

Cultural differences may explain why some don't get HPV vaccines

14 October 2013

A new study explores why girls in minority groups and low-income families, who are most at risk for cervical cancer, may not be getting the human papillomavirus or HPV vaccine.

Researchers from the University of Colorado School of Medicine and Children's Hospital Colorado interviewed 41 low-income [parents](#) of girls ages 12-15 to determine why they didn't get the vaccine or finish the course, and included both English speakers and Spanish speakers in the study.

English-speaking parents expressed concerns over the need and safety of the vaccine, while Spanish-speaking parents said health care providers failed to explain that they needed three shots to be fully immunized. They also feared the vaccine would encourage [sexual activity](#).

"The reasons low-income girls did not initiate or complete the HPV vaccination were strikingly different depending on whether their parents spoke English or Spanish," said study author Sean O'Leary, MD, MPH, an investigator at the Children's Outcomes Research Program, affiliated with the University of Colorado School of Medicine and Children's Hospital Colorado. "This is a safe and effective vaccine. We are seeing huge declines in HPV infection rates in the US overall and especially among those who have received the vaccine."

O'Leary presented the study, which will be published within the next several months, in San Francisco last week at IDWeek 2013, an annual meeting of the Infectious Diseases Society of America, the Society for Healthcare Epidemiology of America, the HIV Medicine Association and the Pediatric Infectious Diseases Society.

He said HPV is the most commonly sexually transmitted infection in the U.S. with 75 percent of Americans infected at some point. It is also a

leading cause of [cervical cancer](#) in women and throat cancer in men.

Every year, 12,000 women are diagnosed with cervical cancer. The Centers for Disease Control and Prevention (CDC) recommends all boys and girls between the ages of 11 and 12 receive the vaccination before they become sexually active.

The vaccine is given in three doses over six months. The CDC reports that 33 percent of girls overall have had the three shots while just 28 percent of those below the poverty line received the injections.

"This is a population that is statistically at a higher risk of cervical cancer," O'Leary said. "So we wanted to find out why they weren't getting their shots."

Those who spoke English told investigators that they felt the risk of contracting HPV was questionable and they also worried about the safety of the vaccine.

"They wanted definitive proof that it was necessary," O'Leary said. "The Spanish-speakers had no problems with vaccine safety. But they said their providers didn't recommend it and some feared it would encourage sexual activity."

Others got the first or second dose of the vaccine but stopped there. They said a reminder system using texts or similar methods might prompt them to get the additional vaccines.

The researchers made the following recommendations:

- That [health care providers](#) make clear to patients and parents that they strongly recommend the HPV vaccine
- That they explain the need to receive all three shots in the series.

- Health care providers could also use the findings from this study to guide how they counsel families about the HPV vaccine. There are now studies showing that [girls](#) who receive the vaccine are no more likely to engage in sexual activity than those who don't.
- Providers could point to numerous studies showing the safety of this vaccine, or emphasize studies showing its effectiveness. Even with relatively low vaccination rates at present, we are already seeing major declines in HPV infections in the US because of the vaccine.

"The HPV [vaccine](#) is one of the few tools we have that actually prevents cancer," O'Leary said. "If we can do a better job helping parents understand how important it is to have their adolescents vaccinated, cervical cancer and other HPV-related cancers may become things of the past."

Provided by University of Colorado Denver

APA citation: Cultural differences may explain why some don't get HPV vaccines (2013, October 14) retrieved 26 May 2021 from <https://medicalxpress.com/news/2013-10-cultural-differences-dont-hpv-vaccines.html>

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