

Parents see cancer prevention potential as best reason for HPV vaccination

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Parents of adolescents believed that the potential to prevent certain types of cancer is the best reason for their children to receive the human papillomavirus (HPV) vaccine, whereas other reasons health care providers often give were far less persuasive.

The study is published in *Cancer Epidemiology, Biomarkers & Prevention*, a journal of the American Association for Cancer Research, by Melissa B. Gilkey, Ph.D., assistant professor of Health Behavior at the University of North Carolina Gillings School of Global Public Health in Chapel Hill.

"HPV causes over 40,000 cancers in the U.S. each year, including cancers of the cervix, vagina, vulva, penis, anus, and back of the throat. Most of these cases are potentially preventable through HPV vaccination," Gilkey said.

The Centers for Disease Control and Prevention (CDC) currently recommends that boys and girls receive two doses of the HPV vaccine, beginning at age 11 or 12. As of 2016, about 60 percent of teenagers had received the first dose, but only about 43 percent were up to date on all recommended doses, according to the CDC.

"We still have work to do on improving the timeliness of those doses and on reaching the remaining 40 percent of young people who have not started HPV vaccination," Gilkey said. "To increase uptake, we need to more effectively communicate the value of HPV vaccination to [parents](#)."

In this study, Gilkey and colleagues developed a best-worst scaling experiment to evaluate 11 reasons [health care providers](#) typically give for HPV vaccination. The experiment was administered in 2016 via a national, online survey of 1,177 parents of adolescents ages 11-17. Fifty-seven percent of the parents had initiated HPV vaccination.

Parents said "it can prevent some types of [cancer](#)" was the best reason to get the HPV vaccination. Parents also felt that "it can prevent a common infection;" "it has lasting benefits;" and "it is a safe vaccine" were persuasive reasons.

Parents said the worst reasons providers could give included "it is a scientific breakthrough;" "I got it for my own child;" and "your child is due for it."

Messages ranked in the middle were "it works best at this age;" "it should be given before sexual contact;" "getting it on time may mean fewer shots;" and "I think it is important."

The researchers used stratified analyses to evaluate whether the parents' opinions would vary depending on their overall confidence in vaccines. Gilkey said she was surprised to discover that vaccine confidence did not appear to significantly affect parents' perceptions of physicians' messages, and cancer prevention was the most effective message for both groups.

The study augments previous research that suggested the way in which physicians discuss the HPV vaccine may affect parents' decisions on whether to have their children get the [vaccine](#).

"Our prior research indicates that providers give many different reasons for HPV vaccination, and the findings of this study suggest that they may do better to streamline their communication," Gilkey said. "Cancer

prevention is likely to be your best bet no matter who you're talking to."

"Cancer prevention was clearly the most convincing reason for HPV vaccination. Reasons that have to do with sexual activity, scientific novelty, or providers' decisions for their own children may ultimately be distractions that are best avoided," she continued.

Gilkey pointed out that the study evaluated parents' perceptions about what would motivate them to vaccinate their children, and may not fully reflect real-life conversations during an office visit. Also, because the reasons were ranked, those that were ranked lower may have been less persuasive than the top-ranked messages, but are not objectively "bad" messages to use in discussing HPV vaccination, she said.

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