CERVICAL CANCER SCREENING BROADSHEET

LUCILLE KERR,
ADAM BOURNE,
ADAM HILL,
RUTH MCNAIR,
KERRYANN WYATT,
ANTHONY LYONS,
MARINA CARMAN,
NATALIE AMOS

THE IMPORTANCE OF LGBTQ AFFIRMING SCREENING SERVICES FOR ACHIEVING CERVICAL CANCER ELIMINATION IN AUSTRALIA

LA TROBE UNIVERSITY

Australian Research Centre in Sex, Health and Society

Cancer Council Victoria

BACKGROUND

- The World Health Organisation recently issued a call to action for the worldwide elimination of cervical cancer, and it is predicted that Australia will be amongst the first countries to do so (Hall et al., 2019). In order to achieve this ambitious public health goal, it is vital that policy, practice and research professionals ensure that all under-served populations are included as a priority.
- Research from across the world has established that LGBTQ people may experience a variety of challenges to their health and wellbeing, which originate in social marginalisation and discrimination, and include barriers to accessing adequate healthcare (Harvey & Housel, 2014; Hill A. et al., 2021; Hill, Bourne, McNair, Carman, & Lyons, 2020). It is for reasons such as these that people in the LGBTQ community experience health disparities and may miss out on important health check-ups, such as cervical screening.
- Cervical cancer screening may present unique barriers for LGBTQ people with a cervix because the procedure itself is highly gendered and intimate (Curmi, Peters, & Salamonson, 2016; Kerr, Fisher, & Jones, 2020).

THE PRESENT STUDY

- With a clear and urgent need for further understanding of the patterns of attendance among LGBTQ people with a cervix, this study used data from a large national survey of LGBTQ adults in Australia to explore sociodemographic factors and affirming healthcare experiences that are associated with cervical screening access among LGBTQ people with a cervix. The aim of this is to promote best practice with this population and inform policy in order to meet Australia's goal of equitably eliminating cervical cancer.
- The sample for this study was taken from Private Lives 3, a national Australian survey of LGBTQ adults aged over 18 years, and included 2,424 participants aged between 25 and 74 and assigned female at birth. Private Lives 3 was granted ethical approval from the La Trobe University Human Research Ethics Committee.

IT IS VITAL THAT POLICY, PRACTICE AND RESEARCH PROFESSIONALS ENSURE THAT ALL UNDER-SERVED POPULATIONS ARE INCLUDED AS A PRIORITY.

SAMPLE CHARACTERISTICS

The table below details the sociodemographic characteristics of the sample as well as rates of GP and type of medical care access.

	n	%
Age group (years)		
25-34	1184	48.8
35-44	647	26.7
45-55	352	14.5
55-64	182	7.5
65-74	59	2.4
Gender		
Cisgender woman	1866	77.4
Trans man	144	6.0
Non-binary	402	16.7
Sexual orientation		
Lesbian or gay	1047	43.3
Bisexual	510	21.1
Pansexual	194	8.0
Queer	464	19.2
Asexual	82	3.4
Something else	122	5.0
Country of birth		
Australia born	2005	82.8
Other English-speaking country	311	12.8
Non-English-speaking country	105	4.3
Education		
Secondary or below	220	9.1
Non-university tertiary	552	22.8
University-undergraduate	771	31.8
University-postgraduate	881	36.3
Weekly income (pre-tax)		
Nill income	65	2.7
$1 - $399	328	13.7
$400 - $599	295	12.3
$600 - $999	386	16.1
$1,000 - $1,999	1007	41.9
$2,000+	321	13.4

	n	%
Residential location		
Capital city, inner suburban	1116	46.4
Capital city, outer suburban	639	26.6
Regional city or town	490	20.4
Rural/Remote	158	6.6
Disability		
No disability	1277	54.2
Mild disability	201	8.5
Moderate disability	549	23.3
Severe disability	330	14.0
Do you have a regular GP?		
Yes	1671	69.0
No regular GP, but attend the same health centre	535	22.1
No regular GP, and attend different health centres	216	8.9
GP/clinic is aware of sexual orientation or gender		
No	543	22.4
Yes	1528	63.1
Unsure	349	14.4
Medical service accessed in past 12 months		
Never accessed any medical clinic	76	3.1
Accessed mainstream medical clinic	1744	72.1
Accessed inclusive or specific LGBTQ medical clinic	600	24.8
Cervical screening in the past 2 years		
No	1,011	41.7
Yes	1,413	58.3

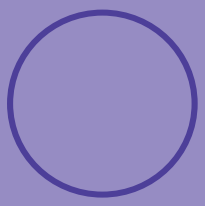
IN THE PREVIOUS TWO YEARS,

58.3%

of the study participants had accessed a cervical screen – this proportion dropped to only 38.9% among trans men.

LESBIAN AND GAY PARTICIPANTS

were less likely than participants who identified as bisexual, pansexual or queer participants to access screening



ASEXUAL PARTICIPANTS

were the least likely of all sexualities to access screening

PARTICIPANTS WITH A DISABILITY

less likely than those without a disability to access screening

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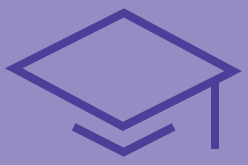
PARTICIPANTS RESIDING OUTSIDE OF INNER-SUBURBAN

were less likely than those in inner-suburban areas to access screening

PARTICIPANTS FROM NON-ENGLISH SPEAKING COUNTRIES

less likely than those who were Australian born to access screening



THOSE WHO HELD A POST-GRADUATE DEGREE

were more likely than those with a secondary school education to access screening

Attending a regular GP and GP or GP clinics awareness of participants sexual or gender identity

WAS ASSOCIATED WITH A GREATER LIKELIHOOD TO HAVE ACCESSED SCREENING IN THE PAST 2 YEARS

HAVING AN OPEN AND TRUSTING RELATIONSHIP WITH A GP

is an important factor in improving cervical screening attendance in LGBTQ people with a cervix.

PARTICIPANTS WHO HAD ATTENDED LGBTQ INCLUSIVE SERVICES

or services catering specifically to LGBTQ communities in the past 12 months were more likely to screen.

BOTH TRAUMA-INFORMED AND GENDER-AFFIRMING HEALTHCARE

are likely to facilitate greater uptake of cervical screening for this community.

THERE IS A NEED FOR ONGOING OUTREACH OF SERVICES

to those living regionally and remotely to ensure equity of access and outcomes in cervical screening.

IT IS IMPORTANT THAT MORE RESEARCH IS CONDUCTED AMONG PEOPLE WITH DISABILITY

to inform future provision of cervical screening for this population.

HEALTHCARE PROFESSIONALS MUST ENSURE THAT THEY ENGAGE ALL PATIENTS

in facts-based conversations around the necessity for cervical screening.

BUILDING AWARENESS OF SELF-COLLECTION OPTIONS

may also assist in encouraging screening among LGBTQ people as an alternative approach that may help overcome access barriers.

IT IS IMPORTANT THAT HEALTHCARE PROVIDERS DO NOT MAKE ASSUMPTIONS

about the sexual activity of their patients – particularly in relation to asexual people and people with a disability.

IT IS CRITICAL THAT HEALTH PROMOTION RELATED TO CERVICAL SCREENING

are inclusive and intelligible for people from non-English speaking backgrounds and of lower educational attainment.

KEY TAKE HOME MESSAGES

Public health campaigns which are inclusive and targeted may help to improve health literacy related to cervical screening, build awareness of screening options such as self-collection, and encourage attendance among the under-served subgroups identified in this study, specifically: trans men; lesbian, gay and asexual identified people; and LGBTQ people with disability, from non-English speaking backgrounds; of lower educational attainment and living outside of inner-city areas.

Additionally, affirming care may be key to increasing cervical screening rates within LGBTQ communities. It is therefore essential to ensure healthcare providers engage their patients in sensitive and appropriate discussions about their health needs and provide a space where they feel comfortable to disclose their sexual or gender identity. Widespread education and training within healthcare is necessary to ensure healthcare providers can form trusting and affirming provider-patient relationships.

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Contact: Natalie Amos n.amos@latrobe.edu.au

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