

## Sigma's 30th International Nursing Research Congress

### The Effectiveness of an Educational Intervention in Breast Cancer in a Vietnamese American Women Group

**Tuong Vi Ho, PhD, FNP, CNS**

*Nelda C. Stark College of Nursing, Texas Woman's University, Houston, TX, USA*

**Purpose:** The Vietnamese American population is one of the fastest growing groups in the Asian ethnic community. Houston and its vicinity have the 3rd largest Vietnamese American population in the United States (Zong & Batalova, 2016). Breast cancer is the most common diagnosed cancer in Vietnamese women (Trieu, Mello-Thoms, & Brennan, 2015) and is on the rise (Gomez, Behren, McKinley, Clarke, Shariff-Marco, Cheng, Reynolds, & Glaser, 2017). Vietnamese women are often diagnosed with breast cancer at a younger age compared to the general U. S. population with about 50% of the women younger than 50 years of age at time of diagnosis. Also they have unique pattern of possible genetic mutation or environmental problems (Niravaht, Bondy, & Hilsenbeck, 2016). Lack of knowledge of breast cancer and the early screening methods available (Ho, Yamal, Atkinson, & Basen-Engquist, 2005) along with some other health barriers (Nguyen, 2015) contributed greatly to the advanced cancer stages and the suboptimal outcomes in this population.

The purpose of this study was to evaluate the effectiveness of a culturally appropriate and culturally sensitive educational intervention on breast cancer knowledge, the intention to use of some of the early breast cancer detection methods such as mammogram, breast self-exam confidence level, and the self-identified breast cancer risks.

**Methods:** 270 participants were randomized in to the study with a Pre and Post intervention activity evaluation. Descriptive statistics were used.

The intervention was a 45 minutes educational session workshop on breast cancer, current guidelines for breast cancer detection such as mammogram, and breast self-exam.

The 64-item questionnaire was used to evaluate the effectiveness of the intervention consisted of 12 questions on demographic, 13 questions on health information sources, 25 questions on breast cancer knowledge on early detection methods, breast self-exam confident level, 10 questions on perceived risk to develop breast cancer and 4 questions on health care practice. This questionnaire was used for pre and post educational session. All materials and language used were all in Vietnamese. The health educators were nurse practitioners health care provider.

### **Results:**

#### Population Demographics

Our sample was comprised of 269 randomized Vietnamese women and 1 randomized Vietnamese man, ages 19-80, from the state of Texas, Houston and its vicinity, through six different counties of Harris, Fort Bend, Brazoria, Montgomery, Matagorda and Galveston. The average age of our participants was 53.96 years old (sd=10.40), with an average of 1.37 children (sd=1.84), having lived an average in the United States for 12.15 years (sd=11.32), with an average of 10.08 years of education (sd=4.44). Most of our clients reported being married (N=147 or 54.44%) and employed full-time (N=84 or 31.11%), while earning less than \$25,000 a year (N=160 or 59.26%) and renting (N=112 or 41.48%). As well, the majority of participants, 129 (47.78%), identified Buddhism as their religion.

Majority has income less than \$25,000.

Source of health information is from Vietnamese TV, radio, and from the not for profit organization.

#### Population and Personal Risk Assessment: Pre and Post Tests

Prior to the workshop, the majority of respondents who were aware of breast cancer reported Vietnamese women's risk for breast cancer as High (N=39, 14.83%), and that they had no personal risk at all (N=33, 12.74%) of developing breast cancer. The majority of participants were unsure or did not know about their personal risk before attending the workshop (31.66%). After attending the workshop, 25.56% of participants felt Vietnamese women were at high risk for developing breast cancer. Personal risk of developing breast cancer was primarily high risk (22.73%) and little risk (22.35%).

#### Breast Cancer Knowledge Pre and Post Test

While the majority of respondents were aware of breast cancer before the breast cancer workshop (N=213, 78.89%), the post-test revealed an increase of 55 participants, in awareness amongst participants following the workshop (N=268, 99.26%).

#### Self-Examination and Mammogram Intention Pre and Post Test

Prior to the workshop, the majority of respondents who were aware of breast cancer reported intention to perform a self-examination in the next month (N=129, 65.15%). Additionally, the post-test revealed an increase (15.8%) in intention to self-examine among participants following the workshop (94.69%). Intention to obtain a mammogram also increased 29.3% from the pre-test. Following a doctor recommendation, 61% of participants said they would obtain a mammogram in their pre-test, while 82.58% of participants said they would obtain a mammogram following doctor recommendation in the post-test.

#### Attitudes around Self-examination Pre and Post Test

Prior to the educational workshop 66.54% (N=175) of study participants had heard of a breast self-exam. Of the participants who were aware of a breast self-exam, 56% (N=98) felt the self-examination should be performed once every month, while 19.43% (N=34) of participants felt the exam needed to be performed once a year. After the workshop, 96.55% of the same participants felt the exam should be performed every month. The majority of study participants who were aware of a breast self-exam reported not performing a breast self-exam in the month prior (N=100, 58.48%), indicating a need in the community.

Confidence in performing a breast self-exam increased among those who had heard of a breast self-exam (16.23%). Among those who had not (N=37) there was a 55.78% increase in confidence.

Having breast cancer quite often viewed as a cultural shame. Thus not many people are willing to talk about this disease. Based on the result of the intervention, there was a change in the cultural shame above breast cancer before and after this cancer education intervention. The participants had expressed a feeling of of internalized cultural shame.

#### **Recommendation/Conclusion:**

These results suggest that this cultural educational program was very effective on participants' attitudes toward breast self-examination and their confident level in performing breast self-exam. It also had increased breast cancer knowledge along with an increased in the intention of obtaining the recommended mammograms. On a very interesting note, the breast cancer cultural shame was decreased after the educational intervention.

This study can be duplicate in other culture to provide an effective method in educating the women in term of their breast health, early detection of breast cancer practice, and to provide them with a positive outlook with the early screening and detection for better the adherence rate. Nurses, as educators, can play a crucial role in educating the women in the community for their better health outcomes.

---

**Title:**

The Effectiveness of an Educational Intervention in Breast Cancer in a Vietnamese American Women Group

**Keywords:**

Breast Cancer knowledge, Perceived breast cancer risks and Vietnamese women

**References:**

Gomez, S., Behren, J., Mckinley, M., Clarke, C., Shafir-Marco, S., Cheng, i., Reynolds, P., & Glaser, S. (2017). Breast cancer in Asian Americans in California, 1988-2013: increasing incidence trends and recent data on breast cancer subtypes. *Breast Cancer Research and Treatment*, 164(1), 139-147.

Ho, V., Yamal, J., Atkinson, E., Basen-Engquist, K. (2005). Predictors of Breast and cervical screening in Vietnamese women in Harris County, Houston, Texas. *Cancer nursing* 28(2) 119029. DOI: 10.1097/00002820-200503000-00005

Niravath, P., Bondy, M., Hilsenbeck, S. (2016). Unique breast cancer features within the Vietnamese population. *Journal of Health Disparities Research and Practice*, 9(4), 53-58.

Nguyen, G. D. (2015). Generational Conflicts among Vietnamese Americans in the Health Care Decision Making Process. *Online Journal of Health Ethics*, 11(2). <http://dx.doi.org/10.18785/ojhe.1102.03>

Trieu, P., Mello-Thoms, C., & Brennan, P. (2015). Female breast cancer in Vietnam: a comparison across Asian specific regions. *Cancer Biology and Medicine*. 12(3): 238–245. doi: [10.7497/j.issn.2095-3941.2015.0034]

Zong, J., & Batalova, J. (2016). Vietnamese immigrants in the United States. Migration Policy Institute. Retrieved from [https://www.migrationpolicy.org/article/vietnamese-immigrants-united-states?qclid=CjwKCAiA9rjRBRAeEiwA2SV4ZeRfCna-PsfHQ7G8utXG0lc87cLFKAE5edd8irpgwFRNxoTkKzMbgRoCYigQAvD\\_BwE](https://www.migrationpolicy.org/article/vietnamese-immigrants-united-states?qclid=CjwKCAiA9rjRBRAeEiwA2SV4ZeRfCna-PsfHQ7G8utXG0lc87cLFKAE5edd8irpgwFRNxoTkKzMbgRoCYigQAvD_BwE)

**Abstract Summary:**

The purpose of this educational activity was to evaluate the effectiveness of a culturally appropriate and culturally sensitive educational intervention on breast cancer, the intention to use of some of the early breast cancer detection methods such as mammogram, breast self-exam confidence, and the self-identified breast cancer risks.

**Content Outline:**

I Introduction:

1. Breast cancer in the Vietnamese American women is on the rise. At the time of diagnosed, the cancer has metastasized to other parts of the body.
2. Vietnamese American women have limited knowledge of breast cancer and the early detection method. Preventive practice is very poor.

3. Body
4. Main point # 1. Increase knowledge of breast cancer in this population.
5. Supportive point # 1. A cultural sensitive educational intervention was designed to disseminate information to the participants with the hope is that at the end the participants will have an increased knowledge of breast cancer.
6. Supportive point # 2. A questionnaire was instrumented to gain knowledge for the participants in term of their health practice.
7. Main point # 2. Increase level of early detection mammogram usage intent
  1. Supportive point # 1. Using the questionnaire to evaluate the intent of mammogram usage pre and post educational intervention.
  2. Supportive point # 2. Using the questionnaire to evaluate the participants level of breast self exam confidence.
8. Main Point # 3. Evaluate the perceived risk of breast cancer
  1. Supportive point # 1. Using the questionnaire to explore the participants perceived risks for developing breast cancer pre and post educational intervention.
  2. Supportive # 2. Using the questionnaire to explore the perceived risks for developing breast cancer linkage to the intent to use mammogram.

III. Conclusion: The educational intervention was effective in raising breast cancer knowledge, breast self-exam confidence level, increased the awareness of breast cancer risk.

First Primary Presenting Author

***Primary Presenting Author***

Tuong Vi Ho, PhD, FNP, CNS

Texas Woman's University

Nelda C. Stark College of Nursing

Clinical Professor

Houston TX

USA

**Author Summary:** Dr. Ho is a full-time Clinical Professor at Texas Woman's University, teaching both at the Undergraduate and graduate level. She serves as a Family Nurse Practitioner in a local community clinic and is actively engaged in promoting health in the Asian community. She has numerous presentations on breast and cervical cancer. Strong leadership role and as an educator in the community for health promotion and disease prevention.