Learnings from a social media campaign

Campaigns in Action: India

Building individual motivation and vaccine confidence in India

Learnings from a social media campaign
Building individual motivation and vaccine confidence in India

Learnings from a social media campaign

1. Background
2. Key Campaign Information
3. Step 1: Setup Objectives
4. Step 2: Gather Insights
5. Step 3: Design Strategy
6. Step 4: Create Communications
7. Step 5: Evaluate Campaign
8. Overall Campaign Performance
During the COVID-19 pandemic conversations around vaccines have increased, particularly as India makes preparations for a coronavirus vaccine. There has also been an increase in the use of social media platforms and Facebook, the largest social media platform, is being used multiple times daily.

Girl Effect, Facebook and Gavi partnered to leverage this moment to talk about vaccine hesitancy and to address specific, individual motivation-related barriers around routine immunisation in India.
Vaccine conversations can often feature myths and misinformation, and the following factors can influence vaccine uptake:

- Lack of information / knowledge on the benefits of vaccines.
- Limited understanding of how preventative behaviours such as immunisation work to contribute to a child's overall wellbeing.
- Lack of confidence in the efficacy of vaccines.
- Adverse Effects From Immunisation (AEFI) are misunderstood to be a failure of vaccines.

In India, vaccine hesitancy is a major public health concern. The awareness and information gap and fear of an adverse event following immunisation (AEFI) together make up between 60-70% of the reasons for partial or no immunisation coverage for routine immunisation.
Key Campaign Information

Point Toh Hai! (You Have A Point!) - an at-scale campaign was launched on Facebook and Instagram. The campaign was designed to address specific, individual motivation-related barriers around routine immunisation in India and build evidence-based learnings around identifying, targeting and communicating with vaccine hesitant audiences online.

Goals for this campaign:

- **Reach six million young women** in the Hindi belt (10 Indian states) at least three times over the course of this campaign on Facebook & Instagram.
- **Demonstrate significant positive shifts in attitudes towards full routine immunisation** with audiences exposed to campaign communication.

- **Campaign Duration:** Three months (September - November 2020)
- **Target Audience:** young women aged 19-24 (with a focus on young mothers)
- **Campaign reach:** Hindi Belt of India which stretches across 10 states
- **Key stakeholders:** Facebook, Upswell, Gavi
- **Research:** Formative
- **Local design agency appointed:** Yes
The following sections will take you through how we approached each of the following planning stages:

1. Set-Up Objectives
2. Gather Insights
3. Design Strategy
4. Create Communications
5. Evaluate Campaigns
Step 1: Set-up Objectives

Our aim was to produce creative solutions to engage and empower adolescent girls and young mothers to become more myth resistant and vaccine confident, and see themselves as adopters of vaccines for themselves and their families (routine immunisation and COVID-19).

Measurable Outcomes

We decided to measure shifts in attitudes and perceptions around the following three areas:

1. Importance of vaccines for a child’s future and health.
2. Importance of receiving all vaccine doses.
3. Importance of consulting a doctor/ASHA/frontline health worker as the most reliable source of information on vaccines.
Step 2: Gather Insights

We spent two months conducting research through multiple channels:

1. Primary research conducted by Technology Enabled Girl Ambassadors (TEGA) - who reached out to young women and mothers to understand their challenges around immunisation.

2. Understanding the Indian Government’s approach to messaging and communication on Routine Immunization.

3. Insights using aggregated and anonymised data from Facebook (the Insight for Impact team at Facebook scanned vaccine hesitant and vaccine confident user behaviours on the platform, to understand online trends).
We then used the research data to build a shared understanding of the audience for the campaign.

Based on the insights gathered from research, a pen portrait of our primary audience was created to improve communications.

To create your own pen portrait you can combine basic demographic information of your primary audience with your own research, the steps listed on page 26 of the Step-by-Step guide can act as guiding pointers for this.

Our audience demographics:

*- Recently married young mother.
*- Soon to be married young women.
*- 18-24 years in age.
*- Resides in Hindi Belt.
*- Has digital presence - Facebook and Instagram.

See next page to understand the audience persona we created.
We identified our target audience to be someone like ‘Meenal’ who is the star of our content.

Meenal dreams of becoming a teacher, but since getting married, this feels like a far away dream. Once she got married, she had to rapidly upskill to improve her domestic skills. Her mother-in-law (MIL) teaches her but also complains to her that her own mother taught her nothing.

Meenal is constantly wondering if she is fitting in ‘right’ with her new family and their ways. She feels anxious and overwhelmed by all the new responsibilities that she has suddenly taken on. She wants to focus on being sensible and savvy like the women on TV - who are loved by their husbands and respected by their in-laws. Learning from YouTube videos, she sometimes makes Do-It-Yourself decor for her house - this has helped her earn some brownie points from her mother-in-law!

In her free time, Meenal watches TV with her MIL or spends time chatting with the neighbours. She also calls home often and has a WhatsApp group with her cousins which is abuzz all day with news and pictures. Her phone is her private space and link to her family back in Ujjain.

Pen portrait

We identified our target audience to be someone like ‘Meenal’ who is the star of our content.
Step 3: Design Strategy

The following insights have shaped our approach and objectives for this campaign:

**Vaccines are not well understood - by adopters and/or opposers**
Preventative health efforts of caregivers focus on right nutrition, massage and maintaining hygiene. Vaccines, however, are NOT thought of as a way to ensure the child’s health from a prevention perspective.

**Constant encouragement and reassurance is needed towards vaccinations**
The community based (TEGA) research indicated that one of the key differences between caregivers who get full immunisation for their child, versus partial immunisation, is the presence of a trustworthy influence. This is someone who constantly reinforces the importance of vaccines, and typically this person is another mother or frontline health worker (FLW).

**Vaccine communications can feel authority-mandated and establishment led - which can lead to mistrust through rumours and hearsay**
Vaccine communication by government can focus on reminders and do not always talk about how vaccines really work, which can then prompt the circulation of rumours. An online scan of conversations around vaccination revealed that the most talked about topics were conspiracy theories about the vested interests of large corporations and governments.
The simplified brief for our creative agency

TO MAKE ROUTINE VACCINATIONS NORMAL AND JUST A SIMPLE STEP

I am already doing everything to make my child strong and healthy – mother’s milk, massage, the best of everything - so why does the government keep insisting on vaccines when I have heard so many bad stories about them.

BY REFRAMING THE CURRENT CONVERSATION OF VACCINES FROM A Chore TO A BENEFIT

Vaccines help build a child’s ability to fight dangerous diseases by injecting extra strength in their body which even the best food is unable to give!

USING THE RISING DIN AROUND THE NEED TO VERIFY INFORMATION AND FIGHT AGAINST FAKE NEWS

Why should you believe hearsay? Don’t reject before you have investigated all aspects. So spend time to understand how vaccines work and ask your doctor for more information on them!
Step 4: Create Communications

Our communication brief created a combination of videos and posts:

- **5 videos of around five minutes each** that reflect the everyday realities of young mothers and show them how to navigate different choices and barriers.
- **Six short videos of one minute each** that take on popular myths around vaccinations and provide basic pointers and information around it.
- **35 social media posts using light animation, gifs, carousels and text-based, illustrations** that reinforced the messages from the videos. We used 5 different types of posts to do this.

Over the next few slides we provide examples of content we made and the design guidance we shared with our design agency.
Peer-endorsement: Include relatable characters who are pro-immunisation

Use friends and peers as encouraging influences. Using characters who are peers in the communication allows you to leverage humour among friends to make immunisation more every day and less daunting.

"I really liked Nidhi’s character who was saying that after getting the vaccination the child will only suffer for one or two days, and not longer. That shows me there is no problem in getting the vaccine."
Young mother, Moradabad

"No one has explained to me like Nidhi does in this video nor have I seen someone like her in the neighbourhood."
Young mother, Moradabad

"Some characters like Binny and Punnu’s mother are relatable and we have conversations like these in our family."
Young mother, Agra

Video Setting: A WhatsApp group of four friends. The idea was to use peer-to-peer conversation to bring a certain informality to the conversation.

What happens in the video: Each episode sees Meenal share an incident from her life as a new mother with her friends. The conversation builds up to well-meaning scientific advice around the importance of vaccinations.
Relatable:
Provide information from a young mother/caregiver’s perspective

Representing your audience’s environment allows you to contextualize situations & conversations from your audience’s everyday life, within family and outside of the family.

We were careful not to villainise the family - as we are challenging beliefs, not people.

Chota Muh Badi Baat

Video Setting: Sketch comedy portraying Meenal’s family

What happens in the video: Chhota Muh Badi Baat literally means ‘a younger person making a big point’. Each episode shows young Meenal tackling a vaccination myth that her in-laws believe, which is resolved with the support of metaphors, sense of humour, scientific facts and her sister-in-law’s unconditional support!

‘Uff bhaiyya’

Six pieces of content that showed how a sassy young mother combatted unsolicited advice and ill-information from her community

“Uff bhaiyya”

If these videos are shown sitting with family and explaining them side by side then they will definitely understand. Doctors should also be shown because they will also be explaining about these conditions

Frontline worker, Moradabad

“The one with the daughter-in-law was the best one... because she’s thinking about her child and it’s nice to think about our child’s health. So I like that daughter-in-law character.”

Young Mother, Agra

Provide information from a young mother/caregiver’s perspective

Relatable:

Representing your audience’s environment allows you to contextualize situations & conversations from your audience’s everyday life, within family and outside of the family.

We were careful not to villainise the family - as we are challenging beliefs, not people.
Information Seeking Behaviour: Encourage the audience to seek verified information rather than listen to hearsay

Encourage her to feel more confident to take decisions or at least find out more information towards immunisation related decisions.

Reflect on authentic conversations and stereotypes to address hearsay.

This gives you the opportunity to show your audience how to tackle myths and misinformation creatively.

Meenal’s Mother-in-law

Video Setting: Meenal’s mother-in-law bringing in the ‘elder’ perspective.

What happens in the video:
Mother-in-law goes from being a naysayer to someone who understands the need for vaccines and now that she ‘gets it’, she wants to share it.
A simplistic breaking down of the ‘whys’ - why vaccines, why the routine, why the need to listen to experts.

‘Google kar lo’

Six posts, representing search behaviour to share information about vaccines.

“When we go for vaccination then whoever are the elderly people of the family or mother in law of the mothers they talk like this only. That is why I liked this character of Maaji”
Young Mother, Moradabad

“I liked the character of Maaji because in every house we get mother in law mostly like this. In the family we get all the elderly people like this only. That is why I liked this.”
Young Mother, Agra
Prachi (one of Meenal’s friends)

Video Setting: Prachi is a been-there-seen-that mother who is now seeing her friends go through the experience of vaccinating their child.

What happens in the videos: In these videos we show Prachi’s sensitive, sweet side where she acknowledges how confusing it can all be and so uses her humor and relaxed attitude to hand out information and advice.

‘Asha Di ki suno’

Using the cues of an ‘expert’ to surface really important pointers like dosage reminders, where to go etc.

Information Verification Behaviour: Encourage the audience to seek expert advice on immunisation

Use local terms to make concepts relatable and clear.

Clarify common misconceptions and apprehensions with regards to expert interactions.

Disseminate information as tips and tricks, best practices from an experienced mother and an expert’s advice.

“Yes, I liked it when they said that you can get vaccination done at any place be it Anganwadi or any Health Centre or at any place you can get the vaccination done, so I think that they were giving the right information and I also got some learning from them so I liked it.”

Young Mother, Moradabad

“These videos are nice and relatable. If someone doesn’t understand what I’m trying to say, I would like to suggest a video like this for them to watch and understand.”

Frontline Worker, Moradabad

"मुफ्त है, पर ज़रूरी है"
Make it Memorable!

It is most important to make your content both informative and entertaining.

You can consider using popular content trends in your country - such as rap battles, slam poems, tiktok challenges, etc.

Give your audience something to talk about!

‘Shaayari’

Using the universal love for couplets and the format of these specific ones called ‘shaayari’, as a way to land the benefits of vaccination in six posts.

Rap Battle Song

This is a light-hearted musical content that drives home messages in a fun way - between a young new mother and her mother-in-law. Lyric and beats are often used to challenge old thoughts and break stereotypes. The setting and topic of the video sets it apart and helps build a tool that allows for introducing conversation around immunisation.

“I liked how the mother-in-law was opposing everything earlier and later agreed. The concept of relating it with KBC (TV show) was good.”

Young Mother, Agra

“We really liked the video and want to share it with other mothers we know. I will try to explain to them that I couldn’t get it for my children but you should definitely get it done for your children as it is for the safety of your child’s future.”

Young Mother, Moradabad
Prepare a set of FAQs & response plan

We expected to receive comments and questions from our audience and so we had prepared a set of FAQs. These helped us answer doubts that the audience shared with us and prompt them to seek their doctor for more advice.

On several occasions we witnessed mothers supporting each other with regards to queries about vaccines:

- Useful techniques and tips for when their babies are in pain/discomfort after vaccination.
- Fears and apprehensions and comforted each other about similar experiences.
- Knowledge sharing with regards to where one can get vaccinated, who to consult, what to ask their doctors, etc.

A young mother came forward with a query about not having vaccinated her one year old child at all and what she can do in such a situation. After prompting her to go and consult a doctor, we received a response from her two days later: “Thank-you so much for guiding and encouraging me. Yesterday, my mother-in-law went to the clinic and got my daughter vaccinated”.
Step 5: Evaluate Campaign

5.1 We conducted a Facebook Brand Lift Study to evaluate our campaign

Facebook Brand Lift is an online survey tool that helps you assess the success and impact of your communications, comparing knowledge, attitudes and intentions amongst those who have and have not been exposed to your posts.

*The 'Lift' percentage indicates the shift in perception between the two groups, as a result of your campaign.*

Brand Lift Study typically has no more than 3-4 questions and generates results within a week.

These are the questions we asked in our Brand Lift Study:

1. Do you remember seeing Point Toh Hai’s ads online or on a mobile device in the last 2 days? (Recall)
2. If your friend does not want to get her child vaccinated, what advice would you give to her? (Attitude)
3. According to you, who has the most accurate information about vaccination? (Knowledge)
4. According to you, if a child misses a vaccine, then what will be the difference in his ability to fight life-threatening diseases? (Perception)
5.2 Qualitative Evaluation of Content

We also conducted a qualitative content evaluation exercise to gain a deeper understanding into the efficacy & suitability of Point Toh Hai content for its target audience.

We wanted to understand how our content will be received by our target audience.

We conducted a study where we showed Point Toh Hai video content to girls and young women who were then interviewed remotely (on ‘Zoom’) by our in-house community research team - TEGA.

We took two cities that have a generally low-uptake of vaccines (Agra and Moradabad) and interviewed residents to understand their reactions and efficacy of our content. We focused on two sample groups:

- Mothers of non-immunized and partially immunized children
- Key informants such as ASHA, Anganwadi workers (community health workers) and government school teachers.
OVERALL CAMPAIGN PERFORMANCE

✓ Our posts reached a total of 7.1 million women over 3 months

✓ We made 155 million impressions on Facebook overall, meaning an average of 21 impressions* per woman reached

✓ 3.8% increase in perceptions that vaccines protect children from life-threatening diseases

✓ 4.2% increase in perceptions that community health workers have most accurate information about vaccination, specifically in users from lowest coverage areas

✓ Estimated promotional cost *(cost per lift) to improve confidence in vaccines was USD 0.60 or less per person

✓ 273,500 users had a positive change in knowledge or attitudes about vaccines

*Impressions are the number of times your content is displayed on a user’s feed.

**Cost per lift represents the amount you spent to get one additional person to respond favourably to a poll about your ad. It is calculated by taking your total spend and dividing it by the number of influenced people.
THANK YOU