Cervical cancer screening practices, knowledge of screening and risk, and highly active antiretroviral therapy adherence among women living with human immunodeficiency virus in Lima, Peru(Article)

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Cervical cancer (CC) is the leading cause of cancer death among Peruvian women. Awareness shown by women living with HIV (WLHIV) of their increased risk and Papanicolaou (Pap) smear frequency is understudied, particularly in Peru. We assessed the uptake of guidelines-based CC screening practices and its associations with two predictors, knowledge of CC screening and risk and highly active antiretroviral therapy (HAART) adherence, among WLHIV. Collected by self-administered questionnaires from 2014 to 2016, we analyzed the data of 71 WLHIV. Most WLHIV (77.5%, $n = 55/71$) were overdue to CC screening by not having a Pap smear within the prior 12 months. WLHIV who had on-time Pap smears had a higher median composite 'knowledge' score of 3.0 ([interquartile range] 1.5–4) compared to 2.0 (IQR 1–3) for overdue WLHIV. On-time and overdue WLHIV had the same median composite 'HAART adherence' score of 3.0 (IQR 2–4). Bivariate analysis found no association between knowledge nor adherence with on-time Pap smears. Although on-time WLHIV were more knowledgeable about CC screening and risk, overall CC screening uptake was poor. Larger studies of this population are needed to assess the educational, social, and structural barriers contributing to this low prevalence of screening. © 2016, © The Author(s) 2016.

Author keywords

- Highly active antiretroviral therapy
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 - prevention
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EMTREE drug terms: anti human immunodeficiency virus agent

EMTREE medical terms: adultArticleattitude to healthcancer riskcancer screeningfemalehighly active antiretroviral therapyimmunodeficiency virus infected patientHuman immunodeficiency virus infectionmedication compliancePapanicolaou testpatient compliancePerupractice guidelinequestionnaire risk assessmentuterine cervix cancer

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