



## Original article

# Knowledge, Perceptions, and Decision Making About Human Papillomavirus Vaccination Among Korean American Women: A Focus Group Study



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## A B S T R A C T

**Objective:** As one of the fastest growing ethnic minority groups in the United States, Korean American (KA) women experience a heightened cervical cancer burden. The advent of the human papillomavirus (HPV) vaccine offers an unprecedented opportunity to eliminate cervical cancer disparities in KA women. However, the uptake of HPV vaccine among KA adolescents remains suboptimal. Hence, we set out to explore knowledge, perceptions, and decision making about HPV vaccination among KA women.

**Methods:** We conducted four focus groups of 26 KA women who participated in a community-based, randomized, controlled trial to promote breast and cervical cancer screening. Focus group data were analyzed using qualitative content analysis.

**Results:** Four main themes emerged from the focus groups: 1) limited awareness and knowledge of HPV vaccine, 2) perceptions and beliefs about HPV vaccination (acceptance, negative perceptions, ambivalence), 3) patterns of decision making about HPV vaccination (hierarchical, peer influenced, autonomous, and collaborative), and 4) promoting HPV education and information sharing in the Korean community.

**Conclusion:** KA women are generally positive toward HPV vaccination, but lack awareness and knowledge about HPV. Culturally tailored HPV education programs based on KA women's decision-making patterns and effective information sharing by trustworthy sources in comfortable environments are suggested strategies to promote HPV vaccination in the KA community. The findings point to the need for a multilevel approach to addressing linguistic, cultural, and system barriers that the recent immigrant community faces in promoting HPV vaccinations. In the development of targeted interventions for KA women, educational strategies and patterns of decision making need to be considered.

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Worldwide, cervical cancer is among the most common cancers among women (Arbyn et al., 2011). More than one-half a million women are newly diagnosed with cervical cancer each year, with approximately 90% of cervical cancer-related deaths

occurring in developing countries (Arbyn et al., 2011). In recent decades, progress has been made in cervical cancer control in developed countries owing in large part to earlier detection through regular screenings (Arbyn, Raifu, Weiderpass, Bray, & Anttila, 2009; Vesco et al., 2011). Yet even in high-income countries, certain racial and ethnic minority groups—particularly recently immigrated Asian women—experience a higher cervical cancer incidence and mortality (McCracken et al., 2007; Miller, Chu, Hankey, & Ries, 2008; Wang, Carreon, Gomez, & Devesa, 2010). For example, Korean Americans (KAs) are the fourth fastest growing immigrant populations; they increased by 4.3-fold between 1980 and 2010, comprising about 10% of all

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Asian Americans (Hoeffel, Rastogi, Kim, & Shahid, 2012; Ryan, 2013). KA women experience a heightened cervical cancer burden: almost twice the risk of developing cervical cancer and 1.5 times the risk of dying from cervical cancer compared with non-Hispanic WHITES (Miller et al., 2008; Wang et al., 2010).

Human papillomavirus (HPV) infection is a necessary cause of cervical cancer with two types of HPV (16 and 18) accounting for more than 70% of cervical cancer cases (U.S. Centers for Disease Control and Prevention, 2012; Walboomers et al., 1999). The advent of the HPV vaccine offers an unprecedented opportunity to eliminate cervical cancer disparities in Asian immigrant women in the United States. One of the objectives of the *Healthy People 2020* initiative includes improving the completion rate of HPV vaccine series to 80% for females aged 13 to 15 years old (U.S. Department of Human and Health Services, 2013); however, the uptake of HPV vaccine among Asian immigrant girls has been suboptimal: A study based on data from the 2010 National Health Interview Study reported that Asian adolescent girls aged 11 to 17 years have the lowest initiation (13.4% vs. 29.6%) and completion (6.2% vs. 16.1%) rates of HPV vaccine compared with non-Hispanic White adolescent girls (Laz, Rahman, & Berenson, 2012; Wong et al., 2011). A recent systematic review found that suboptimal HPV vaccine uptake among U.S. adolescents was associated with barriers experienced by health care professionals and parents/caregivers: lack of knowledge, financial concerns, concerns about discussing sexual matters, and concerns about potential sexual promiscuity after HPV vaccination (Holman et al., 2014). Studies of ethnic minorities in the United States found that mothers are the primary decision makers regarding HPV vaccinations for their adolescent daughters and that among African, Alaska Native, and Hispanic Americans, cultural attitudes toward HPV vaccine are critical factors in decisions regarding HPV vaccination for their children (Allen et al., 2012; Joseph et al., 2012; Sanders Thompson, Arnold, & Notaro, 2012; Toffolon-Weiss et al., 2008).

To the best of our knowledge, only one study has investigated HPV vaccination among KAs (Bastani et al., 2011). The authors found that KA mothers have lower HPV and HPV vaccine awareness (44%–46% vs. 62%–64%) and the initiation of HPV vaccine (24% vs. 33%) compared with Latina mothers (Bastani et al., 2011). Still unclear are culture-specific perceptions about HPV vaccination among KA women and their decision-making patterns because no research has explored the topic. Hence, the aim of this study was to explore knowledge, perceptions, and decision making about HPV vaccination among KA women.

## Methods

### Parent Study

Data for this analysis were obtained from four focus groups of KA women who participated in a church-based, randomized trial. The parent study was conducted between 2010 and 2012 on the effectiveness of a health literacy-focused intervention program to promote mammogram and Pap test use among nonadherent KA women in a northeastern metropolitan area (central Maryland and northern Virginia) of the United States. The inclusion criteria were: 1) aged 21–65 years, 2) self-identified as Korean female, 3) no mammogram and/or Pap test within the last 2 years, 4) able to read and write either Korean or English, and 5) willing to offer written consent to allow researchers to audit medical records for mammogram and Pap tests use. The churches were chosen to be the study recruitment and

intervention site because a large majority of KA women regularly attend church. Twenty-nine female community health workers (CHWs) from 23 Korean ethnic churches in the target area were trained to recruit KA women from their church and deliver the study intervention that consisted of health literacy education, monthly phone follow-up, and navigation assistance for 6 months. Each CHW recruited 7 to 36 eligible women, totaling 560 KA women who completed the study survey at baseline. Study variables were measured at baseline and 3 and 6 months. All study procedures were approved by the institutional review board. Written consent was obtained from each woman in the study before data collection.

### Focus Group

The qualitative study using semistructured focus groups was nested in the parent study. At the completion of final data collection at 6 months, CHWs and study participants were asked to participate in a focus group to share their experiences about breast and cervical cancer screening and HPV vaccination-related issues. The focus group is a useful method to identify social norms and to facilitate interactions among group members (Morgan, 1997), and can contribute to expanding our insights on developing or modifying interventions based on needs of the target population (Halcomb, Gholizadeh, DiGiacomo, Phillips, & Davidson, 2007).

### Participants

Inclusion criteria for focus groups were: 1) either a CHW or KA participant in the control group of the parent study and 2) willing to participate in focus group. The parent study intervention included discussions about HPV vaccination as part of its educational program. Hence, the study team decided to include only women in the control group. We also considered age, marital status, educational level, length of stay in the United States, and English proficiency to create diverse focus group samples. Diversifying sample characteristics can help researchers to capture variations and commonalities in relation to KA women's views on HPV vaccination (Patton, 2002). Based on our randomization scheme, all Korean ethnic churches in the control group from which the CHWs and KA participants were recruited for the focus groups belonged to northern Virginia, one of the states in the United States where a school vaccine mandate for HPV had been enacted (Virginia Department of Health, 2013). The research team contacted control group participants and CHWs by phone to check whether they would be interested in participating in focus groups: 14 out of 15 CHWs and 12 out of 16 participants (totaling 26 women) agreed and were able to join focus group discussions.

### Data Collection

Four semistructured focus groups were conducted with six to eight participants, consisting of two focus groups for 14 CHWs and two focus groups for 12 KA study participants. Each focus group was facilitated by a bilingual moderator and a note-taker who were familiar with the Korean culture. A focus group guide was developed based on concepts examined during the study period, previous literature, and the researcher team's experiences in working with the KA community. Our research team members included bilingual researchers, clinicians (a nurse practitioner and a physician), outreach coordinators, a director of

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