

HPV information campaigns in Italy since 2004

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Key words: HPV, prevention, campaigns, women, young people

Parole chiave: HPV, prevenzione, campagne, donne, giovani

Abstract

Background. *Because of its high incidence, long duration and socio-economic relevance, HPV infection can be considered a social disease, which requires the intervention of the State through appropriate communication strategies. The aim of such action is to educate people to understand, choose and implement adequate methods of prevention.*

Methods. *This research presents a descriptive analysis of HPV public health campaigns in Italy since the first campaign in 2004 until today. The analysis focused on the distribution of the campaigns in terms of geographical distribution and time, the target audience, the style of the message, the medium used and the prevention message.*

Results. *Forty campaigns have been identified, the most numerous of these occurring in the regions of Central and Northern Italy between 2008 and 2014. The main target was women and the most used style was the informative. The most used medium was print material. However, in 92% of cases the campaign included a web portal. Primary prevention was the main message.*

Conclusions. *The campaigns were inadequate both in terms of time and geographical distribution. Moreover, the campaigns were addressed mostly to adult female, did not include adequately teenagers and did not include teenagers and omitted the male target, adopting ineffective communication strategies. Finally, the additional factors that may increase the risk of HPV infection and related diseases were ignored.*

Introduction

HPV (Human Papilloma Virus) can be considered the agent of a social disease because of its high incidence, widespread distribution and socio-economic relevance similar to those of HIV and B and C hepatitis, and therefore requiring public intervention at multiple prevention levels (1,2). Because HPV disease is complex, it is usually approached at different levels: a) focusing on primary and concurrent risk factors; b) establishing programs of screening and early detection; c) applying diagnostic protocols and rehabilitative

programs (4). Health education campaigns on this issue may play a strategic role by offering appropriate scientific information that could influence individual behaviours (8, 10). In Italy public intervention took place mainly via information campaigns aimed at increasing awareness of the risks and participation in programmes of vaccination (5) and screening. However, it has been observed that the Italian press failed to report properly on the role of HPV vaccination (11). In fact, a comparison between Italian and English web sites on HPV showed the greater accessibility and fairness of the latter (12). In addition, analysis of

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communication strategies adopted by the Local Health Authorities (*Aziende Sanitarie Locali* or ASL), revealed that the media used were mainly brochures and booklets (92% of all ASL), followed by flyers and posters (72%), television (24%) and radio (15%) (13). Other analyses underlined the usefulness of web sites and telephone advice lines giving access to medical experts (14). Our research provides a descriptive analysis of the institutional and social campaigns regarding HPV disease prevention that have been carried out in Italy from 2004 (the year of the first campaign) to today. The analysis is centred on distribution in terms of time and geography, the target audience, the style of the message, the medium used and the content of the prevention message.

Materials and methods

The descriptive analysis was carried out using an evaluation form, structured around ten areas: the name of the campaign, the institution (national or local) which promoted it, the year it began, the duration, any related website, the target, the message of prevention suggested (primary or secondary), the style of the message (paternalistic, informative, reassuring, provoking fear, ironic) (15), the medium of dissemination used and any other areas of intervention connected with the campaign. Data collected in the evaluation forms were entered in a database. Statistical analysis was performed by Excel software.

Results

Since 2004, forty information campaigns on HPV have been carried out in Italy by national health agencies and local authorities, scientific associations or patient organisations. 75% (N = 30) of them were undertaken at a local level by local health authorities (ASLs from Trentino, Marche,

Liguria, Latium, Basilicata, Apulia, Tuscany and Veneto), 15% (N = 6) were promoted at the national level (4 by the Ministry of Health, 1 by the Ministry of Health in conjunction with LILT (the Italian League for the Fight Against Cancer), 1 by the Ministry of Health in conjunction with IEO (European Institute of Oncology), while the remaining 4 (10%) were carried out by scientific or patients' associations: 1 by AIED (Italian Association for Demographic Education), 1 by AGOI (Association of Italian hospital-based Obstetricians and Gynaecologists), 1 by "Women in network" and 1 by LILT. HPV campaigns at the local level have covered thirteen of the twenty regions of Italy, focusing mainly in the north-central area and not including the islands and the regions of the south (with the exception of Apulia and Basilicata). The most frequently covered regions were Liguria and Lombardy in the north and Latium in the centre (Fig. 1).

Since 2004 HPV campaigns in Italy have followed a sinusoidal trend. The largest numbers of campaigns were launched in 2008 and 2014, while 2009 and 2015 were marked by the smallest number of initiatives on this issue (Fig. 2).

The target of the campaigns was classified according to "primary target", "secondary target" and "comprehensive target". The

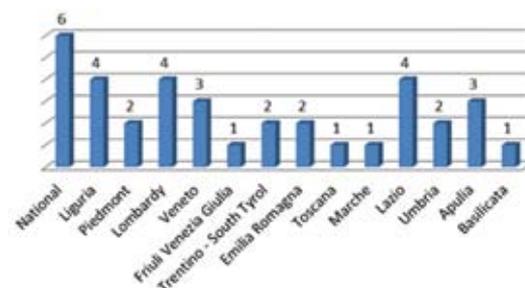


Fig. 1 - Geographical distribution of the campaigns

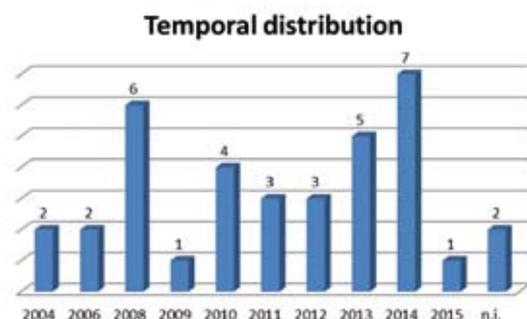


Fig. 2 - Temporal distribution of the campaigns by year

primary target was women and female adolescents (65%); the secondary was parents (of female adolescents) and health care professionals (22%); the comprehensive target included the primary and the secondary targets jointly (14%) (Fig. 3).

The style of the message adopted was predominantly informative (70%). In 5.5% of cases it was aimed at provoking fear, in particular in “*Prevention of cervical cancer*” by the European Institute of Oncology and “*Prevention Piedmont*” by the Piedmont Regional Authority. The paternalistic style was used in only 5.5% of cases, and it was often accompanied by the informative style. This is the case in the two campaigns that the Ministry of Health carried out in 2006. The first, “*Cancer screening*”, alerts

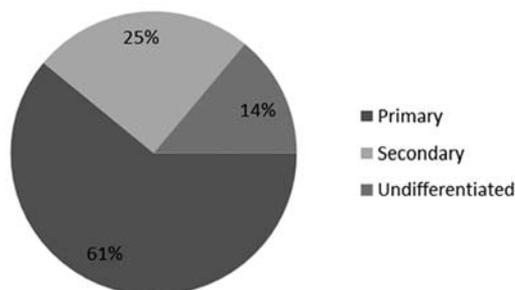


Fig. 3 - Reference targets of the institutional campaigns analysed

women to Pap-test screening through a poster depicting a woman holding out her hand with “You write screening, you read cancer prevention!” written on her life line. The second campaign, “*LILT HPV*”, uses the same poster and accompanies it with a booklet containing detailed information on screening for women and men (colorectal cancer). The media used in the campaigns analysed are predominantly based on printed material (leaflets-28%, posters-28%, brochures-22%) and combine information on the virus and local advice services. Only in 22% of cases did the campaigns produce a video message (22%). In the 92% of cases the campaign also included a dedicated web portal. Half of the campaigns examined aimed at a primary prevention message (50%). “*For the woman you will become*” (*Per la donna che sarai*) by the ASL of Imperia, was a 2008 campaign to raise awareness of vaccination in girls and their parents. This was done both by displaying posters in schools and through lectures in schools by health educators providing information about HPV and the benefits of vaccination for adolescents. “*Cancer screening*”, instead, promoted by the Ministry of Health in cooperation with LILT in 2009, dealt specifically with secondary prevention and aimed at women targeted for screening for cervical cancer using a video-spot. The video showed a woman reaching out a hand on which cancer screening and its different targets were written, and concluded with an invitation to request information, reminding viewers that screening and prevention were two effective strategies for a healthy lifestyle. “*I care about myself*” (*Io mi voglio bene*) - ASL Brindisi 2010 – was a campaign directed at teenagers, women and parents using a poster and a brochure, and addressed both primary and secondary prevention. The poster depicted a woman and a teenage girl against a pink background with the slogan: “*I care about myself, protect the woman that you will become*”. The booklet

began with the slogan “*Remember, HPV vaccination and Pap-tests together represent the most effective weapon to prevent cervical cancer*” and contained all the necessary information for good preventive practice both for teenagers (vaccination) and women (pap-test).

Discussion and conclusions

The forty campaigns carried out in Italy since 2004 have been promoted in most cases by Local Health Authorities (ASL), while the involvement of the Ministry of Health, which can cover the whole of Italy, has been much less (15%). This probably explains the entry into the field of national scientific associations, such as the Italian Association for Demographic Education (AIED), the Association of Italian Hospital-based Obstetricians and Gynaecologists (AGOI), and Umberto Veronesi’s European Institute of Oncology (IEO). According to geographical distribution, campaigns against HPV were more numerous in the centre-north than in the south and the islands. This scenario is consistent with the data of anti-HPV vaccine coverage, showing a region of the centre, Tuscany, in first place for most of the cohorts, while in last place we find Sicily (6, 17, 18). Even the data for access to Pap tests for the period 2011-2014 provided by the monitoring system of population STEPS (Progress of Enterprises for Health in Italy) highlight that a region in the north, Emilia Romagna, showed the highest uptake by women for cervical cancer screening, while Sicily stands out once again as having the lowest participation (19). Information campaigns for HPV in Italy were most frequent in 2008 and 2014. In particular, in 2008 Italy was the first European country to plan a strategy for free vaccination against HPV with the aim of achieving a substantial reduction of the disease in future generations. Although in

that year many institutional agencies began the fight against the spread of the virus, today we can speak of a failure, if we consider the target ($\geq 70\%$ vaccine coverage) that was set by the National Vaccine Prevention Plan 2012-2014 (20). For this reason, the draft of the National Prevention Plan for 2014-2018 (still not approved as of today, April 2016!) has proposed new strategies to facilitate communication with families and to strengthen the free vaccination programme offered to 12-year-old girls (21). Citizens increasingly need to be informed about their health and organisations to turn to, and to be engaged especially via the web (22), however the analysis of the Italian HPV campaigns has highlighted several communicative biases. The main bias was the target, which represents the most important factor for the success of a publicity campaign (23). HPV Italian public health campaigns often aim directly at a female target, both of childbearing age and pre-pubescent, and much less to a mixed target (both sexes). However, it is well known that the prevalence of HPV infection is similar in both sexes and sometimes the percentages are higher in males than in females (24, 25). For both of them the risks are HPV-related cancers (genitals, anus, throat, etc) and even infertility (3). In Britain, the British Interdisciplinary Committee on Vaccination and Immunisation recommended in 2014 that the vaccine against HPV should be offered to men who have sex with other men (MSM) (7), a high-risk category because of the fact that they do not benefit from any indirect protection, unlike heterosexual males, from the vaccination of girls. There were fewer cases where the Italian campaigns were aimed directly at a secondary target, such as parents of adolescents and health service operators, even though parental opinions and attitudes play a key role in the success of a new vaccine (26, 27). Some Italian studies (28) have highlighted that campaigns for vaccination at the age of twelve years have

been negatively affected both by the false beliefs of parents in an alleged precocious sexual disinhibition in girls following vaccination and also by the inconsistency of information provided by physicians, who should instead be reliable sources of advice (29, 30, 12, 31, 32). Also the communication style adopted was biased (9). Most of the HPV Italian campaigns had an informative style. It is true that Italians need more information about health (33), but Italian HPV campaigns have often accompanied scientific data with a paternalistic or fear-provoking tone, raising anxiety levels excessively. Regarding the choice of medium, it should be pointed out that almost all campaigns also used a web-portal. This choice is necessary considering that today in Italy the web is the third source, after the family doctor and the specialist physician, to which Italians turn for information on health (34). Unfortunately, people who research vaccination issues on the Internet are very likely to encounter also sophisticated anti-vaccination web sites (35). Finally, 50% of the examined campaigns aim at primary prevention (36), and the remaining 50% at secondary prevention, or a combination of both levels of prevention. However, delivering a “dual” public health message (for example, “obtain this vaccination and continue to receive regular Pap tests”) may be less effective than a simple message about getting regular Pap tests (16).

HPV prevention campaigns should focus specifically on young people, since they can both take advantage of preventive measures and spread a real “health culture” (37). Even when aimed at teenagers, Italian HPV campaigns have mainly used a paternalistic tone, which is ill-suited to a young audience. Much different is the German campaign “*Madchen checken das*” which aims at informing young girls between 12 and 17 years about health care and the HPV vaccine. The campaign is based on a song *Sing your life* with the

words “Listen and sing life, because you do it your way”, sung by artists well known in Germany. In addition to the CD, this campaign conveys information through a DVD containing many films about HPV. The web 2.0 is much more appealing than other methods for young people and creates better awareness of prevention and health promotion. “#Smear For smear against cervical cancer”, is an English campaign active on social networks since 2015 and uses a play on words with the English word “smear”, which can also refer to the “smear test”, or Pap test. Women are encouraged to take a selfie with smudged lipstick and the campaign even features familiar faces like the model Georgia May Jagger, daughter of Rolling Stones singer Mick Jagger. It is a simple, modern and ironic campaign that tends to raise awareness among women about early detection of cervical cancer through the Pap test, using a means and a presenter attractive to the target audience. It would be appropriate to strengthen the publicity role of the National Health Service in Italy in order to avoid the patchy effects that we found in this analysis. The involvement of doctors, both paediatricians and specialists, is necessary and important in raising awareness about the vaccine, the Pap test and the HPV test, to avoid gender, cultural, social and geographical gaps (40). Coordination between different health professionals has been recommended in HPV immunisation strategies (41). All areas of activity could affect, in different ways, the set of “determinants of health” (42). It would also be useful to establish an awareness not only of primary and secondary prevention, but also of the various risk factors that could increase contact with the virus (number of sexual partners, a relatively recent new sexual relationship) and factors affecting the onset and development of the disease, (early age at first sexual intercourse, long duration of a sexual relationship, cigarette smoking). It must be noted that perceived risk of

cervical cancer is understudied in relation to willingness to undergo vaccination. This is surprising as perceived cancer risk is a strong motivator of other health behaviours and it remains an important topic for future research (30). It would also be appropriate to extend the offer of free vaccination to the male population, identified as being equally at risk (38-39). For example, “*HPV vaccination comic for young men*” is a vaccination campaign that has been active in Australia since 2014, aimed at girls and boys, and based on a comic. Furthermore, it is necessary to focus on an innovative way of communication in schools, which remain today the most effective providers of information for teenagers (37). This could include using communication resources, such as personal presentations by experts, letters, health department and school system websites, television broadcasts, newspaper articles, radio messages, emails, or school leaders (43). School-based HPV vaccination programmes have been exceptionally effective in Australia and the United Kingdom, and teachers and school administrators are likely to play an increasingly important role in influencing whether adolescents receive the HPV vaccine (44). However, in Italy sex education must be dealt with at the discretion of the individual school administrators and parents, who are often opposed to the introduction of sex education in school for fear of encouraging early sexual activity in their children (13). Instead, studies have shown that comprehensive sex education actually delays the start and reduces the frequency of sexual activity and the number of sexual partners. In Australia and Canada high levels of vaccination coverage have been achieved, primarily by sensitising young people, providing free vaccines in schools and including it in the general vaccine immunisation programme (hpv.health.gov.au). Finding ways to reduce cost is also important in order to increase acceptability

and uptake, particularly in underserved populations (45). We must also consider that when there is opposition, it is often due to misunderstanding or lack of information (risk and fears). Some individuals may oppose HPV immunisation on moral, religious or philosophical grounds. In these cases the best approach is to provide science-based information from trustworthy sources (46). Cervical cancer education programmes targeting younger women should focus on Human Papilloma Virus as a sexually transmitted agent rather than a risk factor for cancer development. Finally it should be remembered that e-health publicity is playing an increasing role, and the Internet has great potential to become a source of low-cost effective interventions in the field of health education, especially for younger people (47). In the UK the nationwide vaccination programme also included the creation of a “virtual vaccination room” and the implementation of a chat service about HPV on “Habbo,” a social networking website that has 223,000 individual female users aged 12-13 years (48). However, the amount of misinformation and spam on the internet will increase dramatically and interpreting information on it requires a reasonable level of health literacy (37).

Riassunto

Le campagne informative per l'HPV dal 2004 ad oggi in Italia

Obiettivi. Per la loro elevata incidenza e rilevanza socio-economica, le patologie da HPV possono essere considerate malattie sociali e pertanto richiedono l'intervento dello Stato attraverso adeguate strategie di comunicazione istituzionale, che abbiano come obiettivo i cittadini affinché questi possano comprendere, scegliere e mettere in pratica adeguate forme di prevenzione.

Metodi. Questa ricerca consiste in un'analisi descrittiva delle campagne istituzionali e sociali (comprendendo enti sanitari nazionali e locali, associazioni scientifiche e associazioni di pazienti) riguardanti il virus HPV che sono state attuate in Italia dal 2004 (anno della prima campagna) sino ad oggi. Focus dell'analisi sono stati: la

distribuzione territoriale e temporale delle campagne, il target, lo stile del messaggio, gli strumenti utilizzati e il messaggio di prevenzione veicolato.

Risultati. Sono state individuate 40 campagne, più numerose nei territori del Centro-Nord, e concentrate negli anni 2008-2014. Il target prevalente è quello femminile e lo stile del messaggio maggiormente utilizzato è stato quello informativo. Il medium utilizzato è stato soprattutto il supporto cartaceo, ma nel 92% dei casi la campagna ha previsto l'attivazione di un sito web. Il messaggio di prevenzione prevalentemente veicolato è stato di tipo primario.

Conclusioni. Le campagne sono lacunose sia dal punto di vista della copertura territoriale, che temporale. Sono rivolte prevalentemente ad un target femminile adulto e poco alle adolescenti. Non prendono in considerazione il target maschile. Utilizzano strategie comunicative poco efficaci. Non considerano anche i vari fattori di rischio che possono influenzare sia la venuta a contatto con il virus che il decorso della patologia.

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