

## BELIEFS AND BARRIERS OF THE CACU IN THE HEALTH AND ADMINISTRATIVE STAFF OF A FMU

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**Abstract: Introduction:** In Mexico, Cervical Cancer is the second cause of death from cancer in women. Vaccination against HPV, screening and treatment of precancerous lesions are an appropriate way to prevent the disease. Objective: Identify the existing beliefs and barriers regarding Cervical Cancer in health and administrative personnel in a Family Medicine Unit. Materials and Methods: A descriptive cross-sectional study was carried out, the study group is women with administrative positions and health personnel at UMF N°7. Obtaining a sample of 73 women using the formula for finite population, simple random sampling; The variables that were taken into consideration are Beliefs and Barriers regarding Cervical Cancer; The selection criteria were female health and administrative staff of the UMF 7. Performing a descriptive statistical analysis through frequencies, percentages and confidence interval. Results: Average age of 35 years, 62% health personnel and 38% administrative, average work seniority of 8 years, education Bachelor's degree 52%. Menarche occurred at the age of 12, 8% reported having some HPV infection, 94% had ever had a Pap smear. The barrier knowledge presents a 37% limitation with respect to the topic of CACU; 98% consider that vaginal cytology is a beneficial test for their health. Conclusions: Being a population that works in the health field, it presents certain barriers that are preventing the preventive process of a disease from being carried out.

**Keywords:** Cervical cancer, prevention, beliefs, barriers.

## INTRODUCTION

Cervical cancer is one of the main causes of death from malignant neoplasms in the sexually active female population, despite the fact that better accessibility has been achieved for screening for this disease and awareness

and information campaigns have been promoted based on prevention.

The Human Papillomavirus is the most common cause of viral infection of the reproductive system; A large majority of cervical cancer (more than 95%) is due to human papillomavirus (HPV).

In Mexico, Cervical Cancer (CACU) is the second cause of death from cancer in women, with a frequency of 13,960 cases annually; According to data from the Ministry of Health, 1 in every 10 cancer deaths in Mexican women is due to cervical cancer. In Querétaro, the 2018 National Health and Nutrition Survey of the National Institute of Public Health shows that 34.1% of Querétaro women over 20 years of age had a Pap smear, while in 2012 the figure was 41.1%, however, in both years it is below the national average.

On the other hand, the same ENSANUT in 2022 reports that 23.9% of women  $\geq 20$  years of age had a Pap smear, 30% of women between 40 and 59 years of age had a Pap smear; Of this total, 13.6% underwent said study because they presented some symptoms.

Based on the little access that exists to early detection tests for CACU, the main objective of this research could be established: Identify the beliefs and barriers of Cervical Cancer in the health and administrative staff of a Family Medicine Unit.

## METHODOLOGY

**Research design:** This is a descriptive cross-sectional study.

**Definition of the population:** Female health and administrative staff of the Family Medicine Unit No. 7.

**Research location:** Family Medicine Unit No. 7, San Juan del Rio, Querétaro

## SELECTION CRITERIA

**Inclusion criteria:** Female staff from the health and administrative area of the UMF 7.

**Exclusion criteria:** Female health and/or administrative staff who, due to work time, are unable to answer the instruments.

**Elimination criteria:** Incorrect or incomplete completion of the questionnaires.

**Sample size:** The formula for a finite population was used considering the 102 female workers from UMF 7 as the sampling frame and a prevalence of 63% with respect to barriers in the field of knowledge. Obtaining a sample of 73 women.

**Sampling technique:** Simple random

**Statistical analysis:** Descriptive statistics were used through frequencies, percentages and confidence interval; using the SPSS Statistics 25.0 statistical program.

## RESULTS

Of the total sample studied that corresponds to 73 workers who work in a Family Medicine Unit, it was identified that the average age corresponds to 35 years, the average seniority was 7 years. Based on the contractual category, 62% correspond to health personnel, with administrative personnel having a lower percentage at 38%.

The most frequent level of education was Bachelor's degree with 52%, followed by High School level with 44%; The marital status with the highest percentage was single with 39% and married with 36%.

In the Obstetric Gynecological History we find the following data:

The average age of menarche was 12 years, the onset of sexual life was an average of 19 years; Regarding the number of sexual partners, the average was 4. 86% acknowledged that they had used a contraceptive method at some point in their life, 88% indicated

that they had had vaginal infections at some point in their life, and 92% had never had an infection. by Human Papillomavirus; ending with 94% who have had a Pap smear.

With respect to the results of the Barriers variable we can observe the following results:

	It can exist(%)	It exists(%)	It does not exist (%)
CACU Knowledge	37	-	63
Cultural	16	2	82
Demographic access	7	-	93

Table 1: Cervical cancer barriers(n=73)

Derived from the previous table we can see that the highest percentage is found in the category of there is no barrier with respect to the three dimensions that are evaluated.

The results table in Beliefs the results are as follows:

Dimensions	%
Benefits	98
Severity	94
Barriers	80
Susceptibility	76
Keys to action	
- Vaginal Cytology	59
- Vaccination	58

Table 2: Cervical cancer beliefs (n=73)

The most relevant data will focus on the dimension of Keys to action.

## DISCUSSION

In this research, when determining the Beliefs and Barriers that exist in the administrative and health staff of a Family Medicine Unit, it was found that of the total sample the average age was 35 years, the contractual category that had the highest prevalence. It was health personnel representing 62% of the sample, the predominant level of education was Bachelor's level with 52%. 92% indicated that they have never had infections caused by Human Papillomavirus.

The Barriers variable yielded the following information; In the knowledge dimension, 37% may present a limitation, while 63% do not, in the culture dimension only 2% have a limitation, demographic access was not a significant limitation. Based on Beliefs, the majority of the sample considers that preventive actions regarding HPV have a benefit on their health, only 76% believe that both they and their partner are susceptible to HPV infections.

The data obtained from the Barreras instrument are interesting because we would expect that the percentage of limitation with respect to the knowledge we have about CACU would be lower, however, we can see that the information we have is deficient and insufficient and still generates limitations.

That we are inheriting to the beneficiaries; Culture continues to represent a variable that can have an influence on the population's decision regarding prevention. The Beliefs that present the greatest relevance are those corresponding to the dimension of keys to action; Of the total sample, more than half consider that health personnel have sufficient impact on the orientation of preventive measures in the CACU and use of vaccination.

Derived from the results already presented, we can confirm that there are still deficiencies

in the information that is being provided to both health sector workers and beneficiaries.

## CONCLUSIONS

We can emphasize that despite being a population that works in a health field, it presents certain barriers that are preventing the preventive process of a disease from being carried out.

37% of the population presented barriers in the aspect of knowledge. Regarding Beliefs in the dimension of keys to action, it was found that only 59% of the total population considers that Vaginal Cytology has a favorable impact on health and 58% considers that vaccination has a positive impact.

As personnel who work in the health field, it is important that we have the correct information on impact strategies for the prevention and detection of diseases such as HPV; not only in the entitled population, but also to be able to ourselves enjoy an optimal state of health.

Knowledge and correct information make the difference between a well-informed population and one that unfortunately cannot enjoy the minimum guidance.

It is the right of all people to receive real, timely and simple information for its understanding.

## REFERENCES

1. M. Conocimiento, Actitudes y Practicas sobre la prueba de Papanicolaou en usuarias de la consulta externa de Gineco Obstetricia del Hospital Aleman Nicaraguense en la ciudad de Managua durante el periodo comprendido de octubre a diciembre del 2015 [Internet]. Nicaragua: Universidad Nacional Autónoma de Nicaragua; 2016 [consultado 2022 jun 01]. Disponible en: <https://repositorio.unan.edu.ni/1456/1/38869.pdf>
2. Solis J, Briones T. Prevalencia de lesión intraepitelial en citología cervical de tamizaje en unidad de primer nivel de atención. Rev Med Inst Mex Seguro Soc [Internet]. 2018 [consultado 2022 jun 30]; 56 (2): 167-72. Disponible en: <https://www.medigraphic.com/pdfs/imss/im-2018/im182j.pdf>
3. Guía de Práctica Clínica GPC. Prevención y detección oportuna del Cáncer cérvico uterino en el primer nivel de atención: Evidencias y Recomendaciones. México: IMSS; 2011 [Consultado 2022 jul 16]. Disponible en: [https://www.imss.gob.mx/sites/all/statics/gui\\_asclinicas/146GER.pdf](https://www.imss.gob.mx/sites/all/statics/gui_asclinicas/146GER.pdf)

4. Gutiérrez M, Juárez A. Desarrollo y validación de un instrumento en la determinación de barreras de acceso para pruebas de cribado de cáncer cervicouterino en México. *RECIEN* [Internet]. 2021 [consultado 2022 oct 15]; 21: 4-21. DOI: <https://doi.org/10.14198/recien.2021.21.02>
5. Pulido V, Burbano J, González J, Mojica A, Plazas D, Prieto M. Barreras para la prevención y detección temprana de cáncer de cuello uterino Investigación en Enfermería: Imagen y Desarrollo. *Investig Enferm Imagen Desarr* [Internet]. 2017 [consultado 2022 sept 18]; 19 (2): 129-43. DOI: <http://dx.doi.org/10.11144/Javeriana.ie19-2.bpdt>
6. Alfaro D, Canales L, Domínguez G, Ruvalcaba J, Cortés S, Solano C, Torres Olga, Prado J, Reynoso J. Virus del Papiloma Humano: Conocimiento en alumnas de Secundaria en Pachuca, Hidalgo y su impacto en la prevención. *JONNPR* [Internet]. 2020 [consultado 2022 nov 02]; 5 (10): 1134-1144. DOI: [10.19230/jonnpr.3762](https://doi.org/10.19230/jonnpr.3762)
7. Torres C. Usos conceptuales del género y la vulnerabilidad en políticas públicas de atención al Virus del Papiloma Humano (VPH) y al Cáncer Cervicouterino (CaCu) en México. *SAÚDE DEBATE* [Internet]. 2022 [consultado 2022 nov 15]; 46 (133): 318-330. DOI: [10.1590/0103-1104202213305](https://doi.org/10.1590/0103-1104202213305)
8. World Health Organization. Accelerating cervical cancer elimination: report by the Director-General [internet]. WHO; 2018 [consultado 2022 agosto 20]. Disponible en: <https://apps.who.int/iris/handle/10665/327520>
9. World Health Organization. Global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020-2030 [internet]. WHO; 2020 [consultado 2022 agosto 20]. Disponible en: <https://www.paho.org/en/documents/global-strategy-accelerate-elimination-cervical-cancer-public-health-problem-and-its>
10. Fontham E, Wolf A, Church T. Cervical Cancer Screening for Individuals at Average Risk: 2020 Guideline Update from the American Cancer Society. *CA: A Cancer Journal for Clinicians* [Internet]. 2020 [consultado 2022 agos 16]; 70 (5): 321-346. DOI: <https://doi.org/10.3322/caac.21628>
11. Rodríguez C, Padilla G. Cáncer mamario y cervicouterino: el problema del absentismo femenino en la acción preventiva. *Univ. Salud* [Internet]. 2020 [consultado 2022 sept 18]; 22 (1): 41-51. DOI: <https://doi.org/10.22267/rus.202201.173>
12. "Para la prevención, detección, diagnóstico, tratamiento, control y vigilancia epidemiológica del cáncer cérvico uterino". NOM-014-SSA2-1994. Diario Oficial de la Federación, 06 de marzo de 1998. Disponible en: [https://dof.gob.mx/nota\\_detalle.php?codigo=4868716&fecha=06/03/1998#gsc.tab=0](https://dof.gob.mx/nota_detalle.php?codigo=4868716&fecha=06/03/1998#gsc.tab=0)
13. American Cancer Society. Causas, factores de riesgo y prevención [Internet]. EUA: ACS; 2020 [Consultado 2022 agos 15]. Disponible en: [www.cancer.org/es/cancer/cancer-de-cuello-uterino/referencias.html](http://www.cancer.org/es/cancer/cancer-de-cuello-uterino/referencias.html)
14. Zamora Y, Córdova S. Cytological diagnosis of cervical adenocarcinoma and cytohistological agreement at General Hospital of Mexico "Dr. Eduardo Liceaga". *Rev Med Hosp Gen Méx* [Internet]. 2018 [consultado 2022 jul 27]; 81 (1): 1-6. DOI: <https://doi.org/10.1016/j.hgmx.2017.03.007>
15. Zadeh S, Namdar A, Mehdi M. Assessment of Preventive Behavior for Cervical Cancer with the Health Belief Model. *Asian Pacific Journal of Cancer Prevention* [Internet]. 2018 [consultado 2022 sep 15]; 19 (8): 2155-2163. DOI: [10.22034/APJCP.2018.19.8.2155](https://doi.org/10.22034/APJCP.2018.19.8.2155)
16. Rodríguez N. Las Representaciones del Papanicolaou: actitudes, creencias y emociones ante el examen de detección oportuna del Cáncer Cervicouterino (CaCu). Universidad Autónoma de Nuevo León [Internet]. 2007 [consultado 2022 jun 15]. Disponible en: <http://eprints.uanl.mx/20240/>