

Innovative Approaches to Cervical Cancer Screening for Sex Trade Workers: An International Scoping Review

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Abstract

Objective: Female sex trade workers are among those at highest risk for developing and dying of cervical cancer, and yet many—particularly the most marginalized—are less likely than other women to be screened.

This review summarizes global findings on innovative approaches to cervical cancer screening for female sex trade workers, highlights current gaps in the delivery of cervical cancer screening for female sex trade workers globally, and suggests areas for future research and policy development.

Data Sources: A scoping review of peer-reviewed publications and grey literature was conducted. Medline (OVID), PubMed, EMBASE, and SCOPUS were searched for relevant studies written in English. There were no limitations placed on dates. Grey literature was identified by hand searching and through discussion with health care providers and community outreach workers currently working with sex trade workers.

Study Selection: Twenty-five articles were deemed suitable for review. Articles detailing innovative ways for female sex trade workers to access cervical cancer screening were included. Articles about screening for sexually transmitted infections were also included if the findings could be generalized to screening for cervical cancer. Articles limited to exploring risk factors, knowledge, awareness, education, prevalence, and incidence of cervical cancer among sex trade workers were excluded from the review.

Data Extraction and Synthesis: Successful screening initiatives identified in the studies reviewed had unconventional hours of operation, understood the difference between street-based and venue-based sex trade workers, and/or used peers for outreach.

Conclusion: Two significant gaps in health care service delivery were highlighted in this review: the limited use of unorthodox hours and the nearly exclusive practice of providing sexually transmitted infection screening for female sex trade workers without cervical cancer screening. In addition, although street-based (as opposed

to venue-based) sex trade workers are likely at higher risk for developing cervical cancer, they are much less likely than other eligible women to participate in screening programs, meaning traditional outreach methods are unlikely to be successful.

Résumé

Objectif : Les travailleuses du sexe font partie des femmes qui sont exposées aux risques les plus élevés de connaître un cancer du col utérin et d'en mourir, et pourtant, un bon nombre d'entre elles (particulièrement celles qui sont les plus marginalisées) sont moins susceptibles de faire l'objet d'un dépistage que les autres femmes.

Cette analyse résume les constatations globales quant aux approches novatrices envers le dépistage du cancer du col utérin pour ce qui est des travailleuses du sexe, souligne les lacunes actuelles en ce qui concerne l'offre de services de dépistage du cancer du col utérin à l'ensemble des travailleuses du sexe et suggère des voies à explorer pour la tenue de futures recherches et l'élaboration de politiques.

Sources de données : Une analyse d'orientation des publications soumises à l'examen collégial et de la littérature grise a été menée. Des recherches ont été menées dans Medline (OVID), PubMed, EMBASE et SCOPUS en vue d'en tirer les études pertinentes rédigées en anglais. Aucune limite n'a été imposée en matière de dates. La littérature grise a été identifiée par recherche manuelle et par l'intermédiaire de discussions avec des fournisseurs de soins et des travailleurs de proximité communautaires qui œuvraient auprès de travailleuses du sexe.

Sélection des études : Vingt-cinq articles ont été considérés comme répondant aux critères de l'analyse. Les articles détaillant des façons novatrices de permettre aux travailleuses du sexe d'obtenir accès à des services de dépistage du cancer du col utérin ont été inclus. Les articles traitant du dépistage des infections transmissibles sexuellement ont également été inclus, lorsque les constatations y étant faites pouvaient être généralisées au dépistage du cancer du col utérin. Les articles se limitant à l'exploration des facteurs de risque, des connaissances, de la sensibilisation, de l'éducation, de la prévalence et de l'incidence pour ce qui est du cancer du col utérin chez les travailleuses du sexe ont été exclus de l'analyse.

Extraction et synthèse des données : Les initiatives réussies de dépistage qui ont été identifiées dans les études analysées comptaient des heures d'exploitation non conventionnelles, comprenaient la différence entre les travailleuses œuvrant dans la rue et celles qui travaillent en maison close, et/ou faisaient appel à des pairs pour la mise en œuvre de services d'approche.

Key Words: Cervical cancer, sex worker, cancer screening, prostitution

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Conclusion : Deux lacunes considérables en ce qui concerne l'offre de services de santé ont été soulignées dans le cadre de cette analyse : l'utilisation limitée d'heures irrégulières et l'offre pratiquement exclusive de services de dépistage des infections transmissibles sexuellement excluant le dépistage du cancer du col utérin aux travailleuses du sexe. De plus, bien que les travailleuses du sexe œuvrant dans la rue (par comparaison avec celles qui travaillent en maison close) soient probablement exposées à des risques accrus de voir apparaître un cancer du col utérin, elles sont beaucoup moins susceptibles que les autres femmes admissibles de participer à des programmes de dépistage, ce qui signifie que le recours aux modes d'approche traditionnels a peu de chances de donner des résultats satisfaisants.

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INTRODUCTION

From September to November 2012, a three-month pilot project was conducted in inner city Toronto, offering Pap testing to sex trade workers as part of a cervical cancer screening initiative. The novel and unconventional aspect of this initiative was that the Pap tests were performed between 10:00 p.m. and 1:00 a.m. on a mobile health bus, something that had not been previously offered in the city. The idea was simple and innovative. A team consisting of a former sex trade worker, a community outreach worker, and a nurse practitioner drove the bus around Toronto offering Pap testing to sex trade workers at times and locations most convenient to them.

This review was undertaken to determine whether other health care providers, especially those working in low- or middle-income countries in which the burden of cervical cancer is exponentially higher, could offer innovative approaches to cervical cancer screening for sex trade workers that could be used by clinicians in Canada.

Throughout the world, more than 270 000 women die annually of cervical cancer.¹ More than 85% of these deaths are in low- and middle-income countries.¹ In 2012, there were nearly one billion women between 30 and 49 years of age in the world; most have never been screened for cervical cancer.¹

In North America there are significantly fewer deaths each year related to cervical cancer than in developing areas of the world, but in women aged 15 to 44 years it is still the fourth most commonly diagnosed cancer and the third most common cause of cancer-related death.² The Canadian Cancer Society estimated that in 2013, 388 women would die of cervical cancer.³ As in low- and middle-income countries, these deaths are more common among women who are older, poorer, less educated, and unemployed.^{4–7}

Almost all cervical cancers are caused by the human papilloma virus.⁸ The majority of HPV infections resolve spontaneously, but persistent infections may lead to cervical cancer.¹ Other risk factors for developing cervical cancer include becoming sexually active at a young age, having many sexual partners, co-infection with sexually transmitted infections such as HIV or Chlamydia trachomatis, long-term use of oral contraceptives, smoking, and giving birth to three or more children.^{2,3,8} These risk factors, combined with low socioeconomic status, put female sex trade workers among those at highest risk for developing and dying of cervical cancer.

METHODS

A scoping review was chosen because the premise of this paper was to determine gaps in current knowledge rather than to appraise methodological quality.⁹

Medline (OVID), PubMed, EMBASE, and SCOPUS were searched for relevant studies published in English, using combinations of the following key words: screening, barriers, access, cervical cancer, Pap, sex worker, prostitution, HPV, self-test, peer support, peer outreach, health, health services, mobile van, mobile bus, VIA (visual inspection with acetic acid), homeless, marginalized, and underscreened. Grey literature was identified by searching websites of organizations known to serve sex trade workers, by using Google, Google Scholar, and Homeless Hub (the largest accessible library of homelessness-related resources), and through conversations with health care providers and community outreach workers currently working with sex trade workers. As new material was uncovered, the search terms were revised and previously unknown sources of information explored. Abstracts of all identified papers were read; complete manuscripts of the most relevant were read. Articles about risk factors, knowledge, awareness, education, prevalence, and incidence of cervical cancer among sex trade workers were used to help provide context but were not included in the review unless they specifically explored innovative approaches to cervical cancer screening.

RESULTS

After the exclusion of duplicate or irrelevant information, 25 articles discussing innovative ways for sex trade workers to access cervical cancer screening were selected (Table). Our experience with sex trade workers in inner city Toronto was also included (Thulien et al., unpublished data, 2012). Sixty percent of countries included in this review were high income, 16% were upper-middle income, 20% were lower-middle income, and 4% were low income.¹⁰

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