



A Mixed Method Study To Assess The Attitude And Perception Towards Hpv Vaccination Advocacy Among Healthcare Practitioners In India.

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Abstract: HPV is responsible for causing around 90% of anal and cervical cancer, approximately 70% of vaginal and vulval cancer, and over 60% of penile cancer. [1] HPV type 16 and 18 are responsible for about 50% of high grade cervical pre-cancers.[3] In India, cancer of cervix is a significant public health problem, but there are effective and safe vaccines available for HPV-naive women.[4] But the vaccines have not achieved widespread acceptance. Healthcare practitioners since time immemorial, have a pivotal role to spread awareness among the masses regarding health, diseases and vaccinations [6]. The community of patients, and the layman as well, trusts and have faith in the advice, suggestions, and recommendations of the healthcare practitioner. So, in order to improve HPV vaccine coverage in India, it is fundamental that the healthcare practitioners should address, recommend and encourage the parents of all adolescent girls to get their daughters vaccinated against cervical cancer.

This is a mixed-method study conducted to assess healthcare practitioners' attitudes and perceptions towards advocating HPV vaccination to parents of adolescent girls and to understand the barriers perceived by them against the uptake of HPV vaccination. The study found that all healthcare practitioners were knowledgeable about HPV vaccination and its contraindications, with the majority advocating the vaccine to adolescent girls or their parents. Most practitioners suggested administering the vaccine at age 9 years or above, with some advocating it at 11 years or above. About 81% of adolescent girls or their parents showed interest in getting vaccinated, but high costs and lack of awareness about the vaccine for HPV were the main barriers to its uptake among adolescent girls.

I. INTRODUCTION

Human Papilloma Virus (HPV) is responsible for causing around 90% of anal and cervical cancer, approximately 70% of vaginal and vulval cancer, and over 60% of penile cancer. [1] HPV type 16 and 18 are responsible for about 50% of high grade cervical pre-cancers.[3] Currently, as a measure of prevention, effective and safe vaccines are available for HPV-naive women in the form of bivalent and quadrivalent vaccines against HPV 16 and 18 infection [4]. It is recommended to give HPV vaccine as a routine immunization when children are 11 or 12 years old, but it is also acceptable to start the vaccination at the age of 9. [5] But the vaccines have not achieved widespread acceptance. Healthcare practitioners since time immemorial, have a pivotal role to spread awareness among the masses regarding health, diseases and vaccinations [6]. So, in order to improve HPV vaccine coverage in India, it is fundamental that the healthcare practitioners should address and encourage the parents of adolescent girls to get their daughters vaccinated.

This study was an attempt to assess the attitude and perceptions among healthcare practitioners towards HPV vaccination advocacy to parents of adolescent girls, and to understand the barriers perceived by them against the uptake HPV vaccination in their healthcare settings.

Abbreviations and Acronyms (Heading 2)

HPV - Human Papilloma Virus

WHO – World Health Organization

NTAGI – The National Technical Advisory Group on Immunization

UIP – Universal Immunization Programme

I. RESEARCH METHODOLOGY

3.1 Population and Sample

The study was carried out among healthcare practitioners comprising of gynaecologists, paediatricians, physicians who either provide the facility of vaccination in their clinics or cater to a population of parents who have girls in the adolescent age group.

The study excluded all the healthcare practitioners except Gynaecologists, paediatricians, physicians, those healthcare practitioners who are not currently running clinics, healthcare practitioners involved in government healthcare setting.

31 Mixed mode surveys were conducted and data was collected from Healthcare practitioners of India running their private clinics.

3.2 Data and Sources of Data

A mixed method study involving mixed-mode surveys.

The quantitative component of the survey generated information regarding the perceptions and attitudes of healthcare practitioners with respect to advocacy of the vaccination for HPV to adolescent girls' parents, the age at which healthcare practitioners recommends the uptake of HPV vaccine to girls, if not, why the healthcare practitioner does not recommend it, and how parents feel about getting their daughters vaccinated. The survey also looked at any obstacles that may prevent adolescent girls from getting the HPV vaccine. The qualitative component of the survey gave insights on the views of the healthcare practitioners on HPV vaccine being incorporated in the Universal Immunization Schedule

The data was obtained through the use of a questionnaire that had both closed-ended and open-ended questions.

Majorly, the types of questions asked included questions concerning their knowledge about vaccine for HPV, their knowledge about the indications for vaccine for HPV, their knowledge about the contra-indications for vaccine for HPV and other questions like

Do you think that vaccine for HPV is necessary and effective in preventing cervical cancer?

Do you advocate the uptake of HPV vaccine for HPV to girls of adolescent age group?

If you advocate, then at what age?

What are the reactions of parents or of the girls of adolescent age to the recommendation for vaccine for HPV?

If you do not advocate the uptake of vaccine for HPV to girls of adolescent age, what are the reasons for same?

Do parents of adolescent girls or adolescent girls inquire about HPV vaccine?

What, according to you, are the main obstacles against the uptake of vaccine for HPV among adolescent girls?

What are your thoughts on HPV vaccine being included in the Universal immunization schedule?

IV. RESULTS AND DISCUSSION

DATA REPRESENTING THE QUALIFICATION OF HEALTHCARE PRACTITIONERS WHO PARTICIPATED IN THE STUDY

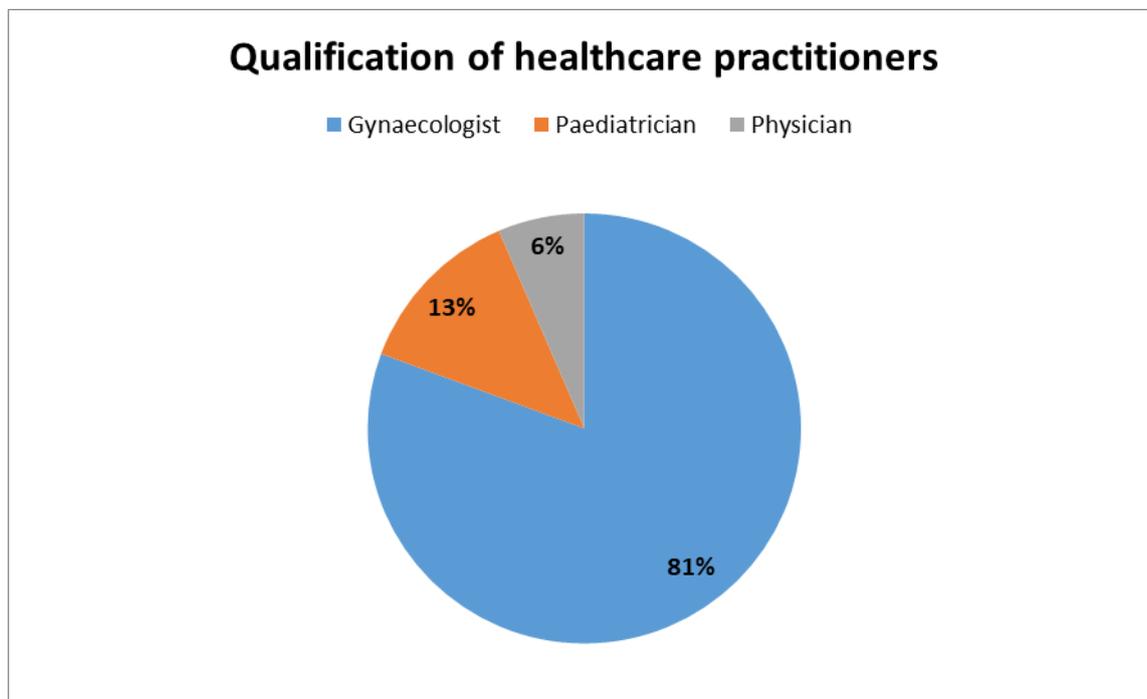


FIGURE 1

The data collected was from 25 Gynaecologists, 4 Paediatrician and 2 Physicians as represented in the figure above.

DATA REPRESENTING THE KNOWLEDGE OF INDICATIONS AND CONTRAINDICATIONS OF HPV VACCINES IN HEALTHCARE PRACTITIONERS

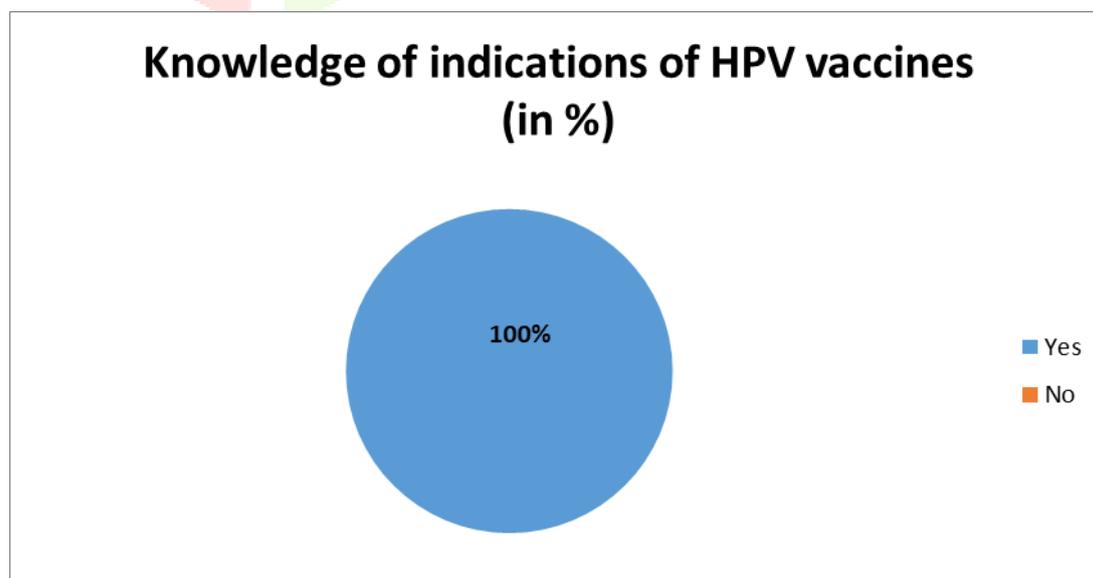


FIGURE 2

Knowledge of contraindications of HPV vaccines (in %)

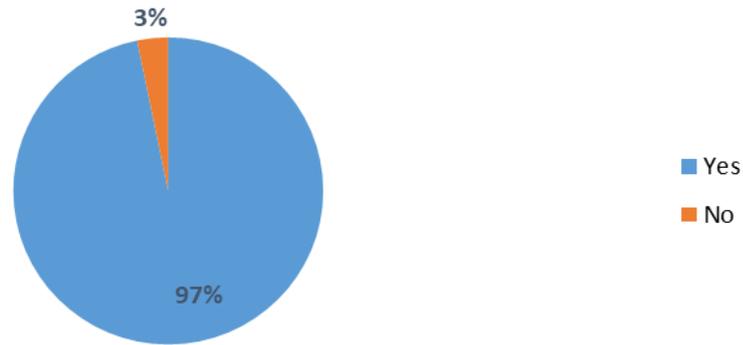


FIGURE 3

All the healthcare practitioners had the knowledge about the indications of HPV vaccine while 97% (30 out of 31 participants) of them had the knowledge about its contraindications.

DATA REPRESENTING THE AGE RECOMMENDED BY HEALTHCARE PRACTITIONERS TO ADOLESCENT GIRLS FOR HPV VACCINATION

Age recommendations for HPV vaccine

■ After menarche
 ■ 9 years and above
 ■ 10 years and above
■ 11 years and above
 ■ 13-25 years
 ■ 14 years and above

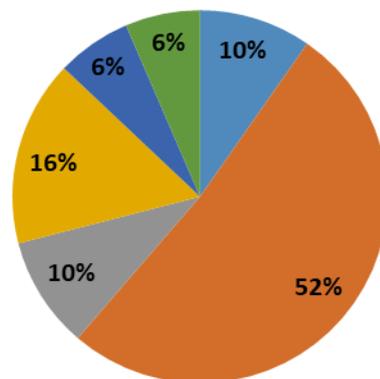


FIGURE 4

- From the above figure, it is visible that out of 31 healthcare practitioners, 52% of them recommend the vaccine for HPV to girls at the age of 9 years and above while 16% of them recommend it at the age of 11 years and above
- 10% of them recommend after menarche while the other 10% recommend at the age of 10 years and above
- 6% of them recommend at the age of 13-25 years while other 6% recommend at the age of 14 years and above
- From the above figure, it is apparent that there is a disparity among healthcare practitioners with

respect to the age at which vaccine for HPV should be recommended to adolescent girls

DATA REPRESENTING REACTIONS OF THE ADOLESCENT GIRLS OR THEIR PARENTS TO RECOMMENDATIONS TO HPV VACCINE

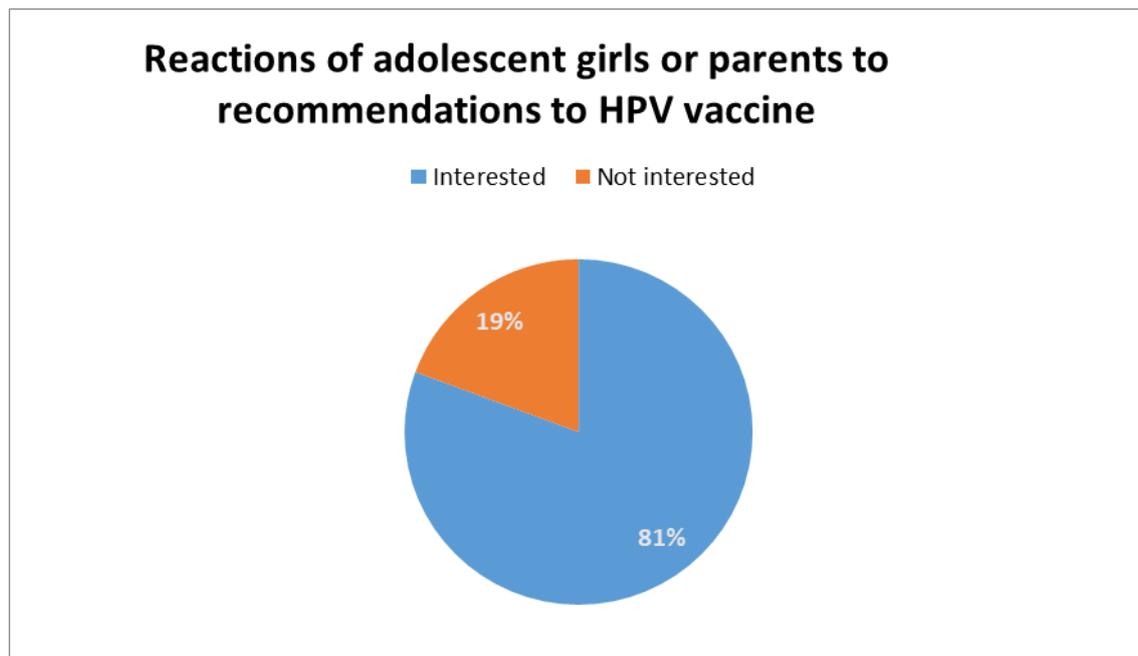


FIGURE 5

Out of 31 healthcare practitioners, 81% of them said that the adolescent girls or their parents are interested for HPV vaccine uptake while 19% of them said they are not, as represented in the above figure

DATA REPRESENTING THE REASONS OF HEALTHCARE PRACTITIONERS FOR NOT RECOMMENDING THE UPTAKE OF HPV VACCINE TO ADOLESCENT GIRLS

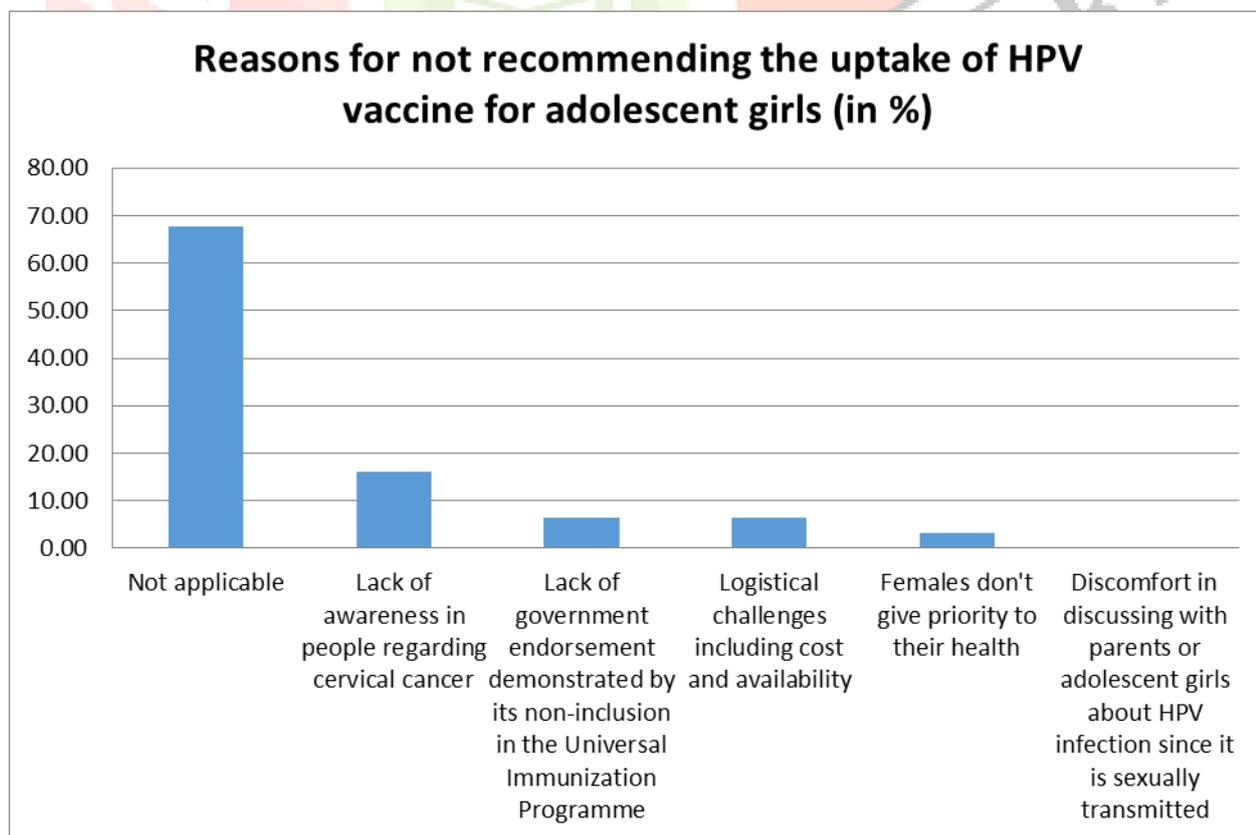


FIGURE 6

If we look at the major reasons of healthcare practitioners for not recommending HPV vaccines to adolescent girls, the following observations can be made -

- From the above figure, it is visible that for 68% of the healthcare practitioners, there is no basis for not advocating the HPV vaccine
- For 16% of healthcare practitioners, the reason for not advocating the HPV vaccine is the lack of awareness in people regarding cervical cancer
- For 6% of healthcare practitioners, the reason for not advocating the HPV vaccine is the lack of government endorsement demonstrated by its non-inclusion in the Universal Immunization Programme, while for other 6% of them, the reason is logistical challenges including cost and availability
- For 3% of healthcare practitioners, the reason for not advocating the HPV vaccine is that females don't give priority to their health.

DATA REPRESENTING THE PROPORTION OF PARENTS OR ADOLESCENT GIRLS WHO INQUIRE ABOUT HPV VACCINE

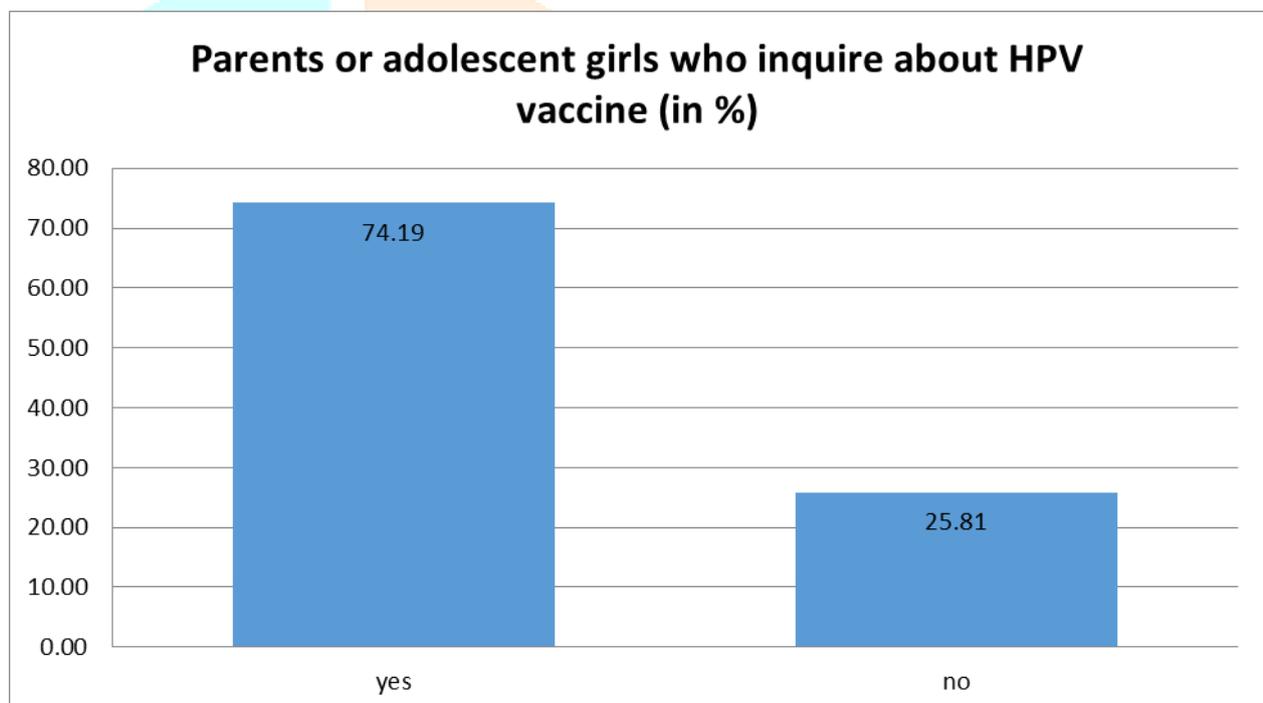


FIGURE 7

From the above figure, it is visible that around 74% of the parents or adolescent girls inquire about HPV vaccine from healthcare practitioners while 26% of them do not.

DATA REPRESENTING THE BARRIERS AGAINST THE UPTAKE OF HPV VACCINE AMONGST ADOLESCENT GIRLS

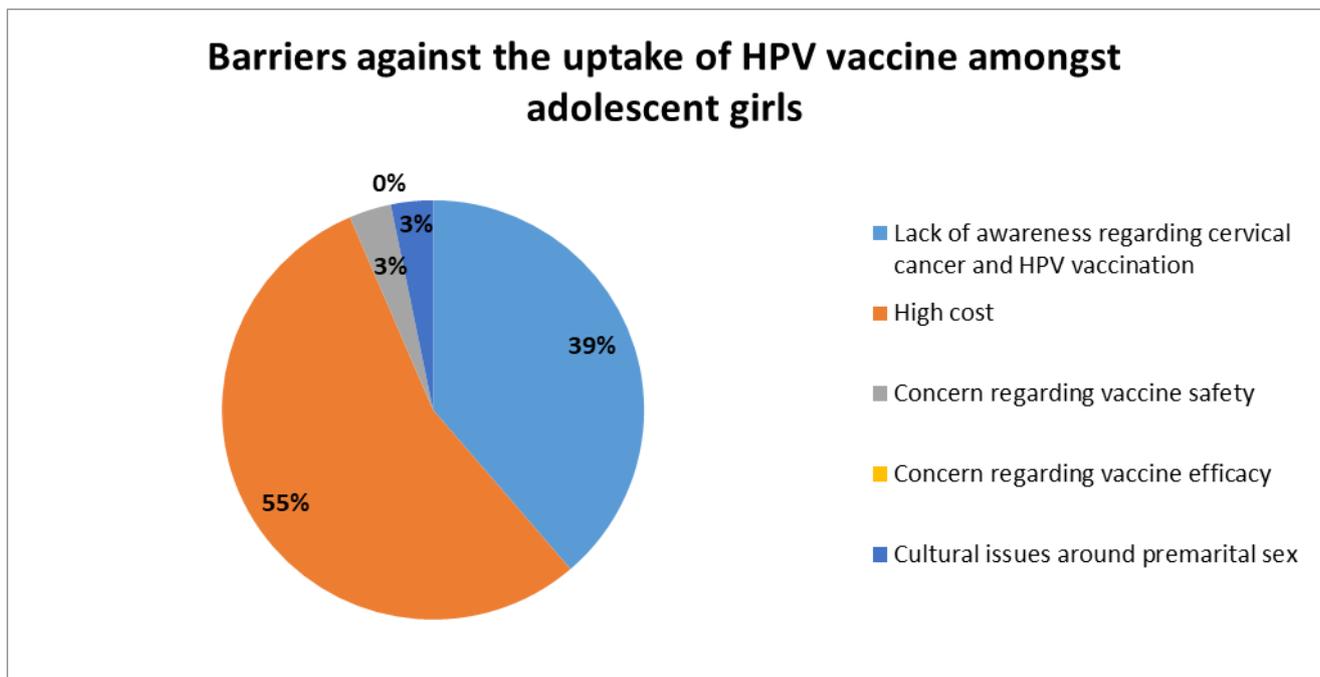


FIGURE 8

If we look at the major obstacles against the uptake of vaccine for HPV among adolescent girls it is observed that -

- It is visible from the figure that 55% of healthcare practitioners think that exceeding cost of the vaccine is a major barrier against the uptake of vaccine for HPV
- 39% of the healthcare practitioners think that the lack of awareness regarding cervical cancer and vaccine for HPV as a major barrier against the uptake of vaccine for HPV
- 3% of the healthcare practitioners think that the challenge regarding the safety of vaccine is a major barrier, while other 3% think that cultural issues around premarital sex is a major barrier

DATA ABOUT THE VIEWS OF HEALTHCARE PRACTITIONERS ON VACCINE FOR HPV BEING INCORPORATED IN THE UNIVERSAL IMMUNIZATION PROGRAMME

- When the participants were asked about their thoughts on HPV vaccine being incorporated in the Universal immunization Programme, all the Healthcare practitioners opined that it is a good move, they are in support of it and welcome it.

- One of the participant said -

“It should be included in the Universal Immunization Programme as cancer of cervix is the leading health burden and a leading cause of mortality in women.”

- The other participant opined -

“Many girls will be benefitted if it is included in the universal immunization programme”

- Another participant said –

“It should definitely be added in the universal immunization schedule”.

DISCUSSION

The major locations from where the data is collected from includes Ghaziabad, Noida, Greater Noida, Delhi, Sahibabad, Pune in India . This study is an attempt to assess the attitudes and perceptions towards the HPV vaccine advocacy among healthcare practitioners of India. The results of this study demonstrate that all the healthcare practitioners have knowledge about the indications of the HPV vaccine. Except a few of them, all the healthcare practitioners have knowledge about the contraindications of the vaccine as well.

There is a difference in opinion among the healthcare practitioners with respect to the age group at which the healthcare practitioner recommends the HPV vaccine to adolescent girls. According to WHO, the recommended age for vaccination is between 9 and 14 years, before the onset of sexual activity. In accordance with the above results, it is understood that majority of the healthcare practitioners advocate the HPV vaccine at the age of 9 years or above, some of them advocate at 11 years and above, while a few of them advocate at the age of 10 years and above and also in between 13-25 years of age. So, there is an evident disparity among them in this regard. There should be large scale awareness for the healthcare practitioners with regard to the correct age recommended by the WHO for the administration of the HPV vaccine so that all the healthcare practitioners can recommend the vaccine at the correct age and the goal of reducing the incidence as well as in the longer run, the incidence and prevalence of cervical cancer can be reduced to a greater extent.

Some of the Healthcare practitioners said that adolescent girls or their parents are not interested to the recommendation for the uptake of HPV vaccine. So with regards to this, the government should make improved efforts by the support and collaborations with the healthcare organization and not for profit organizations working in the healthcare sector, to inform, educate and aware the populations regarding the cervical cancer as a disease, information about the primary factors that increase the chance of developing cervical cancer, the underlying reasons behind the disease, the indicators and indications of its presence, how it can be identified, the probable outcomes of the illness, methods to prevent it, and the significance of vaccination as a preventive measure against cervical cancer.

The major obstacles against the uptake of vaccine for HPV among girls of adolescent age group is not only the high cost, but also a lack of knowledge and education with respect to cervical cancer and HPV vaccine. To some extent, there are also challenges regarding vaccine safety and efficacy. Thus, appropriate measures should be taken and the reasons acting as barriers should be addressed.

Almost always when dealing with any disease and the challenge to address and involve the community towards taking steps forward for its prevention, it becomes important to understand to the concerns of the community and general population. Most of the times, the people are genuinely unaware of the gravity of the situation regarding the extent of the problem and the simple doable step which is required to prevent the occurrence of the disease . Making the masses aware is the single most important step which creates an enormous positive impact to reduce the incidence and prevalence of disease and prevent mortality. The first step towards awareness can be interacting with the community to interpret their knowledge regarding the disease and then, if they are unaware of the same, educating them by making them understand from the basics, about the normal physiology, anatomy, and the pathology associated with the disease. The next probable step can be communicating with them about the burden of the disease and the mortality associated with it. Further the community may be engaged for the most crucial strategy, that is the strategy of prevention. Always sufficient amount of emphasis should be laid on the primordial and primary levels of prevention as well. In continuation, their myths and queries, all misconceptions with respect to the disease, its pathology, mortality and preventive measures to be adopted, should be addressed to the maximum satisfaction. This single step may become the game changer some of the times.

The major obstacle revealed for the low uptake of vaccines for HPV among the population is high cost, which has been addressed at the policy level. The NTAGI has recommended introducing the HPV vaccine in the Universal Immunization Programme (UIP) and giving it to teenage girls aged 9-14 in a one-time catch-up campaign, followed by routine vaccination at 9 years old.

Most of the vaccinations will be administered in schools, targeting students in fifth through eighth grades. Health facilities will be used to provide vaccinations to girls who are unable to attend school on the designated vaccination day. Community Outreach and Mobile teams will be responsible for vaccinating out-of-school girls.

Another major obstacle associated with low uptake of vaccination for HPV is lack of knowledge and education at the community level for which efforts need to be planned in a strategic manner to enhance the rates of HPV vaccination in the community and population.

CONCLUSION

This study highlights that majority of the healthcare practitioners have knowledge and advocate the vaccine for HPV to girls of adolescent age or their parents, about 81% of girls of adolescent age or their parents are interested for the uptake of vaccine for HPV. The major obstacles associated against the uptake of vaccine for HPV among girls of adolescent age include high cost along with the lack of knowledge and education regarding the vaccines for HPV.

In conclusion, coordinated government effort along with efforts of all healthcare professionals is required to increase awareness as well as the numbers for the uptake of vaccination for HPV and thus reduce the burden of cervical cancer.

Financial support to nonprofit organizations working in the health sector that raise awareness of cervical cancer among patients, healthcare professionals, and the general public could also contribute to lowering the disease's burden as with the increased awareness among the masses, people would be able to make informed choices about their health and prevention of diseases.

II. ACKNOWLEDGMENT

I would like to thank Amity university of Public Health and Hospital Administration, Amity University, Noida, for giving me the opportunity and guiding me throughout the period of dissertation.

This dissertation could have not been written without the guidance and support from Prof. (Dr.) Ajai Kumar Jain, Professor and director, Amity Institute of Public Health and Hospital Administration, and my faculties Dr. Amrish Chandra, Dr. Mohd Shahnawaz, and Dr. Shazina Saeed, Department of Public Health and Hospital Administration, Amity University, who have constantly provided encouragement and support.

Last but not the least I would like to thank my family who have devotedly and constantly supported me throughout my work.

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