

BEHIND THE SCREEN: AN EXPLORATORY STUDY OF FACTORS INFLUENCING BREAST SCREENING UPTAKE IN LANCASHIRE

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INTRODUCTION

Despite an increase in breast screening uptake to 62% nationally, it remains below national average in northern region such as Lancashire (UK) (54%–59%) which consists of a diverse population^{1,2,3}. Therefore, it is essential to explore the influence of protected characteristics to improve screening engagement and reduce health inequalities.

AIM

Study aimed to be the first mixed-method questionnaire exploration of attitudes, behaviours, awareness, barriers and facilitators associated with breast screening amongst a diverse range of women in Lancashire.



METHOD

Design: Cross-sectional cohort study
Participants: n=50

Data collection: 'Breast Cancer Fear Scale'⁴, modified 'Mammography Self-Efficacy Scale (MSES)'⁵, 'General Practice Physical Activity Questionnaire'⁶, and open-ended responses on breast screening behaviour and awareness

Data analysis:

- Qualitative data: Thematic analysis
- Quantitative data: One-way univariate ANOVA & two-way Pearson χ^2 test of independence via SPSS



RESULTS

- Ethnicity, faith and geographical location were characteristics that influenced the perceived level of breast screening awareness. (Table 1).
- Socioecological framework identified the need in removing taboos at individual, interpersonal and community levels (Figure 1).
- The majority of factors influencing screening behaviours were either Community or Organisational factors.
- Ethnically minoritised women were less confident in attending mammography. (Figure 2)

Table 1. Main statistical outcomes for qualitative data relative to participant demographics.

CHARACTERISTICS	MSES	CLOTHING REMOVED FOR BREAST SCREENING	SCREENING AWARENESS	UNDERSTANDING OF BREAST SCREENING
FAITH ^A	0.001*	0.070	0.007*	0.043*
AGE	0.065	0.666	0.558	0.027*
ETHNICITY	0.001*	0.044*	0.003*	0.089
AREA	<0.001*	0.114	0.013*	0.089

* Significance was set to ≤ 0.05 .

A 'Prefer not to say' group in faith was not relevant to the comparison, so it was not reported.



Figure 1. Socioecological model of factors influencing breast screening behaviour.

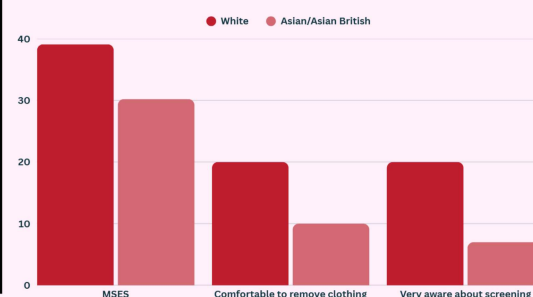


Figure 2. The effect of ethnicity on MSES, comfort in removing clothing for breast screening, and awareness about screening.

CONCLUSION

- Targeted person-centred health awareness, cultural competency, and inclusive practice are crucial in promoting awareness of breast cancers screening in communities.
- Future studies should encourage co-creation with the community to increase demographic representation and reduce health inequality amongst ethnically minoritised women in Lancashire.

