

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Perceived acceptability and feasibility of integrating breast and cervical cancer screening for women and providers in Kenya

Priority 1 (Research Category)

Screening, prevention, and health promotion

Presenters

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Abstract

Context: Breast cancer (BC) and cervical cancer (CC) account for nearly 50% of all cancers among women in sub-Saharan Africa (SSA). Integrated screening for BC and CC can maximize the number of women screened and optimize limited resources. Few efforts have been made to integrate BC and CC screening in Kenya.

Objective: This study assesses the acceptability and feasibility of integrating BC screening into the CC screening program in Kenya.

Study Design: A cross-sectional survey was conducted as part of a larger randomized controlled trial evaluating a web-based intervention to improve retention in CC care.

Setting: The study was conducted at 10 government hospitals in Siaya and Busia Counties in Kenya.

Population Studied: A total of 1,305 women presenting for CC screening and 50 CC providers at the study hospitals were surveyed.

Intervention: Surveys were conducted at study start-up (providers) and enrollment (women) and gathered sociodemographic information, cancer screening history, barriers and facilitators to BC screening, and acceptability of integrating BC screening with CC screening.

Outcome Measures: Primary outcomes were perceived acceptability and feasibility of integrating BC screening into CC care among women and providers. Secondary outcomes were rates of screening and perceived barriers and facilitators to screening.

Results: Median age of women surveyed was 37; 71% were married, 79% were living with HIV, and 72% had not been screened for BC in <3 years. Median provider age was 34 and 68% were female. 95% of

women would accept BC screening if offered, and 87% agreed that being offered BC screening during CC screening would increase their likelihood of getting screened. 98% of providers agreed that integrating BC and CC screening would be feasible and could increase the number of women screened for both cancers. Patients cited major barriers to BC screening as lack of awareness of BC screening availability and eligibility. Providers cited inadequate equipment, heavy workloads, and insufficient training as barriers.

Conclusions: Integrating BC screening into CC services was highly acceptable to patients and providers and perceived as feasible at the facility. At the patient level, increasing public awareness of BC screening availability, eligibility, and importance will optimize integration efforts. At the facility level, enhancing provider training, upgrading equipment, and balancing workloads to manage screening demands, are necessary.

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