

A systematic review of barriers that prevent, and interventions that increase, participation in cervical screening programs for Aboriginal and Torres Strait Islander Women

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INTRODUCTION

Cervical cancer is a largely preventable disease in Australia. Low incidence rates are attributable to the success of the current screening and vaccination programs¹.
Despite such success, women among Aboriginal and Torres Strait Islander populations remain at significant risk².

ABORIGINAL & TORRES STRAIT ISLANDER WOMEN IN AUSTRALIA

INCIDENCE
2x THAT OF ALL OTHER AUSTRALIAN WOMEN

MORTALITY RATE
4x THAT OF ALL OTHER AUSTRALIAN WOMEN

WHAT IS MISSING?

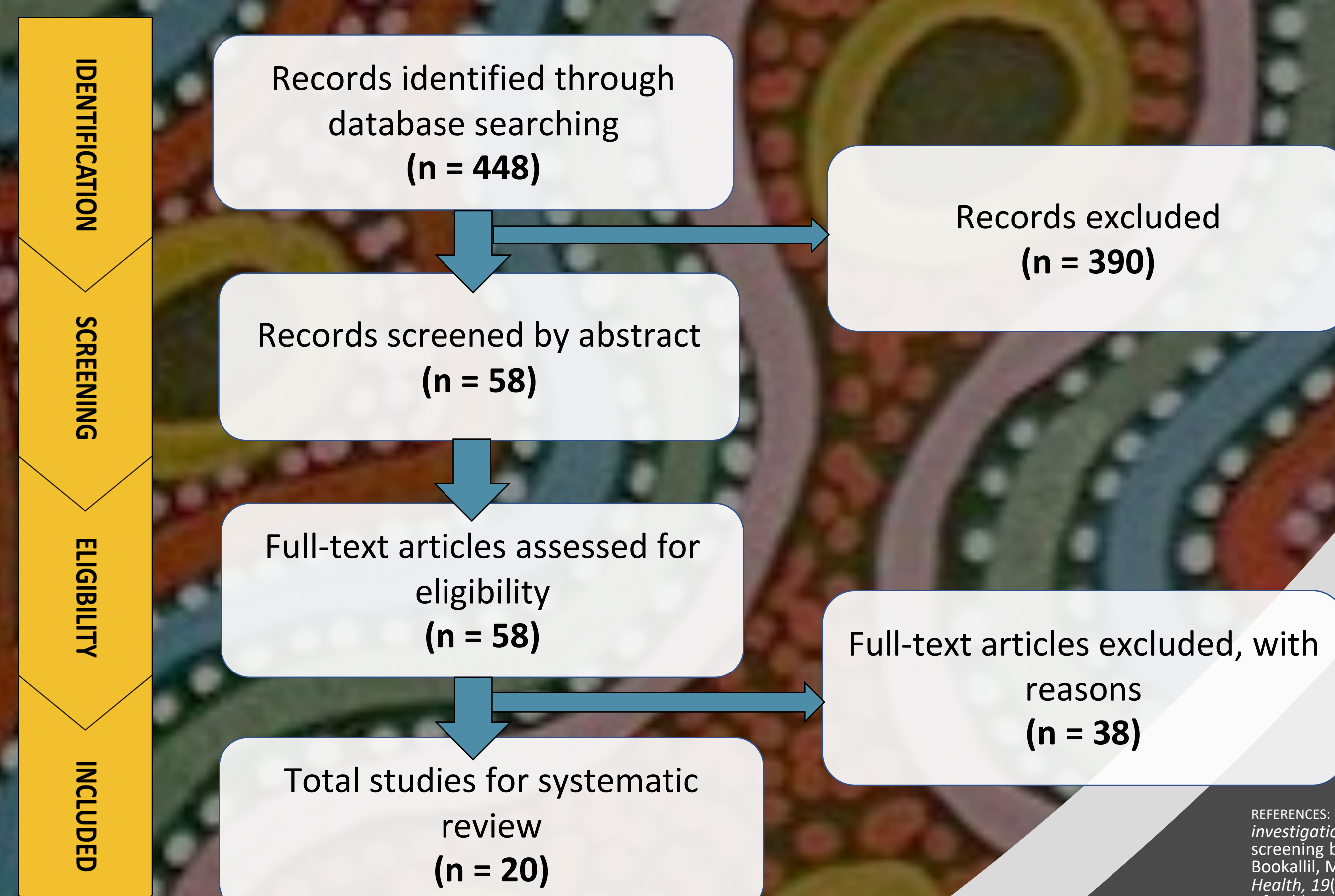
National cervical screening participation rates cannot be measured for Indigenous women, yet they experience a higher burden from cervical cancer compared with non-indigenous women².
Increased risk of cervical cancer in this vulnerable group suggests that Aboriginal and Torres Islander women are under-screened³.

OBJECTIVES

- Provide evidence of barriers to cervical screening in Aboriginal and Torres Strait Islander women specifically
- Provide evidence of existing intervention strategies, if any, that increase participation of Aboriginal and Torres Strait Islander women in the NCSP

METHODS

A systematic search was performed using Ovid and EBSCO platforms. Medline, CINAHL, PsycINFO and Informit databases were used to form a combined search.



RESULTS

Twenty studies were included for data extraction. The studies reported either interventions only (n = 10), barriers only (n = 8) or both (n = 1).

Barriers

A total of 9 studies reported barriers preventing participation in cervical screening programs for Aboriginal and Torres Strait Islander women.

Interventions

A total of 11 studies reported interventions demonstrating improved participation rates in cervical cancer screening programs for Aboriginal and Torres Strait Islander women.

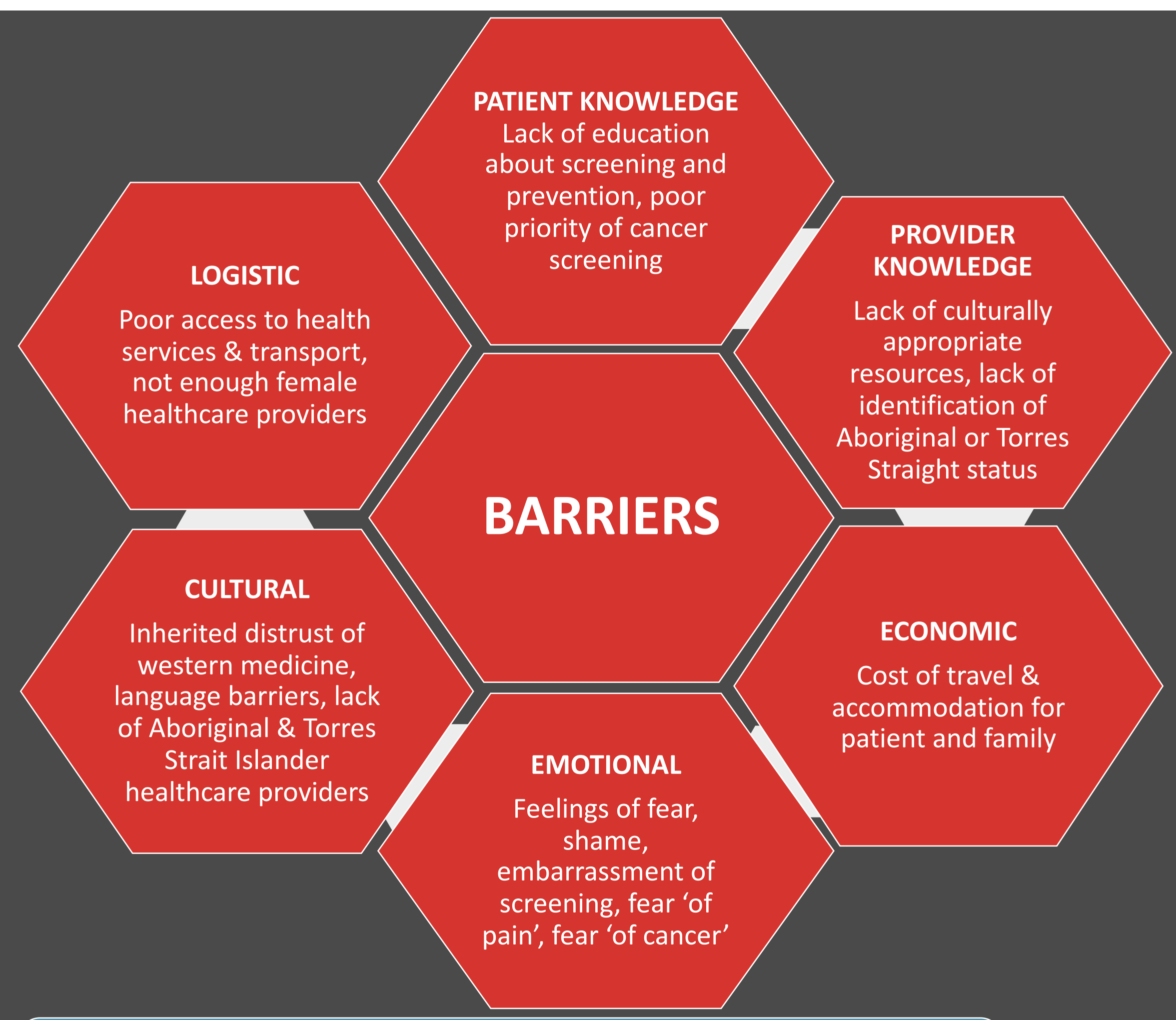
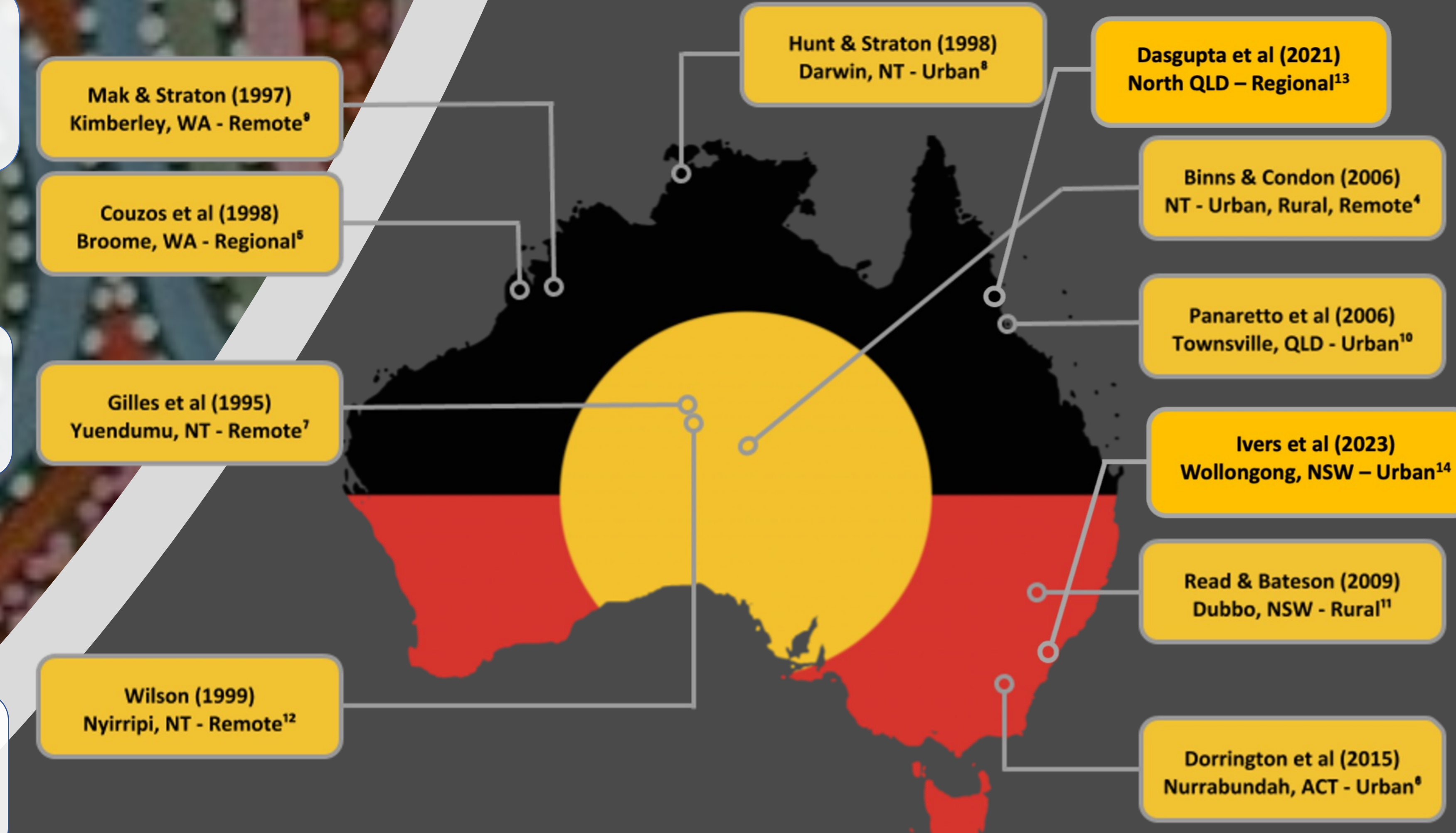
- Intervention sites represented a group of very heterogeneous communities (urban, rural, remote/desert)
- No intervention reported was the same among all (9) locations
- All interventions reported an increase in cervical screening rates in Aboriginal and Torres Strait Islander women

Successful interventions included:

Screening programs developed by Aboriginal Healthcare workers

Culturally appropriate, Aboriginal Community-Controlled Women's Clinics

Recruitment of female, Aboriginal elders to guide and teach young women



DISCUSSION

A great disparity exists in data availability for indigenous vs non-indigenous participation in the National Cervical Screening Program².

- Existing partnership between government, states and territories doesn't account for Indigenous status reporting³.
- Interventions targeting specific communities are not likely to provide the same benefit in other, heterogeneous, locations. Heterogeneity, combined with moderate opportunity for bias across studies limits the generalisability of these results.
- All interventions captured report improved screening rates. Absence of interventions showing failure to improve participation highlights potential areas where unpublished data is lost.
- Lack of available data meeting inclusion criteria limits the potential of this review to establish why significant progress is still not being made to reduce incidence and mortality of cervical cancer in Aboriginal and Torres Strait Islander women.

CONCLUSIONS & FUTURE DIRECTION

- National population-based screening is not reaching Aboriginal and Torres Strait Islander women.
- Future interventions need to address barriers specific to each community.
- Intervention design must be carried out in direct consultation with Aboriginal and Torres Strait Islander women, Aboriginal healthcare workers and government, state and territory health services in order to increase participation in the NCSP.

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