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Exploring the Paradox: Cervical Cancer Disparities Among African American Women

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Abstract

Cervical cancer remains a significant global health challenge as the third most common cancer in women worldwide. Although effective screening techniques exist, in the United States, African American women are disproportionately affected and have the second highest rate of cervical cancer incidence. Research results have noted that African American women are more likely to develop cervical cancer and die from it than White women. Several disparities influence these results such as health literacy, financial status, and medical mistrust. The aim of this review was to examine how limited access to healthcare, delayed follow-up on abnormal pap smear results and systemic barriers such as medical mistrust and socioeconomic disparities attributes to the cervical disparities paradox among African American women. This review will highlight each attributor's disproportionate effect on cervical cancer among African American Women.

Keywords: Cervical cancer, Mortality, Human papillomavirus vaccination, Health disparities, African American Women, Preventive care, Health literacy, Access to care, Medical mistrust

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Introduction

Cervical cancer continues to be a deadly disease that causes many deaths among the African American women. This type of cancer is deadly but, is preventable through Human papillomavirus vaccination (HPV) and can be detected early through pap smears. African American women, have the highest rate of death from cervical cancer largely due to lack of knowledge, screening, follow-up, or access to treatment [1]. Disparities in outcomes remains pronounced despite the many advancements in HPV vaccination and pap smear testing. Social determinants of health play a central role in these disparities. Some social determinants of health that contribute to these disparities are education achievement and lack of understanding. Another one is socioeconomics including financial status, costly amount of health insurance, and the lack of benefits from health insurance [2].

Cervical cancer mortality among African American women is highly due to the HPV, which is the most highly sexual transmitted virus and the causing factor for cervical cancer [1]. Barriers to HPV vaccinations consist of lack of awareness and knowledge of the HPV vaccination, inaccurate information on the transmission of HPV and the lack of effective education and recommendation of the HPV vaccination from healthcare providers [3]. Given this, health education is instrumental in closing the gap to addressing cervical cancer disparities in African American women.

Health Literacy and Its Impact on Early Detection Communication Gaps

Health literacy is defined as the knowledge level of an individual to acquire, process and comprehend basic health information and treatment needed to make the best health treatment decision possible [4]. A higher level of education is positively correlated to overall comprehension and literacy specifically in reference to health literacy. Lack of understanding can hinder follow-up preventative care and delay diagnosis, which can reduce the effectiveness of treatment causing cervical cancer progression to increase resulting in a more extensive and expensive treatment [5]. Many African American women, particularly those with scarce education and limited access to healthcare, misunderstand medical terminology which can create significant barriers to prevention including screening and vaccination [6]. A common confusion is the understanding between pelvic examinations and pap smears. Although both procedures can be conducted during the same visit, they are not the same. A pelvic exam consists of a physical and visual examination of the reproductive organs; however, a pap smear involves the collection of cervical cells to screen for abnormal cell changes that could advance cancer caused by HPV [7]. Research has shown that many believe both exams provide the same results leading to false reassurance and missed opportunities for early prevention and detection [8].

This misunderstanding is exacerbated by low health literacy, which is more pronounced in communities with heightened socioeconomic hardship [2]. Research has correlated deficiency in health literacy and the decreased likelihood of women completing the HPV vaccination [2]. The importance of follow- up care resulting from an abnormal result from a pap smear exam may not truly be understood, which is crucial to early cervical cancer detection and prevention.

Ineffective communication from healthcare providers contributes to the deficiency in health literacy [9]. Medical terminology rushed and delayed appointments, or culturally diverse education resources can influence the unclearness of patient's knowledge of what their next steps are. This can cause intimidation and prevent women from asking questions and feelings of mistrust that they are not being giving accurate information in participially to historical and continuous medical mistreatment [9]. Improving health literacy is essential to ensuring African American women have knowledge and comprehension of preventative care, trust of the information received and following through with all treatment plans.

Medical Mistrust and Historical Trauma

Mistrust in medical treatment among African American women in the United States is a well-founded barrier to prevention and treatment for cervical cancer. The mistrust is manifested not only from rare incident, but from extensive and well-documented history of mistreatment, racism and neglect within the healthcare apparatus.

In 1951, Henrietta Lacks, an African American woman, cancer cells were taken without her permission or her family's knowledge for research [10]. Although her experience was a unique scientific enduring legacy it is an indicative of a wider trend of systemic disregard for African American's autonomy and decency in the healthcare apparatus. This example of historical injustices continues to shadow a negative perception of healthcare, often causing delays in treatment, missed follow-up appointments or treatment refusal. Evident, particularly in prevention of cervical cancer, where mistrust has been displayed to negatively affect compliance to guidelines screening and prompt follow-up treatment to abnormal pap smear results [10]. There were many African American women who verbalized skepticism toward the healthcare apparatus, questioned the intention behind recommendation of procedures and safety interventions such as HPV vaccination and colposcopy [11]. There were reports of African American women having feelings of dismissal or disrespect by healthcare providers, which reinforced their hesitation to seek treatment from healthcare providers, especially from healthcare provider who do not reflect the culture they serve [12]. Many healthcare providers work in areas that they usually do not engage with or culturally understand. The lack of knowledge is displayed when the providers are interacting and providing treatment to these patients.

The mistrust is rationalized and justified-it conveys lived experiences of structural racism, prejudice and ineffective communication [13]. When amplified by low health literacy or confined access to culturally competent care, it can have devastating consequences, such as higher risk of undiagnosed or diagnose of late stage of cervical cancer and substantially higher mortality rates among African American women when compared to White women.

J. Marion Sims who is considered to be the "father of modern gynecology" left a legacy for of mixed feeling [14]. Although he was praised for finding treatment for vesicovaginal fistula, he was condemned for his method and his thought process [14]. Sims repeatedly performed experimental surgeries on enslaved African American women without the use anesthesia. His argument was African American women could sustain extreme pain and anesthesia was not needed, but felt white women pain tolerance was much lower and needed anesthesia [15]. This thought process was dehumanizing, racist and misogyny. He violated these women of their autonomy by not receiving consent or providing education on the procedures. There is documentation that he performed surgeries on nonconsensual enslaved women. J. Marion performed 30 surgeries on Anarcha and a horrific painful surgery on Lucy without the use of anesthesia [16]. These are just two of the African American women surgeries documented.

J. Marion Sims gynecological innovation came at a devastating moral cost, emphasizing the negative intersections of medicine, slavery and racism. His story compelled the healthcare professionals and the entity of society to acknowledge an individual's autonomy, the relevance of informed consent, ethical obligations and standards; but also, the lasting legacy of his actions helped fostered mistrust – especially among African American women and other marginalized women [17]. The unethical treatment enslaved women received for the purpose of science is a constant reminder of how medical advancement has too often been developed on the anguish of those deprived of self-determination and compels us to confront the remembrance of contributors who advanced their innovations through dehumanized and unethical approaches.

Barriers to Preventive Care: A Socioeconomic Perspective

Preventive care is a pillar of public health with the goal of decreasing the risk of disease by enhancing early detection and lowering the cost of healthcare. Unfortunately, the availability of preventive services contiguous to be unequal, specifically when assessed through socioeconomics perspective.

Financial stability is another social determinant that plays a role in the disparity of cervical cancer among African American women. Financial restraints can constrict treatment options, especially for those with health literacy deficits, leading to poor outcomes and progression of condition [18]. Cost of medical appointments, medication, therapy and other required care are key factors when seeking treatment for cervical cancer. Limited financial resources delay an individual from seeking treatment and potentially causing a more intensified costly treatment plan if not death first.

Economic hardship and lack of access to healthcare remain significant drivers of racial disparities in cervical cancer outcomes, especially among African American women [19]. Economic hardship is strongly connected to cervical cancer lower screening rates and reduced survival, in communities with higher incidence of unemployment and limited access to affordable healthcare benefits offered by the employers experience the most substantial impact. In these areas, African American women have a 5-year cancer survival rate of 65% as opposed to 70% for Caucasian women-regardless of whether they live in different or similar disadvantaged neighborhoods [20]. The disparity reflects economic inequality and the added strain of systemic racial inequities in access to healthcare and quality of care.

In the region of Mississippi's Delta where economic hardship is deeply embedded and secure jobs with health benefits are sparse, the impact is more intense. African American women in this area are more likely to be fatally affected by cervical cancer- a disparity largely determined by barriers to prompt diagnoses and treatment [21].

These include the scarcity of health insurance, the decreased number of employers offering the option of paid time off and limited access to community-based clinics that offer affordable screenings. When women are presented with the options of a paycheck or a medical appointment, vital healthcare service is often delayed or never received. These disparities identify the importance of policy resolutions that focus on healthcare, economic structures employment, salaries, and benefits that will allow the possibility of preventive care exist.

Conclusion

The perpetual disparity in cervical cancer results for African American women is not an inescapable outcome, but it is a society health obstacle that demonstrates a more systemic societal inequity. The increase mortality rate among African American women is a pinnacle of entwined barriers: disproportionation access to cervical cancer screening and treatment, insufficient outreach for HPV vaccination, and entrenched mistrust of healthcare professionals. When African American women experiences start to be a focal point and the interconnected obstacle are dismantled, only then can the communication of processes for preventing care for cervical cancer begin to advance.

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Conflict of Interest

None.

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