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**CONDUCTING FORMATIVE RESEARCH FOR HPV VACCINATION PROGRAM PLANNING:
PRACTICAL EXPERIENCE FROM PATH**

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Assessing Community Readiness

Local understanding of burden of disease, etiology, prevention, and treatment for cervical cancer

Rationale

Health communication strategic planners need to understand the knowledge level and information gaps in the community to develop effective and appropriate education messages and communication strategies.¹⁻³ Asking questions about the communities' knowledge and beliefs of cancer, cervical cancer, and human papillomavirus (HPV) infection will identify information gaps and provide guidance for developing health education and communication strategies for HPV vaccines and cervical cancer prevention.

Be sure to cover the following areas:

- Current knowledge about cancer in general
- Current knowledge and perceptions of cervical cancer and its etiology
- Current knowledge of the HPV virus and its link with cervical cancer
- Current knowledge on how cervical cancer can be prevented and treatment methods

Local experience with current vaccination efforts and child immunization programs

Rationale

It is well recognized that past experiences with immunization programs can influence communities' willingness to support the introduction of a new vaccine.^{4,5} The vaccination culture, including a community's shared ideas on trust in immunization, protecting against disease, and positive and negative experiences with vaccinations (i.e., vaccine shortage, adverse events, etc.), has been shown to influence people's willingness to support future vaccination programs.⁴⁻⁷ These experiences may shape the perceived or intrinsic value of vaccines as something "good" or "bad."⁸ These experiences can also shed important light on potential obstacles to vaccine acceptance. Community confidence in vaccination technology and in the quality of delivery is also important.^{5,9-11} People's views on the quality and effectiveness of immunization services they receive (including dimensions on cleanliness and safety) and their views on the interactions that health providers have with parents and their children have been shown to determine, in part, whether parents will continue to have their children vaccinated.^{6,12} When health providers are recognized authorities and influencers in the promotion of healthy behaviors at the community level, their views on both vaccination in general and a new vaccine in particular may be key to the success of any vaccine introduction effort.^{4,6,12}

If people have already participated in immunization or vaccination programs and speak favorably of their experiences, then they are likely to be supportive of a new vaccine, like the HPV vaccine. Understanding how people have experienced previous government-sponsored immunization programs, what they see as favorable and not so favorable, will enable the development of a more people-focused and locally tailored HPV immunization program. The new program should build on the favorable aspects of immunization seen by target communities and try to change or strengthen the components that are seen as not favorable.

Recent pre-introduction studies for the new HPV vaccine in four countries indicate that communities want reassurances that a new vaccine will be licensed and approved by the national government.¹²⁻¹⁵ They also want clarification on whether the program is a vaccine trial and on whether the vaccine has already been successfully introduced in other settings.^{6,12} A health communications strategy should address these concerns and the need for reassurances.¹⁶

Be sure to cover the following areas:

- Local understanding of vaccines and how they work
- Perceived benefits of child vaccination
- Previous experience with child immunization programs—including views on the quality and effectiveness of immunization services and dimensions on cleanliness and safety
- Level of confidence in vaccine technology and quality of delivery by the health care system
- Views on the quality and effectiveness of child/adolescent health services received in general and interactions with health providers
- The community's perception on how vaccines are delivered in the community
- Why children are vaccinated and why parents allow vaccination of their children

Role of key authority figures in health-related and immunization issues for children/adolescents

Rationale

A trusted authority can play a key role in fostering positive support for vaccination. In addition to parents, health workers and teachers are recognized authority figures who provide essential information on a child's health and development.^{17,18} Members of civil society organizations, religious groups, and other community associations can also play a crucial role in health promotional efforts including new vaccination introduction.¹⁹ These individuals, referred to as local stakeholders, can shape parental views and prevailing social norms about HPV vaccination.¹⁷ During the formative study, it is critical to uncover who these community stakeholders are. Engaging these stakeholders during the planning stage is an essential aspect of an effective health communications strategy. Local stakeholders can provide the creative inputs needed to foster a supportive environment for new vaccine introduction.

Be sure to cover the following areas:

- Identity of key influencers or authority figures (e.g., community and religious leaders, teachers, and health workers) and their current roles in health promotion
- The potential involvement of key influencers or authority figures in HPV vaccine introduction, service delivery, and communication strategies

Creating community awareness about health-related and immunization issues

Rationale

Delivering clear and accurate information about HPV, cervical cancer, and immunization programs through a variety of communication mechanisms will be important.¹ It is therefore vital to understand how people in communities are already getting health-related information; what kinds of information they are already exposed to; who their trusted sources of information are; and circumstances under which information may be treated with suspicion or dismissed. What outreach is going on? What programs are being attended and by whom, and what outreach activities actually result in people utilizing a new service or adopting a new behavior?

A review of current community outreach strategies used by local health and immunization programs to raise community awareness about health-related concerns and services is essential. It helps to identify places where HPV vaccine-related information could be integrated. Discussions with communities about their experiences and perceived effectiveness of awareness-raising outreach activities will help identify effective mechanisms for creating awareness about new services. It will be important to explore whether these promotional and outreach activities actually prompt target populations to utilize services or adopt new behaviors. This information is very useful for identifying familiar, acceptable, and proven approaches for creating awareness and delivering information prior to HPV vaccine introduction.

Be sure to cover the following areas:

- Information on where communities received information on immunizations, adolescent health concerns, and cancer-related topics
- The type of information received from these sources and how the information was delivered
- Which sources of information people perceive as being trustworthy
- Communication strategies and education methods different target audiences prefer

Social context of living circumstances of out-of-school girls

Rationale

Understanding where out-of-school girls can be reached reliably is important to vaccine introduction work if school-based vaccination strategies are selected. School enrollment and attendance rates for children 10 to 14 years old may vary significantly in different settings and within the age range itself. If a substantial number of girls in the selected age group for vaccination are not attending school, then other vaccine delivery strategies must be developed to reach the girls not in school. Therefore, it is important to vaccine introduction work to understand where out-of-school girls can be reached reliably.

Be sure to cover the following areas:

- Information from school records, census data, or other population statistics, to gauge how many girls of the vaccination age group are attending school or not
- Ways in which other adolescent health programs make contact with out-of-school girls, especially girls 10 to 14 years old

Social context of health-related decision-making for child well-being and vaccination

Rationale

Targeted messaging to inform and motivate individuals who are involved in the decision to have a child immunized or who influence those primary decision-makers is an important aim of an effective communications strategy. However, health decision-making and health behavior must be viewed within a broader social context because of the ability of other community members to share information and provide positive support.^{20,21} In most cases, the child is not the sole decision-maker. In settings where the nuclear family is the primary social organizing unit, decisions about child well-being, including child immunization, may be made by one or both parents; in other settings where extended families and broader tribal affiliations are strong, these decisions may be made communally. Friends, community members, and other authority figures may influence decisions on HPV vaccine acceptance.⁶ There may be some differences in the process of decision-making about girls' health. Since a network of individuals and groups may be involved in health-related decisions, the information and education messages will also have to be delivered to a broad range of audiences. In addition to understanding the locus of vaccine decision-making, the information gathered from these individuals can help inform the design of a culturally and age-appropriate HPV vaccination strategy and identify the people that education and communication strategies need to reach.

An understanding of where the locus of decision-making lies and of the social and cultural context of child vaccine decision-making is critical to the success of any vaccine introduction program.⁶ Where vaccination takes place in school settings, the locus of control may sit with the state or with individual schools—in which case, parents may be only marginally involved.

Health providers and teachers may also play key roles in making decisions related to child immunization. Passive acceptance of vaccination is not uncommon in many developing-country contexts, and parental consent may often be negligible in these circumstances.⁴ In many cases, community leaders and other institutional representatives may have a stronger influence than parents over whether a child is immunized.

Formative studies for the HPV vaccine introduction in four developing countries has shown that actors at multiple ecological levels influence child immunization decisions directly or indirectly.^{6,12-15} Actors at multiple levels are also likely to influence acceptance of a new child malaria vaccine and are critical target audiences for a communications strategy. These actors may include the following:

- ***The individual level:*** Parents and caretakers of children targeted to receive a vaccine
- ***The interpersonal level:*** Teachers, health workers, and communicators such as those in the mass media
- ***The community level:*** Community leaders, local administrators, and local government officials

Be sure to cover the following areas:

- Identity of those responsible for the well-being of children—especially adolescent girls—specifically focusing on who needs to be consulted before deciding that an adolescent girl needs to be vaccinated
- The role of a 10- to 14-year-old girl in health decision-making, specifically:
 - Discuss what would happen if the girl did not want to be vaccinated, but an adult thought that she should be vaccinated
 - Discuss what would happen if the girl wanted to be vaccinated, but an adult did not want her to be vaccinated
- Identity of those sought for advice or seen as important sources of information on child health and well-being and kinds of advice given
- Other influencing factors in health-related decision-making, such as cost, type of illness, transportation, quality of health service, and sex and age of child

Utilization of health services by adolescent girls

Rationale

The limited information on health utilization patterns in this age group suggests that adolescent children are not routinely accessing health services. Some of the challenges to clinic service utilization have been identified as stage of illness, preference for traditional healers, and financial constraints. In addition, there may be some gender differences with information and health services utilization among adolescents.²² Exploring the barriers for this population can help identify how to strengthen current adolescent health services and integrate them with HPV vaccine introduction.

Be sure to cover the following areas:

- Where caretakers of adolescent girls access their health care needs (i.e., private or government clinics, traditional practitioners) and the perceptions people have of each type of health service option
- The stage of illness at which caretakers of adolescent girls take them to health providers
- The health programs or services targeting girls/adolescent children of which the community is aware and how often the community utilizes the services

Local perceptions and experiences with cancer, cervical cancer, and HPV-related illnesses

Rationale

In order to communicate the most effective health messages to people who influence health care decisions for young girls, it is critical to understand what people already know and comprehend about cancers and cervical cancer. This includes ascertaining local definitions and nomenclature related to cancer, cervical cancer, its causes, and its associated symptoms. Understanding the perceptions of primary caregivers and local health workers with regard to the burden of disease, perceived causes, symptoms, and prevention is also an important step in building effective support for HPV vaccination efforts at the local level. What key community opinion leaders understand about cervical cancer, its prevention, and their perceived role in promoting child health and well-being is vital because of their role in promoting new health practices.^{6,12-15} Furthermore, caregivers who believe a disease is severe or believe their child is at risk are more likely to seek protection against the disease.⁸ One way in which demand for health and immunization services is created or increased is through clients' understanding of their risk and the consequence of an infection or disease.¹ High immunization coverage for children can be achieved when the primary caretaker sees the need for the vaccine. Therefore, being familiar with different community stakeholders' perceptions of the severity and risk associated with cancer, cervical cancer, and genital warts in some settings may help assess the current demand for the HPV vaccine.

Be sure to cover the following areas:

- Local knowledge and understanding of disease etiology (cancer in general and cervical cancer specifically), perceived severity, and perceptions of those most vulnerable
- Local understanding of the concepts of illness and disease prevention as they relate to child health and well-being, including:
 - How vaccination fits into this system of beliefs
 - Perceptions of cancer or cervical cancer being preventable
 - Views on cancer or cervical cancer as being treatable
- Participants' perceived role in promoting child health and well-being
- Local experience with and knowledge about genital warts as a concern

Local terms for referring to children 10 to 14 years old

Rationale

The target population for HPV vaccines should be selected based on the age of sexual debut and the feasibility of reaching the population.²³ Although the age of initiation of sexual debut, school attendance, and health service utilization varies by country, it is likely that girls within the age range of 10 to 14 years will be included. Scientific perceptions classify this age group of individuals as adolescents—individuals who are transitioning between childhood and adulthood.²⁴ Oftentimes, this time period is when individuals develop skills that allow them to become responsible adults and take charge of their own health care. However, local perceptions and categorizations of this age group may be very different. In many developing countries, children and young adolescents are working or serving as the primary caretakers of younger siblings, but still may not make their own health-related decisions because they are still considered too young. Since this age group is the primary focus for HPV vaccination, understanding local terms used by the community to refer to this age group will be critical in designing appropriate communications about 10- to 14-year-old girls.

Be sure to cover the following areas:

- Terms used in the community to refer to children who are 10 to 14 years old
- Any differences in terms used for males and females in this age range

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