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## Reducing the Incidence of Cervical Cancer in Somali Immigrant Women through Culturally Competent Education and Health Screenings

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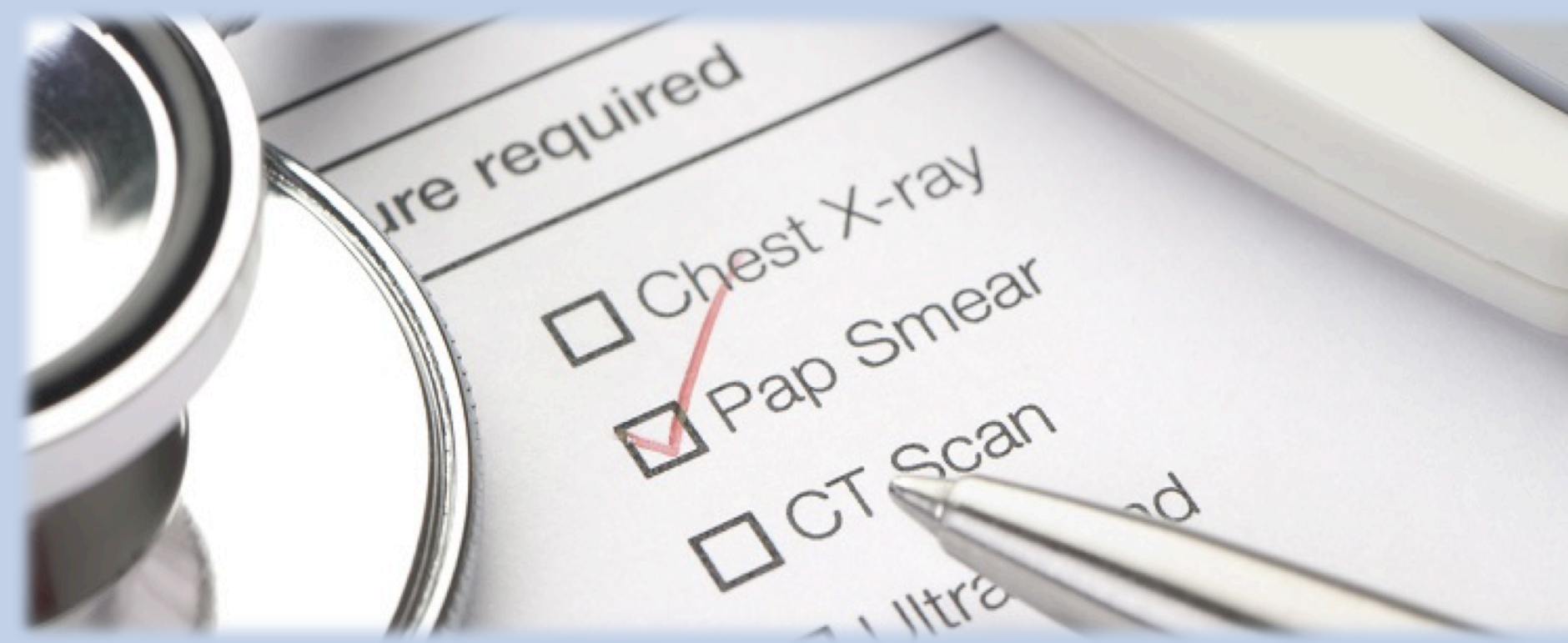
# Reducing Cervical Cancer in Somali Women Through Culturally Competent Care

## An Integrative Review of Literature

### Background:

Cervical cancer is one of the most prevalent forms of cancer that impacts women and has one of the highest mortality rates globally. In 2015 alone, 270,000 women worldwide, died from cervical cancer and 90% of those women lived in poverty. The American Cancer Society projects that 4,150 women will die of cervical cancer and there will be 13,240 new cases diagnosed in the United States in 2018 (American Cancer Society, 2018). With the onset of the Papanicolaou (Pap) test mortality and incidence rates have dropped by 80%, but the prevalence of this disease has remained the same over the past 15 years (Pekka, et al. 2010). Despite the availability and evident effectiveness of the Pap test as a screening tool, many patients diagnosed with cervical cancer had no prior screening.

Researchers have revealed that there is a lower amount of immigrant patients who participate in cervical cancer screenings compared to non-immigrants (McDonald, Kennedy, 2007). In 2010, only 52% of Somali immigrants in Minnesota received a Pap smear to test for cervical cancer compared 72.8% of white women and 77.9% of African American women (Raymond, et al. 2014). This disparity is largely due to individual and environmental factors such as: language proficiency, low health literacy and cultural practices and beliefs. These factors will continue to prevent immigrant communities from accessing adequate health care unless measures are taken to combat them. Addressing religious and linguistic concerns of patients during the education process can have a positive impact on the delivery of care by promoting acceptance and understanding.



### Problem Statement:

Previous literature has addressed the barriers to cervical cancer screenings in various communities however; research on the promotion of culturally based screenings and how such impacts health care outcomes in Somali women in the US. It is important to fill this gap in the literature because it can greatly advance the field of nursing and help eliminate the health disparity that prevents this community from attaining a healthy status.

### Research Questions:

1. How can existing cervical cancer screening efforts be improved to reduce the incidence of cervical cancer among Somali immigrant women?
2. What factors prevent Somali immigrant women from participating in health screenings?

### Conceptual Framework

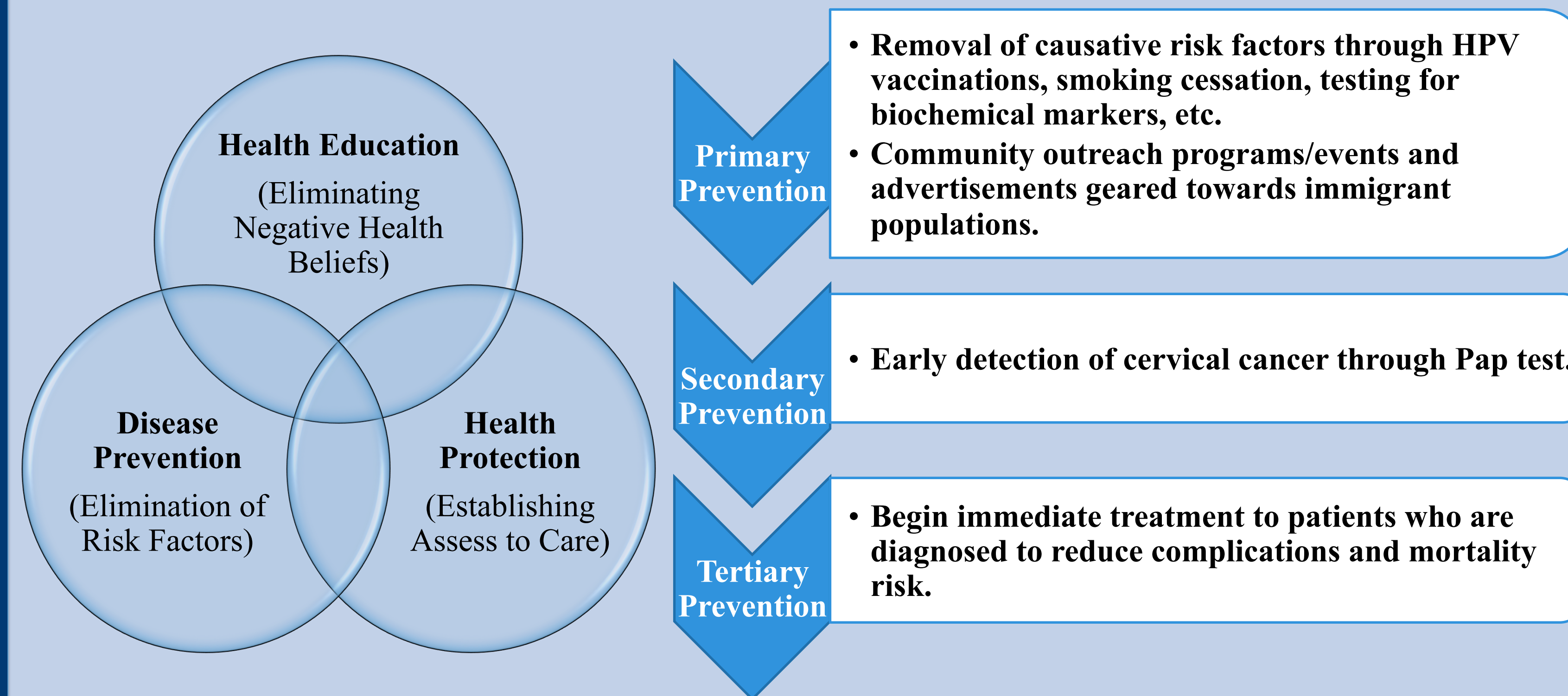


Figure 1. Application of the Tannahil model to identify ways of health promotion to reduce the incidence of cervical cancer in Somali immigrant women.

Figure 2. Application of the Tannahil model to the methods of prevention of cervical cancer.

### Methods:

An integrative literature review was used. The Tannahill Intervention-Based Model (2009) was used to identify factors that promote health and reduce the incidence of cervical cancer in Somali immigrant women. The keywords *cervical cancer screening and prevention AND Somali immigrants* were used to search literature published within the last 10 years.

**Inclusion criteria:** Sources reviewed were limited to articles that have been published within the last 10 years, to include the most up to date studies. The articles reviewed were also limited to English with a focus on cervical cancer screening and prevention in immigrant populations.

**Exclusion criteria:** For the purposes of this review, articles that discussed other immigrant populations were excluded to obtain a more focused review.

### Results & Discussion:

The main barriers preventing Somali women from participating in cervical cancer screenings are: low health literacy and cultural practices and misconceptions. Health literacy is mainly influenced by the language proficiency and educational level of the patient as well as the education materials provided. The majority of Somalis living in the US are non-native English speakers. The lack of language proficiency makes it challenging to navigate the healthcare system. Education level profoundly influences health literacy as well. Somali women with higher education levels have an increased likelihood of participation in screenings compared to those who are less educated (Idehen et al., 2017).

Somalis often only seek out healthcare services when they feel un-well, and rarely participate in preventative health programs. Members of the community have a strong sense of connection to their Muslim faith and believe in God's Will when it comes to their health. This fatalistic attitude about health outcomes prevents Somali women from seeking preventative healthcare (Pratt et al., 2017). There is also a sense of distrust and unfamiliarity when it comes to Western medical practices (Redwood-Campbell, et al. 2011). Part of the Muslim identity is also grounded in modesty. A patient—provider gender concordance can improve the rate in which women participate in cervical cancer screenings (Morrison, Flynn, Weaver & Wieland, 2013). Many Somali women also experience a great deal of fear related to trauma with Female Genital Mutilation (FGM). FGM is a ritual where parts of the female genitalia are removed. Somali women fear pain and prejudice during Pap smear procedures because of this (Abdullahi, Copping, Kessel, Luck, & Bonell, 2009).

Knowledge of the cultural misperceptions and beliefs that prevent patients from participating in screenings can give providers the necessarily tools to address concerns.

### Nursing Practice Implications:

In order to operate under best healthcare practices, nurses need to stay up-to-date on evidenced based practices and skills. By identifying the barriers to care within the Somali community, we can equip nurses with the knowledge needed to provide culturally competent care and promote health. Nurses will be able to address the concerns of this target population and provide patients with the information they need to make an informed decision about their health.