

First study of Oregon's Hmong reveals surprising influences on cancer screenings

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(Left to right) Karen Levy Keon, Patela Lo, Jennifer Kue, and Sheryl Thorburn, Oregon State University, are the research team who conducted the first study of Oregon's Hmong population in regard to their attitudes on cancer screening. Jan. 2013. Credit: OSU College of Public Health and Human Sciences

Cervical cancer rates for Hmong women are among the highest in the nation, yet past research has shown that cervical and breast cancer screening rates for this population are low – in part because of the Hmong's strong patriarchal culture.

However, a new study by Oregon State University researchers examining attitudes regarding breast and cervical cancer screening among Oregon's Hmong population shows a much more complicated picture. The study found that Hmong women often make their own health decisions, but in an environment in which screening is not discussed.

The study, recently published online in *Health Education Research*, is the first to look at the role of Hmong patriarchal and family influences on women's breast and cervical cancer screening. It is also one of the only studies conducted with Oregon's Hmong population.

Lead author Sheryl Thorburn, a professor of public health at Oregon State University, conducted the study with Jennifer Kue, a Portland native and member of the Hmong community. Kue is now an assistant professor at the Ohio State University.

According to the researchers, about 3,600 Hmong live in Oregon, with the majority centered in the Portland metro area. They interviewed more than 80 Hmong people in Portland and Salem - not only women ages 18 years and older, but also men, including husbands and male leaders in the community.

In the study, the majority of women and men reported that women make [health decisions](#) independently, and that, in general, breast and cervical cancer screening was not discussed in the household.

"What we are seeing from our study is that the Hmong culture is evolving," Kue said. "It may not be the same for Hmong women everywhere. This is one piece of the puzzle."

The Hmong first came to the United States in the 1970s as refugees from Southeast Asia. They played a central role in supporting the U.S. during the Vietnam conflict, and hundreds of thousands of Hmong were relocated to the United States.

Previous research suggests that strong patriarchal influence as well as suspicion of Western medicine could be barriers to cancer screening among women, and that men may make the decisions about critical medical conditions of Hmong women. However, those earlier studies did

not survey both men and women about family influences on [cancer screening](#).

Kue, who conducted the research while doing her doctoral studies at OSU, said she was surprised at the amount of autonomy reported by both male and female respondents. There also seemed to be greater use of health services among the Oregon Hmong interviewed.

For instance, 75 percent of women in the study had a clinical breast examination at least once; 79 percent of women 40 and older had received a mammogram at some point in their lives; and 84 percent of women had gone to the doctor for a Pap smear. In comparison, the few national studies conducted of Hmong women show low rates of breast and [cervical cancer](#) screening, ranging from 27 to 74 percent.

However, Kue said these results do not mean that health barriers do not exist.

"It is not enough to have been screened once because we want women to get screened regularly," Kue said. "There have been so few studies done of the Hmong that it can be difficult to draw conclusions. What we do know is that this is a population at high risk."

Still, the researchers said they were surprised that so few people reported that husbands or other male family members were influencing decisions. What their study did show was that overall, most women did not talk about their health with their husband or family members, and kept screening decisions private.

"In our culture, we place a heavy emphasis on communal decision-making and it's male-dominant, so I would have expected men to have more influence," Kue said.

Thorburn said this qualitative study helps researchers who follow up to shape their research.

"Without this exploratory study, people might have gone in with a lot of assumptions that may not be correct about the culture," Thorburn said.

"It gives us a completely different picture and tells us this is more complicated. It's not men deciding whether or not women get screened because [women](#) of all ages said they have control and make the decisions about their [health](#)."

Provided by Oregon State University

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