

Korean Immigrant Women's Meanings of Breast, Breast Cancer, and Breast Cancer Screenings

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Purpose. Koreans are one of the fastest growing Asian populations in the U.S. since 1960s. In Korean immigrant women (KIW), breast cancer was reported as the most frequently diagnosed cancer. However, their screening rates for breast cancer are lower than national guidelines; it is assumed that underlying cultural schemas of breast, breast cancer, and its screening modalities exist and need to be studied. This study was aimed to investigate cultural meanings of breast, breast cancer, and breast cancer screenings in KIW.

Methods. Using cultural models theory from cognitive anthropology, naturalistic qualitative methodology was utilized. Three focus group interviews with fifteen KIW were conducted. Thematic analysis with constant comparison technique was performed eliciting units of meaning, categories, and themes.

Results. The cultural schema of the meaning of breast is “mother who is breast-feeding her baby,” with two themes of “balance in size,” and “shyness.” Regarding breast cancer, three themes, i.e., “indifference,” “fear,” and “uncertainty” are emerged. “Lack of information about screening modalities” is the overarching schema with reference to breast cancer screenings.

Conclusions. The findings of this study demonstrate unique cultural models of KIW related to breast cancer and its screenings, which are critical to understand and penetrate their barriers to breast cancer screening.

Key Words : Korean immigrant women, Breast cancer, Breast cancer screening, Qualitative research

INTRODUCTION

Since the cause of breast cancer still remains unclear, early detection of breast cancer has been focused on reducing its mortality and morbidity. Three practical methods, i.e., Breast Self Examination (BSE), Clinical Breast Examination (CBE), and mammography for breast cancer early detection have been proven to be effective or helpful in detecting breast cancer early and reducing its mortality. The American Cancer Society offers guidelines for CBE and mammography, i.e., every 3 years, women between the ages twenty and thirty-nine need

CBE; and women after age forty need CBE and mammography annually. Monthly BSE is recommended for women over twenty years old although there is no evidence in reducing mortality by teaching BSE (Smith, Cokkinides, & Harmon, 2006).

Many evidence-based studies showed that breast cancer screening behaviors of whole population in medical and public health communities have improved since the last 1980s (U.S. Department of Health and Human Services, Public Health Service, 1990). However, not all women have been equally screened. Women of color especially with lower socioeconomic status and education levels still remain as an unscreened population who have

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lower breast cancer screening rates than those of national guidelines (AMC Cancer Research Center, 1995).

Korean immigrants are one of the fastest growing Asian populations since the 1960s comprising 0.4 percent of the whole population (U.S. Department of Commerce, 2000). Even though the 2000 U.S. Census documented little more than one million Korean Americans, including undocumented people and students, it is assumed that the actual Korean population in the U.S. would be two or three times that number.

In Korean immigrant women who are generally in a subservient position, breast cancer was reported as the most frequently diagnosed cancer followed by colorectal cancer and gastric cancer in 1988–1992 (Miller et al., 1996). On the basis of several studies that reported Korean immigrant women's breast cancer screenings rates are lower than national guidelines (Han, Williams, & Harrison, 2000; Maxwell, Bastani, & Warda, 1998; Wismer et al., 1998), it is assumed that underlying cultural meanings of breast, breast cancer, and its screenings exist and need to be studied.

In this study, cultural meanings of breast, breast cancer, and breast cancer screenings in Korean immigrant women are presented based on cultural models theory from cognitive anthropology. Qualitative research approach is utilized by conducting focus group interviews with fifteen Korean immigrant women. The findings of the study demonstrates unique perspectives of Korean immigrant women, which are essential to understand and penetrate their barriers to breast cancer screening practices.

BACKGROUND

There is a paucity of research about Korean American women or Korean immigrant women related to breast cancer screening behaviors. As mentioned earlier, there could be much more undocumented Korean immigrant women having low income, having no insurance, and experiencing English language barriers than known. Korean immigrant women are truly one of the underserved populations who need to be given attention in order to eliminate health disparities.

Given the fact that incidence of breast cancer and its morbidity/mortality rates of Korean immigrant women do not represent themselves accurately, it is not surprising that there is only a limited number of targeted research on breast cancer screening behaviors among

Korean immigrant women, who emigrated to the U.S. in their adult years. They are considered to maintain Korean cultural norms and values in their lives more strongly than so-called "Korean Americans" who have lived in the U.S. for a long period of time (Min, 1995).

In immigrant populations, poverty and low education levels, as well as, English incompetence are more related to a woman's non-adherence to breast cancer screenings than her ethnic identity (Harper, 1993). Thus, Korean immigrant women are also assumed to have those socioeconomic barriers such as, low access to health care, no insurance, and costs, and environmental factors such as no transportation, no time, and no physician's recommendations, which are addressed as barriers to breast cancer screenings in other ethnic minorities (Bastani, Marcus, Maxwell, Das, & Yan, 1994; Breen & Kessler, 1994; Roetzheim, Van Durme, Brownlee, Herold, Woodard, & Blair, 1993; Urban, Anderson, & Peacock, 1994).

Three existing studies about Korean American women's breast cancer screening behaviors give us tips of the utilization of CBE and mammography in Korean immigrant women. Regarding CBE practice, only 32 % of 1,090 Korean American women living in two California counties had a CBE within the past 2 years (Wismer et al., 1998) and 67 % of 107 Korean American women ever had a CBE (Han, Williams, & Harrison, 2000). Regarding mammography utilization, only 34 % of 1,090 Korean American women age 50 and older had a mammogram in the past 2 years (Wismer et al., 1998), and 49 % ($n = 229$) to 58 % ($n = 107$) of Korean American women ever had a mammogram (Maxwell, Bastani, & Warda, 1998; Han, Williams, & Harrison, 2000). These findings are far below the Healthy People 2010 guidelines that stated 80 % of women age 40 and older should receive CBE and mammogram (U.S. Department of Health and Human Services, Public Health Service, 2000).

Late-stage diagnoses of breast cancer, in other words, larger breast cancer tumor sizes, ensue from the low BSE, CBE, and mammography utilization. One study by Hedeem, White, and Taylor (1999) showed that Asian women's breast cancer tumor size is statistically larger than those of White women when they reported their breast lumps. Also, Chinese women, whose culture is much more similar to Korean culture than to a Western one, narrated non-adherence to breast cancer screenings and the predominant likelihood of delay reporting their

breast lumps (Facione, Giancarlo, & Chan, 2000).

In summary, previous research shows that Korean immigrant women's breast cancer screening practices do not meet the national objectives. It is assumed that many unknown factors exist as barriers to breast cancer screening behaviors in Korean immigrant women especially related to their cultural factors and social factors as an immigrant population. Therefore, factor-searching research using naturalistic approach is essential to understand Korean immigrant women's cultural meanings and consensus towards breast cancer and its screening modalities.

CULTURAL MODELS THEORY

Culture, which is widely shared norms, values, and behaviors among members of a social group, has been a main concept of inquiry in anthropology (Strauss & Quinn, 1997). Yet, recent cognitive anthropologists believe that individuals' perception and reaction to their everyday lives are not generated from their cultural representations per se but from shared interpretive schemes, which is a conceptual structure which makes possible the identification of objects and events and is in some ways resistant to change (D'Andrade & Strauss, 1992; Strauss & Quinn, 1997).

In other words, cultural meanings, behaviors, and values of a certain group of people are adapted and shared through their cultural models, which are a series of schemas underlying their cognition, not through their shown cultural entities (D'Andrade & Strauss, 1992; Holland & Quinn, 1987). Cultural models are "presupposed, taken-for-granted models of the world that are widely shared by the members of a society and that play an enormous role in their understanding of that world and their behavior in it" (Holland & Quinn, 1987, p. 4). Also, cultural models frame our understanding and perceptions of how the world works and our behaviors including decisions about what we will do (Holland & Quinn, 1987).

On the basis of this cultural models theory, it is assumed that Korean immigrant women have their unique schemas of breast and breast cancer. Also, investigating Korean immigrant women's cultural models related to breast cancer and its screening behaviors will demonstrate their own cognitive blueprints which construct their motivation and behaviors towards breast cancer screenings.

METHODS

Design

A naturalistic paradigm approach was used to depict and address the meanings of breast, breast cancer, and breast cancer screenings in Korean immigrant women for this study. Qualitative data was collected using focus group technique in which semi-structured interviews were conducted.

Sampling

Convenient sample was collected through a Korean community church to which the author obtained an access in North Philadelphia, Pennsylvania. Inclusion criteria embrace (1) Korean women, who have emigrated to, but were not born in the U.S., (2) over 18 years old, and (3) no personal history of breast cancer.

Human subject considerations

This study was deemed exempt from Institutional Review Board (IRB) of the University of Pennsylvania since the study was aimed to interview healthy people in a community setting and subjects could not be identified after interview. Informed consent was explained and signed from each participant informing the purpose, procedure, risks and benefits, and confidential information of the study.

Before they agreed and signed in the consent form, the participants were assured that the stories they told were to be used only for research purposes; their names would be replaced by pseudonyms, other identifiable names, positions, and locations would be omitted or replaced. Since all participants were not familiar with the elements of research processes such as meeting with a stranger, signing a consent form, tape-recording interviews, the researcher repeatedly guaranteed them throughout the interviews that the process was confidential.

Participants' confidentiality was maintained throughout the study by using only code numbers on all documents and in all transcripts. All names and identifiable information were removed or replaced to pseudonyms at the time of transcription. Tapes and other study materials were kept in a locked and secured file cabinet, and original tapes were destroyed at the conclusion of the study.

Research questions

Research questions for this study are semi-structured and open-ended questions about Korean immigrant woman's meanings of breast, breast cancer, and its screening modalities. Strategies to improve breast cancer screening behaviors in Korean immigrant women in general were asked as well. The questions were as follows:

1) Meaning of breast

What do you think that breast means for you?

What comes to your mind first when you think about breast?

2) Meaning of breast cancer

What comes to your mind first when you think about breast cancer?

What does breast cancer mean to you?

3) Meanings of BSE, CBE, and mammography

Have you heard about BSE, CBE, and mammography?

Have you ever done any of these screenings?

If not, why haven't you done these?

If yes, what do the screenings mean to you?

How was your experience with those screenings?

4) Strategies to improve breast cancer screening behaviors

What kind of strategies do you think will be effective to improve BSE, CBE, and mammogram among Korean immigrant women including you and your family?

Data collection method

Qualitative data was collected using a focus group technique. Focus groups are group interviews and prevalent in marketing and sociological research. They are useful for orienting the researcher to a new field and generating hypotheses based on informants' insights (Morgan, 1988).

Fifteen Korean immigrant women who agreed to participate in the study joined three different focus groups. Considering collectivism in Korean culture, in which the individual is always a part of the group, focus group technique is beneficial for gathering meanings and expressions from the groups as well as from individuals. Each focus group included five Korean immigrant women, and discussions lasted for one and a half hour. The focus group session started with an introduction of the study and was followed by discussion and group interview, asking the proposed research questions. The au-

thor led the focus group, took field notes, and observed nonverbal communication. All discussions were audio-tape recorded, transcribed in Korean, and then, translated from Korean into English.

Data management and analysis

All translated transcripts were analyzed using inductive qualitative data analysis, which is constant comparison analysis (Glaser & Strauss, 1967). Data analysis was systematic and proceeded through identifying units of meaning, categories, and themes. The first level of coding was proceeded in Korean language to preserve cultural verbatim and nuances (Suh, Kagan, & Strumpf, 2004). From the second level coding, which was eliciting categories, the categories and themes were translated into English. In order to validate the analysis, a qualitative analysis group consisted of a faculty and two pre-doctoral students supervised the analysis process. Main themes, including one or two narratives in which those themes were well illustrated, are demonstrated in the following section.

RESULTS**Participants**

Fifteen Korean immigrant young women, ages between 25 and 57, participated in this study (age mean = 38.2). The names used in the following section are all pseudonyms. All fifteen women were born in South Korea, and then they immigrated to the US. The average of their residence in the US was 11 years. All participants experienced emigration when they were teenagers or young adults.

Selected participants had pretty homogeneous demographics. Among those, ten women were married and five were single. They were all college graduated, bilingual, and bicultural. Socioeconomically, they all belong to middle class and have health insurance. All participants stated that their lives were close to American's in their jobs or schools but close to Korean's and Korean culture at home and church. Mothers of some participants, in their later lives over sixties, were also brought up in discussion.

Meaning of breast

The findings of this study showed one schema and two main themes of breast in Korean immigrant women, which are breast-feeding mother, balance in size, and

shyness respectively. First, not surprisingly, “mother who is breast-feeding her baby” is a dominant schema related to breast. All participants stated that their main impression or perception of breast is something related to mother, motherhood, breast-feeding, and mother and baby relationship, representing a family valued culture in Korea.

“For me, the first image of breast is breast-feeding mother. I think there are not more precious moments than when mother feeds her baby. God created it for women in order to feed their babies.”

“Breast reminds me mother or motherhood. I feel comfort and support when I think my mother. Motherhood and breast-feeding are main images for me related to breast.”

Secondly, the participants discussed about their preferred size of breast. A prevailing theme of the discussion was “balance in size,” which implied proportionally balanced breast with a woman’s body, neither too small nor too large. All participants agreed that well-balanced breast made a beautiful look when a woman wore a cloth. The preference of “balance” can be considered as one of the Korean cultural attributes, in which “harmony with others” is valued.

“Some Americans have large breast, which I don’t like at all. There is plastic surgery for breast enlargement in Korea as well, but I think Korean women like balanced breast, not just bigger breast. Western image of breast seems too oriented to bigger size, but proportional harmony is a lot more important for me.”

Interestingly, the last theme of breast is “shyness,” which is a quite distinct perspective compared to the American culture, in which breast is easily related to woman’s confidence or sexuality. Two participants told us their personal anecdotes related to breast.

“When I was eleven years old, my breast started being engorged. I realized that I had bigger breast than most of girls in my class. Boys in my class always teased me having big breast, and I was so embarrassed every time. I used to bend my shoulder forward to hide my big breast. I did not like that my breast was different (bigger) than other girls.”

“When I was a little girl, mom and I went to a public sauna (which is common in Korea). An old lady abruptly said, “Your breast is already well grown up, little girl!” She teased me about my breast in front of other women in the sauna. I was so shy and embar-

assed. Since then, that impression never goes away. Whatever issues related to breast reminds me the terrible experience.”

Meaning of breast cancer

Three themes related to breast cancer were derived from the focus group discussion, which are indifference, fear, and uncertainty. The participants did not have good knowledge related to the cause, treatment, and screenings of breast cancer. Thus, it is assumed that the lack of information or knowledge about breast cancer causes their indifference, fear, and uncertainty.

First, “indifference” or lack of concern about breast cancer was evident among the group. All fifteen participants expressed that they never thought about their chance to getting breast cancer. Even for the participants who are in their forties and fifties, they perceived that the chances for them to get breast cancer were relatively low.

“I heard about breast cancer on TV commercials, but I’ve never thought or imagined that breast cancer could affect me anyhow. Breast cancer seems to me just other person’s business.”

“For me, breast cancer is just White career woman’s disease, and not directly related to my family nor me. I don’t have anybody with breast cancer in my family, relatives, and close friends. I think that’s why.”

Second theme of breast cancer was “fear.” Although all participants had never thought about themselves with breast cancer, they expressed fear related to any cancer and cancer treatment. Almost all participants had a predominant impression of cancer, which was “fear to death.” Especially, the mother of a participant, Youngmi, has been suffering from a recently recurred metastatic colon cancer. She said that she felt fear of cancer because of her mother’s sickness.

“This discussion makes me depressed. You all know my mom is sick. She could die of her cancer. She is getting her chemotherapy now. She has lost lots of weight. She is losing her hairs, unable to eat well, having diarrhea. I am so scared of cancer. My mom’s cancer is killing her gradually.”

“I saw a woman who had a large scar on her left chest in a public sauna in Korea. It was so bizarre to me. Her scar was on her left chest from shoulder to middle of the chest. I did not know that the scar was due to breast cancer at that time, but I felt so bad for

that woman. Cancer is so fearful for me since I saw her scar.”

Lastly, “uncertainty” was a theme related to breast cancer. The participants stated that cancer was an obscure and scared disease for them. Then, they said they rather ignore the risk of breast cancer than concern it because they did not know enough about breast cancer. For one of the participant, Eunju, her mother had been healthy until she found a lump in her breast. Eunju expressed strong uncertainty of the cause of breast cancer.

“My mother had found a lump on her right breast. So she had a lumpectomy a few years ago. She seems all right so far. Until she found the lump, she’s never seriously gotten sick. She tried to eat good food. She never did something not good for health. She never smoked, never put too much stress on herself. My mother did not have family history of breast cancer either. But breast lump was developed without any reasons. I was so confused. I think that breast cancer could occur at any situation.”

Knowledge and attitude about BSE, CBE, and mammography

None of the participants had proper knowledge or information about breast screening modalities, although they said that they heard about BSE. Thus, “lack of information about screening modalities” is the overarching schema of Korean immigrant women with reference to breast cancer screenings. Surprisingly, even Eunju’s mother, who had a lumpectomy a few years ago, had not practiced BSE nor seen her physician for CBE or mammography. Three participants, whose mothers had a history of cancer, stated that their mothers had not had any breast cancer screenings in their lifetime.

Considering relatively young ages of some participants, the author also asked what they thought their mothers’ barriers to breast cancer screenings could be. Most factors they listed as barriers to breast cancer screening were quite similar to previous research such as, cost, limited time, and language barriers (Han, Williams, & Harrison, 2000).

The barriers were much related to their position as immigrants than other cultural factors unique to Korean. Overall, the major barrier, which all participants agreed with, was the fact that their selves or their mothers were full-time worker and had no time to consider any cancer screenings unless they found some problems in their bodies. However, one important issue of Korean

woman’s personality was raised by Haesook as below.

“I think Korean women have lived their lives for others, I mean, for her husband and her children. My mom always said to us, “I do not have my life. You and your brother is my life. I could do anything for you if you are pleased. If you are happy, I am happy. If you are in trouble, I am in trouble too.” She surrendered her whole life for her family. Then, how could she take care of herself? I think that it is useless to have them to take care of their health now. They already gave themselves to their family.”

Strategies for improvement of BSE, CEB, and mammography practices

Before asking the effective strategies to improve breast cancer screening among Korean immigrant women, the author informed the participants on several features of breast cancer in Korean immigrant women in the U.S. Those features are (1) increasing breast cancer incidence, (2) low screening rates, (3) several known barriers to screenings, and (4) existing education materials and programs in general. And, then, the author opened up the discussion about what kind of strategies would be effective in order to improve their mother’s breast cancer screening practices in very personal levels.

Four strategies, which were considered very plausible and practical in Korean culture, were derived from the discussion of the three focus groups. Those strategies are (1) developing materials and education programs in Korean language, then (2) disseminate those materials and programs on a basis of each Korean community church, (3) approaching the whole family not an individual, (4) having adult son or daughter participate in his or her mother’s follow-up screening.

DISCUSSION

The findings of this study demonstrate several important points for the breast cancer study of Korean immigrant women. First, the fifteen participants, who lived over ten years in the U.S., bilingual, and bicultural, provided very useful information and perspectives with their different levels of acculturation and their experience of health care disparity. They agreed with the limitations of Western health care system in screening and detecting breast cancer in Korean immigrant women. Further quantified descriptive research is suggested investigating young Korean bicultural women, since they

are a group of people who know well about incompatible aspects of both cultures.

Second, “shyness” is a main barrier to research of breast cancer in this population. When the author was collecting participants in a Korean community church, many women showed reluctance to participate in this study because they were too shy to talk about these topics. Even the fifteen women, who eventually agreed to participate in this study, wanted to be assured that they would not be asked about their private details of breast such as their breast size or shape.

All participants were shy to name their breast in Korean language. Female breast is called as “Yu-Bang” in Korean, which is quite gender-biased term. Even though, in the narratives, the author translated all terms, which meant breast in Korean into the term of “breast,” none of the participants used the gender-biased term, “Yu-Bang,” throughout the discussion. Instead, they called it “Ga-Sum,” which literally means human chest that is gender-neutral term. Furthermore, some participants used some vague terms, which were literally translated as “my front,” “things I have here,” and “my things,” to call their breast. They seemed to be taught not to directly indicate their breast. Interestingly, the fact that Korean women were shy to use woman-biased terms showed that woman related terms or organs are not commonly discussed nor expressed. The shyness of discussing about female breast and related disease in Korean culture was also found in other study with Korean women with breast cancer (Im, Lee, & Park, 2002).

Third, the derived themes demonstrated similar features to those of previous studies in terms of knowledge, attitude, and practice of breast cancer screenings among Korean immigrant women. Their low-perceived risk (indifference) and lack of knowledge about breast cancer and its screenings (fear and uncertainty) were dominant themes related to breast cancer.

Forth, the suggested strategies to improve breast cancer screenings in this population are considered culturally congruent and plausible. Because they were based on two essential facts that (1) most Korean immigrants have social relationships in their local community churches and (2) Korean immigrants are very much family-centered and parent-respecting population.

Although the Christianity has not been a dominant religion in Korean history, the local church has been the center of Korean immigrant communities in the U.S.

Therefore, the local community church could be a good pathway to spread health related information and education. Practically, educational materials, i.e., brochures or booklets with breast health information in Korean language can be disseminated through local Korean community churches and personal connections. Additionally, “Hyo,” which means “fidelity to parent,” is valued in Korean culture. Children are taught to respect their parent and expected to take good care of their parent when they get old. Considering this aspect of Korean culture, it can be a good strategy having a woman’s grown son or daughter involve in his or her mother’s follow up for breast cancer screenings. Also, when women need to get recruited for breast cancer screening or for related research, it would be an efficient strategy for researcher to contact not only targeted women, but also their family members for bringing their attention on their loved one’s breast health. By using these venues, Korean women’s breast health, which has been culturally tabooed in public discourse, can be improved.

CONCLUSION

In this paper, fifteen Korean immigrant women’s meanings of breast, breast cancer and its screenings were presented. Based on cultural models theory from cognitive anthropology, the participants’ underlying perceptions and cognitive schemas related to the topics were investigated. Qualitative data gathered conducting three focus group interviews. The author, as a Korean immigrant woman, led all discussions with culturally sensitive attitudes and analyzed data using constant comparison technique.

The schemas found in this study manifested Korean immigrant women’s cultural models, i.e., “mother who is breast-feeding her baby,” for breast, “indifference, fear, and uncertainty” for breast cancer and “lack of information about screening modalities” for breast cancer screening. In addition, the participants’ knowledge and practices of breast cancer screening, and culturally competent strategies to improve those behaviors were described.

In the narratives of the fifteen participants, it is demonstrated that Korean immigrant women have some unique underlying cultural schemas from other populations. By reflecting those genuine attributes of Korean immigrant women on further research, it will be possible to develop a culturally contextualized intervention, which

could break through their barriers to breast cancer screenings.

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