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# The impact of teachings on sexuality in Islam on HPV vaccine acceptability in the Middle East and North Africa region

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## ABSTRACT

The human papilloma virus (HPV) vaccine is the recommended prevention strategy for viruses-related cancers, but its acceptability remains controversial, primarily because of the relationship between sexual activity and HPV infection. Countries in the Middle East and North Africa are conservative vis-à-vis sexual behaviors, where Islam shapes people's practices including sexual health, and imposes that sex be carried out within lawful context. Many sexually transmitted infections can be prevented if the rules of Islam are unflinchingly applied by Muslims in that region. However, this is not guaranteed and a noticeable shift in the sexual behavior of the youth has been detected, including a drastic increase in unofficial sexual practices, which in the long-term increase HPV incidence and its related diseases. This study examines the available epidemiological data as well as the teachings in Islam's sacred texts and scholars' perspectives to describe the tensions that exist in Muslim cultures around sexuality. Understanding their influence and the function of these tensions can help illuminate the factors that contribute to barriers to accepting the vaccine.

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## 1. Introduction

Human papilloma viruses (HPVs) are a group of viruses in the Papillomaviridae family. HPVs include more than 150 types [1], which are classified into categories based on their oncogenicity.

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On a global scale, HPV is one of the most frequent sexually transmitted infections (STIs) [2] for which the HPV vaccine remains the recommended prevention strategy. However, its introduction and acceptability remain controversial, primarily because of the relationship between sexual activity and HPV infection [3,4].

Countries in the Middle East and North Africa (MENA) are conservative regarding sexual behaviors compared with countries in the West, because they have more traditional religious and social norms [5]. Islam shapes people's practices and habits, including sexual and reproductive health, and imposes that sex be carried out within the context of marriage [6]. Nonetheless, some studies show that cases of STIs in the MENA region are higher than reported [7]. These factors align to create barriers for accessing the HPV vaccine for those in the MENA region who might benefit from vaccination.

This study examines the available epidemiological data as well as the teachings in the sacred texts of Islam, the Quran and the Hadith, that influence these cultural contexts and surveys perspectives from scholars in the field of religious studies to describe the tensions that exist in Muslim cultures around sexuality. Understanding the influence of these texts and the function of these tensions can help illuminate the factors that contribute to barriers for accepting the HPV vaccine.

## 2. Methods

This study is a systematic review of the literature. Data on HPV epidemiology were collected through keyword searches using Science Direct and PubMed as search engines and a subject matter research librarian aided in mining the relevant literature in the field of religious studies. Literature in Arabic, French, and English was collated and examined. This included studies and articles published in peer-reviewed scientific and religious studies journals; reports published by organizations including the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), and United Nations International Children's Emergency Fund (UNICEF); interpretations of verses from the Islamic Holy book the Quran and the Hadith (reported sayings of the Prophet Muhammad); books written by anthropologists and theologians; and the constitutions of the 20 countries in the MENA region, as the latter is defined by UNICEF.

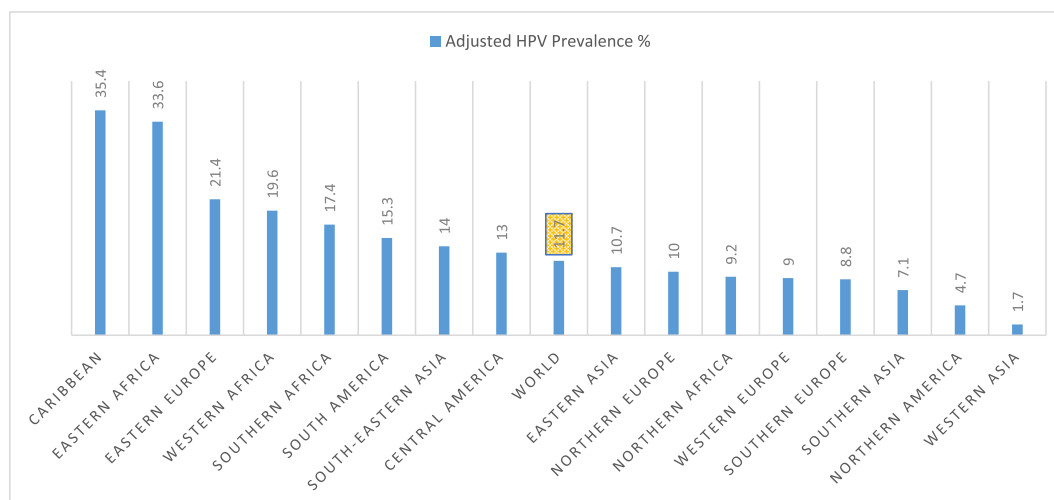
## 3. Overview and the global burden of the human papilloma viruses

HPVs are categorized based on their oncogenicity (ability to engender tumors) into two types: oncogenic, that is, those that cause cancer (also called high risk) and non-oncogenic (also called low risk) [1,2]. The cervical cell abnormalities, whether low grade or high grade (precursors to cancer and cancers), are caused by high-risk HPV types [1]. A minimum of 13 types of HPV are oncogenic [8]. In addition, all cases of cervical cancer in women are attributed to HPVs, 70% of which are primarily caused by types 18 and 16 worldwide [8]. The WHO claims that over 85% of cervical cancer deaths occur in developing countries, and that on a global scale, HPV stands as one of the most frequently occurring STIs [5]. A meta-analysis of studies conducted on women revealed that the prevalence of HPV is 11.7% (Fig. 1) [9].

Genital contact is the principal route of transmission of HPV infections, most frequently occurring through sexual intercourse [1]. Sexual transmission seems to be related to number of sex partners, the early age of sexual intercourse, and previous diagnosis with STIs [10].

There is no treatment for HPV infection itself, but rather for its clinical symptoms [3]. As for cervical precancerous lesions, the WHO-recommended approach is "screen-and-treat," with visual inspection using acetic acid or "Papanicolaou test" (Pap test) for screening and loop electrosurgical excision procedure or cryotherapy for treatments [11]. As for cancer, biopsy is the most efficient way to diagnose. The treatment depends on many factors, such as the stage of the cancerous lesion, age, and concern about protecting fertility [2].

Recommended preventive measures include using condoms appropriately and regularly, having a reciprocally monogamous relationship, and reducing the number of sexual partners; however, abstinence remains the method with greatest efficacy for prevention. The HPV vaccine is the recommended prevention strategy. Several countries are introducing the vaccine mainly to prevent infection with HPV types 16 and 18. They aim to decrease the incidence of cervical cancer, and thus, mortality. The primary target is teenagers aged 11 or 12 years [3]. The WHO recommends the vaccine for males and females through the ages of 21 and 26, respectively, and a "catch-up vaccine" for adults with risk factors if they are unvaccinated [12].



**Fig. 1.** Human papilloma virus (HPV) prevalence among women with normal cytology: meta-analysis based on results from 1,016,719 women. Note. Modified from "Global burden of human papillomavirus and related diseases," by D. Forman, C. De Martel, C.J. Lacey, I. Soerjomataram, J. Lortet-Tieulent, L. Bruni, et al., 2012, *Vaccine* 30, p. 12–23.

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