

# Barriers and motivators to participation in the Northern Ireland breast and cervical screening programmes

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# Introduction

- ▶ Screening programmes aim to reduce mortality and morbidity from their respective diseases. Studies have estimated that breast screening saves about 1,300 lives per year in the UK and cervical screening between 1,100 and 4,500 lives.
- ▶ Across Northern Ireland, 76.9% of eligible women participated in breast screening in 2013/14 and 77.3% in cervical screening. This is on a par with other UK countries. But there is local variation, with lower uptake in the Belfast and Derry/Londonderry areas.
- ▶ Informed Choice is an approach to the development of information about cancer screening. It aims to provide people with what they need to make their own decision about whether or not to have cancer screening.
- ▶ The Northern Ireland Quality Assurance Reference Centre (QARC) identified the need to undertake baseline research into why people do not participate in cancer screening.

# Introduction (contd)

- ▶ Studies conducted in other UK countries have identified a number of issues affecting the uptake rates for cancer screening programmes.
  
- ▶ Common barriers identified were:
  - fear, embarrassment and previous negative experiences
  - lack of awareness about the disease and the test
  - inconvenient time, location
  - not felt to be a priority
  - low attendance amongst women who have never been screened before

# Aims of this study

- ▶ The purpose of this study was:
  - to identify the barriers and motivators to attending breast and cervical screening faced by women living in areas of lower uptake in Northern Ireland
  - to explore ways of enhancing the motivators and overcoming the barriers

# Methodology

- ▶ Qualitative research is good for investigating the reasons behind a decision. An advantage of focus group work is that the group facilitator can interact with the participants, pose follow-up questions or ask questions that probe more deeply.
- ▶ The Public Health Agency commissioned a market research company to recruit and conduct the focus groups. Recruitment focused on women living in the more deprived parts of Belfast and Derry/Londonderry as these areas have lower uptake.
- ▶ Inclusion criteria were:
  - eligibility to participate in the screening programmes,
  - had not attended a focus group in the last 2 years and
  - had not been recently bereaved due to cancer
- ▶ The focus groups were split by whether the women were attenders or non-attenders (non-attenders defined as never attended or lapsed attenders). These two categories were then subdivided by age, 49–53 and 53–70 for the breast screening groups, 25–35 and 50–67 for the cervical screening ones.

# Methodology (contd)

- ▶ Fifty-four women participated in the breast screening focus groups (30 attenders and 24 non-attenders) and 25 in the cervical screening groups (11 attenders and 14 non-attenders).
- ▶ The groups were facilitated by experienced female researchers and held in local venues between December 2014 and February 2015. Each session lasted 90 minutes.

# Methodology (contd)

- ▶ A discussion guide was developed to gain an understanding of the groups':
  - attitudes towards the concept of screening
  - knowledge of, and attitudes towards, breast and cervical screening programmes
  - reasons why they chose to attend either/both screening programmes
  - reasons why they chose not to attend either/both screening programmes
- ▶ The discussion guide also covered:
  - exploration of whether non-attendance in one screening programme is more likely to result in non-attendance in both
  - suggestions as to how to enhance informed choice and make the service as accessible as possible

# Results

**Peace of mind**

**Embarrassment**

**Better to catch early**



**Fear**

**Inconvenience**

**It can save your life**

**Lack of awareness**

# Results (contd)

- ▶ Both attenders and non-attenders identified a similar range of barriers. But attenders felt obliged to go because of their awareness of the importance of early detection.
- ▶ Fear stemmed from concerns about the procedure being painful, worries about being called back and anxiety about the side effects and/or effectiveness of cancer treatment. Women in the older age brackets were more likely to be put off by fear of getting the results, especially for breast cancer.
- ▶ Some misconceptions also became apparent in the course of the discussions, such as:
  - its not necessary to go to screening if you have no symptoms or if you have no family history of breast/cervical cancer
  - screening can trigger the onset of cancer, as can a knock or a fall
- ▶ Almost all the participants agreed that they would be highly regretful if they did not attend screening and were later diagnosed with cancer.
- ▶ There did seem to be a link between non-attendance at one screening programme and non-attendance at the other
- ▶ Familial influence existed, especially between mothers and daughters, but had limited impact on non-attenders. Many older non-attenders encouraged their daughters to go even though they did not, feeling that their health is less important than their family's.

# Conclusions

- ▶ The barriers identified by Northern Ireland women were in broad agreement with findings from other UK countries. They centred around emotions of fear and embarrassment, combined with a lack of awareness and/or misconceptions about the disease and the screening procedures.
- ▶ Women who chose to attend screening did so because their beliefs about the benefits of early detection and the importance of looking after their own health outweighed the anxieties they too felt about the procedures and getting the results.
- ▶ The findings from this study emphasise the need for future work on improving informed uptake in breast and cervical screening to:
  - dispel misconceptions about who should attend screening and the screening procedures themselves
  - make clear the benefits of attending screening, eg in terms of better survival rates, less debilitating treatment regimes
  - consider appropriate and relevant opportunities to promote the benefits of screening to women from lower uptake areas, eg engagement with peers in their own community