

HPV knowledge & HPV vaccine acceptability among Hispanic mothers of 11-17 year old girls living along the Texas-Mexico border

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Presenter Disclosures

Daisy Y. Morales-Campos, PhD

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No relationships to disclose.

Background – Cervical Cancer and HPV

- HPV causal agent for cervical cancer (CC)¹
- CC incidence and mortality rates higher for Hispanic women in Texas' Lower Rio Grande Valley (LRGV) ²⁻⁴
- Early detection of CC possible through Pap test screening
- Prevention of HPV and CC possible with quadrivalent HPV vaccine (GardasilTM)⁵

¹Walboomers JM et al., Human papillomavirus is a necessary cause of invasive cervical cancer worldwide, *The Journal of Pathology*, 1999, 189(1):12-19. ²Albuquerque SF et al., SEER Cancer Statistics Review, 1975-2007, Bethesda, MD: National Cancer Institute, 2009. ³Texas Department of State Health Services, *Cervical Cancer Registry, Cervical Cancer Incidence in Texas, 2003-2007, 2010*. ⁴Texas Department of State Health Services, *Cervical Cancer Registry, Cervical Cancer Mortality in Texas, 2003-2007, 2010*. ⁵CC: Quadrivalent human papillomavirus vaccine: Recommendations of the advisory committee on immunization practices (ACIP), *Morbidity and Mortality Weekly Report*, 2009, 58(49):24.

Background – HPV Vaccine

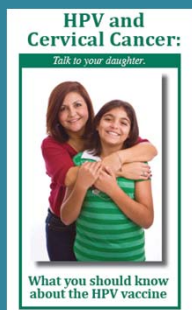


- Recommended for girls and women ages 11-26⁶
- Most effective if given before sexually active⁶
- Possible lifetime reduction CC risk by 20%-66%^{7,8}
- Studies show Hispanic parents are accepting of the vaccine; but uptake still low

⁶QDC. Quadrivalent human papillomavirus vaccine. Recommendations of the advisory committee on immunization practices (ACIP). Morbidity and Mortality Weekly Report. 2007; 56(9):21. ⁷Stanley GS and Tota AV. Cost-effectiveness of a potential vaccine for human papillomavirus. Emerg Infect Dis. 2003; 9:17-48. ⁸Gilde S, et al. Projected clinical benefits and cost-effectiveness of a human papillomavirus 16/18 vaccine. J Natl Cancer Inst. 2004; 96:604-15.

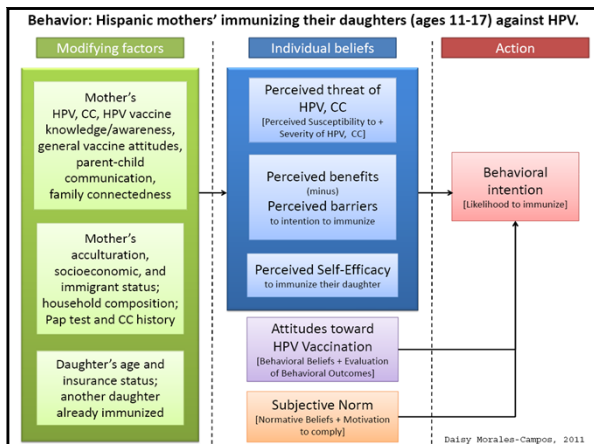
Entre Madre e Hija (EMH) Program

- a cervical cancer prevention and outreach program delivered by *promotoras* (community health workers) and student peer educators.
- *Promotoras* also provide referral and navigation support for HPV immunization to Hispanic mothers and their daughters



Specific Aims

1. *Promotoras* recruit 1,800 mothers and their daughters (ages 11-17) who **never had or have not completed** HPV vaccine dose series.
2. *Promotoras* and peer educators deliver the EMH health education program to groups of mothers and daughters and **collect data to assess its impact on knowledge of cervical cancer risk factors, screening guidelines, and the HPV vaccine.**
3. Research staff assess effectiveness of the EMH program (educations sessions, referrals, and navigation support) on increasing HPV vaccine completion among daughters (**goal = 594 immunized**).



Baseline Survey			
Constructs	# Items	Constructs	# Items
HPV		Cervical Cancer	
• Awareness	1	• Cervical cancer/Pap test history	3
• Knowledge	11	• Pap test knowledge	1
HPV Vaccine		• Perceived Susceptibility (mother)	1
• Knowledge	2	• Cancer Attitudes (mother)	4
• Perceived susceptibility (daughter)	3	Demographics	
• Perceived severity (daughter)	7	• Socioeconomic status	5
• General vaccine attitudes/acceptability	6	• Immigrant status	2
• Attitudes/acceptability	7	• Household composition	3
• Perceived benefits/barriers	9	• Daughter's age, immunization status	4
• Self efficacy	7	Parenting Practices	
• Subjective norms	7	• Parent-child communication	9
• Intentions	4	• Communication openness	12
		• Family connectedness	8

Methods

EMH Study Design

- Single group, pre- and post-surveys

Measures

- Knowledge of HPV and cervical cancer screening
- Attitudes on HPV vaccine


Data Collection

- 10/2011-present
- Sample: 217 mothers with baseline data
- Survey: Interviewer-administered
- Electronic/Web-based tools: Secured online database, netbooks, wireless internet

Demographics of Mothers (n=217)	
Age, years (mean ± SD)	38.3 ± 7.4
Marital Status	
Married, Common Law	84.7% (183)
Divorced, Widowed, Separated	12.5% (27)
Never married	2.8% (6)
Education	
None	.5% (1)
Grades 1-8	65.1% (140)
Grades 9-12	25.5% (55)
College and more	8.8% (19)
Household Income	
Less than \$10,000	81.5% (176)
Greater than \$10,001	18.6% (40)
Country of Birth	
Mexico	89.4% (194)
US	9.8% (21)
Year in US (Foreign-born)	13.1 ± 6.8
Language read or spoken	
Only Spanish	90.5% (190)
Both English and Spanish	3.8% (8)
Only English	5.8% (12)


HPV Knowledge Gaps

- 93.9% believed HPV is detected through a Pap test
- 73.1% believed HPV is cured with antibiotics
- 68.0% believed condoms protect a person from HPV
- 83.5% believed HPV affects a woman's ability to get pregnant



Cervical Cancer Screening Guidelines

- 94.3% correctly identified cervical cancer screening guidelines
- 20.3% of mothers who completed the program were never or rarely (3 or more years) screened



HPV Vaccine Attitudes

- 43.2% agreed the vaccine is safe
- 9.8% agreed getting the vaccine encourages girls' to become sexually active
- 75.8% agreed they would vaccinate their daughter if their daughter's doctor recommended it



Conclusion

- Preliminary findings suggest :
 - knowledge gaps exist regarding how HPV is detected, cured, prevented and its effects on the body
 - other factors (e.g., lack of insurance and access to care) may be present for never or rarely screened mothers
 - mothers believed the vaccine to be safe and would vaccinate their daughter if a doctor recommended it.

Recommendations

- EMH may address gaps in HPV knowledge in this population
- *Promotoras* may be an effective delivery channel for providing cervical cancer and HPV education and promoting HPV vaccine uptake and completion
- Future programs/interventions should further investigate the role of the doctor or provider in increasing uptake and completion of the vaccine series

Limitations

- Small sample size
- Respondent burden
- Program initiated prior to recommendation of HPV vaccine for men and boys



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