

## **If I know about it [hpv vaccination] of course I would give my son and daughter”, barriers to and enablers of accessing human papillomavirus vaccination (hpvv) among women from refugee and asylum-seeking backgrounds resettling in Melbourne, Australia.**

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**Statement of the Problem:** Women from refugee and asylum-seeking backgrounds have lower human papillomavirus vaccination (HPVV) rates than host country populations. Improving HPVV rates is important in the prevention of cervical cancer. This study gained an in-depth understanding of refugee and asylum-seeking women's barriers to and enablers of accessing HPVV services and information for their adolescent's post-resettlement in Melbourne Australia. Methodology & theoretical framework: A qualitative study using semi-structured interviews was conducted with a purposive sample of women from Burma, Iraq, Syria and women seeking asylum. A bi-cultural worker assisted with recruitment and interpreting during data collection. All interviews were conducted in the participants first language with bi-cultural workers or volunteers interpreting into English. Audio recordings of English dialogue were transcribed verbatim. Reflexive thematic analysis was used to analyse and report data. A health literacy framework was used to explain findings. Findings: Thirty-one refugees and 12 women seeking asylum from eleven countries were interviewed. Barriers to and enablers of HPVV were identified. 1) Barriers to awareness and knowledge of HPVV included: limited awareness of HPVV, lack of access to HPVV information in the pre-arrival context, uncertainty about HPVV safety and effectiveness, gender association with HPVV, negative influence of COVID vaccination on HPVV perceptions. Enablers included: Understanding future benefits: prevention is better than cure 2) Barriers to sociocultural influences included: necessity for HPVV at recommended age, Enablers included: promoting peer support 3) Barriers to health information seeking included: missed opportunities for information delivery at schools and language classes, inconsistent messaging. Enablers included: trust in the education programs, General Practitioner recommendation, desire for new knowledge. Conclusion & significance: Improving HPVV access requires a multi-faceted approach to enhance women's awareness and knowledge. Key strategies include providing HPVV education through resettlement services and school programs, supporting healthcare providers in educating women unfamiliar with HPVV, and delivering clear messaging regarding recommended age and addressing gender-related misconceptions.

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## Biography

Dr Natasha Davidson is a research fellow at the School of Public Health and Preventive Medicine, Monash University, Melbourne with experience in evidence synthesis, qualitative research, survey design, collaborative research development, and translating research into policy and clinical practice. Natasha is a mixed methods and public health researcher and brings to her research and collaborations her experiences as a researcher and a registered nurse working in academic, clinical and humanitarian roles. Natasha's PhD focused on access to preventive sexual and reproductive care for women from refugee-like backgrounds. She has a strong interest in enhancing health equity and reducing disparities for vulnerable populations

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