ABSTRACT

Colorectal cancer (CRC) is the second most common cause of cancer death on Guahan (Guam). Chamoru, the Indigenous peoples of Guahan, have the highest mortality rates in CRC on island, which implicates the need for earlier detection. Limited research has been conducted on CRC screening behavior among Chamoru. To address the gap, this study seeks to understand, explore, and predict factors associated with CRC screening among Chamoru, and to address the research questions: (1) How does access to care impact colorectal cancer screening among Chamoru on Guam; and (2) What are barriers to colorectal cancer screening among Chamoru on Guam?

Guided by Andersen’s Behavioral Model of Health Service Utilization, individual predictors were categorized as predisposing, enabling, and need factors that facilitate or hinder CRC screening. A mixed quantitative and qualitative methods approach was utilized. First, screening data from the 2010 Guam Behavioral Risk Factor Surveillance System were used to model the association between CRC screening and predisposing, enabling, and need factors. Second, semi-structured in-depth interviews with Chamoru men and women were conducted on why they opted for or against CRC screening. Purposive and snowball sampling was implemented to recruit participants due to the potentially sensitive and stigmatizing subject of colon/rectum screening processes. Binary logistic regression was used in quantitative analysis to determine significant predictors of CRC screening utilization. Qualitative analysis implemented Grounded Theory to determine relevant themes and key findings. Quantitative results show that having an annual check-up and educational attainment of high school or greater significantly predicted CRC screening. Qualitative analysis points to five themes in CRC screening decision-making: (1) being proactive in one’s healthcare; (2) intergenerational consciousness of cancer diagnosis and related screening behaviors; (3) social stigma associated with colonoscopies; (4) “If I’m
gonna die, I’m gonna die”; and (5) negative perceptions of the medical system. Findings provide insight toward cultural and health beliefs as facilitators and barriers to CRC screening with broader implications for political status as a determinant of health. Further research toward culturally tailored screening interventions is recommended to address cancer disparities in the context of healthcare access and health equity for Chamoru.