Afghan Immigrant Women's Breast Health Knowledge and Behaviors

A collaboration between the Afghan Coalition and the School of Public Health at UC Berkeley
Early detection is underused by minority women, especially new immigrants.

Research shows the incidence of breast cancer among ethnic minority women is lower than white population in the United States, but survival rates and early detection is also lower.

(ACS, 2009)
Available studies indicate low rates of health care utilization, especially breast and cervical health care among Muslim women in the U.S.

- (Matin et al, 2004; Rashidi and Rajararn, 2000; Underwood et al, 1999).
Background

- Studies on Afghan women suggest they are among those at the highest risk for health problems.

  - (Lipson et al., 1995; Lipson & Omidian, 1992).
A study of Afghans in refugee camps indicates increase in breast cancer is an important health problem.

- (Khan. et al., 1997)
The humanitarian crisis in Afghanistan.

More than 60,000 Afghans in the United States.

Bay Area is home to the largest Afghan community in the US.
Community-Based Participatory Research
Growing recognition that “traditional” research approaches have failed to solve complex health problems.

Community demands for research addressing locally identified needs.
Our study

- A first time collaboration between the Afghan Coalition and the School of Public Health at UC Berkeley.
- A Community based participatory research project.
- To our knowledge there are no published studies that explore breast health care behaviors of immigrant Afghan women in the United States.
Aims of this qualitative study:

a) To identify what Afghan community members believe to be their greatest concerns and barriers to receiving breast health care.

b) To identify the women's knowledge, attitudes and sources of information regarding breast health care.

c) To identify specific religious/social elements needed to adapt and linguistically tailor an evidence-based education program for Muslim immigrant Afghan women.
Methods

- We interviewed 53 non-English speaking first generation immigrant Muslim Afghan women 40 years and older with no history of breast cancer living in Northern California.

- The interview and guide were developed and validated by the Community Advisory Board.

- Five women from the Afghan community were trained as Interviewers.
Verbatim transcripts of audiotapes and interviewer notes served as the primary data for analysis.

Taped interviews were transcribed, translated, and analyzed using both qualitative and quantitative methods.

Socio-demographic, health services utilization data and family history of breast cancer were also collected.
Mean age was 46 years (range=40-87) and 65% were married.

More than 90% did not work outside the house.

Majority of the women considered themselves forced immigrants, mean length of residence in the United States of 16 years (range =1-28).

40% reported very limited English fluency, with 30% speaking no English at all.

40% of the women had no formal education and 12% had more than 12 years of education.

More than 99% of the women reported annual household of less than $50,000 a year; 77% had public insurance.

37.7% reported having a first degree relative who had breast cancer.
Breast Health Screening

- 28.3% had a clinical breast examination (CBE) less than 2 years ago,
- 30.2% more than two years ago,
- 41% reported never having a CBE.
- 65.9% who reported having had a mammogram,
  - More than 50% reported having had a mammogram more two years ago
  - Almost 34% reported never having had a mammogram.
Key Qualitative findings:

- **Afghan Culture and Family Structure**
  - Conservative Afghan patriarchal tribal practices.
  - Family members, particularly husbands, had a substantial influence.
  - Gender and seniority and position in the family have important implications in the economic power structure of the Afghan family.
  - “I don’t know how to drive and can’t read anything in English, so I need to have someone take me places and my husband is the one that usually does.”
Access Barriers

- Difficulty understanding and navigating the health care system
- Transportation difficulties
- Language barriers between women and the providers
- Lack of interpreter services
- Problems scheduling appointments
Concerns Regarding Health Care Providers

- Ethnicity and religion of the provider were not important.
- Preferred to see Farsi speaking health care providers.
- Expressed more comfort with a female health care provider when getting breast and gynecological exams.
  - Health care provider’s ability to communicate was more important than the provider’s gender.
- Did not want a provider if they perceived them as incompetent or disrespectful.
Breast Health knowledge

- Very low level of knowledge about breast cancer, breast cancer symptoms, risk factors and screening procedures and guidelines.
- Strong desire to discuss issues related to breast health and screening including proper BSE techniques.
- Strong desire to know about breast cancer, different screening methods, symptoms, risk factors, treatments, course of the disease and when there would be a cure.
Preferred Sources of Breast Health Information And Education

- Visual and oral components
- Small group educational sessions, “Dastan”
- Videos or programs shown on Afghan TV
- Brochures and flyers in Farsi language accessible to women with low health literacy
- Interactive small group educational sessions
- Hands on exercises that encourage confidence in detecting breast change by teaching BSE techniques using silicone breast models
- Storytelling through hearing narratives of breast cancer survivors telling their personal stories
Religious and spiritual beliefs related to health

- The centrality of spiritual and Islamic religious beliefs
  - Considered health to be a blessing from God (Allah), and their "body as a gift from God" that "they should take care of".
  - The element of "Imaan"

- Women’s perspective about their role
  - Cultural norms vs. Islamic values

- Female Modesty
The findings showed:

- Low levels of knowledge and awareness about breast cancer
- Low utilization of screening and early detection examinations for breast cancer.
- A significant need for a community based breast health education program that recognizes the unique social, cultural and religious dynamics of the Muslim Afghan community.
Lessons learned in CBPR

- Be open to using a variety of types of research questions.
- Involve community members in the research process.
- Use language that is accessible to the people.
- Accept that outside researchers must learn and attempt to understand the culture to be most effective.
- Use a broad, representative group of community members, stakeholders to ensure that cultural considerations are well represented in the research.