

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Somali American Perspectives on Human Papillomavirus (HPV) Self-Sampling to address Cervical Cancer Screening Disparities

Priority 1 (Research Category)

Screening, prevention, and health promotion

Presenters

Rebekah Pratt, PhD, Adam Szpiro, Kristi Fordyce, John Lin, Bryan Weiner, PhD, Rahel Ghebre, Timothy J. Ramer, MD, Christina Bliss Barsness, MPH, RD, Rachel Winer, PhD, MPH, Jay Desai, PhD, MPH, Sophia Yohe, Anisa Ibrahim, Rachel Winer, PhD, MPH

Abstract

Context:

Despite it being the fourth most common cancer in women, many Somali American women do not receive routine screening for cervical cancer. HPV-only testing is effective for cervical cancer screening and recommended by U.S. guidelines. Self-sampling (HPV self-collect) may be more acceptable than clinician-sampling, and has the potential to address cervical cancer screening disparities affecting Somali American women.

Objective:

Understand Somali American women's experiences of cervical cancer screening and views on HPV self-sampling.

Study Design and Analysis:

Focus group transcripts (n=6, 44 participants) were translated and transcribed into English. Each transcript was double coded, including at least one coder who identified as Somali.

Setting:

Minneapolis, Minnesota, USA

Population:

Somali women between 30-65 years who are eligible for cervical cancer screenings

Instrument:

Semi-structured focus group guide developed using the Social Cognitive Theory

Outcome Measures:

The interview guide focused on Somali American women's experiences with cervical cancer screening, barriers to screening, recommendations to increase screening, and views on how HPV self-sampling could potentially address cervical cancer screening disparities.

Results:

While some participants prior experiences of cervical cancer screening were positive, some reported distressing and frightening experiences of screening, including feeling coerced by healthcare providers. A range of barriers were reported, and these included fear, distrust, low awareness of cervical cancer, modesty concerns, being circumcised, and limited access, including not being offered screening. Participants viewed HPV self-sampling favorably, with limited concerns about test validity and correct sample collection. Overall, participants felt HPV self-sampling should be routinely offered to all Somali American patients.

Conclusion:

Offering HPV self-sampling to Somali American women could be an important tool to address barriers related to knowledge and awareness, cultural values and interpretations of faith (such as modesty) and access to care. This modality may be particularly important for patients who have had traumatic or coercive screening experiences, and for patients who have experienced female genital circumcision.

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