



Curtin University

# Increasing HPV vaccinations in WA Schools

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# Mixed Methods Study

Online Survey (senior administrators;  
school and immunisation nurses) ( n =  
114; n = 92 schools)

10 Focus Groups (n = 70 students)

2 x Catholic

3 x Independent

5 x Government

22 Parent Interviews





The most common reasons for parents not consenting to or postponing HPV vaccination by school type (n=89)				
Reasons, p value for comparison	Gov n (%) n = 43	Catholic n (%) n =18	Ind n (%) n =28	Total
Fear of side effects (p=0.94)	37(86)	14(77.7)	17(60.7)	68 (76.4)
The consent form is not given to the parent by the child or the consent form is not returned by the child even though the parent may have signed the form (p<0.001)	41(95.4)	10(55.5)	12(42.8)	63 (70.8)
Religious reasons (p= 0.09)	17(39.5)	1(5.5)	7(25.0)	25 (28.0)
Parents are not given enough information about HPV vaccination (p=0.19)	18(39.1)	4(22.2)	6(21.4)	28 (31.5)
Parents do not understand what they are consenting to because the consent and information forms are not available in their language (p=0.02)	14(32.5)	3(16.6)	1(3.5)	17 (19.1)
Parents do not understand what they are consenting to because they have low literacy levels (p= 0.02)	16(37.2)	3(16.6)	2(7.1)	21 (23.6)
The child is too young (p= 0.87)	10(23.3)	3(16.6)	6(21.4)	19(21.3)
The child has a chronic disease so that parents may think they should not be vaccinated (p=0.93)	5(11.6)	3(16.6)	1(3.5)	8(8.9)
Other reasons (‘for girls only’, disengaged, lack of knowledge, misinformation, negative information on social media, etc...) (p=0.27)	22(51.2)	4(22.2)	10(35.7)	36(40.5)

Barriers for students not receiving the HPV vaccination by school type (n=92)				
Barriers, p value	Gov (%) n=46	Catholic n (%) n=18	Ind n (%) n=28	Total
Student anxiety about needles or the HPV vaccination(p=0.51)	33(71.7)	14(77.7)	17(60.7)	64(69.5%)
Student absenteeism (including truancy and illness) (p=0.008)	36(78.3)	8(44.4)	10(35.7)	54(58.7)
Parental perceptions about the safety of the HPV vaccination (p=0.43)	22(47.8)	10(55.5)	14(50)	46(50)
Lack of health literacy among parents, e.g. not understanding the importance of all three doses of the HPV vaccination(p=0.38)	21(45.6)	5(27.7)	7(25)	33(35.9)
Difficulties in contacting parents, e.g. frequently changing address or contact details (p=0.02)	21(45.6)	2(11)	5(17.9)	28(30.4)
Students beliefs about pain or side effects from the HPV vaccination (p=0.82)	15(32.6)	6(33.3)	8(28.6)	29(31.5)
Low perception of HPV risk (p=0.12)	11(23.9)	3(16.6)	10(35.7)	24(26.0)
Parental perceptions about the message the HPV vaccination sends to children regarding sex (p=0.81)	8(17.4)	4(22.2)	4(14.3)	16(17.4)
Lack of communication about the vaccination program for parents due to language barriers for non-English speaking parents (p=0.23)	9(19.6)	2(11.1)	1(3.5)	12(13)
Other barriers (parents not compliant with filling out and returning forms, alternative life style views) (p=0.69)	3(6.5)	2(11.1)	1(3.5)	4(4.3)





# Enablers for HPV vaccination

- providing education about HPV vaccination to parents and students (61; 71%),
- promoting and providing general information about HPV vaccination online (59; 69%),
- sending out reminders for return of consent forms (50; 58%) and
- providing education about HPV vaccination and immunisation to students in class time (44; 51%)







# Knowledge of HPV (Students)

- Almost all did not know what HPV was (or what the vaccination was for) prior to vaccination
- Some had a vague understanding
- Did not know what the other vaccines give where for either (dTpa)
- Some had done a little research prior to attending the focus group







# Knowledge

However students generally felt vaccinations were important – while they thought they probably should know more about the vaccine it didn't really influence their decision

*I think most of my friends didn't think the vaccinations were bad, they think they were like "Well, they've got to [do it again], that's cool", yeah. FG9*



# Knowledge and Consent

- Most students indicated parents provided consent without much or any discussion
- A few students discussed talking about the vaccine with their parents, however this was more in the context of having vaccinations, as opposed to the vaccinations' purpose. Some of the student-parent discussion suggested that parents themselves had little idea as to the benefits of the HPV vaccination.
- Students with parents who were born overseas suggested parents were very supportive and appreciative of the free vaccinations received in Australia
- Some students felt it would be useful to provide parents with more information
- However students suggested this information needed to be easily accessed as parents are busy



# Parents Knowledge

Parents also had varying levels of knowledge about HPV

*Well, to prevent cervical cancer in the young girls, I think. (Parent 11)*

*For sure. For sure and I've got boys. So it would have been easy for me to say no, you know because they're not going to be affected but I think it's important. (Parent 1)*

Some suggested the information sent home with the SBIP was sufficient

Parents felt it was important to provide some information:

*Yes, maybe like a proper booklet that comes home with the kids that says how dangerous it is [HPV], and how things spread, and all that, how you can stop it. And, maybe what's in it, because oh, my goodness, the amount of anti-vaxxers that're on Facebook and social media at the moment is awful. Scary. (Parent 12)*



# Parent Support of Vaccinations

Parents were generally supportive of vaccinations, however a few did not approve of HPV due to associations with STIs

*I don't want my children to feel that they can literally be, I always say that word wrong, promiscuous (Parent 2)*

This parent also felt that it was not appropriate for 12 year olds to have the vaccination, however felt it would be acceptable once they turn 18:

*Now I come from a Jewish background, I'm a Christian so therefore I come from the whole perspective of not sleeping around and especially children like 12 year old's. On the other hand, having said that, if your child, if my child is 18 and was in a relationship with a guy who has been sleeping around, there's no reason why they can't have the HPV immunisation then. (Parent 2)*





# Talking about HPV

- Some parents discussed the SBIP as providing opportunities for conversation, however this was usually around the immunisation process as opposed to HPV specifically
- Most parents did not discuss HPV in relation to STIs
- If STIs were raised, it was mostly discussed within the context of their own belief system around sexual behaviour.

*Well, they obviously asked, well, what is it for, and so we told them that it was for cervical cancer, in particular for our daughter, obviously, and for penile cancer for our son, and just basically that it was to help prevent getting either of those. (Parent 10)*

*I didn't feel like it was necessary because we're Jehovah's Witnesses, he [prays] as a Jehovah's Witness and we don't plan on sleeping around and whatnot so it should be only the one partner so there shouldn't be any chance of him getting those sort of diseases you know? (Parent 19)*



# Trust

Students and their parents placed **trust** in the school and the Department of Health:

- Felt the vaccinations were safe and felt a level of trust in the process as they were being administered at school and were provided by the government.
- Considered the process to be safe and hygienic.
- The school was also seen as a good environment as it was not associated with illness (as opposed to a health centre).

*Well they've been kept in packaging and gone through lots of work places and stuff like that so they have to be clean (FG3, female)*

*I don't think they would put this out there if it wasn't safe for the children. Some people are against it. I feel that I trust the system; I think that the Health Department's doing it for their own reasons, in a sense to control anything that is to break out (Parent 18)*

*I trust the school so whatever the school is giving to any of my children, I trust them, that's good for them so I let them. (Parent 20)*



# Recommendations

- Increase awareness of SBIP in general
- Increase knowledge and awareness of HPV and the HPV immunisation (parents, students and educators)
- Activities for schools to implement as part of health or other classes to enhance awareness of HPV and the vaccination process
- Links to immunisation in WA Health and Physical Education Curriculum
- Information for parents – this may need to be delivered in different formats (e.g. social media, school-based platforms eg SEQTA, Connect, Facebook, newsletters, apps etc)
- Simple information for parents but also links to evidence based information
- Support schools to increase consent with a focus on schools with lower consent rates; higher CaLd; lower socio-economic areas.
- Support schools to increase completions (e.g. catch up days)



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