

## **Parental Influence and Traditional Cultural Beliefs: Reasons for the lack of Cervical Cancer Screening among Second-Generation Chinese-American College Students**

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### **Abstract**

*Invasive cervical cancer is preventable when adherence to preventive screening guidelines is followed. However, Asian American women are lagging in preventative screenings. The purpose of this study was to determine reasons for second-generation Chinese-American college students' lack of preventative cervical cancer screening. We employed a qualitative descriptive design, consisting of in-depth, semi-structured interviews. The sample consisted of 21 Chinese-American, unmarried college students enrolled in an undergraduate program at a Mid-Atlantic university. Five major themes of the college students interviewed arose: (1) My mom never stressed it, (2) I don't have any problems, (3) I don't know much about it, (4) I don't want to bring it up, and (5) it's a lot of effort. The findings support the need for further recognition and consideration of Chinese-American cultural views during health promoting educational activities as well as future research to develop and test interventions to promote preventive screenings in this population.*

**Keywords:** oncology; cervical cancer; prevention and control; psychosocial factors; cultural competence; Chinese-Americans

### **1. Introduction**

Invasive cervical cancer has long been considered a highly preventable cancer (Hatch & Hacker, 1996). In 2012, there were an estimated 12,170 new cases and 4,220 deaths related to this female cancer in the United States (US), with ethnic minority women having higher incidence than Caucasian women (Priebe, 2012; Centers for Disease Control and Prevention [CDC], 2012a). Over the past 30 years, there has been a steady decrease in cervical cancer and mortality due to Papanicolau (Pap) testing, the inspection for precancerous cell changes on the cervix that have the potential to cause cervical cancer (CDC, 2012b). However, the utilization of Pap smear testing among Asian American women, the fastest growing minority population in the US, is lagging, leading to increased incidence of cervical cancer and mortality in this population group (Alba, et al., 2005, Fang, Ma, & Tan, 2011; Ma, Shieve, Wang, & Tan, 2009; Swan, et al., 2003; U.S. Census Bureau, 2012). With the highest incidence of sexual activity being in those 14-24 years old, the aim of this study was to address the reasons for the lack of preventative cervical cancer screening in second generation Chinese-American college (CAM) students (Bryant, 2009).

At the time of the study, the American College of Obstetrics and Gynecologist (ACOG) (2002), recommended women 18 years or older or who were sexually active to have an annual Pap test (ACOG, 2002).

However, the (ACOG) guidelines released in 2012 include Pap smear screening every 3 years for women 21-29 years, and to not initiate screenings, irrespective of sexual activity, until the age of 21 (ACOG, 2012). While the latest cancer report does indicate that Asian Americans are at lower risk of some cancers, they experience the highest incidence among all racial/ethnic backgrounds for cancers of infectious origin such as liver, uterine, cervical, and stomach cancers. These cancers lead to decreased life expectancy, decreased quality of life, and increased health care cost (Chen, 2005).

Since minimal research on CAM women has been identified, related research on the immigrant, first generation will be reviewed; it is believed that this first generation will provide some context for understanding how the beliefs and practices of the second generation are shaped.

Studies show that lack of knowledge, psychological factors, cultural factors, non-proficiency in the English language, and barriers to access of care all play a role in hindering Asian American women from obtaining cervical cancer screening. Many feel staying healthy is due to luck and screening should not be performed in sexually inactive women (Fang, Ma, & Tan, 2011). The fatalist view of cancer, the belief in situations being predetermined by fate and unalterable, lead many Chinese-Americans to rebuke preventative screening (Liang, et al., 2008).

A study conducted on English speaking Chinese-American women revealed the belief that cervical cancer screening was related to promiscuity and sexual activity (Chang, Woo, Gorzalka, & Brotto, 2013). Modesty needs to be upheld, and receiving a Pap smear may lead to inappropriate and untimely sexual interest (Liang, et al., 2008).

Among the Asian culture, premarital sex and the open discussion of sexual health issues are a taboo (Chin, 1999; Mo, 1992; National Asian Women's Health Organization [NAWHO], 1995; Liang, Yuan, Mandelblatt, & Pasick, 2004). All respondents in a qualitative study examining how Asian Americans and Pacific Islander (API) women assess their HIV-related risk, concurred that sex was a private subject in Asian cultures, not to be openly or publicly discussed (Chin, 2009). Communication regarding sex was described as 'taboo,' 'unspoken' and tantamount to 'airing private laundry.' (NAWHO, 1997).

Researchers report significant differences in cultural barriers to screening between Asian and Caucasian women were evident, with Asian women being less likely to utilize Western medicine to cure illness and promote health (Tang, Solomon, Yeh, Worden, 1999). Asian American women believed they did not need Pap smear screening if they were menopausal, had no symptoms, or were not sexually active. They viewed medicine and medical appointments as not needed unless the individual presents with symptoms (Lee-Lin, et al., 2007; Kandula, Wen, Jacobs, & Lauderdale, 2006).

In terms of inter-generational relationships, parental attitudes toward sexual health influenced their children's beliefs and perceptions of their own health needs. A survey was conducted on 673 Asian American women in Los Angeles: the mean age of respondents was 24 years old, 44% of the respondents were second generation, and 33% of the respondents self-identified as Chinese (NAWHO, 1997). Respondents in this study reported that when their parents exhibited more openness regarding sexual health concerns, they in turn felt more confident about accessing gynecological services; conversely, when their parents were reluctant to discuss health issues or exhibited negative attitudes, the respondents were less likely to utilize services and engage in safer sex practices with condom use.

The study also assessed the level of comfort and frequency of discussion with parents and caregivers regarding five topics: menstruation, how pregnancy occurs, sexually transmitted infections, birth control, and sexuality (NAWHO, 1997). Nearly half of the participants never discussed several of these issues with their parents, and those that did discuss the above topics with parental figures felt uncomfortable. It appears that when discussion between parents/caregivers and children regarding sexual/reproductive health occurs, it is most often in the context of subject matter related to menstruation, a naturally occurring physiological process that occurs regardless of sexual activity (Mo, 1992). This selectiveness in the topic of discussion implies its acceptability when compared to that of the other less acceptable topics.

Therefore, expressing curiosity or being knowledgeable about the other aspects of sexual health or sex education are not considered an appropriate topic for conversation (Chin, 1999); oftentimes, sex education is analogous to birth control information, which is only deemed appropriate just prior to marriage.

Chinese culture has its roots in Buddhist teaching, which emphasizes dignity--the quality of being worthy of esteem or respect. An ill or wayward family member brings shame upon the family. Thus, many individuals hide health problems as to not bring disgrace to the family name. As CAMs become acculturated, they may adapt the American view of individualism and modern medicine; this can lead to cultural struggles amongst children and the immigrant family, but also provides potential opportunity for intervention as they adapt to the new cultural norms (Cheung, et al., 2005).

## **2. Methods**

Fundamental qualitative description was the method used in this study to explore and describe the reasons given by unmarried, second generation Chinese-American college students for never having had cervical cancer screening. Qualitative description is intended to portray the subjective experience of a phenomenon without complex interpretations or theoretical linkages by the researcher, but it can nonetheless illuminate fresh perspectives from participants. The goal of using this emergent design is to yield thick descriptive data that can be analyzed to generate categories for this phenomenon (Kearney, 2001). Because the phenomenon investigated was well-aligned with the intentions of qualitative descriptions, this method was most suitable for guiding this inquiry.

### **2.1 Sample**

The study sample was obtained from a large university in the Mid-Atlantic region. We chose this site for several reasons. First, a survey conducted in collaboration with the university's student health center found that only 37% of the sample Asian American undergraduate students had ever had a Pap test (Domdom, Emralino, Kwan, Rivera, 2002). Second, the university setting is unique in that it requires all enrolled students to have health insurance and provides access to a regular source of health care, including cervical cancer screening services. Additionally, students who attend this university usually have high English language proficiency and education levels.

The sample consisted of college students who met the following inclusion criteria: self-identified as Chinese or Chinese-Americans; have parents who are also of Chinese decent; were born in the U.S. or immigrated to the U.S. before age 12; are 19-24 years old; unmarried; have a cervix but never had a Pap smear; are able to understand and speak English; willing and able to verbally express feelings and experiences; and signed informed consent prior to data collection.

The principal investigator (PI) (AHB) solicited participants by posting flyers in campus buildings, sending email solicitations to leaders of student organizations on campus, and by receiving personal referrals from people who were familiar with the study. After obtaining verbal consent for participation from interested and eligible individuals, a 1.5 hour appointment was then scheduled for the face-to-face interview, which lasted approximately 60-90 minutes, at a time and place that was convenient for the participant. Participants were also informed of a possible follow-up telephone interview, not to exceed 30 minutes.

Prior to commencing data collection, the study proposal was submitted for review and approved by the Institutional Review Board of the study site. Each informant then signed a consent form to participate after all questions had been answered.

### **2.2 Data Collection**

Data collection began by obtaining demographic data. The interviews were then conducted using a semi-structured guide in the format of broad, open-ended questions. Gentle probes were used to enrich the description of the experiences and to focus the interview. With permission from the participants, all interviews were audio taped and then transcribed verbatim. Following the interview, some of the participants were contacted for telephone follow-up when the PI determined the need for added breath, depth, or clarity to the analysis. Field notes were recorded immediately following each interview in order to denote contextual observations, such as the setting, the participants' verbal and non-verbal expressions and/or gestures. The field journal also contained the PI's personal insights and reflections (reflexive notes). These notes were analyzed as part of the data. These observations and analyses facilitated understanding of the context of the interview and interactions.

Because this type of research is inevitably inter-subjective, the process of recording personal reflections (reflexivity) enabled the PI to develop heightened awareness of her subjectivity that may be shaping the inquiry and analysis.

### **2.3 Analysis**

Qualitative content analysis was used to analyze data generated from this study. Qualitative content analysis is derived from the data (Sandelowski, 2000); although codes are systematically applied to categorize the data, these codes are inductively derived from the data themselves in the course of the study. Content analysis aims to enhance the inferential quality of study results by relating the categories to the context or environment that produced the data (Downe-Wambolt, 1992).

Latent and manifest content analysis of interview transcripts and field notes began with the coding process in which words used by the participant to describe the phenomenon formed the codes. These codes were then organized into descriptive categories, and then themes, that best fit and described the data. Cultural models that young Chinese-American college students have about the Pap smear emerged from the data. Cultural models are cognitive schemas about the world in which one lives and are shared among members of a social group (D'Andrade, 1987); they have powerful explanatory value for understanding the logic behind observable behavior. For this qualitative descriptive study, the cultural models that emerged gave insight into the young women's reasons for never getting a Pap smear. Features of the cultural models will be discussed in the next section.

### **3. Results**

A total of 22 women were initially interviewed, but the final sample was comprised of 21 women. All the participants were between 19-22 years old. The average length of residency in the U.S. was 17.5 years; for those who were born outside the U.S., the average age at the time of immigration was five years old.

None of the women had ever had a Pap test, although more than half of them (57%) wanted to or believed that they should get the screening. Seven (33%) had been or were sexually active (defined as having vaginal intercourse), all with male partners, at the time of the interview.

The cultural models about the Pap smear and reasons for never having had one emerged into five groups of themes: (1) My mom never stressed it; (2) I don't have any problems; (3) I don't know much about it; (4) I don't want to bring it up; and (5) It's a lot of effort. In each of these groups of themes, the influence of parents and traditional cultural beliefs were evident.

#### **3.1 My Mom Never Stressed It**

"My mom never stressed it" represents the first group of themes that emerged as the reasons for never having had a Pap smear. This group of themes centered around the notion that participants did not perceive the need for a Pap smear, as these messages of "no need" were primarily conveyed by the participant's mother, father, both parents, or occasionally significant others. In fact, the young women received various degrees of parental instructions, which tended to be passive, regarding the necessity of the Pap smear. These instructions ranged from never emphasizing the Pap smear to instructing their daughters that they do not need it.

Despite having restrictions against dating, many of the women still dated secretly. They were caught between the American culture that approved of dating and the Chinese culture that strongly disapproved of dating. As a result of this cultural clash, open and honest communication was restricted. One woman explains.

...And also with like my parents, they never really talked about sex or any of that... They don't want us to date; they want us to wait. It seems like the American culture approves of having relationships early on, but they always feel that would be a distraction to our study.

Topics about women's health care or anything in the sexual realm were not discussed in the home much because they were taboo. This is evidenced by several girls and was understood that this taboo was passed down from the grandmother's generation, to the mother, and then to the college student. It is apparent that embarrassing issues were also seen as off-limits. Embarrassment led to the loss of face and was something to be avoided if possible.

I don't want to make any cultural wise assumptions, but just based on my own experience and my parents, maybe it's just because we're not that close that we just don't talk about anything within the sexual realm...it's still a very taboo topic...

### **3.2 I Don't Have Any Problems**

"I don't have any problems" represents the second group of themes that centered around the women's perception of risk. Women felt they were too young to see a gynecologist; they often associated older age with health problems, such as cancer. Without a family history of cancer, the women felt they were not at risk for cervical cancer. Still, others felt that they were at low risk because of current sexual inactivity. Regardless of the reasons, it was evident that their perceptions of risk were shaped by the cultural messages that they received from their parents and peers.

...I don't know, it just never came up. If feel like I'm too young, and I don't feel like it's time for me to regularly see a gynecologist as of yet and personally I don't really want to because I just don't want the discomfort and I kind of associate it with more for older people maybe post thirties, but I'm not too sure about that. It's not like any of my friends get it done regularly, or it's not like anyone I know or speak to on a regular basis has it done, so maybe I don't feel the need.

Women felt they did not have current problems that required seeing a gynecologist. They frequently mentioned that problems such as an irregular period would prompt a visit to the gynecologist.

...like I have no problems...Like it's definitely one of those things that I wouldn't go in for if I didn't have a worry. If I worried about something, then I'd go in and get it checked.

### **3.3 I Don't Know Much about It**

The third group of themes centered upon a lack of knowledge about the Pap smear---what it is for, who should get it, why it is important. Participants often attributed this lack of knowledge to their parents' never mentioning or addressing this topic with them. This lack of discussion may have been a manifestation of the taboo against discussion, curiosity, or knowledge of things that were perceived to be sexual. Thus, for some women, they did not have enough knowledge to even determine if a Pap smear was necessary or not. Others who had a fair amount of knowledge still had misconceptions about the purpose of the Pap smear.

...I don't really know what to see a gynecologist for, and I never really talked about it with my parents, and I don't see myself bringing it up to them...I just don't know much about it, and I don't know why I would.

The women who had been sexually active "didn't know enough" about the Pap smear. They lacked a sense of urgency and the understanding of life-saving benefits to preventative screening.

...I'm like generally unfamiliar with all of it and that's probably why I've never seen the need to go and get a Pap smear...I've heard that you're supposed to go get it regularly, I don't know, if there may be like a certain age, I don't really remember, but like I guess it's just like, I don't know enough to really sense the urgency of it, and I guess that's dangerous because then it will be like too late.

### **3.4 I don't want to bring it up**

The fourth group of themes focused on the fear participants had of parental involvement in the process of getting a Pap smear. Participants felt they should and would like to get one, but they often feared having to approach parents. The fact that these participants felt they should get a Pap smear distinguished this group of themes from the theme "my mom never stressed it," in which participants did not see the need to get a Pap smear. As demonstrated in the previous sections, getting a pelvic exam was often something that was never mentioned by the mother, father, or both parents. At the same time, parental permission would be needed in order for the daughter to get a cervical screening, as parents exerted a significant degree of control over the daughters. Thus, the young women would have to initiate the conversation with one or both parents about getting a Pap smear, yet they were reluctant to do so.

I feel like I should be going to see a gynecologist...., but I don't want to ask my parents about it, because that means I gotta talk to them about it and I'm not comfortable with that...Definitely the biggest thing is having to talk to my parents about it.

Growing up in a dual culture presented challenges and tension between mother and daughter. In the case of the Pap smear, women who had questioned their mother about having one performed resulted in a strained relationship. The topic often leads to a sense of personal resentment, and consequently, a poor relationship with their mother.

All of a sudden I became such a bad kid because I stopped doing exactly what they wanted, and we started fighting a lot, and she's imposing all these rules...I thought some of them were unfair...

### **3.5 It's a Lot of Effort**

The fifth major reason for never having had a Pap smear was attributed to the amount of effort that would be required in the process of getting a Pap smear. Women felt that they should get a Pap smear; however, not having the time to identify a reputable provider that accepts their specific insurance, to research what needs to be done at the visit, and to go to the actual appointment were reasons provided for why they did not yet have a Pap smear. Women who cited this logistical barrier usually had one of the two types of relationships with their parents: 1) they were disconnected from their parents, thus, parental influence was not the primary barrier to getting a Pap smear; or 2) they were close to their parents but their parents did not prohibit them from getting a Pap smear. Women in the latter group alluded to how their parents "trusted" them. They were generally obedient to their parents—they did not have premarital sex and were less wary of the connection between seeing a gynecologist and being sexually active.

...And I guess at school especially, like having to deal with insurance and like finding someone I can go to that's covered, it's just a hassle I don't really want to deal with...I don't think I'd be uncomfortable being there [at the gynecologist's office], it's like the process of getting there.

## **4. Discussion**

The purpose of this study was to identify the reasons why second generation Chinese-American college students have never had a Pap smear. In understanding their views about the Pap smear, the influences of their parents and culture in shaping those views also emerged.

### **4.1 Taboo, Pap Smear, & GYN Care**

For many of the young women examined in this inquiry, the connections they had among getting a Pap smear, going to the gynecologist, parental disapproval, and taboo all affected their screening behavior. Parents were deeply tied to the participants' world view. Thus, the way in which the young women viewed the world reflected the way in which their parents viewed the world.

The taboos surrounding gynecological care and the Pap smear served to preserve not only the hierarchical relationship between the parents and daughters but also the parents' social status among other members of the Chinese community. The parents were threatened by violation of these taboos, and it was of paramount importance to maintain the "good image" and preserve the family name in order to survive and thrive in the community.

We identified that many of the young women associated getting a Pap smear with seeing the gynecologist; seeing the gynecologist was associated with sex, pregnancy, and being married. These cultural beliefs were transmitted primarily by the mothers and were therefore a reflection of the first generation's views.

One potential limitation of this study was the participant population. Using a university population may have biased the sample towards one with higher educational levels. The use of the tape recorder during the interview was a limitation to the study, as some women felt more comfortable discussing the interviewing topic after the interview was formally terminated and the tape recorder was shut off. Another potential limitation was possible investigator bias from personal and professional experiences. With this concern in mind, the PI was careful not to offer information about her role as a clinician, but rather to emphasize her role as a graduate student conducting research.

Increasing numbers of young Chinese-Americans are being raised in the American culture and educated in American schools. Thus, they are inevitably experiencing varying degrees of acculturation to the American society. The Chinese cultural influences that are reflected in the lack of gynecological care should be recognized and considered during health education campaigns to the population.

Perhaps one of the strongest implications of this study comes from the findings that the decision for CAM women to have a Pap smear is a difficult one, because it is a representation of a larger decision that they must make. While the naturally occurring process of menstruation is discussed within the home, the natural process of Pap testing is not. Such a topic being brought up in the home goes against cultural norms and risks parental scrutiny.

Interventions to educate parents about the health related benefits to testing and to separate sexual activity from Pap testing might enable more Chinese women to be screened. Further research should continue to examine the cultural beliefs surrounding preventative gynecological care and include other members of the family such as the mother, the father, and the women's partner when possible.

### **Acknowledgements**

We are extremely grateful to all of the women who participated in this study. The Principal Investigator, Dr. Angel H. Bair, would also like to acknowledge Drs. Linda P. Brown, Janet A. Deatruck, and Frances K. Barg for their mentorship on this project.

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