Identifying Barriers to Cervical Cancer Screening Faced by South Asian Muslim Immigrant Women in Calgary

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Background

- Cervical cancer is the fourth common cause of death in women worldwide
  - second most frequent cancer in women

- In Canada, before screening
  - 2% of women were diagnosed with cervical cancer,
  - 1% died of cervical cancer

- Early detection & treatment can **prevent** cervical cancer development 80-90%

- Now in Canada, most invasive cervical cancer
  - Never getting a Pap test or long interval between tests
Rationale

- Continue influx of immigrants with different health knowledge & perspective

- Studies show lower screening rates in immigrant women compared to non-immigrant

- Canadian immigrants are half as likely to get screened compared to Canadian born
  - foreign-born women have high mortality rate from cervical cancer

- In Canada, South Asian immigrants have the lowest screening (Pakistan, India, Bangladesh)
Estimated number of cases and incidence of cervical cancer

Source: Ferlay et al.²
Research Objective

To explore the perspectives and identify the barriers that prevent cervical cancer screening in South Asian Muslim immigrants women in Calgary.
Method

- Qualitative Approach

- In-depth, semi-structured interview
  - Value an individual attaches to an event or to understand the complexities of their attitudes, behaviors and experiences

- Purposive sampling

- Interview was audio recoded & field notes were taken
Eligibility Criteria

- Muslim female
  - Level of religious practices or parents’ religion not relevant

- South Asian immigrants
  - India, Pakistan and Bangladesh

- 25 years or older
  - Screening is recommended for sexually active this age

- Proficient in speaking English, Hindi or Urdu

- No Pap test or few (1-2) in the last ten years
Participants' Characteristics

- 16 Pakistani, 2 Bangladeshi
- Age range 25 to 46 years old (mean 35 yrs)
- Education
  - High school=3, Undergraduate degree=6, Master’s degree=7, Professional degree=2
- Residence in Canada from 2 months to 15 years (mean 7 yrs)
- Have a Family Physician
  - Female=10, Male=3, No physician=5
- Pap testing
  - No Pap test=11, had a Pap test=5, Unsure=2
Thematic Analysis

Familiarize with Data

Coding

Search for Themes

Review Themes

Define & Name Themes

Write Up!

Thematic Analysis
(Braun & Clarke)
1: Attitudes, Knowledge & Beliefs

- Knowledge about cervical cancer and screening
  - limited or none

- Preferences for physician characteristics
  - female physician, same language, readily available for appointment, knowledgeable, time & attention, provide information

- Cultural, social and religious norms
  - inappropriate to get private parts checked

- Views about healthcare screening
  - screening is important even among women who never had a Pap test
2: Healthcare Seeking Practices

• Emergency/ Life and death situation
  – receive treatment regardless of preferences for physician gender

• Symptoms
  – seek treatment for serious symptoms only

• Prevention/ Screening
  – preventive measures are not commonly practiced in Pakistan & Bangladesh as considered a waste of time
3: Experience with Healthcare System & Services

• Comparison of healthcare systems
  – back home Pap test is costly & physicians are unaware about it
  – care is readily available back home but quality is questionable

• General experience with healthcare providers
  – mostly negative experiences with healthcare providers: lack of communication, preferences not asked/discussed

• General experience with healthcare system
  – mostly negative experiences with healthcare system: long waiting time, one problem per appointment, female physician unavailability

• Pap test experience
  – physicians did not describe Pap testing & its importance
  – no one had seen or heard any measures to encourage Pap testing
4: Barriers to Pap Testing

• Healthcare providers barriers
  – lack of communication attention
  – past painful/uncomfortable Pap test

• Healthcare system barriers
  – transportation, language & unavailability of female physicians

• Personal barriers
  – fatalist beliefs that preventive measure do not prevent
  – lack of awareness
  – one sexual partner
  – dependence on husband/in-laws
  – shyness (discomfort being touched by anyone)
5: Strategies to Encourage Pap Testing

• Healthcare provider strategies
  – awareness and encouragement by social workers and family physicians
  – explain why Pap test is important

• Healthcare system strategies
  – Pap test reminder in their language that explains the process in detail & how it prevents cervical cancer
  – increase number of female physicians
  – awareness about healthcare system, cervical cancer & Pap testing
  – monitoring system for immigrants
  – separate centers for Pap testing
  – offer chaperone
Limitation

- Interviews: time consuming & difficult to analyze
- Possibility of interviewer bias
- Interviewing in English
- Small sample.... Generalizability?
  - aimed to increase understanding of social phenomena instead of representing population
New Findings

- Misunderstanding of Pap test reminder
- Religion encourages screening/preventive measures
- Highly educated women less willing to get tested than women with lower education
- Perception that physicians are not knowledgeable
- Perception of Canadian healthcare system is related to socio-economic status back home
Thank you!