



## Original article

## Parental HPV knowledge and perceptions of HPV vaccines among Korean American parents



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## ABSTRACT

**Aim:** The purpose of this study was to examine Korean-Americans (KA) parents' level of knowledge and perceptions of the HPV vaccination, and to identify the differences in parental knowledge and perceptions of the HPV vaccine between KA parents who have vaccinated their children versus those who have not.

**Background:** While there are significant concerns about HPV infection, lower immunization rates, and higher cervical cancer risks facing KAs, limited attention has been paid to the specific concerns of KA parents and barriers that underlie parental reluctance to vaccinate their children.

**Methods:** A descriptive comparative design was used in a convenience sample of 74 KA parents. The study questionnaire consisted of demographic items, general knowledge of HPV, and parental perception regarding HPV vaccination.

**Results:** The level of general knowledge about HPV was very low with a mean score of 3.14 out of 10. Many participants reported negative perception toward HPV vaccination. HPV knowledge scores were not significantly different between parents who did vaccinate their children compared to parents who did not. However, scores for perceived benefits and perceived barriers to vaccination were found to be significantly different between the two groups.

**Conclusions:** A lack of knowledge about HPV and negative perception of the HPV vaccination play a key role in preventing many KA parents from seeking appropriate information and delaying vaccination. Development of a culturally grounded and sensitive HPV education program is critical to improve and implement preventive measures for HPV in this population.

## 1. Introduction

Human Papilloma Virus (HPV) is the most common sexually transmitted infection in the U.S., with reports indicating that nearly 80 million people are currently infected in the U.S. (CDC, 2014). HPV is also the most common cause of many types of cancers, including cervical cancer (CDC, 2014). Although HPV vaccinations were introduced in 2006 and found to be safe and effective in preventing cervical cancers and genital warts (Freemster & Kajin, 2010), rates for HPV vaccination among all American adolescents remain lower than most other vaccines (CDC, 2014; Hughes, Jones, Freemster, & Fiks, 2011). Seven years after the CDC recommended routine HPV vaccination for females at 11 to 12 years of age, three-dose vaccination coverage in adolescent

females reached only 37.6%, and only 13.9% in adolescent males (CDC, 2014). These low vaccination rates are of great concern, particularly in the Korean-American (KA) population, as the cervical cancer rate for KA women is more than double that of Caucasian women (Lee, Tripp-Reimer, Miller, Sadler, & Lee, 2007).

KAs are one of the most rapidly growing ethnic groups in the U.S., representing 11% of the total Asian population and ranked as the fourth largest Asian subgroup after Chinese, Filipinos, and Indians (U.S. Census, 2012). However, little is known about rates of HPV infection among KA women. Despite the advent of rigorous nationwide efforts aimed at HPV prevention, it is estimated that > 5 million new cases of HPV occur in the U.S. each year, and nearly 75% of women of reproductive age are thought to be infected with HPV (Raphaelidis,

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2006), though most women are asymptomatic. Although common, HPV infection is far from benign: HPV is the leading cause of cervical cancer (which is the number one cause of cancer death among U.S. women) and is also associated with vulvar, vaginal, penile, anal, and some head/neck cancers (CDC, 2016).

Parental permission is essential to achieving a high rate of vaccination (Dempsey, Zimet, Davis, & Koutsky, 2006; Kahn et al., 2008). A lack of parental knowledge and information about HPV is a commonly cited reason for why parents decline vaccination for their children (CDC, 2014; Dempsey et al., 2006; Kahn et al., 2008; Marlow et al., 2009). The common conclusion among these studies is that knowledge about HPV is a significant predictor of parents' vaccination decision. Although knowledge is a key aspect of vaccination decisions, striking disparities in HPV knowledge exist among different minority groups (Maxwell, Bastani, & Warda, 2000). In a survey of 390 mothers of girls aged 9–18 years, KA mothers had the lowest rates of knowledge compared to all other ethnic groups, which is worrisome given the fact that Korean women are at a higher risk of developing cervical cancer than any other U.S. population (Miller, Chu, Hankey, & Ries, 2008). In addition, anecdotal evidence suggests that even among KA parents who are health care providers, a lack of knowledge of HPV is a major barrier to HPV immunization among this target population.

Several factors affecting parental perceptions of the HPV vaccine are mentioned in the literature: attitudes toward vaccination, concerns about risk of complications, and personal experience with abnormal results from a pap screening (Constantine & Jerman, 2007; Dempsey et al., 2006; Kim, Kim, Choi, Song, & Han, 2015). Overall, many reports suggest that parents' perceived danger of the *disease* promotes vaccination; however, parents' perceived danger of the *vaccine* impedes vaccination. Dempsey et al. (2006) found that predictors of parental HPV vaccine acceptance include the vaccine benefiting their children, peer influence, physician recommendation, perceived susceptibility of sexually transmitted infections (STIs) and/or HPV infection, personal experience with HPV, and having a female child. The primary factor in parental HPV vaccine refusal was parental perception and belief that the HPV vaccination increases adolescents' sexual activity (Constantine & Jerman, 2007; Kim et al., 2015; Lee, 2012; Marlow, Forster, Wardle, & Waller, 2009; Reiter, Brewer, Gottlieb, McRee, & Smith, 2009).

KAs share unique cultural values and behaviors: for one, they view sex and sexuality as taboo subjects. As a result, parental and adolescent communication about sex or sexuality rarely occurs in a family setting. Premarital sex is discouraged and sex is typically not an open topic of discussion (Okazaki, 2002; Sabato & Silberio, 2010). More seriously, a nurse practitioner who practices primarily with KA patients reported that some KA parents express concerns about the possibility of the HPV vaccine encouraging an increase in risky sexual behaviors (Lee, 2012). It is likely that the shared cultural values of KA parents contribute to negative perceptions and prevent KA parents from seeking appropriate information about HPV and the HPV vaccination for their children, ultimately placing KA young adults at greater risk for compromised sexual health (Okazaki, 2002; Sabato & Silberio, 2010). However, only a few studies (citations for these studies?) have addressed the influence of cultural values on Korean-American parents' knowledge and perception of HPV vaccination and the findings have been inconclusive.

The purpose of this study was to: (1) examine KA parents' level of knowledge of the HPV vaccine, (2) explore their perceptions of the HPV vaccination for their children, and (3) identify the differences in parental knowledge and perceptions of the HPV vaccine between Korean-American parents who have vaccinated their children compared to those who have not.

## 2. Conceptual framework

In this study, the Health Belief Model was used to guide and assist in understanding health-related behavior among KA parents. The Health Belief Model is frequently used to study a wide range of health-related

behaviors (Janz & Becker, 1984) and to understand the motivations to participate in programs that prevent and detect disease. The underlying assumption is that health actions are dependent upon a person's perceived threat of a health problem and opinion of a recommended action for managing the problem. The defining constructs of the Health Belief Model include: perceived susceptibility, perceived uncertainty (originally known severity), perceived benefits, perceived barriers, and cues to action (Janz & Becker, 1984). These constructs are used to guide the present study. In relation to the HPV vaccine, perceived susceptibility is the belief that HPV infection and cervical cancer are likely to transpire (Brewer & Fazekas, 2007). Perceived uncertainty refers to the belief about the extent of harm that can occur by performing or not performing the HPV vaccine. Perceived benefits, or perceived effectiveness, refer to the belief that the HPV vaccine will decrease the possibility and severity of HPV infection or cervical cancer. Perceived barriers refer to any hindrance preventing vaccination. These major constructs of perception are affected by modifying factors such as HPV knowledge. These constructs and the modifying factors play a central role in influencing preventive HPV-related health action among parents and explain vaccination behaviors.

## 3. Methods

### 3.1. Design

A descriptive comparative design was used to examine KA parental perceptions and knowledge of the HPV vaccine. This method provided insight into parental decision-making and explored vaccine initiation by parents as a recommended preventive action in the Health Behavior Model (Janz & Becker, 1984).

### 3.2. Sample

A convenience sample of KA parents was recruited. The participants were recruited for an online survey through the network of the Korean Nurse Association (KNA), which passed out a flyer introducing the purpose of the study, sample inclusion criteria, and the online survey link. Inclusion criteria was: 1) Korean-American; 2) mothers or fathers who have children or adolescents between the ages of 11 and 18 and who have either accepted or declined the opportunities to vaccinate their children with the HPV vaccine; and 3) the ability to read, speak, and understand English. According to 2011 U.S. Census data, 71% of Korean-Americans reported they spoke English either very well or well. Therefore, the English inclusion criterion of this study captured a large portion of the Korean-American population. A total of 105 participants entered the survey, however only 74 of those participants completed the survey. Data analyses were performed on the 74 completed surveys using SPSS.

### 3.3. Measures

The study questionnaires consisted of demographic items, general HPV knowledge items, and HPV parental perception items. Demographic questions include gender, income, education level, parent's age, child's age, and years living in the United States, and having initiated and/or completed HPV vaccines for their child.

#### 3.3.1. HPV knowledge

Knowledge about HPV was assessed using the survey created by Gerend and Shepherd (2011), which has been validated in previous research (Gerend & Barley, 2009; Gerend, Lee, & Shepherd, 2007; Gerend & Magloire, 2008). Internal reliability of this scale was evaluated using a Cronbach's alpha coefficient ( $\alpha = 0.93$ ) (Holcomb, Baily, Crawford, & Ruffin, 2004). The Cronbach's alpha coefficient reported in this present study with KA parents was 0.79. Participants were asked to complete a 10-item scale, measuring general knowledge about HPV.

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