

Colorectal Cancer Screening and Preventive Health Behaviors among Thai Immigrants in America

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Background: In the past decade, the Thai American (TA) population in the United States (US) has increased by 58.08%, while colorectal cancer (CRC) death rates have gradually increased. However, very little is known about CRC screening among the TA population.

Purpose/Objectives: The purpose of this cross-sectional quantitative study was to (1) explore TAs' CRC screening beliefs, and behaviors, and (2) examine the relationship among socioeconomic status (age, religion, years of education), access to health care, spousal support, preventive behaviors, and CRC screening behaviors in the TA population.

Methodology: This study was driven by the health belief model supplemented by a cultural explanatory model. A purposive, convenient sample of self-identified TAs who were 50 years of age or older and resided in Southern California participated in the survey. The participants were recruited from Thai Buddhist temples, community agencies, and community events. Eligible participants who agreed to participate gave consent and answered questions to measure demographic variables and their knowledge, beliefs and behaviors related to CRC screening.

Results: A total of 138 TAs (49 male and 89 female) participated in the survey. The mean age of participants was 61. The majority of them were immigrants (98%) and Buddhist (98%), had lived in US more than 15 years (86%), and had health insurance (93%). About half of the sample had more than a high school education (47%). About three fourths of the participants (68%) had had CRC screening of some type (fecal occult blood test, colonoscopy, or sigmoidoscopy) and 54% of the participants were up to date on CRC screenings. Those with a primary physician and those who had had a screening without symptoms in the previous 2 years were more likely to have had a CRC screening ($p = 0.01$). Having CRC-related knowledge and a higher level of perceived susceptibility, benefits, spousal support, and lower level of perceived barriers were also more likely to have had a CRC screening ($p = 0.05$). Having CRC screening was positively related with measured blood pressure, blood sugar, and cholesterol within the previous year. TAs who lived in the US longer than 15 years (AOR = 26.7; CI = 1.3–532.6), who had greater perceived susceptibility of CRC (AOR = 2.2; CI = 1.0–4.7) and who had greater perceived self-efficacy to obtain CRC screening (OR = 1.2; CI = 1.0–1.4) were more likely to have had CRC.

Implications for Nursing: Culture-specific health interventions targeting TAs who have lived in the US less than 15 years and who have less desirable CRC-related health beliefs and who are less likely to be getting preventive health services could be helpful in decreasing cancer disparities in the TA population.

Biography:

Dr. Natipagon-Shah is a health researcher whose overarching goal is to promote culturally sensitive and competent care. Her research emphasizes on cancer prevention and awareness among the Thai-American population. She received a CBCRP grant for her research to study the knowledge and screening of breast cancer in Thai immigrant women where she published her research findings in peer-reviewed journals and presented the findings at both national and regional conferences. Her most recent research was to examine colorectal, cervical, and breast cancer screening behaviors and the influence of spouse in supporting the screenings among Thais. Dr. Natipagon-Shah is a fellow at Western Institute of Nursing Research and Sigma Theta Tau International. She also has over twenty years of teaching experience in generic BSN, accelerated BSN to MSN, and MSN programs. She currently works as an Assistant Professor at California State University at San Marcos, USA.