

OBSTACLES TO ACCESSING BREAST CANCER CARE AMONG WOMEN IN PAKISTAN: A SYSTEMIC REVIEW

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INTRODUCTION

Breast cancer is the most prevalent malignancy among women in Pakistan and a leading cause of cancer-related deaths. Despite global advances in early detection and treatment, survival rates in Pakistan remain significantly lower compared to developed countries. This disparity is largely attributed to late-stage presentation and limited access to timely diagnosis and treatment. Understanding the barriers that prevent women from seeking and receiving adequate breast cancer care is crucial for designing effective, culturally appropriate interventions. This study systematically reviews existing literature to identify and categorize the key barriers—social, cultural, economic, and healthcare-related—that hinder breast cancer-related care among Pakistani women.

OBJECTIVE

Systematically identify, categorize, and analyze the barriers that hinder Pakistani women from accessing and utilizing breast cancer-related care—including screening, diagnosis, and treatment—in order to inform culturally appropriate and policy-driven interventions for improving early detection and outcomes.

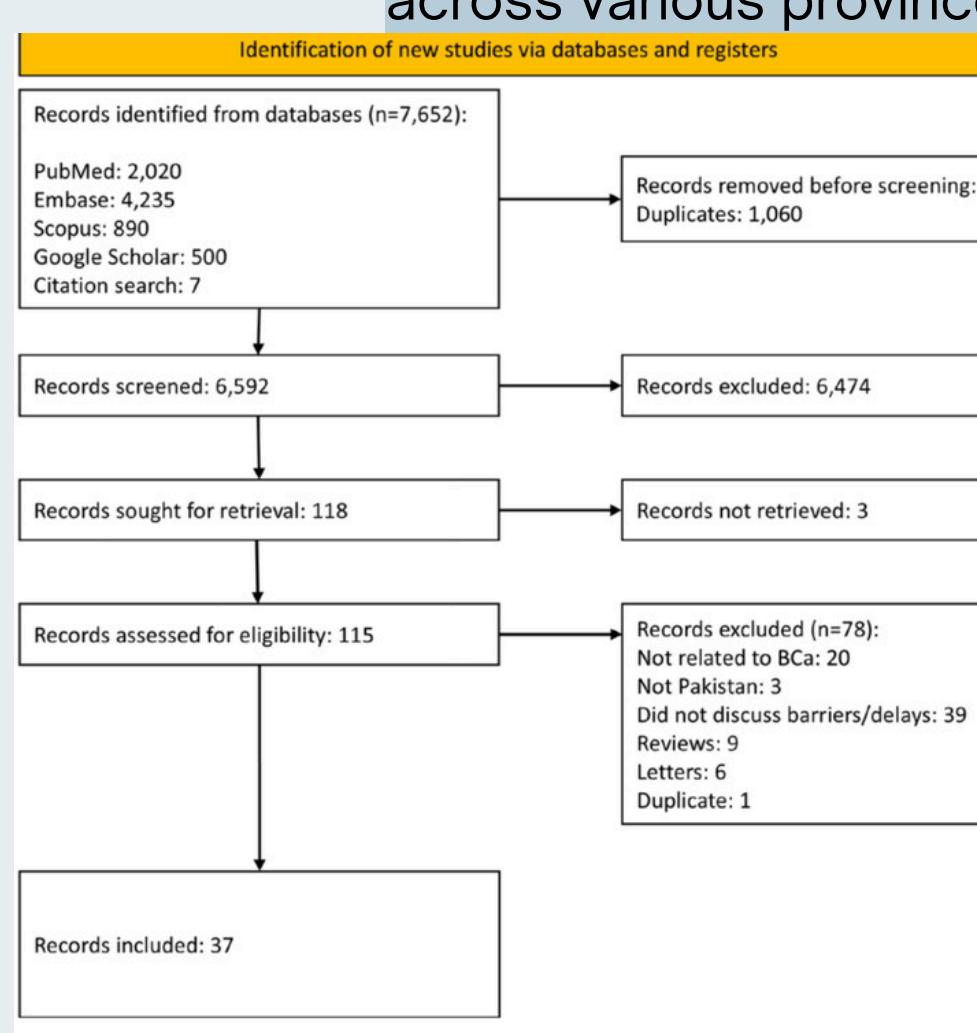
METHODOLOGY

A systematic review was conducted following the PRISMA 2020 guidelines. Databases searched: PubMed, Scopus, Web of Science, and Google Scholar.

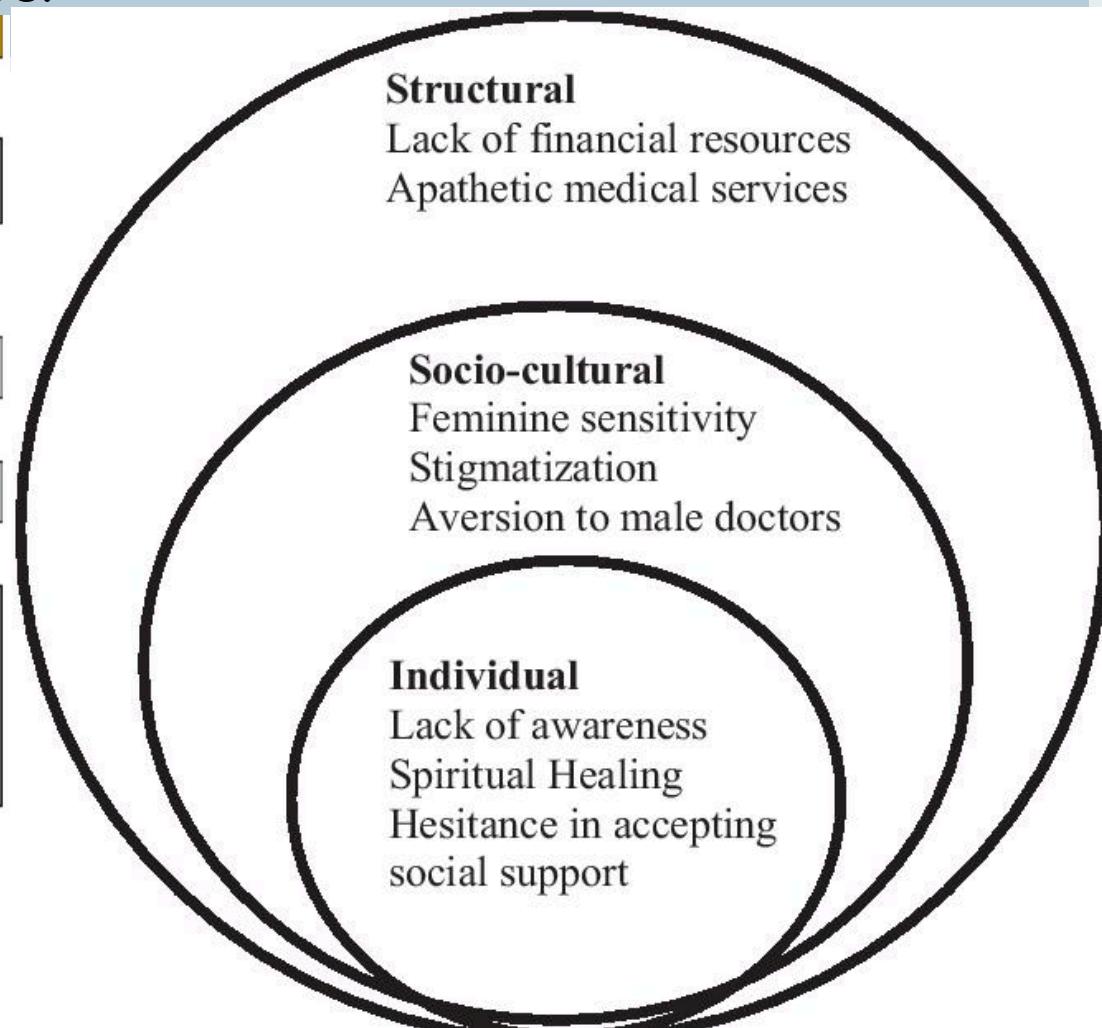
- Search period: Studies published between 2009 and 2024.
- Inclusion criteria: Observational studies exploring barriers to breast cancer screening, diagnosis, or treatment among women in Pakistan.
- Quality assessment: Conducted using the NIH Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies.
- Data synthesis: Barriers were identified, coded, and grouped into thematic categories (e.g., awareness, accessibility, affordability, fear, cultural beliefs, etc.).
- Final sample: 37 studies encompassing 11,871 participants across various provinces.

ANALYSIS

Eight major themes emerged that caused a hinderance in the screen for breast cancer; lack of awareness, cultural beliefs, social stigma, fear and embarrassment, financial constraints, limited accessibility, poor communication with healthcare providers, and gender-related restrictions.



CONCLUSION



- Awareness gaps remain the most dominant barrier, persisting across all socioeconomic backgrounds.
- Cultural norms and gender roles heavily influence care-seeking behaviour, with many women relying on male family members for permission or finances.
- Healthcare accessibility issues—such as lack of female physicians, affordability, and distance from facilities—continue to delay early detection and diagnosis.
- Physicians' perspectives often differ from patients', highlighting the need to include community-based insights when designing inter