Investigating How Different Cultural Beliefs of Korean Americans Shape Their Participation in Cervical Cancer Screening

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On my honor as a University Student, I have neither given nor received unauthorized aid on this assignment as defined by the Honor Guidelines for Thesis-Related Assignments

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Introduction

The leading cause of death for women in the United States is heart disease, which accounts for 21.8% of deaths. The second most common cause of death is cancer, which accounts for 20.7% of all female deaths in the U.S. However, when the data is split into racial groups, cancer, not heart disease, is the leading cause of death for Asian American women, accounting for 25.5% (Centers for Disease Control and Prevention, 2021). This is the only race for which heart disease is not the leading cause of death. Furthermore, Asian Americans have disproportionate rates of certain cancers including high rates of liver, stomach, lung, and nasopharyngeal cancer, as well as cancers of infectious origin. A multitude of factors, both biological and social, contribute to this higher incidence of cancer. For example, some racial groups are predisposed to certain cancers, and prejudice and inequities in healthcare settings can disproportionately impact minority groups (*Cancer Burden Facing Asian Americans Partly Caused by Racism*, 2022). Additionally, Asian Americans have lower rates of cancer screening compared to other demographics (National Cancer Institute, 2022a). Lack of education and intervention programs, as well as cultural beliefs and practices, could be contributors to this lower screening rate.

Cervical cancer (CC) rates emphasize the cancer inequality faced by Asian Americans. This cancer is fairly preventable with vaccination against human papillomavirus (HPV) and curable if caught in early stages through regular screening tests (Division of Cancer Prevention and Control, 2022b). Although screening is a known way to detect CC, the percentage of women in the United States overdue for screening has risen from 14% in 2005 to 23% in 2019. When analyzing the overdue data by race and ethnicity, Asian women have the highest percentage, 31% (National Cancer Institute, 2022a). This rate varies among Asian American subgroups, with Korean American women having the greatest odds of never receiving screening (Yoo et al.,

2011). My aim is to investigate the low rate of screening among Korean American women. Specifically, I will examine their cultural beliefs and practices focusing on gender dynamics as well as opinions and access to health care. Then, I plan to apply this knowledge to analyze the successes and failures of previously implemented cervical cancer screening programs.

Context

Cervical cancer occurs when there is mutation of the cells in the cervix caused by long lasting infection with one of the thirteen oncogenic (cancer causing) human papillomavirus strains (Division of Cancer Prevention and Control, 2022a). If the HPV infection induced mutations are caught early, the abnormal cells can be removed or destroyed, preventing the development of cancer. This can either occur naturally by the body's immune system or through treatments such as conization (the removal of a cone-shaped piece of the cervix tissue), laser therapy, cryotherapy (destroying the abnormal cells by freezing them), or a total hysterectomy (surgical removal of the uterus and cervix) (National Cancer Institute, 2022c). Routine CC screening allows for the invaluable early detection of the precancerous and early cancerous changes.

There are two main screening methods: the HPV test and the pap smear. The HPV test checks cells for infection with the oncogenic strains of HPV. The pap smear collects a sample of cells and checks them for pathologic changes caused by HPV that can lead to CC if left untreated. Both of these tests are done during a pelvic exam. During the exam, a speculum is inserted into the vagina and used to open it, allowing for a brush to collect samples from the cervix. The samples are then examined for infection and/or abnormality in a lab. Screening recommendations vary between age groups. For women 21-29 years old, the United States Preventive Services Task Force (USPSTF) recommends a pap smear every three years, as long as

results continue to be normal. For women 30-65 years old, the USPSTF recommends a pap test every three years, an HPV test every five years, or an HPV/pap co-test every five years (National Cancer Institute, 2022b). In general, these tests are quick and relatively painless.

Relevant Literature

Since the screening procedure is relatively easy, there are likely social and financial factors preventing Korean American women from getting screened. Current literature on screening hesitancy divides the reasoning into three main groups. First, there is a lack of understanding of cervical cancer stemming from the prevalence of misinformation about the development and prevention of CC (Fang et al., 2011). However, the impact of this barrier on screening rates is debatable, with some studies concluding that lack of understanding was a non-significant factor (Yoo et al., 2011). This conflicting data indicates a need for more research to be conducted. The second barrier is a lack of access to healthcare, resulting from lack of insurance, prohibitive costs, and language difficulties that deter women from seeking screening (Fang et al., 2011). Finally, persistent cultural beliefs and gender roles can deter Asian American women from screening. Many Asian cultures value modesty, and this mentality can discourage women from undergoing pelvic exams. Additionally, patriarchal family structures sometimes require that women to have permission and support from male relatives before receiving gynecological care (Gor et al., 2011). There are beliefs such as health being related to luck and care only being utilized when there is a clear problem (Fang et al., 2011). These aspects need more research as cultural beliefs vary among different subgroups of Asian Americans, meaning they can have varying degrees of impact regarding the likelihood of screening compliance (Yoo et al., 2011).

Given the cultural variability among Asian Americans a variety of methods to foster preventative healthcare programs are needed. The effectiveness of such programs will depend on

factors such as location, program type, and target population. In the past, failures have resulted from poor demonstration of high quality programs, lack of cost effectiveness, and lack of sustainability (Lu et al., 2012). Some progress has been made. A behavioral model used to identify health care practices among Korean American women identified four important constructs for evaluation: predisposing factors (including marital status and religion), enabling factors, perceived need, and health behaviors (preventative health care practices). The authors were able to divide participants into four groups with different compliance rates: assimilated, integrated, marginalized, and separated. They concluded that pap smear compliance was driven in large part by predisposing and enabling factors. They also identified future areas of study including the potential benefit of Korean primary care providers and dissemination of health information (Y.-S. Lee et al., 2012). Currently there are conflicting and inadequate understandings as to why screening rates are low. There is also a lack of research regarding the successes and failures of intervention programs in this population. There is a clear need for further research to understand low compliance rates for CC screening among Korean women.

Methods

In order to collect research on the potential socio-cultural factors that impact Korean American women's participation in cervical cancer screening, multiple sources for evidence were used. For the cultural beliefs and practices of Korean Asians regarding opinions and access to health care as well as gender dynamics, secondary sources were used. In order for the sources to be creditable, they were collected from reputable journals found via the PubMed database. As it is important that the research be well founded the sources were from recent years. As this was a challenge, sources not from recent years were evaluated for relevance. The sources used for the intervention programs designed to increase Korean American women's CC screening rate were

primary and secondary sources. In order for these sources to be considered relevant they had to be created by reputable medical and/or research institutions and then published in well-known journals. The timing of program activity was also considered to ensure that the cultural factors could be properly applied to generate valid discussion. These sources will allow for better understanding of Korean American culture and how it impacts health care practices.

Results and Discussion

Cultural Beliefs and Practices

In order to examine the cultural beliefs of Korean Americans there must first be an understanding of the definition of culture. The term "culture" has many applications, from pop culture to work and religious dynamics. For this analysis culture will be defined as a comprehensive concept that influences social norms, attitudes, values, practices, and health of a group of people. Obviously, this is a large topic that varies within the people of said culture and over time. This analysis will specifically be focusing on broad and traditional cultural beliefs of Korean Americans that shape their views on, and utilization of, health services.

Many of the current cultural factors that have an effect on health-related behaviors were influenced and shaped by the traditional philosophies prevalent in Korean culture. Though Confucianism has historically been seen as most influential in Korean culture, Taoism and Buddhism also have an impact (S.-Y. Lee, 2015). One concept specific to Confucian doctrine is collectivism. This is the practice of putting the group above the individual, emphasizing group harmony and conformity (Shin et al., 2018). This cultural tenet can impact Korean American health practices by deterring them from utilizing newer or unfamiliar services as it is not the social norm to use these.

The Confucian doctrine of collectivism is closely tied to the belief of filial piety and familism. This is the practice of putting family interests and needs over the individual (Tung, 2010). Familism leads to the sense that health issues are a shared responsibility throughout the family, which can have both positive and negative impacts. Shin provided a very relevant example of familism in regard to utilization of cancer screening. The positive impact was an increase in the utilization of colorectal screening, as catching the disease earlier was believed to reduce both the financial and emotional burden on the family. However, there was a negative impact on the utilization of breast cancer screening due to the burden it placed on the children as they were expected to help with transportation to the appointment (Shin et al., 2018). It could be argued that this belief can have a larger negative impact on females compared to men due to the patriarchal features of Confucianism. Woman can feel that asking for assistance in these situations is an unwanted task, whereas men expect it. This traditional family dynamic stems from the Confucian doctrine that women are inferior to men (Tung, 2010). This can lead to negative health outcomes for Korean American women as they potentially prioritize fulfilling their expected family role over taking care of their own needs.

Another belief that comes from the Confucian teaching of instilling a patriarchal culture is that women should have the four virtues of morality, proper speech, diligent work, and modest manner (Tung, 2010). These expectations instill feelings of embarrassment in Korean American women when they are required to reveal their sexual organs for health services (S.-Y. Lee, 2015). Korean American women can respond in one of two ways. The first is to request a female physician. The second is to avoid medical appointments and services altogether. While feelings of embarrassment may seem to only apply to females, that is not accurate. They can also manifest in males, especially in the way of shame. There is a cultural stigma that illnesses are

signs of weakness and a lack of self-discipline. One specific example of this attitude is the common avoidance of smoking cessation aids, such as nicotine patches, as use implies that the person lacks discipline (Shin et al., 2018). This example shows a clear impact of the belief on health practices of Korean Americans as it is making it harder to cease unhealthy habits. In addition, it can prevent the utilization of medical support during an illness if the affected person does not seek care but instead tries to handle it themselves. This also causes isolation from beneficial social support networks.

One cultural factor that arises from both Confucianism and Taoism is a holistic view and approach to health. The Taoism portion of this belief is that a long life can be achieved through discipline and the utilization of food and herbal medicine (Koh, 2003). This approach to health can be beneficial as it leads to the use of primary preventative behaviors such as exercise and eating healthy foods. However, it does not emphasize the use of secondary prevention and early detection methods such as cancer screening as these do not tie into the origin of the holistic health approach (S.-Y. Lee, 2015). This can have negative consequences as it prevents the finding of cancers in early, more treatable stages. Another cultural aspect that relates to the utilization of health services is fatalism. This is the belief that diseases are a predetermined, inevitable part of God's plan. This idea is incorporated into all three philosophies, Confucianism, Buddhism, and Taoism (S.-Y. Lee, 2015). It deters people from the use of screenings as they believe they are useless; if they are to get a disease, there is no stopping it (Shin et al., 2018).

As mentioned earlier, culture varies within the group and changes over time. As a result, the impact that these components of Korean American culture have on regarding utilization of health services is variable. One factor that can have a large effect is the level of acculturation Korean Americans have experienced (S.-Y. Lee, 2015). It has been found that traditional values

are weaker among the younger generations, females, and those who have had greater contact with Western ideas (Hyun, 2001). This emphasizes that culture is a vast umbrella term that influences group members to different extents and ways. Thus, it is challenging to create effective health related intervention programs as they have to be altered to fit each specific subgroup.

Cervical Cancer Screening Intervention Programs

An intervention program is a planned and implemented action order to achieve an end goal. Oftentimes medical intervention programs are utilized by health professionals to increase awareness regarding prevention of disease and the benefits of detection and treatment. These programs can be modified for cancer screening in order to help diminish disparities in the utilization of these services. Intervention programs can be broad in order to reach large groups of people or tailored to specific subgroups. When they are specifically tailored it allows for the implementation of cultural factors that will allow for the program to be more effective. These efforts are not always successful. This will be reviewed through the cultural analysis of two intervention programs to increase the utilization of cervical cancer screening among Korean American women where one is successful and the other is not.

The first intervention program was a community health education program to improve both breast cancer and cervical cancer screening for Korean American women in Alameda County, California. For this analysis only the cervical cancer screening aspects will be evaluated. This program was 48-months long. There were three phases which were modified in response to community feedback from the Korean churches whose members contributed to the participant pool. Phase one focused on building a relationship in the Korean churches, providing educational materials and training within the community, and recruiting health counselors (HCs). The HCs

were church members who volunteered to help improve CC screening among woman in their church. They were trained by the program staff and asked to complete duties such as identifying individuals with screening needs or assistance. Phase two focused on holding educational workshops in the churches, continuing the distribution of educational materials in the community, and adding a financial incentive for completing the screening. This phase utilized HCs to organize the workshops, connect women with health providers and insurance, and emphasize the importance of health in the community. The final third phase focused on the continuation of educational workshops, financial incentives, and added a media campaign. This intervention program failed. When looking at the intervention group the only improvement seen was the percent of pap smears (increased 13%) the delta for the control group was 4.2%. The "improvement" in pap smear utilization was 8.7% which was not statistically significant – the difference could have been due to chance (Moskowitz et al., 2007).

Looking at this program in light of the cultural factors examined above three possibilities stand out as being applicable in its evaluation: collectivism, embarrassment, gender roles. As mentioned earlier, collectivism is the belief that group needs, harmony, and conformity come before the individual. When recruiting HCs for this program and assigning them tasks to complete during the first two phases the creators did not think of how this value could inhibit the HCs compliance. They are specifically asking the women to resist the social norms by promoting a service that is not frequently used in the community. The strategy of using HCs was also an issue as it runs into the problem of embarrassment. The program requires the HCs to talk to women that they may not be close to in the community about very personal health matters. This can cause them to feel uncomfortable and deter them from completing the task. Finally, by using female HCs in the program they add another task for women who, if they are in a traditional

Korean marriage, already have a lot to do. Their HC tasks are most likely deprioritized as they are counter culture. The program acknowledged and tried to overcome these challenges by slightly altering the HC roles and providing them with financial incentive, but it was not enough and hence the program failed.

The other intervention program was a multifaced intervention program to increase cervical cancer screening among underserved Korean American women. This program recruited 102 women from non-faith based sociocultural Korean community centers for the program which combined psychoeducational counseling with patient navigation to help raise CC screening rates. The participants were separated into two groups. The first was a control group that received a general health educational session (it included information about cervical cancer and screening, but was not the focus) as well written pamphlets about health services. The other group was the intervention group which received a cervical cancer specific educational session focused on the risk factors, prevalence rates, and benefits of screening and early detection, especially in relation to the life roles of Asian women. They also received patient navigation training by bilingual Korean health educators that assisted them with making appointments, communicating with health professionals, and showing them locations that offered CC screening services for free. In order to evaluate if the program was successful the creators surveyed participants at the beginning and 6 months following the intervention. The most important question they asked in these surveys was if the participant had received a pap smear in the last year. At the start of the program 11.5% of the intervention group and 22% of the control group had received a screening. Following the program 83% of the intervention program had received a screening, while the control group remained at 22%. Thus, this intervention program was

successful in increasing the compliance rates of CC screening among Korean Americans (Fang et al., 2007).

This program was successful, at least in part, because it was conducted in a way that fit within the community culture; they didn't make it difficult or challenging to participate. The emphasis on how cervical cancer can affect their lives during the educational program was effective because it used the cultural tenets of collectivism and familism in a positive way. It was made clear that cervical cancer can impact the patient's life and prevent them from completing their typical or expected tasks thus Korean American's are more likely to use screening services to prevent incapacity from disease. This served the entire family. Another reason that this program was successful was because of the inclusion of the navigation aspect. This was helpful as it limited the amount of time and possible burden put on the family if they had to help create the appointment, relating to the cultural aspects of gender roles and familism again. This allowed for women to create an appointment in a reasonable time, meaning it did not impede on the time needed to complete their usual daily routine. This program was easily integrated into the community as it aligned with the cultural beliefs, making it more accessible and acceptable.

Conclusion

Cervical cancer is a curable disease if it is caught in the early stages of development. Regular screenings for this cancer, such as pap smears, can allow for early detection, increasing the rates of survival. Even though this is known, screening rates in the US have been declining in recent years, especially among Korean American women. Currently there is a lack of knowledge and conflicting reasons as to why there are low compliance rates among Korean American women. One barrier to screening that has not been adequately researched is the impact of Korean American culture on health care behavior.

Upon analysis there were seven identified cultural values that applied to health practices: collectivism, familism, a holistic view of health, gender roles, embarrassment, fatalism, and the level of acculturation. With the knowledge of these cultural factors previous intervention programs to increase cervical cancer screenings could be analyzed and evaluated as to why they were successful or not. In order to design a successful intervention program, it must be modified for the cultural context. It must emphasize the positives of the medical service in terms of the traditional cultural structure and not impede the daily lives of the participants. Programs should also be integrated and taught in a way that highlights the positive health related cultural aspects that arise from Confucianist, Taoist, and Buddhist philosophies. In the future this research should be expanded to include other barriers to CC screening such as access to healthcare, insurance, and health related materials. These together can then be used to design new intervention programs that are tailored for specific communities of Korean American women across the United States to increase cervical cancer screening compliance.

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