



LETTER TO EDITOR

Human Papillomavirus: A Threat That's Hard to Ignore

Maryam Ahmed¹, Muhammad Khawaja Hammad Uddin^{1*}, Ayesha Akram²

1. Department of Science of Dental Materials, Dr Ishrat Ul Ebad Khan Institute of Oral Health Sciences, Dow University of Health Sciences, Karachi, Pakistan.
2. Department of Dental Research, Bahria University of Health Sciences, Karachi, Pakistan.

ABSTRACT

Vaccination against Human Papillomavirus (HPV) is broadly acknowledged as an efficient approach to prevent cervical and various cancers linked to HPV. Even with safe and effective vaccines available since 2006, their implementation in South Asia has been uneven and insufficient, prompting important inquiries into the reasons for low coverage in the area.^{1,2}

A frequently mentioned reason for low PV vaccine rates in South Asia is vaccine hesitancy, influenced by misinformation, cultural shame related to sexually transmitted infections, and parental worries about vaccine safety. Findings from regional research indicate that lack of awareness

and unfavorable views significantly affect decision-making at the individual level, especially for parents of teenage girls.^{1,2} From this viewpoint, low vaccination rates are mainly due to community opposition and insufficient demand creation.

Citation Ahmed, M., Uddin, M.K.H., Akram, A., *Altamash Journal of Dentistry and Medicine* 2025;4(2): 8-10. Received: 21st November 2025. Revised: 26th November 2025. Revised: 17th January 2026. Accepted: 03rd March 2026. Published: 10th March 2026

This is an Open Access article distributed under the terms of the creative common Attribution-Noncommercial 4.0 International License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Corresponding Author

Dr. Muhammad Khawaja Hammad Uddin, PhD.

Department of Science of Dental Materials, Dr Ishrat ul Ebad Khan Institute of Oral Health Sciences (DIKIOHS), DOW University of Health Sciences (DUHS), Karachi, Pakistan.

Khawaja.hammad@duhs.edu.pk

Nonetheless, this reasoning by itself is inadequate. In contrast, comparative data from South Asian nations with increased vaccination rates indicate that structural and policy-related factors are more crucial than hesitancy by itself. Bhutan, Sri Lanka, and the Maldives have attained comparatively higher HPV vaccination rates, even though they have similar sociocultural backgrounds to surrounding nations.^{3,4} This suggests that community acceptance becomes a less significant barrier when vaccines are administered via school programs, centralized health systems, and robust government dedication.

Moreover, major nations like India, Bangladesh, and Nepal have implemented HPV vaccination programs; however, these efforts have been disjointed, pilot-driven, or irregularly financed. Authors emphasize that the lack of ongoing funding, failure to incorporate into national immunization plans, and poor intersectoral collaboration greatly hinder program continuity. In these situations, even groups eager to get vaccinated encounter obstacles related to access.⁴

Crucially, vaccination inefficiency cannot be blamed for the low coverage seen in many South Asian nations. When given correctly, HPV vaccines have been shown in numerous studies to have a high preventive effectiveness, especially at younger ages.³ This emphasizes that delivery, funding, and program integration issues are the main obstacles rather than the vaccine's biological efficacy.

Consequently, although personal hesitancy plays a role in postponed adoption, focusing too much on behavioral aspects can distract from more profound systemic issues. Positioning HPV vaccination mainly as an issue of awareness diverts accountability from health systems and policy structures that influence vaccine access. In conclusion,

the ongoing disparity in HPV vaccination coverage in South Asia is a result of a larger failure of implementation techniques rather than just community resistance. Moving from descriptive epidemiology and towards policy-driven solutions such as nationwide rollout, school-based delivery, and reliable funding sources is necessary to address this problem. Improvements in awareness alone are unlikely to result in significant population-level protection without such structural reforms.

Authors Contribution

MA: Contributed to the conception and design of the study, data collection, data analysis, and drafting of the manuscript.

MKHU: Contributed to the conception and design of the study and critically reviewed the manuscript.

AK: Edited and critically revised the manuscript for important intellectual content and approved the final version for publication.

Funding

None.

Institutional ethical board approval

Not required.

Informed consent

Not required.

Acknowledgement

Department of Science of Dental Materials, Dr Ishrat ul Ebad Khan Institute of Oral Health Sciences, Dow University of Health Sciences.

Availability of Data and materials

Available on request.

Consent for publication

All authors agreed for this publication.

Disclaimer of using AI tools

No use of AI tools.

Conflict of Interest

All authors have no conflict of interest for this publication.

REFERENCES

1. Noreen K, Khalid SN, Murad MA, Baig M, Khan SA. Uptake and determinants of HPV vaccination in South Asia: a systematic review and meta-analysis. *Front Public Health*. 2024;12:1453704.
2. McDaniels-Davidson C, Parada H Jr, Martinez ME, Martinez LS, Nodora JN, Stack-Babich M, Keleman O, Miller EE, Felner JK, Strong D. Validation of a parent HPV vaccine misperceptions scale and its association with children's HPV vaccination status. *Vaccine*. 2025;63:127616.
3. Ellingson MK, Sheikha H, Nyhan K, Oliveira CR, Niccolai LM. Human papillomavirus vaccine effectiveness by age at vaccination: a systematic review. *Hum Vaccine Immunother*. 2023;19(2):2239085.
4. Rajkhowa P, Patil DS, Dsouza SM, Narayanan P, Brand H. Evidence on factors influencing HPV vaccine implementation in South Asia: a scoping review. *Glob Public Health*. 2023;18(1):2288269.

————— ★★★★★ —————