COMMENTARY

Human papillomavirus vaccine, teen sex and politics

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Infection with human papillomavirus (HPV) is a major risk factor for cervical cancer. The development of a safe and effective vaccine against HPV and its routine administration promises to be a major breakthrough in efforts at cervical cancer prevention.¹ Research indicates that optimum benefit from the vaccine would be achieved in pre-adolescents² to ensure protection against this sexually transmitted virus before sexual activity is initiated. The vaccine would probably be targeted primarily at girls but could also be used on boys to limit the spread of the virus, thereby providing an excellent example of male involvement in reproductive health.³ It is rather unfortunate that even before the vaccine becomes available commercially and introduced into service delivery, opposition is growing toward its widespread application. Conservative activists have begun posturing to influence how widely the immunisations will be employed.⁴ Religious groups in the USA are citing fears that giving the HPV vaccine could send a subtle message condoning premarital sex.^{5,6} They contend that vaccination could cause teens to feel that sexual activity is safer if they are vaccinated and may lead to risky sexual behaviour because they feel safe. They advocate provision of a better, healthier alternative than the vaccine, to avoid sabotaging sexual abstinence messages.

It is reassuring that research suggests that most parents are interested in having their pre-adolescent and adolescent children vaccinated against HPV. One survey showed that 80% of parents would endorse HPV vaccine for their pre-adolescent children.⁷ Still, it is disturbing to note that some health care providers would be less comfortable vaccinating younger versus older adolescents.⁸ Providers are concerned about potential negative reactions of parents to a recommendation of HPV vaccination. Endorsement of vaccination by professional organisations is of great importance. Parents value the information and recommendations provided by their children's health care providers. To that end, providers should set aside personal opinions and be guided by best practices and professional guidelines in the interest of their patients.

The provision of and widespread use of a vaccine that makes sex safer in children also faces political hurdles to funding by socially conservative governments around the world. In less developed countries where 80% of deaths from cervical cancer occur and where routine screening and treatment of precursors to cervical cancer are not available,⁹ one hopes that cost considerations and the need for three injections will not limit the use of HPV

vaccine. In addition, social taboos may be even more powerful in developing countries and pose additional hurdles. The lessons learned from the resistance to polio vaccination in Northern Nigeria based on fear of AIDS and infertility¹⁰ underscore the need for community education and involvement in policy decision-making regarding implementation of HPV vaccination.

Efforts at promoting acceptability of HPV vaccines should not be left to officials of the companies developing them, who have been trying to assuage the concerns of advocacy groups. Health care professional organisations need to formulate policies recommending widespread utilisation of potential HPV vaccines. It is reassuring that a recent survey of gynaecologists in the USA reported willingness to include this vaccine in their office practice.¹¹ These findings should provide reassurance to those who are concerned about potential negative reactions of parents to a recommendation of HPV vaccination.

Recommending HPV vaccination of teens must be placed within the current context of efforts shifting toward the primary prevention of sexually transmitted infections through abstinence and postponing sexual activity. We encourage the adoption of comprehensive HPV prevention that includes routine vaccination yet does not compromise primary prevention efforts. A reproductive health approach with community participation and a client-centred focus (involving clients in programme design, implementation and evaluation) is essential to the successful introduction of this potentially useful vaccine.

Statements on funding and competing interests

Funding. None identified.

Competing interests. None identified.

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J Fam Plann Reprod Health Care 2006; **32**(2): 74

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