

Barriers and Facilitators to Breast and Cervical Cancer Screening in Somali Immigrant Women: An Integrative Review

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PROBLEM IDENTIFICATION: Somali immigrant women access breast and cervical cancer screenings at a significantly lower rate than other women in the United States and face unique barriers and facilitators to cancer screening.

LITERATURE SEARCH: A literature search was performed using CINAHL®, PubMed®, EBSCOhost, PsycINFO®, MEDLINE®, and Google Scholar™. Articles included qualitative studies that explored the barriers and facilitators to breast and cervical cancer screening in Somali immigrant women.

DATA EVALUATION: 10 articles were summarized using a standardized data matrix. Evidence was integrated into a synthesis of evidence and organized by theme.

SYNTHESIS: According to the literature reviewed, Somali immigrant women face knowledge, cultural, and healthcare system barriers to screening for breast and cervical cancer. Recommendations to increase screening included providing culturally tailored education, increasing community involvement, and improving provider education.

IMPLICATIONS FOR RESEARCH: Understanding the barriers and facilitators that are unique to Somali immigrant women can assist nurse researchers and practitioners in developing evidence-based interventions that will provide support to this underserved population.

KEYWORDS Somali immigrant women; cancer screening; breast cancer; cervical cancer

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The American Cancer Society (ACS, 2020a) estimates that in 2020 there will be about 276,480 new female breast cancer diagnoses and 42,170 deaths from female breast cancer in the United States. In the 2010 National Health Interview Survey, the Centers for Disease Control and Prevention (CDC, 2012) reported that 72% of U.S.-born women accessed breast cancer screening services, but only 47% of immigrant women who had lived in the United States for 10 years or fewer received recommended screening services. Research indicates that Somali immigrant women in particular have low rates of breast cancer screening. In a data analysis of refugee patients' service uptake in a primary care setting in Minnesota, Morrison et al. (2012) found that only 15% of eligible Somali immigrant women received a mammogram compared to 48% of non-Somali immigrant women.

In addition, about 13,800 cases of cervical cancer will be diagnosed, and 4,290 deaths from cervical cancer are expected in 2020 (ACS, 2020b). According to ACS (2020b), cervical cancer deaths have decreased considerably following increased screening with Papanicolaou (Pap) testing. However, disparities in screening continue among ethnic minority and immigrant populations, particularly Somali refugees (Harcourt et al., 2013; Morrison et al., 2012). In a data analysis of cancer screening uptake in Minnesota, Harcourt et al. (2013) found that 55% of Somali immigrant women reported never receiving a Pap test, compared to 43% of other African immigrant women. The CDC (2012) reports that 85% of U.S.-born women have received a Pap test within the past three years, whereas only 67% of immigrant women who have lived in the United States for 10 years or fewer have received this recommended cervical cancer screening.

Humanitarian crises worldwide have led to an influx of nearly three million refugees to the United