

**Knowledge of HPV and
attitudes towards HPV
immunisation amongst
young people, parents,
educators and
health professionals**

April 2008

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Published by NHS Health Scotland,
Woodburn House, Canaan Lane, Edinburgh, EH10 4SG
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Executive Summary

Background

In the spring of 2007, NHS Health Scotland, in partnership with Health Protection Scotland and the Scottish Government Health Department, commissioned research to assess knowledge of Human Papilloma Virus (HPV) and cervical cancer, and attitudes towards HPV immunisation amongst young people, parents, education and health professionals. The health information needs of these groups were also assessed as part of the research.

In the previous few months, it had become apparent that effective vaccines against Human Papilloma Virus (HPV) infection were available and a decision on whether to introduce an HPV vaccine into routine childhood immunisation schedules was expected to be made by the UK Health Departments on the advice of the Joint Committee on Vaccination and Immunisation (JCVI).

Research design

The research design involved a number of separate strands including a brief literature review, a qualitative interview study exploring the views of a sample of parents, young people (S1-S4 of Secondary school) and teachers undertaken in seven schools in a range of local authority areas across Scotland. Qualitative semi-structured interviews with GPs and school nurses were also carried out in the Health Board areas that corresponded to the seven local authorities in which schools were based.

Views of parents and young people

Empirical data revealed that knowledge levels of HPV and its links to cervical cancer are very low in both adults and children. Most parents, young people and professionals, however, welcomed this immunisation programme as a cancer prevention initiative, though they were also aware that there are sexual health issues related to the immunisation.

All parents wanted clear and honest information about the safety of the drug. This included information about drug safety trials and possible side effects. Whilst needing honesty, some parents were concerned by the tentativeness of the language used around the possible need for booster injections for example. Young people interviewed had fewer concerns about drug safety, but had greater interest and need for information on pragmatic issues about catching the virus and its manifestations. They also needed clear information about where the injection would be administered, with some assuming that the treatment would be applied to the lower body or the cervix itself.

Young people and parents all expressed a desire for information to be supplied in a variety of formats, with use of TV programmes and young people's media (e.g. magazines) being clear favourites. Young people expressed a strong desire for Internet sites or interactive media in which questions could be raised and answered.

Parents overall saw schools as an appropriate setting to deliver the immunisation programme, both for pragmatic reasons and due to the amount of preparation time which schools will give to children on this issue. Young people interviewed had more mixed feelings about the school-based service,

with reservations being expressed in connection with hygiene in schools, the potential for hysteria related to a widespread fear of needles, and issues regarding confidentiality.

Some parents interviewed expressed a desire for an individualised service that they could opt into when they felt their child was 'ready'. A minority of adults (teachers and parents) interpreted the uptake of the vaccine as sending out a coded message related to young women's current sexual activity or parental condoning of behaviours that may increase sexual risk. Young people were more practical, with the majority seeing immunisation as a sensible precaution.

The three-dose immunisation did not appear to pose significant problems for children or adults beyond the expressed fear of needles. A majority thought that boys should be immunised too (on grounds that not to do so undermined Sex and Relationships Education (SRE) teaching about shared responsibility for sexual matters). However, although this view was widespread, it was not strongly held.

Although not legally the case, parents felt that they have the final right to determine whether their children are immunised at this age. Young people's strong views that they should themselves be involved in the choice about what happened to their body were always tempered with a degree of pessimism / realism that this probably would not be allowed in practice.

Views of school staff

Schools were happy to 'host' the immunisation programme and provide a modicum of curricular support through SRE classes. However, the current timing of SRE delivery, particularly around sexually transmitted infections (STIs) does not coincide with the likely timing of delivery of the HPV immunisation programme. Teachers were less willing to support the programme through delivery that went beyond agreed didactic delivery methods, given that they felt their knowledge levels were not high enough. However, the impact of the level of teachers' training in SRE was evident in their responses: teachers with more SRE training being more confident about discussing HPV immunisation. There was strong consensus among teachers that they could not be seen to be advocating for the immunisation programme. Teachers in denominational schools raised particular issues around this issue of support or advocacy of the immunisation programme.

Views of health professionals

Doctors (General Practitioners) and school nurses who were interviewed believed themselves knowledgeable about HPV, the vaccine and the diseases against which it protects. Both groups however indicated a need for a resource containing statistical information and answers to Frequently Asked Questions (FAQs) which would inevitably arise amongst concerned parents. Issues that they anticipated being questioned about included the extent of testing of the vaccine, the length of protection it confers, the possibility of side effects, the interaction with other vaccines being given at this age and why it had to be given in three separate doses. Health professionals also foresaw having to answer a range of questions related to HPV implementation policy. School nurses needed clear and unequivocal guidance about issues of consent.

Health professionals felt they would be supported by media messages that emphasise the cancer prevention aspects of the programme. Those in rural areas felt they would need additional support to convince parents that their child was maturing and might become sexually active. Both school nurses and GPs noted that their services would need extra resource to manage the programme.

Information needs of parents, young people and health professionals

The research recommends that in addition to any publications NHS Health Scotland, NHS Health Protection Scotland and the Scottish Government are likely to produce about HPV, those organisations should also meet the information needs of parents and young people through resources offered on websites, TV and other young people specific media such as magazines. Any public information campaign should emphasise that waiting for 'readiness' in children is a risky strategy and may effectively negate the benefit of the vaccine.

The research also recommends that a practical information pack for health professionals should be created with answers to questions about the safety and efficacy of the vaccine, as well as 'scripted' responses to queries about the policy decisions that lie behind the implementation programme.

These views of parents, young people, health professionals and teachers, taken together, provide good insights into knowledge about HPV and cervical cancer and awareness and attitudes towards HPV immunisation in Scotland.