

# A Profile

## *Cervical Cancer and Asian American Women*

### INTRODUCTION

Cervical cancer is one of the most preventable and curable diseases affecting women worldwide. With proper use of early detection screening services, pre-cancerous markers can be identified and treated before the disease fully develops. For Asian American women, however, numerous factors impede cervical cancer early detection and increase their risk for developing the disease.

As a result, Asian American women currently have one of the highest rates of cervical cancer in the country. The available data reveal that Vietnamese

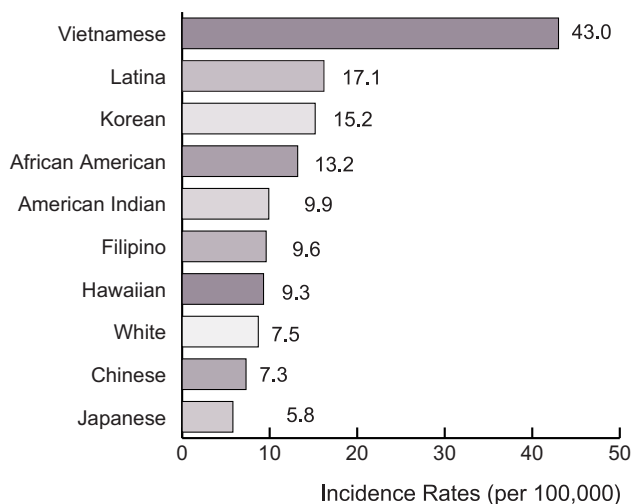
American women have cervical cancer rates of 43 cases per 100,000 women, which is almost three times higher than the next group.<sup>1</sup>

Ethnic-specific data show high cervical cancer rates for other Southeast Asian populations, as well. In California, cervical cancer is the most common form of cancer among Laotian American women, and it is the second most common cancer for Cambodian American women.<sup>2</sup>

In addition, aggregated data on cervical cancer among Asian Americans reveal a singular trend in the United States: while incidence rates for all other major racial groups have fallen in recent years, rates of cervical cancer among Asian American women alone show small but significant increases.<sup>3</sup>

One major factor contributing to this trend is the early detection screening pattern of Asian American women. Low rates of cervical cancer screening show that Asian American women do not regularly undergo Pap tests – the most effective preventive measure against this disease. In fact, local studies report that less than half of women from several ethnic groups have undergone recent screening for cervical cancer.<sup>4, 5, 6</sup>

Cervical Cancer Rates by Ethnicity, 1988-1992



Studies also show that Asian American women have very little knowledge or awareness about cervical cancer, and few understand the role of the Pap test in preventing the disease.<sup>7, 8</sup>

These reports reveal that Asian American women are at increased risk for developing cervical cancer. To reduce this risk and eliminate the cervical cancer disparity for Asian American women, new, tailored efforts must take place to promote early detection within these communities. With enhanced education, outreach, and screening services for cervical cancer, Asian American women will gain the necessary information and resources to make positive decisions for their cervical health.

#### CERVICAL CANCER SCREENING & KNOWLEDGE: FINDINGS FROM LOCAL STUDIES

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- Only 48% of Filipino American women reported screening in the previous two years (Los Angeles).<sup>4</sup>
- Only 47% of Cambodian American women reported recent screening, and 24% reported never receiving a Pap smear (Seattle).<sup>5</sup>
- Only 26% of Korean American women reported receiving a Pap smear within the previous three years for screening purposes, and 54% reported never receiving a Pap smear (Chicago).<sup>6</sup>
- 71% of Cambodian American and Vietnamese American women reported not knowing what cancer was (Philadelphia).<sup>7</sup>
- Three-fourths of Vietnamese American women could not explain the function of Pap smears (Southern Louisiana).<sup>8</sup>

## BARRIERS TO CERVICAL HEALTH

Asian Americans comprise a diverse and growing population, with English-language ability, socioeconomic status, and level of acculturation varying widely among the multiple Asian ethnic communities. These factors can significantly impact Asian American women's health beliefs and behaviors. For example, language and financial barriers can impede access to health care systems, and traditional concepts surrounding illness and health, preventive care, and women's roles can discourage use of medical services. While all health promotion efforts for Asian American women must address these barriers, there are specific conditions that exist for cervical cancer.

As the data show, few women have knowledge about cervical cancer and the need for early detection. Because a high level of stigmatization surrounds cancer in Asian American communities, discussion about cervical cancer remains limited. Consequently, women do not always learn about the causes and prevention of cervical cancer, and instead have incomplete or false information that leads to misperceptions about risk, and fears about screening.

Traditional Asian attitudes and beliefs towards health can also restrict Asian American women from seeking screening services. Many Asian cultures hold fatalistic attitudes toward cancer, equating a cancer diagnosis with death. As a result, women may choose against screening as a way to avoid hearing a negative diagnosis. In addition, women may believe that their health conditions are a result of fate or misdeeds and may, therefore, consider any proactive steps futile. *(continued on next page)*

### *Barriers (continued)*

Further serving as barriers to screening are gender-specific values about women's roles and familial obligations. These values often place women in accommodating and self-sacrificing roles that minimize their own health needs and, therefore, their likelihood to seek screening. In addition, an emphasis on women's modesty may discourage screening due to embarrassment during the exam.

Asian American women's perceptions of reproductive health and preventive care can likewise hinder screening. Women often view reproductive health as centered around pregnancy. As a result, reproductive health services are only considered necessary for married women, while single women do not recognize the need to use such services themselves. In addition, Asian American women often seek health care only when they have acute symptoms, and not for prevention. Because cervical cancer screening occurs before symptoms arise, women do not view it as a necessary health practice and therefore do not undergo regular screening.

Finally, provider actions also create barriers to Asian American women's cervical health. Many providers are unaware of Asian American women's risk for cervical cancer, which prevents them from initiating discussion about the disease or giving referrals for screening. In addition, providers often lack familiarity with Asian American cultures and women's specific hesitations regarding cervical cancer screening. The communication difficulties and increased discomfort that result can discourage Asian American women from future screening.

## **PARTNERSHIP IN ACTION: A Case Study for Cervical Cancer Education**

With the mission to eliminate health disparities for Asian women and families, the National Asian Women's Health Organization (NAWHO) has been a leader in addressing cervical cancer for Asian American women. Recognizing the challenges to health promotion for Asian Americans and the added difficulty created by the stigma around the disease, NAWHO undertook a community-driven intervention designed to educate and empower Asian American women to engage in early detection screening.

NAWHO collaborated with community-based organizations - Little Tokyo Service Center in Los Angeles, California, and Boat People S.O.S. in Merrifield, Virginia - to conduct two localized and community-specific education and discussion forums on cervical cancer. Uniquely tailored to accommodate the organizations' local Japanese American and Vietnamese American communities, respectively, each forum included culturally-sensitive messages on cervical cancer and interactive discussion sessions to identify community needs and strategies for improved education and screening.

For this effort, NAWHO provided programmatic, technical, and financial support to the partners, including leadership training, state and local contacts, materials, and evaluation consultation. Community partners, on the other hand, drew on their long-standing relationships with their respective communities to tailor the format and messages of each forum to best meet the needs of the specific ethnic group.

The cervical cancer education and discussion forums took place on June 24, 2000 in Los Angeles, California, and July 16, 2000 in Annandale, Virginia.

Together, the forums reached more than 200 community members with critical information on cervical cancer and early detection. In addition, the forums revealed serious challenges to Asian American women's cervical health, including lack of knowledge about cervical cancer and numerous cultural and institutional barriers to health.

After attending the forum, however, participants recognized the importance of screening and overwhelmingly indicated their willingness and intent to seek early detection services despite the difficulties they might face. In addition, plans for follow-up activities such as cervical cancer support groups were developed at the forums and have since been implemented in Virginia.

These successful outcomes of NAWHO's intervention illustrate the benefits of a community partnership model for reaching Asian American women for cervical cancer education. Community partners can offer:

**Knowledge of the community.** NAWHO's partners had in-depth knowledge about their respective communities, including information about their beliefs and barriers, work and recreation patterns, and health needs and concerns. This knowledge contributed to appropriately tailored ethnic- and gender-specific messages that addressed the beliefs and values of the two audiences.

**Networks.** NAWHO's partners had access to broad networks of partners, media outlets, and clientele from their respective communities. The networks were utilized to facilitate education about cervical cancer, promotion and recruitment for the forums, and identification of appropriate speakers and interpreters for the events.

**Infrastructure.** NAWHO's partners possessed the needed infrastructure to continue education and outreach to their communities after the interventions took place. By carrying the forums' impact beyond the

## PARTNER PROFILES

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**Little Tokyo Service Center (LTSC)** is a multi-purpose social service agency in Los Angeles, California, founded in 1979 to serve people in need, especially those facing language or cultural gaps, financial need, or physical disabilities. LTSC has over a dozen programs that offer services in eight different languages in addition to English, including peer support groups, counseling and social services, and consumer health education and advocacy.

**Boat People S.O.S.** is a community-based organization with headquarters in Fairfax, Virginia. It was founded in 1981 to aid Vietnamese refugees as they adjust to new lifestyles, to increase public awareness and understanding of refugee experiences, and to promote cooperation among charitable associations with purposes similar to its own. Its programs focus on human services, community organizing and empowerment, and public health education and treatment.

day of the event, partners have been able to create new opportunities for improving Asian American women's health.

With these benefits, NAWHO's partnerships with Little Tokyo Service Center and Boat People S.O.S. created a successful match for cervical cancer education and empowerment for two Asian American communities. As this example shows, incorporating community partnerships in national cervical cancer endeavors offers advantages that can better promote preventive behaviors for Asian American women's cervical health.

## RECOMMENDATIONS

As cervical cancer continues to impact Asian American women disproportionately across the country, screening programs and health policies must do more to reach Asian American women with critical education and access to services. The following recommendations are designed to assist health promotion efforts in advancing Asian American women's health, reducing the cervical cancer disparity and, ultimately, saving lives.

- **Develop community partnerships to better reach and screen Asian American women.**

Partnerships with community organizations and representatives are critical for the success of any health promotion effort. Partners can offer knowledge about the needs and views of the priority community to shape the format, structure, and messages of educational activities. In addition, partners will have access to community networks and support mechanisms that will facilitate implementation and follow-up of any endeavor.

- **Conduct broad-based education campaigns on cervical cancer and early detection screening.**

Comprehensive education efforts that utilize media, community associations and organizations, and health promotion events can raise widespread awareness and knowledge about cervical cancer among Asian American communities. Such knowledge will increase discussion about cervical cancer and help reduce its accompanying stigma. It will also dispel myths about the disease, reduce fears about Pap tests, and raise understanding about the purpose of cervical cancer screening.

- **Educate whole families to prioritize women's health.** Because cultural norms can de-prioritize their health and emphasize family obligations, Asian American women may be reluctant to address their own health needs and access preventive services like cervical cancer screening. Educating whole families will foster environments supportive of women's health needs that will encourage women to seek appropriate early detection services.

- **Enhance infrastructure to eliminate cultural and economic barriers to care.**

Asian American women may experience numerous barriers that prevent them from accessing health care, such as language difficulties, lack of transportation, and lack of childcare. Support mechanisms such as interpreters, shuttle services, and on-site childcare centers that address these challenges would improve women's ability to access care. Particularly for under-prioritized preventive practices like cervical cancer screening, the elimination of institutional barriers will significantly increase women's likelihood to utilize health services.

- **Enhance delivery of culturally competent screening services to Asian American women.**

Providers play a large role in influencing women's health practices through their advice and actions. To better promote healthy behaviors, providers should recognize Asian American women's risk for cervical cancer and refer them for screening. In addition, providers should interact in a sensitive manner with their Asian American clients, in particular utilizing knowledge about Asian American beliefs and communication patterns to reduce women's discomfort in the screening setting. With positive screening experiences, Asian American women will more likely return for repeat visits.

## SOURCES

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