

# Cervical Cancer Screening Among Refugee Populations in Tarrant County

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## Background

According to the 1951 Refugee Convention, a refugee is someone who “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership or a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country”<sup>1</sup>. Texas receives approximately 4,500 refugees every year through the Office of Immigration and Refugee Affairs’ (OIRA), which aims to help refugee families attain economic independence and cultural adjustment as soon as possible after their arrival in the US<sup>2</sup>. There are 3 main refugee resettlement agencies in Tarrant county: Catholic Charities of Fort Worth, Refugee Services of Texas, World Relief Fort Worth.

The objective as per Healthy People 2020 for the rate of cervical cancer screening for women 18 and above is 93%. Based on the most recent guidelines in 2008, 84.5% of females ages 21-65 years received a cervical cancer screening<sup>3</sup>. Refugee populations do not meet these objectives for screening.

## Introduction

Currently, there is very little data on refugee groups and their healthcare status after resettlement. Several studies suggest a trend that refugee populations who have spent more time in the U.S. are more likely to have been screened for cervical cancer than those who have lived in the U.S. for a shorter period of time<sup>4-6</sup>.

**The specific aim of this study is to investigate if time in the U.S. influences whether or not refugee women receive cervical cancer screening exams. Data collected are presented to illustrate barriers to screening.**

The Building Bridges Initiative (BBI) is an intervention program to expand the net of breast, cervical, and liver cancer prevention efforts, activities, and clinical services to include refugee women—a vulnerable and underserved population in Texas. The program provides prevention education, screening, and treatment of disease.

The specific female refugee populations included in this program are as follows:

- Ethnic groups of Burma
- Central Africa (Congo, Rwanda, Senegal, Sudan)
- Somalia
- Nepal and Bhutan

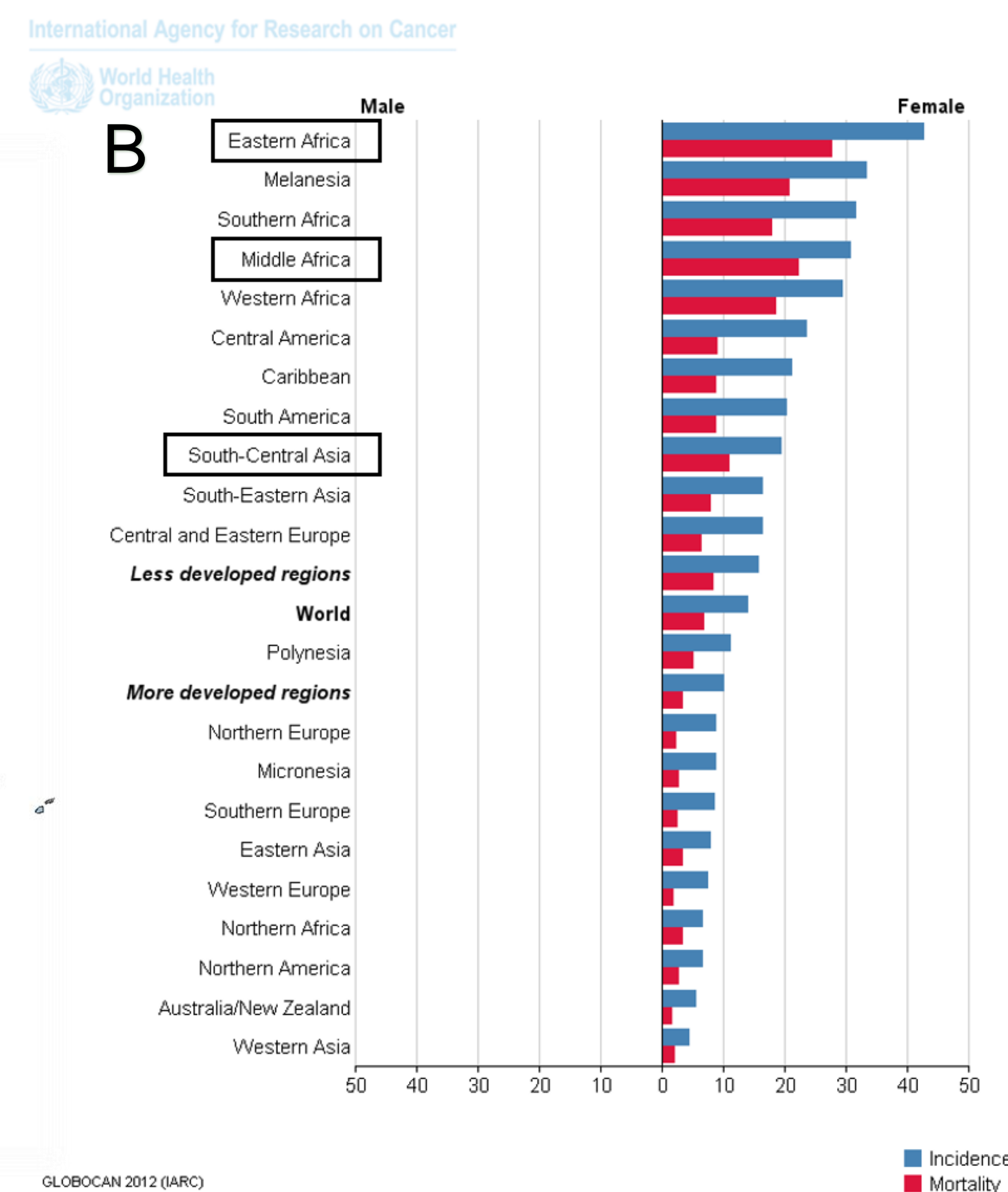
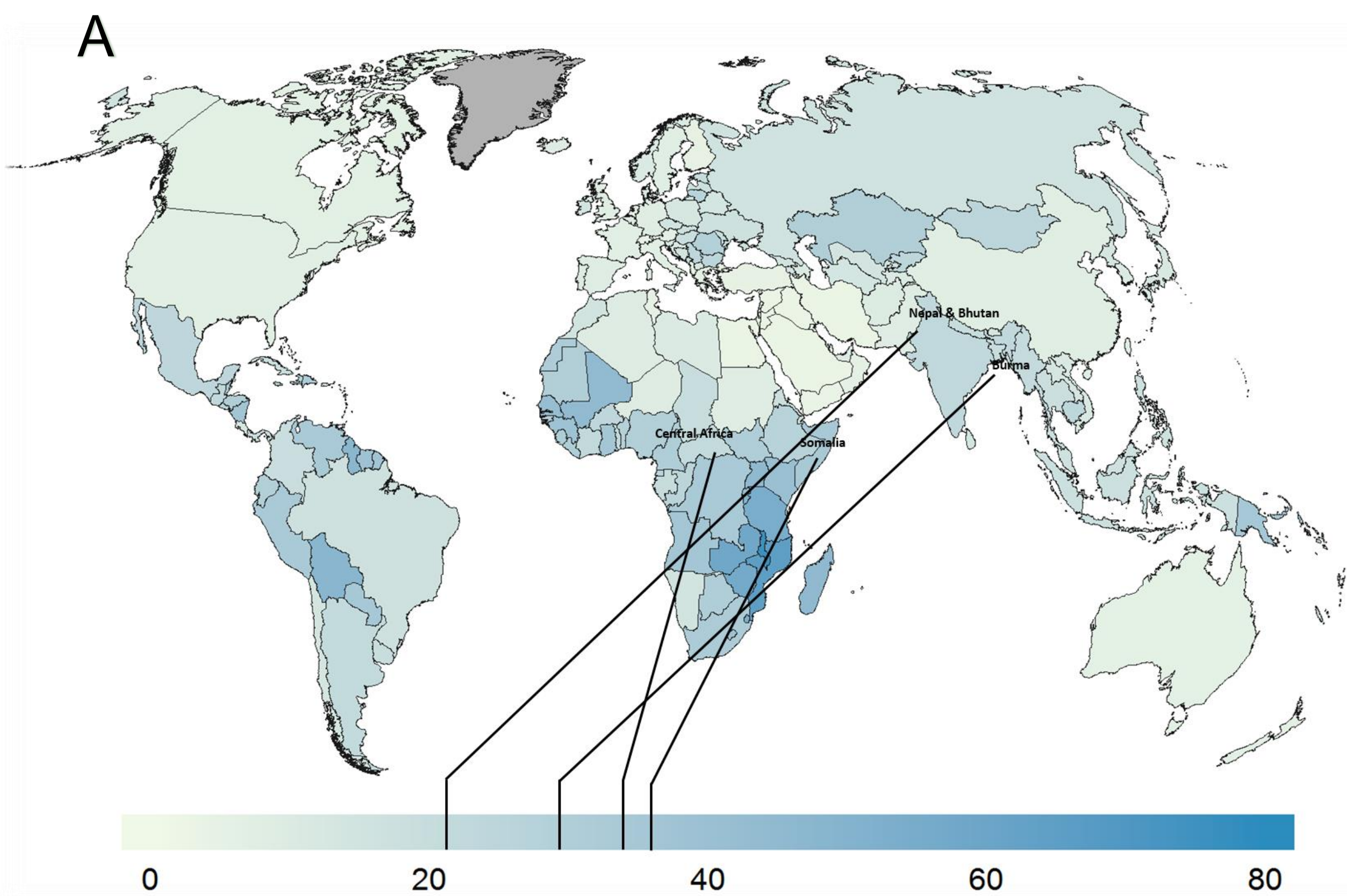


Figure 1: A) Estimated incidence of cervical cancer worldwide B) mortality and prevalence of cervical cancer worldwide.

## Methods

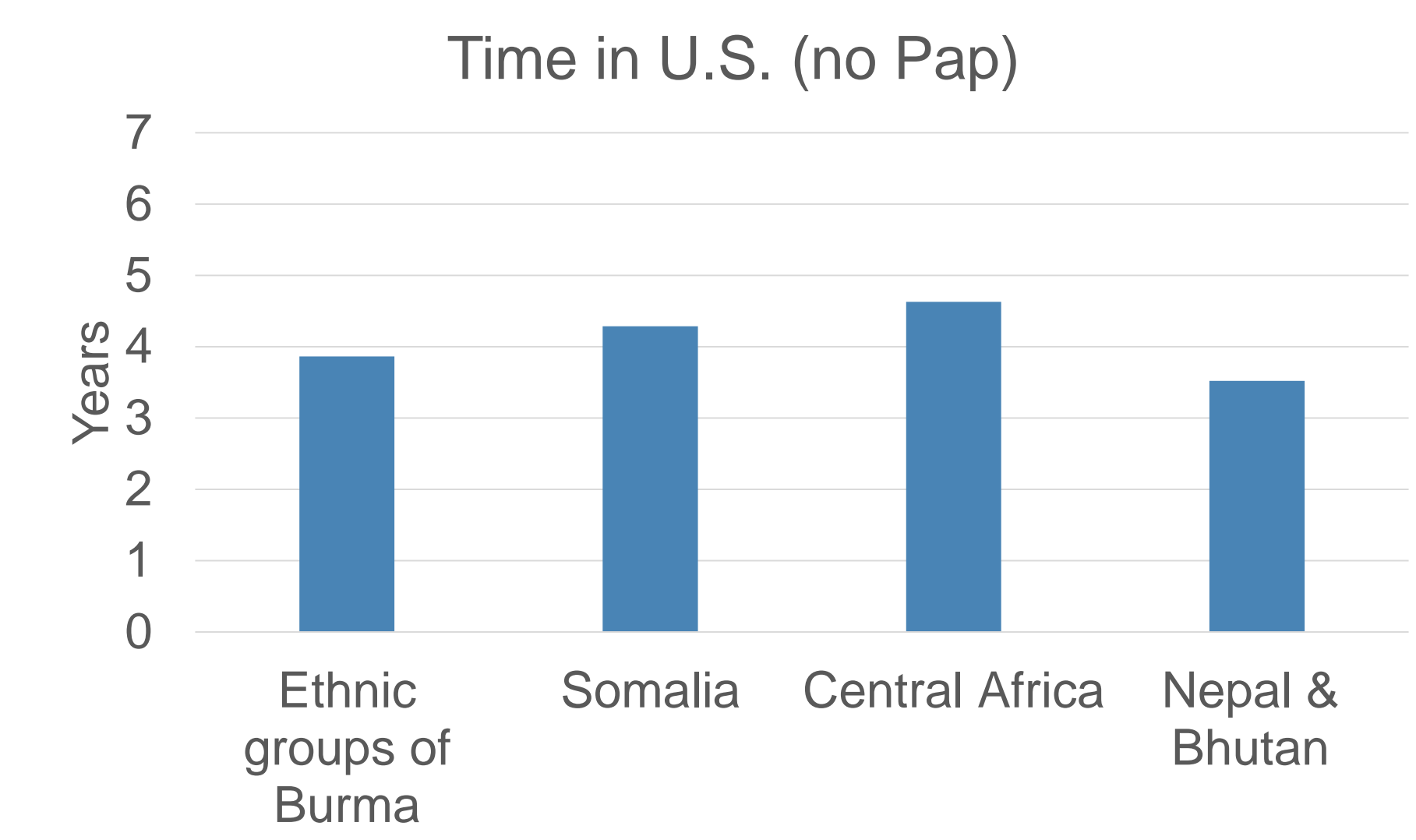
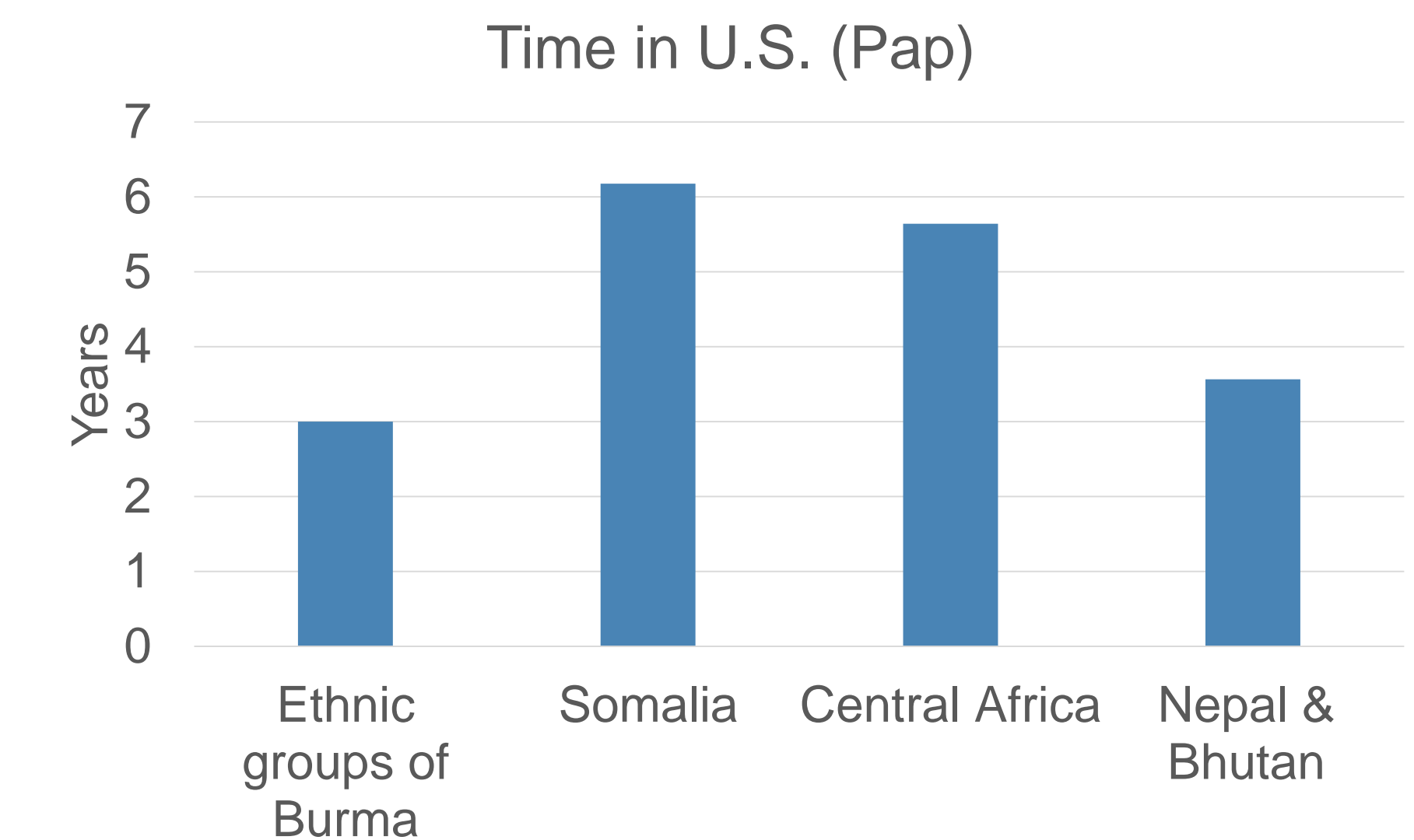
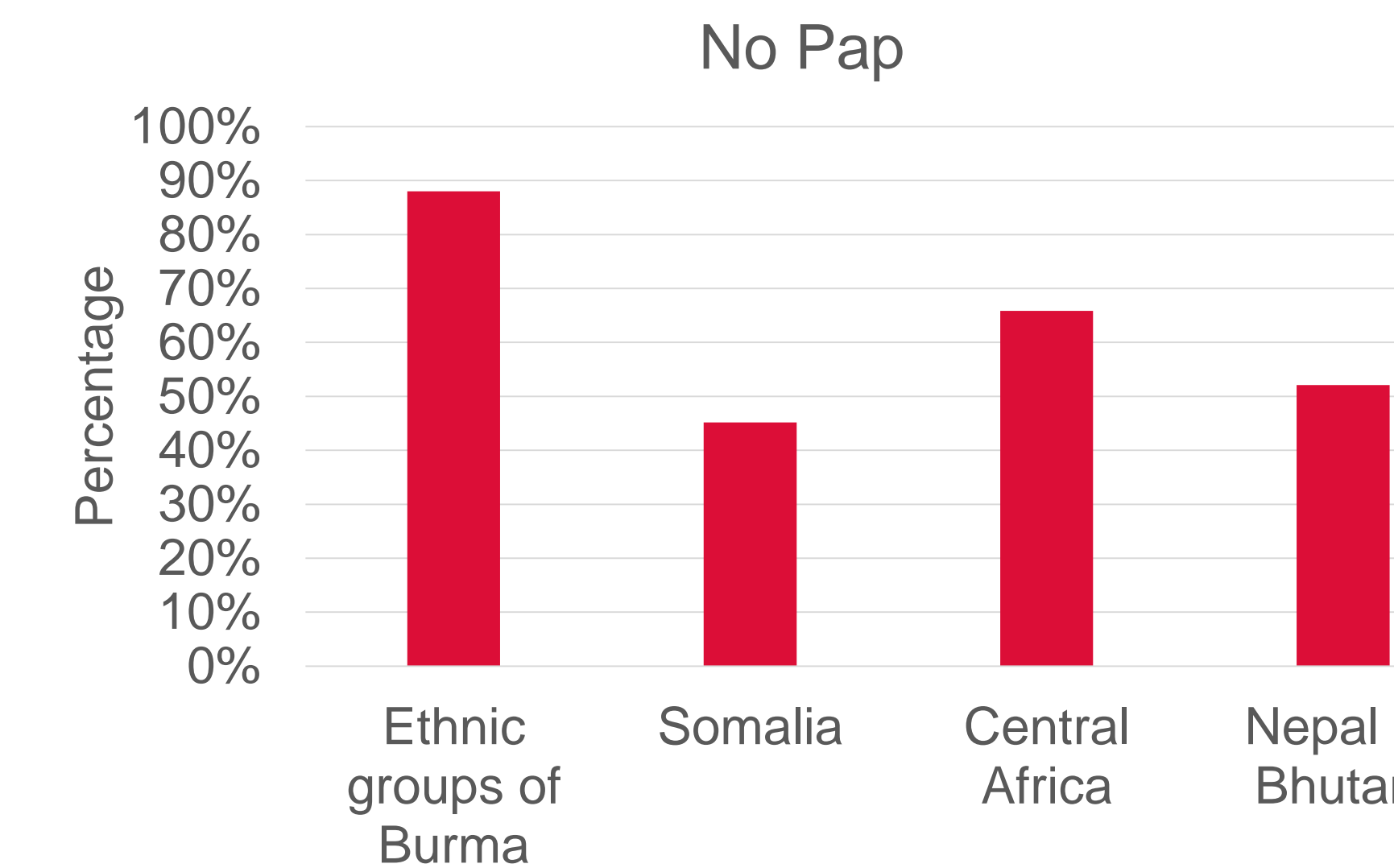
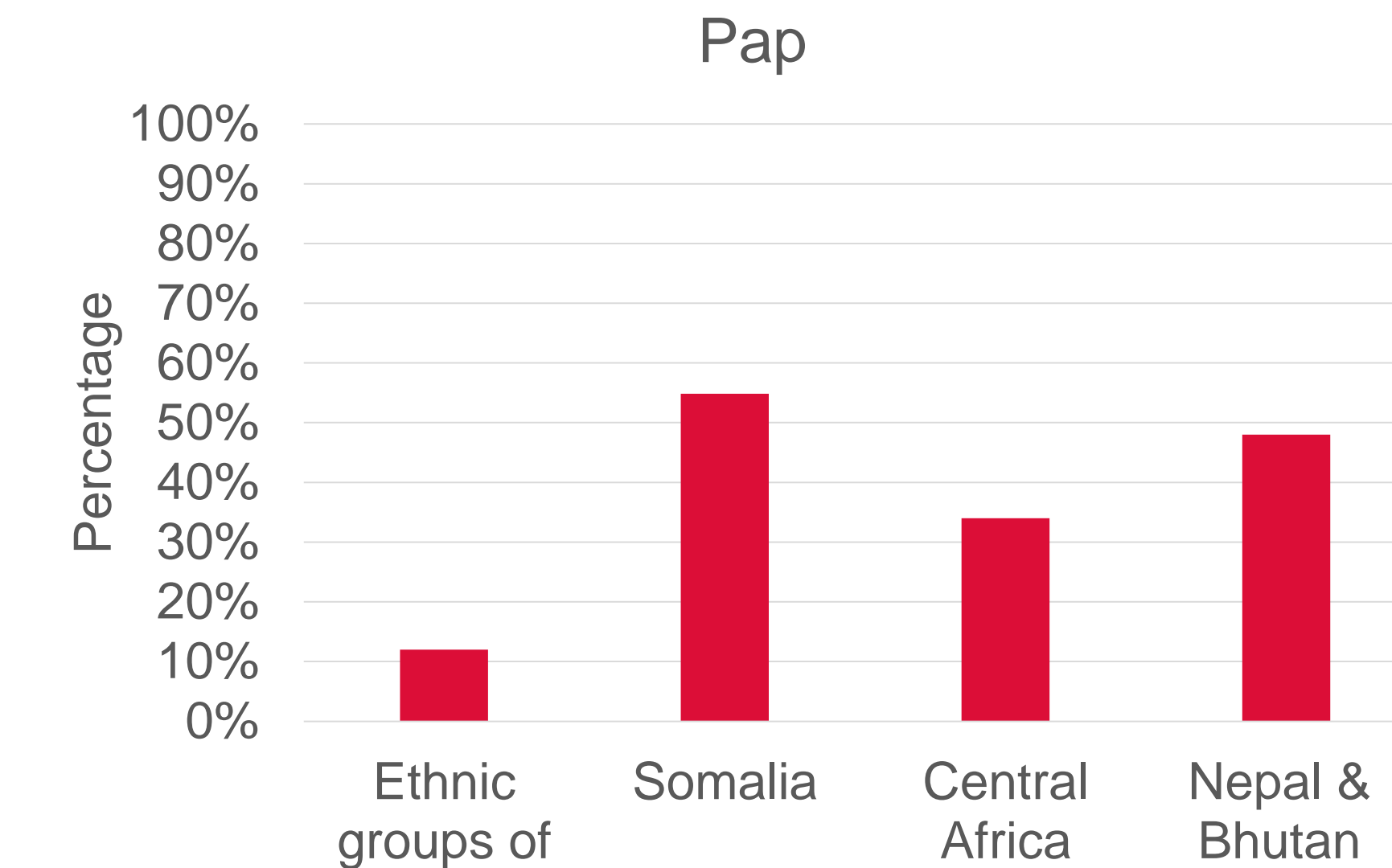
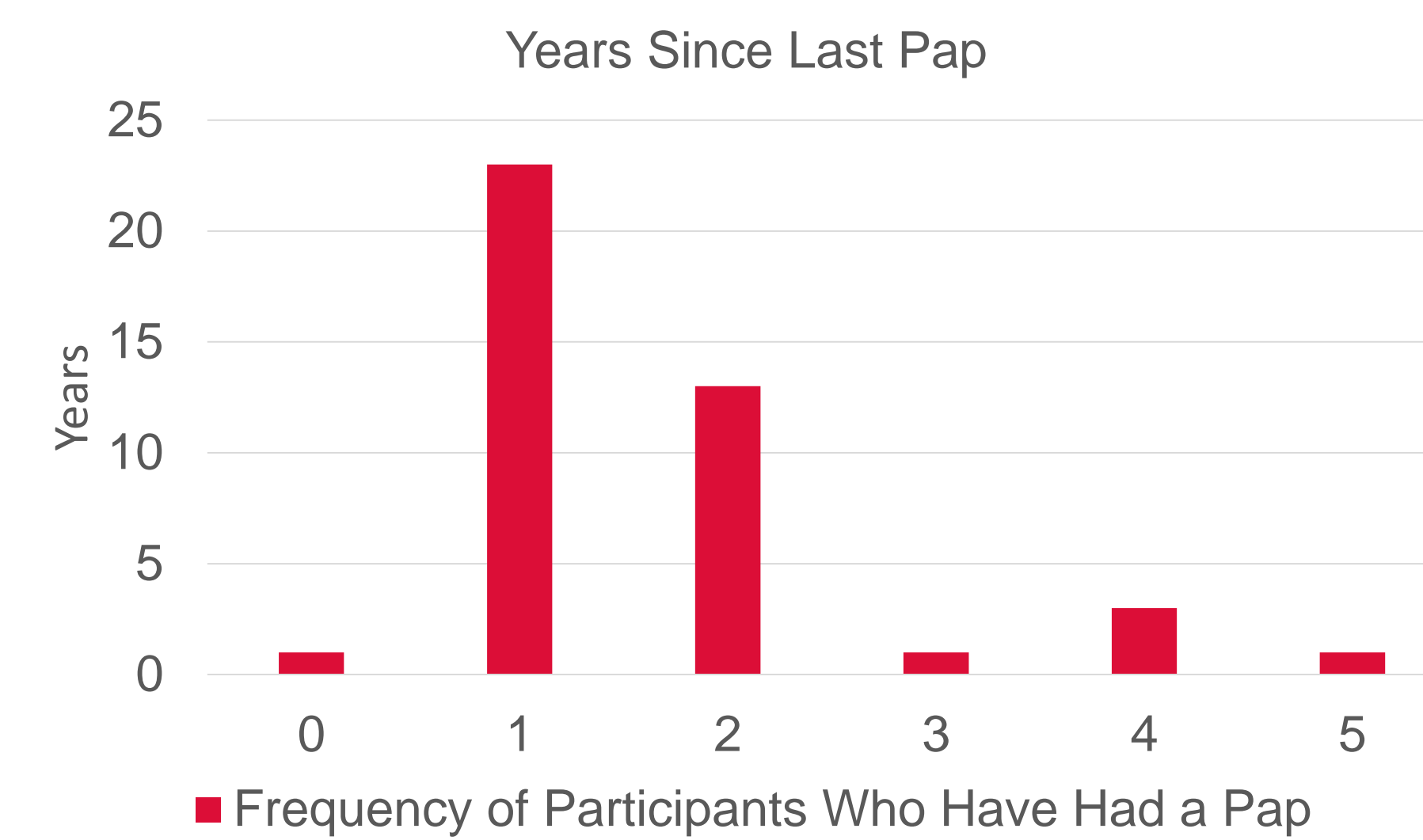
Four Lay Health Educators (LHEs) reached out to their respective communities to enroll participants. Baseline assessments were obtained during enrollment of interested participants. Health education classes were conducted by the LHEs in the participants’ own language using pictures, videos, models, and handouts to provide information about cervical, breast, and liver cancer. Data collected in this study were obtained from baseline assessments as well as from comments recorded during group classes.

## Results & Discussion

	Range	Overall	Ethnic groups of Burma	Somalia	Central Africa	Nepal & Bhutan
Sample size		159	26	32	42	59
Average age (years)	18-77	39.5	33.4	33.1	38.9	46.0
Total number of years in the U.S. on average	0-16	4.3	3.8	5.3	4.9	3.5
Ever having had a Pap test*		35.85% (57/159)**	11.54% (3/26)	53.13% (17/32)	33.33% (14/42)	38.98% (23/59)

\*8.81% (14/159) of participants report not knowing whether or not they have ever had a Pap test (78.6% of which were Nepali/Bhutanese women).

\*\*Of the women who had at least one Pap test in their lifetime (35.85%), 42 remembered when it was.



Overall means: **those who have had a Pap** have lived in the U.S. for about 9 months longer (on average)

- Ever had a Pap: 4.82 years in the U.S.
- Never had a Pap: 4.07 years in the U.S.

Ethnic groups of Burma:

- On average, the group with the greatest proportion of women who have never had a Pap
- **Those who have never gotten a Pap have lived in the U.S. 10 months longer** than those who have

Somalia:

- On average, the group with the greatest proportion of women who have had a Pap
- **Those who have had a Pap have lived in the U.S. 2 years longer** than those who have not

Central Africa:

- **Those who have had a Pap have lived in the U.S. approx. 1 year longer** than those who have not

Nepal & Bhutan:

- No noticeable difference

## Conclusions

Time in the U.S. does influence the rate of cervical cancer screening among individual ethnic groups of refugee women in this study. Refugee populations cannot be generalized as one group of people. Although groups of refugees share similar circumstances, different ethnic groups have their own culture, traditions, backgrounds, and healthcare beliefs that must be considered to understand barriers to screening. Refugee populations are in need of culturally and linguistically tailored cancer education prevention and intervention programs. As more women are enrolled and study size increases, how time in the U.S. influences cervical cancer screening practices among the individual ethnic groups of refugee women may alter.

## References

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### Underlying Themes Concerning Barriers to Screening



#### Unfamiliarity with the healthcare system

- Classes for the Karen participants (ethnic group of Burma) reported not having previously known that *patients have the right to request an interpreter of their own language*.

#### Specific cultural differences

- Classes for Nepali and Bhutanese participants reported the belief that “*doing wrong things to others*” can cause cervical cancer.

#### Differences in knowledge of the human body

- All groups reported *not having known where the cervix* is prior to the education class.