

HPV Literacy

The role of English proficiency in Korean American immigrant women

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BACKGROUND: Although Korean American women have one of the highest cervical cancer incidence and mortality rates among all Asian American and non-Hispanic White women, they are less likely to receive the human papillomavirus (HPV) vaccine to prevent cervical cancer.

OBJECTIVES: This study aimed to examine Korean American women's HPV literacy and factors related to HPV literacy to identify targeted intervention strategies.

METHODS: A quota sampling strategy was used to recruit 243 Korean American women aged 19–85 years in the Atlanta, Georgia, metropolitan area. Multiple linear regression analysis was conducted using Andersen's Behavioral Model of Health Services Use to examine factors associated with HPV literacy.

FINDINGS: HPV literacy of Korean American immigrant women was moderate, and knowledge about HPV detection items was particularly low. Age was the only predisposing factor that had a significantly negative association with HPV literacy, whereas education level and English proficiency had a significant positive relationship with HPV literacy. Health status as a need factor was significantly positively associated with HPV literacy.

KEYWORDS

HPV literacy; cervical cancer screening; Korean American women; health disparity

DIGITAL OBJECT IDENTIFIER

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KOREAN AMERICAN (KA) IMMIGRANT WOMEN EXHIBIT one of the highest cervical cancer incidence and mortality rates among Asian American immigrant women, which is higher than those of non-Hispanic White women (McCracken et al., 2007; Wang, Carreon, Gomez, & Devesa, 2010). In addition, studies show that KA women report lower levels of literacy on the human papillomavirus (HPV) and the HPV vaccine (Kim, Kim, Choi, Song, & Han, 2015; Lee & Lee, 2017), which is the most effective preventive strategy for cervical cancer. For example, in one study of ethnic minority women, Bastani et al. (2011) reported that 46% of KA mothers were aware of HPV compared to 65% of Latina, Chinese, and African American mothers. The study also found that only 24% of KA mothers reported that their daughters had initiated the vaccine with at least one dose, compared to 33% of Latina mothers (Bastani et al., 2011). Among young KA women, the lack of understanding regarding cervical cancer and precautionary behaviors emerged as a barrier to HPV vaccine uptake, as well as lack of understanding of medical jargon within the healthcare system, suggesting limited health literacy as a correlate to limited cervical cancer and vaccine knowledge (Lee & Lee, 2017). Studies also have shown that although accurate knowledge regarding HPV, such as the prevention of HPV infection and HPV-associated cancer risks, increased the likelihood of getting vaccinated (Constantine & Jerman, 2007; Tiro, Meissner, Kobrin, & Chollette, 2007), minority Asian American women in the United States lacked knowledge and awareness of HPV (Bastani et al., 2011; Nomura & Rahman, 2014).

About 80% of women are infected with HPV by age 50 years, and most cases of HPV infection are resolved on their own (Centers for Disease Control and Prevention [CDC], 2013). However, about 10% of women who have high-risk cervical HPV are at risk for cervical cancer (CDC, 2016). Since the U.S. Food and Drug Administration approved the first HPV vaccine in 2006, a 56% reduction in HPV infections has been observed among adolescents in the United States (CDC, 2016). The HPV vaccine is recommended for boys and girls aged 9–17 years and for young men and women until age 26 years (CDC, 2016).

Theoretical Framework

To identify malleable factors used for improving HPV literacy in KA women, the current authors used Andersen's (1995) Behavioral Model of Health Services Use. This model was developed to help understand the use of health services and to measure access to health care (Andersen, 1995). It has since been revised by Andersen, Davidson, and Baumeister (2014), who emphasized that improving access to care can be accomplished by considering