

Chapter 7

Dependents and Deviants: The Social Construction of Mandatory HPV Policies

Leigh Nanney Hersey
University of Louisiana at Monroe, USA

ABSTRACT

Forty-two states have considered a mandatory vaccination for school-age girls, but the proposed legislation is most often met with hostility and it rarely succeeds. Using newspaper articles from Arizona, Colorado, the District of Columbia, Georgia, Texas, and Virginia during these legislative sessions, narrative analysis is used to find common themes in the debate, including a medical/clinical approach, “government to the rescue,” individual cost constraint/access issues, logical narrative, sexuality/morality issues, parental rights, vaccination ethics, skepticism, and negative assumptions toward African-American girls. Using Schneider and Ingram’s social construction theory, further discussion points to a better understanding of the target populations of this public policy. In reviewing this health policy debate, it is suggested that considerations go beyond the perceived health benefits of the policy and spill over into the civil and social welfare rights of the legislation.

INTRODUCTION

In June 2006, the Food and Drug Administration approved a vaccination that prevents cancer. Soon after, the Centers for Disease Control and Prevention recommended that girls between the ages of 11 and 26 receive the vaccination. This vaccination, Gardasil, is manufactured by Merck and protects women from several strains of

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sexually transmitted cervical cancer associated with the human papillomavirus (HPV). Since this approval and subsequent recommendation, the political debate surrounding HPV vaccinations has become very heated. Since September 2006, forty-four states have considered legislation focused on HPV (National Conference of State Legislatures, 2018). The legislation has ranged from requiring insurance coverage for the vaccination (California, Hawaii) to broadly educating women about HPV (Connecticut, Illinois), to mandating vaccinations for school-aged girls (Kentucky, Maryland). While all health policy aspects of preventing cervical cancer are important, this chapter focuses on legislation mandating HPV vaccinations for school-age girls and, on the other side, legislation that prevents such requirements. These laws are analyzed in the context of social construction, with the objective of addressing the following research questions: What are the social constructions that come into play during the HPV vaccination policy debate? Are the social constructions inclusive or are some target groups neglected from the conversation? Are there underlying social constructions revolving around gender and ethnicity issues?

BACKGROUND

Human papillomavirus is a strain of viruses with more than 40 different types. Many types cause no detectable symptoms, and pass through the body with no incident. However, some varieties can lead to cervical cancer. HPV infections account for most sexually transmitted infections in the United States. Before the introduction of the vaccine, data indicated that 21.6% of women between the ages of 15 and 59 had been infected (Satterwhite, Torrone, Meites, Dunne, Mahajan, Ocfemia, & Weinstock, 2013). According to WebMD, HPV refers to a group of viruses that are the most common sexually transmitted infection in the United States (<http://www.webmd.com/>). By age 19, 25% of U.S. females have already been infected by the virus and several strains of the virus can lead to cervical cancer. It has been estimated that as many as 3.1 million women in the U.S. have been infected with one of the cancerous strains of HPV (Kam, n.d.). The American Cancer Society (n.d.) estimates that 13,240 cases of cervical cancer will be diagnosed in the United States in 2018 and about 4,170 women will die from cervical cancer in 2018. However, not all forms of cervical cancer are caused by HPV. The Pap test provides a screening procedure to enable early detection of cervical cancer. While this test has significantly decreased the death rate over the past 50 years, it does not prevent cancer. The administration of the HPV vaccine does aid in preventing the infection of the cancerous strains of HPV. In 2007, state legislators considered 42 specific state laws related to mandatory HPV vaccination.

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