



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

Syeda Kinza Rizvi

Supervisor: Dr. James Dickinson

Committee Members: Dr. M Hebert, Dr. B Thomas

MSc Community Health Science

Health Services Research



UNIVERSITY OF
CALGARY

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

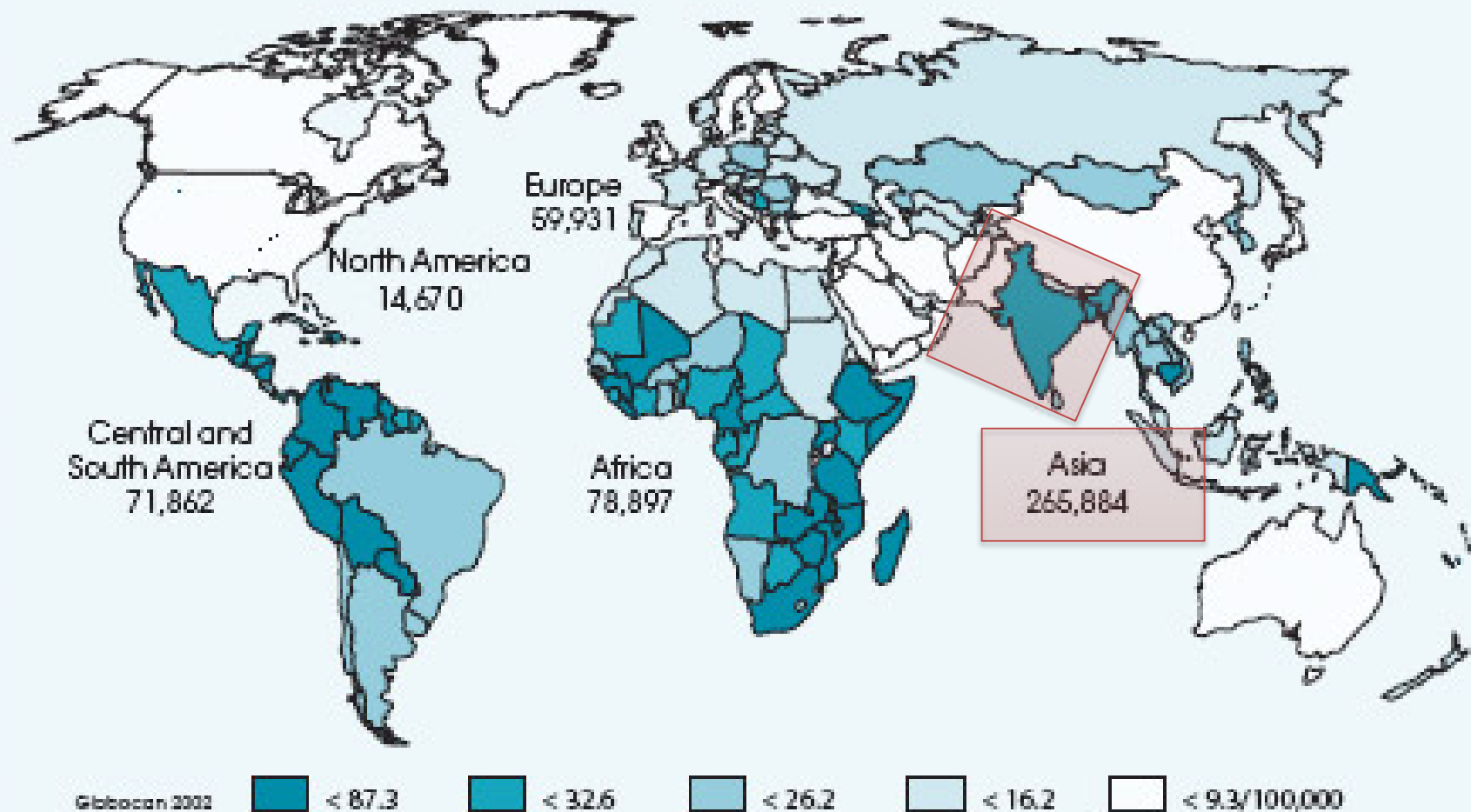
- ❑ Early detection & treatment can **prevent** cervical cancer development 80-90%

- ❑ 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 recorded & 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

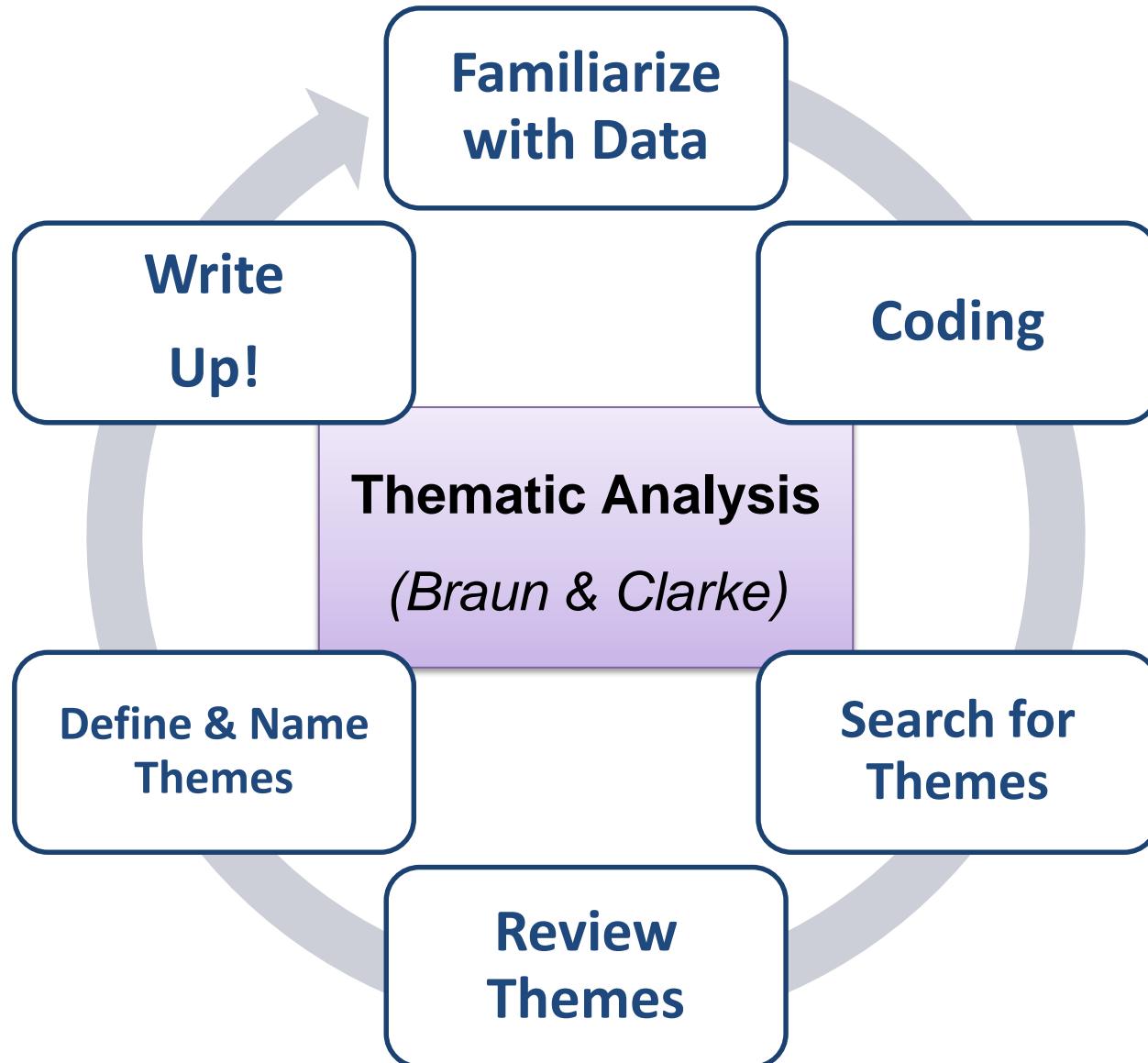
- Proficient in speaking English, Hindi or Urdu

- 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

Qualitative Analysis



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!