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## **2<sup>nd</sup> Gynecologic Cancer Conference**

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## Cervical cancer screening

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Background: With appropriate screening (i.e. The Papanicolaou test), cervical cancer is highly preventable, and high-income countries, including Canada, have observed significant decreases in cervical cancer mortality. However, certain subgroups including immigrants show higher rates of cervical cancer mortality despite their lower incidence which suggests disparities in cervical cancer screening. The low screening rate is related to barriers like lack of a family physicians, transportation, cultural beliefs and norms, privacy/modesty, and language. HPV self-sampling helps to alleviate many of these barriers. Yet, little is known about the acceptability of this evidence-based strategy among Muslim women. This study assessed cervical cancer screening practices, knowledge and attitudes, and acceptability of HPV self-sampling among Muslim immigrant women.

**Methods:** An exploratory community-based mixed methods design was used. A convenience sample of 30 women was recruited over a three-month period (June-August 2015); all resided in Greater Toronto Area, Canada, were between 21-69 years old, foreign-born, self-identified as Muslim, and with good knowledge of English. Data were collected through a self-completed questionnaire.

Results: Participants had moderate knowledge of and negative attitudes' towards cervical cancer and screening. Many did not know about cervical cancer risk factors and signs and symptoms. More than half falsely indicated that Pap tests may cause cervical infection. The majority of women reported that they would be willing to try HPV self-sampling and more than half would prefer this method to provider-administered sampling methods. Barriers to self-sampling included confidence in the ability to perform the test and perceived cost, and facilitators included convenience and privacy being preserved. Positive views on self-sampling were associated with younger age, a higher level of knowledge about screening, being from Iran (vs. South Asia), and stronger concerns about privacy.

**Implications:** The results demonstrated that HPV self-sampling provides a favorable alternative model of care to the traditional provider administered Pap testing. It has the potential to empower women and lead to a behavior change, resulting in increased participation in cervical cancer screening. These findings add important information to the literature related to promoting cancer screening among under or never screened women population for cervical cancer.

## **Biography**

Mandana Vahabi is an Associate Professor at Ryerson University, Faculty of Community Services, and Daphne Cockwell School of Nursing. Her research and scholarship focus on health equity and social, economic and cultural determinants of health, particularly among women, immigrants, and refugees, particularly in the areas of food security, sexual health, chronic disease prevention. Her research approaches include quantitative, multi-method and community-based research. She has extensive experience in population and community-based assessment, planning and evaluation. In her work with immigrant population, she has also been involved in the design, implementation and evaluation of culturally-sensitive and appropriate health promotion interventions.

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