

Provider Reciprocity and Parent Acceptance of HPV Prevention in Teenage Girls

Reciprocity

The concept of reciprocity is found in most disciplines. In the field of anthropology there is no exception. Reciprocity is seen by different disciplines in different view but to all agree that there is a give and take. Ruth Benedict once said of her profession, “The purpose of anthropology is to make the world safe for human differences.” The Oxford English Dictionary defines Reciprocity as “a state or relationship in which there is mutual action, influence, giving and taking, correspondence, between two parties or things.”

The field of archeology is the study of historic or prehistoric cultures. Archeology follows the sciences of Biology and Physics but is not a natural science. Some consider Archeology equal parts of science and humanity (Encyclopedia Britannica, 2009). In the study of ancient culture, one of the areas is the reciprocal behavior between individuals and groups. Kosso and Kosso (1995) discuss how reciprocity was necessary to evaluate the old palace period in Crete. Runciman (2005) feels that the sociology of our Stone Age ancestors was pressured for strong reciprocal relationships due the ecological environment. Hamuarabi’s Law, that an eye for an eye, would probably be the first description of reciprocity.

The field of archeological linguistics is concerned with relationship between language and culture. These anthropologists are interested in how languages developed and explanation of kinship systems (Encyclopedia Britannica, 2009). Cunningham, Reuler, Blackwell, and Deck (1981) observed the verbal and behavioral interaction of mothers with their children. There were two groups of children, those with normal intelligence and those that were developmentally delayed. The normal intelligence group had significant more reciprocal vocalizations and

behavior than those that were delayed. Interestingly the mother's behavior changed, as their children were unable to reciprocate.

Biologic Anthropology is interested in why we reciprocate. The literature discusses game theory as an explanation of behavior. In "The theory of sequential reciprocity", Dufwenber and Kirchsteiger (2004) explored the a game theory that used sequential situations that allowed the participant to choose options the purpose of the research was to that equal reciprocity exists. Their research supported that people need to feel that if they give they are also receiving. Tucker and Ferson (2008) discuss a game theory that attempted to explain why we behave the way we do in a reciprocal relationship. This was based on social, economic, and cultural concepts of risk in a relationship in an effort to develop risk communication practitioners. They state that they were able to gather valuable information for further study but that the human mind constantly evolving. Osmond (1978) describes exchange of power in the relationship game to test behavior. She used both normal and abnormal families to test the theory and found that she could these methods will all of her subjects regardless of economics, geographic locations, class, or nationality and the research was reproducible.

Cultural anthropology discusses the fact that reciprocity is the behavior of gift giving (Fisher, 2004). One common thread that I identified in this literature was that cultural anthropology was interested in how we reciprocate. Miller and Kenny (1985) discuss the perception of disclosure as a predictor for reciprocity. They found that the relationships were unique to those two individuals as to the level that they were willing to discuss intimate details. The fact that this is a consideration to evaluate a relationship is very important to the understanding of how to test the theory of reciprocity. Seidler (2007) explored the relationship of shame and guilt from the perception of reciprocity and relationship. He discusses the concept

of precursor and prerequisite as the development of guilt and shame. He identifies that guilt is a prerequisite to shame, which indicates that to develop shame one must first experience guilt. He found that when these two negative impulses were in play the subject was more likely to develop the opposite effect than what was expected.

Prevention of Cervical Cancer

We currently live in a new error of medicine, as for the first time in history can prevent cancer by immunization. The Human Papillomavirus Quadrivalent vaccine was issued for use in girls nine years old to twenty-six years old in 2007 (Merck, 2009). Since that time we have administered the vaccine but not without a great deal of difficulty. Shortly before the launch of the Gardasil vaccine, the Governor of the State of Texas, Rick Perry announced that all young women in Texas would have the opportunity to receive the vaccine. He was then found to have received funds from the Drug Company, Merck, which was seen by the public as Perry's endeavor to promote funds for Merck. Another concern by parents was that we would cause harm to these children by vaccinating them, cause autism, cause sterility, and induce additional disease. This is the perfect opportunity for Nurse Practitioner as our basic acumen is to teach and promote health.

Disease Burden

The Centers for Disease Control and Prevention estimate that approximately six million people acquire Human Papilloma Virus (HPV) each year and currently there are twenty million Americans that are infected. Three quarters of those of reproductive age were infected sexually. Fifteen percent of those twenty million currently infected are from the ages of fifteen to forty-nine years old. Studies have show that the highest level of infection is in young women. The rate of infection of those less than twenty-five years of age is twenty-

eight to forty-six percent. Current level of infection in men appears to be similar to women but there is less data available (CDC, 2009).

A study by Watson, et. Al (2008) demonstrated that the incidence of HPV induced cervical cancer among ethnicity is different with ethnicity. Caucasian, Asian/Pacific Islander, and non-Hispanic women develop cervical cancer at the rate of 8.4 per 100,000 women. Hispanic women have a rate of 14.2 per 100,000 and African Americans have a rate of 12.6 per 100,000. The Hispanic and African American groups also have the highest mortality rate related to cervical cancer.

Provider Reciprocity

The Healthcare provider and patient relationship is paramount to the prevention of disease. Cohn (2001) discusses the concepts of Martin Buber, a German-Jewish philosopher, need for changes to the education of physicians. He described the relationship between a physician and a patient should be an I-Thou relationship not an It relationship. He felt, in his day, that medical practices should move away from disease based care and move to individual centered care. The practice should move from crisis management to everyday management, and from principles and contracts to relationships with the patients.

Street, Gordon and Haidet (2007) examined how perceptions relate to the manner in which physicians communicate with their patients. The study demonstrated that physician were more likely to interact more positively if the patient was see by the physician as satisfied, perceived as more likely to adhere to advice, and a better communicator. Those interactions that were seen by the physicians as negative were less satisfied, poorer communicators, and black.

Patient/Parent acceptance for HPV prevention

Parent acceptance for administration of the current available HPV prevention vaccine Gardasil is pivotal for the decrease incidence of new HPV infection and subsequent cervical cancer.

A recent study (Fazekas, Brewer, & Smith, 2008) was performed in Peason County, North Carolina. The southern United States has been identified by the Centers for Disease Control and Prevention, CDC, as an area with higher level of HPV and cervical cancer. The study (Fazekas et. al., 2008) found that most of the respondents were more interested in immunizing their teenage daughters. Older women and African Americans were less willing to immunize even as they believed that infection with HPV and cervical cancer would both produce negative outcomes. A group of forty Hispanic women were questioned about their acceptance for HPV immunization in their daughters that were seven to fourteen years old (Bair, Mays, Strum, & Zimet). Of the group 77% had not heard of the HPV and 85% were not aware of the HPV cancer association. After the women were informed 80% said that they would give the immunization to their daughters, 10% said they would not allow children to be immunized and 10% were undecided. The decision to refuse immunization was that they had insufficient information and their daughters were too young.

There are also ethical considerations that should immunization for HPV be a requirement for school attendance. The author (Zimmerman, 2006) argues for the facts of non-maleficence, autonomy, and justice should be provided when requiring immunizations.

Need for Further Research

While reviewing the literature I was unable to review use of reciprocal relationship with patient and their consideration and subsequent administration of the HPV vaccine. I did not find any studies that discussed the provider as a Nurse Practitioner. Our central focus as nurses is to

educate. The studies done demonstrated that when the physician took the time the patient was significantly more likely to receive the vaccine. I did have a male physician ask me one day if we, the two Nurse Practitioners and one Physician, gave Gardasil? He said that he was unable to get anyone to take it. Additional research could be done to identify parents' need for recurrent educational information on the disease beginning when these children are nine years old and culminating with the last vaccination and the continued education on safe sex with teens and young adults.

Summary

The burden of cancer is great. Young women with terminal cancer is heart breaking and preventable in our world. The concept of reciprocity is central to the promotional behaviors for wellness. It is our job to build that relationship with the families that we care for to assist them in remaining in the best health possible. We patients know that we are very much like them that we have the same concerns for our families this goes a long way to build a bridge that we can walk across together.

Parent should be giving as much information as it takes to immunize their daughter. Clinicians should offer HPV prevention beginning at the age of nine. If the parents are adamant that their child does not receive the vaccine a refusal of vaccination form should be signed. The clinician should continue to provide information and request permission for administration of the vaccine at each check-up.

Helen Keller was a woman that did not have the ability to see with her eyes but had a great understanding of humanity that fits this dilemma, she said, "Science may have found a cure for most evils: but it has found no remedy for the worst of them all - the apathy of human beings.

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