Barriers and facilitators to cervical cancer screening among under- and neverscreened women in Belgium – a qualitative study on community and healthcare providers' perspective

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INTRODUCTION & AIM

Cervical cancer is detectable and preventable in pre-malignant stages. In 2013, a cervical cancer screening (CCS) program was set up in Flanders (Belgium) promoting screening through sending reminder letters. Nevertheless, Flanders reaches a CCS coverage of only 63.7%, which has not increased since the implementation of the program.

In order to increase the coverage rate of CCS, we need to know who we are failing to reach in our CCS program and why so.

The aim of our study was to identify the under- and neverscreened women in Flanders and gain a better understanding of complex barriers that prevent these women from attending cervical cancer screening and what may facilitate their actions.

MATERIALS & METHODS

This qualitative study includes **12 in-depth interviews** with stakeholders of targeted, potentially underscreened subgroups (migrant women, women with a substance use disorder, female sex workers and women using alternative and complementary medicine) and **6 focus group discussions** with gynecologists, general practitioners and community health workers.

A **semi-structured guide** was used covering following topics:
1) Who are the women in Belgium that are under- or neverscreened?
2) Opinions about the CCS program in Flanders
3) Perceptions about barriers and facilitators to CCS
4) Suggestions on strategies to overcome the reported barriers

Transcriptions were coded and analyzed using the Nvivo software.

The **socio-ecological model** was used to organize the multilevel barriers.

A **causal loop diagram** was composed to visualize the complex interrelationship between the different barriers.

RESULTS

Characteristics of women identified as underscreened in Flanders:

- a lower socio-economic status
- a lower level of education
- migrant (background)
- female sex workers
- having a substance use disorder
- older age (within the screening cohort)
- not having children

A wide range of **barriers** to screening were discussed by the participants.
The two main barriers on **individual level**:
- lack of knowledge
- having other priorities/problems

On **healthcare level**, the most frequently mentioned barrier:
- lack of focus on prevention

Clearly, barriers are not independently preventing women from participating in CCS. On the contrary, it is a complex tangle of factors on different levels influencing each other. To aid visualizing the interrelationship between the barriers, they were set out in a causal loop diagram. The different levels are organized according to the Socio-Ecological Model.

Figure 1: **causal loop diagram** of the barriers for cervical cancer screening

Main **facilitators**:
- Creating awareness: mass media campaigns, social media, theme months within organisations
- Proactive role of the GP: personal invitation letters, consultations focused on prevention and screening
- More structured way of offering prevention

SUMMARY / CONCLUSION

This exploratory qualitative work demonstrates that the group of under- and neverscreened women in Flanders is very heterogenous. The diversity within and especially the intersectionality between these groups reveal the complexity of defining the 'hard-to-reach population' in Flanders. As a consequence, there is no such thing as 'the' strategy to address underscreened women.

The wide variety of barriers to screening identified confirms even more that the under- and neverscreened women are a very heterogeneous group.

Ultimately, policymakers need to develop different screening strategies tailored to a diversity of women to improve screening participation. In addition to these more tailored screening intervention programs, an improvement of healthcare professionals' resources for preventive care might also be helpful.
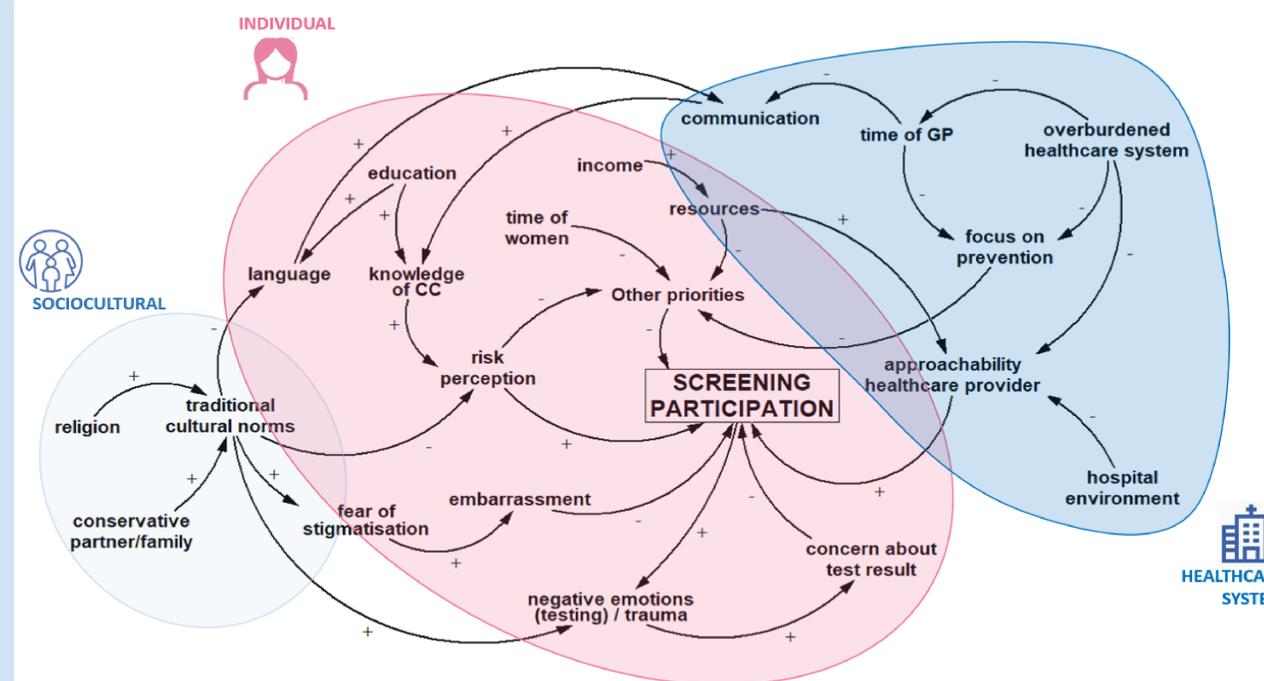
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