

Parent's Perception of Recommendation of HPV Vaccinations for Adolescent Children

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HPV

- ❖ Human papilloma virus (HPV) is a common sexually transmitted infection (STI) that affects adolescent girls and boys (de Visser & McDonnell, 2008).
- ❖ According to the Centers for Disease Control and Prevention (CDC), there are approximately 40 types of genital HPV.
- ❖ In a CDC report (2011), in the United States, 11,000 new cases of cervical cancer occur each year and about 1 in 100 sexually active individuals contract genital warts at some time. There are vaccines available that are most effective when administered prior to the adolescent becoming sexually active.

Tool

The instrument used in this study was a 16-item questionnaire. The reliability and validity of the questionnaire used in a previous study, utilized Cronbach's alpha with alpha's ranging from .58-.88 (de Visser & McDonnell, 2008).

Results

People that heard of HPV tended to believe that vaccinations protect people from disease. The one person that heard about HPV from their child's school got their child immunized. Four people mentioned that a barrier was that vaccinations make their child sick but their children were vaccinated. People that answered yes to wanting to get their child vaccinated also believed that the child was at increased risk. People that believed the child was at risk did get the child vaccinated. The response to the intent to complete the vaccination series within 6 months of receiving the first dose was promising, 48% answered yes and another 20% answered maybe.

	Yes	No	IDK	MD/NP	School	TV	Never Heard
If vaccine not received, risk increases	60%	16%	20%				
Heard of HPV	88%	8%					
How did you hear about HPV				64%	4%	32%	20%
HPV protects against cervical cancer and genital warts	76%	4%	16%				
HPV vaccination will encourage unsafe sex	3%	12%	9%				

Discussion

The goal of my Evidenced Based Practice project was to empower parents to make informed decisions whether or not to vaccinate against HPV. I administered the survey prior to the participants entering the exam room. This method provided education to parents about HPV vaccines and helped them come up with questions to ask the physician during their visit. Had it not been for the education provided in the waiting room the topic may not have been discussed in the physician's office or the physician might have recommended the vaccine and the parent agreed because of their perception, "Doctor knows best."

Vaccines are efficient and cost effective ways to prevent disease (Saca-Hazboun, 2008). Currently, there are two preventive vaccines that have been approved by the US Food and Drug Administration (FDA). Gardisil (Merck and Co, Inc, NJ) and Cervarix (GlaxoSmithKline Biologicals, Rixensart, Belgium) are vaccinations for human papilloma virus (HPV) and both have proven effectiveness for cervical cancer prevention (Kang & Moneyham, 2011). If the vaccine is received prior to the start of sexual activity, it protects against HPV types 16 and 18, which cause cervical cancer and HPV types 6 and 11, which cause genital warts (Sperber, Brewer, & Smith, 2007).

Conclusion

The most profound consequences of the HPV infection impact women, those living in poverty stricken areas, racial and ethnic minorities and those living in developing countries (Zimet, 2009). It was determined that there was an association with older girl's initiation of the vaccine series along with physician recommendation (Gottlieb et al., 2009). This was supported by the literature. Gottlieb et al. (2009) and Hughes et al. (2009) both agree that physician recommendations significantly impact HPV vaccine acceptability and actual initiation of the vaccine series.

It is my recommendation that the parent of every child scheduled for an appointment that is eligible to receive the HPV vaccine be offered educational material regarding the vaccine to read while waiting to see the physician. I recommend the use of this tool and encourage more research to determine the relationship between initiation of the HPV vaccine series and actual time frame to complete the series.

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Design

A survey was administered in the form of a questionnaire from August 2012 to December 2012. The Cronbach's Alpha for this tool was .80. The data were analyzed with the SPSS program (SPSS Inc, Oak Park, IL). The chosen population for this study were parents of girls and boys, between the ages of 9-16, attending a low income pediatric clinic on the south side of Chicago. A convenience sample of 25 parents was selected from the physicians' patient appointment schedule between August 2012 and December 2012.