

Gardasil for guys: correlates of intent to be vaccinated

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Abstract

Background: The lack of post Food and Drug Administration (FDA)-approval acceptance studies among males aged 18–26 years is problematic relative to the design of human papillomavirus (HPV) vaccine promotion programs designed to target males. Accordingly this study identified correlates of intention to receive the HPV vaccine among young men.

Methods: Young men ($n = 150$) were recruited from two university campuses in the southern United States. Men completed an audio computer-assisted self administered interview assessing their beliefs, attitudes, and intent to receive the vaccine, newly approved for males. Bivariate associations between various measures and men's intent to be vaccinated in the next 12 months were assessed using t -tests. Measures achieving bivariate significance were entered into a regression model.

Results: In the regression model, those reporting oral–genital sex were more likely to have positive intent ($\beta = 0.32$, $t = 4.20$, $P = 0.0001$). Those classified as having a relatively higher perceived susceptibility to HPV were more likely to have positive intent ($\beta = 0.19$, $t = 2.53$, $P = 0.013$). Finally, intent was associated with agreement/disagreement to the statement that “the HPV vaccine is so new that I should wait awhile before deciding about getting vaccinated” ($\beta = 0.19$, $t = 2.49$, $P = 0.014$). Those not agreeing were more likely to have positive intent.

Conclusion: Young men who have had oral–genital sex and those with greater perceptions of susceptibility to HPV may have greater intent to receive the HPV vaccine. A barrier reducing their intention for vaccination may be the relatively new introduction of this vaccine to the male population.

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Introduction

In the United States, recent Food and Drug Administration (FDA) approval of Gardasil for males aged 9–26 years represents a historic opportunity to make further inroads in the prevention of cervical cancer. Although the Advisory Committee on Immunization Practices (ACIP) later made their “permissive recommendation” based only on the vaccine's protective value against genital warts [1], it is plausible that reduced incidence and prevalence of infection with human papillomavirus (HPV) types 16 and 18 in males will result in a corresponding drop of incidence in their female sex partners. Furthermore, it is quite possible that some men may benefit from the

vaccine based on its protective value against head and neck cancers [2]. Unfortunately, there is little empirical evidence available regarding psychosocial factors that may motivate young men to be vaccinated with Gardasil.

A recent study of 571 males (aged 18–45 years) found that older males were less likely to indicate vaccine acceptance [3]. Factors associated with greater acceptance included current sexual activity, having multiple female sex partners, and never having had oral sex. A previously published study from the same sample found that a main reason men would not want to be vaccinated was a lack of evidence that the vaccine would benefit men [4]. A study of 356 males (18–24 year old university students) found that ever having sex, greater

perceived susceptibility to HPV infection, greater perceived benefits of the vaccine, cost of the vaccine, and greater self-efficacy to receive the vaccine were all associated with potential vaccine acceptance [5]. Finally, another study of university males found that negative intent to be vaccinated was associated with not having had penile–vaginal sex in the past 12 months and not having heard about HPV [6]. Other studies of male acceptance have largely focused on parental attitudes regarding their offspring [7].

The lack of post FDA-approval acceptance studies among males aged 18–26 years is problematic relative to the design of HPV vaccine promotion programs designed to target males. Clearly, the identification of sexual behaviors that may predispose young men to HPV vaccine acceptance is important from an intervention perspective. Of equal importance, identifying psychosocial factors that are associated with young men's acceptance of the HPV vaccine can also benefit intervention efforts. Accordingly, the purpose of this exploratory study was to identify behavioral and psychosocial correlates of HPV vaccine acceptance among a convenience sample of young men.

Methods

Recruitment

Based on convenience and the relatively high prevalence of HPV among university males (up to 40%) [8], we recruited young men from two universities located in a southern US city. In the 2 months immediately following the receipt of FDA-approval for use of Gardasil in males, we recruited 150 males (aged 18–24 years). Passive recruitment occurred primarily by flyers posted on each campus. Men contacted project staff if they were interested in volunteering and were screened for eligibility. Young men were compensated \$30 for their participation in the study. The Institutional Review Boards at both universities approved the study protocol prior to implementation.

Measures

Data were collected using an audio-assisted computerized self-administered interview (ACASI). Intent to be vaccinated was measured with the following item: “Because the HPV

vaccine is now available for use in men, how likely would you get the HPV vaccine within the next year?” Response alternatives were provided on a 6-point scale ranging from (1) “very unlikely” to (6) “very likely.”

In addition to standard demographic measures, ACASI questions included several measures of recent (past 12 months) and lifetime sexual behaviors. Based largely on past research [3–6], we also assessed numerous psychosocial measures that could potentially be associated with HPV vaccine acceptance. These measures included ever hearing about the vaccine, having family members or friends who have been vaccinated for HPV, fear of needles, perceived seriousness of genital warts, perceived vulnerability to HPV infection, the belief that “the vaccine is for women,” the belief that “I don't have enough information about the HPV vaccine to decide,” the belief that the vaccine is “so new I should wait before deciding,” concerns about side effects, belief that the vaccine is “not needed by males,” and concerns about cost. In addition, a 3-item scale assessed young men's self-efficacy for receiving the HPV vaccine.

Data analysis

Scale reliability was assessed using Cronbach's alpha, which is a model of internal consistency based on inter-item correlation. Bivariate associations were assessed using *t*-tests. Correlates achieving bivariate significance ($P < 0.05$) were entered into a multiple linear regression model using stepwise entry. To control for the influence of age, this variable was forced into the model. All analyses were conducted using PASW Statistics (version 18.0).

Results

Characteristics of the sample

Average age was 20.2 years (standard deviation (SD) = 1.5). The majority (53.3%) identified as African-American or Black, with 19.3% identifying as White, 21.3% identifying as Asian or Pacific Islanders, and the remainder identifying as “mixed” or members of “other races.” Two young men did not answer the questions assessing vaccine intent, leaving a sample of 148 participants. Of these, the mean intent score was 3.19 (SD = 1.33). Figure 1 displays

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