

# Understanding ethnic variation in cervical screening participation in Scotland

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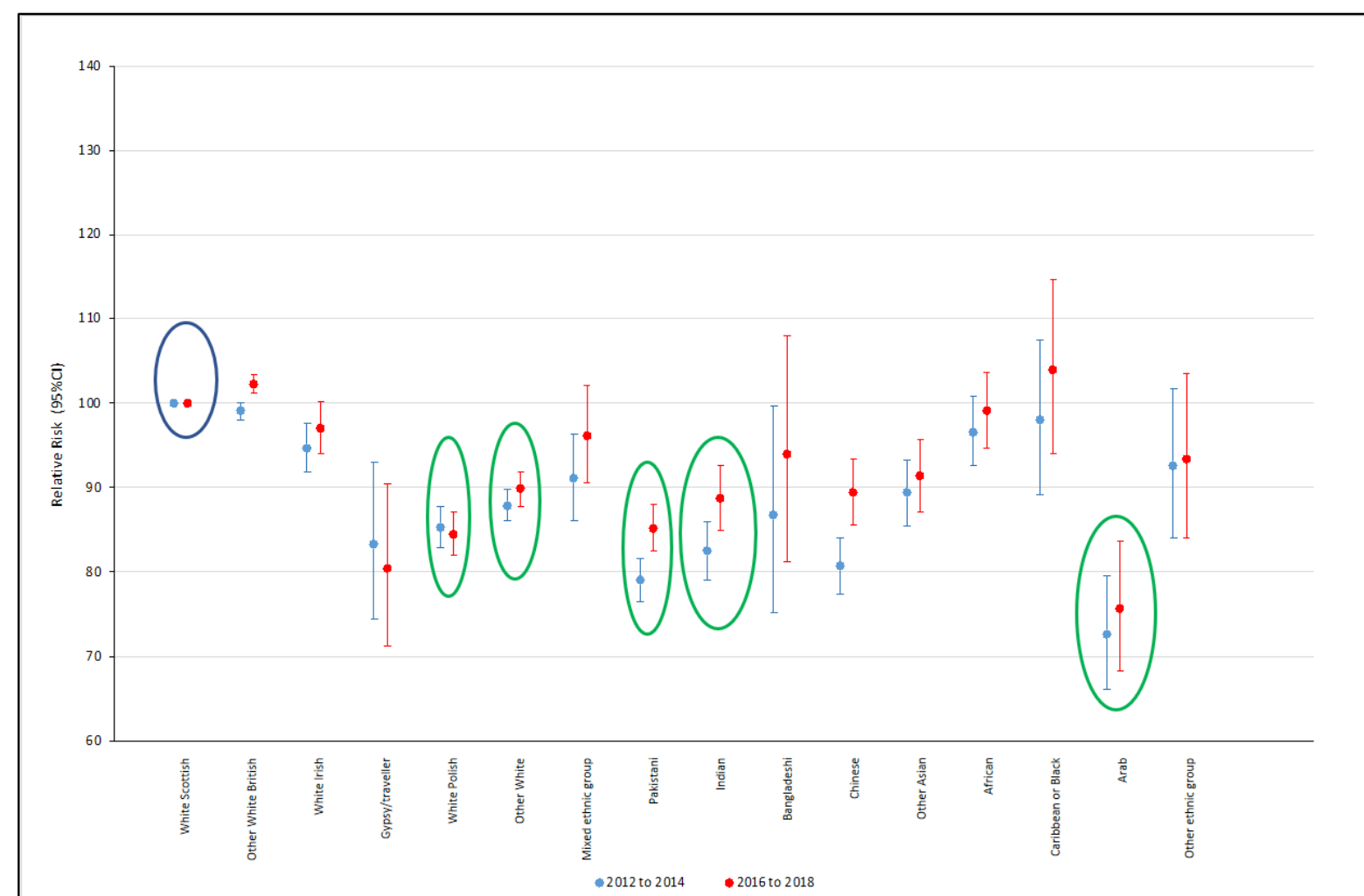
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## Cervical cancer screening in Scotland

- Programmatic screening is offered through the NHS Scottish Cervical Screening Programme, introduced in 1988
- From June 2016, screening offered to women aged 25 to 64 years;
- Every three years from age 25 to age 49; every five years for women from age 50 to 64
- Cytology-based until March 2020 when primary testing with HPV was introduced
- Although coverage is approx. 75%, important inequalities in participation by socio-economic gradient, among **Black and minority ethnic communities** (4.5% of the Scottish population), those with disabilities, and other vulnerable groups.

Are there important ethnic inequalities in cervical cancer screening participation in Scotland?

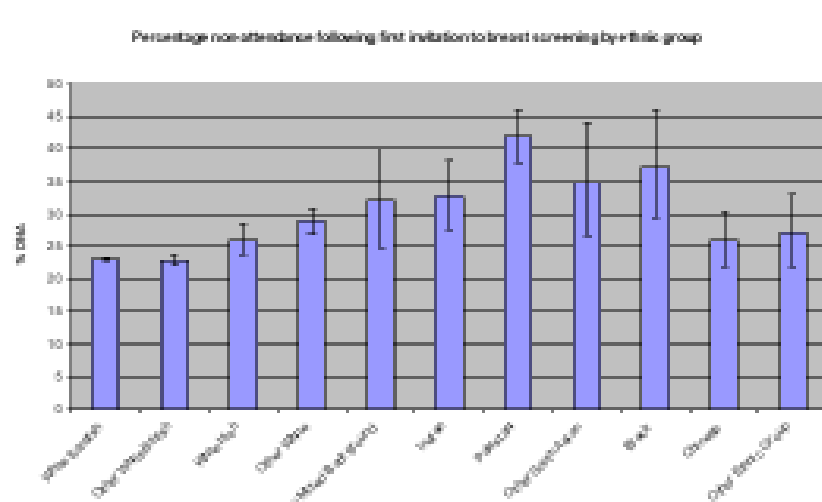


**2018 cohort:** Other White British had a *higher* uptake relative to White Scottish women; Statistically significantly *lower* uptake relative to White Scottish women: Gypsy/Traveller, White Polish, Other White, Pakistani, Indian, Chinese, Other Asian, and Arab women

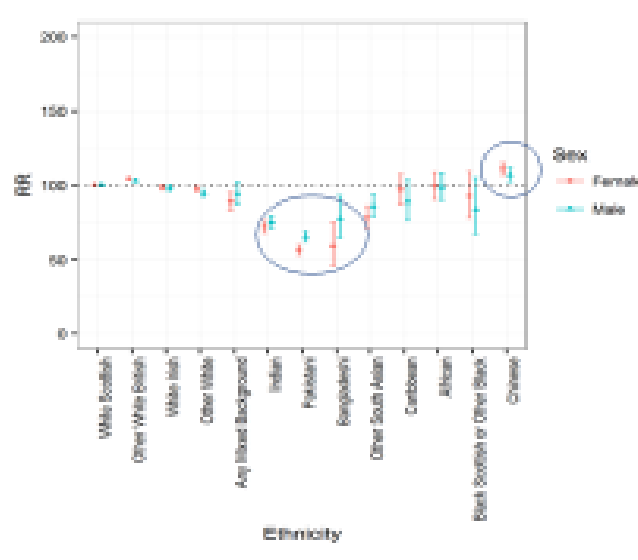
**To what extent can such inequalities in cervical cancer screening participation be explained by socio-economic status and other factors?** (Model adjusted for ethnicity, age, SIMD and length of residence in UK)

- Increasing age associated with increase in screening uptake.
- Women born in the UK or living in the UK for 10 or more years statically significantly more likely to attend screening compared to those who had lived in the UK for 5 years or less.
- Increasing uptake was associated with increasing SIMD decile.

Previous work on ethnicity and screening in Scotland



Breast screening non-attendance by ethnic group. Bansal et al Br J Cancer 2012



BMJ Open Are there ethnic and religious variations in uptake of bowel cancer screening? A retrospective cohort study among 1.7 million people in Scotland

## Aims

To describe and understand variations in cervical screening participation by ethnicity and socio-demographic variables in the Scottish population

## Women's perspectives and experiences

- 50 qualitative in-depth interviews (South Asian, East European, Chinese, Black African / Caribbean, or White Scottish)
- Screening was universally reported as unpleasant but important, and many common experiences regardless of ethnicity
- Across the minority ethnic groups, women who had migrated as adults described key experiences that were different to those of women raised in the UK
  - awareness of screening / understanding of access
  - going abroad for screening
  - Language difficulties
  - Concerns about immodesty regardless of the health care professional's gender
- Some participants raised issues of racism and stigma

## Conclusions

- Ethnicity is associated with uptake in cervical screening in Scotland
- Increasing age, increasing SIMD decile and increasing time lived in the UK are associated with increased uptake
- Specific barriers faced by women from different ethnic minority groups, some based on cultural contexts, others experienced from the health system itself
- Need to recognise diversity within and across groups, and further research is planned to address identified inequalities engaging directly with communities for culturally acceptable interventions (communication strategies, testing approaches)
- Impacts of covid-19 pandemic, HPV primary testing, and Brexit, not yet fully understood

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ORIGINAL ARTICLE

Experiences of cervical screening participation and non-participation in women from minority ethnic populations in Scotland

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**Abstract**  
Background: The introduction of screening in the UK and other high-income countries led to a significant decrease in the incidence of cervical cancer and increase in survival rates. Minority ethnic groups are often underrepresented in screening participation for reasons that are poorly understood.  
Objective: To explore experiences of cervical screening participation and non-participation of women from minority ethnic populations in Scotland and gain insights to support the development of interventions that could potentially support screening participation and thereby reduce inequalities.  
Design: Qualitative comparison group study using in-depth, semi-structured indi-