

## Prevention of HPV Infection and Cervical Cancer: The Role of the HPV Vaccine in Kano State, Nigeria

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### Justification

It will drastically drop the incidence of HPV infections which will in turn reduce the incidence of cervical cancer, and gradually build a community in which every girl/ lady/ woman would be immune to cervical cancer.

The type of HPV to be used is the cervarix vaccine. This is because of its relative economic advantage.

### Problem to be addressed

According to a study carried out by Akinfenwa A.T. and Monsur T.A., it was discovered that the burden of cervical cancer in the Northern part of Nigeria is associated with age-standardized incidence and mortality rates of 36 in 100,000 and 17.5 in 100,000 respectively. This shows that almost 50% of everyone diagnosed with cervical cancer ends up dying.

Also there is a younger mean age of occurrence among Nigerian women- 4th decade of life. Coupled with various cultural and religious practices and the fact that the number of educated women in the Northern part of the country is heartbreakingly low, cervical cancer has transformed from being just a menace to a real monster.

The only way this can be tackled is by having a system that works in terms of policy concerning vaccination of young girls against the Human Papilloma Virus, which happens to be the main cause of this ravaging cancer.

To be honest, till date there are no policies in place or any form of intervention in this regard. In a country with unemployment rates skyrocketing and poverty rate climbing everyday, not much attention is paid to health. Also, the leaders and politicians are too

busy looting and stealing to remember a population of dying women- it's a sad tale.

### Identification and justification of a proposed program or package

My evidence based intervention does not consist of too many words. My target population is the teenage girls population (high school girls and their mothers). It is a school based approach to vaccination of young girls. Also, the mothers of young girls will be well informed on the importance of making sure their girls get vaccinated. At the same time, a proposal will be dropped at the floor of the house of legislators for a policy on keeping birth registers and following up on girl children to make sure they are vaccinated at the age of 9 (between 9 - 13 years).

The service delivery model is the strategy I will be using in carrying out the implementation of the HPV vaccine distribution project.

The service delivery system ensures products reach the target participants in well defined locations.

The service delivery system has been used for other types of vaccination in locality and it has worked well. For example, in curbing the increasing rate of hepatitis B and hepatitis A infections, vaccines were taken to locations where the participants are or using a primary health care facility. And it has worked spectacularly well.

### Implementation Research Questions

- How effective will a school based vaccine delivery model be?
- Will it be more cost effective to use volunteers as compared to primary health care workers?

- Are mothers willing to allow their young girls get exposed to sex education?

The reason for the question on a school based approach is because, the target population consists of school girls mostly, and for ease of service delivery, vaccinating them through the schools will help to effectively involve them in the program.

Volunteers will definitely be less costly to deliver the service as most will be ready to work for free but the cost of their training may be a huge cost, as primary health care workers require little or no training. Primary health care workers will definitely want to be paid as they will believe it's another work for them.

The Northern society is one in which freedom of speech is a little bit restricted especially when it comes to sensitive issues of child marriage and sex. It may be a huge barrier in the qualitative aspect of the methodology, for example in group discussions.

### Research Strategy

Below is a detailed explanation that cuts across all the methods I will be using:

- Female students of secondary schools within the age of 9 - 13 years get registered in a facility to take the cervarix vaccine and they get reminders when it's time for the second dose. Every female child gets the vaccine, whether the parents can pay for it or not.
- Every government owned tertiary health facility and some private owned facilities with public health interest pledge to give out the cervarix vaccines at subsidized rates to the less privileged female children. Also, lawmakers pledge to give out a small percentage of their bogus salaries towards this good cause.

Women who are mothers of girls within 9-13 years, and secondary school teachers. (age range should be within 35 and 50) will be educated on the importance of the vaccine through the following means:

- Interpersonal education activities.
- High school targeted campaigns for teachers and young girls.

I really believe the interpersonal education activities will be highly successful because, the mothers and teachers will be informed, this will in turn lead to their motivation.

Also politicians will not be left out because they will be the ones who will be involved in the policy making aspect.

Two policies will be proposed:

- A policy mandating that once a girl child is born, she must be registered to start HPV vaccination by the age of 9.
- A policy mandating every high school girl within the age bracket of 9-13 years and not sexually active be vaccinated with the HPV vaccine.

With the combination of all the above methods, no one will be left out and hopefully, we will one day achieve a cervical cancer-free society, by the Grace of God.

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