Korean American Women’s Beliefs About Breast and Cervical Cancer and Associated Symbolic Meanings

Eunice E. Lee, PhD, RN, Toni Tripp-Reimer, PhD, RN, FAAN, Arlene M. Miller, PhD, RN, FAAN, Georgia R. Sadler, RN, MBA, PhD, and Shin-Young Lee, MSN

**Purpose/Objectives:** To explore Korean American women’s symbolic meanings related to their breasts and cervix, to examine attitudes and beliefs about breast and cervical cancer, and to find relationships between the participants’ beliefs and their cancer screening behaviors.

**Research Approach:** Descriptive, qualitative analysis.

**Setting:** Southwestern United States.

**Participants:** 33 Korean-born women at least 40 years of age.

**Methodologic Approach:** In-depth, face-to-face, individual interviews were conducted in Korean. A semistructured interview guide was used to ensure comparable core content across all interviews. Transcribed and translated interviews were analyzed using descriptive content analysis.

**Main Research Variables:** Breast cancer, cervical cancer, cancer screening, beliefs, and Korean American women.

**Findings:** Korean American women’s symbolic meaning of their breasts and cervix are closely related to their past experiences of bearing and rearing children. Negative life experiences among older Korean American women contributed to negative perceptions about cervical cancer. Having information about cancer, either correct or incorrect, and having faith in God or destiny may be barriers to obtaining screening tests.

**Conclusions:** Korean American women’s symbolic meanings regarding their breasts and cervix, as well as their beliefs about breast cancer and cervical cancer and cancer screening, are associated with their cultural and interpersonal contexts. Their beliefs or limited knowledge appear to relate to their screening behaviors.

**Interpretation:** Interventions that carefully address Korean American women’s beliefs about breast cancer and cervical cancer as well as associated symbolic meanings may increase their cancer screening behaviors. Clinicians should consider Korean American women’s culture-specific beliefs and representations as well as their life experiences in providing care for the population.

**Key Points . . .**

- Korean American women’s symbolic meanings with regard to their breasts and cervix are almost all related to their interpersonal relationships with their family members, either children or husbands.
- Among older Korean American women, negative past experiences in their lives, such as having abortions or having husbands with promiscuous lifestyles, contributed to negative perceptions about the cervix and cervical cancer.
- Korean American women’s beliefs about breast and cervical cancer appeared to have influenced many of them to believe that they are not at risk for breast or cervical cancer as long as they stay healthy, eat a healthy diet, do not have a family history of cancer, do not think or worry about it, and have not had multiple sexual partners or abortions.
- Clinicians should consider Korean American women’s beliefs about breast and cervical cancer as well as associated symbolic meanings of their breasts and cervix in providing care for the population.

**Eunice E. Lee, PhD, RN, an assistant professor in the Department of Public Health, Mental Health, and Administrative Nursing in the Chicago College of Nursing at the University of Illinois; Toni Tripp-Reimer, PhD, RN, FAAN, is the associate dean for nursing research, the director of the Gerontological Nursing Interventions Research Center, and a professor in the College of Nursing at the University of Iowa in Iowa City; Arlene M. Miller, PhD, RN, FAAN, is a professor and the department head at the Department of Public Health, Mental Health, and Administrative Nursing in the Chicago College of Nursing at the University of Illinois; Georgia R. Sadler, RN, MBA, PhD, is associate director for community outreach at the University of California, San Diego, Moores Cancer Center and a clinical professor of surgery in the School of Medicine at the University of California, San Diego, in La Jolla; and Shin-Young Lee, MSN, is a doctoral student at the Department of Public Health, Mental Health, and Administrative Nursing in the Chicago College of Nursing at the University of Illinois. This study was supported by an institutional postdoctoral fellowship in the College of Nursing at the University of Iowa (T32 NR07058), a National Institute of Nursing Research Mentored Research Scientist Development Award (K01 NR 08096), and an award to Lee from the faculty research fund at the University of San Diego in California. (Submitted April 2005. Accepted for publication October 19, 2006.)**