Cervical Cancer in Hispanic/Latino Women

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Cervical cancer is largely preventable if detected early. Minority populations and people of low socioeconomic status are affected disproportionately by cervical cancer. When compared to non-Hispanic white women, Hispanic/Latino women residing in the United States have twice the incidence rate of and 1.4 times the mortality from cervical cancer. Contributing factors include lack of awareness about cancer prevention and available services; lack of access to quality health care; feelings of embarrassment, fear, and fatalism; and limited linguistically and ethnically sensitive information about cervical cancer prevention and detection. Education and screening programs targeted at this population have the potential to decrease the morbidity and mortality associated with cervical cancer, and nurses play an important role in educating Hispanic/Latino women about cervical cancer.

Key Words: cervix neoplasms, Hispanic Americans

Cervical cancer is one of the diseases that affects Hispanic/Latino women disproportionately.

The disease is largely preventable, yet an estimated 12,200 new cases of invasive cervical cancer were diagnosed in 2003 in the United States, and about 4,100 women died of the disease that year (American Cancer Society, 2003). Since 1950, the rate of cervical cancer deaths among women has decreased, in part because of early-detection efforts (American Cancer Society, 2002). Cervical cancer incidence rates among Hispanics/Latinos declined about 4% per year from 1992–1999, and the mortality rate decreased 4.4% per year (O’Brien et al., 2003). However, Hispanic/Latino women residing in the United States have twice the incidence rate of and 1.4 times the mortality rate from cervical cancer than non-Hispanic white women (CDC, 2002). Women residing in Mexico, Central America, and South America have almost triple the incidence of and mortality from cervical cancer compared with women in the United States (O’Brien et al.).

The higher mortality rate may be explained by the fact that the cancer often is detected in later stages, when it is more invasive. Among Hispanic/Latino women in the United States, invasive cervical cancer ranks as the fourth most common type of cancer (Coronado et al., 2002).

The exact cause of cervical cancer is unknown, but the following risk factors have been identified (Coronado et al., 2002; Fink & Clark, 2003; Mahon, 1998; Schiffman & Castle, 2003).

- Sexual activity before age 18
- History of more than one sexual partner or a sexual partner with a history of multiple partners
- Human papillomavirus (HPV) infection
- Smoking
- History of an abnormal Pap result or dysplasia of the cervix
- History of herpes simplex virus type 2 infection
- Low socioeconomic status
- Additional risk cofactors have been identified (Castellsague & Munoz, 2003; Epstein, 2003; Hames & Laitman, 2003; Hatch et al., 2001; Lee, 2000; Moodley, Moodley, Chetty, & Herrington, 2003).

Oral contraceptive use
- Diethylstilbestrol exposure
- HIV/AIDS- or medication-induced immunosuppression

HPV is sexually transmitted and has been identified in 90%–100% of cervical cancer lesions (McFadden & Schumann, 2001). More than 100 types of HPV have...
been isolated. Certain high-risk subtypes of the virus, such as numbers 16, 18, 31, and 45, can cause high-grade dysplasia and have the potential to develop into cancer (Likes & Itano, 2003). Whether the increased incidence of cervical cancer among Hispanic/Latino women compared to non-Hispanic white women is caused by higher prevalence of HPV or oncogenic HPV subtypes is unknown (O’Brien et al., 2003).

The signs and symptoms of cervical cancer are rare but include vaginal itching, odor, swelling, and visible lesions. Abnormal uterine bleeding or spotting, including postcoital bleeding, and abnormal vaginal discharge occur less frequently (Mahon, 1998). Cervical cancer takes an average of 10 years to develop, and preinvasive lesions can be cured 100% of the time. Localized early cervical cancer has a 92% cure rate (American Cancer Society, 2003).

The Pap test can detect cervical dysplasia with 90%–100% accuracy. It is the most effective method for screening for cervical cancer. The American Cancer Society’s current recommendations for the early detection of cervical cancer are as follows (Saslow et al., 2002).

- All women should start screening about three years after they begin having vaginal intercourse but no later than 21 years of age. Screening should be performed every year with the regular Pap test or every two years using the newer, liquid-based Pap test.

- Beginning at age 30, women who have three consecutive normal Pap tests may get screened every two or three years with either the regular or liquid-based Pap test. Women with certain risk factors should continue to be screened annually.

- Women 70 years of age or older who have had three or more consecutive normal Pap tests and no abnormal Pap tests in the past 10 years may choose to stop screening for cervical cancer.

- Women who have had a hysterectomy may choose to stop screening for cervical cancer, unless the surgery was for treatment of precancer or cervical cancer.

McFadden and Schumann (2001) reported that the cost of cytology is $25–$28 for a conventional Pap test; however, this does not reflect the cost of the examination itself, which generally ranges from $50–$75. The liquid-based Pap test, known as the ThinPrep® System (Cytyc Corporation, Boxborough, MA), is more expensive.

### Barriers to Screening

A paucity of information exists regarding cultural beliefs and sexual practices among Hispanic/Latino women. More attention has been focused on attempting to explain the higher incidence of cervical cancer in this population related to barriers to screening. The higher incidence and mortality rate of cervical cancer among Hispanic/Latino women may be reflective of several factors: lower socioeconomic status that is integrally tied to educational level, lack of awareness about cancer prevention and detection, lack of health insurance, lack of access to quality health care, language barriers, and feelings of fear, embarrassment, and fatalism (Harmon, Castro, & Coe, 1996; Huerta, 2003; Peragallo, Alba, & Tow, 1997).

Low-income, ethnic minority women are less likely not only to receive routine screening but also to optimally adhere to follow-up visits after abnormal test results (Coughlin & Uhler, 2002; Intercultural Cancer Council, 2002). If complications in communication exist, women may not be informed of or may receive inadequate information about what specific follow-up actions are recommended and why.

Hispanics/Latinos consistently have been overrepresented in the uninsured population. In a 2002 study, Ell et al. found that low-income women were more likely to be uninsured or uninsured, lack a regular source of medical care, and receive fragmented cancer screening. Because Hispanic/Latino women are more likely to be uninsured, they are at a greater risk for having reduced access to medical care and, consequently, may have poorer outcomes. Uninsured people are less likely to have relationships with primary care providers, making them more likely to use emergency rooms as a regular source of care. Having a usual source of care also was cited as a strong predictor of screening behaviors in a 2002 study conducted by Corbie-Smith, Flagg, Doyle, and O’Brien. The survey examined differences by race and ethnicity in receipt of preventive services. The investigators found lower levels of cervical cancer screening among Hispanic/Latino women as compared to those who identified themselves as white or black. Hispanic/Latino women, particularly those who live along the U.S.-Mexico border, are less likely than non-Hispanic women to undergo routine screenings for breast and cervical cancers (Randolph, Freeman, & Freeman, 2002). Older Hispanic/Latino women were more likely to have advanced stages of the disease when first diagnosed (CDC, 2003).

Poor adherence to recommended diagnostic follow-up after an index Pap test also was cited by Ell et al. (2002) as a possible reason for increased mortality among Hispanic/Latino women. The percentage of women who do not return for a follow-up Pap test after an abnormal result has been found to range from 30%–50%, with poor and minority women being least likely to complete recommended follow-up procedures (Hunt, de Voogd, Soucy, & Longworth, 2002).

Fear may be an explanation for the lack of follow-up. Fear of the unknown may also deter Hispanic/Latino women from secondary prevention. Women may be torn between wanting to know and being afraid to find out if they have cancer. The following excerpt is taken from Salud, A Latina’s Guide to Total Health (Delgado, 2002).

Maria had known that she was working very hard. The high stress from her job had given her many sleepless nights. And now, to make matters worse, she was getting bad cramps, and sometimes she would bleed a lot. It was hard to know what was going on. She was certain it was just some weird stuff happening with her period and thought she had better just ignore it. She took some tea to calm herself down (pp. 180–181).

Different sources of fear may be attributed to barriers to screening. Women who are not in the United States legally may be afraid to use healthcare services for fear of being deported. Austin et al. (2002) identified an association between cancer and extreme fatalism about the disease in Hispanic/Latino women. This attitude stems from the belief that an individual can do little to alter fate or prevent cancer (often termed fatalismo). Hispanics/Latinos may believe that cancer is God’s punishment for improper or immoral behavior. If they believe that they can do nothing to prevent cervical cancer, powerlessness may account for reluctance to get screened (Harmon et al., 1996).

Embarrassment about discussing “private body parts” and exposing such areas during physical examinations pose a barrier for some Hispanics/Latinos, especially when the women are examined by male healthcare providers (Hunt, de Voogd, Akana, & Browner, 1998). In one survey, embarrassment and nervousness were heightened for one-third of the respondents when the examiners were male (Peragallo et al., 1997). Actress Barbara Barria is featured on a poster advocating Pap test screening that states: “Get Smart, Get Screened. I almost died of embarrassment.”

Educational levels, which are associated with economic levels and health status, are lower among Hispanics/Latinos than other populations. Hispanics/Latinos are less likely to have high school diplomas than non-Hispanic whites. The U.S. Census Bureau (2000) reported that, in 1999, about 56.1%...
of Hispanics/Latinos aged 25 and older had finished high school or more, compared to about 87.7% of non-Hispanic white adults. The women who were least likely to receive screening in general, such as mammography, blood pressure, cholesterol, and Pap test tests, were those who had less than a high school education (Thompson et al., 2002). A correlation exists between low income and a higher incidence of invasive cervical cancer, possibly because of a lower use of preventive care, lack of appropriate screening, and higher incidence of HPV (de Sanjose et al., 1996). In 1998, the median income for Hispanic/Latino households was $28,330, considerably lower than the $43,439 median income for non-Hispanic white households. In the same year, poverty rates among Hispanics/Latinos were three times higher (25.6% versus 8.2%) than those for non-Hispanic whites. Hispanics/Latinos are more likely to be unemployed than non-Hispanic whites: Their unemployment rate in 1999 was 6.7%, compared with 3.6% for non-Hispanic whites (U.S. Census Bureau, 2000).

Lower levels of acculturation may contribute to lack of knowledge and affect screening practices. Hispanic/Latino women born outside the United States engage in fewer disease-prevention practices compared to women born in the United States (Peragallo et al., 1997). Ramirez, Suarez, Laufman, Barroso, and Chalela (2000) found that Mexican-born women were less acculturated than women born in Puerto Rico and were less likely than those born in Puerto Rico or Cuba to have heard of a Pap test. Hispanic/Latino women born outside the United States were less likely to adhere to annual Pap testing (Jennings-Dozier & Lawrence, 2000). However, as acculturation level increases, so does knowledge level regarding Pap tests (Harmon et al., 1996).

Limited proficiency in the language used by healthcare providers also has been identified as a barrier to cancer screening. Austin et al. (2002) found that the ability to speak English was correlated positively with use of cancer screening guidelines, especially among older Hispanics/Latinos. The inability to speak English fluently also may interfere with the ability to navigate the healthcare system. Communication difficulties may lead to frustration for Hispanics/Latinos when they try to obtain important health information (Coughlin & Uhler, 2002).

Non-Spanish speaking healthcare providers may be remiss in finding ways to provide information, perhaps believing it will not be understood anyway. Unless healthcare providers are able to communicate effectively, Hispanic/Latino women will not be armed with all the information they need to make intelligent health-promotion decisions. Preconceived notions regarding educational biases also may exist on the part of healthcare providers. Negative or biased attitudes and incorrect assumptions ultimately may negatively affect outcomes for Hispanic/Latino women.

**Practice Implications**

Many nursing interventions have the potential to reduce the morbidity and mortality associated with cervical cancer among Hispanic/Latino women. Actions should be directed toward increasing awareness of risk factors as well as identifying behaviors that may impede screening in minority populations. Providing culturally sensitive care should be incorporated into all curricula when educating students in healthcare professions. Health-education classes at the high school level are a suitable milieu for disseminating information regarding risk factors for cervical cancer. Bringing information to the Hispanic community at appropriate educational levels must be a first step. Information should be delivered in the primary language of the community. Figures 1 and 2 outline information about cervical cancer that is targeted to the lay population of Hispanic/Latino women; one version is in English, the other is in Spanish. Increased emphasis should be placed on geographic locations that have been

**Important Facts About Cervical Cancer for Hispanic/Latino Women**

- Cervical cancer is another name for cancer of the cervix. The cervix is a female body part that is inside the vagina at the base of the uterus (womb).
- Body tissues contain cells. The cells on the cervix can undergo changes and become cancerous. Because these changes occur slowly in a series of steps, abnormal cells often can be found early. Some abnormal changes are precancerous, meaning that they can become cancerous with time.
- Precancerous changes of the cervix usually do not cause pain or other symptoms.
- Most precancerous conditions that can lead to cervical cancer can be found early and treated before cancer develops.
- Symptoms of cervical cancer usually do not occur until cells become cancerous and invade nearby tissue and organs. The most common symptom of cervical cancer in women who are having regular menstrual periods is abnormal bleeding between menstrual periods or bleeding after sexual intercourse or douching. Bleeding that occurs in women who are postmenopausal (no longer having periods) may be a symptom of cervical cancer.
- Women should have regular check-ups that include a pelvic examination (a doctor or nurse feels the organs in the pelvis and uses a speculum to open the vagina to see the cervix) and Pap test (a small wooden scraper or brush is used to collect a sample of cells from the cervix and upper vagina). A pelvic examination and Pap test are done in a clinic or office and are not painful. The cells that are collected are sent to a laboratory to be checked for abnormal changes.
- A woman should start having a pelvic examination and Pap test about three years after starting to have sexual intercourse but not later than 21 years of age. The doctor or nurse doing the tests will inform you of the results and will advise you on how often these tests should be done.
- Hispanic/Latino women in the United States have twice the incidence rate of cervical cancer compared to white women and have a higher death rate from cervical cancer than white women. However, the incidence and death rates are declining, most likely because more Hispanic/Latino women are having pelvic examinations and Pap tests than they did in the past.
- Women in Mexico, Central America, and South America have about triple the incidence and death rates from cervical cancer compared with women in the United States. The higher death rate in Mexico, Central America, and South America is caused by finding cervical cancer at later stages, when it is not curable.
- When cervical cancer is found early, it often is curable.

Ask your doctor or nurse for more information about cervical cancer, or call the National Cancer Institute’s (NCI’s) Cancer Information Service (1-800-422-6237) for information about cervical cancer or to obtain La Prueba Pap (a booklet about the Pap test) or What You Need to Know About™ Cancer of the Cervix, which is available in Spanish. Or visit the NCI Web site for information about cervical cancer in Spanish: http://www.cancer.gov/espanol/sabersobre/cervix.

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**Figure 1. English Version of Patient Education Handout on Cervical Cancer**

*Note.* Based on information from Fink & Clark, 2003; Mahon, 1998; O’Brien et al., 2003; Saslow et al., 2002.
• Se llama cáncer cervical al cáncer del cuello uterino. El cuello uterino es la parte del cuerpo de la mujer que se encuentra dentro de la vagina en la base del útero (o vientre materno).
• Los tejidos del cuerpo contienen células. Las células del cuello uterino pueden sufrir cambios y transformarse en células cancerosas. Estos cambios ocurren lentamente y en una serie de etapas, por lo tanto las células anormales se pueden detectar a tiempo. Algunos cambios anormales son precancerosos, lo cual significa que pueden llegar a ser cancerosos con el pasar del tiempo.
• Los cambios precancerosos del cuello uterino usualmente no causan dolor ni ningún otro síntoma.
• La mayoría de las condiciones precancerosas que pueden llevar al cáncer cervical se pueden detectar a tiempo y ser tratadas exitosamente antes de que se desarrolle el cáncer.
• Los síntomas del cáncer cervical usualmente no aparecen hasta que las células se vuelven cancerosas e invaden los tejidos y los órganos cercanos. El síntoma más común del cáncer cervical entre las mujeres que tienen periodos menstruales regulares es el sangrado anormalmente entre los períodos menstruales o el sangrado luego de tener relaciones sexuales (coito) o de hacerse una ducha o irrigación vaginal. Cuando las mujeres ya pasaron la menopausia (que ya no tienen la menstruación), si aparece sangre, esto podría ser un síntoma de cáncer cervical.
• Las mujeres deberán hacerse revisar regularmente y los exámenes deben incluir el examen pélvico (una doctora o enfermera toca los órganos de la pelvis y usa un espéculo para abrir la vagina para poder ver el cuello del útero) y el Papanicolau (se utiliza un cepillito o un pequeño raspador de madera para recoger una muestra de células del cuello del útero y de la vagina superior). Los exámenes pélvicos y las Papanicolau se llevan a cabo en las clínicas o en los consultorios y no son dolorosos. Las células que se recogen son enviadas a un laboratorio para ver si contienen cambios anormales.
• Toda mujer debería comenzar a hacerse exámenes pélvicos y Papanicolau aproximadamente tres años después de haber comenzado a tener relaciones sexuales, o antes de cumplir los 21 años. La doctora o la enfermera que le hace los exámenes le informará los resultados y le dirá cuánto tiempo debe hacerse estos exámenes.
• La tasa de cáncer cervical en las mujeres hispanas que viven en los Estados Unidos es dos veces mayor que el de las mujeres angloajonas, y las hispanas tienen una tasa de mortalidad por cáncer cervical que es mayor que la tasa de las angloajonas. Sin embargo, la tasa de mortalidad se está reduciendo y se cree que esto se debe a que cada vez más mujeres hispanas se están haciendo exámenes pélvicos y Papanicolau.
• Las mujeres en México, América Central y América del Sur tienen una tasa de cáncer cervical y de mortalidad que es aproximadamente tres veces mayor que el de las mujeres de los Estados Unidos. La alta tasa de mortalidad por cáncer cervical en México, América Central y América del Sur se debe a que el cáncer cervical en esos países muchas veces no se descubre hasta cuando está más avanzado y ya no se puede curar.
• Por otra parte, cuando el cáncer cervical se detecta en sus primeras etapas, a menudo se puede curar.

Pídales a su doctora o a su enfermera más información acerca del cáncer cervical, o llame al Servicio de Información del Instituto de Cáncer Nacional (National Cancer Institute o NCI) al 1-800-422-6237 para pedir información acerca del cáncer cervical o para obtener La Prueba Pap (un folleto informativo acerca del Papanicolau), o What You Need to Know About™ Cancer of the Cervix, (Todo lo Que Necesita Saber acerca del Cáncer Cervical) que se encuentra disponible en español. O visite el sitio web del Instituto de Cáncer Nacional para conseguir información en español acerca del cáncer cervical: http://www.cancer.gov/espanol/sabersobre/cervix.

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FIGURE 2. SPANISH VERSION OF PATIENT EDUCATION HANDOUT ON CERVICAL CANCER

Note. Based on information from Fink & Clark, 2003; Mahon, 1998; O’Brien et al., 2003; Saslow et al., 2002.

identified as having populations with lower socioeconomic status and less access to health care. Leaders who are recognized as trusted members of the community could be valuable resources.

Nurses always have been on the forefront of using proactive approaches to health care. Further research should incorporate specific variables that are unique to Hispanic subpopulations. Lastly, nurses must use creative interventions to continue to educate women of all ethnic backgrounds about the importance of screening for cervical cancer.

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Rapid Recap

Cervical Cancer in Hispanic/Latino Women

- The Hispanic/Latino population represents the largest and fastest-growing minority population in the United States.
- Since 1950, the incidence and mortality rate of cervical cancer have declined among all women in general, largely because of early-detection efforts.
- The incidence and mortality rate of cervical cancer among Hispanic/Latino women have declined about 4% per year since 1992; however, these women have twice the incidence rate of cervical cancer compared to non-Hispanic women.
- One of the major risk factors for cervical cancer is human papillomavirus (HPV) infection. Whether the increased incidence of cervical cancer among Hispanics/Latinos is caused by higher HPV prevalence or other risk factors is not known.
- Nurses play a key role in educating Hispanic/Latino women about cervical cancer and should provide culturally sensitive educational materials in the language of the woman’s choice.

For more information on this topic, visit the following Web sites.

- National Cervical Cancer Coalition www.nccc-online.org

Links can be found at www.ons.org.