Cervical Cancer Screening Among Arab Women in the United States: An Integrative Review

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Problem Identification: Arab American women are an ethnic minority and immigrant population in the United States with unique and nuanced sociocultural factors that influence preventive health behaviors. The aims of this article are to evaluate and synthesize the existing evidence on cervical cancer screening behaviors, as well as determine factors that influence these behaviors, among Arab American women.

Literature Search: Extensive literature searches were performed using PubMed, CINAHL®, Scopus, Embase, and Cochrane databases; articles published through October 2015 were sought.

Data Evaluation: Of 17 articles, 14 explicitly identified Arab and/or Muslim women and cervical cancer screening in either the title or the abstract; the remaining three focused on cancer attitudes and behaviors in Arab Americans in general but measured cervical cancer screening. Eleven articles reported different aspects of one intervention. Because of methodologic heterogeneity, the current authors synthesized results narratively.

Synthesis: Key factors influencing cervical cancer screening were identified as the following: knowledge of cervical cancer screening and prevention; attitudes and beliefs; healthcare setting; education, marital status, income, and social support; and immigration and acculturation.

Conclusions: Cervical cancer screening rates among Arab American women are comparable to other ethnic minorities and lower than non-Hispanic White women. Findings are inconsistent regarding factors influencing cervical cancer screening behaviors in this underrepresented group.

Implications for Research: Significant need exists for more research to better understand cervical cancer prevention behaviors in this group to inform culturally relevant interventions. Healthcare providers play a crucial role in increasing cervical cancer screening awareness and recommendations for Arab American women.

Cervical cancer, the only cancer that is almost entirely preventable or curable if detected early, affects women, mainly those aged 30–50 years, in their most productive years (Moyer, 2012). In the United States, rates for new cervical cancer cases have fallen by about 1% each year during the past 10 years (Howlader et al., 2015). However, death rates (2.3 per 100,000) have not changed significantly from 2002–2012, and racial and ethnic minorities experience disproportionately greater mortality (4 per 100,000 for Black women; 3.5 per 100,000 for American Indian or Alaska Native women; 2.7 per 100,000 for Hispanic women) (Howlader et al., 2015). In addition, cervical cancer survivors have reported poor quality of life because of side effects related to the disease and its treatment (including sexual, urinary, and psychological effects); many have also experienced pregnancy complications (Frederiksen, Njor, Lynge, & RebOL, 2015; Kyrgiou et al., 2006; Pfändler, Wenzel, Mechanic, & Penner, 2015; Vermeer, Bakker, Kenter, Stijgeltobout, & ter Kuile, 2015; White, 2015).