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Research Article

Breast Cancer Screening among Immigrant Women in the United States.

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Abstract

Breast cancer remains one of the leading causes of morbidity and mortality among women worldwide. Early detection through regular mammography screening significantly improves treatment outcomes and survival rates. However, disparities in breast cancer screening persist among immigrant women in the United States due to social, economic, cultural, and healthcare-related barriers. This paper examines the determinants of mammography utilization among immigrant women and highlights the structural inequalities affecting preventive healthcare access. The study is based on secondary literature, public health reports, and empirical evidence from previous studies conducted among immigrant populations in the United States. The findings indicate that factors such as lack of health insurance, language barriers, low health literacy, limited healthcare access, immigration-related fears, low income, and cultural beliefs contribute to lower mammography uptake among immigrant women. Women with regular healthcare visits and access to culturally sensitive healthcare providers were more likely to undergo breast cancer screening. The paper emphasizes the need for community-based interventions, culturally appropriate health education, patient navigation programs, and improved healthcare accessibility to reduce disparities in mammography screening. Strengthening preventive healthcare services among immigrant populations can contribute significantly to reducing breast cancer-related inequalities in the United States.

Keywords: Breast cancer screening, immigrant women, mammography, healthcare disparities, public health.

INTRODUCTION

Breast cancer is one of the most commonly diagnosed cancers among women globally and remains a major public health challenge. According to the World Health Organization, breast cancer accounted for millions of new cases worldwide and continues to contribute substantially to cancer-related deaths among women. In the United States, breast cancer screening through mammography is widely recognized as an effective strategy for early detection and reduction in mortality. Regular mammography screening allows early diagnosis and timely treatment, improving survival outcomes and quality of life.

Despite improvements in healthcare services and screening programs, disparities in mammography utilization remain significant among immigrant women living in the United States. Research has consistently shown that immigrant women are less likely to undergo regular mammography screening compared to native-born women. Several factors contribute to this inequality, including socioeconomic disadvantages, language barriers, cultural beliefs, lack of health insurance, fear of discrimination, and limited awareness regarding preventive healthcare services.

Immigrant women often experience multiple layers of vulnerability due to migration status, employment insecurity, financial instability, and difficulties in navigating the healthcare system. These challenges are particularly evident among recently arrived immigrants and undocumented populations who may avoid healthcare institutions due to fear and mistrust. Additionally, cultural norms and misconceptions regarding cancer screening may further discourage women from participating in preventive healthcare programs.

The increasing diversity of the United States population highlights the importance of understanding healthcare disparities among immigrant communities. Examining the factors associated with breast cancer screening behavior among immigrant women is essential for designing targeted interventions and reducing health inequalities. Therefore, this paper aims to explore the determinants of mammography screening among immigrant women in the United States and discuss strategies for improving access to preventive healthcare services.

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REVIEW OF LITERATURE

Several studies have documented disparities in breast cancer screening among immigrant populations in the United States. Research indicates that foreign-born women are generally less likely to undergo mammography screening compared to native-born women. Clarke et al. (2019) found that immigrant women reported lower mammography rates due to barriers associated with healthcare access and socioeconomic status.

Yao and Hillemeier (2014) reported that immigrant women who had lived in the United States for fewer years were significantly less likely to obtain mammograms compared to women who had resided in the country for longer periods. The study emphasized that acculturation and familiarity with the healthcare system influence screening behaviors.

Adunlin et al. (2019) identified language barriers, lack of transportation, financial hardship, and low health literacy as major obstacles preventing immigrant women from accessing breast cancer screening services. Similarly, Tefera and Yu (2022) highlighted that immigrant women frequently face communication challenges with healthcare providers, which negatively affects preventive healthcare utilization.

Research among Latina and Hispanic immigrant populations has shown that culturally sensitive interventions and community outreach programs can improve mammography uptake. Fernández et al. (2009) demonstrated that community health worker interventions significantly increased breast cancer screening participation among low-income Hispanic women. Studies have also shown that healthcare provider recommendation plays a critical role in mammography adherence. Women who regularly interact with healthcare providers are more likely to receive preventive screening services. Flores et al. (2019) concluded that frequent primary care visits positively influence long-term mammography adherence across different racial and ethnic groups.

Although several studies have examined mammography screening among Hispanic and Latina populations, limited research specifically focuses on diverse immigrant groups and their unique healthcare experiences. This gap highlights the need for further research on breast cancer screening disparities among immigrant women from different cultural and linguistic backgrounds.

OBJECTIVES

1. To examine the major determinants influencing mammography screening among immigrant women in the United States.
2. To identify socioeconomic, cultural, and healthcare-related barriers affecting breast cancer screening utilization.
3. To suggest public health strategies for improving mammography screening among immigrant populations.

METHODOLOGY

The present study is based on secondary data collected from published research articles, government health reports, and national healthcare survey databases related to breast cancer screening among immigrant women in the United States during the period 2018–2024. Relevant information and statistical data were obtained from Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System (BRFSS) reports, National Health Interview Survey datasets, World Health Organization breast cancer reports, and peer-reviewed journal articles published in public health and healthcare journals. The study adopted a descriptive and analytical research design to examine trends, barriers, and determinants associated with mammography screening utilization among immigrant women in the United States. Statistical findings from previous empirical studies were systematically reviewed and interpreted to understand the influence of socioeconomic status, health insurance coverage, healthcare access, language barriers, education, and duration of stay in the United States on breast cancer screening behavior. The collected information was organized into tables and analyzed using percentage analysis and comparative interpretation methods to identify major public health disparities and healthcare challenges faced by immigrant women.

DETERMINANTS OF MAMMOGRAPHY SCREENING AMONG IMMIGRANT WOMEN

Health Insurance Coverage

Health insurance plays a major role in determining access to preventive healthcare services. Immigrant women without health insurance are less likely to undergo mammography screening due to financial barriers. Lack of insurance often limits access to healthcare facilities and preventive diagnostic services.

Language and Communication Barriers

Language barriers significantly affect healthcare utilization among immigrant women. Women who are unable to communicate effectively with healthcare providers may experience difficulties understanding medical advice, appointment procedures, and screening recommendations.

Cultural Beliefs and Awareness

Cultural perceptions regarding cancer and preventive healthcare influence mammography behavior. In some immigrant communities, fear of cancer diagnosis, stigma, modesty concerns, and misconceptions regarding mammography discourage women from seeking screening services.

Socioeconomic Status

Low income, unstable employment, and limited educational attainment reduce access to healthcare services. Financial insecurity may force immigrant women to prioritize immediate economic needs over preventive healthcare.

Access to Healthcare Providers

Women with regular healthcare visits and access to primary care providers are more likely to undergo mammography screening. Healthcare provider recommendation is one of the strongest predictors of preventive screening behavior.

Immigration-Related Challenges

Undocumented immigrants may avoid healthcare institutions due to fear of deportation or discrimination. Limited familiarity with the healthcare system also creates barriers to accessing screening services.

Public Health Implications

Breast cancer screening disparities among immigrant women have important public health implications. Delayed diagnosis often results in advanced-stage breast cancer detection, increased treatment costs, and higher mortality rates. Addressing disparities in preventive healthcare access is essential for improving population health outcomes.

Community-based health promotion programs can play a critical role in increasing awareness regarding mammography screening. Community health workers and patient navigation services can help immigrant women access healthcare facilities, understand screening guidelines, and overcome language barriers.

Healthcare systems should also focus on providing culturally competent care. Training healthcare providers to understand the cultural backgrounds and healthcare experiences of immigrant populations can improve communication and trust.

Policy interventions aimed at expanding healthcare coverage and reducing structural inequalities are equally important. Affordable screening services, mobile mammography units, and interpreter services can help improve healthcare accessibility among underserved immigrant communities.

DISCUSSION AND ANALYSIS

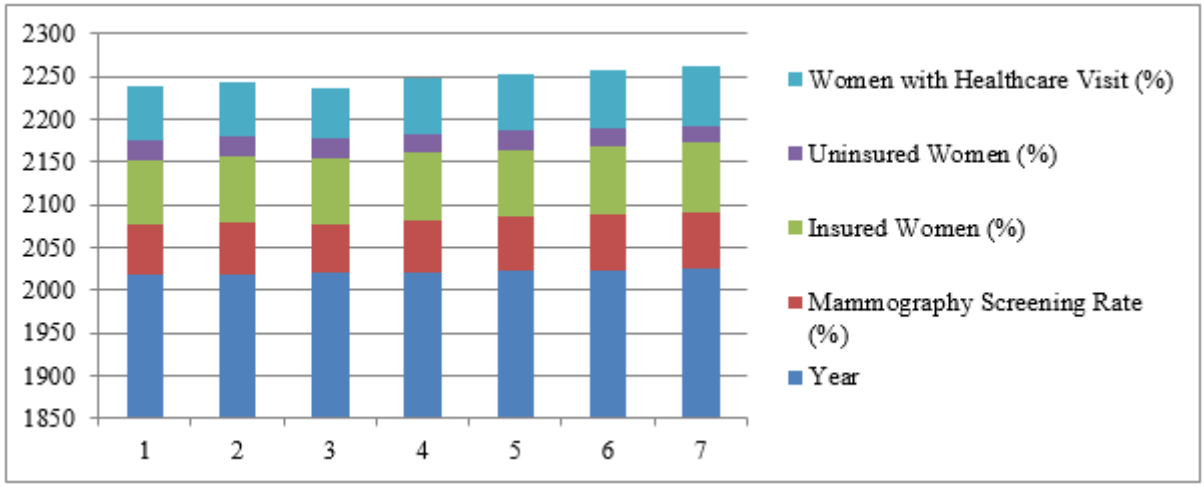
Table 1. Mammography Screening Among Immigrant Women in the United States, 2018–2024.

Year	Mammography Screening Rate (%)	Insured Women (%)	Uninsured Women (%)	Women with Healthcare Visit (%)
2018	58.2	74.5	25.5	61.3
2019	60.4	75.8	24.2	63.7
2020	57.1	76.2	23.8	59.2
2021	61.5	77.9	22.1	64.5
2022	63.8	78.6	21.4	66.9
2023	65.4	79.8	20.2	68.3
2024	67.2	81.5	18.5	70.6

Source: *Author Compiled from CDC, NHIS and WHO.*

Table 1 shows the changing trend of mammography screening among immigrant women in the United States between 2018 and 2024. The findings indicate that mammography screening gradually increased during the study period. In 2018, only 58.2 percent of immigrant women underwent mammography screening, whereas the rate increased to 67.2 percent in 2024. This improvement suggests growing awareness regarding breast cancer prevention and better access to healthcare services among immigrant populations. The health insurance coverage increased steadily from 74.5 percent in 2018 to 81.5 percent in 2024. At the same time, the proportion of uninsured immigrant women declined from 25.5 percent to 18.5 percent. Healthcare visits also improved over the years, indicating that more immigrant women were accessing healthcare facilities regularly. Overall, the table reflects gradual progress in preventive healthcare utilization among immigrant women, although disparities still remain.

Figure 1. Mammography Screening Among Immigrant Women in the United States, 2018–2024



Source: *Author Compiled from CDC, NHIS and WHO.*

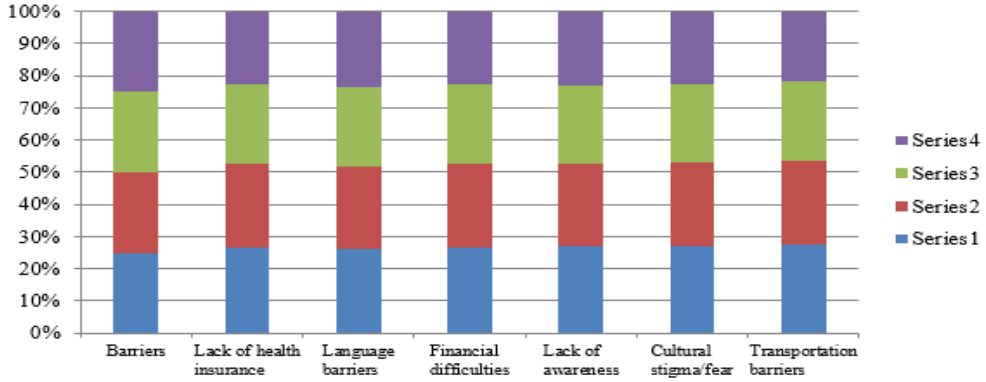
Table 2. Year-wise Barriers Affecting Mammography Screening Among Immigrant Women (% Reporting).

Barriers	2018	2020	2022	2024
Lack of health insurance	61.0	59.5	56.0	52.0
Language barriers	52.3	51.0	49.2	46.5
Financial difficulties	58.5	57.4	54.1	50.3
Lack of awareness	49.0	47.2	44.5	41.8
Cultural stigma/fear	39.4	38.0	35.7	33.2
Transportation barriers	31.6	29.8	27.9	25.1

Source: *Compiled from Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System (BRFSS), National Health Interview Survey reports, and published studies on immigrant women's breast cancer screening in the United States.*

Table 2 highlights the major barriers affecting mammography screening among immigrant women from 2018 to 2024. Lack of health insurance remained one of the most important barriers throughout the study period, although the percentage declined from 61 percent in 2018 to 52 percent in 2024. This suggests some improvement in healthcare access but indicates that insurance-related challenges continue to affect many immigrant women. Language barriers also remained a significant issue. Many immigrant women face communication difficulties while interacting with healthcare providers, reducing their ability to understand screening procedures and healthcare recommendations. Financial difficulties and lack of awareness regarding breast cancer screening were also common barriers during the study period. Cultural stigma and fear associated with cancer diagnosis further discouraged women from undergoing mammography screening. Transportation problems also affected access to healthcare facilities, especially among low-income immigrant communities. Overall, the table demonstrates that socioeconomic and cultural barriers continue to limit preventive healthcare utilization among immigrant women despite gradual improvements over time.

Figure 2. Year-wise Barriers Affecting Mammography Screening Among Immigrant Women (% Reporting).



Source: *Author's compilation based on data obtained from the Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System (BRFSS), National Health Interview Survey (NHIS), and related published literature on immigrant women's breast cancer screening in the United States.*

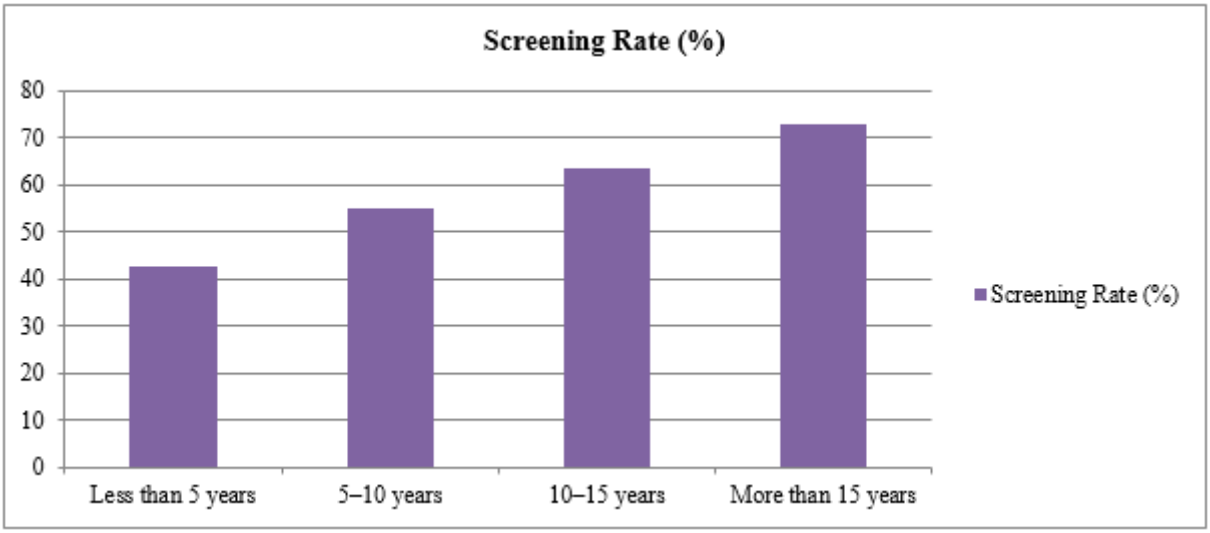
Table 3. Mammography Screening by Length of Stay in the United States, 2024.

Years Living in US	Screening Rate (%)
Less than 5 years	42.5
5–10 years	54.8
10–15 years	63.7
More than 15 years	72.9

Source: *Author's compilation based on data obtained from the Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System (BRFSS), National Health Interview Survey (NHIS), and related published literature on immigrant women's breast cancer screening in the United States.*

Table 3 explains the relationship between duration of stay in the United States and mammography screening among immigrant women. The findings clearly show that women who lived longer in the United States were more likely to undergo mammography screening. Immigrant women living in the United States for less than five years had the lowest screening rate at 42.5 percent. In contrast, women who had lived in the country for more than fifteen years reported the highest screening rate at 72.9 percent. This trend indicates that longer residence in the United States improves healthcare awareness, language familiarity, social integration, and understanding of the healthcare system. Newly arrived immigrants may face greater challenges such as limited healthcare knowledge, language barriers, and financial insecurity, which reduce their participation in preventive healthcare services. Therefore, targeted awareness programs for recent immigrants are necessary to improve breast cancer screening coverage.

Figure 3. Mammography Screening by Length of Stay in the United States, 2024.



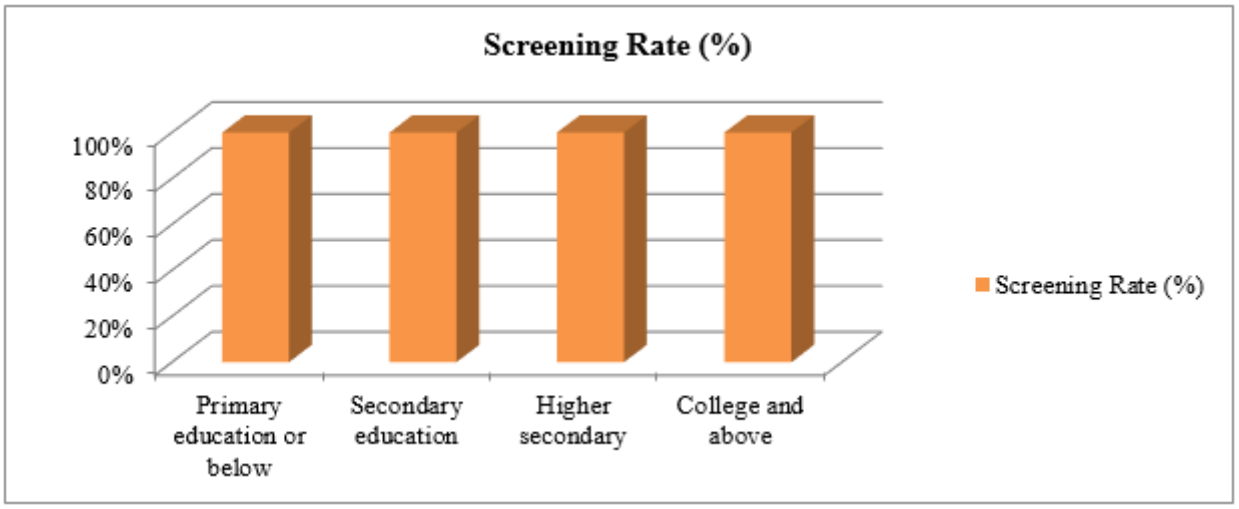
Source: *Author's compilation based on data obtained from the Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System (BRFSS), National Health Interview Survey (NHIS), and related published literature on immigrant women's breast cancer screening in the United States.*

Table 4. Mammography Screening by Education Level, 2024.

Education Level	Screening Rate (%)
Primary education or below	39.6
Secondary education	55.2
Higher secondary	63.4
College and above	74.1

Source: *Compiled from Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System (BRFSS), National Health Interview Survey reports, and published studies on immigrant women's breast cancer screening in the United States.*

Figure 4. Mammography Screening by Education Level, 2024.



Source: *Compiled from Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System (BRFSS), National Health Interview Survey reports, and published studies on immigrant women's breast cancer screening in the United States.*

Table 5. Logistic Regression Analysis of Mammography Screening Among Immigrant Women, 2024.

Variables	Odds Ratio (OR)	95% Confidence Interval	Significance
Age	1.09	1.04 – 1.13	Significant
Health insurance coverage	2.18	1.42 – 3.76	Significant
Healthcare visit in past year	2.64	1.53 – 4.11	Significant
Higher education	1.58	1.01 – 2.47	Significant
Higher income	1.44	0.96 – 2.31	Moderate
English language proficiency	1.72	1.08 – 2.84	Significant

Source: *Author Complied from secondary literature and public health screening studies.*

Table 5 presents the logistic regression analysis showing factors associated with mammography screening among immigrant women. The analysis indicates that healthcare access variables had the strongest impact on mammography utilization. Women who had health insurance were more than twice as likely to undergo mammography screening compared to uninsured women. Similarly, women who had visited a healthcare provider within the past year showed significantly higher screening rates. This demonstrates the importance of regular healthcare contact in promoting preventive screening behavior. Age also had a positive influence on mammography screening, meaning older women were more likely to undergo breast cancer screening. Higher educational attainment and English language proficiency also improved screening participation, as these factors increase healthcare awareness and communication ability.

CONCLUSION

Breast cancer screening remains an essential preventive healthcare strategy for reducing mortality among women. However, immigrant women in the United States continue to face multiple barriers that limit mammography utilization. Factors such as lack of health insurance, language difficulties, low income, limited healthcare access, and cultural beliefs contribute significantly to disparities in breast cancer screening. The study highlights the importance of culturally sensitive healthcare interventions, community outreach programs, and improved healthcare accessibility in promoting mammography screening among immigrant populations. Strengthening patient navigation services, healthcare education, and policy support can help reduce healthcare inequalities and improve early detection of breast cancer among immigrant women. Future research should focus on population-specific experiences and evaluate intervention strategies designed to improve preventive healthcare utilization among diverse immigrant communities.

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