



# PHW HPV Information Resource – Research Findings

October 2023

# Contents

1	Background and methodology
2	Executive summary
3	General attitudes towards vaccination
4	General approach to vaccine decision-making
5	Knowledge and uptake of the HPV vaccine
6	HPV information resource preferences
7	Recommendations
8	Q&A



# Background and methodology

# Background and research objectives

## Background

Public Health Wales (PHW) commissioned BMG Research to carry out qualitative research to assess vaccine information needs among young people, to inform co-production of resources about the HPV vaccine.

## The aims of this research are:

- To understand what **questions, barriers or concerns** young people have about the HPV vaccine that should be addressed in the resource.
- To gain insights on the **content, style, format, and length** of an audio-visual resource that would appeal to young people.
- To ascertain if young people would access an **audio-visual resource** for vaccine information.
- To understand **how** young people would want this information to reach them.
- To understand **where** young people would access an audio-visual resource, including named platforms.

# Methodology (1)



2 online qualitative focus groups with young people aged 11-14 across Wales

- 1 in-depth interview conducted in Welsh
- Total of 16 participants



Recruitment via parent/guardian

- Parents/guardians were contacted first about their child taking part. If they were willing for their child to take part then both parent and child gave consent



Fieldwork took place on 20<sup>th</sup> and 21<sup>st</sup> of September 2023, via Zoom



Data analysed thematically, supported by quotations



Robust safeguarding process in place



## Methodology (2)

A **topic guide** was designed by BMG in collaboration with PHW for researchers to use when moderating the groups/interview.

The topic guide was used in a flexible way to allow researchers to follow-up on emerging themes of interest to the research.

The topic guide was structured as follows:

- **Introduction** to the research and consent to take part and audio-record
- **General attitudes towards vaccinations and decision-making**, covering general perceptions of vaccinations and, motivations and barriers to get vaccinated, and how decisions are made about whether or not to get vaccinated
- **Knowledge and awareness of the HPV vaccine**, centring around young people's knowledge and perceptions of the HPV vaccine
- **Activity** section consisting of a task where participants were asked to think about the content, format and channels they would use to let their **friends/people their age know about the HPV vaccine**
- **Information resource preferences**, following up on themes brought up during the activity and exploring preferences in terms of content, messaging, style and channels
- **Wrap up** and final comments

# Executive summary

## Executive Summary

- **Attitudes** towards vaccines are generally **positive**, characterised by the view that they are helpful in protecting against illness.
- The main reason young people get vaccinated is because their parents told them to do. **Parents** had a **key role in decision-making** around vaccines for young people, with parents either being the sole decision-maker or having a strong influence in joint decision-making.
- **Parents\*** are by far the most trusted sources to discuss vaccines with. Followed by medical professionals, teachers and other family members/friends.
- **Awareness** of the HPV vaccine is very **low**. Even if young people had been offered it or taken it, they have limited knowledge of what it is or what it protects against.
- Key **information** young people want to know **about the HPV vaccine** includes what the vaccine **is** and what it **protects against** as well as reassurances about **pain** when receiving the vaccine and potential **side-effects**.
- There is a strong preference for the information resource about the HPV vaccine to be highly visual and colourful, presented in the format of an **animated video and accompanying letter/leaflet**.
- Young people would like the video to be shown **in school\***, as part of an assembly or discussion in PHSE class, so that they can ask follow-up questions if needed.
- **School** was seen as **trustworthy**, while there are high levels of **mistrust** when it comes to information encountered on **social media**.

# General attitudes towards vaccination

# General knowledge of and attitudes towards vaccines

## Attitudes

Positive attitudes towards vaccines are characterised by the view that they are helpful in preventing people from getting ill and protecting them against diseases.

*"I think they can really help you and protect you from illnesses." Male, 11, Year 7*

*"Ever since I was a baby, my mum has always given me vaccines [...] so I've always looked at them like they're important so I don't get ill in the future." Female, 13, Year 9*

*"They help you to not get ill and live to your potential." Male, 11, Year 7*

## Knowledge

Awareness of flu and COVID-19 vaccinations being offered to young people is high.

*"It helps you not get colds or get ill during winter [Flu Vaccine]." Female, 12, Year 8*

*"It puts COVID in your immune system so it can battle it. So if you get it, it'll be more powerful." Male, 12, Year 8*

*"There are vaccines for people of all ages but for High School pupils, flu and HPV, I think." Male, 12, Year 8*

# Motivations to get vaccinated

Motivations for young people to get vaccinated include **being told by their parents to do so** and a perception that vaccines are helpful in **protecting against illnesses**.

## Parental decision

*"My mum tells me to get things [vaccines]."*  
Male, 12, Year 8

*"I'm not really sure, to be honest. I've always been told to have my vaccines [by my parents]."* Male, 12, Year 8

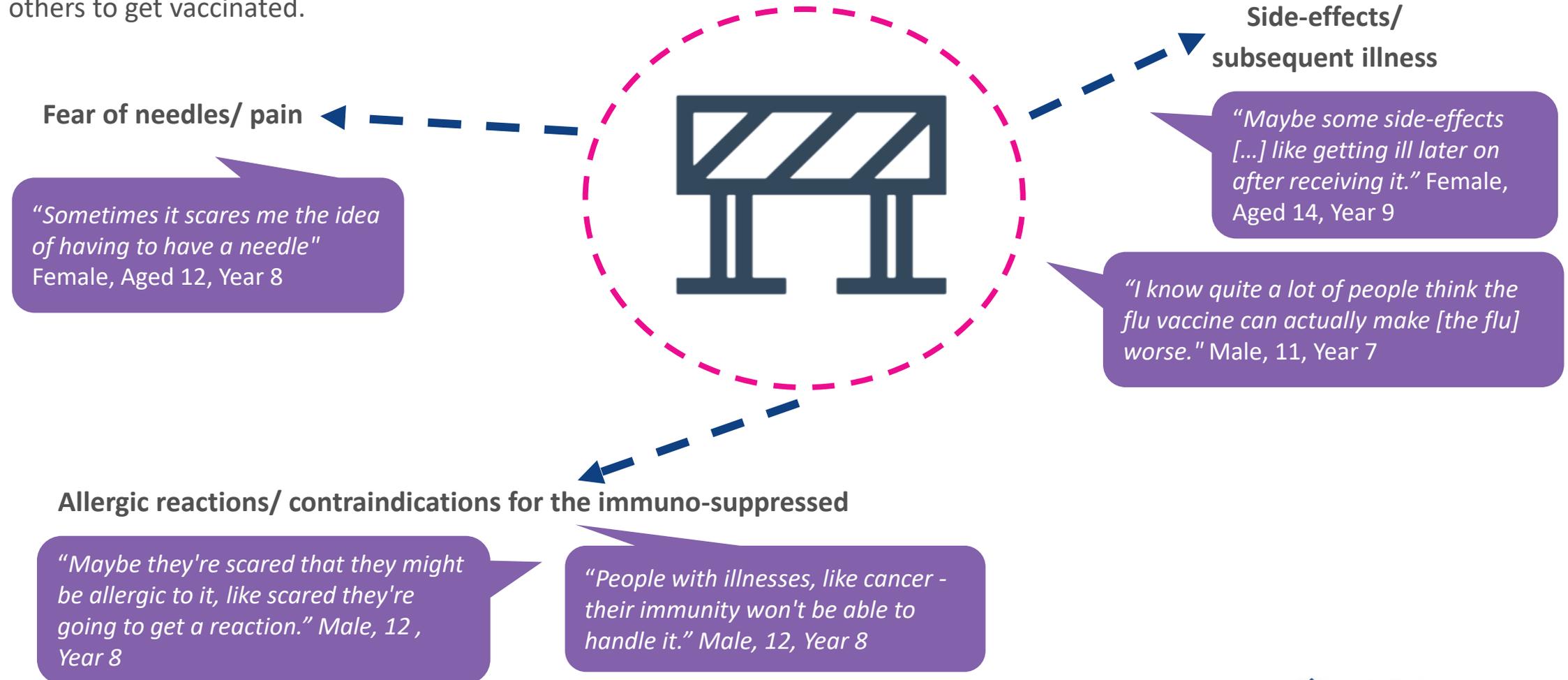
## Protection from illness

*"Sometimes, I've wanted to get the flu vaccination just so I don't get ill during winter."* Female, 12, Year 8

*"Try and get treated early before it affects you for the rest of your life."* Female, 14, Year 9

# Barriers to get vaccinated

Key barriers among young people to get vaccinated include fear of needles/pain during administration, and concerns around side-effects (in the short-term shortly after receiving the vaccine and in the longer-term if a young person was to get the illness they were vaccinated against). Being allergic or having compromised immune systems are also seen as potential barriers for others to get vaccinated.



# General approach to vaccine decision-making

# Levels of autonomy in decision-making

Three models of decision-making were identified when it comes to making decisions about vaccines for young people: parent-led decisions, joint decision-making and decisions led by the young person. Across all three types of decision-making, **parental input** is key, with young people alluding to conversations with parents/guardians when making decisions about vaccination.



Parent

sole decision-maker

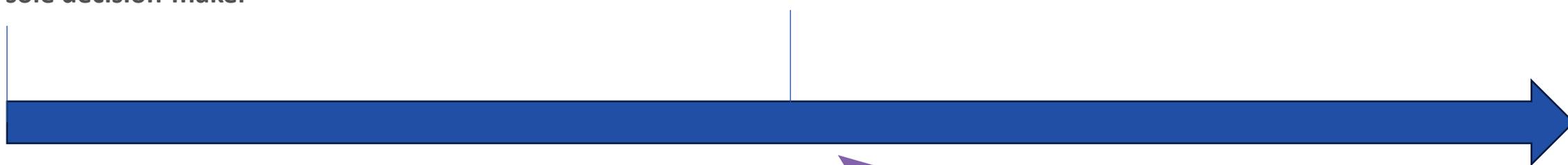


Joint decision-making



Young person

sole decision-maker



"I discuss it with my family before taking it...mostly with my mum." Male, 11, Year 7

"[I discuss with my parents] If it's safe and can it help me." Male, 11, Year 7

"Now I'm older, I do consent to them...Not long ago I got the HPV jab in my arm at school. I didn't have the COVID jab though...I decided not to get it because I already had it once." Female, 13, Year 9

"I'm not really sure, to be honest. I've always been told to have my vaccines [by my parents]." Male, 12, Year 8

"I don't have the choice [to get vaccinated or not], but I would ask my mum and dad...and my friends." Male, 11, Year 7



# Information needed to make informed decisions

Key information participants would like to know before making a decision to get vaccinated (against any illness) include benefits of getting vaccinated (as opposed to getting the illness without being vaccinated) and reassurances about pain and side-effects.



# Knowledge and uptake of the HPV vaccine

# Overall knowledge and awareness of the HPV vaccine

**Awareness** of the HPV vaccine is very **low**: Even if participants have been offered it or had it, they have very **limited knowledge** of what it is or what it protects against.

Girls aged 13 and above are more likely to be aware of the HPV vaccine as they were more likely to recall being offered it.



No knowledge



High levels of knowledge



*"I wasn't sure what it was, so I don't think it would be that common because I think a lot of people my age won't know what it is."*  
Female, 13, Year 9

*"I'm not sure what it is, but I've heard of it before."*  
Female, 12, Year 8

*"I think it cures a cancer, I forgot which one it was though."*  
Female, 14, Year 9

# HPV vaccine uptake

Those aware of the HPV vaccine said they have been offered the vaccine through school. Levels of **uptake** are **mixed**.



HPV vaccines offered to young people at **schools**

*"I got a leaflet home from school and I went over it with my mum and she was just like explaining it to me."* Female, 13, Year 9



Reasons for **accepting** the HPV vaccine centre on the benefit of **protection from illness**

*"She just told me it would cure a cancer, so I just thought there wouldn't be any harm in it, so decided to take it."*  
Female, 14, Year 9



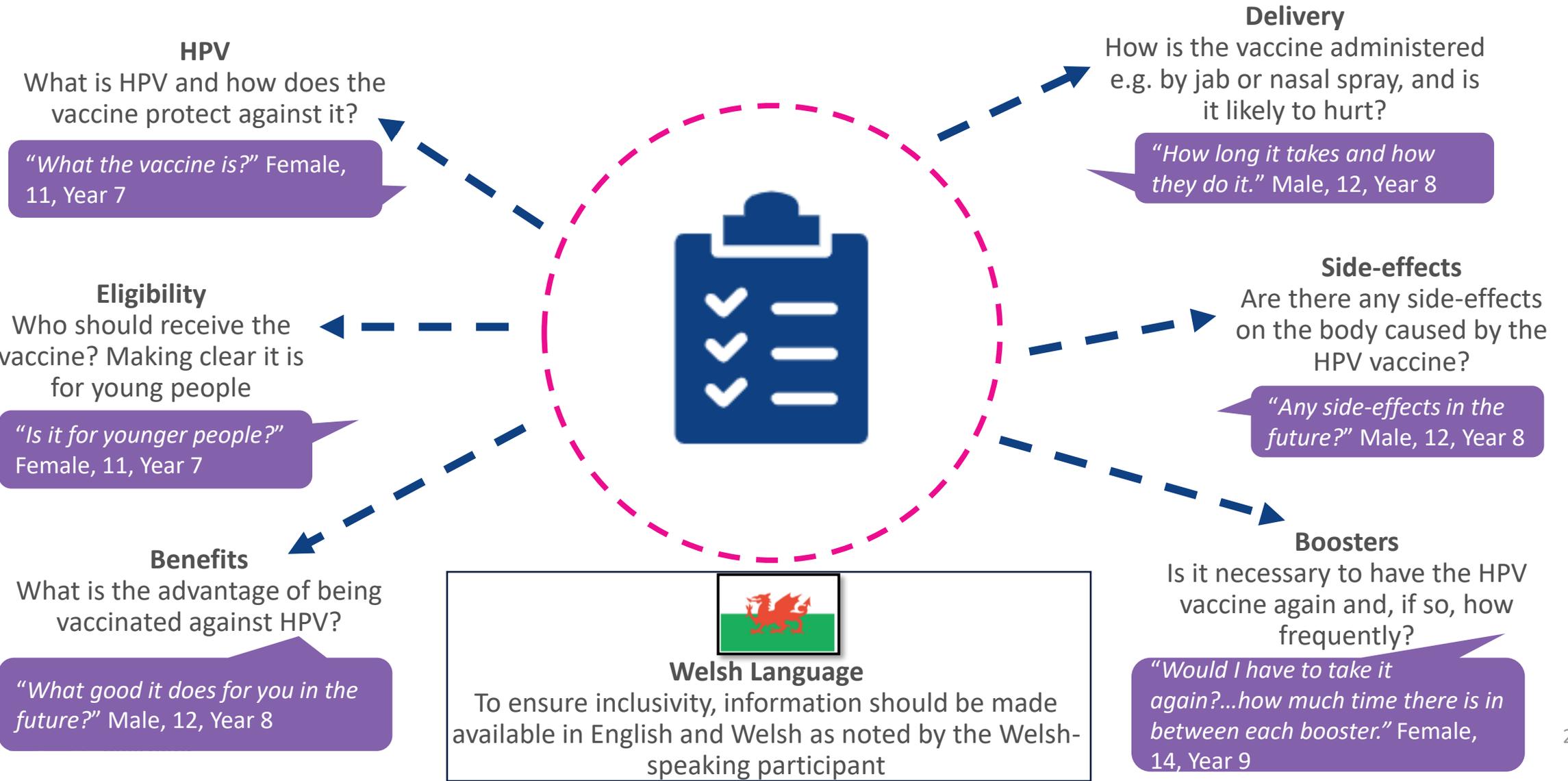
Reasons for **rejecting** the HPV vaccine centre on a **fear of needles**

*"I was supposed to have it in year 8, but I don't really like needles."* Female, 13, Year 9

# HPV information resource: content and messages

# Information to help inform vaccine decision-making

During the activity portion of the groups, participants identified that answers to the questions below were essential content for the HPV vaccine information resource, to aid decision-making:



## Content to help inform vaccine decision-making

There was a strong preference for visual content such as **diagrams** and **animations** (not photographs) which show **how the HPV vaccine is administered**.

We recommend avoiding actual photographs given that fear of needles is a barrier to HPV vaccine uptake and photographs could exacerbate this fear.



*"It's always been quite helpful to have something to look at so you know what to expect...If you spend loads of time just thinking about it, it gets so much worse in your head than it actually is."* Female, 11, Year 7

*"I think we should know about the virus and what the vaccine does to help it...and for people my age, when they're going to have it, what's it going to feel like it, and how it helps so it doesn't scare them."* Male, 11, Year 7

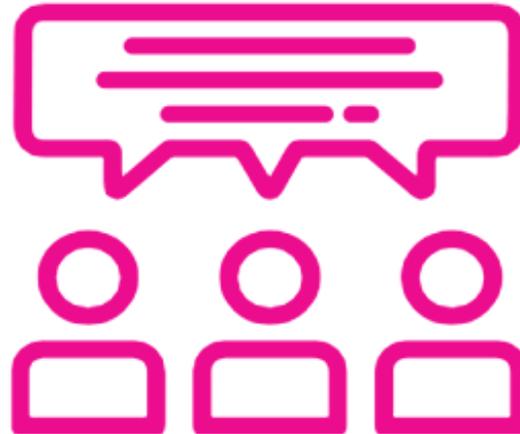
On using visual content: *"Just so I don't get confused about whether it goes up your nose or they prick you with a needle or something."* Male, 12, Year 8

## Messages to help inform vaccine decision-making

Any diagrams/animations/information about vaccine administration methods should be coupled with audio-visual **testimonials of other young people who have already received the vaccine** so as to address anxiety around the use of needles and side-effects, as well as to highlight the health benefits of vaccines (which were found to be barriers to uptake vaccines among young people).

*"If you see anyone that did have the vaccine and they're healthy and strong, and whatever the virus is, they're passed it."* Male, 12, Year 8

*"You could describe the pain as just a needle being put in and then taken out and you feel fine afterwards."* Male, 11, Year 7



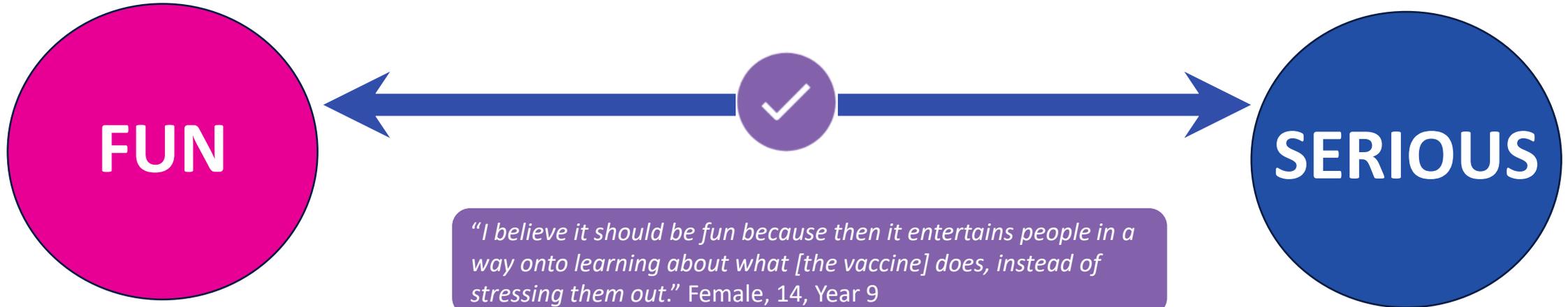
*"I would like to know if it would hurt or not and how it would protect me...I'd like to listen to people that have had it and see what they think about it."* Male, 11, Year 7

*"It should be accepted because it is good for your health."* Male, 11, Year 8

# HPV information resource: style

## Style: fun or serious?

When discussing the style of the information resource, there is a clear preference among young people for a **balance** between fun and serious.



Content and presentation which is fun is seen as engaging and attention-grabbing among young people.

Using **cartoons/animations** and **bright colours** are regarded as key in the HPV information resource.

*"I believe it should be fun because then it entertains people in a way onto learning about what [the vaccine] does, instead of stressing them out."* Female, 14, Year 9

*"I think maybe they should start it off, it should be a colourful thing, like a poster, but you would maybe have to have serious words on it to say it's not a joke."* Male, 11, Year 7

*"It can be done in a fun way, but we also need to know if it is a serious thing."* Female, 12, Year 8

However, the 'fun' element should give way to more serious language and tone, to underline the **importance** of receiving the HPV **vaccine**.

More serious elements in the resource are also thought to provide reassurance about the **authority of the information's source**.

# HPV information resource: format

## Preferred formats for the HPV vaccine information resource

Young people's preferred formats for receiving information about the HPV vaccine are **videos** and **letters/leaflets**.

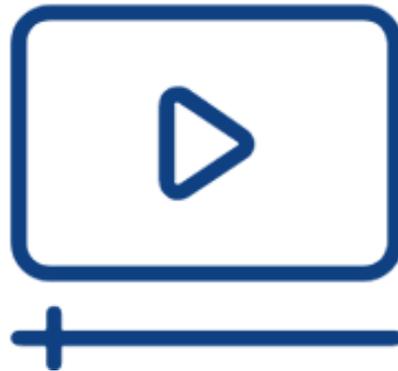
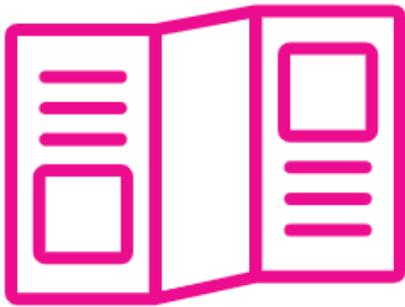
Ideally, these formats would form part of the same resource **package**: there is a preference among young people for videos to be shown in school with accompanying leaflets handed out.

Participants suggested that the leaflet may be taken home and its contents discussed with their parents. This underlines the crucial role parents play in vaccine decision-making and the need to include them in the design of a HPV vaccine information resource.

*"I just find it easier to have it written down on a piece of paper that you can bring back to your parents and they can tell you what they think about it."* Female, 13, Year 9

*"When I got the leaflet from school, I thought that was a really good example of what information could be reached for people wanting to get the vaccine...[the leaflet] had a big heading on it, and it wasn't colourful, but it had bright colours, so I could see it, it was eye-catching."* Female, 13, Year 9

*"We've done that [video] before with the flu vaccine and it's been quite helpful, but they've also given us a piece of paper which I find really helpful."* Female, 11, Year 7



## Reasons to use videos in the information resource

Videos are a preferred format for sharing HPV vaccine related information with young people. They are seen as a more engaging way **to learn in school** rather than listening to another person speak, and more digestible than text-based information.

*"I prefer a video, bit more engaging compared to someone talking." Male, 12, Year 8*

*"If you video it you could also explain what it is instead of it being on a leaflet, so for some people it might be less confusing." Female, 11, Year 7*



Videos are seen as an appropriate format to show **animations/cartoons and bright colours** which are considered key elements of what makes an information resource engaging for young people.

*"Use dynamic, moving script for the text to attract the eye." Male, 12, Year 8*

*"Cartoons because maybe it won't look as bad as you think it is." Male, 11, Year 7*

The creator of an HPV vaccine-related video is also considered important; a video from **recognised and trusted sources** such as the NHS will provide greater reassurance to young people about its trustworthiness.

*"If I knew the video was sent by the NHS or something, I would maybe feel a little bit more OK, and that maybe it is true." Male, 11, Year 7*

# HPV information resource: channels and sources

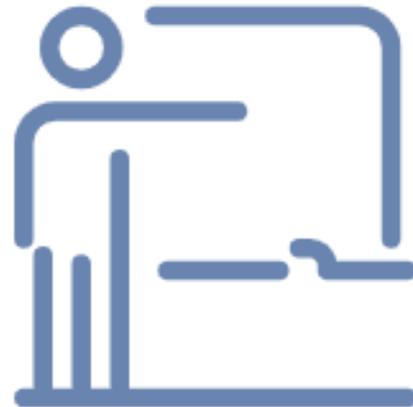
## Use schools as a channel for the information resource



The preferred channel for sharing HPV vaccine-related information with young people is through school, either in personal and social education (PHSE) lessons or assemblies.

Young people identified schools as having the greatest **reach** and being more **trustworthy** compared to social media.

As opposed to social media, being shown a video in school would also provide opportunities to **ask questions**.



*"It would be good to learn in a [PHSE] lesson in school...so you don't have to do it at home!"* Male, 12, Year 8

*"In school because lots of other kids will see it."* Male, 11, Year 7

*"Not everyone has social media so it possibly wouldn't be passed by to everyone...That's why school might be more effective towards giving out information."* Female, 14, Year 9



*\*It is worth noting that the young people who took part in this research were recruited via their parents which suggests a positive relationship with them, and regarded their parents (and school) as trustworthy. This may not be the case for all young people.*



## Do not use social media as a channel

Social media is generally **mistrusted** as a source of information for vaccines due to the perception that people often 'lie' on social media, and the **veracity** of vaccine information on social media cannot be guaranteed.

Young people are more inclined to trust and pay attention to vaccine-related information from known and trusted sources in school than on social media.

There is a tendency among young people to not pay attention to vaccination information on social media, even if it comes from trusted sources since this content would be competing for young people's attention against other, potentially more attention-grabbing content.



*"I'd probably think about it more in school...if I was just scrolling through TikTok and seeing [vaccine information] I wouldn't really care about it." Male, 12, Year 8*

*"I feel like some people don't trust social media, so it's important to have it on paper as well so people know that it's real, because sometimes people don't believe what they see on social media and sometimes it might not be true. So it's important to have it on a leaflet." Female, 13, Year 9*

*"I think that on social media, a lot of people lie...but in school, if it's handed out by teachers, it's probably true." Female, 13, Year 9*

# Sources trusted to share HPV vaccine information

Medical professionals (including **doctors and school nurses**), **teachers and parents** are sources that young people would trust to share vaccine-related information.



"Either my mum, or a medical professional...or a teacher that knows about it." Female, 13, Year 9

"School nurse or teacher delivering Health ed. They understand about vaccines and are used to getting messages across to young people. But also clear info on the NHS website to support learning in school." Male, 12, Year 8

**NB:** Participants in this research had positive relationships with these trusted sources. There are children for whom school and/or home isn't safe or trusted so they might have a different view.

There is **low awareness of PHW** among young people and a lack of certainty about their role in sharing vaccine-related information.

Using known sources identified by young people to share vaccine information rather than directly from PHW will ensure a wider reach of the resource.

"I've heard the word but don't know anything about them." Male, 11, Year 7

"I'd heard about them but didn't really know what they did". Female, 13, Year 9

# Recommendations

# Recommendations: content and style

## Content

- Key information the HPV vaccine resource should cover includes:
  - What the HPV vaccine is and what it protects against;
  - How the vaccine is administered;
  - Whether receiving the vaccine is likely to hurt;
  - If there are any side-effects;
  - If boosters/further vaccines are required and, if so, how frequently.
- Visual content, which includes animations and diagrams of how the vaccine is delivered, should feature in the HPV vaccine resource to address concerns about the use of needles and whether receiving the vaccine will hurt, which is a key barrier to informed decision-making and uptake.
- Using testimonials from young people about personal experiences of receiving the HPV vaccine will also address concerns about how the vaccine is administered, and send a clear message about the safety of the vaccine.
- Information resources about the HPV vaccine should be available in English and Welsh to ensure Welsh speakers are not excluded from accessing information.

## Style

- The style and presentation of the information resource should blend fun elements (e.g. animations/cartoons, bright colours) to grab young people's attention with a degree of seriousness in tone to underline the importance of the vaccine.

# Recommendations: format, channels and sources

## Format

- Videos shown in school (with opportunities to ask follow-up questions) and accompanying leaflets as a single package is the recommended format for the HPV vaccine information resource.
- Videos are considered more engaging and accessible compared to a simple class discussion, and leaflets may be taken home to parents to discuss the HPV vaccine further. The design of the information resource should take into consideration the role parents will likely play in the decision young-people make about getting the HPV vaccine.

## Channels

- It is recommended that the HPV vaccine information resource be shared through schools, ideally in PHSE lessons or assemblies. Videos shown at school are seen as more trustworthy than those encountered on social media and the school setting also allows for any clarification questions to be asked.
- Social media should not be used as channels for sharing future information about the HPV vaccine with young people. While usage of social media platforms is widespread among this group, there is a strong perception content seen on social media cannot necessarily be trusted as true.

## Sources

- Given the low awareness of PHW among young people, the HPV vaccine information resource should be shared indirectly by PHW via trusted sources such as teachers, parents/guardians and medical professionals.

# Questions

# Participant profiles

## Health board

Betsi Cadwaladr University Health Board	Powys Teaching Health Board	Hywel Dda University Health Board	Swansea Bay University Health Board	Cwm Taf Morgannwg University Health Board	Aneurin Bevan University Health Board	Cardiff and Vale University Health Board
5	1	3	1	1	1	3

## Gender

Male	Female
8	8

## Age

11	12	13	14
7	6	2	1

## School Year

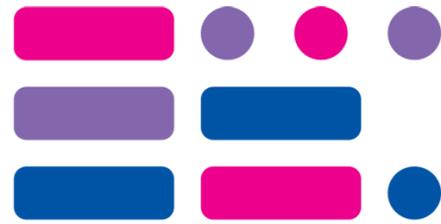
7	8	9
7	6	9

## Family SEG

A	B	C1	C2	D	E
2	4	6	4	0	0

## Ethnicity

White	Mixed	Asian and British Asian	Black and Black British	Other ethnic group
16	0	0	0	0



BMG

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