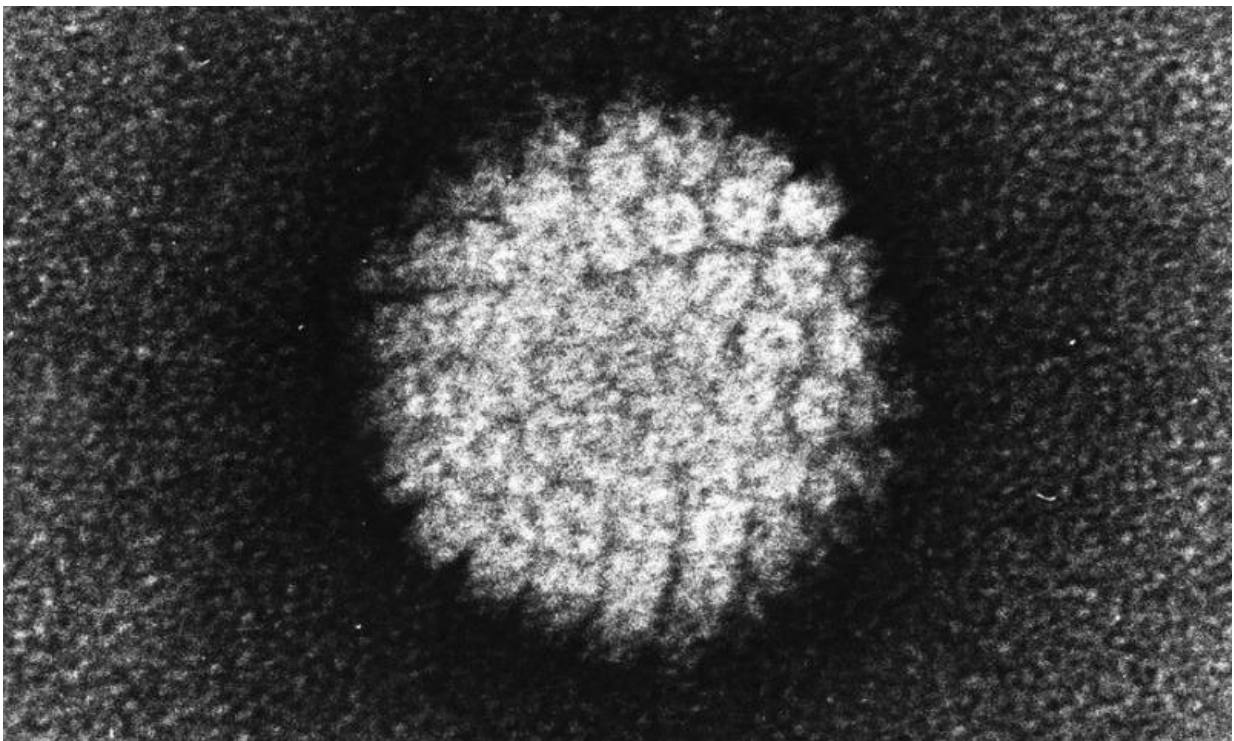


Culturally tailored intervention enabled low-income Asian-American women to conduct HPV self-sampling test

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Electron micrograph of a negatively stained human papilloma virus (HPV) which occurs in human warts. Credit: public domain

A culturally tailored intervention to improve human papillomavirus (HPV) screening among low-income Asian American women

significantly increased awareness and willingness to conduct a self-sampling test, according to results presented at the 12th AACR Conference on [The Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved](#), held Sept. 20–23.

After intervention, all participants completed the HPV self-sampling test and returned the kits.

"Asian American women are disproportionately affected by HPV and cervical cancer, and screening rates are particularly low among first-generation immigrants who are socioeconomically disadvantaged and have limited English proficiency," explained first author Lin Zhu, Ph.D., postdoctoral research fellow in the Center for Asian Health at the Lewis Katz School of Medicine at Temple University in Philadelphia.

"Self-sampling is a viable approach to improve cervical cancer screening rates by providing convenience and minimal financial burden," added senior author Grace Ma, Ph.D., associate dean for Health Disparities and director of the Center for Asian Health at the Lewis Katz School of Medicine. "We wanted to assess how a culturally tailored intervention could impact HPV screening through self-sampling among this underserved cohort."

The researchers recruited 156 female Asian Americans from community-based organizations in the greater Philadelphia metropolitan area; participants spanned three ethnic groups (56 Chinese, 50 Korean, and 50 Vietnamese women). Among them, 62.3 percent had an annual household income of less than \$20,000 and 61.3 percent did not have a college degree.

The culturally tailored intervention included education pertaining to symptoms of HPV infection, transmission, and screening, through

workshops and group discussions. Workshops in Chinese, Korean, and Vietnamese languages included handouts, lectures, and a demonstration on conducting an HPV self-sampling test. Participants were also given self-sampling kits.

Participants were surveyed before and after the intervention about the following: knowledge on HPV, social support, and self-efficacy and confidence in conducting an HPV self-sampling test. The researchers found significant increases in scores in all four categories compared to baseline assessment. Additionally, 100 percent of participants completed the HPV self-sampling test and returned the kits; all kits were viable for laboratory analysis. The results were communicated to the participants in their native language, and those with abnormal results were referred to a collaborating physician for follow-up care. The researchers conducted a follow-up call with the participants to verify that they had contacted their doctor for necessary care.

"To the best of our knowledge, this is the first intervention study evaluating HPV self-sampling in Asian American populations," said Zhu. "Our study provides evidence for effectiveness of a culturally tailored intervention in improving HPV screening rates among Asian ethnic groups and emphasizes appropriate messaging and hands-on demonstrations to foster a sense of empowerment among study participants."

According to Zhu, the main limitation of the study was that it did not include a control group, which will be considered in their future studies.

More information: 12th AACR Conference on The Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved: www.aacr.org/Meetings/Pages/MeetingAbstract.aspx?EventItemID=183

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