



Policy Brief

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Barriers to Colorectal Cancer Screening in the Eastern Mediterranean Region



INTRODUCTION

Colorectal cancer (CRC) is a significant and growing health concern in the Eastern Mediterranean Region (EMR), with incidence rates and prevalence highlighting the urgent need for effective prevention and early detection strategies. The variable impact of CRC across the region and the critical role of screening in mitigating morbidity and mortality underscore the importance of understanding barriers to effective screening.

A recent [scoping review](#), published in the Journal of Gastrointestinal Oncology, conducted through the application of the Theoretical Domains Framework (TDF), has provided valuable insights into multi-level barriers to CRC screening within the EMR. These barriers exist at the individual, public, provider, and health system levels, with notable challenges in the domains of knowledge, emotion, environmental context, resources, and beliefs about consequences.

Approach

This policy brief presents the findings from "Barriers to colorectal cancer screening in the Eastern Mediterranean Region: a scoping review using the theoretical domains framework" that review, summarizing the key barriers identified and their implications for policy and practice. It aims to inform policymakers, healthcare providers, and stakeholders in the EMR. It offers insights that can guide evidence-based strategies for promoting CRC screening and early detection.

The insights drawn from the paper serve as a foundation for this brief, contributing to the ongoing effort to address CRC in the region. By translating research into actionable policy guidance, this brief seeks to advance the implementation of effective, culturally tailored interventions that can reduce the burden of CRC within the EMR.

CHALLENGES AND BARRIERS

Knowledge and Skills

From the public and individual perspectives, the barriers include poor knowledge and lack of awareness of CRC symptoms, risk factors, and screening modalities.

From the provider's perspective, there is an unfamiliarity with CRC screening frequency and symptoms. Low awareness and knowledge among medical students, inadequate training for laboratory technicians, and providers are also noted barriers.

Social/Professional Role, Identity, and Beliefs

Gender and education play a role, with women more likely to undergo the Fecal Occult Blood Test (FOBT), and those with higher education more likely to undergo screenings. Male primary care physicians are less likely to recommend CRC screening. Beliefs about capabilities also come into play, with the public showing influence by higher perceived self-efficacy, and providers demonstrating a lack of confidence to perform and interpret screening tests.

Optimism, Intentions, Reinforcement

One study linked a positive perception of FOBT uptake, referring to the willingness to undergo the screening test, with undergoing screening.

Intentions include factors such as a low priority for personal health, distrust of Western medicine, and a lack of emphasis on prevention among providers. Reinforcement barriers include the non-acceptability of having a colonoscopy without sedation, a lack of recommendations from physicians, and an absence of screening reminders by healthcare workers.

Environmental Context, Resources, and Memory, Attention, and Decision Processes

Environmental factors include time restraints, religious objections, and urban residents being more likely to undergo screening. Provider factors include inadequate training, distrust of physicians, and poor physician-patient relationships. Health system factors include the cost, lack of screening facilities, difficulty in arranging transport, low socioeconomic status, a shortage of healthcare workers, long wait times, and acute availability of screening services.

Emotion, Social Influences

Emotions, including fear of test results, procedures, potential pain, as well as anxiety, embarrassment, shyness, and weariness of the provider's gender, play a significant role. These, along with low social support and patients' fear of painful procedures, influence providers' recommendations.

RECOMMENDATIONS & IMPLICATIONS

The complexity of factors influencing CRC screening necessitates a multifaceted approach targeting individual, provider, and health system levels. A focus on provider perspectives is essential, as future interventions must consider the provider's perspective for a more comprehensive strategy. Interventions must be locally relevant and culturally appropriate, highlighting the importance of cultural sensitivity. Continuous monitoring and evaluation will ensure strategies meet the evolving needs of the population and adapt to changes within the healthcare system, emphasizing the need for dynamic adaptation.

Therefore, to enhance knowledge and education there should be implementation of educational initiatives targeting both the public and healthcare providers to boost understanding of CRC symptoms, risks, and screening procedures. Environmental context and resources must be improved by

addressing logistical challenges, improving screening facilities, tools, and investing in CRC screening infrastructure, including facilities and skilled staff. Emotional barriers must be addressed by providing support to overcome fears and anxieties related to screening and fostering communication and empathy among healthcare providers. Expanded research should be promoted to investigate barriers and to assess the capacity of the health system for cancer prevention and control. Engaging multisector collaboration will foster collaboration between various sectors to create a unified effort towards improving CRC screening rates.

CONCLUSION

In conclusion, the many barriers to CRC screening in the EMR show that this is a complex problem. The information gathered using the TDF gives us a detailed look at the challenges, which can help guide the creation of strategies. Moving forward will take teamwork across different areas, including education, better use of resources, emotional support, and working together. With a focus on constant review and understanding of local needs, the EMR can make substantial changes in how CRC is prevented and detected early. The ideas shared in this policy brief can be the starting point for those who want to lower the risks of CRC, showing that working together and being ready to adapt can lead to better health for the region.

GHD|EMPHNET: Working Together for Better Health

The Eastern Mediterranean Public Health Network (EMPHNET) is a regional network that focuses on strengthening public health systems in the Eastern Mediterranean Region (EMR) and beyond. EMPHNET works in partnership with ministries of health, non-government organizations, international agencies, private sector, and relevant institutions from the region and the globe to promote public health and applied epidemiology. To advance the work of EMPHNET, Global Health Development (GHD) was initiated to build coordination mechanisms with partners and collaborators. Together, GHD|EMPHNET is dedicated to serving the region by supporting efforts to promote public health policies, strategic planning, sustainable financing, resource mobilization, public health programs, and other related areas.

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