

Examining Women's Perceptions and Experiences of Cervical Cancer Care in Rural Communities in Puebla, Mexico

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BACKGROUND

90% of cervical cancer cases occur in LMICs, and in Mexico, it is the $3^{\rm rd}$ most common cancer in women. 1

HPV vaccination is offered in the public sector in Mexico to girls ages 9-11 and is otherwise only available at cost through private providers. Low-income women therefore must rely on secondary prevention via early detection, diagnosis, and treatment to prevent cervical cancer:



Figure 1. The cervical cancer care pathway includes both primary and secondary prevention methods.

Understanding women's experiences of screening, diagnosis, and treatment of cervical cancer is central to improving disease outcomes.

RESEARCH QUESTION

What are rural women's perceptions and experiences of cervical cancer screening pathways in Puebla, Mexico?

METHODS

Individual interviews were conducted with community members and providers across the care pathway to explore their care experiences:

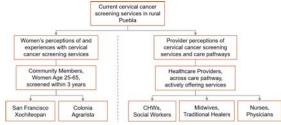


Figure 2. Interviews were conducted with community members and a range of providers.

A semi-structured interview guide was designed to elicit the following:

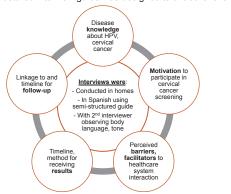


Figure 3. Interviews were designed to understand how women interact with the care pathway.

Transcripts were prepared and coded in NVivo12 using single-coder methodology with an inter-rater reliability threshold of 90%.

RESULTS

Frequency of subthemes and the number of interviews with subthemes referenced were used to identify main themes that emerged from the data*:

Patient-Level Factors

Communication by providers bridges gaps in knowledge and addresses stigma and fear

"When they told me, yes, I felt ugly inside. I said, but why?... And if it is true, well ok, it is already cancer... What will my children do? Where will they stay? Well yes, I was afraid."

"They say no... that it doesn't develop like that. Like, now I have it, and that's it, in one year it's going to be, um, cancer. She said that no, it can go on for years without cancer appearing, it can develop way further down the line."

Patient-Organization Interaction

Women's care experiences drive their pursuit of private sector physicians at great financial expense

"Sometimes the doctors... the doctors also behave a bit like, like because it's free, you just have to wait and not complain about the service."

"The nurse helped me change clothes and everything, and told me to stay calm, that nothing would happen to me... they help us not be nervous. They treat us as if we are someone special."

Women incur time and financial burdens when using public sector services despite care being free

"She wanted us to leave our home at five in the morning in order to be able to get there [on time]. But where are we going to get a bus at that time? There are no buses. As you can see there are buses only after the highway, there in the other town."

External Environment

Government support programs and familial influence represent central drivers of care-seeking behaviors

"We have to do it [Pap] at least two times a year, and now, well, it's been more than a year for me now... it's already been one year this September. And that's why I'm getting worried."

"My mother-in-law... We used to talk about it with her and my sister-inlaw... When you start being intimate, ehm, they would give you advice... now that you have a family, you need to have the test. Well, the test is called Pap Smear. You need to go to a doctor, and he'll do this and that. Well yeah, it's embarrassing, but yes, you have to go and get tested."

*Community member results are presented here, and a subsequent analysis will explore provider data

CONCLUSIONS

Patient- and organizational-level factors drive interactions between women and the healthcare system, along with additional influences from external environmental factors:

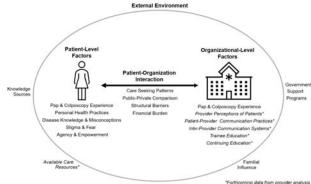


Figure 4. Results from community member interviews identified themes across patient-level factors, organizational-level factors, patient-organization interactions, and women's external environments.

Understanding how women interact with the cervical cancer care pathway has identified areas for future work to improve women's experience of cervical cancer screening, especially for low-income, rural women in Mexico who face unique challenges.

Areas for future work include:



Interventions targeting influential **family members** with education on the importance of cervical cancer screening



Exploring the impact of changes to government support programs on women's preventative care behaviors



Understanding how immigration and entering a new healthcare system impacts engagement in cervical cancer screening

ACKNOWLEDGEMENTS

Thank you to the women and healthcare providers who participated in this study for sharing their stories and experiences. Special thanks to Patricia Vargas, Fundación Comunitaria Puebla, and the Benemérita Universidad Autónoma de Puebla for their support and collaboration on this study.

This study was supported by the University of Texas at Austin President's Award for Global Learning 2018 Dean's Fund through Dr. Tim Mercer, Division of Global Health, Department of Population Health, Dell Medical School at the University of Texas at Austin.

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