Perceptions Contributing to Cancer Screening in African Born Immigrant Women  

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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 100,000 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.

Methods

- Qualitative descriptive study using the Health Belief Model (HBM) 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.
- Benefit - 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.

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Benefits</th>
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<tbody>
<tr>
<td>Low knowledge of screening, communication issues, competing demands and cost.</td>
<td>Early detection</td>
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<td>...ignorance is the biggest thing that our people (Africans) have when they get into the country” (30 year old from Nigeria, 9 year immigrant)</td>
<td>Screening can discover cancer early...so that it can be taken care of” (29 year old Nigerian, 3 year immigrant)</td>
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<td>“they talk differently to me because I have an accent...they think I have no clue” (28 year old from Cameroon, 7 year immigrant)</td>
<td>“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)</td>
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<td>“I have more important issues to attend to” (34 year old from Nigeria, 2 year immigrant)</td>
<td>Provider recommendations</td>
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<td>“the bills are always high. I wont be able to pay” (24 year old from Congo, 3 year immigrant)</td>
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Motivations

- 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)

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.

Acknowledgements

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