

Oral presentation

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Barriers and facilitators to cervical cancer screening among under-screened women in Cuenca, Ecuador: the perspectives of women and health professionals.

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Background/Objectives: Background Cervical cancer screening is a cost-effective method responsible for a mortality reduction of 70% in countries that have reached high coverage through nationwide screening strategies. However, there are disparities in access to screening. In Ecuador, despite cervical cancer is one the most frequent cancer in women, only 58,4% of women of reproductive age have ever been screened during their lifetime. Objectives To describe and understand the experiences and perceptions of women and health professionals about the barriers and facilitators related to cervical cancer screening in Cuenca, Ecuador.

Methods: A qualitative study was performed from April 2020 until March 2021, in Azuay province, Ecuador. Focus group discussions (FGDs) were organized with health staff and under-screened women separately, as this method allows participants to interact with each other which enriches the generated information. Two FGD guides were developed, one for women and one for health personnel. Key topics addressed during the discussions were opinions about or experiences with cervical cancer screening, opinions about national cervical cancer screening practices or programs, barriers that inhibit screening uptake and suggestions to address these barriers. This study is based on Gadamer's hermeneutic phenomenology was carried out from an ecological approach.

Results: Overall, 28 women and 27 HP participated in the study. Both groups perceived different barriers for cervical cancer screening. For HP, barriers were mainly allocated at the policy level (lack of a structured screening plan; lack of health promotion) and individual level (lack of risk perception; personal believes). Women identified mainly barriers at operational level, such as long waiting times, lack of access to health centers, and inadequate patient- physician communication. Both groups mentioned facilitators at policy level, such as national campaigns regarding cervical cancer screening, and at community and at individual level, including: health literacy and women empowerment.

Conclusions: From women's perspectives, access to health services is the main limitation; while for health professionals lack of investment in screening programs and cultural patterns at community level constitute major obstacles. To address cervical cancer prevention integrally, the perspectives of both groups should be taken into account. Additionally, new strategies and technologies, such as HPV self-sampling and community participation, should be implemented to increase the access to cervical cancer screening.

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