

Equity in the access to mammography in Spain.

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The purpose of this study is to measure the access to mammography of women aged 40-70 in Spain and to analyze the factors related to access to the test. Women were considered to have access to mammography if they have received at least one mammogram in the preceding 2 years. Numerous studies have shown that breast cancer mortality is reduced in women receiving periodic mammography, although experts disagree about the most appropriate age range for screening. An equitable health care system should provide access to effective procedures to all persons who need them. A number of factors influencing the access to mammography have been described. We conducted a cross-sectional population-based survey of 3218 women residing in Spain who were between 40 and 70 years of age. The sample was selected using a multi-stage stratified cluster technique, with proportional assignment to each stratum. Data collection took place between March and May 1994 by means of individual oral interviews using a standardized questionnaire. The questionnaire included information on the dependent variable (mammography use) and the independent variable (those potentially associated with access to the test). Information on other independent variables was collected in official institutions or from existing publications. Data analysis consisted of univariate and multivariate analyses. Only about 28% of all women had received a mammogram in the last 2 years. According to the univariate analysis, access to mammography is most strongly associated with number of gynaecologist visits, residence in the autonomous community of Navarre, and physician referral for mammography. In the multivariate analysis, the factors most strongly associated with access to mammography are gynaecologist visits at least once in the last 2 years (OR = 8.71; CI = 6.84-11.10), existence of a breast cancer screening programme (OR = 7.64; CI = 5.24-11.10), and physician referral for testing (OR = 4.78; CI = 3.83-5.96). The multivariate analysis also showed a significant association with place of residence and with women's attitudes about testing. A small proportion of Spanish women who could potentially benefit from mammography have received the test in the last 2 years. Establishing breast cancer screening programs equitably throughout the nation, and carrying out educational interventions aimed at women and especially at physicians, will help to reduce inequalities and increase the access to mammography in Spain.

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