Cervical cancer affects more Hispanic women than non-Hispanic women in the United States. A vaccination exists to aid in the prevention of cervical cancer; an estimated 70% of cases could be avoided with the human papillomavirus (HPV) vaccine. However, women of Hispanic descent have many access barriers. By identifying and addressing such barriers, nurses can play a significant role in educating Hispanic women about the benefits of vaccination before HPV exposure occurs. Theoretical integration with Leininger’s Culture Care Theory of Diversity and Universality provides a framework to address cultural differences and awareness when educating Hispanic women about this health issue. Additional nursing research into effective communication and educational programs to help reach the Hispanic population continues to be a priority in this vulnerable community.

Maria arrived in the United States in 2006, anticipating a better life for herself and her two young children. Her husband had left her in Chihuahua, Mexico, two years earlier, and she had struggled to find enough work to survive ever since his departure. Working as a motel maid, raising two small children, and assisting other relatives did not give Maria much time to learn the English language. Because of increased vaginal bleeding and pain, Maria consulted a physician in a low-income clinic associated with a large hospital in the western United States. She was diagnosed with stage III cervical cancer and referred to an oncologist to begin chemotherapy. Considering the many barriers that Maria faced, she remained optimistic and grateful to be receiving care in the United States.

Maria represents a growing population of Hispanic women diagnosed with invasive cervical cancer in the United States. The American Cancer Society (2009) estimates that 2,000 new cases of cervical cancer will be diagnosed in Hispanic women from 2009–2011, with 500 deaths. Cervical cancer has twice the incidence rate and a higher death rate in Hispanic women than in non-Hispanic women in the United States.

Virtually all cervical cancers are caused by exposure to one of four types of the human papillomavirus (HPV): 6, 11, 16, or 18 (Saslow et al., 2007). In 2006, the U.S. Food and Drug Administration approved a vaccine against those four types to prevent cervical cancer caused by HPV infections (Gardasil® [Merck & Co., Inc.]) (Saslow et al.). The Centers for Disease Control and Prevention (CDC) estimate that approximately 80% of women have HPV infections by the age of 50 (Henry J. Kaiser Family Foundation, 2007). The optimal age of HPV vaccination, therefore, is before a girl’s first sexual experience and possible exposure to HPV (Saslow et al.). The vaccination requires three separate injections within six months and costs approximately $360 for the series (Henry J. Kaiser Family Foundation). The U.S. Food and Drug Administration approved the use of the vaccine in girls and women aged 9–26 (Henry J. Kaiser Family Foundation). According to estimates, use of the HPV vaccine will reduce cervical cancer incidence by 70% (Saslow et al.). However, for many young Hispanic women like Maria, economic, social, and cultural barriers inhibit access to the HPV vaccine (see Figure 1). Nurses can help this population by identifying those at risk, educating and advocating for them, and performing research related to HPV vaccination access.
Theoretical Framework

Leininger developed the Culture Care Theory of Diversity and Universality to address the issues of transcultural nursing care (McFarland, 2006). The goal of her theory was to bring an awareness of cultural diversities into the practice of nursing (McFarland). Additionally, Leininger maintained that in a multicultural world, transcultural nursing knowledge is imperative for effective outcomes (McFarland). Leininger’s theory takes into account the patient’s own health knowledge and practice and incorporates that information with the nurse’s knowledge of appropriate health practices (McFarland). One of the major concepts of Leininger’s theory refers to human care and caring (McFarland). Leininger believed that a central part of caring involves discovering different views, beliefs, and “patterned lifeways of people” (McFarland, p. 479). She also referred to “emic,” an insider’s view about a condition or health practice; and “etic,” an outsider’s view, or a more universal view, regarding a condition or health practice (McFarland). By applying Leininger’s Culture Care Theory of Diversity and Universality to practice, nurses can provide compassionate, consistent, and informed care to all patients regardless of cultural differences. This framework provides the rationale for exposing the perceived barriers to effective HPV vaccination.

Economic Barriers

Less than 40% of Hispanics in the United States have a high school education, and about 22% of Hispanic people live in poverty (American Cancer Society, 2009). Because of lower education levels, people of Hispanic origin are more likely to work in lower-paying jobs for employers who do not offer insurance benefits (American Cancer Society, 2009). Hispanics are the largest population in the United States least likely to have health insurance (CDC, 2009b). Without insurance, the cost of HPV vaccination remains prohibitive. Lower-paying jobs usually are associated with hourly wages rather than salary. In such positions, workers may be apprehensive about leaving a place of employment to attend to medical needs, and doing so may mean loss of hourly pay (Martinez & Carter-Pokras, 2006). The three vaccinations necessary for a girl to have full immunity might require additional time off work by a parent to visit a clinic (Rand, Szilagyi, Albertin, & Auinger, 2007). In rural settings where clinics may be nonexistent or sparse, access to clinics that provide the vaccination may prove difficult.

Another economic barrier to HPV vaccination is transportation. For patients without a means of transportation, multiple visits to obtain the vaccination may be an unrealistic goal (Saslow et al., 2007). Yang, Zarr, Kass-Hout, Kourosh, and Kelly (2006) found a relationship between the lack of reliable transportation and problems associated with obtaining proper health care. Safety issues with public transportation, bad weather, care of children during long bus rides, and unreliability of free transportation services are some of the problems associated with transportation. For those who live in rural areas, public transportation services to urban healthcare sites may be nonexistent (Martinez & Carter-Pokras, 2006).

Cultural Barriers

Acculturation is defined as a process of incorporating values, behaviors, ways of thinking, and language from one culture into another culture (Shah, Zhu, Wu, & Potter, 2006). Less acculturated Hispanic women tend to be older, be less educated, and live deeper in poverty than highly acculturated Hispanic women (Shah et al.). Less acculturated women have lower knowledge of the English language and have yea-saying tendencies (described as responding in a positive way to please the interviewer) (Shah et al.). Such women also are least likely to have a source of regular health care through which to obtain the HPV vaccine for their daughters (McKee & Fletcher, 2006).

The inability to speak the English language is cited most frequently as the greatest obstacle for proper health care (Martinez & Carter-Pokras, 2006). Many healthcare facilities lack healthcare workers who speak Spanish (Martinez & Carter-Pokras). Waiting for an interpreter can be a lengthy and frustrating process (Martinez & Carter-Pokras). A lack of English language skills leads to problems in many healthcare decisions, including understanding the need for HPV vaccination.

Many in the Hispanic population distrust healthcare providers (Martinez & Carter-Pokras, 2006). Hispanic mothers worry that they may not be fully informed about their daughters’ health by healthcare professionals (McKee, O’Sullivan, & Weber, 2006). This revelation that a distrust exists between the Hispanic population and healthcare providers underscores the importance of establishing trusting relationships with Latina patients. By building an association of support and acceptance, nurses can begin discussions of sexual behaviors and the relationship to HPV exposure (Kaplan, Erickson, & Juarez-Reyes, 2002). In addition, minority women have revealed expectations of poor service and long wait times (Martinez & Carter-Pokras). A lack of respect for cultural differences was another identified barrier to accessing health care (Martinez & Carter-Pokras).

In the Hispanic culture, the extended family plays a very important role that may affect healthcare decisions (Rios & Torres, 2001), including the decision to vaccinate against HPV. Less acculturated families still may use cuanderos, or “healers,” for medical needs and view preventive medicine such as the HPV vaccination as unnecessary (Rios & Torres). The church also plays a significant role in Hispanic healthcare decisions (Brewer & Fazelkas, 2007). A paradox exists: Hispanic parents might be

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**Figure 1. Barriers to Receiving the Human Papillomavirus (HPV) Vaccination**

- The expense of the HPV vaccine
- Lack of healthcare insurance
- Loss of pay for vaccination appointments
- Access to healthcare clinics
- Lack of transportation
- Knowledge deficit regarding HPV risks
- No regular healthcare source
- Language barrier
- Distrust of healthcare personnel
- Fear of exposing immigrant status
- Perceived discrimination
- Moral concerns
- Fear of confidentiality violations
willing to vaccinate their teenage daughters, but the church may believe that the HPV vaccination encourages sexual behavior and therefore discourage its use (Constantine & Jerman, 2007).

Social Barriers

A social barrier to obtaining preventive health care is a fear of exposing immigrant status if illegal (Martinez & Carter-Pokras, 2006). Some Hispanic patients fear that the lack of a Social Security number may bring unwanted attention to their legal status. As a result, Hispanic parents may not address the need for preventive health care for their young daughters (Martinez & Carter-Pokras).

Moral concerns regarding the HPV vaccine remain another social barrier to prevention services. Data do not support the notion that receiving the HPV vaccine will lead to an increase in sexual activity; nonetheless, parents may believe in that premise (Farrell & Rome, 2007). Some parents believe that the recommended age of vaccination (starting at 9 years of age) is too young to discuss HPV concerns but would agree to giving the vaccine at 16 years of age (Constantine & Jerman, 2007). The idea of vaccinating girls later in adolescence is contrary to studies that have demonstrated that Hispanic girls are at a greater risk of having an earlier sexual debut than Caucasian girls (Adam, McGuire, Walsh, Basta, & LeCroy, 2005). According to the CDC (2009b), 8.2% of Hispanic girls had a sexual debut before the age of 13, compared to 4.4% of non-Hispanic Caucasian girls of the same age.

Lack of education and awareness regarding the availability of the HPV vaccine is another barrier to the prevention of cervical cancer (Henry J. Kaiser Family Foundation, 2007). In one study, fewer than 40% of men and women were aware of HPV, and even fewer knew that HPV could cause cervical cancer (Brewer & Fazekas, 2007). A study by Tiro, Meissner, Kobrin, and Chollette (2007) demonstrated a lower rate of HPV and cervical cancer knowledge in Hispanic women versus non-Hispanic Caucasian women (27.6% versus 44.5%).

Furthermore, public acceptability of the vaccine remains a challenge for effective HPV immunization programs (Vanslyke et al., 2008). According to a study by Vanslyke et al., fear of vaccination side effects affected a woman’s desire to have the vaccine. Considering the vaccine as unnecessary because of minimal perceived risk produced a decrease in adopting the vaccine as a preventive measure against cervical cancer (Vanslyke et al.). Perceived minimal HPV risk includes being in a monogamous relationship (Vanslyke et al.).

Hispanic mothers often see themselves as the “gatekeepers” of their daughters’ health and may feel uncomfortable speaking with their daughters about their emerging sexuality (McKee et al., 2006). However, adolescent girls who live in impoverished areas are at increased risk for experiencing negative health consequences because of sexual behaviors (McKee et al.). An identified concern in adolescent girls is the need for confidentiality when seeking health care. Farrell and Rome (2007) discussed the importance of offering the HPV vaccine as prevention for a sexually transmitted disease (STD) rather than as a routine immunization. This approach would allow teenagers confidential access to the vaccine without parental permission to receive it. STD treatments may be kept confidential for minors (Farrell & Rome).

Implications for Nursing

Identification

Hispanic girls begin breast development at an average age of 9.8 years, as compared to Caucasian girls, who begin development at 10.3 years of age (Wu, Mendola, & Buck, 2002). Furthermore, the average age of menarche in Hispanic girls is five months earlier than Caucasian girls (Wu et al.). According to the CDC (2009a), the birth rate for teenage Hispanic girls aged 15–19 is more than double that of Caucasian teenagers, 83 versus 38 per 1,000 women aged 15–19. Nurses should be aware of early sexual development in adolescent girls and the associated pressure of early sexual encounters (Doswell & Braxter, 2002). Early identification of risk factors for early sexual behavior affords nurses an entry into educational talks about HPV prevention and other reproductive issues with Hispanic clients (Adam et al., 2005).

Other social concerns of which nurses should be aware include indicators of low self-esteem, such as high stress levels, poor coping skills, and a history of sexual abuse. These indicators are linked to an increase in risk behaviors such as sexual activity (Doswell & Braxter, 2002). Times of low self-esteem include moving into a new social environment, having a new family member in the household, having a new boyfriend, or moving from junior high school to senior high school (Doswell & Braxter). Developing consistent care methods to foster trusting relationships with Hispanic adolescent clients provides nurses the opportunity for open discussions of relevant health concerns (McKee & Fletcher, 2006). Continuity of care, availability of a regular provider, and convenient access for telephone questions and follow-up are examples of consistent care methods for Latina patients.

Education

Mothers place high importance on protecting their daughters’ health (McKee et al., 2006). Nurses, therefore, must educate both daughters and mothers about HPV prevention. The educational process is complicated, however, by daughters’ need for confidentiality. McKee et al. identified the fear that adolescent girls face when confessing to their mothers that they are no longer virgins. By being nonjudgmental and supportive of adolescents’ desire to have some control over their reproductive health, nurses can foster important healthcare relationships. Such nonjudgmental relationships also validate the adolescents as worthy of care and of value to their nurses (Doswell & Braxter, 2002).

For nurses who work with Hispanic clients, learning some of the Spanish language is a valuable communication tool. An attempt at speaking with a client in her native language conveys a respect for her culture and a willingness to communicate effectively. Medical Spanish classes are available through hospitals and private companies for reasonable prices. As immigration continues, incorporating knowledge of new cultures and languages into medical practice will become necessary. Nurses can lead the way and become role models to other healthcare providers by delivering culturally sensitive care.

Advocacy

In addition to providing education to Hispanic adolescent girls about HPV and other STDs, nurses should be advocates for girls, particularly those in poor, urban areas where increased
pressures for more risky behaviors exist (Doswell & Braxter, 2002). Confidential care usually takes place in community, teen-centered sites where greater health professional trust exists (McKee & Fletcher, 2006). Nurse support of such centers would contribute to easier access for Hispanic adolescents seeking information for healthy living. Encouraging primary care providers to ensure confidential care to Latina teenagers is another way to advocate for proper prevention (McKee & Fletcher).

Because the HPV vaccine requires three injections, nurses should advocate for ways to give the vaccine at convenient times and locations. Requiring updated vaccinations before students enter school has been shown to be the most effective method for ensuring current immunities (Henry J. Kaiser Family Foundation, 2007). Providing the HPV vaccination in a school environment also would remove the pressure on parents to take time off work and ease transportation concerns. Also effective would be to offer the vaccine at regular yearly visits and at any other non-routine visits during which a nurse has interaction with an adolescent girl (Rand et al., 2007).

Low cost or free Pap screening and HPV testing are available in most urban settings. Nurses must advocate for HPV testing by promoting public education about HPV consequences and by providing information on where to obtain HPV testing. More information about such programs can be found at www.cdc.gov/std/HPV/pap/default.htm.

Actively listening, accepting cultural beliefs and traditions, and including cultural knowledge into nursing practice provide Hispanic clients with trusting healthcare experiences. This facilitates access for nurses to educate young Latina patients about cervical cancer prevention and other healthcare practices.

Research

Exploring culturally sensitive methods to improve knowledge and awareness of the HPV vaccine among Hispanic women and girls continues to be an area in need of nursing research. Leininger’s Culture Care Theory of Diversity and Universality provides the support for developing essential methods to improve education among Hispanics. Literature should be made available in Spanish that describes the importance of the HPV vaccine. For individuals who are illiterate, Spanish-language videos could discuss the vaccine’s virtues. Research must be directed at discovering the best venues for teaching about HPV and its relationship to cervical cancer.

Another area in need of research is Hispanic adolescent girls’ hesitancy to receive gynecologic care (McKee et al., 2006). Because Latina girls are at risk for having an earlier sexual debut, nurses must develop ways to begin trusting relationships with this vulnerable population. Learning the Spanish language, being an empathetic and active listener, and being emotionally available contribute to developing trusting relationships. Nurses must realize the importance of including the family in healthcare decisions but also must consider Latina girls’ need for confidential care. Incorporating both of the concepts into the care of Hispanic adolescents remains a researchable challenge.

Hispanic adolescent girls may have few role models to help them define a strong image of Latina culture (Doswell & Braxter, 2002). Because Hispanic girls have the highest birth rate among teenagers (Doswell & Braxter), nurses must develop community programs to improve self-esteem in this population. Empowering Hispanic girls by encouraging higher expectations for themselves may give them the courage to go beyond societal constraints.

The availability of the HPV vaccine provides an exciting opportunity to help prevent cervical cancer. By reaching Hispanic girls and women before HPV exposure occurs, the vaccine may prevent up to 70% of cervical cancers in that population. Cultural sensitivity of Latina clients allows nurses an opportunity to educate and promote the importance of HPV vaccination. Nurses are in a position to effect change and to promote healthy preventive practices in a vulnerable population.

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