

# A Brown Paper: The Health of South Asians in the United States



The *Brown Paper* is a groundbreaking compendium and review of health research and literature on South Asians in the United States. Published in 2002, the *Brown Paper* evaluates and summarizes existing knowledge about key health indicators for South Asian Americans.

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## **Cancer**

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**Objectives:** The authors reviewed available research on cancer incidence, prevalence, and screening rates and behavior amongst South Asians in the US and abroad.

**Key Findings:** The limited number of national US studies regarding cancer in South Asians have indicated that South Asians experience higher rates in the US than in their native countries. Screening rates for cancer in Asian American and Pacific Islanders (AAPIs) are generally lower than other minority groups. Possible barriers to screening included limited cancer knowledge, education, access to health care services, and cultural beliefs and practices.

**Recommendations:** Epidemiological research about cancer incidence and prevalence must be conducted in the South Asian community to accurately reflect the burden of this illness in the community.

### **Introduction: Asian American and Pacific Islander Americans and Cancer**

Research conducted in Asian American and Pacific Islander (AAPI) groups in the last decade clearly indicates that the burden of cancer is unequal in these communities. For example, while heart disease is the leading cause of death for all US groups (of all ages), cancer has been the number one killer of AAPI women since 1980.<sup>1</sup> Cancer death rates for AAPIs increased at higher rates than any other racial/ethnic group, with rates for AAPI females at 323% and AAPI males at 276%. The top four cancer sites in all Americans are the lung, colon/rectum, breast, and prostate. While lung and colon/rectum cancers are also the top two cancer sites in Asian Americans, liver and stomach cancer rank as the third and fourth highest cancer sites.<sup>2</sup>

Despite the high cancer burden that AAPIs face, the available data may under-represent or distort the health problems of AAPI sub-groups. This is particularly true for South Asian Americans, for whom data on cancer incidence (new cases reported per year) are extremely limited. Some of the problems associated with collecting health data in the South Asian community include: 1) controversy regarding which communities are included under the title of “South Asian;” 2) the relatively recent growth of this community in the US; and 3) the belief that South Asians are part of a “model minority” and therefore have a better health status than other minority groups.

<sup>1</sup> National Center for Health Statistics. Health, United States, 1995. Hyattsville, MD: Public Health Service; 1996.

<sup>2</sup> Asian American Network for Cancer Awareness, Research and Training Statistics.  
[http://www.aancart.org/Unequal\\_burden.htm](http://www.aancart.org/Unequal_burden.htm).



## South Asian Cancer Epidemiology

As the majority of South Asians residing in the US are first generation immigrants, which most having immigrated since 1960, it is important to take into account rates of cancer in South Asian countries as well as in the South Asian Diaspora. For example, in India it is estimated that 806,000 persons will develop cancer in the year 2001. This comprises almost of 10% of the population. About half the cases among men and one fifth of cases among women pertain to cancer sites mainly affected by tobacco use. Overall, about one-third of cancer in Indians pertains to tobacco related sites. The most common cancers among men are of lynch and bronchus, stomach, esophagus, oral cavity, pharynx, larynx, and rectum. Cancer of the breast and cervix are the most common cancers found in women, with oral cavity, esophagus, ovary, and stomach being less common.<sup>3</sup>

Most of the cancer studies in South Asians residing outside of South Asia have been done in England or Canada. Interestingly, these studies have found that South Asians experience higher rates of cancer in England than in their native countries. South Asians in England have higher rates than South Asians living in South Asia with respect to the number of cancer sites, including lung cancer in males and breast cancer in females. It is important to note, however, that these South Asian cancer rates were lower in England's South Asians than the average rates in the overall English population. On the other hand, rates of oral cancer were significantly higher among South Asians in England than in the general population.<sup>4</sup> Similarly, various international studies have found that South Asian immigrants are at a high risk for oral cancer due mostly to high rates of chewing tobacco and paan use.<sup>5,6,7,8</sup>

The majority of data regarding cancer rates in South Asian Americans are collected under the umbrella category of Asian Americans and Pacific Islanders. For this reason, it is important to analyze US cancer-related data within this overarching category. In California, where the majority of cancer research in AAPI communities has taken place, breast cancer rates have increased about 15% among women of Asian American and Pacific Islander ancestry from 1988-1997. AAPI women have the second highest risk of developing cervical cancer after Hispanic women. Possible reasons for these increased rates of cancer in the US AAPIs included changes in dietary, lifestyle, environment,

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<sup>3</sup> Chaudry K. Epidemiology of Cancer in India. Molecular Targets in Cancer Cells, New Paradigms in Research and Treatment. Mumbai, India: February 2001.

<sup>4</sup> Winter H, et al. Cancer Incidence in South Asian Population in England. British Journal of Cancer. February 1999;79(3-4):645-654.

<sup>5</sup> Bedi R. Betel-quid and Tobacco Chewing among the United Kingdom's Bangladeshi Community. British Journal of Cancer. 1996;74(SupplXXIX):S73-S77.

<sup>6</sup> Shetty KV, Johnson NW. Knowledge, Attitudes and beliefs of adult South Asians living in London regarding risk factors and signs for oral cancer. Community Dental Health. December 1999;6(4):227-231.

<sup>7</sup> Vora ar, Yoeman CM, Hayter JP. Alcohol, tobacco and paan use and understanding of oral cancer risk among Asian males in Leicester. British Dental Journal. April 22, 2000;188(8):444-451.

<sup>8</sup> Wamakulasuriya KA, et al. Cancer of mouth, pharynx and nasopharynx in Asian and Chinese immigrant residents in Thames regions. Oral Oncology. 1999;35(5):471-475.



occupational, and genetic factors.<sup>9</sup> Furthermore, migration studies have documented that AAPI women's risk of breast cancer increases up to 80% after they migrate to the US. This finding indicates that AAPI women lose a protective factor in their migration from their home country. Unfortunately, scientists have not yet identified this protective factor.<sup>10</sup>

The limited number of national US studies about cancer in South Asians has indicated findings similar to those in England. In the US, a recent study compared the rates of breast and colon cancer to the rates of these cancers in India. Findings show that the risk of developing breast cancer and colon cancer are higher in US Asian Indians than Indians residing in India. However, the study also indicated that Asian Indians are at lower risk than US White Americans.<sup>11</sup>

### **Cancer Screening Practices in South Asians**

National studies have found that screening rates for cancer in AAPIs are generally lower than other minority groups. A study of screening practices of 6,048 Asian American and Pacific Islander women in the US demonstrated that 29% of women over the age of 50 had not had a mammogram within the past two years, and 27% of women over the age of 18 had not had a Papanicolaou test (Pap smear) within the past three years.<sup>12</sup>

The California Cancer registry indicates that both African American and White men are more likely than Asian men to have been tested for prostate cancer, and Asians with lower incomes were even less likely to have been tested. Similarly, the registry indicates Asian women are less likely to have had mammograms than their White counterparts, and although Asian women are at greater risk of developing cervical cancer, they are less likely to receive routine screening than African American and White women.<sup>9</sup> Screening practices for various cancers among South Asians, particularly among women, have also been found to be lower than other populations. A survey of 57 South Asian women over 40 years of age in Canada showed that only 12% practiced monthly clinical breast exams. In addition, 49% had undergone one clinical breast exam during their lives, and 47% had a mammogram within the past year. More than half (54%) of the women stated that they did not know very much about breast cancer.<sup>13</sup> In Canada, low rates of cervical cancer

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<sup>9</sup> American Cancer Society, California Division, and Public Health Institute, California Cancer Registry. California Cancer Facts and Figures, 2001. Oakland, CA: American Cancer Society, California Division; September 2000.

<sup>10</sup> Ziegler RG, et al. Migration patterns and breast cancer risk in Asian American women. *Journal of the National Cancer Institute*. 1993;85:1819-1827.

<sup>11</sup> Blesch KS. A comparison of breast and colon cancer incidence rates among Native Asian Indians, US immigrant Asian Indians, and Whites. *Journal of the American Dietetic Association*. 1999;99(10): 1275-1277.

<sup>12</sup> Coughlin S, et al. Breast and cervical cancer screening practices among Asian and Pacific Islander women in the United States, 1994-1997. *Cancer Epi Biomarkers, and Prevention*. 2000;9:596-603.

<sup>13</sup> Choudhry UK, et al. Breast cancer detection practices of South Asian Women: Knowledge, attitudes, and beliefs. *Oncology Nurse Forum*. November-December 1998;25(10):1693-1701.



screening were found to be related to acculturation and education.<sup>14</sup> Studies in England have also found that there is a lack of awareness about the risk factors and signs of oral cancer, in both men and women, and that betel-quid (tobacco) chewing continues to be a common habit in the population.<sup>5,6,7,8</sup> In summary, research in the South Asian community has found that barriers to screening include limited cancer knowledge, education, and access to health care services as well as cultural beliefs and practices.<sup>13,14,15</sup>

### **Cancer Programs and Research in the US South Asian Community**

There is a large void of cancer research, education, and awareness in the South Asian American community. However, there are some organizations and institutions in the US that have begun to focus on cancer in the South Asian community. The American Cancer Society (ACS) has established South Asian units in several areas across the US, including New York, New Jersey, and Los Angeles. These units have developed breast and colorectal screening programs that are offered to the community free of charge and in a culturally appropriate manner. In addition, ACS provides educational materials, information, and workshops to the South Asian community in various South Asian languages and at community events.

The first national cancer research initiative for the Asian community is AANCART, the Asian American Network for Cancer Awareness, Research and Training. AANCART is a National Cancer Institute (NCI)-funded project committed to addressing the issues of cancer educational and research in the Asian American community. AANCART's goals include: 1) to build a robust and sustainable infrastructure that will increase cancer awareness, research, and training among Asian Americans in four targeted regions (San Francisco, Los Angeles, Seattle, and New York); 2) to establish partnerships between AANCART and other entities that will promote greater accrual of Asian American in clinical and prevention trials, increase training opportunities for Asian Americans, and develop pilot projects; and 3) to formulate and implement grant-funded research to reduce the burden of cancer among Asian Americans.

The New York site of AANCART is focusing on the needs of the Korean and South Asian communities in New York City. In 2001, NY AANCART conducted a health needs assessment of the community that included questions on health access, health perceptions, preventive health behaviors, and cancer screening beliefs and practices of South Asians in New York City. Over 100 needs assessment surveys were completed at various locations and community-based events in Queens and Manhattan.

Preliminary data highlights the lack of cancer screening and education in South Asian communities. The mean age of respondents was 46 years of age with 57% of surveys completed by women (total N=174). 49% of respondents reported having no health

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<sup>14</sup> Gupta A, Kumar A, Stewart DE. Cervical cancer screening among South Asian women in Canada: the role of education and acculturation. *Health Care Women Int.* February 2002;23(2):123-34.

<sup>15</sup> New York AANCART preliminary data. August 2001.



insurance and 19% reported a positive family history of cancer. Regarding knowledge and attitudes toward cancer, 16% reported that they believe cancer is contagious, 43% believed that eating certain foods can cause cancer, 34% believed that cancer is a matter of fate, and 48% felt that cancer is a topic that should not be discussed. Almost one half of respondents (48%) worried about getting cancer. Of the women surveyed, 28% reported never receiving a Pap smear and 37% never received a mammogram.<sup>15</sup> In comparison, according to the 1997 Behavioral Risk Factor Surveillance System, 7% of US women and 18% of AAPI women have never received a Pap smear and 23% of US women and 14% of AAPI women have never had a mammogram.<sup>16</sup>

## **Conclusion**

It is important that organizations and institutions serve Asian Americans recognize that the growing South Asian American population's cancer and general health needs. Cancer is often not considered a primary health concern for South Asians, due to the high incidence of heart disease and diabetes in the community. However, the small amount of research that has been conducted in the US South Asian community indicates that cancer is a growing concern, particularly in regards to screening practices and beliefs.

## **Recommendations**

### **Researchers and Community Advocates**

- Conduct epidemiological research regarding cancer incidence, prevalence, and mortality among the South Asian American community to accurately reflect the burden of this illness in the community.
- Research efforts have been most successful in the South Asian community when done in conjunction with the efforts of community-based organizations (CBOs)
- Consider that the community may not view cancer has a primary concern. For this reason an emphasis on risk factors, many of which overlap across illnesses, should be the focus of research when conducting initial intervention studies in the communities.
- Pursue educational and outreach efforts in conjunction with the efforts of CBOs already in place. In addition, CBOs should be involved in the development of these efforts from the beginning.
- Conducted educational efforts regarding cancer screening for men and women in culturally sensitive manner. For example, women of many South Asian communities may not be comfortable discussing matters of the breast in an open area.
- Employ the ethnic media such as newspapers, television, and radio as a vehicle to spread cancer awareness messages.

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<sup>16</sup> Centers for Disease Control and Prevention. Available at: <http://www.cdc.gov>.



### **Clinicians and Health Care Providers**

- Ensure that physicians have access to trained medical interpreters for their South Asian patients, covering the diverse spectrum of South Asian languages. Physicians should consider using AT&T telephone translation services when an actual interpreter is not available.
- Educate patients on the importance of screenings and direct them towards free or low cost screening facilities where available. Many recent South Asian immigrants do not view cancer screenings as a priority for several reasons, including a lack of insurance or a lack of understanding regarding preventive health.
- See that male physicians have a female nurse practitioner or a referral list of female physicians who would be able to provide these services. Sometimes South Asian female patients feel discomfort, embarrassment, or have religious restrictions regarding male physicians performing Pap smears or clinical breast exams.

### **Additional Resources**

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