

Provider and parental assumptions on teen sex yield 'missed opportunities' for HPV vaccine

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Probing deeper into the complex decisions that parents and providers face regarding the human papilloma virus (HPV) vaccine, researchers found that though both parties appreciated importance of the HPV vaccine, their personal assumptions surrounding timing of administration relative to onset of sexual activity resulted in decreased vaccination rates.

Researchers at Boston University School of Medicine (BUSM) conducted hundreds of interviews to offer new insights into this frequent—and often controversial—clinic room conversation. Their findings and recommendations will appear in the September 2014 issue of *Pediatrics*.

Specifically researchers found that [vaccination rates](#) could be traced to personal biases and communication styles of providers. Providers who believed a child was at low risk for sexual activity—an assessment, they admitted, not always accurate—were more likely to delay administration. Often, this deferred decision was never readdressed. Those with high vaccination rates approached HPV vaccines as a routine part of the age 11 vaccine bundle, unequivocally recommended it to parents, and framed the conversation as one about [cancer prevention](#).

"Emphasis on cancer prevention and concurrent [administration](#) with other routine childhood vaccines has the potential to dramatically reduce

missed opportunities occurring among well- intentioned providers and parents," explained lead author Rebecca Perkins, MD, MSc, assistant professor of Obstetrics and Gynecology at BUSM and a gynecologist at Boston Medical Center.

The researchers interviewed 124 parents and 37 health-care providers at four clinics between September 2012 and August 2013. Parents and providers were asked to discuss their reasons why their HPV vaccine eligible girls did or did not ultimately receive the vaccine. Remarkably, the most common parental reason (44 percent) was that their child was never offered the vaccine. Other common reasons included the perception that the vaccination was optional instead of recommended or being told by their provider that it was unnecessary prior to sexual debut. Among those that declined the vaccine, the rationale often involved safety concerns and a belief that their daughters were too young to need it.

Provided by Boston University Medical Center

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