

## **Messages for your health : mobile use and cancer prevention for underserved Latinas in Santiago, Chile**

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### **Abstract**

**Background:** Mobile technology uptake has increased exponentially in the past years; in 2009, mobile telephones could be found in more than 90% of Chilean homes and are widely distributed across all socioeconomic levels. Because of this technological explosion, mobile health (mHealth), or medical and public health practice supported by mobile devices, has gained potential in many health areas such as cancer prevention. Chile has a very well organized Cervical Cancer Prevention Program, with universal coverage, and a centralized registry. Despite all efforts, more than 500 Chilean women die of cervical cancer each year and Papanicolaou (Pap) adherence is lower than 60%. Like many other cancers sites, cervical cancer affects the most vulnerable and under-served women. An intervention based on mobile health might be able to narrow this gap by increasing cervical cancer screening in vulnerable Latinas. The aim of this study is to assess mobile use and barriers, facilitators and acceptability to an intervention based on text messaging to increase cervical cancer-screening rates in three health care centers of Santiago Chile. **Methods:** We held 9 focus groups at 3 under-served health care centers in Santiago Chile; 6 focus groups among 27 women between 25-64 years old and 3 among 11 midwives working at the health care centers. Focus groups were conducted in Spanish, recorded, and transcribed verbatim. Our research team analyzed and coded the data grouping findings into relevant themes. **Results:** Regarding mobile use, older women (44 to 65 years) in our study used their phones mainly to keep in touch and receive news from family and friends. Most women did not call or send messages for two main reasons: a. Most women owned prepaid phones and did not have the money to be able perform such tasks. b. Some women did not know how to check or answer a text message. Younger women (25 to 44 years) were more prone to use cell phones for different tasks such as navigating the Internet, using chat apps and making calls through Wi-Fi if they did not have the money to pay for their calls. **Acceptability:** Most women mentioned liking the idea of receiving messages regarding their health. They mentioned they would have to be written in simple language and the content be general enough to respect confidentiality. They would like the messages to have information regarding cervical cancer and days and hours for them to be able to get the Pap at their health care centers. They would also like to receive reminders of their scheduled Pap appointments. Older women mentioned they preferred to get phone calls from their provider or even automated calls rather than text messages. Providers were also very prone to the idea of a text message intervention since it would increase cervical cancer screening rates and would make their jobs easier. **Facilitators** to the implementation of a strategy based on text messages were easy access to the technology and better communication with the health care team. **Potentials barriers** were: Switching cell phone number rather frequently. They find it easier to buy prepaid cell phones each time rather than keep their number and get a cell phone plan. Also, male providers and the need to schedule an appointment for their Pap rather than getting it instantly whenever they arrive at the health care center were mentioned as organizational barriers. **Conclusions:** Cell phone use is widely spread in the Chilean population. An intervention based on text messaging might help increase cervical cancer-screening rates in Santiago, Chile. Women and providers were prone to accept an intervention using mHealth. Facilitators and barriers described such as availability of cell phones, difficulty to operate messages and use of prepaid phones need to be considered when planning an mHealth intervention for cancer prevention. .