

Cultural differences shed light on non-completion of HPV vaccination in girls in low-income families

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Although they are at higher risk for cervical cancer, girls from low-income families are less likely to receive the human papillomavirus (HPV) vaccine that prevents it, and the reasons they are not fully vaccinated differ depending on whether their parents are English-speaking or Spanish-speaking, suggests research being presented at IDWeek 2013.

In the study, Spanish-speaking parents whose daughters were not fully vaccinated said their providers either did not encourage the vaccine or didn't explain that three shots were necessary for full protection. Parents also noted that the vaccine undermined the "no sex before marriage" message they were trying to convey. Conversely, English-speaking parents cited concerns over safety of the vaccine, low perceived risk of HPV infection and distrust of government or medicine in general.

"HPV vaccination is one of the few tools we have that actually protects against cancer, so it's important to get [girls](#) vaccinated before they become sexually active and are exposed to the virus," said Sean O'Leary, MD, MPH, an investigator at Children's Outcomes Research Program, which is affiliated with Children's Hospital Colorado and the University of Colorado School of Medicine, Aurora. "The reasons low-income girls did not initiate or complete HPV vaccination were strikingly different depending on whether their parents spoke English or Spanish. This insight should be helpful to health educators and policymakers as they

seek ways to improve vaccination rates."

HPV is the most common [sexually transmitted infection](#) in the United States. While some people clear the infection on their own, in other cases it can cause cancer of the genital area or throat, as well as genital warts. About 12,000 U.S. women are diagnosed every year with cervical cancer, the most common HPV-caused cancer. The vaccine targets the types of HPV that cause the vast majority of cervical cancers in the United States. Once a person is exposed to HPV, the vaccine is not as effective, which is why the Food and Drug Administration (FDA) recommends it be given to girls and boys ages 11-12, before they become sexually active.

The HPV vaccine is given in three doses over six months. Overall, about 33 percent of girls have had all three doses of the vaccine, but only 28 percent of girls below the poverty level have had all three doses, according to the Centers for Disease Control and Prevention (CDC). Studies show certain populations, including those living below the poverty line, have higher rates of [cervical cancer](#).

The study included interviews with 41 low-income parents of girls ages 12-15 to learn why they had either not initiated or not completed the HPV vaccine series. Of those, 30 were interviewed by phone for 25-40 minutes, including: 10 English-speaking and 10 Spanish-speaking parents whose daughters had not completed the vaccine series, and 10 Spanish-speaking parents whose daughters had not initiated the vaccine. The remaining 11 English-speaking parents of girls who had not initiated the vaccine participated in a two-hour focus group.

The findings suggest low-income parents may be targeted differently depending on whether they are Spanish- or English-speaking, said Dr. O'Leary. For example, many Spanish-speaking parents whose daughters had not completed the series said they didn't realize the girls had to get

three shots to complete the series. A reminder system that includes providing the information in Spanish could help in those cases, he notes. For English-speaking parents, discussing the [vaccine](#)'s safety record might be beneficial.

Provided by Infectious Diseases Society of America

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