

Cancer, risk and decision making in vulnerable women: An exploratory study

Year: 2018

Session type: [Poster sessions](#)

Theme: [Prevention](#)

Sarah Hanson¹, Duncan Gilbert², Rebecca Landy³, Grace Okoli⁴, Cornelia Guell⁵

¹UEA, ²Brighton and Sussex University Hospitals, ³National Cancer Institute, ⁴Queen Mary University London, ⁵European Centre for Environment and Human Health, University of Exeter Medical School, Truro

Abstract

Background

Cancer is associated with socio-economic disadvantage. Yet many interventions designed to reduce risk and improve health fail to reach those with the greatest needs and the most vulnerable. Disadvantaged women, including those who have suffered domestic abuse or who are within the judicial system, represent a group that is particularly poorly accessed in prevention strategies and in research. Our study focused on such disadvantaged women, at two women's centres that provide support and training.

Method

This qualitative study involved thirty participants (23 women and seven staff) in individual interviews and two focus groups. It sought to understand perceptions of, and vulnerability to, cancer; decision making (including screening); cancer symptom awareness and views on health promotion within the context of the women's daily lives. Verbatim transcripts were analysed thematically.

Results

Mental distress dominated our findings. Risk factors of alcohol use, smoking, physical inactivity and unhealthy eating were common but reported within the context of distressing experiences of mental ill-health, poverty, addition and abuse. Walking, for example, was reported due to lost driving licences or a symptom of anxiety; smoking was reported as part of other additive behaviours such as alcohol abuse. Women's views of themselves such as self-worth were often negative, shaped by experiences of neglect and abuse. Health-seeking behaviours such as accessing screening services or being aware and presenting with symptoms needed to be understood in the context of highly complex and difficult to navigate, and sometimes even obstructive, health services.

Conclusion

Women in this study were at high risk of chronic diseases, including cancer. Their experiences of social disadvantage and lack of control profoundly shaped their practices, aspirations and attitudes towards risk, health and healthcare. Our findings will inform the design of a feasibility study to test a cancer prevention strategy co-designed by and tailored to vulnerable women.