
NEED FOR EFFECTIVE HPV VACCINE PROMOTIONAL MESSAGING BEFORE SEXUAL ACTIVITY BEGINS

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To the Editor:

The human papillomavirus (HPV) is the most common sexually transmitted infection¹ and precedes cervical cancer. In 2006, the HPV vaccine was approved for US women aged 9 to 26 years. Vaccination rates are well below the 70% estimated needed coverage to realize population-level benefits.² In the United States, regulations to make the vaccine mandatory have stirred controversy. Conservative groups object to compulsory vaccination arguing that vaccination may lead to sexual disinhibition.³ Vaccine acceptability research indicates that the proportion of parents who voice such concerns is low.⁴ However, the role of variables, (eg, children characteristics) that may influence parents' acceptability of vaccines that protect against a sexually transmitted infection, have not been studied. Research indicates that parents who believe that their child is at low risk because of lack of sexual activity tend to decline vaccination.⁵ Thus, parents may use perceived initiation of sexual activity as a heuristic to infer whether their child is in need of protection. If this is the case, then one should expect that parents of sexually active children may display greater involvement with a vaccination promotion message highlighting the losses of not vaccinating, compared with those highlighting the benefits, because such messages are more difficult to process and a greater degree of involvement is required.⁶

We presented information about HPV and the vaccine to 150 Hispanic, Non-Hispanic White, and African American mothers (mean age=33.72 [*SD* = 7.95] years) of daughters, aged 9 to 17 years, who had not received the HPV vaccine. We highlighted the benefits and losses of not vaccinating. Mothers had an income between 100% and 185% of federal poverty

guidelines. We assessed perceived sexual experience of daughter (yes vs no) and intentions to vaccinate. We computed a MANCOVA controlling for education and insurance status. Results yielded a two-way interaction between framing and daughter's initiation of sexual activity $F(1,128) = 3.83, P = .05$, partial $\eta^2 = .02$. Mean vaccination intentions following the loss frame were greater ($M = 6.76, SD = 1.26$) than the gain frame ($M = 6.18, SD = 1.42$), ($d = .43$) for mothers who perceived that their daughters may be sexually active.

Our findings are worrisome because vaccination should occur before sexual activity and highlight the potential benefits of considering children characteristics in promotional messages. Future research should continue to investigate the manner in which sexuality-related issues/concerns may be influencing mothers' HPV vaccination decisions. Addressing such issues may contribute to increased vaccine acceptability.

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