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Cultural Values Influencing Immigrant Haitian Mothers' Attitudes Toward Human Papillomavirus Vaccination for Daughters

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Abstract

Although research has shown that mothers significantly influence daughters' willingness to be vaccinated against the human papillomavirus (HPV), cultural factors influencing immigrant Haitian mothers' willingness to have adolescent daughters to be vaccinated are unknown. This is of concern as this population experiences disproportionately higher rates of HPV infection and related cervical cancers. This study identifies cultural beliefs influencing 31 immigrant Haitian mothers' willingness to vaccinate their daughters against HPV using semistructured interviews. Mothers had low levels of HPV and HPV vaccine knowledge, and desired more information. Concerns centered on cultural values regarding adolescent sexuality and HIV/AIDS stigmas specific to Haitian communities. If vaccination were recommended by a physician, mothers are more likely to have their daughters vaccinated. HPV vaccination uptake efforts targeting Haitian mothers should emphasize physician involvement and incorporate culturally relevant health concerns.

Keywords

human papillomavirus; vaccine; Haitian; mothers; sexuality; culture

The vaccination of adolescent women against human papillomavirus (HPV) infection has been identified as a critical public health goal by the Centers for Disease Control and Prevention (CDC; 2011). Transmitted by skin-to-skin contact, HPV is the most common sexually acquired virus in the world, and results in the global loss of 3.3 million disability-adjusted life years (CDC, 2008; Low et al., 2006). In the United States, at least one half of all sexually active women become infected with HPV at some time in their lives (CDC, 2008). However, as has been found with many diseases, the rates of HPV infection and HPV-related cervical cancer disproportionately affects women who are medically underserved and/or living in a nonindustrialized nation (Low et al., 2006; Harcourt, 2001; Miller, McDermott, McCulloch, Fairley, & Muller, 2003; Stephens, Patil, & Thomas, 2012).

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For example, globally 85% of HPV-related cervical cancer deaths occur in poorer nations (Low et al., 2006; Stephens et al., 2012), while disadvantaged and immigrant women in industrialized nations experience higher rates of HPV infection (Harcourt, 2001; Miller et al., 2003). When specifically looking at the experiences of women in Haiti, almost one third of women in the general population have a cervical HPV infection at any given time, and HPV-related cervical cancer is the second most frequent cancer among women of reproductive age (World Health Organization, 2010).

In response to this health crisis, researchers, clinicians and policy makers have been promoting vaccination as an effective strategy for global HPV disease prevention (Low et al., 2006; Stephens et al., 2012; World Health Organization, 2010). The HPV vaccine, approved in the United States for women aged 9 to 26 years, protects against the strains responsible for over 90% of all genital warts and 70% of all cervical cancers (CDC, 2011). Immigrant Haitian women, in particular, are encouraged to be vaccinated because they experience some of the highest rates of infections and HPV-related cervical cancer morbidity when compared to other groups of women residing in the United States (Kobetz et al., 2010; Kobetz et al., 2011; Lechuga, Swain, & Weinhardt, 2011). However, HPV vaccination remains controversial, due to the recommended young age for starting the vaccination series (prior to sexual onset or at 9 to 14 years of age) and the risk of negative side effects (Dempsey, Abraham, Dalton, & Ruffin, 2009; Lechuga et al., 2011). Research indicates that parents of Black and Hispanic daughters may resist endorsing vaccination because of culturally informed sexual values and sociohistoric experiences (Carlos et al., 2010; Dempsey et al., 2009). Culture is defined as shared traits and experiences among significant number of individuals, which are transmitted from generation to generation within that society through teaching and learning (Stephens et al., 2012). As perceptions and experiences with illness vary by culture, culture significantly influences how people seek health care and health care treatments. Sexually transmitted infection (STI)-related decision making and outcomes, as such, result from the interplay between the individual psychological characteristics of the person and the culture with which she interacts. However, as cultures are never static, it is important to continuously examine how sociohistorical and contextual experiences shape various health outcomes (Castro & Farmer, 2005; Stephens et al., 2012). For example, Haitian communities in the United States have been described as transnational because their cultural beliefs are negotiated via an American and Haitian lens of health (Kobetz et al., 2010). For this reason, it is important to consider how recently immigrated Haitian mothers negotiate various health afflictions and concerns through their own cultural values and current experiences within American contexts.

Several studies have explored the unique cultural experiences and beliefs that shape immigrant Haitian women's perceptions of HPV-related cervical cancers in the United States; however, none have specifically examined how culture influences their attitudes about vaccinating their daughters. This is problematic given that research has identified maternal support as a primary influence on a daughters' willingness to get vaccinated (Carlos et al., 2010; Dempsey et al., 2009; Lechuga et al., 2011; Marlow, Forster, Wardle, & Waller, 2009). Furthermore, mothers are typically required to be involved in daughters' HPV vaccine decision-making processes for legal (e.g., parental notification policies) and economic (e.g., vaccine cost, insurance) reasons (Carlos et al., 2010; Dempsey et al., 2009;

Marlow et al., 2009). Previous studies have examined the influence of maternal values on daughters' HPV vaccine uptake, but none specifically examined the concerns, attitudes, and beliefs of Haitian mothers. This study addresses this gap in the research by identifying recently immigrated Haitian mothers' beliefs about HPV vaccination and cultural factors that influence their willingness and resistance to having their daughters vaccinated.

Method

A convenience sample of 31 Haitian mothers voluntarily attending cultural orientation classes offered through a community-based organization participated in this study. Eligibility included self-identifying as Haitian and having a daughter between 11 and 18 years old. A total of 13 daughters were between 11 and 15 years old, and the remaining 18 were between 16 and 18 years old. None of the daughters had received the HPV vaccine. The mothers had the option of participating during English as a Second Language class study periods. All had resided in the United States less than 5 years and had lived only in this southeastern urban center since emigrating from Haiti. The average annual household income for the three connecting neighborhoods in which all participants reported residing is more than 50% below the county median of \$38,000 (Social and Economic Development Council, 2007). Recruitment took place from October 2010 to May 2011 and continued until thematic saturation was reached.

After reading an institutional review board–approved letter of consent, the participants completed both a demographic survey (e.g., race, ethnicity, nationality, and place of birth information) and a questionnaire assessing HPV and HPV vaccine knowledge. This was followed by a semistructured interview. Participants had the choice of being interviewed in English or Haitian Kreyòl, yet only two women chose to be interviewed in Kreyòl. These audiotaped interviews lasted between 15 and 65 minutes. The mothers were told to answer the interview questions about one daughter between 11 and 18 years old; if they had more than one daughter, they were to answer about their eldest daughter in that age range.

A thematic analysis was undertaken. Data collection and analysis proceeded simultaneously, using the constant comparative method. The interviews were transcribed and then verified by one study investigator and two additional research assistants to ensure completeness, accuracy of the discussion content, and a high quality of transcription. A preliminary coding framework related to HPV vaccination knowledge and attitudes was constructed by one study investigator and two research assistants after an in-depth reading of the transcripts. Themes identified in this first stage were not specified a priori but rather were derived from the data. Sections of text were coded by issue or theme; additional codes were added as new themes emerged. Themes and categories were then examined across the whole data set, and in relation to each specific interview. The research team then met to discuss and further refine each set of themes, resolve differences, and reach consensus on a coding scheme. Discrepancies were resolved by first revisiting and reviewing the data and then through group discussion. To ensure validity, key themes were summarized, reviewed, and agreed on by study team members.

Results

The results presented here are organized around three major themes identified in the analysis: (1) current HPV and HPV vaccine knowledge, (2) cultural sexual health values, and (3) physicians' influence.

Current HPV and HPV Vaccine Knowledge

The majority of the mothers had no knowledge about HPV ($N = 25$) or the HPV vaccine ($N = 26$; see Table 1). When asked what HPV was, 20 had no response, while 11 said it was sexually transmitted. Of those who believed it was sexually transmitted, 8 associated HPV with or viewed it as a form of the human immunodeficiency virus (HIV). Levels of HPV vaccine knowledge were also low, as only 2 mothers reported having seen a brochure about the HPV vaccine in a health services center, and 1 recalled a Gardasil commercial. However, none had received HPV vaccine information directly from a health care provider or had discussed HPV vaccination with their daughters.

No. It has never been told to me. [Her physician] told me about other vaccines by I have not heard of this. So, me and [daughter's name]—we have not talked about. I would [talk with her] and see if it is good for her.

The [Gardasil commercial] “One Less, saying One Less”? Yes, I have seen that on T.V. But that is it—no one else has talked about it.

You talk about [Gardasil commercial] now, I remember. The ““One less, one less, one less”.” I remember that. But don't know what it for or how it does the job.

Despite their own perceptions of having limited knowledge, 16 of the 31 (51.6%) mothers were willing to have their daughters vaccinated against HPV if it would protect or improve their health. Only three mothers did not support vaccinating their daughters; the remaining 12 were unsure because of their lack of HPV and HPV vaccine knowledge. These mothers' concerns centered on their conflicting cultural values and their perception of the risks associated with the vaccine.

Cultural Sexual Health Values

As sexual transmission was the most frequently mentioned infection route for HPV, many of the women were concerned that discussing HPV with their daughters meant having to address sexual health issues. Only 2 mothers had discussed sexual health issues with their daughters, while none had discussed HPV. Almost one third of the mothers ($N = 10$) were concerned that encouraging vaccination might be misinterpreted as a sign that they accept their daughter becoming sexually active. Similarly, 13 mothers felt their daughters did not need to be vaccinated at the time of the interview, primarily because they saw them as too young to be having sexual intercourse; one noted its uselessness because she “knew” her daughter would wait to have sex until she was married.

I think, yes ... she should wait. She is not having sex now and I don't want her having sex now. So this [vaccine] may be a reason to think it is okay to start [sexual intercourse], or someone tells her she is protected now.

I think young girls would think they can [have sex] and not worry if they get [the HPV vaccine]. There's too much sex [in the United States]. Some girls get the wrong idea, and get pregnant and not have a good life because they believe in the wrong thing of what the HPV needle can do for her.

It is also important to note that mothers who were undecided about encouraging vaccination for their daughters expressed concerns about the vaccine being unfairly tested on Haitians. Given the similarity between the terms HPV and HIV, it was not surprising that one quarter of the women confused the two viruses ($N = 8$). Furthermore, six mothers were concerned that vaccination may be used as a reason to discriminate against their daughters. They recalled the stereotyping of Haitians as disease carriers at the peak of the HIV/AIDS crisis, which led to an increase in immigration related barriers and social stigmas. In addition, two mothers questioned if this vaccine was being tested specifically on Haitians; there was a worry that as members of a marginalized population they were vulnerable to unfair research practices.

Well ... like HIV, like the AIDS? This is the vaccine against AIDS? No? Well, she don't need that—[daughter's name] does not need that.

People are always testing—testing on us

Interviewer: Who? Who are they testing on?

Us. Haitians. Blacks ... and poor people. This is like AIDS, no? Like that we carry this and we need this. If it protects [daughter], good. Yes, it would be good if it helped people who are sick. But why don't we don't know about it?

I need to know more about it and how it will affect [daughter's name]. You know, is it like the HIV test? Who knows if she gets [vaccinated]? You know, because I do not want [daughter] to be a test person they try it with like HIV.

Physicians' Influence

The majority of mothers agreed that they would most likely have their daughters vaccinated if their daughters' physicians recommended it ($N = 21$). Because doctors were perceived as being the most knowledgeable about general health and sexual health issues, the mothers stated that they would prefer receiving HPV vaccine information from their physician. These mothers noted that physicians would provide them with accurate information and would understand their personal and cultural values regarding their daughters' sexual health. Seven of the mothers specifically stated that their physician was someone they trusted and who respected them in return.

At the clinic ... my nurse and doctor over there, they are good at understanding me, see. You know [the nurse] was from a town nearby [participant's community in Haiti] so we the same mind about values. She looks out for us. If it will kill them, it will spread the disease—she going to tell me. [My doctor] knows what it is like to deal with disease and be Haitian. He says get [daughter vaccinated] and I will have her get it.

I'm not sure, but I think [the Haitian community] would be more in favor if we all knew more about it. So basically gaining knowledge of it and having a better understanding, then you can get a solid answer, then decide to get [HPV vaccine]. Doctors can do that for us. They know about it and learning about this every day, and they work with [Haitian community].

[Her doctor] knows more and has science to support his information. It won't be just rumors—like no he said, she said. It's facts—so we know this is what it is and this is what it does, and not what the man up the street makes up cause he wants sex or spread lies.

However, it should be noted that the mothers did not give their physicians total decision making control; 28 stated that they would specifically ask questions about the purpose, benefits, and risks of the vaccine before allowing their daughters to be vaccinated. Health care providers' endorsement of HPV vaccination for their daughters was given more value by mothers who perceived that the benefits outweighed the risks.

Discussion

Current HPV and HPV Vaccine Knowledge

Mothers in this study had very little awareness or knowledge about the HPV vaccine; this may explain why none had discussed the vaccine with their daughters. HPV health literacy campaigns to date have primarily focused on the use of television advertisements and brochures; these were the sources of information for the three mothers who recalled receiving HPV vaccine information. This unfortunately ignores the language barriers and modes of communication typically used in Haitian communities. Furthermore, our findings support current research, which holds that language and communication difficulties are a significant barrier to immigrant Haitians' ability to access health information and seek health care (Ryan, Hawkins, Parker, & Hawkins, 2004). As recently immigrated Haitians are often most comfortable speaking Haitian Kreyòl rather than reading Haitian Kreyòl or English (Saint-Jean & Crandall, 2005; Schnepel, 2007), HPV vaccine education efforts should incorporate culturally appropriate oral communications (e.g., physician discussions, radio announcements, community meetings) rather than use written materials or English language-only programming.

As was noted in prior research, having limited knowledge and not receiving information about the HPV or the HPV vaccine decreased the likelihood that mothers would have their daughters vaccinated (Carlos et al., 2010; Dempsey et al., 2009; Marlow et al., 2009). This lack of knowledge has been found to further decrease Haitian mothers' ability to feel comfortable discussing sexual health topics, causing them to avoid these conversations even when initiated by their daughters (Carlos et al., 2010; DeSantis, Thomas, & Sinnett, 1999). This is of great concern given prior research finding that both Haitian mothers and daughters believe that mothers have the major responsibility for educating their children about sexual health issues (DeSantis et al., 1999).

Cultural Sexual Health Values

Although these mothers expressed concerns similar to other populations about the benefits and risk of vaccination (Carlos et al., 2010; Marlow et al., 2009), unique, culturally specific issues emerged from the data. Specifically, cultural beliefs about appropriate adolescent female behaviors and concerns about HIV/AIDS-related stigmas were found to influence their attitudes toward HPV vaccination.

Given one of HPV's primary modes of transmission was male-to-female sexual contact, mothers expressed concern that by encouraging vaccination they appear to be sanctioning their daughters' sexual onset. Early adolescent sexual onset is not accepted by those embracing traditional Haitian cultural values regarding women's sexuality, which include the celebration of female virginity and denouncement of premarital sex (DeSantis et al., 1999; Kobetz et al., 2011). The mothers in the present study viewed acceptance of adolescent sexual onset as an "American" value and denounced it as a negative part of the culture in the United States. This supports prior research that found that immigrant Haitian parents are concerned about the "Americanization" of their children, particularly as it relates to their daughters' sexual health, attitudes, and behaviors (DeSantis et al., 1999; Kobetz et al., 2010). This finding highlights the importance of understanding the cultural values of immigrant Haitian women to avoid the misapplication of HPV vaccine information and knowledge.

Cultural sensitivity to being labeled as an STI high-risk group also emerged as a critical issue, as these mothers expressed fears about Haitian women being stereotyped as carriers of HPV. This concern can be traced back to the CDC's assertion at the height of the HIV epidemic that Haitians emigrating to the United States were one of the primary groups transmitting AIDS (Altman, 1983; Parker & Aggleton, 2003; Schnepel, 2007). The inclusion of Haitians as a risk group during this period created a significant national and international controversy, leading to clear increases in discriminatory actions against Haitians both in the United States and abroad (Altman, 1983; Castro & Farmer, 2005). Three decades later, stereotypic beliefs that Haitians are a primary source of STI transmission continue to influence health care decision making in Haitian communities (Castro & Farmer, 2005; Saint-Jean & Crandall, 2005; Schnepel, 2007). Thus, the fears of being discriminated against due to potential HPV stigmas reflect a real socio-historical experience and are a legitimate concern. These findings further demonstrate the continued effects of unique, culturally specific sexual health experiences, their influence on Haitian mothers' sexual attitudes, and the importance of HPV vaccination for daughters.

Physicians' Influence

As mothers expressed concerns about the Americanization of their daughters and the desire to maintain Haitian cultural values, it is important to consider physicians' cultural competency as it applies to the communication of HPV vaccine information. Cross-cultural knowledge, which aims to enhance personal insight and empathy with people from diverse cultures, enables physicians to treat and communicate with their clients/patients more effectively. Coreil, Lauzardo, and Heurtelou (2004), for example, found that when physicians use a service delivery model that stresses respect and personal attention, Haitian

clients were more likely to report greater adherence to health care protocols. Similarly, in their research on HIV/AIDS prevention in Haiti, Castro and Farmer (2005) found that incorporating community cultural values into service processes can raise the quality of prevention efforts and reduced AIDS-related stigma, which in turn, increases rates of testing and treatment.

As was found in prior research conducted with Haitian populations (e.g., Ryan et al., 2004; Saint-Jean & Crandall, 2005; Schnepel, 2007), health care providers, by virtue of their skills, education, and training, were respected as health authority figures by these mothers. According to these mothers, health care providers' expertise and access to current HPV vaccine information increased their trust and desire to get more information during future visits. As mothers would be more likely to support vaccination if prompted by their physician to do so, there is a need to explore doctors' understandings of Haitian culture. This would also require researchers to understand how physicians successfully integrate these understandings into their dissemination of HPV vaccine information.

Conclusion

It is important to acknowledge that this study focused on the perceptions of a specific group of recently immigrated Haitian mothers attending programs specifically targeting recent immigrants. Through their participation in this community program they were given access to basic health and education services specific to their needs. Thus, there was little intracultural variation around factors such as degree of acculturation or timing of immigration, support service accessibility, neighborhood of residence, and socioeconomic status.

Also, interviews that required self-reporting levels of knowledge and personal experiences may cause participants to limit the truthfulness of their responses or omit relevant information. Similarly, the majority of women may not have chosen to be interviewed in Haitian Kreyòl because they were encouraged in this cultural orientation program to speak English as often as possible. If recruitment occurred in a different context, it is possible that more women would have decided to be interviewed in Haitian Kreyòl. This potentially could have increased their comfort, ability, and willingness to speak with greater openness about their cultural values and relevant health beliefs.

Despite these limitations, the findings provide information about Haitian mothers' culturally informed concerns about HPV vaccine and their beliefs about physicians' roles in providing appropriate information. Given that physicians are clearly seen as playing a pivotal role in the HPV vaccine uptake process, the provision of providing information about infection rates in adolescent and Haitian communities and information about the purpose of the HPV vaccine should be introduced to both mothers and daughters during health provider visits. These discussions should acknowledge and address concerns based on maternal sexual values, as well as individual perceptions of HIV/AIDS-related stigmas by providing accurate and culturally appropriate information. Future studies should examine the cultural beliefs of physicians serving Haitian communities. Furthermore, HPV prevention efforts should ensure that these physicians are appropriately providing effective health information

for their clients. Only by determining potential motivations for HPV risk reduction within these patients' own cultural contexts can physicians contribute to the reduction of HPV transmissions/ acquisitions, while increasing HPV vaccine knowledge among immigrant Haitian women and their daughters.

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References

- Altman, L. Debate grows on U.S listing of Haitians in AIDS category. *The New York Times*. 1983 Jul 31. Retrieved from: <http://www.nytimes.com/1983/07/31/us/debate-grows-on-us-listing-of-haitians-in-aids-category.html?pagewanted=all>
- Carlos RC, Resnicow K, Dempsey AF, Patel D, Ruffin M, Dalton VA. Maternal cultural barriers correlate with adolescent HPV vaccine Use. *Cancer Epidemiology, Biomarkers & Prevention*. 2010; 19:891–898.
- Castro A, Farmer P. Understanding and addressing AIDS-related stigma: From theory to clinical practice in Haiti. *American Journal of Public Health*. 2005; 1:53–59. [PubMed: 15623859]
- Centers for Disease Control and Prevention. HPV vaccine information for clinicians: Sexually transmitted diseases treatment guidelines. Atlanta, GA: Author; 2008.
- Centers for Disease Control and Prevention. HPV vaccine information for young women. Atlanta, GA: Author; 2011.
- Coreil J, Lauzardo M, Heurtelou M. Cultural feasibility assessment of tuberculosis control among persons of Haitian origin in South Florida. *Journal of Immigrant Health*. 2004; 6:63–69. [PubMed: 15014223]
- Dempsey AF, Abraham LM, Dalton V, Ruffin MA. Understanding the reasons why mothers do or do not have their adolescent daughters vaccinated against human papillomavirus. *Epidemiology*. 2009; 19:531–538.
- DeSantis L, Thomas JT, Sinnett K. Intergenerational concepts of adolescent sexuality: Implications for community-based reproductive health care with Haitian immigrants. *Public Health Nursing*. 1999; 16:102–113. [PubMed: 10319660]
- Harcourt W. Women's health, poverty and globalization. *Development*. 2001; 44:85–90.
- Kobetz E, Menard J, Haza G, Koru-Sengul T, Joseph T, Nissan J, Kornfeld J. Perceptions of HPV and cervical cancer among Haitian immigrant women: Implications for vaccine acceptability. *Education for Health*. 2011; 3:497.
- Kobetz E, Mendoza A, Menard J, Rutten F, Diem J, Barton B, McKenzie N. One size does not fit all: Differences in HPV knowledge between Haitian and African American women. *Cancer Epidemiology, Biomarkers & Prevention*. 2010; 19:366–370.
- Lechuga J, Swain GR, Weinhardt LS. The cross-cultural variation of predictors of human papillomavirus vaccination intentions. *Journal of Women's Health*. 2011; 20:225–230.
- Low N, Broutet N, Adu-Sarkodie Y, Barton P, Hossain M, Hawkes S. Global control of sexually transmitted infections. *The Lancet*. 2006; 368:2001–2016.
- Marlow L, Forster A, Wardle J, Waller J. Mothers' and adolescents' beliefs about risk compensation following HPV vaccination. *Journal of Adolescent Health*. 2009; 44:446–451. [PubMed: 19380091]
- Miller GC, McDermott R, McCulloch B, Fairley CK, Muller R. Predictors of the prevalence of bacterial STI among young disadvantaged Indigenous people in north Queensland, Australia. *Sexually Transmitted Infections*. 2003; 79:332–335. [PubMed: 12902589]
- Parker R, Aggleton P. HIV and AIDS-related stigma and discrimination: A conceptual framework and implications for action. *Social Science & Medicine*. 2003; 57:13–24. [PubMed: 12753813]
- Ryan E, Hawkins W, Parker M, Hawkins M. Perceptions of access to U.S. health care of Haitian immigrants in South Florida. *Florida Public Health Review*. 2004; 1:30–35.

- Saint-Jean G, Crandall LA. Utilization of preventive care by Haitian immigrants in Miami, Florida. *Journal of Immigrant Health*. 2005; 7:283–292. [PubMed: 19813294]
- Schnepel EM. Stigma, status, and hidden health problems: Starting a public health dialogue among Haitians. *Practicing Anthropology*. 2007; 29:4–9.
- Social and Economic Development Council. An overview of the socio-economic condition of Miami-Dade County. Miami, FL: Miami Dade County Department of Planning and Zoning Planning Research Section; 2007.
- Stephens, DP.; Patil, V.; Thomas, T. STI prevention & control for women globally: A reproductive justice approach to understanding women's experiences. In: Chrisler, J., editor. *Reproductive justice: A global concern*. Santa Barbara, CA: Praeger; 2012. p. 117-144.
- World Health Organization. Human papillomavirus and related cancers in Haiti: Summary report 2010. 2010. Retrieved from apps.who.int/hpvcentre/statistics/dynamic/ico/country_pdf/HTI.pdf?CFID=4005139&CFTOKEN=50211239

Table 1

Haitian Mothers' Perceptions of Human Papillomavirus (HPV) Knowledge and Intentions to Vaccinate Daughters.

	<i>N</i>	%
Haitian mothers' perception of their own HPV knowledge		
Very knowledgeable	1	3.2
Fairly knowledgeable	4	12.9
Somewhat knowledgeable	1	3.2
No knowledge	25	80.7
Haitian mothers' perception of their own HPV vaccine knowledge		
Very knowledgeable	0	0
Fairly knowledgeable	3	9.7
Somewhat knowledgeable	2	6.4
No knowledge	26	83.9
Haitian mothers' intent to vaccinate daughter		
I will have my daughter get the HPV vaccine	16	51.6
I will not have my daughter get the HPV vaccine	3	9.7
I am not sure if I will or will not have my daughter get the HPV vaccine	12	38.7