Contents

3 Background
4 Why myths matter
5 Understanding vaccine myths (in Tanzania and Ethiopia)
7 Translating research into myth-busting content
10 Creative formats
13 Practical tips
14 Bust the myths in your country
1. Background

There are many reasons why girls might not be fully vaccinated for HPV:

- They may not be aware of the benefits of the vaccine, including its role in preventing cervical cancer
- They may not understand the need to complete two doses or where they can get it
- They may have questions about what to expect during and immediately following vaccination, especially whether they will experience pain
- Both they and their parents may have concerns due to community rumours or myths

In this guide, we are going to share how Girl Effect created content to inspire and equip girls in Tanzania and Ethiopia to build resilience to myths and overcome other barriers so they could benefit from the HPV vaccine.

The following pages describe how Girl Effect collaborated with girls to understand myths around the HPV vaccine and develop Social and Behavior Change Communication (SBCC) content to tackle myths and promote the benefits of HPV vaccination in terms that resonate with girls in the two countries.

It’s worth noting that rumours and myths can escalate quickly, particularly during the COVID pandemic. It’s important to regularly check with girls on the extent to which they are believing myths and the impact these may have. This work and research was conducted between August - October 2020.
2. Why myths matter

Myths surrounding vaccination can limit uptake of both well-established and newer life-saving vaccines. With the recently introduced HPV vaccine targeting girls at a pivotal age, there is significant risk that community myths will discourage girls - or those who influence them - from supporting HPV vaccine uptake. In addition, the COVID-19 pandemic poses new challenges for vaccination provision including the possibility of additional, pandemic-related myths.

In 2020, Girl Effect conducted research on how myths and other issues might threaten or facilitate HPV vaccination uptake. A quantitative study in Ethiopia and a qualitative study in Tanzania revealed specific learnings relevant to Girl Effect’s efforts to promote HPV vaccine uptake among girls, including prominent myths. The research and subsequent myth-busting SBCC was built on the following foundational principles:

- Building informed demand has potential to support widespread and long-term acceptance of the vaccine
- Promoting the benefits of vaccines without tackling myths or community rumours, is unlikely to facilitate widespread vaccine adoption
- In tackling myths, it is important to purposefully avoid reinforcing them. Facts need to be emphasised before fiction and myth-busting messaging must be integrated into broader conversations about issues that are top of mind for girls.
3. Understanding vaccine myths in Tanzania

Girl Effect conducted qualitative research in 2020 with adolescent girls (9-15 years), parents, teachers, healthcare workers and other influencers.

The research revealed that girls were aware of HPV vaccine myths and describe these as being propagated by family members and the wider community. Key myths identified by the research in Tanzania included the following misperceptions:

- The HPV vaccination causes infertility, miscarriage or other reproductive problems for girls
- Because vaccines were not used by girls’ parents, they are therefore not needed today
- HPV vaccination changes girls’ romantic or sexual behaviours i.e. “[she will] start looking for love”
- HPV vaccination raises her risk of HIV/AIDS
- HPV vaccination is self-injected
- Various superstitious beliefs

“For HPV vaccine, [people] say that if someone [receives the vaccine], she will get cancer and will not be able to conceive. [They also say that the vaccine] will retract her reproductive organs”
Out-of-school girl, 14-15 years old, urban, Tanzania

“You judge on your own, depending on your situation, whether you should take the [HPV vaccination] or not”
In-school girl, 14-15 years-old, urban, Tanzania

“For me, my teacher [who called me for the HPV vaccination] is a parent as well. So, if that teacher tells me [the HPV vaccine is important], then that is enough. She stays with me from morning until evening”
In-school girl, 14-15 years old, urban, Tanzania

The research also identified opportunities to leverage influencers and positive perceptions among girls to promote HPV vaccine uptake.
3. Understanding vaccine myths in Ethiopia

Girl Effect conducted a quantitative, telephone survey to understand myths related to HPV vaccination in the context of the COVID-19 pandemic.

The August 2020 mobile survey was completed by 800 respondents, of which 50% were aged 15-21. **This survey found/discovered:**

- More than half of participants (54%) reported positive views about vaccines in general as a result of COVID-19, whereas only 10% reported less positive views about vaccines generally during the pandemic (2020). This is likely influenced by relatively high awareness of the COVID-19 vaccination, with 80% reporting that they would go out of their way to access this vaccine post-approval, compared to 66% for the HPV vaccine.

- While the pandemic has not changed respondents’ views about HPV vaccine, 60% of participants reported needing more information about the HPV vaccination. This may be linked to questions regarding HPV vaccination safety and side effects.

- Respondents reported being less comfortable with the idea of visiting health facilities in COVID-19 times, due to concerns about the risk of exposure to COVID-19, fear of being quarantined and questions about availability of care for individuals who test positive for COVID-19.

**Specific myths highlighted by research among girls and their influencers in Ethiopia:**

- The HPV vaccine causes infertility

- Visiting health facilities (for HPV vaccination) is not safe in COVID-19 times

"There is a rumor that it is birth control, so we didn’t get vaccinated the first time let alone the second”

15-year-old-female, Amhara, Ethiopia

“Because this is a sensitive issue, I need to know more about cervical cancer [and its side effects] before [my daughter] can take the vaccine”

Female caregiver, Tigray, Ethiopia
In both Ethiopia and Tanzania, research findings were used to inform SBCC development with a focus on increasing HPV vaccination uptake among girls eligible to receive first or second doses. The specific content and formats were tailored to the country-specific research findings and audience profiles.

Evidence-based guidance for SBCC to increase HPV vaccination uptake generally:
- **Emphasise the benefits of both doses of HPV vaccination**, including protection from cervical cancer and other related, secondary benefits likely to resonate with girls and her influencers i.e. ability to achieve her longer term, life goals
- **Clarify HPV vaccination safety** with endorsement from reputable health experts who are respected by girls and parents
- **Explain ‘what to expect’** during and following HPV vaccination to address misconceptions about negative side effects and pain during/soreness afterwards
- **Share positive stories** and supportive advice from influencers including a) older girls who have received the HPV vaccine and b) female teachers, health workers or family members

Evidence-based guidance for SBCC to address myths:
- **Promote truths**: lead with facts from reputable sources and take deliberate steps to avoid [unintentionally] reinforcing myths
- **Tackle myths by emphasising truths** and build girls’ ability to navigate rumours
- **Reassure girls and their parents** about the safety and feasibility of seeking HPV vaccination at a health facility, particularly in the context of the COVID-19 pandemic
## 4. Girls in Ethiopia: From research to vaccine behavior change

<table>
<thead>
<tr>
<th>Research finding</th>
<th>Communication objective</th>
<th>Change we want to see for girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>While girls and their parents may have heard of cervical cancer and HPV vaccine, awareness of the potential for HPV vaccine to prevent cervical cancer is limited. Girls who already received the first dose, and their parents, need to understand why it is critical they complete the second dose.</td>
<td>Increase knowledge of HPV vaccine as a way for girls to prevent cervical cancer through two doses.</td>
<td>Help girls and parents understand:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Who is eligible</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- When and where to seek 1st or 2nd doses during the MOH’s 2020 HPV vaccination campaign</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Emphasise the benefits of the 2nd dose and explain why two doses are needed for optimal effectiveness</td>
</tr>
<tr>
<td>While parents explained they do not need detailed information about how the vaccine works, they – and girls— do have questions about what to expect when vaccinated for HPV including how long the procedure lasts, whether it hurts, and whether there are any immediate or long term side effects.</td>
<td>Improve attitudes about HPV vaccine safety, effectiveness and procedure experience.</td>
<td>Reassure girls and parents that the HPV vaccine is a simple, relatively painless procedure:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- It can protect her from cervical cancer, as validated by MOH and WHO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Relieve any worries she may have about receiving the vaccine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Encourage her to see HPV vaccination as a reliable way for her to achieve her full potential</td>
</tr>
<tr>
<td>Even though girls and parents are positive towards HPV and other vaccines in particular, misconceptions among the community are causing confusion and may restrict vaccine uptake.</td>
<td>Countering myths about HPV vaccine particularly:</td>
<td>Empower girls to seek HPV vaccination based on accurate information:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- The link between vaccination and infertility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Concerns about health facility safety in COVID-19 times</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Equip her with truths to dispel community rumours related to infertility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Emphasise the safety of health facilities in COVID-19 times</td>
</tr>
</tbody>
</table>
### 4. Girls in Tanzania: From research to vaccine behavior change

<table>
<thead>
<tr>
<th>Research finding</th>
<th>Communication objective</th>
<th>Change we want to see for girls</th>
</tr>
</thead>
</table>
| With some exceptions, girls are generally aware that vaccines prevent diseases and the HPV vaccine is provided free of charge through schools and health centers. Questions relate to what she can expect during and after injection, as well as why two doses are required. | Improve understanding of why two doses are required and what to expect during and post vaccination. | Build trust in HPV vaccine as a simple and easy way to secure lifelong protection from cervical cancer through two doses:  
- Reassure girls that the vaccine is a straightforward procedure with only temporary, minor pain.  
- Emphasise the benefits of the 2nd dose and explain that two doses are needed for optimal effectiveness |
| While several girls interviewed explained doubting rumours about HPV vaccination, research identified several community myths and misconceptions with potential to influence uptake. These include vaccines cause infertility or negative reproductive outcomes i.e. miscarriage. | Improve knowledge about HPV vaccination and bust myths:  
- Emphasise safety and no negatives | Empower girls to seek HPV vaccination based on accurate information:  
- Equip her with truths to dispel community rumours related to infertility  
- Emphasis the safety of health facilities in COVID-19 times |
| Girls described respecting the opinions of older female relatives (sisters, aunts, mothers) alongside teachers as key influencers in their lives. | Improve perceived social support to complete both doses of the HPV vaccine:  
- Feature positive perspectives of girl’s who have completed both doses | Promote support for HPV vaccination from older female friends and family members:  
- Share positive experience with the HPV vaccination from older girls who have already completed both doses |
5. Creative formats: Guiding principles

In both countries, Girl Effect deliberately took care to ensure myth-busting SBCC was designed to:

- Use simple, clear language to address common questions about HPV vaccination and avoid overly medical or jargon terms
- Normalise questions about the vaccine, to ensure girls with less confidence about HPV vaccination would be put at ease
- Directly address concerns about ‘what to expect during injection’ without using images of needles or actual immunisation service provision
- Portray gender-sensitive images and avoid negative, gender-based stereotypes
- Promote the vaccine as a way for girls to thrive and fulfil their full potential in life, including but not limited to emphasizing the benefits for their health
- Build myth-resilience among girls, by equipping her with facts and stories from other girls who have recently completed HPV vaccination, instead of lecturing girls about what they should do or think about the vaccine

Rather than lecturing girls about what they should do, Girl Effect’s approach is to inspire and empower them. Truths override myths, with girls motivating other girls through their experiences and offering solutions to common questions or concerns about vaccines.
Talk show

To engage 13-15 year-old girls and their parents in entertaining and thought-provoking talk-shows, Girl Effect leveraged well-known characters from the Yegna television drama series as well as other expert guests.

Four different ‘Yegna Tena’ talk shows were created and aired on both radio and television channels in three languages: Amharic, Tigrigna and Oromo. The 15-minute shows were aired once a week during a four-week period leading up to the Ministry of Health’s 2021 HPV vaccination deployment. This ran alongside the launch of a catchy song which was created to emphasise the importance of ‘checking your facts’.

The talk-shows were designed to make the most of a highly interactive format, facilitating discussion and integrating music with expert advice with discussion among youth and their parents. The aim was to address frequently asked questions and concerns using a combination of expert validations and testimonials from girls.

Popular Yegna character personalities were utilised to capture the attention of girls and their parents and bring content to life. In one of the talk-shows, a game-show approach was used, consistent with the overall approach of interconnecting entertainment with myth-busting communication to drive HPV vaccination uptake.

Link to 1 minute cut down of talk-show here.
5. Final SBCC Content Tanzania: Music Video

Myth-busting music video

Following a radio drama series and a campaign (where MoH used the toolkit to create unbranded radio and social media spots), Girl Effect developed a one-minute television spot in Kiswahili.

Instead of a traditional public service announcement (PSA) approach, Girl Effect designed a music video to bust myths and promote the benefits of completing both doses of the vaccine.

Support from older girls and other influencers was woven into the content by emphasising their positive experiences and encouragement for other girls:

“If we can protect ourselves from cervical cancer, so can you!”

The video features characters from the Tujibebe radio drama and signposts girls to the Tujibebe social media pages where they can listen to the drama and access other Tujibebe content related to the HPV vaccine.
6. Practical tips

- **Music** can be a powerful medium for capturing the attention of girls and delivering key messages.

- **Media characters or personalities** who are well known to girls can serve as positive and realistic role models.

- **Girl-to-girl conversations** can be an effective way to motivate girls with practical solutions to common challenges.

- When health risks are not a girl’s top concern, **framing health messaging** in the context of her broader life priorities can be helpful. Linking a girl’s health and her other life goals can catch her attention and prompt action.
7. Bust the myths in your country

We hope these examples from Ethiopia and Tanzania have provided you with some ideas for how to approach myth-busting on your country.

For further information please contact girlfocustoolkit@girleffect.org

Here are links to the different pieces of content and additional resources:

- **Ethiopia talk show** - 1 minute out-take from talk show (with English sub-titles) with **script overview**

- **Ethiopian song** with **script** - Alubalta - about seeking facts and ignoring the myths/gossip

- **Tanzania TV commercial** with **English script** - providing useful information and encouraging girls to get the HPV vaccine

- **Tanzania research tool** - providing qualitative research tools to help unpack girls’ views about myths and vaccines