



Original article

Predictors of Human Papillomavirus Vaccination Among Daughters of Low-Income Latina Mothers: The Role of Acculturation

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A B S T R A C T

Purpose: Human papillomavirus (HPV) vaccination is a safe and effective primary prevention strategy for cervical cancer. Little is known about correlates of HPV vaccination among Hispanic adolescents living in the United States. The purpose of this study was to (1) examine relationships between both U.S./American and Latina acculturation and variables typically associated with HPV vaccine uptake (e.g., physician recommendation); and (2) identify predictors of HPV vaccine uptake among daughters of Latina mothers.

Methods: Latina mothers (N = 200) recruited from a Federally Qualified Health Center serving low-income families in Florida completed a semistructured interview that assessed awareness of and knowledge about HPV and HPV-vaccines, vaccination beliefs, whether their daughter's physician had recommended the HPV vaccine, health history, U.S./American and Latina acculturation, mother and daughter demographics, and daughter's HPV vaccination status.

Results: Only 18% of daughters had received at least one dose of the vaccine. Higher levels of U.S./American acculturation were associated with greater odds of vaccine uptake and other common predictors of HPV vaccination (e.g., physician recommendation, vaccine awareness). A multivariate logistic regression analysis identified three independent predictors of vaccine uptake: physician recommendation, daughter's age, and low worry about how to pay for the vaccine.

Conclusions: Despite generally favorable views of HPV vaccination, observed rates of vaccine uptake in this sample were substantially lower than national estimates. Latina mothers who are more integrated into U.S. society may be more likely to vaccinate their daughters against HPV. Findings provide promising directions for future HPV vaccination interventions with Hispanic adolescents.

IMPLICATIONS AND
CONTRIBUTION

Taking into account culturally relevant factors such as acculturation and encouraging physicians to recommend HPV vaccination may increase vaccine uptake among Latina adolescents. To our knowledge, this is one of the first papers to provide a systematic investigation of the relationship between acculturation and HPV vaccination.

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Human papillomavirus (HPV) vaccination is a safe and effective primary prevention strategy for cervical cancer, yet rates of vaccine uptake have been remarkably low. Only 53% of adolescent females have initiated the vaccine (received ≥ 1 dose) and

far fewer (34.8%) have completed the 3-dose series [1]. Recent data also suggest growing disparities in HPV vaccine completion rates, with Hispanic adolescent females significantly less likely to complete the series than non-Hispanic whites [2,3]. Low rates of HPV vaccination are of crucial concern for populations disproportionately affected by HPV-related disease such as Latinas, whose cervical cancer incidence rates are more than 60% higher than those among non-Hispanic whites [4,5].

Little is known about correlates of HPV vaccination among Hispanic adolescents living in the United States. Studies conducted

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before the HPV vaccine was licensed suggested high acceptability of HPV vaccination among Latinos [6–8]. More recent research continues to support these findings and has begun to identify predictors of HPV vaccination among daughters of Latino parents such as higher parental awareness of the vaccine, perceiving the vaccine to be safe and effective, having an older as opposed to a younger daughter, and physician recommendation [9–11].

Whether parental acculturation is associated with HPV vaccination is unknown. (By acculturation, we are referring to changes that take place as a result of social interaction with a new culture. These changes are bi-dimensional because they reflect both the extent to which an individual acquires aspects of the receiving country and retains aspects of the country of origin [12,13].) Studies suggest that Latinos tend to hold favorable views of immunization in general [8,14], which could reflect focused public health efforts in their countries of origin [14]. Additionally, although findings have been inconsistent [15], some research indicates that becoming more acculturated to the United States may have a negative impact on childhood immunization rates [16,17]. A study of Latino families living in Los Angeles, for example, found that less U.S.-acculturated mothers were more likely to have adequately immunized children [16].

Few studies have examined the relationship between parental acculturation and HPV vaccination. Kepka and colleagues [18] found no relationship between language acculturation and HPV vaccine uptake in a convenience sample of rural Hispanic mothers. Likewise, a study of Hispanic parents in Los Angeles County found no relationship between interview language preference and either HPV vaccine uptake or intentions to have their daughter vaccinated for HPV [10]. Luque and colleagues [19] reported greater awareness of HPV vaccines among Anglo-American and Puerto Rican women compared with Mexican and Honduran women. The authors speculated that this difference could, in part, reflect English language acculturation, as Mexican and Honduran women had significantly lower English proficiency than Puerto Rican and Anglo-American women.

The purpose of the current study was twofold. Our first goal was to provide further insight into the role of acculturation in HPV vaccination by examining relationships between mothers' levels of both U.S./American and Latina acculturation and variables typically associated with HPV vaccine uptake (e.g., physician recommendation, awareness). Our second goal was to identify predictors of HPV vaccine uptake among daughters of Latina mothers. To guide this research we used the conceptual framework of Fernandez and colleagues [20], which proposes that HPV vaccination is influenced by psychosocial, interpersonal, organizational, and societal factors.

Methods

Participants and recruitment

Latina mothers ($N = 200$) were recruited from a Federally Qualified Health Center (FQHC) in southwestern Florida. The clinic serves as the primary source of health care for most Hispanic children in the area. All of the physicians and most of the staff members are bilingual. The clinic funds a bus that loops around town daily to provide free transportation to the clinic. Study sample size was determined by a power analysis [21]. Eligibility criteria included having at least one daughter aged 9–18 years, being age 18 or older, and self-identifying as Latina/Hispanic. We chose this age range for daughters because The

Advisory Committee on Immunization Practices recommends routine HPV vaccination in 11- and 12-year-old girls (although the vaccine can be given as young as age 9) and catch-up vaccination among females ages 13 to 26 [22]. Mother and daughter demographics are provided in Table 1.

Procedure

Signs advertising the study "Vaccination for Girls" (in English and Spanish) were posted in the clinic waiting room. Mothers interested in participating were directed to approach the bilingual interviewer (C.Z.) who was seated at a nearby table. Eligible participants were guided to a private room where the interview took place. After providing informed consent, mothers completed a 20-minute semistructured interview in their preferred language (English, Spanish, or both). Participants received a digital thermometer for their participation. Data collection occurred during June and July of 2010. The study was approved by the Florida State University Human Subjects Committee.

Measures

The interview assessed mothers' demographic characteristics, and among foreign-born mothers, country of birth and length of time living in the United States. Health history variables assessed included Pap testing history and whether mothers had a personal or family history of cervical cancer and/or genital warts. HPV and HPV-vaccine awareness were assessed with the following items: "Have you ever heard of HPV? HPV stands for human papillomavirus." and "Have you heard about a vaccine for HPV? It is sometimes referred to as Gardasil." HPV knowledge (e.g., "HPV

Table 1
Sociodemographic characteristics of mothers and daughters

Characteristic	% or Mean (SD) ^a	N
Mother age (range: 23–61 years)	36.2 (7.3)	199
Daughter age (range: 9–18 years)	13 (3)	200
Mother education (range: 0–16 years)	7.6 (4.4)	198
Annual family income ^b		
≤\$20,000	52	103
>\$20,000	48	96
Marital status		
Not married	27	54
Married or living as married	73	145
Birthplace		
Foreign-born	77	154
U.S.-born	23	46
Birthplace among foreign-born		
Cuba	3	5
El Salvador	1	2
Guatemala	14	22
Honduras	4	6
Mexico	74	114
Nicaragua	2	3
Peru	<1	1
Puerto Rico	<1	1
Years in United States among foreign-born ^c	14.3 (6.7)	
Interview language		
Spanish	76	151
English or English & Spanish	25	49

SD = standard deviation.

^a Percentages may exceed 100% due to rounding error.

^b Annual family income included wages, unemployment, worker's compensation, disability, child support, and food stamps of all individuals living with the family.

^c The average proportion of life lived in the United States among foreign-born mothers was .40 ($SD = .18$; range = .02–.96).

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