

## Cancer Screening Practices of Bangladeshi Women Living in the United States

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## Immigrant Women in USA

- Immigrant women have disproportionately higher mortality rates for cancer
  - Late stage of diagnosis important reason
  - Significantly lower use of breast and cervical screening tests than U.S. born women
  - Lack of knowledge, language, costs and modesty important factors in lower use

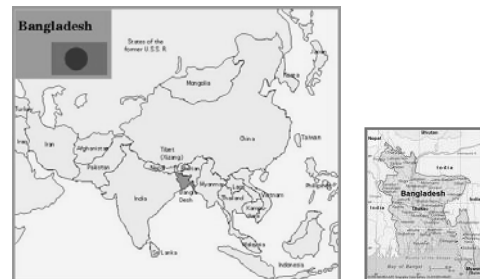
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## Acculturation of Immigrants

- Time spent in the United States associated with the use of screening services
- Acculturation and familiarity with available services and their social context help to explain women's improved utilization over time

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## Bangladeshi Immigrants



Source: [www.kaladarshan.arts.ohio-state.edu](http://www.kaladarshan.arts.ohio-state.edu), [www.media.maps.com](http://www.media.maps.com)

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## Bangladeshi Immigrants in USA

- 2000 census found a total of 95,295 people born in Bangladesh and living in the US; 39,840 women (Office of Immigration Statistics, 2000)



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## Cancer Screening Practices for Women

- Self Breast Exam
- Clinical Breast Exam
- Mammogram
- Pap Smear

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## Study Objective

- To investigate the knowledge, attitudes and practices of cancer screening among a convenience sample of Bangladeshi immigrant women living in the US

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## Methodology

- Cross sectional survey, Summer 2007
- Sample: 97 women
  - aged 35 years or older
  - no prior history of breast cancer
- IRB approval of study protocol; informed consent obtained from each woman
- Analysis
  - SPSS and STATA version 9
  - Descriptive statistics
  - Bivariate & multivariate analysis

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## Measures

- Demographics
- Knowledge about cancer
- Family history of cancer
- Perception of health status
- Behaviors
  - Smoking
  - Exercise
  - Cancer screening practice

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## Results

### Demographics

Variable Name	Sub Group	Percent
Age	> 40 years	60
Education	≥ 16 years	59
Annual Family Income	<35 K per year	4

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Variable Name	Sub Group	Percent
Marital status	Married	92
Employment Status	Homemaker	31
Chronic disease--any	Yes	44
Family Hx of breast cancer	Yes	28
Living with Smoker	Yes	29

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## Knowledge about Breast Cancer Risk Factors

Knowledge Score Range (0 – 9)	Mean 3.81 SD: 2.8
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## Health Perceptions

Self Reported Health Risk	Percent
Overall health (excellent or very good)	41
Overall risk for breast cancer (high)	10

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## Behaviors

Variable Name	Percent
Recent HCP visit (1-2 yr)	22
Exercise in a week ( $\leq 1$ )	34
Lifetime pap smear	61
Recent mammogram (for women <40 years)	65

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## Determinants of Knowledge and Practices

Variables	Cancer Screening Knowledge and Practice : OR (95% CI)			
	Multivariate analysis			
	Mammogram		Pap test	
	Knowledge of use	Practice	Knowledge of use	Practice
Time in US	1.04 (0.86-1.28)	1.02 (0.95-1.06)	1.08 (0.97-1.21)	1.05 (0.99-1.11)
Age	1.03 (0.87-1.23)	<b>1.13 (1.01-1.24)</b>	<b>0.91 (0.84-0.99)</b>	0.97 (0.92-1.03)
Education	1.53 (0.08- 26.73)	1.64 (0.45-5.99)	8.68 (0.93-81.00)	<b>3.10 (1.13-8.48)</b>
Knowledge of breast CA risk	1.01 (0.61- 1.69)	1.01 (0.82-1.25)	--	--

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## Discussion

- Previous studies have found that acculturation and time spent in the U.S. had positive impact on screening practices

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- Our analyses found
  - Positive but not significant relationship between time in US and screening practices
  - Age significantly related to pap knowledge, positive mammography practice
  - Education significantly related to pap practice only

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## Limitations

- Results are limited for the Bangladeshi immigrant women
- Convenience sampling – people with higher awareness and/or without insurance/more active in the community may have been attracted to study
- Self-reported data, subject to recall bias

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## Where Do We Go From Here

- Study provides a starting point for other investigations interested in addressing the health disparities in this population of women

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## References

- Agency for Healthcare Research and Quality (2002). What's new? Screening for Breast Cancer. Rockville, MD: U.S. Preventive Services Task Force.
- American Cancer Society. (2008). Cancer Facts and Figures: 2008. Retrieved July 01, 2008, from <http://www.cancer.org/downloads/STP/2008CAFFfinalsecured.pdf>
- Aragones A, Trinh-Shevrin C, Ganly F (2009). Cancer screening practices among physicians serving Chinese immigrants. *J Health Care Poor Underserved*, Feb;20(1):64-73.
- Brown, W. M., Consedine, N. S., & Magai, C. (2006). Time spent in the United States and breast cancer screening behaviors among ethnically diverse immigrant women: evidence for acculturation? *Journal of Immigrant & Minority Health*, 8(4), 347-358.
- Centers for Disease Control and Prevention. (2007). National Breast and Cervical Early Detection Program. Retrieved July 02, 2008, from [http://www.cdc.gov/cancer/nbcedp/nczdps/0607\\_nbcedp\\_fs.pdf](http://www.cdc.gov/cancer/nbcedp/nczdps/0607_nbcedp_fs.pdf)
- Chiu, L. (2004). Minority ethnic women and cervical screening: A matter of action or research? *Primary Health Care Research and Development*, 5, 104-16.
- Ganly, F., Shah, S. & Changrani, J. (2006). New York City's immigrant minorities. *Cancer Supplement*, 107, 2071-81.
- Islam, N., Kwon, S. C., Senie, R., & Kathuria, N. (2006). Breast and Cervical Cancer Screening Among South Asian Women in New York City. *Journal of Immigrant and Minority Health*, 8 (3), 211-221.
- Kagawa-Singer, M., & Pourat, N. (2000). Asian American and Pacific Islander breast and cervical carcinoma screening rates and Healthy People 2000 objectives. *Cancer*, 89(3), 696-705.
- National Center for Health Statistics. (2007). Health, United States, 2007. Retrieved July 30, 2008, from <http://www.cdc.gov/nchs/data/uhus/uhus07.pdf>.

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## References

- National Institute of Health (1996). NIH Consensus Statement, 14, 1, 1-38.
- Office of Immigration Statistics. (2000). Profile of Selected Demographic and Social Characteristics: 2000. Retrieved July 01, 2008, from <http://www.census.gov/population/cen2000/stp-159/STP-159-bangladesh.pdf>
- Ries, L., Melbert, D., Krapcho, M., Stinchcomb, D., Howlader, N., Horner, M., et al. (Eds.). (2008). SEER Cancer Statistics Review, 1975-2005 (Vol. 2008). Bethesda, MD: National Cancer Institute.
- Sadler, G., Dhanial, S., Shah, N., Shah, R., Ko, C., anghel, M. & Harshburger, b. (2001). Asian Indian women: Knowledge, attitudes and behaviors toward breast cancer early detection. *Public Health Nursing*, 18, 357-63.
- Shirazi, M., Champeau, D., & Talebi, A. (2006). Predictors of breast cancer screening among immigrant Iranian women in California. *Journal of Women's Health* 15(5), 485-506.
- Swan J, Breen N, Coates RJ, et al. (2003). Progress in cancer screening practices in the United States: Results from the 2000 National Health Interview Survey. *Cancer*, 97, 1528-1540.
- Tsui, J., Saraiya, M., Thompson, T., Dey, A., & Richardson, L. (2007). Cervical Cancer Screening among Foreign-Born Women by Birthplace and Duration in the United States. *Journal of Women's Health*, 16 (10), 1447-1457.
- US Census Bureau. (2002). The Asian Population: 2000. Retrieved July, 28, 2008, from <http://www.census.gov/prod/2002pubs/c2kbr01-16.pdf>
- Wu, T.-Y., West, B., Chen, Y.-W., & Hergert, C. (2006). Health beliefs and practices related to breast cancer screening in Filipino, Chinese and Asian-Indian women. *Cancer Detection & Prevention*, 30(1), 58-66.

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## Questions



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