



Maryland Chapter

The HPV Series: Controversies Around the HPV Vaccine- Sex and Promiscuity
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Through financial support from The Department of Health and Mental Health (DHMH) it is our pleasure to share with you a series dedicated to the HPV vaccine in the pediatric setting. Each issue will present a literature review for the provider with questions and answers on key issues for parents and caretakers. The AAP and CDC have both recommended vaccination starting at eleven to twelve years of age for both boys and girls; however, the vaccine still remains poorly utilized.¹

The last issue focused specifically on genital warts. As a related topic this issue will focus on one of the common controversies and concerns about the HPV vaccine; the concern that vaccination against a sexually transmitted disease might lead to changes in sexual behavior.

The thought that vaccination might change behavior has two components. The first theoretical link is that by reducing the risk of a STD, adolescents may think that they are protected against other STDs. The second common parental concern is that by receiving the vaccine, that presents tacit permission or early approval that it is okay to start having sex. Both of these common parental concerns have been discussed widely in the media. Several studies have shown just how common these concerns are. (1) Pediatricians can respond to the first concern by emphasizing to teens that there are many other sexually transmitted diseases, which are not protected by this vaccine. Pediatricians can respond to parental fears about the vaccine's encouraging sexual activity by using the example of contraception. There are many studies that demonstrate that discussing and providing contraception to teens does not lead to increased sexual activity. Pediatricians can also cite the research provided here. This parental fear about the vaccine provides pediatricians with a great opportunity to reinforce the importance of parents discussing sex and appropriate sexual behavior with their teens. (2)

Because this controversy is a frequent and important influence on vaccination, the topic has been covered by recent research. The bulk of research into this topic has used surveys of teens and relied on self reports of sexual behavior and attitudes towards sexually transmitted infections. Multiple research studies have used this format and shown that, at least in surveys, teens do not change their attitude following vaccination.

One recent study published in the journal of Pediatrics attempted to validate the results of previous surveys by objective criteria. They completed a retrospective study of 1398 girls of which a third were vaccinated at the recommended 11-12 year old visit. They hypothesized that those who had completed the HPV series would practice risk compensation or behavioral disinhibition. They attempted to prove this by chart review for other markers of sexual activity including contraceptive use, STI testing, STI infection, and pregnancy. They found no difference in any of these outcomes between those who had received the vaccine and those who had not and disproved their own hypothesis. (3)

An equivalent study investigating boys has not yet been completed. This may be due to the low adoption rate of vaccination in this age group with only approximately 8% vaccinated. This would be difficult to study and there may be confounding variables. That 8% may be the most health conscious proportion of the demographic. This may also be a similar confounding variable for females. What has been repeatedly argued is that we may maximize vaccination by countering these arguments. (3)

¹ The Author: Theodore Wilson MD is working with the Maryland AAP chapter. He has no financial conflicts of interest or investments in any products discussed. Reproduction is permitted.

This can be printed as a hand-out for parents to answer their questions.

The HPV Series: Family questions about the human papillomavirus (HPV) and Sexual Activity

Should I be worried that giving my child the HPV vaccine will encourage sexual activity?

No, it has been shown that having sex is a choice that teens take very seriously. The decision is a complex mix of family beliefs, personal development, and expression of individuality. These factors do not change after vaccination.



Does removing the negative consequences of a sexually transmitted disease encourage sex?

No, this is because the HPV vaccine only protects against one of many sexually transmitted disease. Teens still need guidance and are worried about pregnancy, HIV, gonorrhea, chlamydia and syphilis.

What is the best way to decrease the chances of my teen having sex?

Two way honest and open communication about sex is the best way approach. This has been shown to increase the age of sexual behavior and decrease the number of sexual partners. Parents are the most important teachers of teenagers when it comes to the subject of appropriate sexual behavior.

What if my child is just starting puberty; should she/he receive the vaccination?

The HPV vaccine is still recommended at 11 to 12 years of age even for those patients who have only started to mature. The recommendations for early vaccination are made so that individual will receive all 3 doses of the vaccine several years BEFORE she/he might have sex. The major reason that the HPV vaccine is unsuccessful is that it is given after the teen has started having sex (and has been infected with the HPV virus).

Is there a test to see if my teen has already acquired HPV?

Routine testing for HPV is not recommended. All sexually active teens are advised to see a gynecologist for regular care who may do testing as part of a pap smear after the age of 21. Your pediatrician can refer you to a gynecologist in your area.

References

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 - (3) Sexual Activity Related Outcomes After Human Papillomavirus Vaccine Administration of 11-12 year olds. <http://pediatrics.aappublications.org/content/early/2012/10/10/peds.2012-1516>
 - (4) Liddon NC, et al. "Intent to receive HPV vaccine and reasons for not vaccinating among unvaccinated adolescent and young women:" findings from the 2006-2008 National Survey of Family Growth. Vaccine. 2012;30(16):2676– 2682
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