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Review article

Breast Cancer Screening Access Among Low-Income Women Under Social Health Insurance: A Scoping Review

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Abstract

Background: Breast cancer is the most prevalent cancer among women worldwide. Due to its unknown causes, secondary prevention is highly encouraged for case early detection. Unfortunately, some women face difficulties in accessing it, even though they are covered by social health insurance.

Objective: This study aimed to identify previous studies that mapped the various aspects within the domain of breast cancer screening access among low-income women under social health insurance.

Methods: This study used a scoping review method, following the guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist. The electronic databases were searched in PubMed, Scopus, and EBSCO identified 115 articles. After the selection process involves two main stages, we found 7 studies included for the full review. Data charting is used for the data extraction. Thematic analysis is conducted to address the research question.

Results: Social Health Insurance has a positive influence on access to breast cancer screening. Based on the Levesque framework, access is conceptualized in five dimensions, namely approachability, acceptability, availability, affordability, and appropriateness. Some aspects are found as variations of the original concept proposed as evidence from the field.

Conclusion: The Levesque framework remains relevant to the experiences of low-income women. The variations observed emphasize the need for tailored approaches to healthcare delivery, providing opportunities for improving access.

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Background

Breast cancer is the most prevalent form of cancer globally among women, constituting approximately 25% of all cancer cases and contributing to 15% of cancer-related fatalities IARC (2016); (World Health Organization, 2010). Breast cancer screening, as a form of secondary prevention, has the potential to reduce mortality rates and improve survival outcomes. The primary purpose of cancer screening examination is to identify pre-cancerous or early-stage cancer in individuals without symptoms, allowing for prompt diagnosis and early intervention (World Health Organization Euro, 2022; Yaffe et al.,

2018). Nevertheless, the accessibility to breast cancer screening services remains far from universal and equitable, particularly for low-income women who confront a multitude of obstacles and difficulties in securing timely and suitable care (Castaldi et al., 2022).

One of the pivotal determinants influencing access to healthcare is social protection, exerting considerable influence on the availability, affordability, and quality of healthcare services. Social health insurance is an important component of social protection within the context of the Social Determinant of Health, ensuring that individuals have access to the necessary healthcare services (Primeau et al., 2014; World Health Organization, 2023). However, there remains a need to understand the influence of health insurance on the availability of breast cancer screening for economically disadvantaged women, regardless of the categorization of countries based on their average per capita economic income (Latifi, 2022; World Health Organization, 2023; World Health Organization SEARO, 2003).

Social health insurance is a type of health insurance that can help overcome these barriers by providing universal and comprehensive coverage for breast cancer screening services, without co-pays or deductibles. In Europe, some of the countries that implement Social Health Insurance (SHI) include Germany, Switzerland, and the Netherlands (Jacobs & Goddard, 2000). Nations in the Asia-Pacific region, such as Japan and South Korea, have attained comprehensive SHI coverage. Thailand and the Philippines have a substantial portion of their population enrolled in SHI programs. Conversely, emerging economies like China and India have a lower percentage of their population covered by SHI schemes. The adoption of SHI is intricately linked to factors such as the level of socio-economic development, the maturity of the financial sector (with a particular focus on the banking system), and employment conditions, especially the presence of a higher proportion of formal sector establishments (World Health Organization SEARO, 2003).

Social health insurance is funded by taxes or contributions from employers and employees, covers a defined population for a set of health services, and minimizes the barriers to breast cancer screening utilization for low-income women in all economic settings by providing financial protection, increasing access to quality services, and reducing out-of-pocket payments (Normand et al., 2009). However, SHI alone may not be sufficient to address the other barriers that low-income women face, such as lack of awareness, low literacy, cultural or religious beliefs, stigma, fear, or distrust of the health system.

The Levesque (5A) framework offers a conceptual model that defines healthcare access as a dynamic process involving the healthcare system and the population. This model consists of five key dimensions of access namely approachability, acceptability, availability and accommodation, affordability, and appropriateness (Cu et al., 2021; Daisuke, 2022). Approachability encompasses the visibility and trustworthiness of the healthcare system among the population. This dimension revolves around how easily individuals can perceive the presence of the health system and its responsiveness to their health requirements. Acceptability delves into the degree to which the health system demonstrates respect, non-judgmental attitudes, and sensitivity to the values, preferences, and expectations of the population it serves. This dimension ensures that individuals can access appropriate services without apprehension. Availability and accommodation evaluate whether the health system possesses the necessary resources, personnel, and infrastructure to cater to the diverse needs of the population. It encompasses the system's adaptability to the varied constraints and preferences of individuals regarding the location, timing, and mode of service delivery. Accessibility and timeliness of services are pivotal components, ensuring that individuals can physically reach the services when needed. Affordability scrutinizes the financial aspects of healthcare accessand emphasizes the ability to pay for services without incurring financial hardship or sacrificing other opportunities. Appropriateness evaluates the effectiveness and quality of healthcare services provided by the health system. It encompasses the relevance of services to the population's needs and expectations and the system's capacity to coordinate and integrate services across different levels and providers.

We conducted a scoping review from previous studies to gain better insights into enhancing access to Breast Cancer Screening (BCS) for low-income women. We aimed to identify previous studies that mapped the various aspects within the domain of breast cancer screening access among low-income women under social health insurance.

Method

Study Design

The chosen approach for this research is a scoping review, which follows a systematic five-step methodology as outlined by Arksey and O'Malley (2005) and Peters MDJ (2020). To ensure

methodological rigor, the scoping review adheres to recognized and standardized procedures and guidelines established by The Joanna Briggs Institute. The reporting of this review complies with the guidelines provided in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist (Page MJ, 2021; Tricco, 2018). The research question for this review is "How have existing studies explored the various aspects of access among low-income women to breast cancer screening under social health insurance?"

Search methods

The principle of participant, concept, and context (PCC) was utilized to formulate the eligibility criteria as shown in **Table 1**.

Table 1 Eligibility Criteria

Population	Low-income women who are eligible for breast cancer screening
Concept	Social health insurance Access to breast cancer screening
Context	Health insurance policies or programs affect the access to health care services for low-income women. Original Study. Geographic Scope: global. Timeframe: Publications published between 2018 and 2023 Language: Publications available in English Full text available

Search Strategy

Based on the PCC principle, we have developed the following keywords:

Keywords #1: breast cancer screening,

Keywords #2: social health insurance OR healthcare financing,

Keywords #3: health care access OR access,

Keywords #4: Low-income women OR economically disadvantaged women OR underserved women.

These keywords were utilized and adjusted to the syntax and controlled vocabulary of each reputable database during the search for published studies between 2018 and 2023. All studies with at least an abstract indexed under two of the aforementioned keywords were identified. To enhance the validity and reliability of this scoping review, the combination of these keywords was employed in each database. The electronic databases searched included the primary databases PubMed, Scopus, and EBSCO. The searches were conducted separately in each database using keywords, MeSH terms, and Boolean operator AND/ OR (Appendix 1).

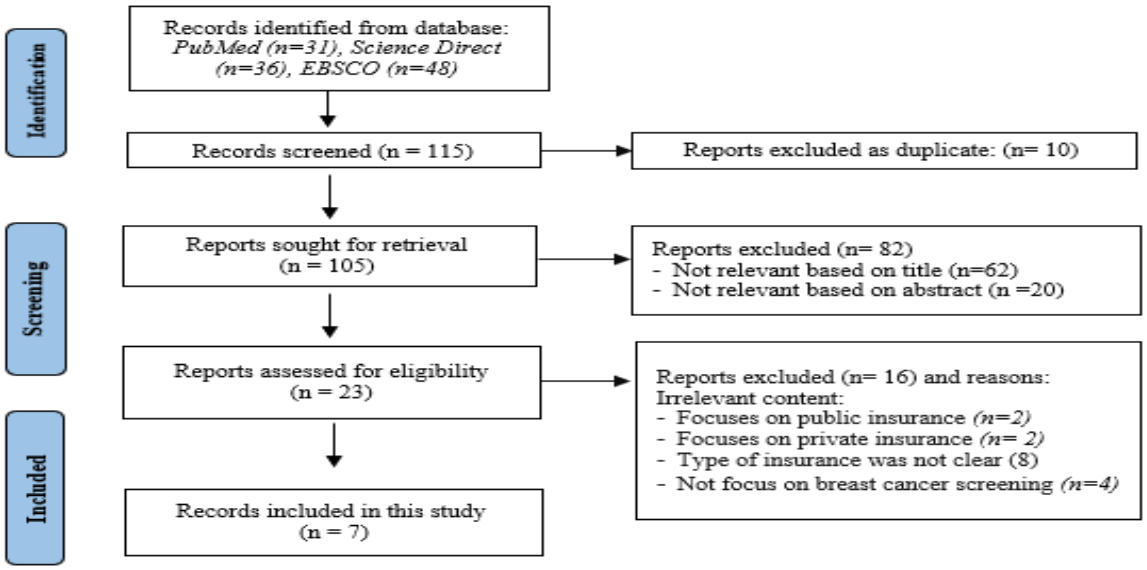

Figure 1 PRISMA flow diagramof the selection process for scoping review (Haddaway et al., 2022; Page MJ, 2021)

Study Selection

The process of selecting studies involves two main stages, enabling us to identify studies relevant systematically and rigorously to our research. The first stage includes manual comparisons to identify and remove any duplicates. The second stage is the full-text assessment of articles. We thoroughly review these articles based on our eligibility criteria, with a focus on evaluating aspects related to the accessibility of breast cancer screening, in the context of social health insurance. We determine the relevance based on its content and the context. Any articles that do not meet the criteria are excluded. This review identified 115 articles. After excluding duplicate articles and reviewing the title and abstracts, 105 studies were selected for full-text review, and out of those, 27 were ultimately considered for further analysis. We found 7studies included for full review. PRISMA flow diagram of information is found in **Figure 1.**

Data extraction and analysis

The data extraction process in a scoping review is referred to as data charting and is used to provide a summary of the results. The charting table form for this study was adapted from the JBI methodology guidance for scoping reviews (Aromataris & Munn, 2021). To address the research question, we conducted a thematic analysis

Results

We have analyzed data from seven published studies using selected frameworks to accomplish the objectives and research questions of this scoping review.

The context and finding

Social health insurance as one type of health insurance has different characteristics and variations in each country (Jacobs & Goddard, 2000; Normand et al., 2009). Despite the various variations, the findings indicate that SHI has a positive influence on improving access to breast cancer screening for low-income women. The table below describes the context and findings from our study.

Table 3 The context and findings of the reviewed studies

First Author (Year)	Objective	Origin	Context	Finding
Mobley et al. (2017)	To examine the predictors of breast cancer mammography use	USA	-BCS -SHI	- SHI improved mammography access. - Racial disparities and residential segregation influence access
James et al. (2020)	To describe CHW deployment, training, and costs related to BCS	UK, USA, Uganda, Canada	-BCS -CHWs	- Community Health Workers (CHS) have multiple roles in increasing BCS utilization. - Multicomponent interventions were more effective compared to single-intervention
Sabik et al. (2020)	To examine the effects of physician payment generosity and managed care	USA	- Breast and cervical cancer screening - Managed care	- High physician payment linked to BCS - Managed care led to lower screening for both
Tsapatsaris and Reichman (2021)	To describe free BCS to medically underserved women and to evaluate its impact	USA	- Mobile mammography - BCS disparities	The program reduced socioeconomic barriers and racial disparities in BCS among medically underserved women in NYC
Lee et al. (2022)	To examine the relationship	China, USA	- SHI coverage	SHI is associated with access to needed healthcare

	between SHI coverage and access to needed healthcare		- Access to care	
Luu et al. (2022)	To explore how gender and social networks shape healthcare access and use	Canada, Philippines	- Social networks - Healthcare access - Low-income women	Interactions with health professionals, resource availability at facilities, health care costs, and health insurance acquisition shaped experiences of health care use
Ifeoma Jovita et al. (2023)	To identify interventions that increase the use of mammography screening in women living in LMICs	Nigeria	-Mammography -LMICs	- Client-oriented interventions improved mammography use. - Multicomponent approaches are the most effective

The scope of study design and method

From the aspect of study design and method (**table 4),** we found that four studies utilized quantitative methods, while three studies employed qualitative approaches. Study designs varied, with two studies adopting a cross-sectional design and scoping/systematic review. Additionally, one study employed multilevel analysis, retrospective cohort study, and descriptive qualitative study. Data collection methods were diverse, with primary data collection prevalent (4 studies), while other studies relied on secondary data from databases and bibliography databases. Analytical tools differed across studies, and these approaches enabled a robust examination. There are 2 studies that applied frameworks in their findings. One study followed Andersen's behavioral model, and one study adopted the Patient-Centered Access framework. The other five studies did not specify a particular framework.

Table 4 Summary of the study design and method of the reviewed studies

Aspects	Categories	Count
Method	Quantitative	4
	Qualitative	3
Study design	Cross-sectional study	2
	Scoping / Systematic scoping review	2
	Multilevel analysis	1
	Retrospective cohort study	1
	Descriptive qualitative study	1
Sampling technique	Total sampling	5
	Convenient sampling	2
Data Collection Technique	Primary data	3
	Secondary data	2
	Bibliography database	2
Analysis Tools	Multivariate logistic regression models	2
	Mixed Methods Appraisal Tool	2
	Thematic Analysis	1
	Descriptive statistics	1
	Multiple factors generalized linear mixed models	1
Framework	Andersen's behavioral model	1
	Patient-centered access	1
	No specific framework	5

The aspects within the domain of BCS access among low-income women under SHI

The Levesque Framework is employed as a structure for thematic analysis related to the concept within each domain and the aspects that influence each domain (Cu et al., 2021). The influencing factors of health access include approachability, acceptability, availability and accommodation, affordability, and appropriateness (Daisuke, 2022). Based on the reviewed articles, the dimensions and aspects influencing access to breast cancer screening under SHI will be summarized in the following table.

Table 5 Summary of the domain and aspect of the reviewed studies

Domain	Aspects	Sub-aspects
Approachability	Awareness of the target groups	Breast cancer and screening (Luu et al., 2022; Mobley et al., 2017)
	Perceived Believed	Trust in healthcare facilities and providers(Lee et al., 2022; Mobley et al., 2017)
		Trust the alternative or traditional medicine (Ifeoma Jovita et al., 2023; Lee et al., 2022)
	Perceived benefits	The benefit of BCS(Lee et al., 2022; Mobley et al., 2017; Sabik et al., 2020)
Acceptability	Cultural acceptability	Stigma and fear of breast cancer (James et al., 2020; Tsapatsaris & Reichman, 2021)
		Cultural norms and linguistic barriers (James et al., 2020; Luu et al., 2022; Mobley et al., 2017)
		Social support & network (Ifeoma Jovita et al., 2023; Luu et al., 2022)
	Provider-patient relationship	Communication and respect (Sabik et al., 2020; Tsapatsaris & Reichman, 2021)
		Trust in health providers(James et al., 2020; Sabik et al., 2020)
Availability and accommodation	Policy support	Health insurance policies (Lee et al., 2022; Mobley et al., 2017; Sabik et al., 2020)
		Health insurance coverage (Lee et al., 2022; Mobley et al., 2017; Sabik et al., 2020)
	Availability of services	Health Facilities (Lee et al., 2022; Mobley et al., 2017; Sabik et al., 2020; Tsapatsaris & Reichman, 2021)
		Community health workers (James et al., 2020; Luu et al., 2022)
		Waiting time (Lee et al., 2022; Mobley et al., 2017; Sabik et al., 2020; Tsapatsaris & Reichman, 2021)
		Mobile mammography services (Tsapatsaris & Reichman, 2021)
Affordability	Health Insurance	Coverage of service (Lee et al., 2022; Mobley et al., 2017; Sabik et al., 2020)
		Total cost (Lee et al., 2022; Mobley et al., 2017; Sabik et al., 2020; Tsapatsaris & Reichman, 2021)
		Reimbursement (Lee et al., 2022; Mobley et al., 2017; Sabik et al., 2020)
Appropriateness	Quality of care	Skill Competence (Lee et al., 2022; Mobley et al., 2017; Sabik et al., 2020; Tsapatsaris & Reichman, 2021)
		Communication Competence (Lee et al., 2022; Mobley et al., 2017; Sabik et al., 2020; Tsapatsaris & Reichman, 2021)
		Adherence to guidelines (Mobley et al., 2017; Sabik et al., 2020; Tsapatsaris & Reichman, 2021)
	Patient satisfaction	Convenience (Lee et al., 2022; Mobley et al., 2017; Sabik et al., 2020; Tsapatsaris & Reichman, 2021)
		Being respected (Lee et al., 2022; Mobley et al., 2017; Sabik et al., 2020; Tsapatsaris & Reichman, 2021)
		Trust to health providers (Lee et al., 2022; Mobley et al., 2017; Sabik et al., 2020; Tsapatsaris & Reichman, 2021)
	Cultural appropriateness	Intervention and adaptation (Ifeoma Jovita et al., 2023; James et al., 2020; Luu et al., 2022)

Conceptualization

The reviewed studies defined access to breast cancer screening among low-income women under the SHI from the perspective of service providers. The healthcare system is multifaceted and interrelated. We conceptualize the findings of the reviewed studies as follows:

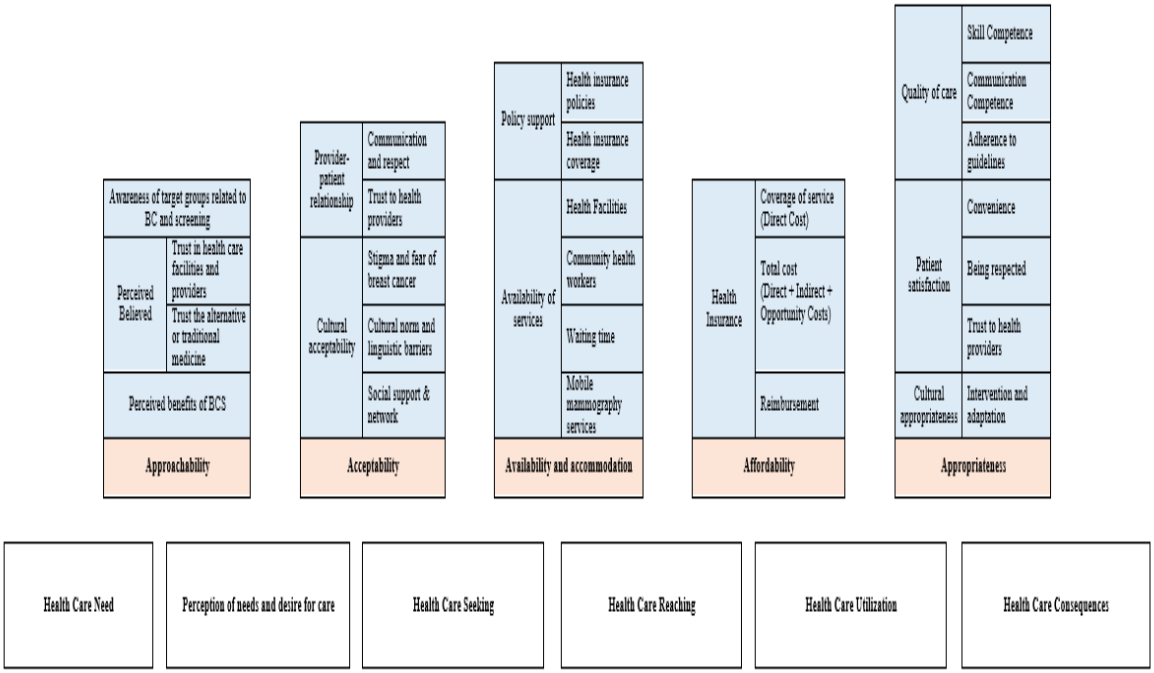

Figure 2 The conceptualization of access to BCS for low-income women under SHI on the supply side

Discussion

Access to BCS, especially for low-income women, has been assumed to be primarily related to unaffordability in financing. However, the financial aspect is only one part of the barriers to accessing the service. This can be observed from the low coverage of BCS in almost all countries that have provided BCS funded by health insurance which remains low (Bergo et al., 2019; Mukem et al., 2016; Quintin et al., 2022). Moreover, women with low economic status often contend with low literacy and limited access to information and networks (Almeida et al., 2001).

Social health insurance is a type of health insurance that involves the participation and contribution of various parties, such as the government, workers, employers, and society. The reviewed studies are conducted in high-income countries (HIC) and in low- and middle-income countries (LIMC), and have been shown to enhance accessibility by reducing barriers to mammography screenings. Health insurance coverage particularly SHI, has been positively correlated with improved access to essential healthcare services, as it diminishes financial barriers and enhances the availability of services (Jamal et al., 2022).

The findings of this study revealed various factors that influenced access to breast cancer screening (BCS) among low-income women. Using the Levesque framework (Cu et al., 2021), we identified five dimensions of access for low-income women that interacted to generate access to BCS with SNI as their funding mechanisms. We found that the concept developed by Levesque remains relevant to the experiences of low-income women with selected financing mechanisms. Some aspects within each domain appear as variations of the original concept proposed by Levesque and serve as evidence from the field, which should be considered, especially when providing and delivering healthcare services to both policymakers and health providers.

Approachability refers to the extent to which the health system is designed to meet the needs and expectations of the target population. In this study, we found that the awareness of breast cancer and the screening methods was low among women. This could be attributed to the lack of health education and promotion activities, as well as the limited availability of information sources tailored to their needs. Moreover, some women had low perceived or believed trust in the healthcare facilities and providers and preferred to use alternative or traditional medicine for their health problems. This could be influenced by cultural beliefs and values, as well as previous experiences with the health system (Widayanti et al., 2020).

Furthermore, some women did not perceive the benefits of BCS, and thought that it was unnecessary or harmful. This could be related to the lack of knowledge and understanding of the purpose and benefits of BCS, as well as the fear and stigma associated with breast cancer (Al-Azri et al., 2020).

The health system amplifies awareness and understanding of breast cancer and screening techniques tailored to the unique circumstances and requirements of women. This is achieved through a range of communication channels, encompassing mass media, social media, community health workers, and peer educators. Furthermore, the health system cultivates trust and confidence in healthcare facilities and practitioners by ensuring service excellence, safety, and delivering respectful patient-centred care. It is imperative to confront misconceptions and myths regarding breast cancer screening (BCS) while underscoring the significance and advantages of early detection and treatment (Donnelly & Hwang, 2015).

Acceptability refers to the extent to which the health services are aligned with the preferences and values of the population. In this study, we found that the cultural acceptability of BCS was conceptualized by the stigma and fear of breast cancer, the cultural norm and linguistic barriers, and the social support and network. Some women felt ashamed or embarrassed to undergo BCS. Some women also faced difficulties in communicating with the provider, due to language or dialect differences, or lacked support and encouragement from their family, friends, or community.

The health system may consider the cultural and social factors that affect the women's decisions and behaviour regarding BCS to improve the acceptability of BCS, provide culturally sensitive and linguistically appropriate services, by respecting the women's preferences and choices, and offer female or familiar providers whenever possible. The involvement of family, friends, and community members in health education and promotion activities encourages them to support and motivate women to seek BCS, as well as address the stigma and fear of breast cancer and provide psychological and emotional support to the women who undergo BCS (Solikhah et al., 2019). Public awareness campaigns about cancer should be thoughtfully crafted to avoid exacerbating the stigmatization of individuals with specific cancer types (Akin-Odanye & Husman, 2021).

Availability and accommodation refer to the extent to which the health services are physically available and easily accessible for the population. In this study, we found that the availability and accommodation of BCS conceptualized as the policy support, the availability of services, and the waiting time, as a performance indicator of healthcare services, measuring the efficiency of providing services to patients, and the adequacy of staff allocation (Amina et al., 2015). In some of SNI policies, BCS is covered. The challenge is not only the direct cost but also the indirect and opportunity costs. For low-income women, this situation is disadvantageous.

The availability and distribution of BCS services, especially in underserved areas, may be improved by providing adequate resources, and by innovating approaches such as mobile mammography services. Reducing waiting time for BCS also may achieved by improving the efficiency and effectiveness of the service delivery, implementing a mobile appointment system and other various appointment systems, as well as expanding the network with private healthcare facilities through cooperation agreements (Bagheri et al., 2022; Steenland et al., 2019).

Affordability refers to the extent to which health services are financially affordable and sustainable for the population. In this study, the affordability of BCS was influenced by two main factors, namely the health insurance and the total cost. The cost of service is not only the direct cost of the service, but also the indirect cost of transportation, accommodation, food, and lost income. Reimbursement is beneficial for enhancing affordability, yet at times, it may prove challenging to claim. The enhancement of access in the domain of affordability can be achieved by not only calculating the cost-effectiveness but also the sufficient costs of BCS (Nguyen & Adang, 2018). This may also be accomplished by optimizing services and bureaucracy, which involves simplifying and streamlining the reimbursement process by offering clear and transparent information and reducing administrative burdens and delays such as telemedicine reimbursement process (Salmanizadeh et al., 2022).

Appropriateness refers to the extent to which the health services are relevant and effective for the population. In this study, we found that the appropriateness of BCS was conceptualized as the quality of care, patient satisfaction, and cultural appropriateness. The appropriateness of BCS is being strengthened by improving the quality of care of BCS, providing adequate training and supervision to the providers, enhancing the communication and respect of the providers, and adhering to the guidelines or standards of BCS. The health system should also increase patient satisfaction with the BCS services, by providing convenient and accessible services, by ensuring respect and privacy, and by building trust and confidence in the providers. Furthermore, the health system should make the BCS services culturally appropriate, by tailoring the intervention or adaptation to the local context and needs.

Conclusion

The reviewed studies defined access to breast cancer screening among low-income women under the SHI from the perspective of service providers (supply side). The Levesque framework remains relevant to the experiences of low-income women, within each domain appear tailored aspects as variations of the original concept proposed by Levesque and serve as evidence from the field. Based on the conceptualized aspects in each domain, it can be assured that financial difficulties remain a problem because the costs for screening are not only related to screening coverage but also include indirect and opportunistic costs. Furthermore, the concept of access found is also complex. Health providers must reconsider the level of literacy within the target community, innovate with the availability of facilities, and continue to ensure how to deliver the service effectively at both. This finding hopefully will allow increasing access to BCS. However, our review focuses on the five dimensions of accessibility of services as represented on the supply side. Accessibility of breast cancer services among low-income women under SNI is related to the dynamic and cumulative perspective on access. Understanding patient needs and providing patient-oriented services are strongly encouraged for future research

Declaration Conflicting Interest

The authors declare no conflict of interest.

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Author Contribution

Authors participated in conducting the systematic review, analyzing the data, interpreting the findings, drafting the manuscript, and critically revising the article.

Author Biography

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