Breast and Cervical Cancer Screening Practices and Interventions Among Chinese, Japanese, and Vietnamese Americans

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Purpose/Objectives: To review research on breast and cervical cancer screening practices among Chinese, Japanese, and Vietnamese Americans.

Data Sources: MEDLINE® and the Cumulative Index to Nursing and Allied Health Literature databases.

Data Synthesis: Of the 28 studies reviewed, 19 (68%) were descriptive and 9 (32%) were interventions. Instruments were developed or translated into the native language. Inconsistent operational definitions for positive facilitators and negative barriers made comparisons across studies difficult.

Conclusions: Research about breast and cervical cancer screening is limited in these groups. All of the studies reviewed indicated low adherence to cancer screening guidelines. Some interventions showed promising results. Poor awareness about cancer was reported; positive facilitators and negative barriers were identified.

Implications for Nursing: The rapidly increasing number of Asian Americans in the United States underscores the need for further research in this area. Future studies should focus on each population as a disaggregated subgroup. Cancer control interventions should be culturally competent.

Asian Americans constitute the fastest-growing ethnic group in the United States (U.S. Census Bureau, 2000). In 1990, 6.9 million Asians and Pacific Islanders were living in the United States, representing 3% of the U.S. population (Coughlin & Uhler, 2000). By 2000, 11.9 million, or 4.2% of the total U.S. population, was Asian, indicating a 72% increase over 10 years. In comparison, the total U.S. population grew only 13% from 1990–2000 (U.S. Census Bureau, 2000). By 2050, estimates predict that Asians will comprise 8% of the U.S. population (U.S. Census Bureau, 2004). The rapidly increasing numbers suggest the need for rigorous health promotion in this population. According to Pasick et al. (1996), this issue must be addressed immediately because of growing health disparities, such as breast and cervical cancer morbidity and mortality among Asian American women.

Asian Americans represent more than 25 ethnicities, with origins in East Asia, Southeast Asia, the Indian subcontinent, Polynesia, Melanesia, Hawaii, Guam, Samoa, and other Pacific islands (National Cancer Institute, 2004). Although people tend to group all Asian Americans and Pacific Islanders into a large ethnic cluster, in actuality, each group is unique and differs in language, culture, and health beliefs. They also may have differences or similarities in cancer beliefs and cancer screening practices. Simple targeting of broad groups of Asian Americans and other ethnic groups resulted in interventions that were insensitive to within-group differences in language, culture, and health (Pasick et al., 1996). Underscoring such differences is the fact that cancer survival rates vary among Asian American groups. When compared with other Asian groups, Chinese women consistently experience lower survival rates with advanced disease and worse survival rates even with an early-stage diagnosis of cervical cancer (Lin et al., 2002). On the other hand, Japanese Americans tend to be diagnosed at an earlier stage of cancer and are more likely to experience better survival rates with prostate, colorectal, and breast cancers (Lin et al.). These data indicate the importance of examining cancer statistics for each subgroup of Asian Americans.

Breast cancer is the most commonly diagnosed cancer among Asian American women in the United States. However, cervical cancer is the most common cancer in Vietnamese American women (Yu, Kim, Chen, & Brintnall, 2001). According to the...