

# ***Healthcare Inaccessibility of Asian Females in Canada: Barriers to Cancer Preventative Screening***

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**Abstract:** Breast cancer represents a significant issue within the Canadian context, particularly as it pertains to Asian immigrant women who experience comparatively lower rates of mammographic screening. This literature review examines the barriers that impede Asian immigrant women from accessing mammographic screening, with the exception of socioeconomic status, which has been extensively investigated in previous research. The review concludes that the barriers are primarily associated with physician-patient communication and can be categorized into three themes: linguistic, cultural, and knowledge-related aspects. Potential solutions encompass the implementation of customized health education campaigns and the provision of cross-cultural healthcare services, with a particular emphasis on adopting a patient-centered approach to interpersonal contact between healthcare providers and individuals seeking medical care. By effectively tackling these complex problems, interventions have the potential to increase knowledge, facilitate interpersonal exchange, and promote equal opportunities for mammographic screening among Asian immigrant women. This, in turn, can lead to a reduction in the overall burden of breast cancer.

**Keywords:** health communication, breast cancer, mammographic screening, Asian immigrant women

## **1. Introduction**

Breast cancer is the second most common cause of cancer-related mortality in Canadian women. It is estimated that approximately 1 in 8 women in Canada will get breast cancer throughout their lifetime, and 1 in 31 will die from the disease [1]. The comprehension and alleviation of breast cancer pose a noteworthy public health issue in the Canadian context. Moreover, the high incidence of breast cancer highlights the significant impact it imposes. Research indicates that the utilization of mammographic screening is a sensible approach in the identification and prevention of breast cancer, facilitating prompt interventions and subsequent decline, resulting in a reduction of 13% to 17% in mortality associated with breast cancer [2]. Although the significance of mammographic screening in promoting early detection is widely acknowledged, Asian immigrant women have lower rates of mammographic screening in comparison to non-immigrant women. In light of the susceptibility faced by this particular ethnic minority population, much study has been conducted to investigate the obstacles and impediments experienced by Asian immigrant women in the context of mammographic screening.

The current body of research primarily focuses on examining the social factors that contribute to the limited access of mammographic screening services for Asian immigrant women [3-6]. Additionally, it highlights the importance of effective communication between physicians and patients in improving the screening rates for this specific population [4, 7]. Nevertheless, existing research fails to adequately consider the complex relationship between communication between physicians and patients and other factors such as language, culture, and knowledge. In order to fill this knowledge gap, the present study seeks to undertake a thorough review of the existing literature. The primary objective is to examine the degree to which commonly discussed social determinants of health impede Asian immigrant women from engaging in preventive screening. Subsequently, the study will critically analyze the various factors, including linguistic, cultural, and knowledge-related aspects, that contribute to the barriers in health communication.

This study aims to enhance the comprehensive comprehension of the obstacles encountered by Asian immigrant women in the context of breast cancer preventative care. Through an analysis of the structural barriers associated with social determinants of health, as well as linguistic, cultural, and knowledge-related factors that impact health communication, this study aims to provide a comprehensive understanding of the interpersonal communication dynamics between physicians and patients. Specifically, the study focuses on the promotion of mammographic screening among Asian immigrant women in Canada. The findings of this research endeavor to contribute valuable insights into the development of targeted interventions and strategies aimed at improving breast cancer screening rates within this vulnerable population.

## **2. Barriers to Cancer Preventative Screening**

### **2.1. Social Determinants of Health**

The concept of social determinants of health (SDH) encompasses the various circumstances in which individuals are born, develop, engage in employment, reside, and experience aging, as well as the broader array of influences and structures that shape their daily living conditions [8]. Several components of SDH, such as socioeconomic status, neighborhood disadvantage, residential segregation, and unemployment, have been investigated in their association with the incidence of breast cancer [3]. Extensive research has been conducted on the influence of socioeconomic status on the mammographic screening seeking behavior of Asian immigrant women, particularly in relation to financial factors and educational attainment. Numerous studies have examined the association between low socioeconomic status and the low rate of breast cancer screening among immigrant women, identifying it as a significant indicator [4]. The research conducted by Zha et al. underscores the heightened vulnerability of this demographic group as a result of their comparatively disadvantaged socioeconomic condition [9].

The influential variables of screening participation have been acknowledged to include the elements of income and education within the socioeconomic framework [3]. The low-socioeconomic status population may experience a notable gap in screening participation due to financial limitations. Asian immigrant women, in particular, see involvement in screening as a loss of both monetary resources and important time [4, 9]. This viewpoint emphasizes the wider implications of individuals' engagement in activities on their financial security and daily schedules. It is noteworthy that variations in screening participation are observed in distinct ways among different age cohorts within this particular community. The study suggests that there is a tendency among young Asian immigrant women to prioritize their employment and childcare duties above participating in screenings. On the other hand, older Asian immigrant women have obstacles in accessing screenings due to the complex interplay of factors such as cost and transportation issues [5]. The issue of limited and dependable

transportation choices, as emphasized by Zha et al. [9], exacerbates the challenge of accessing screening services, resulting in a multifaceted array of obstacles pertaining to mobility.

Furthermore, the experience of extended waiting periods for tests, which is particularly exacerbated by financial limitations, exacerbates the overall challenges encountered by Asian immigrant women [10]. The given situation intensifies emotional anguish, worsens the experience of pain, and reduces the overall well-being of those who are already dealing with the challenges of unclear breast cancer circumstances.

Furthermore, it is important to note that a lack of education is a substantial obstacle for Asian immigrant women when it comes to receiving mammographic screening services [4]. The significance of education in relation to socio-economic position is emphasized by Coughlin as a fundamental factor that impacts individuals' awareness and comprehension of breast cancer and screening [3-4]. Significantly, education plays a significant role in fostering primary health literacy, which refers to an individual's ability to effectively find, understand, and utilize information and services to inform their health-related decisions and behaviors. Moreover, the influence of education on health literacy beyond the boundaries of personal comprehension and decision-making. The issue resonates profoundly within communities, since Asian immigrant women encountering obstacles in health-related education frequently encounter surroundings lacking easy access to and comprehensibility of health information. Hence, it is imperative for future studies to prioritize the investigation of strategies aimed at enhancing the accessibility of health information for marginalized people, whether through various media platforms or interpersonal channels.

In conclusion, the challenges faced by Asian immigrant women in Canada when it comes to getting mammographic screening services are intricately linked, with socio-economic status playing a significant role, particularly in terms of fiscal restraints, transportation difficulties, and educational issues. Furthermore, a substantial body of research has indicated the significance of physicians' involvement in facilitating the utilization of mammographic screening among Asian immigrant women [4-5, 9-10]. As a result, there's a significant and urgent desire for further comprehensive investigation focused on examining the patterns of communication between physicians and patients. This research is necessary to develop suitable techniques that can successfully enhance the rates of mammographic screening among Asian immigrant women residing in Canada.

## **2.2. Physician-patient Communication**

The establishment of effective communication between physicians and patients is a fundamental aspect of achieving successful healthcare interactions. Previous scholarly works have underscored the significance of and the present insufficiency in physicians' endorsement of mammographic screening for Asian immigrant women [4]. Hulme et al. conducted a thorough investigation that aligns with Ferdous et al.'s findings regarding the significance of physician-patient communication [5]. Their study employed a qualitative methodology, which included two focus group discussions conducted in Mandarin and Bengali languages, as well as individual interviews with a total of 23 women [4]. The main objective of the study was to investigate the collective experiences of recently arrived immigrants in North America as they engaged in the procedures involved in seeking and acquiring mammographic exams.

Through the course of these talks and interviews, it became apparent that family physicians played a significant role in the decision-making process of Chinese and Bengali immigrant women when it came to requesting mammographic screening. The narratives highlighted the efficacy of physician reminders in motivating women to engage in screening, since they not only encouraged women to commence the screening process but also facilitated its entirety. One notable observation that arose was the occurrence of opportunistic screening, frequently facilitated by the proactive involvement of family physicians. This suggests that when a physician takes the initiative to interact in a positive

manner, it has the potential to produce a ripple effect. This can lead to sustained adherence to mammography screenings and potentially increase the likelihood of Asian immigrant women initiating mammographic screening.

Nevertheless, there are obstacles present in the physician-patient communication process that hinder Asian immigrant women from obtaining essential breast cancer preventative screening. These barriers can be broadly categorized into three main themes: linguistic barriers, cultural barriers, and knowledge-related barriers.

### **2.2.1. Linguistic Barriers**

The presence of linguistic obstacles poses a considerable obstacle to the attainment of efficient communication between medical practitioners and their patients. The importance of this challenge becomes apparent within the Canadian context, as Ferdous et al. emphasize the substantial impact that limited language proficiency in one of the official languages can have on patients' capacity to effectively communicate their symptoms and understand crucial medical information during interactions with healthcare professionals [4]. Hulme et al. further emphasize this assertion by suggesting that insufficient language proficiency diminishes patients' ability to comprehend crucial healthcare information, potentially resulting in misinterpretations and worse health-related choices [5]. The addition made by Pandey et al. serves to further emphasize these concerns, as it highlights the potentially dangerous outcomes that can arise from communication failures that arise due to language limitations [10]. The inherent risk of misdiagnosis due to communication errors not only poses a threat to patient well-being but also undermines the fundamental tenets of delivering high-quality treatment.

Moreover, Hulme et al. add an interesting dimension to this discussion by shedding light on the patients' perspectives regarding their experience of being rushed or not being listened to by their healthcare practitioners [5]. The findings of Ferdous et al. align with the present statement, as they indicate that patients often face challenges in effectively communicating with clinicians due to language barriers. One of the primary factors contributing to this inadequacy, as explained by Ferdous et al., is the excessive workload experienced by healthcare professionals [4]. This phenomenon highlights the complex relationship between language barriers and systemic limitations within the healthcare sector. The investigation conducted by Wang et al. offers an additional perspective from the perspective of physicians, shedding light on how the limited time available during consultations can intensify the challenges posed by linguistic barriers [6]. The primary obstacle arises from the temporal constraints faced by physicians, which restrict their ability to effectively communicate the significance of medical directives. This limitation hampers patient understanding and involvement.

In order to address these complex issues, the utilization of translators presents itself as a viable alternative, as highlighted by Ferdous et al. [4]. However, Wang et al. offers a contrasting element by emphasizing the possible inefficiencies that are linked to the waste of time and energy in translator-mediated communication [6]. This prompts significant inquiries on the potential for expansion and long-term viability of this strategy, especially in settings marked by large numbers of patients and limited resources.

### **2.2.2. Cultural Barriers**

Cultural factors have a significant role in contributing to communication obstacles within healthcare environments. Ferdous et al. highlight the impact of cultural norms and societal taboos that are commonly observed in specific Asian countries on the behaviors of patients seeking screening [4]. The literature demonstrates that certain Asian immigrant women possess a perception that discussions pertaining to sex are sensitive in nature, leading to feelings of discomfort while disclosing information

about their bodily parts. This discomfort can be attributed to deeply ingrained cultural beliefs. The concept of “social stigmatization” is employed to explain the cultural standards that render discussions regarding sexual or genital-related matters taboo. The concept described above plays a role in the findings of Wang et al.’s study, which sheds light on how cultural standards of modesty influence patients’ preferences for physicians of the same gender [6]. Furthermore, the research conducted by Vahabi et al. [11], Pandey et al. [10], and Hulme et al. [5], provides additional support for the importance of cultural barriers in influencing patients’ preference for female doctors. These studies highlight that some cultural elements contribute to patients’ inclination towards seeking medical care from female physicians. However, Raynault et al. did a study using qualitative interviews and focus groups with immigrant Haitian women residing in Montreal. The aim of their research was to investigate the factors contributing to health inequity within this population group. Additionally, the authors put up recommendations for communication tactics that are better suited to engage and impact the Haitian women community [12]. The author critiques the tendency to generalize the experiences of Asian immigrant females, arguing that social stigmatization was found to be an insignificant effect based on conversations with female Haitian interviewees. The current body of research frequently overlooks the nuanced diversity present among Asian immigrants, highlighting the necessity for a more sophisticated methodology that recognizes the multifaceted characteristics of this particular community. Instead of homogenizing Asian immigrant women as a singular entity, it is imperative for scholars to undertake a comprehensive examination of the nuanced differences that exist among different ethnic groups. Religious beliefs have been observed to exert significant influence on health-related decision-making within certain cohorts of Asian immigrant women. The literature study conducted by Ferdous et al. sheds light on the phenomenon where faith might serve as a hindrance for certain persons in their participation in mammographic examinations [4]. There is a widely held idea that posits the notion of sicknesses being planned by a divine entity, hence rendering human intervention ineffectual. The influence of spiritual beliefs significantly affects individuals’ attitudes and actions towards getting healthcare.

Moreover, the complex power dynamics that are inherent in particular cultural contexts might pose obstacles to the facilitation of good communication in healthcare. The presence of a hierarchical structure in doctor-patient relationships within specific cultural contexts may serve as a deterrent for Asian immigrant women when it comes to seeking essential examinations. This implies that the hindrance to effective communication extends beyond language limitations and include the societal context that influences these encounters. Therefore, it is crucial for healthcare professionals to possess a thorough comprehension of these diverse factors in order to develop culturally sensitive and efficient communication approaches. This will help build trust and increase the likelihood of active healthcare participation among various Asian immigrant populations.

### **2.2.3. Knowledge-related Barriers**

The concept of “health literacy” encompasses not only the fundamental abilities in reading and writing necessary for comprehending health-related information, but also the aptitude to interpret and utilise it proficiently. Research undertaken by Ferdous et al. [4], has indicated that Asian immigrant women now possess limited levels of basic health literacy. This often results in a lack of knowledge of preventive strategies for breast cancer, such as mammographic screening. The deficiency highlighted by Zha et al. is the existence of a knowledge gap among Asian immigrant women in Canada [9]. This knowledge gap results in a lack of awareness regarding crucial healthcare practises, which becomes particularly significant in relation to mammography, as emphasised by Hulme et al.’s research [5]. Raynault et al. highlight the significant information gap and limited awareness surrounding breast cancer and mammograms, which ultimately leads to the underutilization of mammography as a preventive approach [12]. Hulme et al. have conducted a study that examines the



low rates of breast cancer screening in the countries of origin for these women. This research establishes a significant connection and provides an explanation for the information gap they encounter [5]. The interaction between the origin of individuals and their perception of healthcare highlights the necessity of implementing specific treatments that address the disparities resulting from variations in healthcare systems and cultural norms.

Gaining a comprehensive understanding of the healthcare system is crucial in order to navigate it effectively. According to Ferdous et al. [4], it is proposed that Asian immigrant women may exhibit a curative orientation towards healthcare, as opposed to a preventative one, potentially influenced by their cultural heritage. The concept described above is supported by the findings of Pandey et al, who noted that newcomers to Canada face difficulties when navigating the country's medical system due to their health views being influenced by their original healthcare systems and cultural norms [10]. The lack of alignment may impede individuals' capacity to obtain prompt and suitable healthcare, hence potentially worsening health disparities. The findings of Wang et al. suggest a positive correlation between the duration of stay in Canada and the completion of mammograms, indicating that a higher level of integration within the host country's healthcare system is connected with certain health behaviours [6]. This implies that with increased duration of residence in the host nation, Asian immigrant women tend to develop a greater familiarity with the healthcare system and its preventive measures.

### **3. Countermeasures**

In order to effectively tackle the healthcare obstacles encountered by Asian immigrant women in Canada, it is imperative to adopt a complete and multifaceted strategy that encompasses proficient physician-patient communication, patient-centered treatment, and cultural sensitivity. The subsequent proposals delineate approaches to augment the consciousness about cancer prevention, boost cross-cultural healthcare, mitigate discrimination, and fortify health education.

#### **3.1. Enhancing Awareness of Cancer Prevention among Asian Immigrant Women and Relevant Services**

In order to enhance the comprehension and awareness of breast cancer prevention among Asian immigrant women, it is imperative to create health education initiatives that specifically cater to this demographic. It is imperative that these campaigns be customized to suit the cultural context of the target audience and be conducted in languages that are commonly spoken within the respective communities. By employing diverse media platforms, such as community centers, ethnic media outlets, and online resources, one can effectively achieve a wider scope of audience and enhance their level of involvement. It is recommended that workshops and seminars be arranged with a specific focus on preventive measures, such as mammography, in order to provide women with reliable and precise information, as well as to address any misconceptions that may exist. It is important to emphasize the distinctions among Asian immigrants rather than making generalizations about the entire population of Asian immigrant females. By categorizing them based on cultural backgrounds, religions, and other relevant factors, it becomes possible to enhance health literacy in a more effective manner.

Enhancing cross-cultural healthcare necessitates healthcare providers to undergo training in cultural competency and sensitivity. It is recommended that institutions establish specialised healthcare facilities with a cross-cultural focus, dedicated to providing treatments tailored to the unique requirements of Asian immigrant women. The provision of translation services, whether through face-to-face interactions or with the assistance of interpreters, should be easily available in order to overcome language barriers and improve communication between patients and healthcare

providers. This effort not only guarantees efficient healthcare communication but also contributes to a more patient-centric approach.

### **3.2. Strengthening Social Health Policies and Health Education, Interpersonal Communication and Patient-Centeredness**

The utilization of culturally sensitive materials in health education has the potential to greatly empower Asian immigrant women in their ability to navigate the healthcare system with increased effectiveness. The provision of community seminars that center on health literacy, preventive measures, and the significance of frequent screenings has the potential to empower women in assuming responsibility for their own health. The dissemination of accurate information and promotion of knowledge on accessible healthcare resources can be facilitated through collaboration with community leaders, organizations, and ethnic media.

The effectiveness of these solutions hinges on the promotion of efficient interpersonal communication and the prioritization of patient-centeredness. According to Gallups et al., interpersonal communication in healthcare settings is characterized as the capacity of healthcare providers to effectively elicit and comprehend patient concerns, convey health-related information, and facilitate collaborative decision-making processes [7]. In order to align with a patient-centered approach, healthcare personnel are required to actively participate in interactions with patients, demonstrating a genuine appreciation for their individual viewpoints and a comprehensive awareness of their cultural background. Healthcare practitioners have the opportunity to cultivate trust and improve the patient experience through the implementation of strategies such as active listening, addressing concerns, and integrating patients in the decision-making process. Patient-centered care prioritizes the alignment of healthcare services with the preferences and requirements of Asian immigrant women, hence fostering improved health outcomes and heightened adherence to preventive measures.

## **4. Conclusion**

In summary, the research has provided insight into the predominant obstacles encountered by Asian immigrant women when attempting to obtain mammographic screening. Previous scholarly investigations have shed light on the impact of social determinants of health and underscored the need of proficient physician-patient communication in tackling this matter. However, it is apparent that a more comprehensive comprehension is necessary. The intricate relationship among linguistic, cultural, and knowledge-related elements introduces further intricacies to the communication obstacles that impede the adoption of mammographic screening. By exploring these complex interrelationships, this research enhances our comprehensive understanding of the existing difficulties. This study addresses the intersection of structural barriers and health communication hurdles, emphasising the significance of comprehensively examining the various factors that shape the healthcare experiences of Asian immigrant women. This research review highlights the significance of interpersonal communication in the interaction between healthcare providers and patients. It emphasises the potential of customised interventions that incorporate cultural sensitivity, linguistic accommodations, and improvements in health literacy.

Looking forward, the results of this study establish the basis for subsequent research and interventions designed to successfully address the obstacles in breast cancer preventive care among Asian immigrant women in Canada. It is crucial to acknowledge the variations and intricacies present within the Asian immigrant community, which includes individuals from many cultures, languages, and histories. In light of the ongoing evolution of Canada's multicultural landscape, it is imperative to acknowledge and tackle the distinct obstacles encountered by various subgroups encompassed

within the wider Asian immigrant community. In order to effectively address the obstacles to cancer preventive healthcare, it will be crucial to tailor programmes that take into account the diverse characteristics within this community. The findings derived from this study offer a foundation for the formulation of approaches that not only guarantee fair availability of mammographic screening but also align with the heterogeneous cultural practises and linguistic subtleties prevalent among different Asian immigrant populations.

By adopting this inclusive perspective, the objective remains resolute: to mitigate the impact of breast cancer on this susceptible demographic. The desired result is a healthcare environment that places emphasis on timely identification, guaranteeing that persons from diverse cultural and linguistic backgrounds have equal access to the essential resources required for achieving optimal health results. Therefore, this literature review functions as a spark, prompting subsequent academics and policymakers to acknowledge the complex fabric of diversity present among Asian immigrant communities and to engage in cooperative efforts towards the establishment of an inclusive healthcare system that ensures equitable access for all individuals.

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