Factors affecting decisions about HPV vaccination in Malaysia

DISCLOSURE OF INTEREST STATEMENT:

Funding Source: The study is funded by GlaxoSmithKline as part of “a Multi-site HPV Vaccine Acceptability Study”.

Overall Principal Investigator: Jennifer S Smith, UNC Gillings School of Global Public Health.

Background

• Human papillomavirus (HPV) is the causative agent in cervical cancer and has been implicated in a range of other malignancies
• Globally 266,000 women die every year due to cervical cancer
• In countries with resources for mass vaccination programmes, uptake has varied
• Success dependent on the support of the public and healthcare professionals

Malaysia

• Cervical cancer is the 2nd most frequent cancer among women age 15-44 years
• Most invasive cervical cancers are attributed to HPV 16 and 18 (vaccination target)
• HPV national immunization programme (2010)
• Mainly schools-based programme with vaccine administered in 3 doses

Study Overview

• Part of a 5 country study of HPV vaccination examining perspectives of providers and mothers
• This presentation: factors that influence mothers’ decision to vaccinate

Methodology

• Purposive sampling
  • Urban and semi urban areas within Malaysia

• Focus group discussions
  • 4 FGD were held with 25 mothers with daughters aged 13-15 years

• Explored topics
  • Source of information
  • Current knowledge and gap
  • Decision making – who is involved and what factors are important
Preliminary Findings: Sources of Info

- Mothers are actively sourcing additional information to make an informed decision on vaccinating their daughters
- Peer groups important
- Limited information v government implemented programme

"Ok, we have a family doctor in the house; my niece. So when my daughter brings the form, I just call her and find out". P9: FGD-2

Preliminary Findings: Current Knowledge

- Good overall knowledge of cervical cancer
- Questions about why vaccinate girls at such a young age
- Fears about promoting sexual activity

"Then I am like okay that was never mentioned, you know. Then you tend to wonder, my kids are small, why do I need to give them the injection?" P8: FGD-2

"That is the only benefit that was told to me, that I was thinking should I let my daughter take it? Because now she will think that she can be sexually active! (Laughs)" P2: FG1

Preliminary Findings: Information Gaps

- Specifically, mother’s wanted information related to HPV such as:
  - length of time the vaccine has been in use
  - the prevalence of side effects
  - possible long-term effects of the vaccine & effect on chronic illness
  - the dosing schedule
  - cost

"I would like to see if there were any side-effects. Like when they were giving the measles or MMR, they said there were side-effects from that vaccination, so that worried me. This is something new, I don’t know how many years it has been used; I don’t know how many children suffered the side-effects. So I would like to see everything, things like that also in the pamphlet". P4: FGD-4

Preliminary Findings: Decision Making

- Decision to vaccinate daughters primary responsibility of mothers
- Most mothers reported taking decisions to vaccinate without discussing this with spouses or daughters
- Sense of obligation (and isolation)

Summary

- Most mothers actively seek additional information on HPV vaccine
- This information should be available in a way that corrects potential misunderstandings and addresses concerns
- Government policy, cost and behaviour of peers are important

Study limitations and future plans

- Limitations: Small sample from 2 areas of Malaysia
- Related work: Perspectives of health care providers on HPV vaccination
- Future work: Perspectives of girls being vaccinated
Acknowledgements

• Sangeeta Kaur Singh
• Kanason Rajagopal
• Anne Jamaludin
• Amuthan Ganesh

• UNC