Mammography Screening of Chinese Immigrant Women: Ever Screened Versus Never Screened

Frances Lee-Lin, RN, PhD, OCN®, CNS, Thuan Nguyen, PhD, Nisreen Pedhiwala, MS, Nathan Dieckmann, PhD, and Usha Menon, PhD, RN, FAAN

Early breast cancer detection through regular mammography screening reduces morbidity and mortality (American Cancer Society [ACS], 2013). In the United States, Asian Americans (AAs) are the fastest-growing ethnic group, and breast cancer is the most commonly diagnosed cancer for women in this population. However, AA women’s mammography rates are well below the national Healthy People project goal of 81% and consistently lower than rates for all other U.S. ethnic groups (ACS, 2013; Gomez et al., 2013; HealthyPeople.gov, 2015; Partnership for Prevention, 2007).

The target population for this study, Chinese Americans (CAs), is the largest of the AA subgroups (Humes, Jones, & Ramirez, 2011). Similar to other AA women, CA women have much lower rates of mammography screening than the general population. Several studies in the past 30 years have reported on breast cancer screening among CA women (Lee-Lin & Menon, 2005). The mammogram use and adherence rates have been reported in three different ways in the literature: at least once in a lifetime, mammogram in the past year, and mammogram in the past two years. For CA women, 12%–86% of women reported having had a mammogram at least once in their lifetimes (Lee, Lee, & Stewart, 1996; Lee-Lin et al., 2007; Tang, Solomon, & McCracken, 2000; Tu et al., 2003; Yu, Kim, Chen, & Brintrall, 2001), and 49%–61% reported having had one mammogram within the past one to two years (Lee et al., 1996; Lee-Lin et al., 2007; Tang et al., 2000; Tu et al., 2003; Yu, Seetoo, Tsai, & Sun, 1998; Yu & Wu, 2005). These rates are much below the national targeted goal of 81%.

CA immigrant women have higher breast cancer incidence than their counterparts living in Asian countries, and data from 1990–2008 indicate that CA women experienced a statistically significant 1.2% annual increase in breast cancer (Gomez et al., 2013). Cultural beliefs may influence screening behaviors among CA immigrant women. In a focus group study assessing perceptions of health, illness, and cancer screening knowledge and beliefs of 54 CA women aged 50 years or older, zero women mentioned the...