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# Cervical Cancer in Hispanic/Latino Women

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Comprising 12.5% of the population, Hispanics/Latinos represent the largest minority group in the United States (U.S. Census Bureau, 2000). The term “Hispanic/Latino” is a federal designation used in national and state reporting systems. For purposes of this article, Hispanic/Latino is defined as a person who identifies herself as Mexican, Puerto Rican, Cuban, South American, or Central American. Hispanics/Latinos are the fastest-growing minority group in the United States and represent a diverse group of people united by culture, language, and tradition (Huerta, 2003).

Hispanics/Latinos are the poorest minority group in the United States. About 35.3 million Hispanics/Latinos reported living in the United States in 2000, and 35% of them lacked health insurance (Huerta, 2003; U.S. Census Bureau, 2000). In 1998, the Centers for Disease Control and Prevention (CDC) reported that Hispanic/Latino women were more likely to be unemployed or employed in low-wage jobs than non-Hispanic women. Various studies have linked a decreased likelihood of obtaining Pap screening for cervical cancer with low income and little or no insurance (Austin, Ahmad, McNally, & Stewart, 2002; Coughlin & Uhler, 2002; Eil et al., 2002). Cervical cancer is one of the diseases that affects Hispanic/Latino women disproportionately.

The disease is largely preventable, yet an estimated 12,200 new cases of invasive cervical cancer were diagnosed in 2003 in the United States, and about 4,100 women died of the disease that year (American Cancer Society, 2003). Since 1950, the rate of cervical

Cervical cancer is largely preventable if detected early. Minority populations and people of low socioeconomic status are affected disproportionately by cervical cancer. When compared to non-Hispanic white women, Hispanic/Latino women residing in the United States have twice the incidence rate of and 1.4 times the mortality from cervical cancer. Contributing factors include lack of awareness about cancer prevention and available services; lack of access to quality health care; feelings of embarrassment, fear, and fatalism; and limited linguistically and ethnically sensitive information about cervical cancer prevention and detection. Education and screening programs targeted at this population have the potential to decrease the morbidity and mortality associated with cervical cancer, and nurses play an important role in educating Hispanic/Latino women about cervical cancer.

**Key Words:** cervix neoplasms, Hispanic Americans

cancer deaths among women has decreased, in part because of early-detection efforts (American Cancer Society, 2002). Cervical cancer incidence rates among Hispanics/Latinos declined about 4% per year from 1992–1999, and the mortality rate decreased 4.4% per year (O’Brien et al., 2003). However, Hispanic/Latino women residing in the United States have twice the incidence rate of and 1.4 times the mortality rate from cervical cancer than non-Hispanic white women (CDC, 2002). Women residing in Mexico, Central America, and South America have almost triple the incidence of and mortality from cervical cancer compared with women in the United States (O’Brien et al.).

The higher mortality rate may be explained by the fact that the cancer often is detected in later stages, when it is more invasive. Among Hispanic/Latino women in the United States, invasive cervical cancer ranks as the fourth

most common type of cancer (Coronado et al., 2002).

The exact cause of cervical cancer is unknown, but the following risk factors have been identified (Coronado et al., 2002; Fink & Clark, 2003; Mahon, 1998; Schiffman & Castle, 2003).

- Sexual activity before age 18
- History of more than one sexual partner or a sexual partner with a history of multiple partners
- Human papillomavirus (HPV) infection
- Smoking
- History of an abnormal Pap result or dysplasia of the cervix
- History of herpes simplex virus type 2 infection
- Low socioeconomic status

Additional risk cofactors have been identified (Castellsague & Munoz, 2003; Epstein, 2003; Hammes & Laitman, 2003; Hatch et al., 2001; Lee, 2000; Moodley, Moodley, Chetty, & Herrington, 2003).

- Oral contraceptive use
- Diethylstilbestrol exposure
- HIV/AIDS- or medication-induced immunosuppression

HPV is sexually transmitted and has been identified in 90%–100% of cervical cancer lesions (McFadden & Schumann, 2001). More than 100 types of HPV have

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