Barriers to immigrants participation in cervical cancer screening: an analysis of sociodemographic factors and of organisational aspects.

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Background

Underutilisation of screening programmes is well documented among immigrants, especially when coming from low-middle-income countries. It is often associated with socio-demographic factors, whereas literature assessing the impact of screening organisation on immigrants compliance is scarce.

Methods

A cohort of 1,610,875 women (1,410,364 Italians and 200,491 immigrants from poor countries) aged 25-64 years, resident in Piedmont and who received at least one invitation to cervical screening, was followed from 2001 to 2013.

Aim of this study was to connect differences in screening participation between Italians and immigrants to women's socio-demographic characteristics and to screening organisational aspects. Participation rates were investigated before and after a multilingual informative campaign (2006-2007). Suitability of the current screening organisation in Piedmont on immigrants' needs was descriptively analysed.

Results

Participation rate was lower for immigrants than for Italians: 43.98% versus 48.59% (chi(1): p<0.001). This gap increased with age and was negatively influenced by illiteracy, being unattached, first screening passage. The multilingual informative campaign increased screening access among immigrants from 38.84% (2001-2007) to 46.55% (2008-2013). In this frame severe lesions (CIN2+) were nearly double among immigrants in first screening passages (Standardised Detection Ratio =1.94; 95% CI:1.82-2.08) compared to Italians. The analysis of current organisational aspects identified 3 main critical points: usual invitation material (letter, leaflet) is in Italian only; 2) issues that could be seen as an encouragement to participation are not highlighted (e.g. smears are taken by female midwives but this is not specified); 3) the screening agenda is not planned to cover extra-working time (Saturdays and preevening hours).

Conclusions

Translating screening messages in familiar languages for immigrants can enhance their awareness and participation.

Multi-component interventions – from the organisational side to the socio-cultural and communication side – involving both patients and screening providers has the potential to increase cervical cancer screening uptake and treatment within foreign-born populations.