

# "GOT PAP?... GET TESTED!"



research findings of the California Young Women's Collaborative, UC Davis

## OUR STUDY

Vietnamese women in the U.S. have the highest incidence of cervical cancer compared to all other racial/ethnic groups<sup>1</sup>. This study systematically compares Pap testing behaviors of Vietnamese and White American young women and examines the cultural and structural contexts of these practices.

## BACKGROUND

- Vietnamese women are 5 times more likely to have invasive cervical cancer than White women in the U.S.<sup>1</sup>
- Pap test screening has made cervical cancer one of the most preventable illnesses<sup>2,3</sup>.
- Medical guidelines for screening state that all women should initiate Pap tests about 3 years after sexual onset, or by age 21. Subsequent screenings should be done yearly<sup>4</sup>.
- About 1/3 of Asian American young women, including Vietnamese women, have ever had a pap test, in contrast to about 70% of White American young women<sup>5,6</sup>.

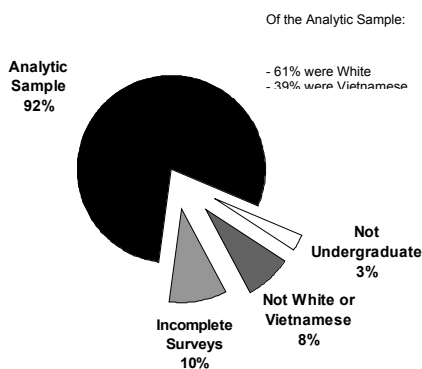
Routine Pap testing practices beginning in young adulthood are critical to preventing the onset of cervical cancer. In order to promote early pap testing, this study examines Pap testing practices of Vietnamese and White American college women. We also examine maternal influence and cost factors associated with Pap testing.

## METHODS

Undergraduate Vietnamese and White American women at UCD were recruited via email to participate in a 20-30 minute online survey.

Of the 289 surveys received, 229 women comprised our analytic sample (undergraduate Vietnamese or White women).

## Distribution of Total Sample N=289



## Demographic Characteristics

- Women ranged in age from 18-24, with an average age of 20 years.
- Vietnamese women were more likely than White women to be foreign-born (32% vs. 5%). On average, foreign-born women had lived approximately 2/3 of their lives in the U.S.
- Vietnamese Americans came from a lower socioeconomic background than White Americans.
- Vietnamese were less likely to have private health insurance than Whites (8% vs. 71%).
- Vietnamese women were less likely than White women to be enrolled in FamilyPACT, a state program offering free or low-cost reproductive health services to low-income individuals (0% vs. 7%).

## OUR FINDINGS

### Sexual Activity

- There was no significant difference on sexual activity rates between Vietnamese and Whites (on average 38% **never** had intercourse). Nationally, 18% of women age 20-24 have never had intercourse<sup>7</sup>.
- Similar to national data, the average age of sexual onset was 17 years old<sup>7</sup>.

## Learning about Pap Testing

- 90% of the sample knew the purpose of a Pap test.

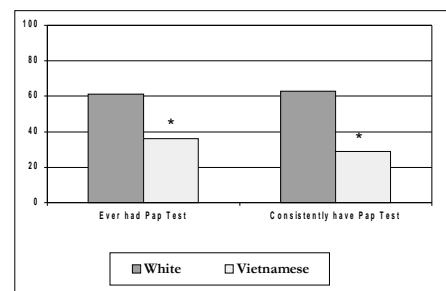
The following table describes where women learned about Pap testing.

| Source  | White % | Viet. % |
|---------|---------|---------|
| Mother* | 51      | 11      |
| Doctor  | 68      | 39      |
| School* | 25      | 41      |
| Friends |         | 26      |
| Media   |         | 21      |

\*Ethnic differences were significant at  $p < .05$ .

- Vietnamese Americans were most likely to learn about Pap testing from their school and doctors.
- White Americans were most likely to learn about Pap testing from their doctors and mothers.
- Vietnamese were less likely than Whites to learn about Pap testing from their mothers and doctors. In contrast, they were more likely to learn about testing from school.

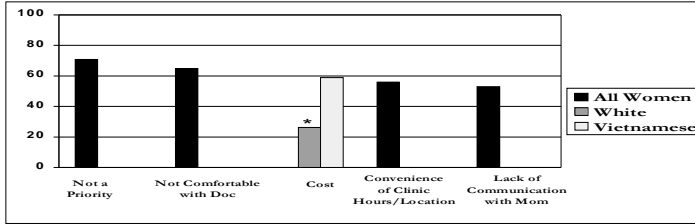
## Pap Testing Behavior



\* significant difference between ethnic groups

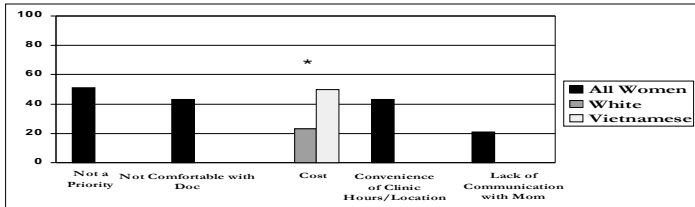
- Vietnamese Americans were less likely than White Americans to have ever had a Pap Test. Vietnamese were also less likely than Whites to have yearly Pap tests after their first annual Pap exam.
- After controlling for sexual onset and knowledge about testing, Vietnamese women were **STILL 3 times less likely** than Whites to have **ever** had a Pap.

### Barriers Preventing Women from EVER Having had a Pap Test



\* significant difference between ethnic groups

### Barriers Preventing Women from Having a Pap Test EVERY YEAR



\* significant difference between ethnic groups

### Barriers to Pap Testing

- **Lack of priority** was the greatest factor preventing women from ever having a pap test and from consistently getting a Pap test.
- The only ethnic difference on barriers was **cost**. A greater percentage of Vietnamese Americans than White Americans said cost prevented them from obtaining Pap tests.

### Structural Factors

- Vietnamese were less willing than Whites to pay the \$35 Student Health Service fee for a Pap test (42% vs. 26%).
- Women with private insurance were **2.4 times more** likely than those without insurance to have **ever** had a Pap test (controlling for sexual onset and knowledge).

### Mothers Influence Women's Pap Testing Practices

In general, women were **more likely** to have **EVER** had a Pap test if they:

- Had mothers who went to the gynecologist regularly.
- Had mothers who talked to them about Pap tests.
- Were comfortable talking to their mothers about Pap tests.

| Maternal Factor                                   | %     |       |
|---|-------|-------|
|   | White | Viet. |
| Mom goes to gynecologist*                         | 83    | 59    |
| Mom talked about cervical cancer*                 | 42    | 16    |
| Women comfortable talking to mom about Pap tests* | 60    | 27    |

\*Ethnic differences were significant at p <.05.

Vietnamese Americans had less maternal modeling and communication concerning Pap testing than White Americans. These ethnic differences significantly impacted Vietnamese women to be less likely to have ever obtained a Pap test than White women.

### CONCLUSIONS AND IMPLICATIONS

Young adulthood is a critical time period for encouraging preventive sexual health practices, as many women have just become sexually active. Similar to previous work, we found Vietnamese young women to have a delayed start in obtaining Pap tests<sup>6</sup>. Our study found that this delay was due in part to cost barriers and in part to the lack of role modeling and education from mothers.

Similar to research with older Vietnamese women<sup>8</sup>, Vietnamese young women faced structural barriers to Pap testing. Twice as many Vietnamese as

Whites stated that cost was a major barrier preventing their Pap testing practices. White women were also nearly two times more likely to have private insurance than Vietnamese women and have a higher socioeconomic status. Given that private insurance increased a woman's odds of getting a Pap test by 2.4 times, it is not surprising that Pap testing rates among Vietnamese were lower than among White women. Clearly, measures must be taken to alleviate the burden of Pap test costs for this group.

Young Vietnamese Americans also faced cultural barriers to Pap testing. Specifically, the lack of modeling and information about Pap testing from mothers negatively impacted their testing practices. The role of mothers in influencing daughters' behaviors cannot be underestimated. Immigrant mothers, who themselves have limited knowledge about Pap testing, must be educated on cervical cancer and how to model preventive health practices for their daughters.

Vietnamese women in the U.S. have the highest rates of cervical cancer compared to all other racial/ethnic groups<sup>1</sup>. While the bulk of cervical cancer research and education has focused on older Vietnamese women, it is critical to engage young Vietnamese women for early prevention efforts. Similar to older Vietnamese women, our efforts to increase testing among this group should be to address cost and cultural barriers.

### FOR MORE INFORMATION

This brief represents some of the research findings of the California Young Women's Collaborative (CYWC), a youth-led research and social action project of the National Asian Pacific American Women's Forum. Please go to [www.napawf.org](http://www.napawf.org) or [www.myspace.com/cywc](http://www.myspace.com/cywc) to learn more.

### REFERENCES

<sup>1</sup>Miller B, Kolonel L, Bernstein L, Young Jr, Swanson G, West D, Key C, Liff J, Glover C, Alexander GA, et al. (eds). Racial/Ethnic patterns of cancer in the United States 1988-1992, National Cancer Institute. NIH Pub. No. 96-4104. Bethesda, MD, 1996.

<sup>2</sup>National Institutes of Health Consensus Development Panel. National Institutes of Health consensus development conference statement cervical cancer, April 1-3, 1996. J Natl Cancer Inst Monographs, 1996:vii-xix.

<sup>3</sup>Devesa S, Silverman D, Young J, Pollack E, Brown C, Horm J, et al. Cancer incidence and mortality trends among whites in the United States, 1947-84. J Natl Cancer Inst 1987;79:701-70.

<sup>4</sup>American Cancer Society guidelines for the early detection of cancer. Retrieved March 30, 2007, from [http://www.cancer.org/docroot/ped/content/ped\\_2\\_3x\\_acs\\_cancer\\_detection\\_guideline\\_s\\_36.asp](http://www.cancer.org/docroot/ped/content/ped_2_3x_acs_cancer_detection_guideline_s_36.asp)

<sup>5</sup>Tang T, Solomon L, Yeh C, & Wordon, J. The role of cultural variables in breast self-examination and cervical cancer screening behavior in young Asian women living in the United States. Journal of Behavioral Medicine, 1999; 22:419-36.

<sup>6</sup>Yi, J. Acculturation and Pap smear screening practices among college-aged Vietnamese woman in the United States. Cancer Nursing, 1998; 21:335-341.

<sup>7</sup>Finer L. Trends in premarital sex in the United States, 1954-2003. Public Health Reports, 2007; 122:73-78.

<sup>8</sup>Taylor V, Schwartz S, Yasui Y, Burke N, Shu J, Lam D, & Jackson C. Pap testing among Vietnamese women: Health care system and physician factors. Journal of Community Health, 2004; 29:437-450.