

Perceived Benefits and Barriers of Cervical Cancer Screening Among Chinese American Women

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Tung contributed to the conceptualization and design, provided statistical support and analysis, and completed the data collection. Lu contributed to the data analysis and results. All of the authors contributed to the manuscript preparation.

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Purpose/Objectives: To explore the perceived benefits and barriers to cervical cancer screening among Chinese American women using stages of the Transtheoretical Model of Change.

Design: Cross-sectional design with self-report surveys.

Setting: Chinese communities (e.g., churches, supermarkets, restaurants) in Northern California and Northern Nevada.

Sample: 121 Chinese women aged 21–65 years living in Northern California and Northern Nevada.

Methods: A snowball sampling technique using personal contacts was used.

Main Research Variables: Stages of change and perceived benefits and barriers to cervical cancer screening.

Findings: Participants in the action/maintenance stage were most likely to believe that cervical cancer was treatable if caught early. Women in the contemplation/preparation stage were more likely to state that they worried about or feared screening, that it was too expensive, and that they would want to use Chinese medicine to cure an illness before trying Western medicine. Women in the precontemplation/relapse stage were most likely to report that they did not know where to get screened and that their partner would not want them to be screened.

Conclusions: Perceived benefits and barriers to screening were differentially associated with the stages of change. Results may support culturally sensitive and theory-based programs to improve screening rates among Chinese American women.

Implications for Nursing: The results suggest the importance of cultural sensitivity among nursing providers when working with Chinese Americans to provide more relevant, holistic care.

Cervical cancer is the world's second most common cancer among women in less developed regions, with an estimated 445,000 new cases in 2012 (World Health Organization, 2016). Cervical cancer was once a leading cause of death among American women in the United States; currently, it ranks 14th in the causes of female cancer mortality (National Institutes of Health [NIH], 2010). The rates of cervical cancer have greatly decreased in the United States since the introduction of Papanicolaou (Pap) screening in the 1950s, which identifies abnormal cells prior to the development of cervical cancer (NIH, 2010).

Despite the recognized benefits of regular Pap screening, Asian American women aged 18 years and older have the lowest Pap smear screening rate (68%) among U.S. racial and ethnic groups (compared to African Americans [78%], Hispanics [74%], non-Hispanic Caucasians [73%], and American Indians/Alaska Natives [73%]) (Centers for Disease Control and Prevention [CDC],