Letter to the Editor

Preferences for HPV vaccination in parent–child dyads: Similarities and acknowledged differences

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Medical decisions are often made by one person on behalf of another, such as when parents make decisions on behalf of children. We examined the agreement between surrogate and beneficiary in the context of vaccination against human papillomavirus (HPV). Although recent studies have examined preferences for the HPV vaccine among parents (Brabin et al., 2006; Brewer & Fazekas, 2007; Constantine & Jerman, 2007; Dempsey et al., 2006; Fazekas et al., 2008; Morison et al., 2010) and among girls or young women (Burke et al., 2010; Caskey et al., 2009; Conroy et al., 2009; Gottvall et al., 2009), none have compared parental preferences with adolescent preferences.

Two hundred eighty-seven dyads, each consisting of an 11- or 12-year-old child (53% girls) and one of the child’s parents (93% mothers, mean age 40 [range 28–61]) completed an Internet survey. Parents were asked if they would choose to have their child vaccinated either with Cervarix (which protects against HPV strains that cause cervical cancer) or with Gardasil (additional protects against strains causing genital warts) and whether they thought their child would want to be vaccinated with either Cervarix or Gardasil. Children were asked if they would want to be vaccinated with either Cervarix or Gardasil and if they thought their parent would elect vaccination with either Cervarix or Gardasil for them. Preferences were expressed on a −2 (definitely not) to +2 (definitely yes) scale.

Preference ratings were analyzed in a 2 (participant: parent or child)×2 (gender of child: girl or boy)×2 (vaccine: Cervarix or Gardasil) ANOVA with parent–child dyad as the unit of analysis. As shown in Fig. 1, participants preferred Gardasil (mean 0.32) to Cervarix (mean −0.21), main effect of vaccine, p < 0.0001. In addition, the correlations between children’s preferences, and vice versa, were high (rs ranged from 0.64 to 0.68, N = 287, ps < 0.0001). Thus, although parents and children differed in their preferences, each member of the dyad knew how the other member’s preference differed from their own.

This study is the first to examine the preferences of both parents and their adolescent children about HPV vaccination. It reveals a systematic difference between what the parent wants for the child and what the parent thinks the child wants, with the latter being an accurate indicator of what the child actually wants. If parents base their decisions on their own preferences, some children will be reluctant to follow the vaccination decision their parents have made for them. Parents, however, are able to predict accurately their children’s preferences and how they differ from the parents’ preferences, thus enabling parents to anticipate the children’s reluctance to adhere to the parents’ decisions. This accuracy of surrogate prediction may facilitate shared family decisions about HPV vaccination.

Conflict of interest statement
Dr. Galvani has worked as a paid consultant for Merck on general issues regarding HPV vaccination not specifically related to this study. Merck had no role in the current study. The authors have no other potential conflicts of interest to declare.

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References


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Fig. 1. Mean preference ratings on a −2 (definitely not vaccinate) to +2 (definitely yes) scale by children and parents, stratified by child gender, for the Cervarix and Gardasil vaccines, as well as predictions of the preferences of the other dyad member in a 2007 US-questionnaire study. (A) Children’s preferences regarding the Cervarix vaccine and parents’ predictions of children’s preferences regarding the Cervarix vaccine. (B) Parents’ preferences regarding the Cervarix vaccine and children’s predictions of the parents’ preferences regarding the Cervarix vaccine. (C) Children’s preferences regarding the Gardasil vaccine and parents’ predictions of children’s preferences regarding the Gardasil vaccine. (D) Parents’ preferences regarding the Gardasil vaccine and children’s predictions of the parents’ preferences regarding the Gardasil vaccine.