

Cervical Screening in Iranian Migrants

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The cervical screening status of small and geographically diverse migrant communities is particularly difficult to assess. Usual approaches to migrant research such as telephone surveys using ethnically identifiable names or cluster sampling might not be feasible. Snowball sampling, although sometimes criticised for problems of inference with non-probability samples, might be the only cost-effective and viable alternative. Snowball sampling is the method of choice by sociologists studying networks and group interactions and has been shown to yield similar estimates of attitudes and demographic characteristics as probability sampling methods (Rumbaut, Chavez, Moser, Pickwell, & Wishik, 1988; Welch, 1975).

We used snowball sampling in a recent study of the Sydney Iranian community ($n=7,000$) (Rissel & Khavarpour, 1997). From July to September 1996, four bilingual interviewers contacted successively by asking initial contacts to nominate four other eligible respondents, 413 adults (including 188 females) aged from 18 to 70 years and who were born in Iran. Brief demographic information was collected and each respondent asked to participate in a longer survey through a questionnaire mailed to her/his home. As there are no published data about cervical screening rates for Iranian women, the opportunity was taken to ascertain cervical screening status. Demographic information, level of acculturation (Rissel, 1997), and other health information were collected.

Two hundred and fifteen respondents agreed to give their addresses (97 females) and 161 returned completed questionnaires (76 females). Only data for females are presented here.

As previously reported, the initial sample was generally similar to census data for the Iranian population in Sydney, although over-represented people with a university education (Rissel & Khavarpour, 1997). The profile of females who returned questionnaires was similar to that of the initial sample, except for there being more older women (Khavarpour & Rissel, 1997). The majority (78%) of respondents were Muslim, 96% had been to a general practitioner (GP) within the last 12 months, and 38% of these people had seen an Iranian GP.

Including six women who did not know what a Pap smear is, more than a quarter (28%) of females were overdue for a pap smear test ($n=21$), compared with 21% of females overall in Australia. After adjusting for age, education, employment and religion in a logistic regression model, being more acculturated was associated significantly with being overdue for a Pap smear test (odds ratio = 1.45, 95% confidence interval 1.05 to 1.92) (see Table 1).

We conclude that snowball sampling is a feasible method for generating a reasonably representative sample of migrants from a small and geographically diverse community, and that cervical screening programs are needed in the Iranian community which emphasise that part of acculturation includes having Pap smears.

Table 1: Odds ratio of being overdue for a cervical smear among Iranian women (n=76)

	N	>2 years (%)	OR ^a	OR ^b	95% CI
Age					
18-34	48	23	1.00	1.00	
35+	26	38	2.10	1.48	0.47 - 4.72
Education					
12 years	26	35	1.00	1.00	
12 + years	47	25	0.65	0.49	0.15 - 1.65
Employment					
FT/PT work	43	28	1.00	1.00	
Student	11	45	2.15	2.64	0.57 - 12.31
Home duties/retired/unemployed	20	20	0.65	0.50	0.11 - 2.30
Religion					
Other	19	21	1.00	1.00	
Islam	55	31	1.68	2.44	0.61 - 9.88
Level of acculturation^c					
Low	28	21			
Medium	25	24	1.29	1.42	1.05 - 1.92
High	19	42			

^a Unadjusted univariate odds ratio

^b Adjusted odds ratio, adjusting for all other variables in the model

^c Odds ratios for acculturation were computed with acculturation as a continuous variable

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