Pre- and Postintervention Differences in Acculturation, Knowledge, Beliefs, and Stages of Readiness for Mammograms Among Korean American Women

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The number of Americans with Korean ancestry in the United States is about 1.3 million, representing 0.4% of the total U.S. population. Of that population, 75% are foreign-born, 58% are women, and 42% are women aged 35 years or older (U.S. Census Bureau, 2006). Breast cancer is the most frequently diagnosed cancer among Korean American women (McCracken et al., 2007), and those diagnosed present with larger tumor size and more advanced-stage breast cancer than Caucasian women (89% versus 70%) (Hedeen, White, & Taylor, 1999), implying that Korean American women adhere less to recommended breast cancer screening guidelines. Korean American women also have higher breast cancer incidence rates than women in their native country (16.9 versus 10.9 per 100,000) (Gomez et al., 2003); however, reasons for this are unknown. Some evidence suggests that breast cancer risk among Asian women increases after at least 10 years of living in the United States (Deapen, Liu, Perkins, Bernstein, & Ross, 2002; Ziegler et al., 1993), but solid evidence related to risk factors, such as Western diet, genetics, or environment, has yet to be discerned. Because early detection through routine screening contributes to a decrease in breast cancer mortality, the particularly low rates of adherence to recommended breast cancer screening guidelines among Korean American women are disconcerting.

Reports on mammography screening use among Korean American women suggest that more than 50% have had a mammogram at some point in their lifetime but that recommended mammography screening guidelines have not been followed: 33%–39% had a mammogram in the past year, 53%–59% had mammograms within the preceding two years, and 78% had at least one mammogram in their lifetime (Centers for Disease Control and Prevention [CDC], 2004; Juon, Kim, Shankar, & Han, 2004; Kandula, Wen, Jacobs, & Lauderdale, 2006; Lee, Fogg, & Sadler, 2006; National Cancer Institute, 2009). Of those diagnosed, 50% have had a mammogram at some point in their lifetime (Centers for Disease Control and Prevention [CDC], 2004; Juon, Kim, Shankar, & Han, 2004; Kandula, Wen, Jacobs, & Lauderdale, 2006; Lee, Fogg, & Sadler, 2006; National Cancer Institute, 2009). According to costume screening guidelines, women who have had one mammogram in the past 2 years should have another within the next 2 years, and women who have not had a mammogram in the past 2 years should be encouraged to have one. However, only 53%–59% have had mammograms within the preceding 2 years (Lee, Fogg, & Sadler, 2006). Even though 78% have had at least one mammogram in their lifetime (Lee, Fogg, & Sadler, 2006), breast cancer mortality is higher in Asian Americans and Pacific Islanders (AAPI) compared to Caucasians 

Main Research Variables: Acculturation, knowledge, beliefs (perceived risk, pros, cons, fear, self-efficacy, modesty, fatalism), and stages of readiness for mammography use.

Conclusions: The GO EARLY intervention, the first study to assess stages of readiness for mammography use among Korean American women, was feasible and culturally sensitive and can be replicated in various Korean American communities.

Implications for Nursing: Culturally appropriate educational programs can serve to change women’s perceptions and knowledge, and such changes may lead to changes in health behavior.