EHMA 2024

Shaping and managing innovative health ecosystems

Understanding Barriers and Facilitators to Access Breast and Cervical Cancer Screening Services in Turkish Women: A Qualitative Exploration

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Introduction

- Breast cancer is the most common type of cancer in women worldwide. In 2020, there were over 2.3 million new cases and 685,000 deaths attributed to breast cancer.
- Cervical cancer is the fourth most common cancer among women worldwide. According to global cancer statistics, in 2020, approximately 417,000 women were diagnosed with cervical cancer, and 97,000 women lost their lives due to this disease.
- Research indicates that early detection and screening methods for cancer have less destructive effects and increase the chances of successful treatment, thus improving survival rates. Despite the importance of these measures, screening rates for breast and cervical cancer have not reached desired levels in many countries. Therefore, in recent years, many researchers have been studying access issues to screening services for women.

- Upon reviewing the national literature, we found that women's participation rates in screenings were quite low. However, there was no evidence explaining why they did not participate or were unable to participate in screenings.

- The purpose of this qualitative exploration is to uncover the negative factors perceived by women as barriers to undergoing screenings, as well as the motivational factors that encourage them to undergo screenings.

What is Access to healthcare?

Access to healthcare is an area of harmony between the individual and the healthcare system.

Aday ve Andersen (1974)

Potential access

-Health policy

-Health services delivery

-Personal characteristics

Actual access

-Utilizing

-Satisfaction

-Caring and courtesy

Penchansky ve Thomas (1981)

Availability

Affordability

Accommodation

Acceptability

Accessiblity

Connell (2012)

-Experiences and behaviors

Crenshaw (2012)

-Age,status, ethnicity etc.

Research question

Based on a systematic review relying on the synthesis of qualitative research, we aimed to understand which questions we needed to answer. Using Boolean operators based on the PRISMA flow diagram, we systematically reviewed the following six databases: EBSCO, Science-Direct, Taylor&Francis, Wiley, Medline, and Web of Science.

To achieve an inclusive result in our searches, we utilized the following keywords and combinations:

"women" AND ("breast cancer" OR "cervical cancer") AND ("access" OR "utilization")

During the screening process, we applied the following inclusion and exclusion criteria:

Inclusion Criteria:

Published between 2000-2020
Published in English
Relevant to the topic of interest
Research articles
Conducted using a qualitative or mixed research design

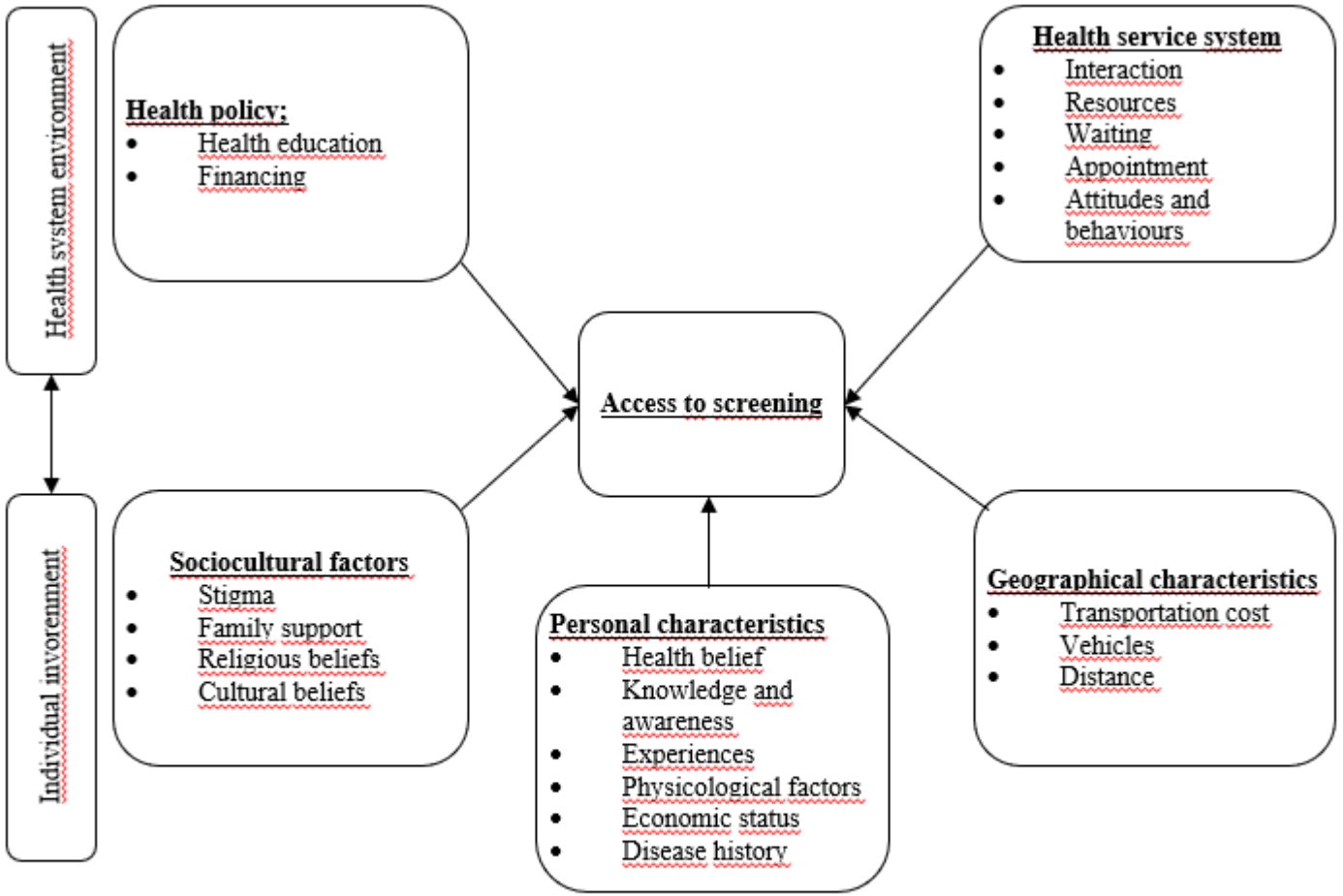
Exclusion Criteria:

Related to sexual orientation
Studies involving women in prison
Studies focusing on ethnic and racial minorities

Our review yielded a total of 49,657 research articles, and ultimately, we examined the full texts of 23 studies that met the criteria for inclusion.

Based on the reviews, the synthesis revealed that factors influencing women's access to breast or cervical cancer screening are related to individual characteristics, the service delivery system, sociocultural factors, geographic structure, and health policy. In this context, the need has arisen to address the following questions:

1. What do women know about breast/cervical cancer and screening services?
2. What are women's attitudes and behaviors towards breast/cervical cancer and screening?
3. What are the barriers hindering their access to screening services?
4. What are the facilitators improving their access to screening services?



Conceptual Framework of Breast and Cervical Cancer Screening Access (Based on Literature)

Method

Design

- This study adopted a basic qualitative research design to explore the barriers and facilitators encountered by women in accessing breast and cervical cancer screening services.

Sampling

- Participants selected using the purposive sampling method, were divided into two groups. The groups had distinct characteristics for breast and cervical cancer screening by the national cancer screening guidelines.
- Women aged 30-69 were included in the first group to discuss access to cervical cancer screening, while women aged 40-69 were included in the second group to discuss access to breast cancer screening.
- The initial criterion for participant selection was the ability to understand and speak Turkish. Women with psychiatric illnesses who lacked decision-making capacity and those who had undergone Total Abdominal Hysterectomy/Bilateral Salpingo-Oophorectomy (TAH/BSO) and mastectomy were not included in the study.
- We conducted the study at a Family Health Center (FHC) and a Cancer Early Detection Screening and Education Center (CEDSEC) situated in the northern province of Trabzon, Turkey.

Data collection

- We used a semi-structured face-to-face interview form to collect data and recorded the interviews using a voice recording device with the participant's consent.
- After each interview, we transcribed the audio recordings verbatim into written texts to prepare for analysis.
- Interviews persisted until data saturation occurred.
- As a result, we conducted 19 individual interviews and one focus group interview (n = 6). Each participant in the individual interviews received a pseudonym, such as P1,..., and P19, while participants in the focus group interview were assigned the FG1,..., and FG6.

Data analysis

- We employed directed content analysis for data analysis. Directed content analysis requires the development of predetermined themes and codes based on previous literature and research.

- During the analysis process, two independent researchers were involved. Each researcher engaged in repeated readings of the texts to establish connections with the research questions. Following each interview, this process was repeated to decipher the texts. Differences identified through coding were discussed, and consensus was reached. NVivo 12 qualitative analysis software was used for the analysis and coding.

Validity and Reliability

Trustwothiness; (credibility, transferability, dependability, and confirmability)

- Systematic literature review,
- Pilot testing through focus groups and individual interviews,
- Triangulation procedure,
- Detailed reporting of the research processes,
- Explanation of the rationale behind the methods,
- Use of a high-quality audio recording device for data collection,
- Utilization of NVivo 12, a qualitative analysis software, for data analysis.

Results

Participant Characteristics

Demographics

- The average age of women participating in the interviews is 45.56 years (Oldest=61; Youngest=31).

Among the participants, 9 women have completed primary education, 9 women have completed high school, and 6 women have a university degree. Only one woman reported being single.

Residence:

- 17 women live in urban centers, 5 women live in district centers, and 3 women live in rural areas.

Breast Cancer Screening:

- 9 women have never undergone breast cancer screening before (first-time attendees), 11 women had their last screening over 2 years ago, and 5 women had their last screening within the last two years. Additionally, -22 women reported not undergoing regular breast cancer screening.

Cervical Cancer Screening:

- 7 women have never undergone cervical cancer screening before (first-time attendees), 6 women had their last cervical cancer screening over 5 years ago, and 12 women had their last screening within the last 5 years. Moreover, 23 women reported not undergoing regular cervical cancer screening.

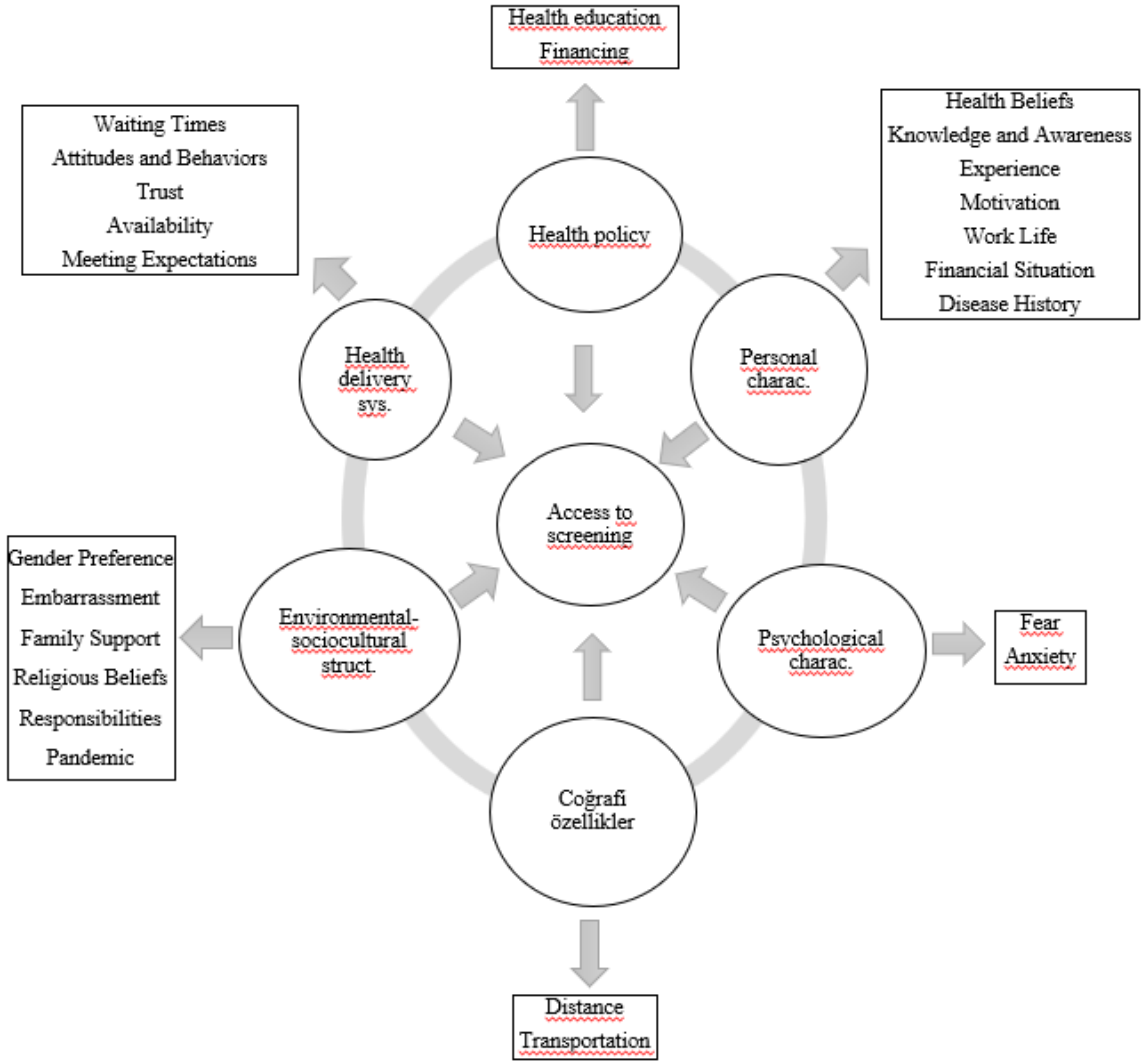
Source of Recruitment:

- 17 women were selected from the Breast Health Center (ASM), and 8 women were selected from the Cancer Early Diagnosis and Screening Center (KETEM).

Emerging Themes

Themes related to women's views on access to screening services are coded into the following categories based on the number of coding occurrences:

- ✓ Individual Characteristics
- ✓ Service Delivery System
- ✓ Psychological Characteristics
- ✓ Environmental and Sociocultural Factors
- ✓ Geographical Characteristics
- ✓ Health Policy



Conceptual Framework of Breast and Cervical Cancer Screening Access (Based on Study)

Theme 1. Personal characteristics

The findings of the study highlight that the primary barrier to women's access to screening services is their lack of knowledge and awareness, coupled with inadequate prioritization of screening.

A noteworthy finding in this study is the misperceptions among women regarding regular screening intervals, risk factors, screening age, screening location, cancer symptoms, and the consequences of cancer, all relating to the dimension of knowledge and awareness.

Theme 2. Health delivery system

Another finding from the study indicates that characteristics of the service delivery system, particularly waiting times and the attitudes and behaviors of service providers, negatively affect overall access to screening. The results also show that frequent changes in the screening unit's location can create a perception among some women that the facility has been closed.

Theme 3. Psychological characteristics

Most women expressed fears related to cancer, often triggered by negative information and negative childbirth experiences, which also contributed to their anxieties about receiving a cancer diagnosis. However, unlike the literature, this study revealed that some women avoided screening due to a fear of gynecological examinations stemming from negative childbirth experiences.

Theme 4. Environmental-sociocultural structure

The study highlighted the gender of the healthcare provider and support from a family member as significant facilitators. However, in some women, a sense of fatalism and reliance on destiny was associated with a lack of importance placed on screening. Additionally, responsibilities such as household chores and childcare were linked to not being able to allocate enough time for screening. Within this category, some women also mentioned the difficulty of finding appointments during the pandemic.

Theme 5. Geographical characteristics

The study revealed that geographical distance and transportation difficulties generally hindered access to screening. Many of the women interviewed highlighted issues related to distance and problems with public transportation. Particularly notable in the study was the observation that seasonal migration due to agricultural work, especially among women living in rural areas, posed challenges to accessing screening. These women reported that due to migration, accessing mobile screening services became impossible for them.

Theme 6. Health policy

Under this theme, a significant portion of women emphasized the importance of informational brochures and media promotions to further encourage their participation in screening.

Limitations

This qualitative research study has several limitations. Firstly, purposefully selected sample, potentially limiting the generalizability of the findings to women in other areas. Secondly, the data collection process using individual interviews and focus groups could be hindered by participants' reluctance to share personal experiences or emotional distress, leading to potential gaps in the data. Another limitation is the influence of participants' associations with healthcare institutions on their opinions, potentially affecting the objectivity of the findings. Lastly, the study's timeframe restricts its relevance to a specific period, potentially overlooking changes in societal or health policies impacting women's views on cancer screening services access.

Conclusion

In this study, we aimed to investigate women's levels of knowledge and awareness regarding breast and cervical cancer, screening services, their health beliefs, and the factors that hinder or facilitate their access to screening services. Some of the findings highlight how women's roles within the household, decision-making norms, and socioeconomic status can hinder their access to screening. These aspects are particularly intriguing in explaining barriers to access.

Firstly, this study underscores the critical role of information and awareness in encouraging women to prioritize cancer screening. Implementing targeted health education programs that address misconceptions, emphasize the benefits of screening, and increase awareness about cancer risk factors and symptoms can significantly enhance participation in screening.

Secondly, the findings from the study highlight important issues within the healthcare service delivery system, such as reducing waiting times, improving provider attitudes, and ensuring consistent screening locations. Initiatives targeting rural populations, such as mobile screening services or transportation subsidies, can help ensure equitable access to screening services.

Promoting gender diversity in healthcare settings and ensuring cultural competency in service delivery can enhance women's comfort and confidence during the screening process. Recognizing women's various roles and responsibilities, including household chores and childcare duties, underscores the need for flexible and convenient screening services.

Offering evening or weekend appointments and integrating screening into existing community health programs can help women accommodate their schedules and reduce barriers related to time constraints.

The implementation of telemedicine and digital health platforms can overcome geographical distance and transportation barriers. Remote counseling for pre-screening assessments, educational webinars, and virtual follow-ups can enhance accessibility for women in rural or remote areas. The development of mobile health applications can provide personalized reminders for screening appointments, educational resources on cancer prevention, and self-assessment tools for risk awareness tailored to women. The use of geospatial mapping tools can help identify underserved areas and optimize the distribution of screening resources.

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