

Field Guide

Interpersonal Communication
for HPV Vaccination

About This Guide

Interpersonal Communication for HPV Vaccination

Interpersonal communication is one of the most effective modes of communication for any intervention and it is particularly important in HPV vaccination because it provides the opportunity for feedback. This guide will talk about the importance of interpersonal communication skills in mobilizing and supporting caregivers to have a positive view towards vaccination. It will also discuss key messages that will guide health workers on the correct actions to take in relation to interpersonal contact and persuasion for the uptake of the HPV vaccine. The guide will also serve as reference material for key stakeholders in HPV vaccination as they carry out communication and promotional activities and interact with caregivers and young girls.

Development of this field guide is the result of an extensive collaboration between UNICEF, American Cancer Society, Bill and Melinda Gates Foundation, CDC, CHAI, Gavi, the Vaccine Alliance, Girl Effect, JHPIEGO, JSI, PATH, WHO, UNFPA & PCI Media. UNICEF wishes to recognize their contributions to this important initiative and expresses gratitude to all those who supported the development of the package through their time and expertise.

UNICEF also thanks the following staff members and consultants from the Country and Regional Offices, and the Headquarters who substantially contributed to the development of these Guidelines, and their input and support is gratefully acknowledged: Elnur Aliyev, Indrani Chakma, Chancy Mauluka, Titus Bonie Moetsabi, Jennifer Barak, Fikiri Mazige, Karl Spence, Vololomanitra Belalahy, Tesfaye Simireta, Miriam Lwanga, Gianluca Flamigni, Marcelline Ntakibirora, Halima Dao, Omar Habib, Awa Diallo Bathily, Raabi Diouf, Grev Hunt, Jonathan Shadid, Johary Randimbivololona, Violeta Cojocar, Deepa Pokharel, Iwan Hassan, Helena Ballester Bon, Flint Zulu, Nasir Yusuf, Natalie Fol, Chikondi Khangamwa, Attiya Qazi, Azhar Abid Raza, Celina Hanson, Oya Zeren Afsar, Willibald Zeck, Diane Summers, Robin Nandy and Stefan Peterson.

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These field guides have been developed to support country teams and partners in their HPV communication planning, rollout and monitoring. These guides are available online/offline for use and adaptation in line with local context and requirements.

To access and download the HPV Communication Field Guides, other related resources and examples, please visit <http://globalhpv.com/>

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Guide Users

This guide is intended for communication specialists and program implementers to increase the interpersonal communication (IPC) skills and knowledge of frontline health workers and health mobilizers on HPV vaccination in order to prevent cervical cancer and save lives. It is also intended to provide professional assistance to workers who want to promote good practices while handling HPV vaccine in their countries and communities.

What's in This Guide

In this guide you will find the following:

- Step-by-step guidance on how to conduct effective interpersonal communication.
- Key participant audiences and the recommended actions before and after vaccination.
- Real world examples of good IPC practices that have been recorded in selected countries.
- Key messages related to HPV vaccination promotion that are useful in IPC interactions.

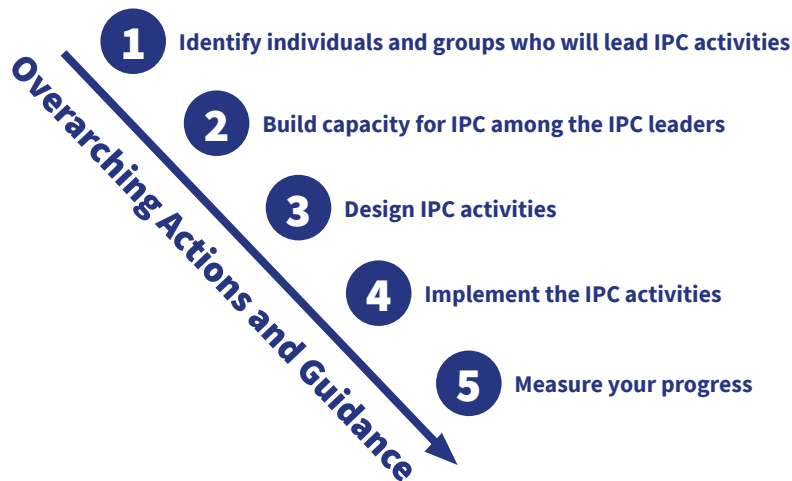
What Is IPC and Why Is It Important?

Interpersonal communication is a face-to-face verbal or non-verbal sharing of ideas, feelings, and information that creates a relationship between individuals within a small group based on shared or common ideas and beliefs.

Interpersonal communication is a skill we use every day. We use it at work, with our families, with our friends and most importantly with our community. We often think of it in terms of knowledge exchange, but there is much more happening than pure information sharing. IPC is a crucial part of behavior change and can motivate individuals to decide what behaviors they will adopt or will not adopt. How individuals and communities are treated during IPC impacts the health-seeking decisions and behavior adoption of the individuals and community.

IPC is essential for the uptake of the HPV vaccine because it allows for dialogue between participant audiences and health workers that can provide information, address fears and barriers, shift perceptions and set outcome expectations.

With good IPC, health workers can create a safe and comfortable environment for parents and teens, thereby earning their trust and increasing their willingness to follow advice on the necessary steps and practices they should take.



Overarching Actions and Guidance

As a communications specialist or program planner/implementer, it is up to you to determine the most effective ways to implement IPC about the HPV vaccine. The following steps are suggestions for how to launch an IPC component of a communication strategy promoting HPV vaccination.



Step 1: Identify individuals and groups who will lead IPC activities

There are several groups of community leaders who have direct contact with parents and teens, and members of these groups would be useful starting points for capacity building on IPC. These are:

- Health care providers, such as vaccine administrators, nurses, and other health care professionals in clinics and health facilities.
- Community leaders, such as village heads, whose opinions are trusted.
- Religious leaders, who are often capable of making strong emotional appeals to audiences.
- Teens and adolescents, whose ideas and opinions are often viewed as more credible and genuine than those of adults.
- Teachers and other school-based leaders, who may be considered trustworthy sources of knowledge.
- Traditional healers and other sources of traditions, customs, and practices, who can make emotional appeals based on people's desire for connections to their community's past practices.
- Locally based, community theater troupes with experience facilitating participatory theater.

Once you have identified the groups of people who will be using IPC as part of the HPV vaccination campaign, you can begin building their capacity for IPC.



Step 2: Build capacity for IPC among the IPC leaders

Before you start any capacity building activities, conduct a short assessment of people's feelings about doing IPC with others in the community. You may find that certain people need additional training on the specifics of HPV, the HPV vaccine, and cervical cancer, while others need to practice how to build rapport with others. While IPC is something everyone does constantly, when it's applied to specific situations like promoting HPV vaccine, most people can benefit from some form of capacity building, even if it's just role playing.

Capacity building activities for IPC could be done in several different ways:

- Short workshops to share ideas and best practices for IPC.
- Role playing sessions in which people practice using job aids, discussion guides, or rehearse theatre performances.
- Participatory development of communication materials, such as scripts or discussion guides.

Be sure to monitor and assess whether your capacity building activities are having the desired effect. You can do this by listening to people practice in role plays, by conducting some short surveys at the end of workshops, and by having someone outside your communication program assess your materials, such as scripts or discussion guides. If people are comfortable doing IPC, you can move on to the next step: designing IPC activities.



Step 3: Design IPC activities

Designing IPC activities doesn't need to be complicated. How IPC fits into your communication strategy depends on your timeline and available resources. Perhaps you have a budget that supports activities like participatory theater, the development of school-based peer group activities, and many dialogue or discussion sessions with community leaders. On the other hand, perhaps your timeline is short or your budget is small. In this case, you might decide to focus on ensuring the health care providers are prepared to talk about the HPV vaccine with their patients or clients. Whatever the case, your design should set goals for how often IPC activities will occur, and how you'll measure whether the activities are making a difference to people's ideas about the HPV vaccine. Much of the design of IPC activities is done during the development of the materials to support it, such as scripts or guides. That means that your design activities in this step will likely be more about timelines, budgets, and measuring whether the activities have made a difference.



Step 4: Implement the IPC activities

Implement the activities you've created in previous steps according to your timeline and budget. Be sure that you keep track of the activities according to your plan.



Step 5: Measure your progress

As with all communication activities, measuring progress in IPC is about assessing two broad categories of progress: First, whether activities have been conducted according to the plan, known as monitoring, and second, whether the activities made a difference, known as evaluation.

Assessing the first category of activities is a matter of keeping track of whether they have been done. For example, you could monitor how many participatory theater performances have been done in a certain time period. You could also assess how

many interactions between patients and providers have included discussions about HPV vaccine and also measure how many community discussions have been held between leaders and community members. No matter what IPC activities you have designed and implemented, be sure to keep track of whether they are being done, and whether their implementation is in keeping with your timeline.

The second category of measurement may be more challenging to implement, particularly with IPC activities, when the content of discussions is often private or privileged. Here are a few ideas to consider when designing evaluation measurements for IPC.

- Conduct research in the community before IPC activities begin to establish a baseline for the normative expectations around the HPV vaccine (see above).
- Conduct research in the community after IPC activities have been underway for at least six months to determine whether normative expectations are shifting.
- Design and administer short questionnaires for patients after interactions with providers that ask them about their experience.
- Ask providers to self-assess their IPC activities periodically.
- Attend community theater events and assess people's participation in them to determine whether changes are occurring.
- Ask community members to talk about their experiences in dialogue or discussion sessions immediately after they occur.
- Conduct research among peer groups in school-based environments whether IPC activities have been implemented to get a sense of people's perceptions of HPV and the HPV vaccine.

More detailed evaluation activities can always be commissioned by external experts, if your budget and timeline allow it. If not, you should at least perform informal interviews or discussions after IPC activities have begun so that you can get a sense of how things are working.

Tips for Effective IPC

Being a good communicator is mostly about building rapport with others. Conducting IPC in communication campaigns is not about educating people. It's about having discussions, listening to others, and respecting other people's opinions.

- Be respectful. IPC begins with dialogue, which is an interaction between two equals. Meaningful dialogue is based on mutual respect.
- When discussing HPV, start from what people already know. Ask questions and listen to their ideas about HPV, the vaccine, and cervical cancer.
- Provide verbal reassurance and feedback. Depending on where you are, this might mean making eye contact, or avoiding eye contact. Nodding and acknowledging that you have heard the other person is also important. You may also find it helpful to paraphrase what the other person is saying to check whether you've heard it correctly.
- Convey knowledge and experience - Sharing of ideas, experience and information only happens after the foundation has been laid and interaction established.

IPC in Practice for Health Care Providers

There are many opportunities for health care providers to communicate with parents about well-known health practices and share ideas with them about how these practices might contribute to their well-being. Sometimes this will involve helping someone make a decision about something (such as choosing to get vaccinated). Other times your interaction with the client will not involve decision making but sharing ideas, concerns, or experiences about

a health behavior, such as vaccination. Usually, helping someone make a decision is referred to as counseling.

One well-known and highly effective approach that is often used in patient/provider interactions, such as counseling, is known as the GATHER approach. GATHER is an acronym that stands for Greet, Ask, Tell, Help, Explain, Return. Each step can contribute to building capacity in patients to make a positive decision about the HPV vaccine and other health issues.

Greet



- When you have people coming to your health center for inquiries on the HPV vaccine or when you visit a household, greet everyone according to their cultural traditions.
- If you are conducting home visits, introduce yourself, what you do, and the purpose of the visit. Tell people that you'd like to talk about an upcoming health promotion or vaccination campaign.
- Be welcoming and friendly.

Greet Example: *"Hi, my name is...I'm a volunteer health worker and I'm visiting homes in your area to talk to parents and their daughters about a vaccine that can prevent cancer. How are you?"*

Ask



- You might begin the conversation by asking questions about whether the family has visited the health center, seen a health care provider, or more general questions about the family.
- Allow the parents and caregivers to talk. After they have opened up, you can ask specific questions that will help you understand what the parents or caregiver knows about cervical cancer, vaccination, and HPV.
- Ask questions about the household, i.e., children's general health, age, vaccination status, number of children in the house who are 9 to 14 years of age.
- Listen to them, how they express

- themselves, encourage them to talk.
- Keep your body language positive; sit on the same level as them.
 - Keep eye contact.
 - Make time, do not hurry.
 - Ask open-ended questions—this will allow people to share more information in detail. Use the what, why, how, where, when, how strategy.
 - Respect all opinions and answers at all times and stay patient.

Ask Example: *“Are there any health concerns that are affecting you or your family right now?”*

“Have you or your children ever been vaccinated against any diseases, like polio or measles?”

“Have you ever heard of HPV, or the HPV vaccine?”

Tell



- In this step, you may provide information that will help the client make a decision about a health behavior—in this case, the HPV vaccine. But this doesn't mean you should overwhelm them with facts. Frame your answers according to what they already know, what they want to know, and what misconceptions may exist.
- Do not pretend to know everything. If you do not know, tell them you will return with the correct information.
- Remember, the GATHER process is intended to promote dialogue between you and the people with whom you're speaking. When you're telling someone something, be sure that you stop to respond to questions or concerns. Listen to concerns and respond appropriately. There is no script for dialogue. This needs to happen naturally, based on respectful interaction between the speakers.

Tell Example: *“The HPV vaccine should be given to girls before they are exposed to the virus. The best time for them to receive the vaccine is when they are between 9 and 14. But older girls can also receive the vaccine.”*
“The HPV vaccine protects girls against HPV infection. Studies on the vaccine show that it is highly effective at preventing cervical cancer.”

Help in the decision-making



- In order to change behavior, parents and caregivers need support and encouragement. In this phase of the process, your task is to help the person weigh the alternatives and help them consider each for its advantages and disadvantages. The decision is theirs.

Help Example: *“Getting the vaccine will protect your daughter from HPV infection, and this means that she will be protected from cervical cancer in the future.”*

“Receiving the HPV vaccine does not mean that a girl will engage in sex before marriage.”

“The HPV vaccine is prepared according to religious law and is halal.”

“Every vaccine has some minor side effects, like redness, swelling, or mild fever. These usually go away within a day.”

Explain



- After the parent or caregiver has made a decision, you should use materials that will help the client remember key information that is important to the decision.
- A decision about the HPV vaccine might not happen on the first visit to a home, nor on the first visit a patient makes to the health center.
- Where possible, use educational materials (flipcharts, visual cards, SMS platforms) that will help remind them of some of the points you discussed.
- Use local examples, language, and stories.

Explain Example: *“If you're ready to bring your daughter for vaccination, there are a couple things you should know. First, she will need on [or two] doses. So be sure to schedule a repeat if necessary. Second, remember that there are usually some mild side effects such as pain or redness at injection site. If these don't go away within a day or two, come back to the clinic for a checkup.”*

Return/Refer/Reality Check



- Plan on a follow-up appointment or return visit. Repeated visits are opportunities to build trust and share experiences.
- Check on what you've discussed to be sure the client can apply what they have learned.
- Not all interactions with patients or clients will use all of these steps. Many times it takes several visits or discussions with clients before they are ready to make a decision. Your role as a health care professional is to assist patients or clients with the ability to make decisions about their health care.

Return Example: *“Let’s schedule another appointment. You’re always welcome to visit the clinic, but let’s be sure we plan on a follow-up visit.”*

“Are you comfortable with the decision you’ve made about the HPV vaccine? Is there anything else I can tell you about or concerns I can address?”

IPC in the Context of HPV Introduction Campaigns

IPC activities in support of vaccination campaigns have been conducted in a variety of contexts. In both Nigeria and Somalia, materials to support health care providers in IPC have been created and widely shared. IPC as a central component of social mobilization in HPV vaccination campaigns was also confirmed in a case in Niger. It was found that door-to-door visits by community health workers to initiate community dialogues and involvement of traditional leaders in the mobilization were effective in convincing the target population of the importance of the HPV vaccine.¹ Additional research from Nigeria also demonstrates that most communication activities around childhood vaccination tend to be about informing or

educating, and minimally about building capacity or community ownership.² The research suggests that communication that facilitates decision making and provides support would be effective additions to current communication programs.

Remember, interpersonal communication is not the same as teaching or counseling. It is instead an activity that is primarily concerned with building trust between people, based on respect, empathy, and shared values. Sharing ideas and experiences is a part of IPC that may lead to changes in knowledge, attitudes, or beliefs, but it happens based on a foundation of trust.

IPC Scenarios and Good Practices:

Below you will find a list of actions that have been taken in other countries by health workers or health mobilizers like you to promote HPV vaccination and prevent cervical cancer. You might find these useful as an inspiration or even go as far as to implement them in your own country.

- In Japan, they have developed school-based vaccination programs, so that students do not have to miss class or find their own way to a medical clinic. School-based programs also allow for the engagement of parent-teacher associations, which can offer an important venue for dialogue and for cultivating parental buy-in.
- Botswana decided to use a standard-based strategy to deliver the HPV vaccine, in which the HPV vaccination schedule was aligned with the school schedule. Educational materials on the HPV vaccine were distributed to raise community awareness, but monitors realized it was also important that health workers, teachers and educators worked hard and together to provide clear information to the community because refusal to vaccinate was often due to misunderstanding or misinformation. Health workers, teachers, and educators emphasized the eligibility criteria for HPV vaccination to the community, and the HPV vaccine was described as a cervical cancer vaccine. Seeing the joint effort of both health workers and teachers, the community felt comfortable adopting the vaccine and asking more questions.

Conclusions and Additional Resources

Interpersonal communication is a key component of communication about HPV, the HPV vaccine, and cervical cancer. IPC has the potential to change people's minds about new behaviors, such as seeking vaccinations, based on the relationships that they have with other members of their community. This guide provides information and ideas about the best ways to approach the development of an IPC component of a communication strategy, including details of the theoretical framework that supports the use of IPC in communication programs, key steps for measuring progress, and an effective framework for helping patients and clients make health related decisions.

The GATHER Approach

The GATHER approach is not intended to persuade people about the benefits of vaccination. The reality is that the benefits of vaccination far outweigh any potential risks. What it is intended to do is provide people with an opportunity to interact with a health care provider who can, through dialogue and interaction, address their concerns and discuss the risks and benefits of the HPV vaccine.

When people are provided with the opportunity to make their own decisions about health care, based on relationships with health care providers and other members of their community, and with full understanding of the benefits and risks of the health behavior, they are much more likely to decide in favor of vaccination.

Ten General Actions for Health Workers:

1. Ensure that the HPV vaccine is available at vaccination points where you or others like you work.
2. Keep a stock of informational materials and materials that can be used to teach others, such as a leaflet, a Frequently Asked Questions list, and a poster with images and simple phrases.
3. Make sure all these materials are available in local languages.
4. Attend trainings on interpersonal communication.
5. Keep track of all your visitors and their process.
6. Communicate with parents and caregivers in a respectful and reassuring manner, and address their questions and concerns.
7. Make sure caregivers and parents clearly understand what you are telling them.
8. Let them know that it is OK to contact you later with more questions or concerns.
9. Hold informational meetings with local groups to inform them of the HPV vaccine including the benefits of the vaccine, who should be vaccinated, the two-dose vaccination schedule, and the time and place where the vaccine is available.
10. Let caregivers and girls know that like other vaccines and medicines, the HPV vaccine can produce mild side effects, such as redness, swelling or soreness on the arm where the injection is given. Some people also experience headache, mild fever, aches in joints or muscles or temporary nausea. These side effects usually last less than a day and are not dangerous.

Information Parents and Girls Should Know:

Counsel caregivers of girls aged 9 to 14 years, 15 years and older, as well as girls themselves about HPV vaccination:

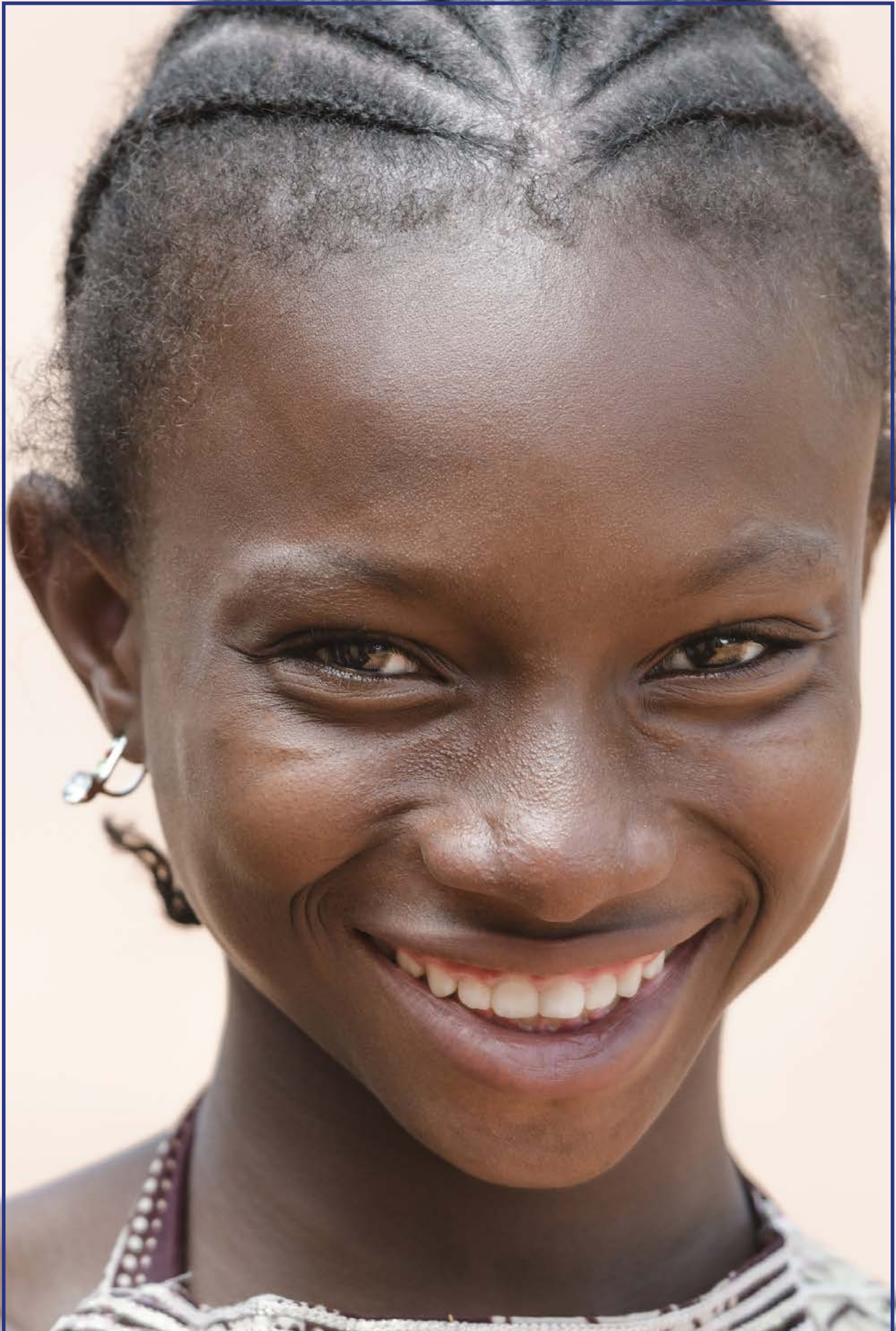
- Encourage the vaccination of girls aged 9 to 14 years
- Tell them that HPV vaccination prevents cervical cancer
- Tell them that the vaccine is safe and effective
- Explain that girls aged 9 to 14 years require the schedule of doses in your country.
- Tell them where and when the vaccination is available.
- Inform them that the HPV vaccine is free of charge (if this is the case in your country).
- Tell them that locally trusted people and institutions have endorsed the vaccine.

Facts About Cervical Cancer and HPV

- Cervical cancer is one of the most common cancers affecting women. 350,000 women died of cervical cancer in 2022.³
- Cervical cancer is one of many diseases that afflict the poor disproportionately. 94% of worldwide deaths from cervical cancer occurred among women living in low and middle-income countries, mainly due to lack of access to screening and treatment facilities.⁴
- Cervical cancer affects the cervix, part of a woman's uterus (womb).
- Human papillomavirus (HPV) is the primary cause of cervical cancer
- HPV is highly transmissible. The majority of the population who are sexually active, will become infected with HPV during their lives. Most HPV infection clears naturally, but in some cases, these infections will persist over years and go on to cause cervical cancer.
- Cervical cancer can impact child bearing as surgical removal of the womb may be required.⁵
- There are different types of HPV. HPV 16 and 18 are responsible for the majority of cervical cancer cases. Vaccines protect against these specific types of HPV.







Facts About HPV Vaccination and Cervical Cancer Prevention

- Cervical cancer can be prevented through HPV vaccination of girls, and cervical cancer screening and treatment of women.
- HPV vaccine is highly effective at preventing HPV infections, precancerous lesions, and most forms of cervical cancer.
- By 2022, over 130 countries had introduced HPV vaccines into national immunization programs.⁶ Governments in many countries offer HPV vaccine free of charge through immunization programs.
- The vaccine is most effective if administered to girls before exposure to HPV that occurs with sexual debut. WHO recommends girls aged 9 to 14 years old as the primary cohort for vaccination with a one or two dose schedule.⁷
- For girls aged 15 or older, or those with a compromised immune system, three doses within 12 to 15 months are recommended (typically given at 0, 2, and 6 months; but the second dose can be given at up to 6 months after the first dose).
- HPV vaccines are safe, effective and reliable. WHO Advisory Committee for Vaccine Safety has closely monitored the safety of HPV vaccines reviewing data and studies from all over the world. A WHO 2017 review of over 270 million doses of HPV vaccine concluded the vaccine has an excellent safety profile and no major adverse events.
- HPV vaccine is delivered with an auto-disposable (AD) syringe that is used only once and then must be safely disposed.
- HPV vaccine does not impact fertility or promote promiscuity. It is a vaccine that protects against cervical cancer.
- Evidence shows that countries with national HPV vaccination programs with high coverage have a significant reduction in new infections and cervical cancer cases over time.
- Like all other vaccines, the HPV vaccination can produce mild side effects, such as redness, swelling or soreness in the arm where the injection is given. Some people also experience headache, mild fever, aches in joints or muscles or temporary nausea. These side effects usually last a day or two and are not dangerous. If symptoms persist, the person should consult their local clinic or hospital immediately.

Endnotes

- 1 JSI. (2016). Lessons Learned: Introduction of the HPV vaccine in Niger doi:https://www.jsi.com/JSIInternet/Inc/Common/_download_pub.cfm?id=17993&lid=3.
- 2 Oku, A., Oyo-Ita, A., Glenton, C., Fretheim, A., Ames, H., Muloliwa, A., ... & Bosch-Capblanch, X. (2016). Communication strategies to promote the uptake of childhood vaccination in Nigeria: a systematic map. *Global health action*, 9(1), 30337.
- 3 IARC 2022 <https://www.iarc.who.int/cancer-type/cervical-cancer/>
- 4 <https://www.iarc.who.int/cancer-type/cervical-cancer/>
- 5 Cancer Research UK, Available at <https://www.cancerresearchuk.org/about-cancer/cervical-cancer/living-with/fertility>
- 6 <https://www.who.int/news-room/fact-sheets/detail/immunization-coverage>
- 7 WHO HPV Vaccines Position Paper: Dec 2022

