

Increasing Parental Knowledge Related to the Human Papillomavirus (HPV) Vaccine

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ABSTRACT

Introduction: The purposes of this study were to evaluate parental attitudes toward general vaccination protocols and increase parental knowledge of the human papilloma virus (HPV) vaccine.

Methods: A nonprobability convenience sample ($N = 75$) using a pre-/postintervention study design was conducted in a pediatric office in southern New Jersey. The Parental Attitudes Module measured the general disposition toward having children receive any type of vaccine. The HPV Knowledge Survey was a second tool used to specifically measure knowledge of the HPV vaccine. A self-directed computer-based learning was part of the educational intervention.

Results: A paired t test showed that HPV Knowledge Survey postintervention scores were significantly higher than HPV Knowledge Survey preintervention scores ($t = -10.585$, $p < .001$). The Parental Attitudes Module and the HPV Knowledge Survey pretest showed a positive moderate relationship ($r_s = .552$, $p < .001$).

Discussion: In the 10 years since the HPV vaccine has been on the market, there is a continued need to increase parental knowledge about the HPV vaccine to close the gap on vaccine nonadherence. A self-directed, computer-based learning tablet appears to be an effective tool to educate parents or legal guardians about the purpose, efficacy, and safety of the HPV vaccine. *J Pediatr Health Care.* (2017) ■, ■-■.

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KEY WORDS

Adolescents, HPV, HPV vaccine, parental knowledge, pediatric health

INTRODUCTION

Human papillomavirus (HPV) is the most common sexually transmitted infection in the United States (Ratanasiripong, 2012). Approximately 79 million Americans are infected with HPV, and 14 million new cases of HPV-related cancers occur each year (Centers for Disease Control and Prevention [CDC], 2016). In the United States alone, over 12,900 new cases were diagnosed and more than 4,100 deaths from cervical cancer occurred in 2015 (The Henry J. Kaiser Family Foundation, 2015). There are approximately 12,000 cases of oropharyngeal cancers diagnosed each year in the United States, making it the second most common HPV-related cancer (Fontenot, Collins-Fantasia, Charyk, & Sutherland, 2014). Medical expenses related to HPV-associated cancers are estimated to rise to \$8 billion per year in the United States (Chesson et al., 2012).

Additionally, the U.S. Department of Health and Human Services (2015) has set a Healthy People 2020 goal of having 80% of adolescents fully vaccinated against HPV.

Parental consent to the HPV vaccine is at a significantly lower rate compared with other routinely recommended vaccines such as tetanus, diphtheria, and acellular pertussis (i.e., Tdap) and meningococcal conjugate, which have completion rates of 87.6% and 79.3%, respectively (CDC, 2015b). In the United States, completion rates for the HPV vaccine are only 39.7% for adolescents (Kepka, Ding, Bodson, Warner, & Mooney, 2015). This rate is substantially lower than that in other developed countries such as the United Kingdom and Portugal, whose HPV vaccine completion rates are about 80% (Bruni et al., 2016).

The development of the HPV vaccine has led to an increase in attention to HPV in the media, often resulting in misinformation being disseminated to the public regarding the vaccine (Teitelman et al., 2011). Primary care providers carry the responsibility and challenge of educating parents on the benefits of the HPV vaccine during office visits, which often are time limited and focus on the patient's chief complaint (Obulaney, Gilliland, & Cassells, 2016). A lack of parental education initiatives focusing on the HPV vaccine continues to be a problem with HPV vaccine compliance (Warner et al., 2015).

Parents and guardians must consent for their children to receive the HPV vaccine (Grimes, Benjamins, & Williams, 2013). According to Grimes et al., parental knowledge and attitudes toward vaccines affect whether parents consent for their child to receive the HPV vaccine. Multiple studies have provided empirical evidence into parents' perceptions of the HPV vaccine, concluding that parents are more likely to refuse the HPV vaccine than any other adolescent vaccination (Gold, Naleway, & Riedlinger, 2013; Obulaney et al., 2016).

To meet the Healthy People 2020 goal of 80% series completion rates for the HPV vaccine, there is a need for informed education to address the important benefits of the HPV vaccine and dispel any misinformation about the vaccine (Grandahl et al., 2014; Grimes et al., 2013; Warner et al., 2015). The purpose of this project was to increase parental knowledge of the HPV vaccine. A second purpose of this project was to evaluate parental attitudes toward vaccination protocols in general.

REVIEW OF THE LITERATURE

The literature review identified a number of themes associated with low HPV vaccine compliance, including (a) *lack of parental vaccine knowledge*, (b) *parental misinformation about sexual activity*, (c) *parental fear of adverse reactions*, and (d) *vaccine cost*.

Lack of Parental Vaccine Knowledge

Grandahl et al. (2014) conducted individual interviews with 25 parents of adolescent daughters, aged 10 to 12 years, who had been offered the HPV vaccine but

had not consented to receive the vaccine. Parents stated that education regarding the vaccine was insufficient and did not mention vaccine indications or reason for receiving the vaccine. They wanted transparent, unbiased information surrounding the HPV vaccine (Grandahl et al., 2014). Parents in this study contacted the school nurse for additional information but still believed they were inadequately equipped to make an informed decision on whether or not to vaccinate.

Dorell et al. (2014) used the National Immunization Survey to assess the attitudes of parents ($n = 4,103$) with girls aged 13 to 17 years regarding HPV vaccine delay and refusal. The researchers used the National Immunization Survey because it represents a stratified, national probability sample of households in the United States and was a survey approved by the CDC (Dorell et al., 2014). In the parental self-report, 10% ($n = 410$) of parents delayed the vaccine, 16.6% ($n = 681$) refused, and 3.4% ($n = 140$) refused and delayed the HPV vaccine (Dorell et al., 2014). Doubts regarding the HPV vaccine and efficacy were common reasons for delay (46%, $n = 205$) and refusal (61.6%, $n = 417$). Additionally, parental education was lacking, and parents reported receiving and reading misinformation through different media sources. Dorell et al. (2014) noted that a key influencing factor among the parents who chose to vaccinate (70%, $n = 1,912$) was the clinician providing key information about the vaccine's necessity, safety, and efficacy.

Parental Misinformation About Sexual Activity

Parental timidity toward the HPV vaccine is frequently due to the mistaken belief that the immunization is unwarranted because of the adolescent not yet being sexually active (Obulaney et al., 2016). Parents are more likely to refuse or delay vaccination because of concerns about the sexual nature of the vaccine, including the concern that receiving the vaccine will imply parental consent for adolescent risky sexual behavior (Beavis & Levinson, 2016).

Parents associated the HPV vaccine with sexual activity and believed that their children today were already exposed to sex at an early age and in negative way through various entertainment media such as film, television, and the Internet (Grandahl et al., 2014). Consenting to a "sexual" vaccine would negate parental values surrounding sexuality. Parental sexual activity misinformation is supported in the Grandahl et al. (2014) study, where the HPV vaccine was not compatible with parental beliefs. Although parents often cite concerns of a sexual nature, no extant data support the notion that vaccinated teens are more likely to engage in sex (Grimes et al., 2013).

Parental Fear of Adverse Reactions

Another prevalent theme noted during the literature review was parental concerns related to adverse reactions from the HPV vaccine. In a Warner et al. (2015) study,

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