

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

Bernardo Vega C, José Ortíz S, Vivian Alejandra Neira, Dayanara Delgado, Bo Verberckmoes, Heleen Vermandere

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 being the second most frequent cancer in women, only 58,4% reproductive age have ever been screened during their lifetime.

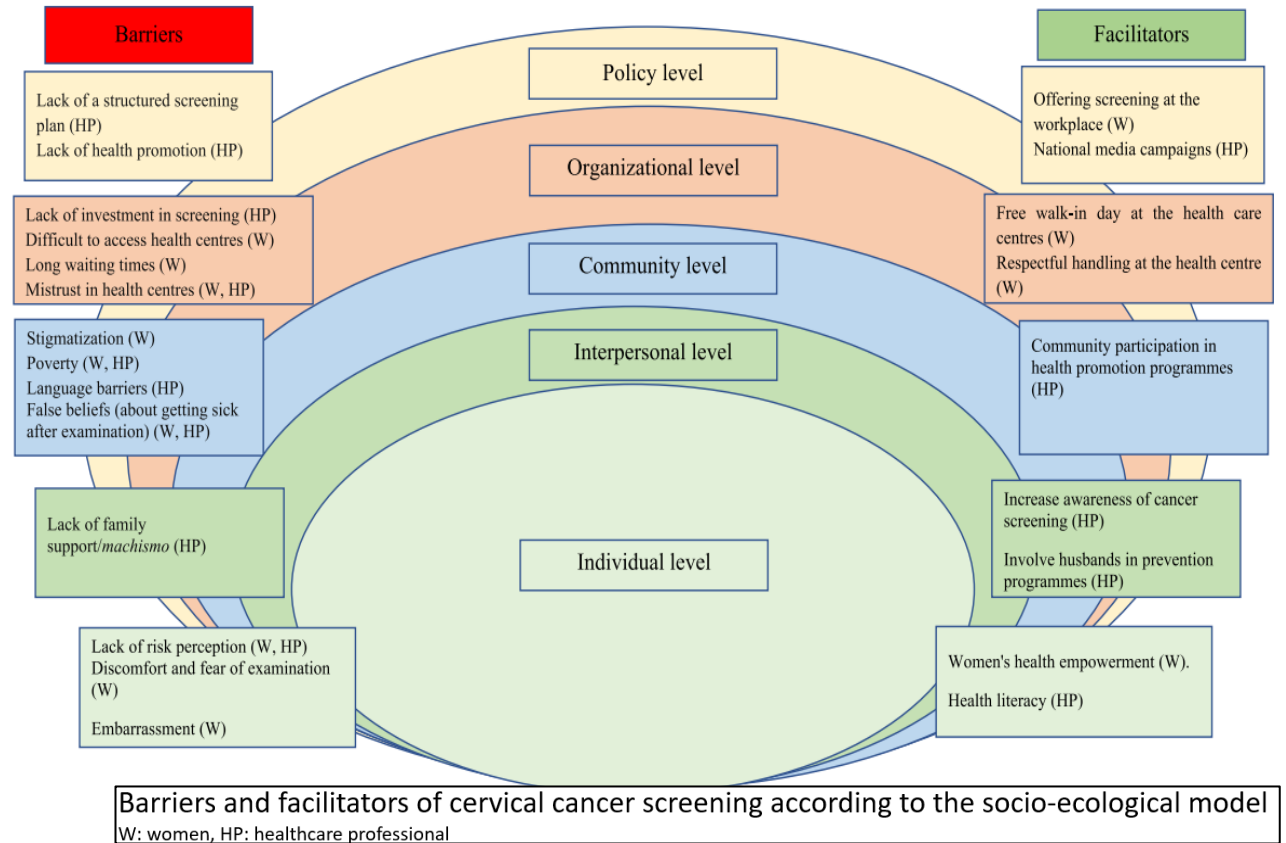
Objectives: To assess the perspectives of under-screened women and health care providers regarding barriers and facilitators of cervical cancer screening in Cuenca, Ecuador.

Methods: A qualitative study was performed from April 2020 until March 2021, in Azuay province, Ecuador. Focus group discussions (FGDs) were organized with health personnel (HP) and under-screened women (W) separately; for each, different guidelines were developed.

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

Data analysis All interviews were audio-recorded and transcribed. The transcripts were uploaded to N-Vivo 12, and content analysis was performed. Data analysis and coding were conducted by the first author and two experienced researchers. An adapted version of the socio-ecology model of Bronfenbrenner was used to identify factors at five different levels: policy, organizational, community, interpersonal and individual level.

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 HP lack of investment in screening programs and cultural patterns at community level constitute major obstacles. to address cervical cancer prevention, the perspectives of both groups should be taken into account.

Additionally, new strategies and technologies, such as self-sampling and HPV DNA testing, and community participation, should be implemented to increase access to cervical cancer screening.