

Public Health Evaluation: Avoidance of Breast Cancer Screening in Immigrant Canadians

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Introduction

Breast cancer is one of the leading causes of death in Canadian women.¹ This cancer can be detected early through screening and allow for higher chances of survival. However, the Canadian Cancer Statistics Advisory Committee found that it is still being diagnosed at late stages, even with organized screening programs implemented in Canadian provinces.¹ In Ontario, mammography is recommended every two years for women ages 50-69 years where they receive a medical referral letter invitation, but women are still found to present in clinics with no history of screening or advanced cancer.² In 2017, 26500 breast cancer cases were found and in that 5000 women did not survive, with a majority of these women being immigrant. Canada is a multicultural country where more than 20% of the populations are immigrants, but yet more immigrant women die from breast cancer than non-immigrant women.^{3,4} However, screening participation rates remain lower in immigrants than non-immigrants,⁵ possibly being fatal. It's important to know the causes of screening avoidance. Thus, the purpose of this literature review is to investigate the avoidance of breast cancer screening of immigrant women in Canada.

Methods

A literature review was conducted on the avoidance of breast cancer screening of immigrant women in Canada. A literature search for relevant articles published from inception to 29 November 2020 was restricted to humans, English, peer-reviewed articles, adult ages 45 years old, and included all peer-reviewed study designs. This search was conducted in Ovid MEDLINE due to it being a subject database allowing for the searches to be subject-specific in the area of interdisciplinary medicine and health. It also has the ability to use medical subject headings (MeSH), field searching, and allowing for comprehensive, reproducible searches. Three search concepts were used: immigrants (MeSH term: "Emigrants and Immigrants"; keyword: immigrant*); Canada (MeSH term: Canada; keyword: Canad*); breast cancer (MeSH term: Breast Neoplasms; keyword: breast cancer) (including screening (MeSH term: Mass Screening; keyword: mammogra*)). The MeSH terms and its associated keywords were combined with Boolean operator OR and each group was combined with Boolean operator AND. A three-

level screening process (titles, titles & abstracts, full-text screening) was used to select eligible studies.

Results and Discussion

The studies produced from this literature review solidify the background that immigrant women in Canada have low rates of breast cancer screening. Raynault et al. studied immigrant Haitian women in Montreal with the Quebec Breast Cancer Screening Program and found that the referral form had the least compliance in Haitian women than non-immigrants.⁶ Other studies focused on the province of Ontario and British Columbia found that despite the organized breast cancer screening programs implemented, participation remained low in immigrant women Ontario, and British Columbia are the places of most immigration, illustrating the importance of this issue.^{5,7-9} More so, this finding was not just limited to these studies, as all of the articles in this search found the same issue of avoidance in breast cancer screening of Canadian immigrant women.¹⁰ Yet the rate of breast cancer screening has been found to be correlated to the time of settlement in Canada, suggesting that non-recent immigrants had

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higher odds to having their mammography done compared to recent immigrants based on a Canadian-wide survey.¹¹

Immigrant women in Canada face many unique barriers which contribute the avoidance of screening. Several studies point to low socioeconomic status in immigrants being a large contributor to the low rates of breast cancer screening.¹²⁻¹⁴ This makes it difficult for them to make time and have the resources to get to the screening in the first place due to other immediate priorities, despite Canada having universal health care coverage. In addition to this, low literacy levels have been attributed to being a barrier because many women do not know how to communicate or read the referral forms for the screening which can hinder the rates of screening uptake.^{15,16} Also poor knowledge of the disease and cultural differences on vulnerability and fatalities have been described to be causes of avoidance from immigrant women themselves.¹⁷⁻¹⁹ There needs to be an immediate change in Canada's screening programs which address the unique barriers of immigrant women.

The findings of this literature review identify that Canada's screening programs has a gap for immigrants thus needing more research to find solutions for change by especially targeting recent immigrants and the provinces of Quebec, Ontario, and British Columbia. The current screening programs doesn't identify the unique barriers of the immigrants in the multicultural population and its consequences of this are the low rates of screening and high rates of mortality. Further research is needed to address the screening programs to implement useful change that acknowledge the barriers to access identified. Addressing this gap will be beneficial for the economy of Canada because higher rates of screening allows earlier diagnoses and lower healthcare costs and abilities to work as healthier individuals allowing for a more productive economy. Thus, further research is needed to implement changes for a healthier population.

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