FACTORS ASSOCIATED WITH HPV VACCINATION AMONG DIVERSE ADOLESCENTS IN A REGION WITH LOW HPV VACCINATION RATES

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Cervical Cancer Incidence in Africa
Figure 6: Age-standardised incidence rate of cervical cancer cases attributable to HPV by country in Africa (estimates for 2012)
Ghana steps up fight against cervical cancer

By ISAAC OSEI

DODOWA, Ghana, 13 November 2013 - GHANA has taken a giant step towards preventing cervical cancer in the country. Young girls between the ages of 9 and 13 are going to benefit from a Human Papilloma Virus (HPV) immunization exercise that would protect them against the possibility of acquiring cervical cancer.

This came to light when the First Lady of the Republic, Mrs. Lordina Mahama officially launched the HPV vaccine meant for the immunization at Dodowa in the Ga Dangbe District of Greater Accra Region.

A report from the Ghana Health Service shows that about 2000 women are diagnosed with cervical cancer annually, and almost 1500 out of the total number die each year.

In her speech, the first lady said the northern and central regions of Ghana would also benefit from the HPV immunization project but on pilot basis because of the female adolescent reproductive behaviours in those regions.
31,000+
cancers are caused by vaccine preventable 
HPV each year in the United States
400,000 cases of genital warts are caused by vaccine preventable HPV each year in the U.S.
Nearly all abnormal pap tests are caused by vaccine preventable HPV:

1.4 million new cases low-grade

+ 330,000 new cases high-grade

cervical dysplasia (1 in 10 women)
Who has HPV?
I DO
You DO
We DO
Nearly ALL of US
HAVE HAD or
WILL HAVE HPV
How do I know if I have HPV?

HPV OFTEN HAS NO SIGNS OR SYMPTOMS. ANYONE WHO IS INFECTED CAN PASS THE VIRUS ON WITHOUT EVEN KNOWING IT.
How is the U.S. Doing with HPV Vaccination?

U.S. Up to Date HPV Vaccination Rates:
All – 43% of ages 13-17 years
Girls – 50% of ages 13-17 years
Boys – 38% of ages 13-17 years

HPV Vaccination Up-to-date (%), Girls & Boys, Ages 13-17 years, NIS-Teen 2016
BACKGROUND

- HealthyPeople.gov goals for HPV completion is 80%.
- In 2016, only 30.5% of Utahn adolescents completed the vaccine.
- Racial and ethnically diverse communities comprise 20% of Utah’s population; some are at higher risk for HPV cancers.
Community Faces of Utah (CFU) is a partnership between five racial/ethnic community organizations, the Utah Department of Health, and the University of Utah.

- African American
- African Refugee
- American Indian/Alaskan Native
- Hispanic/Latino
- Native Hawaiian and Pacific Islander
Purpose: This study utilized a community-based participatory approach to examine factors influencing diverse family caregivers’ intentions to vaccinate their children with the HPV vaccine, children’s HPV vaccine receipt, and barriers to vaccination.
RESULTS

N=228 participants; only about 20% of participants self-reported at least one child receiving a dose of the HPV vaccine

Factors associated with HPV vaccination:

• Caregiver age (p<.05)
• Race/ethnicity (p<0.01)
• Educational attainment (p<0.01)
• Annual household income (p<0.05)
• Years in the US (p<0.05)
• Caregiver parent birthplace (p<0.01)
Factors associated with intentions to vaccinate unvaccinated girls:
  • Race/ethnicity (p<0.05)
  • Health insurance coverage (p<0.05)

Top HPV vaccination barriers for daughters:
Not knowing about the HPV vaccine (n=52, 52.5%), costs (n=18, 18.1%), and side effects (n=14, 14.1%)

Factors associated with intentions to vaccinate unvaccinated sons:
  • Race/ethnicity (p<0.01)
  • Caregiver parent birthplace (p<0.05)
  • Health insurance coverage (p<0.05)
  • Type of health insurance coverage (p<0.01)

Top HPV vaccination barriers for sons:
Not knowing about the HPV vaccine (n=52, 52.0%), son not being sexually active (n=22, 22.0%), costs (n=18, 18.0%), and side effects (n=18, 18.0%)
DISCUSSION: Diverse Communities and HPV Vaccination in UTAH

• Sociodemographic and cultural factors are associated with caregiver reported HPV vaccination of children (aged 11-17 years).

• Factors related to the willingness of caregivers to vaccinate sons versus daughters varied among caregivers with unvaccinated children.

• Immigrant status may be associated with having children vaccinated, and being more willing to vaccinate sons.

• Health insurance coverage was a significant factor for caregivers’ willingness to vaccinate girls and boys.

• Lack of knowledge of the HPV vaccine is a major barrier for diverse family caregivers in deciding about vaccinating sons and daughters.
CONCLUSION

• HPV vaccination prevents **SIX HPV-associated cancers and genital warts**.

• Few studies have examined HPV vaccination outcomes among these five populations in a state with a unique racial/ethnic history.

• Diverse groups may benefit from **culturally-tailored interventions** that address concerns about the HPV vaccine.

• Education about the HPV vaccine should take into account the **differences in the gender of the child**.

• Diverse communities may benefit from resources that highlight the availability of low-cost or free HPV vaccines and to clarify misunderstandings about the vaccine.
Thank you & Questions?

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