Promotion of HPV vaccination: potential gaps between knowledge and practices of Pakistani female family practitioners

Like most countries, cervical cancer is one of the foremost cancer types in Pakistani women.[1–3] Though human papillomavirus (HPV), the chief aetiological agent of cervical cancer, has a low prevalence in Pakistani women compared to its pervasiveness observed in females worldwide, its subtypes 16 and 18 are associated with about three-quarters of invasive cervical cancer cases in Pakistani women.[2] Thus awareness about the HPV vaccination that has recently been marketed in Pakistan is critical to the promotion of cancer prevention initiatives at the national level. Regrettably though, only one previous Pakistani study has explored the awareness about HPV vaccination in health personnel in a tertiary care setting, which was reported as low (approximately 9.3%).[4]

As regards HPV vaccination, female family practitioners (FFPs) may have an edge over other health care personnel for vaccine promotion because of their proximity, both physically and culturally, with the at-risk population.[2 3] We were therefore interested in assessing the knowledge, attitudes and practices of FFPs in downtown Karachi, centre of the most populous metropolitan of the country. Of the 100 FFPs, who were conveniently sampled, the response rate was 99%. Two in five (42.4%) FFPs were married, 37.4% had children and 31.3% were aged <26 years. Around half (47.5%) the FFPs had <3 years of practising experience, and the majority (60.6%) had no cancer care experience.

Table 1 presents the percentages of correct responses to knowledge, attitude and practice regarding HPV vaccination. Briefly, most (90.9%) FFPs identified HPV as a frequent aetiological agent for cervical cancer but only one in five knew about its prevalence (19.2%) and market availability (23.2%). Two in five FFPs reported that the ideal age for vaccination was between 25 and 30 years. Although most FFPs (84.8%) agreed that HPV vaccine marketing is a good idea, only one-third (37.4%) were willing to prescribe it. Only 8.1% FFPs reported ever administering HPV vaccine, while others reported that they would administer it if the government promoted its use.

Overall, our brief survey did indicate some potential gaps between knowledge and practices regarding HPV vaccination in FFPs in Karachi. While most FFPs seemed to support the HPV vaccination, the majority of them were not fully aware of practicalities such as target age

Table 1 Knowledge, attitude and practices of female family physicians regarding human papillomavirus vaccination and cervical cancer screening in Karachi in 2011

Knowledge, attitude and practices	*n*	%
Knowledge about cervical cancer		
Cervical cancer is one of the three leading causes of cancer in women	55	55.6
Purpose of Pap tests is to detect early signs of cervical cancer	94	94.9
Women who had many sexual partners need to have Pap test	73	73.7
Pap tests are necessary even if there is no family history of cancer	92	92.9
Knowledge about HPV vaccine		
HPV is the most frequent cause of cervical cancer	91	90.9
HPV prevalence in Pakistan is 2–3%	19	19.2
HPV vaccine can prevent cervical cancer	81	81.8
Target population of HPV vaccine is young and sexually active women	87	87.5
The recommended age for vaccination is 25–30 years	39	39.2
Vaccine is easily available in market	23	23.2
Administration of vaccine is not beneficial to women suffering from cancer	76	76.8
HPV vaccine can cause toxic reactions	35	35.4
Attitude towards HPV vaccine		
Introduction of HPV was good idea	84	84.8
Will prescribe HPV vaccination to target population	37	37.4
Cost effectiveness of vaccine	71	71.7
Practices regarding HPV vaccine		
Administer vaccination regularly	37	37.2
Keep vaccination regularly	35	35.0
Ever vaccinated someone against HPV	8	8.1

HPV, human papillomavirus; Pap, Papanicolaou.

and vaccine availability. Other potential barriers observed were the perceptions regarding the official standpoint on the HPV vaccination, as well as a lack of clarity regarding the government support that FFPs, or the population they serve, might have. We believe that for any future cancer prevention initiative to be successful the above knowledge gaps should be responded to by assessing the health promotion needs of the FFPs close to the at-risk population, in addition to conducting HPV cost-effectiveness studies to support wider consensus on vaccination.[5]

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