The real reasons low-income girls are not getting the HPV vaccine

By ACSH Staff — October 9, 2013

Human papillomavirus (HPV) continues to be the most common sexually transmitted infection in the United States. Although in most cases, the infection is successfully eradicated by our normal immune systems, in many the virus persists and causes cellular changes which can lead to cancer. Each year, about 12,000 women are diagnosed with cervical cancer, the most common cancer caused by HPV. This is especially disturbing given that we have a vaccine which targets the HPV strains that cause cancer. However, according to the CDC, only 33 percent of girls have gotten all three doses of the vaccine, and that number is only 28 percent for girls below the poverty line, who have higher rates of cervical cancer.

In order to study the reasons why children are not being vaccinated, researchers at the Children’s Outcomes Research Program in Colorado conducted interviews with 41 low-income parents of girls ages 12 to 15. Both English and Spanish-speaking parents were included. Among the English speakers, the most common reasons given were in relation to safety of the vaccine, little trust in government or medicine and the idea that their children were not likely to be infected with HPV. Spanish speakers highlighted the fact that their providers did not promote the vaccine, and if they did, did not make it clear that the vaccine would be administered in three doses. They also cited concerns that the vaccine would promote sex before marriage.

Dr. Sean O Leary, an investigator at Children’s Outcomes Research Program says, The reasons low-income girls did not initiate or complete HPV vaccination were strikingly different depending on whether their parents spoke English or Spanish. This insight should be helpful to health educators and policymakers as they seek ways to improve vaccination rates.

ACSH S Dr. Gilbert Ross adds, We in public health have been waging this battle to increase HPV vaccination rates among teenage girls and young women before they are exposed to the virus. Numerous studies have shown that this vaccine does work and has already contributed to declines in rates of HPV infection among teenage girls. This study highlights the fact that in order to increase vaccination rates, specific groups need to be targeted and approaches may need to be changed to cater to these groups individually. Specifically, Hispanic families seem to need more
reassurance that giving the vaccine to pre-adolescent girls will not encourage early sexual activity. And giving the vaccine to boys as well, which is also recommended, would have a similar benefit by reducing the viral exposure possibility.

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