interpreters. The data collectors were able to contact possible participants easily, and these participants were asked to help recruit additional acquaintances who were willing to participate until a sufficient number of them were recruited. After a sufficient number of participants were recruited, data were collected from July 2013 to January 2014.

### Ethical considerations

The institutional review board of Kaohsiung Medical University Chung-Ho Memorial Hospital approved the study (KMUH-IRB-990420). Before participating in the study, its purpose was clearly explained to the participants and their informed written consent was obtained. During the entire study period, the participants had the right to terminate their participation at any time. To avoid harming the participants during the interviews, data collectors were asked to stop an interview if a participant had a negative emotional reaction. All information about the participants was kept confidential.

### Measurements

The Knowledge of Cervical Cancer Scale (KCCS) was developed based on Taiwanese studies [5,17]. The items assess knowledge of risk factors for cervical cancer and human papillomavirus (HPV), and symptoms of and treatments for cervical cancer. The KCCS consists of 20 items with the responses of “correct”, “incorrect”, and “do not know”. The total possible score ranges from 0 to 20; a higher score indicates a better understanding of cervical cancer. The content validity index (CVI) of the KCCS was judged to be 1.0 by experts, including gynecologists, obstetricians, community-health nursing specialists, and directors of a public health center [18]. The KCCS has a Cronbach  $\alpha$  of .84 and a 2-week test-retest reliability coefficient of .93 [18]. In this study, Cronbach  $\alpha$  was .72.

The Knowledge of the Pap Test Scale (KPTS) was developed based on Taiwanese studies [5,17]. The items measure knowledge about precautions, policies, goals, and targets related to the Pap test. The KPTS consists of 17 items with the responses of “correct”, “incorrect”, and “do not know”. The total possible score ranges from 0 to 17; a higher score indicates a better understanding of the Pap test. The CVI of the KPTS was judged to be 1.0 by experts, including gynecologists, obstetricians, community-health nursing specialists, and directors of a public health center [18]. The KPTS has a Cronbach  $\alpha$  of .79 and a 2-week test-retest reliability coefficient of .70 [18]. In this study, Cronbach  $\alpha$  was .63.

The Attitudes toward Cervical Cancer Scale (ACCS) was developed based on Taiwanese studies [5,17]. There are five items, which measure the respondents' understanding of the severity and outcomes of cervical cancer. Each item's responses range from 1 (*strongly disagree*) to 4 (*strongly agree*). The total possible score ranges from 5 to 20; a higher score indicates a more positive attitude about cervical cancer. The CVI of the ACCS was judged to be 1.0 by experts, including gynecologists, obstetricians, community-health nursing specialists, and directors of a public health center [18]. The ACCS has a Cronbach  $\alpha$  of .77 and a 2-week test-retest reliability of .78 [18]. In this study, Cronbach  $\alpha$  was .77.

The Barriers to Receiving a Pap Test Scale (BRPTS) was developed based on Taiwanese studies [5,17]. The items measure respondents' opinions about the barriers to receiving a Pap test. The BRPTS consists of 4 items: “being busy”, “forgetting”, “feeling embarrassed”, and “time consuming”. The responses to each item ranges from 1 (*strongly disagree*) to 4 (*strongly agree*). The total possible score ranges from 4 to 16; a higher score indicates stronger agreement that the items represent perceived barriers to receiving a Pap test. The CVI of the BRPTS was judged to be 1.0 by experts, including gynecologists, obstetricians, community-health nursing specialists, and directors of a public health center [18]. The BRPTS has a Cronbach  $\alpha$  of .86 and a 2-week test-retest reliability of .92 [18]. In this study, Cronbach  $\alpha$  was .63.

The Fatalism Scale-Chinese Version (FS-CV) is a modification of the Powe Fatalism Inventory [16]. The original scale consisted of 15 yes-or-no questions with four dimensions: fear, pessimism,

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