Introduction

Centro Medico Humberto Parra (CMHP) is a non-profit primary health-care clinic located in rural Bolivia. The clinic has approximately 3,000 clinic visits annually and serves 15 communities. A majority of the clinic's patients are women ranging from 30-65 years old. In Bolivia, cervical cancer remains a leading cause of death for women within this age range. The cervical cancer incidence rate is approximately 56.5/100,000, with a mortality rate of 26.3/100,000.1

At CMHP, we offer Pap smears to our patients, with results returned in 2-3 weeks. (CMHP) is a non-profit primary health-care provider focused on women's health education and cervical cancer screening and to improve women's health. Results from cervical cancer screening and Pap smear history and knowledge, and general sexual history. We also collected non-identifying demographic information.

Methods

A survey was designed and was administered orally in Spanish at CMHP to women aged 21-65 during their gynecologic-based consult. Overall, 103 women from 19 different communities were surveyed over 2.5 months. The survey was broken up into three sections: general access to health care, Pap smear history and knowledge, and general sexual history. The goal is to utilize the data to focus women's health education and to improve women's health. Results from cervical cancer screening questions included:

•35% disparity between women offered a Pap and those who received a pelvic exam (Figure 4)

•26% follow Bolivian Pap smear screening guidelines (Figure 8)

•20% have never had a pap, avg age 48

•26% are unaware of the purpose of a Pap

•35% disparity between women offered a Pap and those who received a pelvic exam

•53% have difficulty accessing CMHP, especially due to transportation (Figure 3)

•CMHP could increase focus on health maintenance

Results

After a focused Women's Health program started in October 2014, the number of Paps performed increased (Figure 1).

This survey revealed several important results that will help guide clinic efforts to improve women's health. Results regarding clinic visits included:

•71% have consults at least yearly

•8% of consults are for health maintenance (Figure 2)

•53% have difficulty accessing CMHP, especially due to transportation (Figure 3)

•CMHP could increase focus on health maintenance

Results from cervical cancer screening questions included:

•35% disparity between women offered a Pap and those who received a pelvic exam (Figure 4)

•26% are unaware of the purpose of a Pap (Figure 5)

•20% have never had a pap, avg age 48

•26% follow Bolivian Pap smear screening guidelines (Figure 7)

•46% report difficulty obtaining a Pap, with 83% of those stating fear as the cause (Figure 8)

Discussion

As disparities in knowledge of and access to Papsmay result in decreased compliance to screening guidelines, focused screening and education programs are needed to increase rates of Paps.

Reducing the barriers to screening requires both clinic-wide efforts (transportation) as well as efforts of providers in the patient encounter (fear).

Future Work

Increased focus on health maintenance is needed at CMHP, especially regarding cervical cancer screening. The Women's Health program shows initial signs of success, indicating that continuation of private gynecologic visits and individual education may continue to increase rates of Pap smears. Further improvement of current educational programs and development of more programs focused on women's health is needed.

In addition, research is needed in the area of Pap smear treatment and follow-up, to ensure that the increased number of results discovered through an improved screening program are adequately managed.

Further research and education is needed on STI testing and condom use. Our survey indicated that only 11% have been tested for STIs, and only 8% use condoms in their current relationship (graphs not included).

References
