

HPV and Cervical Health Knowledge among American Indian Women in the Southeastern U.S.

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3071.0, HPV and Cervical Cancer: Exploring New Opportunities and Sharing What is Known, Monday, November 5, 2007, 8:30 AM-10:00 AM at the Grand Hyatt, Constitution C.

Learning Objectives



- By the end of the session, the participant will be able to:
- Discuss HPV and cervical health knowledge among this sample of American Indian women;
 - Recognize the value of partnerships when conducting research with American Indian tribal nations; and
 - Describe implications of study findings in terms of next steps.

Purpose



- To conduct formative research with American Indian women to explore HPV and cervical health knowledge, attitudes, beliefs, and behavioral practices to inform development of future educational interventions.

Background



- High incidence and mortality rates of cervical cancer among American Indian (AI) women
- Little has been published about the knowledge and beliefs regarding human papillomavirus (HPV) and its association with cervical cancer among AI women
- No existing HPV educational programs for American Indian women (at time of study)

Methods



- Collaboration with the Cherokee Women's Wellness Center (CWWC) of the Eastern Band of Cherokee Indians
- Utilized research partnership approach and formative research methods
 - *Research partnership approach explained by Sharpe et al. in next presentation*
 - In-depth interviews with AI women

Methods: In-depth Interviews



- Interview guide
 - Developed based on previous work of researchers, literature, and CWWC clinicians and staff
 - Semi-structured to focus on HPV and cervical health
 - Content domains
 - Part 1: Self-reported Pap test and HPV history; HPV knowledge; Pap test knowledge; information preferences; HPV vaccine; self-collection
 - Part 2 (depended on self-reported Pap test and HPV history): Experiences with HPV and/or Pap tests; sources of social support
 - Part 3: Descriptive information

Methods: In-depth Interviews



- Recruitment of AI women seeking care at the CWWC and met the following inclusion criteria:
 - Age 18-64 – and – Had a Pap test of ASCUS or higher and were reflexively tested for high-risk HPV DNA
- Invited to take part in the study by nurse interviewer (familiar to patients)
 - If woman was interested, meeting was scheduled to complete informed consent process and conduct interview

Methods: In-depth Interviews



- Data collection
 - Informed consent process
 - Participant completed one-on-one, in-depth interview with nurse interviewer
- Data management and analysis
 - Interview tapes were transcribed verbatim and reviewed for quality control
 - Content analysis was conducted to identify emergent themes, particularly those related to knowledge and educational preferences (NVivo used to manage data)

Results



Participants

From September 2004 to August 2006:

- 95 women had abnormal Pap tests and were tested for high-risk HPV DNA at CWWC
- All were invited to take part in the study
- 32 women participated in the study (participation rate: 34%)

	Eligible (n=95)		Participants (n=32)	
	n	%	n	%
Pap test Result				
ASCUS	57	60	19	59
ASC-H	4	4	1	3
LSIL	21	22	8	25
HSIL	10	11	3	9
Other	3	3	1	3
HPV +	39	41	14	47

Results



- **HPV Knowledge**

- About half of participants had some knowledge of HPV, e.g.,

- Sexually transmitted
- Some forms can cause cervical cancer
- Causes genital warts
- Common

- **HPV Vaccine**

- Participants were interested in the HPV vaccine but wanted more information about it, especially the safety of the vaccine

Results



- **Pap test Knowledge**
 - Almost all participants knew something about Pap tests
 - Check for cancer
 - Check for abnormal cells
 - Preventive measure
 - Misinformation, e.g.,
 - Test for abnormal parasites
 - Check for pregnancy
 - Check for cysts
- Very few details provided by participants

Results



- **Abnormal Pap test Knowledge**
 - Not very many women knew much about abnormal Pap tests (showing abnormal cells) or the link between HPV and abnormal cells and cervical cancer
 - Cells that could mean cancer
 - Have to have follow-up
 - “Something not right”
 - Need further testing

Results



- **Information Sources and Preferences**
 - Preferred source: health care provider
 - Secondary source: information from health care provider (e.g., brochures)

Results



- **Desired Information**
 - Cause of HPV and abnormal Pap tests
 - How you get HPV
 - Effects of HPV
 - What to do next if you have HPV or an abnormal Pap test

Discussion



- Results were similar to previous studies with women living in a rural area of South Carolina conducted by researchers and published studies
 - Low levels of HPV knowledge
 - Unable to demonstrate understanding of Pap tests and connection to cervical health
 - Opportunities for educational intervention to address knowledge levels

Conclusion



- Great need for culturally appropriate HPV and cervical health educational interventions to address low levels of knowledge among AI women

Please refer to “Development of culturally appropriate educational materials on HPV and Pap tests for American Indian women” by Sharpe et al. for information on the educational materials development process based on the formative research described in this presentation.

To Learn More



Resource for cervical cancer prevention and control among American Indian populations:

Native American Cancer Research

“Get on the Path to Cervix Health”

Available at <http://natamcancer.org/page145.html>

Contact Information



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