

**American Public Health Association, Annual Meeting
Black Caucus of Health Workers
Monday October 31, 2011 at 10:30am
Providing Effective Cancer Screening, Diagnostic, and Survivorship Services for African Americans**

HPV Vaccine Acceptability Among Ethnically Diverse Black Women

Diane R. Brown, PhD¹, Rula M. Wilson, RN, DNSc²
Makini A.S. Boothe, MPHc³, Caroline E.S. Harris, MPHc⁴

Abstract:

Background: Among the strategies for reducing the cancer disparity is the use of vaccines targeting the Human Papilloma Virus (HPV), a major risk factor for cervical cancer. Epidemiological studies have shown that cervical cancer mortality rates are highest among Black women; however, cultural and ethnic diversity within the Black population, particularly in large urban areas, are often overlooked in the development of cervical cancer prevention efforts for Black women. **Purpose:** The purpose of this study was to examine social, cultural and community factors that influence the acceptability of HPV vaccines among ethnically diverse Black women. **Methods:** We conducted six focus groups with Haitian, African, English-speaking Caribbean and African American women recruited from a federally qualified health center. **Results:** There was limited knowledge and confusion across ethnic groups about cervical cancer and its relationship to HPV. Knowledge of HPV vaccines was even more limited but varied across groups. Differing cultural perspectives were voiced around sexuality and the age of vaccination. Irrespective of ethnicity, few women reported having their daughters vaccinated; those that had vaccinated their daughters expressed regret. The women were unclear about the importance of HPV vaccines for their sons. Concerns about HPV vaccines arose regarding costs, conflicting information in the media, lack of information from their medical provider, potential harmful side effects and safety. The importance of protecting one's child was dominant in all groups. **Conclusions:** Educational interventions with Black women about HPV vaccines would benefit from recognizing cultural differences and misconceptions that vary by ethnic group.

Learning Objectives:

By the end of the session, the participants will be able to discuss the various factors related to HPV vaccine acceptability among a convenience sample of ethnically diverse Black women.

¹ Professor, University of Medicine and Dentistry of New Jersey (UMDNJ), School of Public Health

² Assistant Professor, UMDNJ, School of Nursing

³ MPH candidate and Research Assistant, Institute for the Elimination of Health Disparities, UMDNJ, School of Public Health

⁴ MPH candidate, UMDNJ, School of Public Health

Presenter Bio:

Makini Boothe is an MPH candidate at the University of Medicine and Dentistry of New Jersey (UMDNJ) in Newark, where she pursues a double concentration in Quantitative Methods-Epidemiology and Health Education & Behavioral Science. Makini received her undergraduate degree from Barnard College, Columbia University, where she studied Francophone Studies and Human Rights. She currently works as a Research Assistant at the Institute for the Elimination of Health Disparities located at the UMDNJ School of Public Health. A Jamaican-American ("Jamerican"), Makini is also fluent in French, studied Portuguese and plans to pursue a doctoral degree in Public Health. Makini has been involved in community development and advocacy both locally and internationally including Cameroon, Rwanda, France, Senegal and her apartment complex of 1,500 people in Newark, NJ.


Contact Information:

Institute for the Elimination of Health Disparities
UMDNJ-School of Public Health
65 Bergen Street, Room 742
Newark, NJ 07107-3001
boothema@umdnj.edu
973.972.4383

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University of Medicine and Dentistry of New Jersey

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*MPH Candidate

Presenter Disclosure

Makini A.S. Boothe
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Background

- Black women have higher cervical cancer mortality rates than women of other racial/ethnic groups
 - ▣ 4.3 per 100,000 compared to 3.0 for Hispanic women and 2.2 for White women
- Low 3-dose series completion rates for Black adolescents and those living below poverty level
- Lack of literature that recognizes ethnic variation in knowledge, attitudes, beliefs, and acceptability of HPV vaccination within the Black population

Study Purpose

- To examine the social and cultural factors that influence the acceptability of HPV vaccination among ethnically diverse Black women.
- Study objectives:
 1. To examine knowledge of HPV infection
 2. To ascertain knowledge about HPV vaccination
 3. To assess HPV vaccine use and acceptability for children
 4. To understand barriers and facilitators influencing decision making.

Study Design

- Descriptive study, using focus groups
 - ▣ Recruited from a federally qualified health center
- Study sample:

Ethnicity	# of Focus Groups	# of women (%)
Haitian	1	8 (18.2%)
African	1	5 (11.4%)
English-speaking Caribbean (ESC)	2	12 (27.3%)
African American	2	19 (43.2%)
Total	6	44

Demographic Characteristics

		% (n)
Primary Language	English	61.4 (27)
	Creole	4.5 (2)
	Multiple	34.1 (15)
Age group	18-29	9.1 (4)
	30-39	11.4 (5)
	40-49	40.9 (18)
	>50	38.6 (17)
Educational level	Less than High School	23.2 (10)
	High School or GED	44.2 (19)
	Some College or Higher	32.6 (14)
Income	<\$14,999	73.0 (27)
	\$15,000-\$29,000	18.9 (7)
	\$30,000-\$60,000	8.1 (3)
Marital Status	Single	42.9 (18)
	Married or living with partner	31.0 (13)
	Divorced or Separated	11.9 (5)
	Widowed	14.3 (6)
Insurance	Medicaid	38.6 (17)
	Medicare	4.5 (2)
	Private Insurance	11.4 (5)
	Other	9.1 (4)
	None	29.5 (13)
	Multiple	6.8 (3)

STUDY RESULTS



Knowledge about HPV Infection

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- Less than half knew about HPV infection
 - ▣ Varied by ethnicity, Haitians & Africans least knowledgeable
 - *"I know the name but I don't know what it is."* – African American
 - *"I don't know about that one"* – African
- General confusion about HPV infection and risk factors
 - ▣ No study participants identified HPV as an STI
 - ▣ Most participants were unaware that HPV causes cervical cancer
 - *"Yes once they [girls] are about 10 and they are beginning to develop they can get it [HPV infection]. I do not know what causes it, if it's because of estrogen, from eating meat, or other chemicals."* – Haitian

Knowledge about HPV Infection

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- Cultural misconceptions
 - ▣ Causes the end of menstruation (Haitian)
 - ▣ Leads to infertility (African American)
 - ▣ Associated with circumcision (ESC)
 - *"They say that if you don't circumcise the guys, they can pick up any infection."* - ESC

Knowledge about HPV Vaccination

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- Majority of participants heard about HPV vaccination on TV commercials
 - ▣ *"I see the commercials on TV. In the commercials they said, 'not me, not yet'"* - African American
 - ▣ *"Every time they bring the commercial on the TV, I've been just sitting there watching, just curious, like what vaccine is that?"* – African
- Women lacked understanding about vaccination guidelines

Knowledge about HPV Vaccination

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General Misinformation

- ▣ Shot given every six months or from beginning of puberty to menopause (Haitian)
- ▣ Unaware that history of sexual activity or possibility of future sexual activity are risk factors for HPV infection (ESC)
 - *"[I]f I'm not having sex, why would I need the vaccine?"* - ESC

HPV Vaccine Acceptability

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- All groups acknowledged vaccines as an important form of prevention
 - ▣ *"An ounce of prevention is worth a pound of cure"* –ESC
- Acceptability differed by group

HPV Vaccine Acceptability

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- Distrust for vaccines in general
 - Risks, side effects and unknown long-term impact
 - *"Sometimes they say the vaccine is good and then a few years after that you hear someone died because of it or it is making things worse."* -Haitian

HPV Vaccine Acceptability for Children

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- Most had not vaccinated their daughters
- 4 vaccinated daughter, 1 vaccinated nieces
 - *"...I am concerned because I gave it to my daughter. I now regret it because I did not know enough about it."* -Haitian
- None reported vaccinating their sons

HPV Vaccine Acceptability for Children

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- Majority open to vaccination for girls, require information about side effects
 - *"[A] lot of parents said they're not going to give it to their daughters because of side effects..."* - African
- Most unclear about need to vaccinate boys
 - *"I have not heard that it can be used in men...I thought [HPV] was only in women"* - Haitian
- Majority did not believe that vaccination would encourage sexual activity
 - *"[It depends on] if the child does not have instilled values"* - Haitian

Barriers Influencing Decision Making

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- Lack of information about safety and side effects
 - *"I would have to be more educated about it before I would recommend it. I wanna know what I'm recommending."* - African American
- Early vaccination age
 - *"I think that age [nine] is still too young. Regardless [of] girl or boy."* - ESC
- Difficulty discussing the purpose of the vaccine with young child, i.e., sexuality (ESC, African)
 - *"What about if [you have] a 9 year old girl, and you want to take her to the clinic to take the shot, and she will ask you questions...[She 'll] be asking me, 'Why, kind of shot is it? If I take it, what is it going to do?' And then what will I do? Lie or tell the truth?"* - African

Barriers Influencing Decision Making

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- Negative media coverage (African)
 - *"My daughter took one of the first [shots], but I don't think she took the second. We heard again in the news that it's not good anymore."* - African
- Dismissal by health care provider (African American)
- Cost & insurance were not barriers, although women expressed concern.
 - *"\$450 is better...instead of going into debt because of chemo"* - ESC

Facilitators Influencing Decision Making

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- Belief that it is a parent's role to protect their child.
 - *"...[A]s long as I can protect my child from a lot of sicknesses it's good."* - Haitian
- More information about side effects and safety.
 - *"They say 'knowledge is power,' you know. So you gotta be educated on it before you do it. After you get educated on it, then you have to decide if it's good for your daughter or your son."* - ESC

Facilitators Influencing Decision Making

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- Health Provider's recommendation
 - "I talked to the doctor about it. That's how I knew it was in 3 parts. That's what made me get it for [my nieces]." – African American
 - "If my daughter is going to get anything like that [the HPV vaccine], she's going to question it. She'll ask, 'Who are you to give me that? You need to take me back to Dr. J---.' And when she gets to Dr. J---, he can give her anything, she's not going to ask what it is (because) he's been her pediatrician from her first day to now..." – ESC

Conclusions

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- Wide variation in level of knowledge about HPV infection, its risk factors, and vaccination guidelines by Black ethnicity
- Clearly evident need for education across all groups
- Having a health provider's recommendation is an important facilitator
- Important influence of extended family in decision making

Future Considerations

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- Effective educational interventions should target ethnically diverse populations of Black women by incorporating cultural considerations
- Importance of collecting epidemiologic data by ethnic sub-population
- Need for additional studies using comprehensive approaches specific to an ethnically diverse Black population

Questions??

Makini Boothe
 boothema@umdnj.edu
 973-972-4383

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