

Factors Associated with Human Papillomavirus Vaccine Acceptance Among Haitian and African-American parents of Adolescent Sons

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Objective: To assess knowledge, attitudes, beliefs and practices related to HPV vaccination among African-Americans and Haitian immigrant parents, and to compare vaccination rates of their sons.

Study Design: We performed semi-structured interviews with parents of boys aged 11–17 who had not yet received the HPV vaccine. We used validated surveys of HPV knowledge, trust in physicians, and intention to vaccinate. We probed participants' thought processes about HPV vaccination, and examined parental attitudes, beliefs, and practices toward HPV vaccination using open-ended questions. We then reviewed medical records to determine whether sons were subsequently vaccinated.

Results: 25 African-American and 30 Haitian immigrant parents and legal guardians participated in the study. Haitian immigrants were more likely to be married and to practice a religion than African-Americans. Both groups had limited knowledge of HPV (32% of questions were answered correctly by Haitian immigrants vs. 31% by African-Americans). Sixty-four percent of African-Americans and 79% of Haitians intended to vaccinate their sons, however only 24% of African-American and 20% of Haitian sons received vaccination within 12 months of the interview. Open-ended questions revealed that most African-Americans felt that vaccination fell within the parental role, while some Haitian immigrants felt uncomfortable vaccinating against sexually transmitted infections because they felt children should not be having sex. Both groups wanted more information about HPV vaccines.

Conclusions: Improving HPV vaccine rates in Haitian and African-American boys may require culturally competent approaches that address ethnic-specific barriers among their parents.

Keywords: HPV vaccine ■ acceptability in males ■ Haitians immigrant parents ■ African-American parents of sons

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INTRODUCTION

Human Papillomavirus (HPV), the most common sexually transmitted infection in the United States (U.S.), is responsible for 33,369 cancers annually, 12,080 among males.^{1,2} Approximately 20–60% of oral cancers, 36–40% of penile cancers, and 90% of anal cancers and genital warts are caused by HPV.^{2,3,4} Recent reports indicate that the incidence of oropharyngeal and anal cancers related to HPV infection is increasing by approximately 2–4% per year.^{3,5,6} Compared to Caucasian men, Black men suffer from higher rates of HPV-related cancers and are diagnosed at later stages of the diseases.^{2,7–12} In the U.S., the “Black” population is a heterogeneous group comprised of distinct subgroups including recent immigrants from Sub-Saharan Africa or the Caribbean, or those of African heritage whose families have lived in the U.S. for several generations.^{13,14} Immigrants from different regions and U.S.-born African Americans have varied ethno-cultural origins and health behaviors^{13,14} which in turn influence the disease burden of both acute and chronic diseases^{15,16} Just as in the Latino community, there are subgroup data has shown that there are differences in prevalence and morbidity within the African subpopulation, especially in diabetes, hypertension and infant mortality and hypertension.^{17–20}

Haitians are a vulnerable subgroup of Black Americans as reflected in high rates of cervical cancer.^{15,16} As HPV is passed between sexual partners, Haitian men likely also have high rates of HPV infection, and possibly HPV-related cancers. However, there is a paucity of data related to HPV infection and HPV-related cancer rates among Haitian males.

HPV vaccination was recommended by the Advisory Committee for Immunization Practices (ACIP) for permissive use to prevent genital warts in adolescent males in 2009. The recommendation was upgraded to routine use for males 11–21 years of age in 2011 with a new indication for reducing anal cancers in young men.^{21,22} Despite this, the 2011 National Immunization Survey revealed that only 7% males initiated HPV vaccination in the previous year.¹³

Improved levels of HPV vaccination among U.S. Black adolescents could reduce cancer disparities in the future.

Since parental consent is required for HPV vaccination of children under 18 years, parental acceptance of HPV vaccination plays an important role in vaccination rates. Among mothers of sons, support for HPV vaccination varies widely from 12% to 100%, depending on the mother's ethnicity and type of vaccine.²⁴ In order to develop a culturally sensitive approach to vaccination, it is important to understand differences in knowledge, beliefs, and attitudes of groups that are often coded in studies as being part of the same race, but actually represent different ethnic groups. To elucidate differences among sub-groups of the U.S. Black population, we interviewed African-American and Haitian immigrant parents or legal guardians of adolescent boys to examine parental attitudes and beliefs toward HPV vaccination, and evaluated whether their sons received HPV vaccine within 12 months.

METHODS:

Study Population and Procedures

We interviewed parents and legal guardians of 11–17 year-old boys who visited the pediatric and adolescent outpatient clinics at an urban academic medical center in Boston, Massachusetts. Interviews were conducted from December 2010 to October 2011, prior to universal recommendation of HPV vaccine for males. The academic medical center serves primarily low-income ethnic minority families. Parents and legal guardians who spoke English or Haitian Creole and self-identified as either U.S.-born African-American or Haitian-born immigrants were eligible to participate if their sons had not been previously vaccinated against HPV.

Interviews were conducted in either English or Haitian Creole by native speakers. All interviews were audiotaped and transcribed verbatim. Interviews conducted in Haitian Creole were translated into English by one bilingual investigator, and then independently reviewed by two additional bilingual speakers to ensure the accuracy of the translation. Upon completion of their interview, participants were given a \$15 gift certificate as compensation for their participation. This study was approved by the Institutional Review Board at Boston University Medical Center.

Design

To gain insight into factors that might influence HPV vaccine acceptability among African-American and Haitian immigrant parents of sons, we adopted a mixed-methods approach whereby we collected quantitative and qualitative data. Aggregate quantitative data has previously been reported.²⁵ In this study, we report specifically on the

quantitative and qualitative responses of African-American and Haitian participants to compare the distinct attitudes and vaccination rates of these ethnic subgroups. We used a purposeful sampling method of subjects with particular and representative characteristics to explore factors that influence that explore factors that influence parents' approval of the vaccine for their sons.

Study Instrument

We asked participants 45 questions to assess factors associated with HPV vaccine acceptance. First, we collected information about participant's age, gender, marital status, race/ethnicity, place of birth, number of years in the U.S., preferred language, income, educational level, and religious affiliation. Knowledge about HPV-related diseases was assessed by asking 8 previously validated knowledge questions for which participants could answer "true, false, or don't know."²⁶ One question was added to assess parents' knowledge about the association between HPV and anal cancer as well as HPV and oral cancer, since these outcomes are more relevant to men.²⁷ Following the knowledge assessment section, and prior to beginning the qualitative portion of the interview, brief educational information was provided to parents to explain HPV infection, transmission, prevention methods (including vaccination), and the natural history of disease. Next, we asked participants about their level of trust in their physicians, personal experience regarding past interactions with persons who had HPV-related illnesses, their perceived level of vaccine acceptability, and intent to vaccinate their sons.²⁸

Participants also answered a series of open-ended questions designed to explore their attitudes toward HPV vaccination including reasons for accepting or declining vaccination for their sons, and opinions and concerns about sexually transmitted infections, vaccination in general, and HPV vaccination in particular.^{29–30} Specifically, we asked participants to discuss reasons why they supported or opposed vaccination, whether their child's gender or age was a consideration in vaccination, opinions about school-based vaccination, and vaccination prior to sexual debut. Participants were encouraged to elaborate on their responses using standard approaches.²⁹

Ascertainment of HPV Vaccination Status

We assessed HPV vaccination status of participants' sons by reviewing their electronic medical records. Sons were classified as having received an HPV vaccine if their medical record included either a record of HPV vaccination, documentation of the site of administration of an HPV vaccine, or a documented order for HPV vaccine by a medical provider at any time during the 12 month period following their parent or guardian's interview.

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