

# Barriers, facilitators, and recommendations for enhancing cervical cancer screening uptake among migrants in the UK: a scoping review protocol. [Protocol].

IDEHEN, E., FRASER, M., EMENIKE, N. and ALEXANDER, L.

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# **Barriers, facilitators, and recommendations for enhancing cervical cancer screening uptake among migrants in the UK- A scoping Review Protocol**

## **Authors**

Idehen E,<sup>1</sup> Emenike N,<sup>1</sup> Fraser M,<sup>1</sup> Alexander L,<sup>1</sup>

<sup>1</sup>School of Health Sciences, Robert Gordon University

## **ABSTRACT**

**Introduction:** Cervical cancer is the fourth most common cancer in women globally, with a high incidence among migrants, even in high-income countries offering free screening services. Evidence shows this disease is preventable through vaccination and regular cervical screening; however, less utilisation of this service has been observed among the migrant population. The international female migrant population, including a considerable proportion of working-age is increasing globally due to conflicts, education, employment, family reunions, and seeking a better life abroad. Migrant's healthcare services utilisation may be influenced by language, cultural and religious beliefs, healthcare-seeking behaviours, and the different healthcare systems in host countries/their home countries of origin. Nevertheless, equity in access to healthcare, including cervical screening uptake, constitutes a human right for all; thus, there is a need to map the literature on influencing factors on cervical screening uptake among migrant women in the UK.

**Objective:** This scoping review aims to map the literature on facilitators, barriers, and recommendations for enhancing cervical screening uptake among migrants in the UK.

**Inclusion criteria:** This scoping review will consider studies that explore barriers, facilitators, and recommendations for enhancing cervical screening uptake among the migrant population in the UK (aged 25-64): systematic/non-systematic reviews that met the inclusion criteria and used qualitative, quantitative, and mixed studies.

**Methods:** MEDLINE, CINAHL, SCOPUS, and Gray literature on relevant studies in English from 2014-2024, extracted and reviewed by two reviewers. Covidence (Veritas Health Innovation, Melbourne, Australia) will be utilised to assist with the process. Titles and abstracts will be screened by the screening team and two reviewers (20 % or more), and others by one reviewer. The process will be repeated for full-text reviews and data one and second reviewers will extract data within the Covidence. The search results and the study inclusion process will be reported in full in tables and flow diagrams.

**Keywords:** Access, equity, cervical cancer/screening, healthcare service, migrants, participation, UK.

## **Introduction**

The international female migrant population, including a considerable proportion of working age, are increasing globally due to war, conflicts, education, employment, family reunions, and seeking a better life abroad (INTERNATIONAL ORGANIZATION FOR MIGRATION, 2023). Migrant's healthcare services utilisation may be influenced by language, cultural and religious beliefs, healthcare-seeking behaviours, and the different healthcare systems in host countries/their home countries of origin (INTERNATIONAL ORGANIZATION FOR MIGRATION, 2023). Nevertheless, equity to accessible healthcare, including screening uptake, constitutes a human right for all (UNITED NATIONS 2023).

Cervical cancer is the fourth most common cancer in women globally (Torre et al. 2017), with a high incidence rate amongst migrants even in high-income countries offering free screening services (Visioli et al. 2015), thus is recognised as a significant public health problem. However, evidence indicates this disease is preventable through vaccination and regular screening (WORLD HEALTH ORGANIZATION 2023). Cervical screening is available and administered to risk-group females in most developed countries including migrants and may vary by country for the disease prevention (Arbyn et al. 2021; Jansen et al. 2020). Nonetheless, underutilisation of this service has been observed among some migrant groups, even in countries with available screening services (Idehen et al. 2020; Idehen, Pietilä and Kangasniemi 2020; Hertzum-Larsen et al. 2019; Idehen et al. 2018; Idehen et al. 2017; Marlow, Waller and Wardle 2015; Visioli et al. 2015). Similarly, previous studies indicate low screening uptake rates among migrants in the UK (Public Health England 2021; (Marlow, Waller and Wardle 2015; Ekechi et al. 2014); thus, there is a need to map the literature on influencing factors on cervical screening uptake among migrant women in the UK.

A preliminary search of PROSPERO, MEDLINE, the Cochrane Database of Systematic Reviews and the JBI Evidence Synthesis was conducted, and no current or ongoing systematic/scoping reviews on the topic were identified among this population in the UK. Systematic/scoping reviews restricted to South Asian women in Europe (Greenley et al. 2023; Rosato et al. 2023; Chua et al. 2021; Marques et al. 2020); and a study including US, UK, and Canada samples about different cancer screening (Crawford et al. 2016) were identified but not specific to the UK population.

This scoping review aims to map the literature on facilitators, barriers, and recommendations for enhancing cervical screening uptake among migrants in the UK, age range 25 to 64 (The target age range for cervical screening in the UK) (GOV.UK 2021).

## **Aim**

This scoping review aims to map the literature on facilitators, barriers, and recommendations for enhancing cervical screening uptake among migrants in the UK.

## **Review Question**

What literature/evidence/reports have been reported on cervical screening uptake among migrant women in the UK?

## **The specific questions of this review are:**

1. What barriers and facilitators to accessing and utilising cervical cancer screening services among migrant women in the UK have been reported?
2. What intervention/recommendations have been reported for use in improving cervical cancer screening uptake amongst migrant women in the UK?

## **Eligibility Criteria**

The inclusion criteria are set using the PCC (Participant, Concept and Context) framework as recommended by the JBI scoping review methodology (Peters, et al. 2020).

*Participants:* The target population includes females from any of ethnic minority residing in the UK. The term 'minorities' refers to all other ethnic groups except white British in the UK (The Law Society, 2023). In the UK, cervical screening is offered to all women with cervix aged 25-64 (every 3 years aged 25-49, and every 5 years aged 50-64) (GOV.UK 2021).

### *Exclusion criteria*

The exclusion criteria include women out of the age range (under the age of 25 and over 64 years), men, white British/general/native population, non-cervical cancer screening and studies conducted outside of the UK.

*Concept:* This scoping review is targeted at studies reporting participation in cervical cancer screening among minority groups, also highlighting barriers and facilitators of uptake. This study will also examine papers on appropriate recommendations to enhance migrant groups in cervical cancer screening uptake in the UK.

*Context:* This scoping review will employ all the available resources to identify in English from 2014-2024 (ten years) on cervical screening that explore barriers, facilitators, and recommendations for enhancing cervical screening uptake among migrant women in the UK only.

### **Methods/study design**

This scoping review will consider studies that explore barriers, facilitators, and recommendations for enhancing cervical screening uptake among the migrant population in the UK. Therefore, qualitative, quantitative, and mixed studies will be considered for the scoping review, including quantitative analyses based on cross-sectional surveys. Qualitative studies including, but not limited to, designs such as phenomenology, grounded theory, ethnography, qualitative description, action research and feminist research, and qualitative studies that used interviews, focus groups, diaries and social media/posts will be considered in the study. Additionally, systematic reviews that meet the inclusion criteria depending on the research question, as well as text and opinion papers, will be considered for this scoping review. The proposed scoping review will be conducted following the JBI methodology for scoping reviews in the relevant chapters of the JBI manual on evidence Synthesis (Peters et al. 2020). This protocol has been registered in Open Science Framework (OSF) (<https://osf.io/xwc53>).

## **Search Strategy**

The scoping review will be conducted following the JBI methodology for scoping reviews in the relevant chapters of the JBI manual on evidence synthesis (JBI Scoping Reviews (2020 version)). The search strategy will aim to map both published and unpublished studies in databases, which include MEDLINE (OVID), CINAHL(EBSCO), and SCOPUS, from 2014-2024 via *electronic databases* to identify relevant and updated articles on the topic *and* limited to English. Unpublished studies/grey literature will be identified from the following sources: Google (incognito mode, limited to the first ten pages, PDF), The Networked Digital Library of Theses and Dissertations (NDLTD), World Health Organization, United nations, International Organization for Migration, NHS UK/immigration/government websites, Cochrane CENTRAL.

An initial limited search will be conducted in MEDLINE and CINAHL using the terms: Migrants, Minorities, women, cervical cancer screening will be used. From this search, the texts/title words from relevant articles and the index terms used in the articles will be utilised to develop a complete search strategy (See draft search strategy for MEDLINE in Appendix I). The search strategy, including all identified keywords and index terms, will be adapted for each included database and information source. The reference list of all included sources of evidence following full-text screening will be screened for more studies.

### **Study/Source of Evidence Selection**

Following the search, all identified citations will be collated and imported to Covidence systematic review software (*Veritas Health Innovation, Melbourne, Australia*) where duplicates will be removed before screening. Following a pilot test between all reviewers, titles and abstracts will be screened by two independent reviewers for assessment against the inclusion criteria for the review (Cochrane Rapid Reviews 2020). Two reviewers screen 20 % (or more), for dual screening of the abstracts and with conflict resolution, while one reviewer will screen the remaining abstracts, and a second reviewer will screen all excluded abstracts and resolve any conflicts (Cochrane Rapid Reviews 2020).

For the full text screening, one reviewer to screen all included full text articles, while a second reviewer to screen all excluded full text articles (Cochrane Rapid Reviews 2020), where a third reviewer or discussion will resolve any differences or queries. Reasons for excluding sources of evidence in full text that do not meet the inclusion criteria will be recorded and reported in the scoping review as an appendix. Any disagreements or conflicts between the reviewers at each stage of the selection process will be resolved through discussion or with the attention of another reviewer(s). The search results and the study inclusion process will be reported in full in the scoping review and presented in a flow diagram (Page 2020) and in alignment with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Review (PRISMA-ScR) (Tricco et al. 2016).

### **Data Extraction**

Data will be extracted independently using a data spreadsheet created in Covidence (attached as a draft in Appendix II). The data extraction sheet will be amended from the JBI data extraction template including, details of the evidence source, characteristics, and results (Peters MDJ, Godfrey C, McInerney P, Munn Z, Tricco AC, Khalil, H. ). Study characteristics, ideas, setting, participant characteristics (age, ethnicity, and location), and outcome/findings related to the review questions will all be included in the retrieved data.

### **Assessment of Methodology Quality**

As per JBI methodology (Peters et al. 2020), there will be no methodological quality assessment in this scoping review.

### **Data analysis and Presentation**

Data from the included studies will be synthesised and presented as a map of results in tables and figures for each review question. Data will undergo inductive analysis to group similar data and present a map of the literature related to barriers and facilitators, recommendations, and other factors related to the scoping review questions.

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### Conflicts of interest

*The authors declare no conflict of interest in this project.*

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## Appendices

### Appendix I: Search strategy

#### Ovid MEDLINE(R) ALL >1994-March 28/2024

1	MH early detection of cancer	57,177
2	arly detection of cancer AND ( ( "cervical cancer screening" OR "cervical cancer" OR "cervical screening" OR "cervical screening programme" OR "smear test" OR "pap test" OR "pap smear" OR "mass screening" ) )	17,614
3	early detection of cancer AND ( ( "cervical cancer screening" OR "cervical cancer" OR "cervical screening" OR "cervical screening programme" OR "smear test" OR "pap test" OR "pap smear" OR "mass screening" ) ) AND ( ( immigrants OR migrants OR minorit* ) )	750
4	early detection of cancer AND ( ( "cervical cancer screening" OR "cervical cancer" OR "cervical screening" OR "cervical screening programme" OR "smear test" OR "pap test" OR "pap smear" OR "mass screening" ) ) AND ( ( immigrants OR migrants OR minorit* ) ) AND ( ( facilitators OR motivators OR enablers OR barriers OR "influencing factors" OR recommendations OR "recommendations for improvements" OR attitudes OR "health knowledge" OR uptake OR participation ) )	497
5	early detection of cancer AND ( ( "cervical cancer screening" OR "cervical cancer" OR "cervical screening" OR "cervical screening programme" OR "smear test" OR "pap test" OR "pap smear" OR "mass screening" ) ) AND ( ( immigrants OR migrants OR minorit* ) ) AND ( ( facilitators OR motivators OR enablers OR barriers OR "influencing factors" OR recommendations OR "recommendations for improvements" OR attitudes OR "health knowledge" OR uptake OR participation ) ) AND ( ( uk OR "united kingdom" OR "gr ...	81
6	Limit 5 to English early detection of cancer AND ( ( "cervical cancer screening" OR "cervical cancer" OR "cervical screening" OR "cervical screening programme" OR "smear test" OR "pap test" OR "pap smear" OR "mass screening" ) ) AND ( ( immigrants OR migrants OR minorit* ) ) AND ( ( facilitators OR motivators OR enablers OR barriers OR "influencing factors" OR recommendations OR "recommendations for improvements" OR attitudes OR "health knowledge" OR uptake OR participation ) ) AND ( ( uk OR "united kingdom" OR "gr ...	80
7	Limit 6 to Female	69
8	Limit 7 to 2014	56

## Appendix II: Data Extraction Instrument

[illegible]