

Title: The social determinants of HPV vaccine uptake and attitudes

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Purpose: Although the HPV vaccine has the potential to reduce rates of HPV-related diseases, most notably cervical cancer, HPV vaccination rates in the United States are relatively low. While most prior research on HPV vaccination focuses on individual-level risk perceptions, the purpose of this study is to examine the *social* aspects that influence the HPV vaccine decision-making process, mainly the role of trust.

Design: Using survey data from a sample of 836 college students at a Midwestern university, this study employs structural equation modeling to examine the relationships between: 1) inequalities based on gender, race, and SES; 2) interpersonal trust in one's doctor; 3) institutional trust in the health care system, pharmaceutical advertising, the federal government, government health agencies, and the news media; 3) three types of risk perceptions: perceived *susceptibility* to HPV, *severity* of HPV, and *efficacy* of the HPV vaccine; and 4) HPV vaccine *uptake* and two types of attitudes toward the vaccine: willingness to receive the vaccine (*acceptance*) and intent to get the vaccine within the upcoming year (*intentions*).

Findings: I find there are multiple pathways through which inequalities, perceived risk, and trust affect HPV vaccine uptake/attitudes and these pathways are different for the three outcomes. Trust in the news media has the most consistent role in the HPV vaccine decision-making process through its positive relationship with perceived HPV vaccine efficacy, which in turn is positively associated with HPV vaccine uptake, intentions, and acceptance.

Implications: My findings suggest that practitioners who seek to increase HPV vaccination rates should be aware of the social forces that determine their patients' decision whether to receive the HPV vaccine. Furthermore, my results emphasize the importance of establishing partnerships between HPV vaccination advocates and the media in order to promote public health.