

Introduction

- ❖ Cervical cancer is among the leading causes of death in women internationally.
- ❖ The mortality from cervical cancer is higher for Black women (4.4 per 100,00 women) compared to other races and ethnicity (2.1 per 100,000 Caucasians, 2.8 per 100,000 Hispanics)
- ❖ U.S. native born women are three times more likely to have participated in cervical cancer screening as compared to immigrants



Purpose

- ❖ To describe barriers, benefits and motivations for cervical cancer screening in African immigrant women

Methods

- ❖ Qualitative descriptive study using the Health Belief Model (HMB) as a theoretical underpinning
- ❖ Focus group sessions (n=5) using a semi-structure interview guide with open ended questions and probes

Health Belief Model

Conceptual framework used to understand health behavior and reasons for non-compliance with recommended health actions

- ❖ Barrier- emotional, physical or structural concern related to cervical cancer screening
- ❖ Motivation- external or internal incentives
- ❖ Benefits- positive outcome of screening

Results

- ❖ Participants were between 24 and 65 years (mean: 35 ± 11 years). The duration of stay in the US ranged from 2- 26 years, about two third of the women had resided in the US for less than 5 years (64%). Thirty four percent of the women were from Nigeria, 82% had a college degree or higher and 55% were employed.

Barriers

Barriers included low knowledge of screening, communication issues, competing demands and cost.

Knowledge

...ignorance is the biggest thing that our people (Africans) have when they get into the country" (30 year old from Nigeria, 9 year immigrant)

Communication

"they talk differently to me because I have an accent...they think I have no clue" (28 year old from Cameroon, 7 year immigrant)

Competing Demands

"I have more important issues to attend to" (34 year old from Nigeria, 2 year immigrant)

Cost

" the bills are always high. I wont be able to pay " (24 year old from Congo, 3 year immigrant)

Motivations

Motivations include provider recommendations, family support and enlightenment

Provider recommendations

"some Africans are not aware of the various preventive services, until they go to the doctor, my doctor introduced the test to me" (24 year old from Cameroon, 2 year immigrant)

Family Support

"If husbands and brothers understand the importance of screening, then there might be more support for the women in their lives , they can also remind them " (44 year old from Niger, 2 year immigrant)

Enlightenment

"I think we need more education and exposure. More access meaning knowing where to get the screening and why" (31 year old from Kenya, 4 year immigrant)

Benefits

Participants could identify few benefits of cervical cancer screening only identifying early detection.

Early detection

"Screening can discover cancer early... so that it can be taken care of" (29 year old Nigerian, 3 year immigrant)

Discussion

- ❖ Policies addressing services and health insurance coverage for immigrants will be beneficial in this population.
- ❖ Interventions tailored to this population should include elements of family support and community enlightenment programs.
- ❖ Tailored Interventions should address barriers specific to this population including knowledge of screening guidelines, cost, communication issues
- ❖ According to the HBM, benefits need to outweigh barriers for behavior to change; this study points out the imbalance of barriers to benefits for this population and a need for increased focus on elucidation of benefits

Implications

- ❖ African born immigrant women experience unique barriers and motivations for cervical cancer screening that should be both explored and considered when providing health care.
- ❖ Researchers have the opportunity to influence screening attitudes of African born immigrant women by providing patient targeted sensitive education, interventions and cues to action.



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