

Perspectives on Cancer and Cancer Screenings Among Refugee Immigrants

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INTRODUCTION

The United States Preventive Services Task Force (USPSTF) advises women to receive timely cervical, breast, and colorectal cancer screenings, however, studies show refugee women are less likely to receive these screenings in comparison to the general United States population. Most refugees arrive from countries where the concept of preventive health is unfamiliar and cancer screenings are not often prioritized. Many factors, particularly limited access to health care and cultural and linguistic barriers, account for these disparities. Although the influx of refugees resettling in the United States has been increasing in recent years, little is known about their health knowledge and cancer screening practices, especially regarding cancer prevention. The purpose of this study was to identify cancer knowledge and barriers to recommended cancer screenings from the perspective of refugee women enrolled in the Building Bridges Initiative (BBI).

METHODS

Four bi-lingual women from four refugee communities were trained as Lay Health Educators. Each provided cancer education on breast, cervical, liver, and general cancer to women enrolled in the Building Bridges Initiative. Qualitative statements from participants were collected at the education sessions and during the 6-month post intervention assessments which were translated to English by the Lay Health Educators. Using thematic analysis, key quotes were grouped into themes.



Right: Building Bridges Lay Health Educators, representing Bhutan (Nepali), Somalia, Central Africa, and Burma (Karen)



Left: Building Bridges Lay Health Educator providing cancer education session to Bhutanese refugee community

RESULTS

COMMON PERSPECTIVES AND MISCONCEPTIONS ON CANCER AND CANCER SCREENINGS AMONG BBI PARTICIPANTS

Transmission:

- "Cancer can spread from one person to another"
- "Cancer patients should be isolated"
- "Hepatitis B can transfer from drinking from the same cups"
- "Cancer is transmitted through the blood"
- "Cancer can transfer to baby during pregnancy"
- "Sometimes I don't want my dad to kiss my kids because he has Hepatitis B"

Cancer means Death:

- "Cancer cannot be treated"
- "Cancer is a deadly disease"
- "If someone has cancer, he/she dies"
- "Cancer cannot be cured"
- "Cancer cannot be treated because everyone I know that had cancer died"
- "I don't know any of the treatment methods for cancer"

Causes:

- "Cervical cancer caused after having C-section"
- "Only having sex, many pregnancies, and working hard pre/post-natal causes cervical cancer"
- "A person was bitten by an insect on one of his fingers and later it turned into cancer"
- "Unsafe delivery (giving birth at home, in the jungle, or field) can cause cervical cancer"

Screening Misconceptions:

- "Mammograms are painful. They stuck a needle in my chest and pulled out all my blood"
- "One participant said she doesn't want a pap because she believes she won't be able to work afterwards because it is a very painful procedure"
- "We canceled many pap appointments in the past because we thought they were useless"
- "Breast size will increase with yearly mammogram"

Breastfeeding Misconceptions:

- "Cancer patients cannot breastfeed"
- "Breast cancer can only happen to those who do not breastfeed"
- "Breastfeeding causes breast cancer"

Religious/Cultural:

- "Someone back home had the swelling belly. Didn't know it was cancer, they thought it was a curse"
- "I don't want to do pap because if I show private area to anyone other than my husband, that is very sinful"
- "Cancer can be caused when we do wrong to others"
- "Good Muslims don't get cancer"
- "Lumps in breast can be treated by traditional healer"
- "God is good so we don't need to be tested for cancer"

Characteristics of Individuals who can get Cancer:

- "Only skinny people have cancer"
- "Older women are not at risk for breast cancer"
- "Only younger ages get cervical cancer"
- "Only white people get cancer"

Injuries/Physical Strain related to Cancer:

- "Working hard and lifting heavy loads soon after having a baby causes cervical cancer"
- "If you fall and injure yourself, then it may cause cancer"
- "Breast injuries cause breast cancer"

RESULTS

The qualitative data collected from BBI education sessions and post assessments show that cancer screening practices among refugee women are low. Many misconceptions on cancer and screenings exist in refugee communities. Refugee women had limited knowledge on the cause of cancer and its ability to be treated. The most common themes that emerged from the data were misconceptions on how cancer is spread, cancer cannot be treated, the causes of cancer, screening misconceptions, breastfeeding misconceptions, religious and cultural myths, who can get cancer, and injuries and physical strain being related to cancer.

CONCLUSION

The USPSTF has screening guidelines set for cervical cancer, breast cancer, colorectal cancer, and Hepatitis B which is currently under development. Understanding more about the barriers to cancer screenings from the perspective of refugee women can help create or refine interventions that target this population. Culturally tailored cancer education interventions can be beneficial in correcting cancer and cancer screening myths among refugee populations. Providing education and information on cancer, as well as improving access to a more culturally appropriate screening services, could lead to increased cancer screening uptake among this group. Education about cancer, its risk factors, and the importance of cancer screenings are a high priority for refugee women resettled in the United States.

USPSTF Cancer Screening Guidelines

Cancer Type	Guidelines
Cervical Cancer	<ul style="list-style-type: none"> • Women starting at age 21 or at onset of sexual activity (whichever comes first) • Every 3 years
Breast Cancer	<ul style="list-style-type: none"> • Women aged 50-74 years of age. BBI offers mammography to women 40 years of age and older • Every year
Colorectal Cancer	<ul style="list-style-type: none"> • Men and women ≥ 50 years of age should be screened • 3 different methods are offered
Hepatitis B	<ul style="list-style-type: none"> • Men and women of all ages • Newly arriving refugees are screened during initial medical examination

Source: U.S. Preventive Services Task Force. Recommendations. Available at: <http://www.ahrq.gov/clinic/pocketgd.htm>

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