

Barriers to cervical screening in the Australian Indigenous community

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Background: In Australia, 10.3 per 100,000 women are newly affected by cervical cancer.¹ Despite this, Indigenous women are 2-5 times more likely to suffer cervical cancer, with a mortality rate 8-12 times greater than non-Indigenous women.² Studies suggest that low screening rates of Indigenous women, because of numerous socioecological barriers, leads to higher incidence and mortality rates.^{2,3} This project uses Australian health data and the socio-ecological model of health to highlight healthcare disparities between Indigenous and non-Indigenous women in the context of cervical cancer screening, and the possible barriers to healthcare.

Aim: To report on interrelationships between cervical cancer screening participation, incidence, and mortality rates between Indigenous and non-Indigenous women in Australia and develop recommendations that encourage appropriate cervical cancer screening in Indigenous women to close the gap in healthcare outcomes.

Methods: Data was obtained from the *National Cervical Screening Program monitoring report 2019* by the Australian Institute of Health and Welfare.¹ Data of interest included cervical cancer screening participation, incidence and mortality rates for Australia generally, as well as separated into Indigenous status. This data was analysed to report on healthcare disparities between non-Indigenous and Indigenous women. The socioecological model of health was then utilised to explore barriers to achieving appropriate healthcare for Indigenous women, especially in the context of cervical cancer screening, and strategies were developed to close the gap.

Results: Indigenous women have lower participation rates, with 33.5% of Indigenous women undergoing screening biennially compared to 55.7% of non-Indigenous women. Although there are 9.5 cases of cervical cancer for every 100,000 non-Indigenous women, Indigenous women have almost triple the incidence with 25 cases for every 100,000 Indigenous women. Similarly, Indigenous women also have almost triple the number of deaths per 100,000 women (7.6 deaths per 100,000 Indigenous women, 2.2 deaths per 100,000 non-Indigenous women). Barriers to cervical cancer screening in Indigenous women include stigmatisation, distrust with some health services, limited access to health facilities and being unable to pay for travel and accommodation. They may also not understand the importance of cervical screening.

Conclusion: Despite low cervical cancer incidence in Australia, evidence suggests that Indigenous women have incidence and mortality rates that are triple that of the general population. This is due to lower screening participation because of socioecological barriers. As screening for HPV early is crucial in preventing cervical cancer, lower participation leads to higher incidence and mortality. Ultimately, health services should consider offering financial assistance. Additionally, GPs should focus on understanding and meeting Indigenous women's cultural needs, whilst improving culturally appropriate health promotion activities by involving the Aboriginal community in health program planning and delivery to provide a more holistic approach and further encourage screening participation. Improving Indigenous identification is also essential since this can improve management of Australia's healthcare system and help avoid other preventable diseases.

References

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