**Cervical Cancer Infrastructure, Knowledge and Attitudes in Kabale, Uganda**
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Cervical cancer has increasing prevalence in southwestern Uganda and is the most common cancer among women in sub-Saharan Africa. Despite this increased prevalence, the biomedical infrastructure in Uganda lacks support for cervical cancer screening and treatment. At the same time, cervical cancer carries a stigma as an incurable sexually transmitted disease similar to the history of HIV/AIDS. This study explored the knowledge and perspectives of cervical cancer among community members and healthcare providers in the Kabale District of southwest Uganda. Therefore, we conducted a mixed-methods pilot study consisting of 105 semi-structured interviews with female and male interviewees at four health centers to account for cancer knowledge and perspectives. Structured interviews were conducted with eight biomedical practitioners to evaluate the health infrastructure in regards to prevention, diagnosis, and treatment of cervical cancer. We found most participants described cervical cancer relating to pain and diminishment. Participants attributed sexual practices, hygiene and using family planning as causes. The willingness to receive and pay for cervical cancer screening and human papillomavirus (HPV) vaccination was high. However, inadequate training and supplies currently inhibit cervical cancer diagnoses. Also, the region’s infrastructure lacks support for cervical cancer treatment, leading to a low survival rate. Unfortunately, this leads to several negative implications for women because cervical cancer treatment can cause infertility, so women face unforeseen reproductive consequences that transform family relationships. As a result, we found women of southwestern Uganda face disproportionate health outcomes thus leading to health disparities. Additionally, men should be included in conversations to decrease HPV transmission. In conclusion, a lack of cancer education contributes to low knowledge and overall awareness of cancers. To address cervical cancer, additional training to perform screenings and increased diagnostic capabilities are needed. Improved funding and prioritizing screening are needed to increase prevention to reduce overall incidence.