

African-American women less likely to receive HPV vaccine than whites, study finds

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Even with access to health care, African-American women are less likely to receive the vaccine for human papillomavirus (HPV), which reduces the risk for cervical cancer, according to a study by researchers at the University of Pittsburgh School of Medicine. The findings, published today in the *Journal of Adolescent Health*, suggest a need for health care providers to both bolster HPV vaccination recommendations and address negative attitudes toward the vaccine among this vulnerable patient population.

HPV is a sexually transmitted infection that accounts for virtually all cervical cancer diagnoses. According to the Centers for Disease Control and Prevention, roughly 12,000 new cases of HPV-associated cervical cancer are diagnosed in the United States each year. Within the past decade, two HPV vaccines have been made available to adolescents and young adults aged 11 to 26 to reduce the risk of infection. The vaccine is administered in a three-step process and can cost upwards of \$400 without health insurance.

"The HPV vaccine is a first line of defense to protect against cervical cancer," said Sonya Borrero, M.D., M.S., assistant professor of medicine, Pitt School of Medicine, and senior author of the study. "Given that <u>cervical cancer</u> is more common and associated with higher mortality in African-American and Hispanic women than in white women, it is especially important to understand the barriers to HPV vaccination for these populations."



Led by Dr. Borrero, researchers used data from the 2006-2010 National Survey of Family Growth (NSFG), a nationwide cross-sectional survey administered by the U.S. Department of Health and Human Services, to examine the effect of race/ethnicity on HPV vaccine initiation in adolescent girls and young women and to determine whether access to health care influences this relationship.

In this nationally representative sample of 2,168 females aged 15 to 24, African-Americans were significantly less likely than whites to have initiated HPV vaccination, 18.2 percent vs. 33.1 percent respectively. That disparity persisted even after taking into account sociodemographic factors and access to health care. Observed disparities in HPV vaccination for Hispanics, on the other hand, were largely explained by socio-demographic and health care access variables, the researchers found.

"Our findings in African-Americans suggest that there are other unmeasured patient- or provider-level factors contributing to undervaccination and that alternate strategies need to be identified to increase HPV vaccination among African-Americans," said Dr. Borrero.

Although the data are limited, <u>negative attitudes</u> towards the HPV vaccine may be one critical barrier. African-Americans also are less likely than their white counterparts to receive an HPV vaccine recommendation from a health care provider.

"Further efforts are needed to understand how to overcome the patient-, parent- and provider-level barriers that hamper widespread uptake for this effective and safe vaccine," Dr. Borrero added.

Some studies have shown higher vaccine initiation rates among adolescents from racial and ethnic minorities, she noted, but this might be the result of different survey methods or reflect changes in patterns



of HPV vaccination over time.

Provided by University of Pittsburgh Schools of the Health Sciences

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