



**Perceptions and attitudes towards
human papillomavirus vaccination
among Samoan girls Aged 10 –17 years
and their caregivers in rural communities**



***Systems Strengthening for Effective
Coverage in the Pacific Project (SSECNVPP)***

ADB, MOH Samoa and Abt Global

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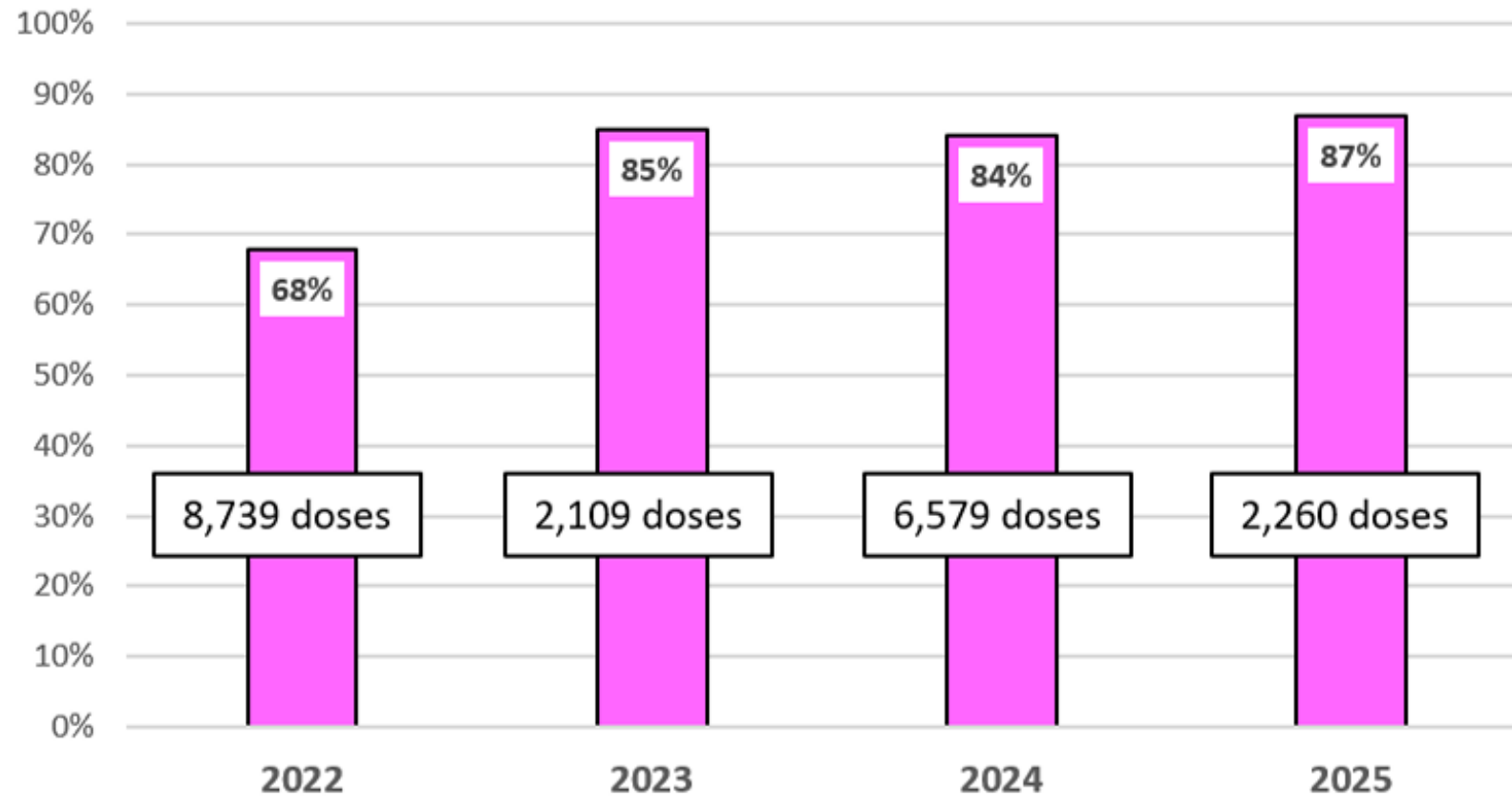


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Background

- HPV vaccination protects against infection of the human papillomavirus which causes cervical cancer, genital warts as well as other less common forms of cancer
- WHO recommends a target 90% coverage of a 1 dose schedule for girls starting age 9 and before age 15 to eliminate cervical cancer
- ADB project funded the introduction of HPV (Cervarix) in Samoa, Tonga, Tuvalu and Vanuatu (2020-2026)
- Global and some regional studies on vaccination coverage and knowledge-attitudes-behaviour, but no country level studies with indigenous Samoans (context gap vs. empirical gap).
- Many qualitative studies focus on parents

Figure 2. Revised HPV Coverage Estimates EPI, MOH 2022-2025



- HPV school-based campaign for 2024 from February through April
- Need to understand low coverage reported in Faleolo and Leulumoega health facility catchment areas

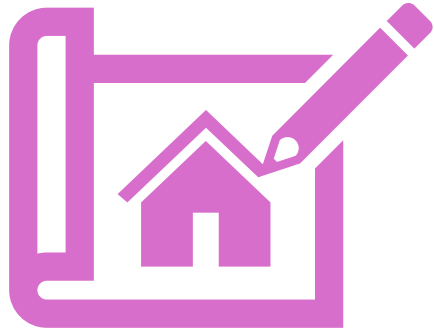
Methodology

- Objective: Identify barriers and enabling factors to receiving HPV vaccination
- Exploratory focus
- Qualitative cross-section study April-August 2024
- Recruitment from lists of unvaccinated girls at schools with highest “not given”
- Semi-structured interviews with caregivers and eligible unvaccinated girls ages 10-17 years
- Focus groups with nurse vaccinators and health promotion staff involved in delivering the campaign

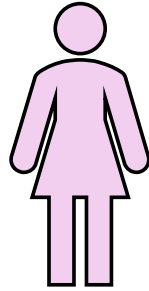
Methodology

- Interviews with done separately
- Formal consent from adult caregiver, final consent from girls before interview
- No person level information collected from focus groups with staff
- Health communication and support provided if requested
- Thematic analysis of interviews and focus groups, comparison between study groups

Equity Research Enrollment



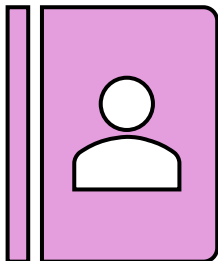
28 Households



30 girls age 10-17
interviewed



24 caregiver interviews



5 Focus Group Interviews
With
Implementers (20 staff)

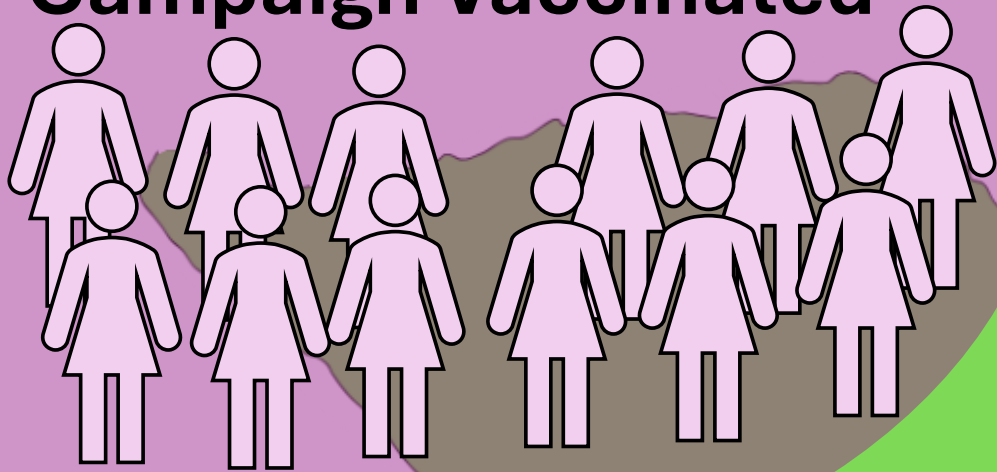


74
total participants

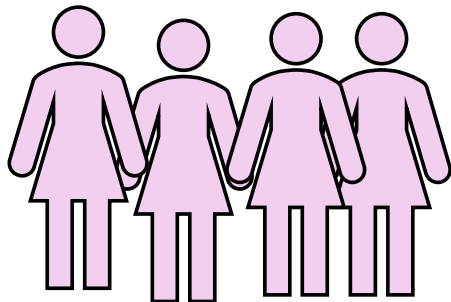
Sample Size and Response Rates (Girls n=30)

Research Site	Girls with consent to interview	Total listed as not given in EPI records	Percent
Faleasiu Primary	3	5	60.0%
Fasitoo Primary	7	7	100.0%
Malie Primary	4	7	57.1%
Nofoalii Primary	6	6	100.0%
Afega Primary	10	11	90.9%
Total	30	36	83.3%

HPV School Based Campaign Vaccinated

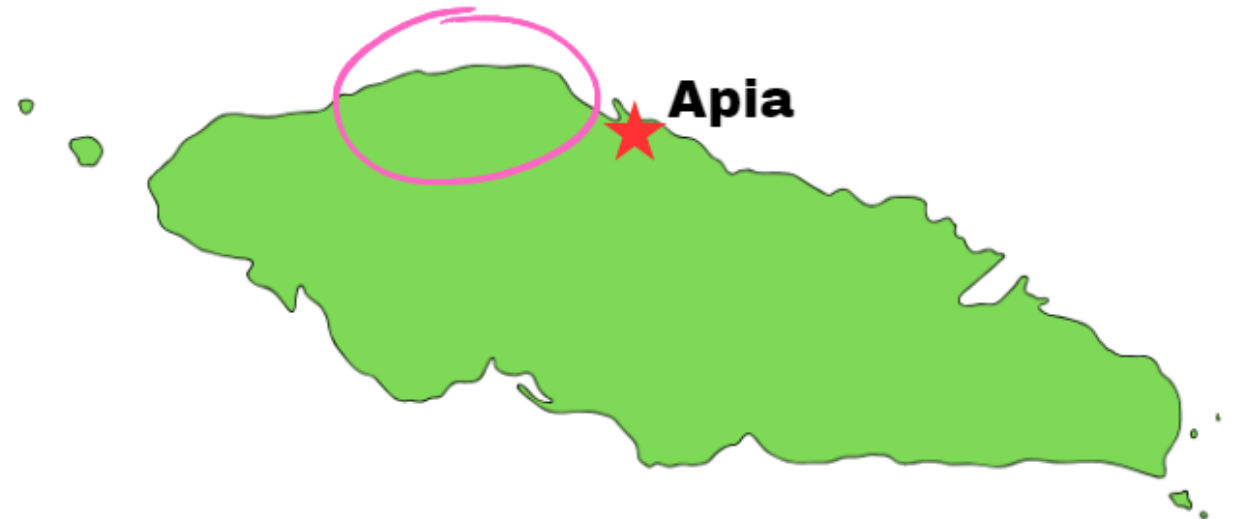
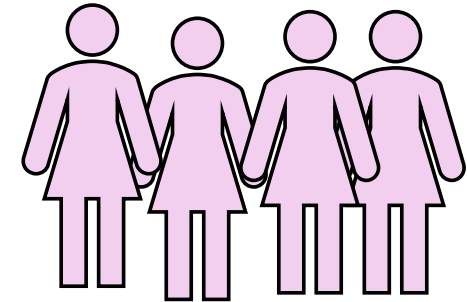


Out of School Girls Not
Given Vaccine



Equity Research Project

Enrolled Girls Not Given Vaccine

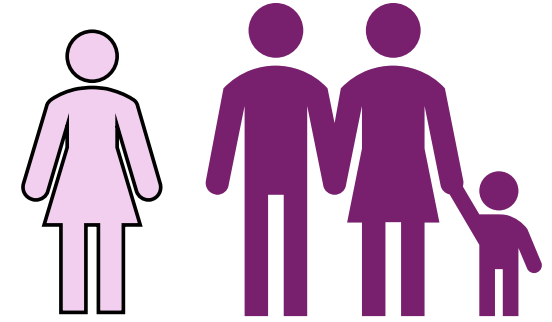


Limitations



- School based population – may be greater vaccine hesitancy and service barriers at community level
 - Sample from to NWU region (not population based sample)
 - Female caregivers more willing to participate than males
 - Desirability bias of parents and girls when answering questions on vaccination and sexual reproductive health behaviours
- (None of the girls reported initiating sexual intercourse or smoking)***
- Lack of knowledge and unfamiliarity with key terminology among girls and caregivers made it difficult to administer questions about HPV and sexual reproductive health

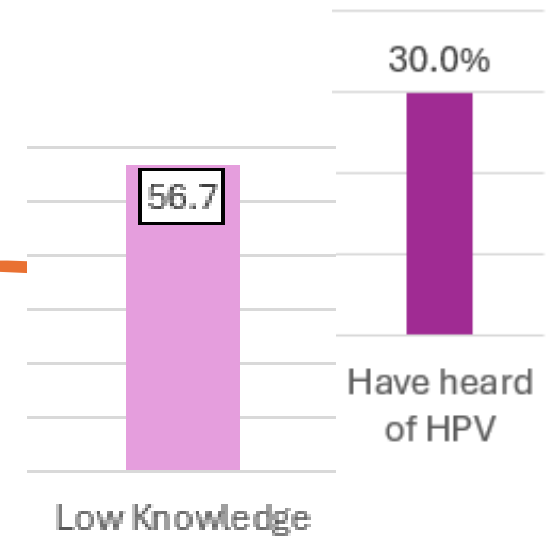
Description of Sample



- Most girls were between the ages of 11 and 13
- Most caregivers were female between age 30 and above (25% age 50 and above)
- Caregivers were not always biological parents and were residing in 8 villages in the NWU (75% achieved a secondary education)
- Most caregivers interviewed were mothers, but also aunts, sisters and fathers who were the primary caregivers of the girls
- The caregivers were asked to report the total household income and income earners for their household. There were 2-4 caregivers responsible for 2-12 dependents earning an average income of \$11,417 per annum, indicating a significant economic and social burden

Girls Needing More Information on HPV and SRH

- "This is the first time I am hearing about the HPV vaccine."- Female, age 13, Nofoalii
- "I don't know much about HPV. I want to know what is HPV and its causes, preventive measures and other means of protection."- Female, age 11, Fasito'o uta
- "What is the cervix? And why does this virus attack only the cervix and not other parts of the female reproductive organs?"- Female age 13, Fasito'o uta
- "Nurses explained that the vaccine can prevent us from getting cancer of the cervix. However, the information was not enough for me to understand the need for the HPV vaccine."- Female, age 11, Malie uta



SRH information in schools is not enough

- "NOTHING is discussed in our school. School is all about studying hard and other things but not on relationship matters."- Female, age 13, Afega
- "Our school discusses these issues but not in detail. Female teachers usually talk about these issues to all the female students and that's how we get the information on relationship between boys and girls."- Female, age 14, Afega
- "There is very little information on SRH and I don't know why. We need to know more about SRH issues as it will help us as we grow up to become young women and so forth."- Female, age 12, Afega



Beneficiary Acceptance, Provider Hesitance

80% of girls in the study were willing to be vaccinated

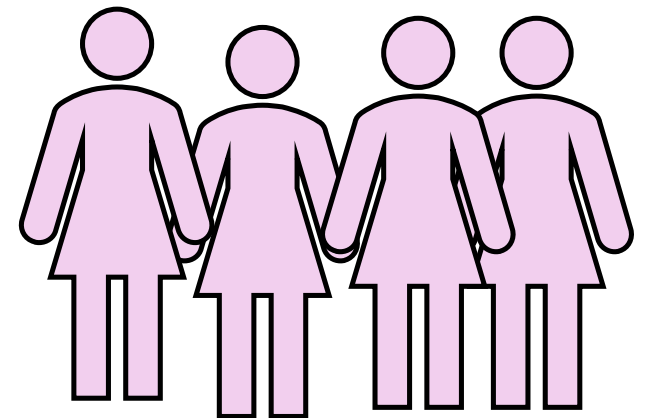
- “My mother won’t sign the consent for me to get the vaccine. My mother refused at first, and she will do it again.”- Female, age 13, Nofoali’i
- “I was happy and on my way to be vaccinated, and then I met my aunty on the road and she told me that I should not do it because it will make me feel sick and maybe not able to have children in the future. So I went back home thinking that she was telling the truth. I believed her then, but now I know the true purpose of the vaccine, therefore I want it done to myself as well, like all other girls of my age.” Female, age 15, Afega
- "My mother doesn't want me to get vaccinated. My mother is scared hence why. But I want to get the HPV vaccine. I want to prevent myself from getting this virus."- Female, age 13, Malie
- “My father stopped me from getting this vaccine. He said that the vaccine is only for older girls and not for me as I am too young.”- Female, age 12, Faleasiu

Peer Dynamics of Vaccine Demand

***Also
noted by
MOH staff**



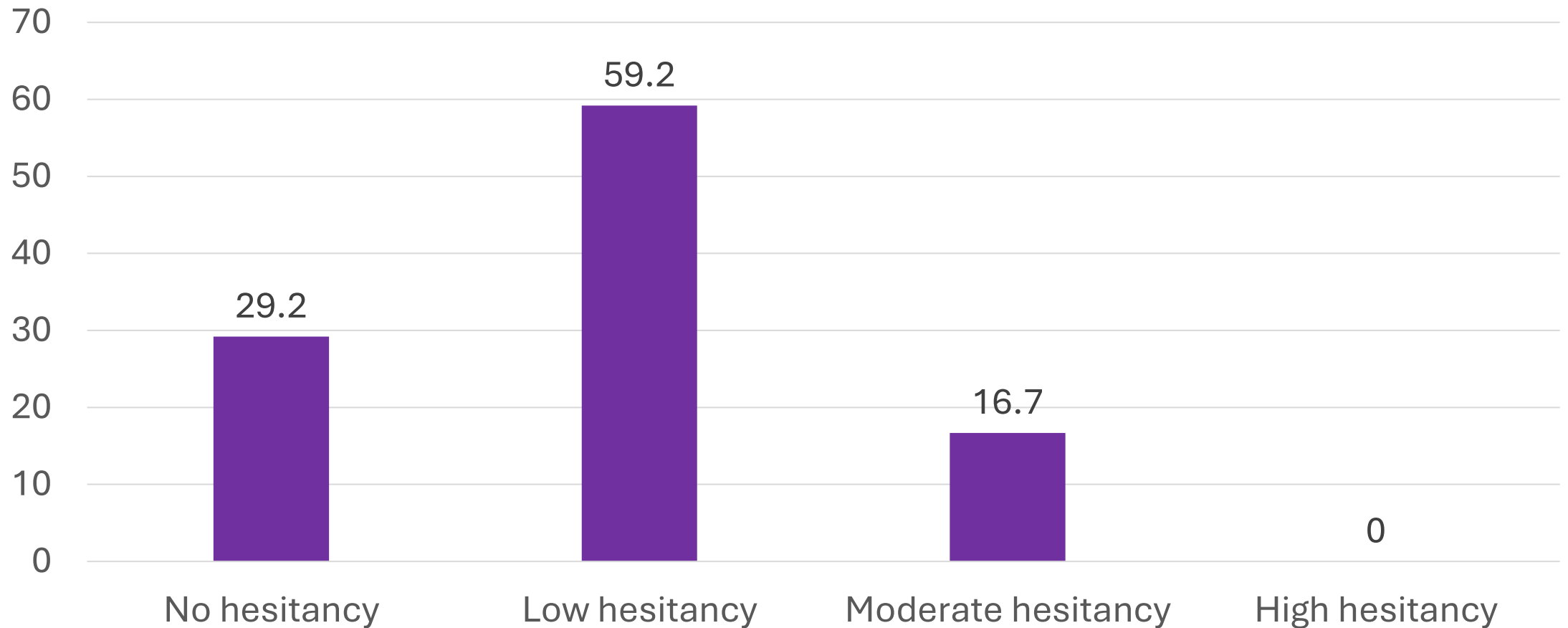
- "I was very disappointed when my friends got their vaccine but not me."- Female, age 11, Malie
- "I was angry and sad at the same time – because I wanted to get my HPV vaccine but my mother disapproved. I was sad because my girlfriends got it done."- Female, age 13 Malie
- "I want to protect myself from HPV, but my parents didn't want me to receive the vaccine – I felt sad because all my friends received the vaccine but not me."- Female, age 12, Fasito'o uta



Caregiver Vaccine Awareness Indicators

Awareness of Vaccination Services	Number	Percent
Are aware of general vaccination programmes in Samoa	15	62.5%
Have themselves been vaccinated against major VPD's (self-report)	24	100.0%
Have had their children vaccinated against major VPD's	24	100.0%
Are aware of HPV vaccine available for girls	9	37.5%
Have recently heard of a recent MOH school vaccination campaign	10	41.7%
Were satisfied with information received prior to deciding on vaccination for child	8	33.3%
Discussed the HPV vaccination with child prior to vaccination campaign at school	12	50.0%

Measuring Vaccine Hesitancy in Caregivers



Reasons Child Not Given HPV - Campaign

Reason child not vaccinated stated during research interview	Number	Percent
Refused to consent to vaccinate	16	53.3%
Sick at time of vaccination	5	16.7%
Family not aware of the programme in schools and didn't receive consent form	3	10.0%
Did not have vaccination card/system record on day and was refused by nurses	2	6.7%
Absent during date of vaccination	2	6.7%
Child had consent but chose to delay vaccination	2	6.7%

Most Common Refusal Reason:

Caregivers don't have enough information prior to vaccination,
unsatisfied with communication



- "There need to be more information on this vaccine for parents to make their decision on. I fully support this program from the Ministry of Health, but I feel that awareness is not enough. Awareness is not reaching us, the parents."- Male, age 54, Faleasiu
- "The only reason why I refuse to have my kids vaccination is because I don't know or understand what HPV is because it was not explained to me. I didn't like the fact that I wasn't invited to come as a mother to be with my child and see which vaccine is to be administered to my child in case something happens... There is not enough information provided (on the form) order to agree or consent to vaccination. All that my children told me was to sign the letter for vaccination for cancer."- Female, age 53, Malie
- "I have heard of HPV, but I don't know what a cervix is. If I understand what the vaccine is for and what it protects children from then it will be easy for me to make a decision for my child."- Female, age 57, Nofoalii

***MOH nurses and health promotion staff-**

In districts/schools where communication and consultation activities were complete prior to the school campaign, vaccination teams saw the highest uptake

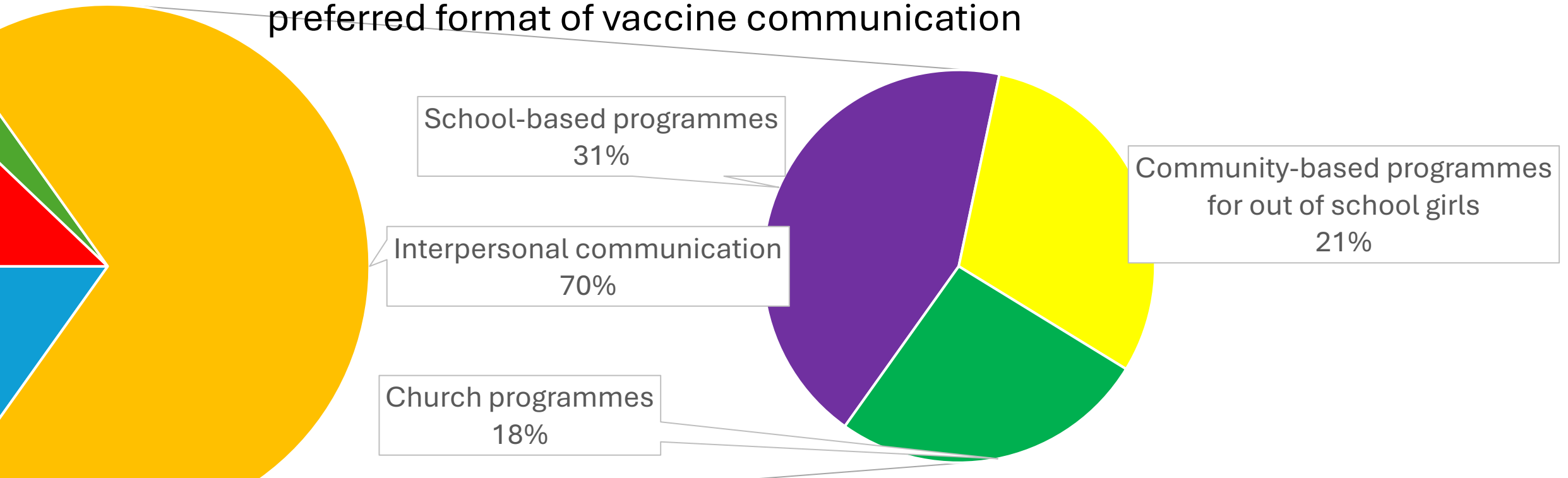


Gender Differences in Vaccine Concerns

- Fathers who participated in the study and fathers who influenced mothers and caregivers enrolled in the study, often cited fears of vaccination affected young girls' fertility as reasons for refusal
- Female caregivers reported this in the study in instances where they were willing to give consent but deferred to the decision of the male caregiver in the household
- Mothers were more likely to cite fear of an unspecified acute reaction to vaccination as their main concern
- This was also corroborated by MOH nurses and health promotion staff

How caregivers want to receive vaccine information and services

- 87% of girls want to receive vaccine communication and information from doctors & nurses, in healthcare facility settings, from parents or peer mentors
- 70% of parents also mentioned interpersonal communication as their preferred format of vaccine communication



Discussion/Recommendations



- Lack of anti-vaccination beliefs and desire for more detailed information on vaccination benefits by caregivers and young girls shows that enhancing vaccine communication could feasibly reduce many refusals among enrolled girls for HPV
- Parents and caregivers who don't feel informed in an adequate, respectful, and culturally appropriate manner will decline to have their child vaccinated even if they do not have vaccine hesitancy or anti-vaccination beliefs and attitudes
- Family and beneficiaries prefer methods of interpersonal communication for vaccine information **Fa'asoa ma talanoa**
- Girls as beneficiaries can be also be allies in convincing parents to provide consent for vaccination, especially if they receive enough information prior to campaigns

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Original Research

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