

Improving uptake of HPV Vaccine: Challenges and proposed strategies used to reach Out-of-School Adolescents in Tanzania

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Introduction

- To prevent cervical cancer, increasing HPV vaccination is crucial. Despite progress in HPV vaccine uptake in Tanzania, vaccination coverage among out of school (OOS) adolescent girls (aged 9-14) remains low.
- HPV vaccination offers an opportunity for immunization programs and the broader health sector to connect adolescents to other preventative services, which has been explored in Tanzania in school-based programs.
- As a part of a mixed methods implementation research study, we aimed to establish a baseline understanding of challenges and potential strategies to reach OOS adolescents with an integrated package of recommended primary health care services including HPV vaccination.
- Our intervention approach considers particular challenges of OOS adolescents and explores how integration may transfer across different delivery platforms.
- Study sites across the two similar regions of Mbeya and Arusha, selected for the relatively high prevalence of OOS adolescents, were assigned to intervention or comparison.
- We report on findings from initial formative work, conducted to shape the study intervention.

Methods

- We conducted 69 key informant interviews with health care workers and health managers involved in adolescent health programming at the community, regional and national level in December 2024
- Interview guides assessed challenges and potential strategies on themes including service delivery, documentation and routine reporting and provision of appropriate referrals of primary health care services for adolescents.
- We employed a rapid qualitative analysis approach, including application of a collectively derived codebook to transcripts developed from audio-recordings.



Results and conclusions



Challenges reported in reaching OOS adolescents with services, including HPV vaccine:

- These included time-consuming complex recruitment procedures, long distances and transport constraints, high mobility of some communities, limited access during rainy seasons.
- Other reported challenges are cultural norms and beliefs/misconceptions, low perceived benefits of healthcare services, and adolescents' hesitance.

"Transport is a challenge; in the rainy season there might be so much water that you may fail to pass and fail to provide vaccine...many are livestock keepers and nomads... in December they come for farming and then in June they they leave" (Participant in Mbeya)

"Adolescents share information among themselves. Once one has an experience, they spread it within their peer group. For example, they may say, "That injection hurts a lot." The moment others hear it involves an injection, they start advising each other and finding ways to avoid it." (Participant in Arusha)

Proposed strategies to mitigate challenges:

- Distribute educational materials to children to share with parents.
- Utilize community health workers to trace nomadic families and ensure continuity of services.
- Collaborate with local governments and private institutions, and designing youth-focused spaces.
- Use community outreach and awareness campaigns, community meetings, bonanzas, and other social gatherings, such as churches and mosques to mitigate stigma and to reach OOS adolescents.
- Provide HPV vaccine with other services such as sexual and reproductive health (SRH), nutrition, oral and vision care and hearing assessment.
- Integrate health services to provide holistic support, address multiple health needs and positively influence adolescents' good health and life outcomes.

"If health facilities are structured in a way that prioritizes adolescents—maybe by setting up a dedicated space for them, like a tent where they can receive counseling and health education—it would make them feel comfortable rather than fearing that they might be judged or seen as immoral" (Participant in Mbeya)

"There is a bonanza, a youth bonanza, where various games take place, but also including education related to reproductive health. Also, there are services related to different youth-focused services, such as HIV testing, health check-ups, and other services that may be offered at these bonanzas." (Participant in Arusha)



In conclusion, out of school adolescents face layered challenges in accessing health services. Strategies to reach such adolescents should integrate HPV vaccination with other health services such as SRH, nutrition, oral and vision care and hearing assessment to maximize each health contact opportunity for positive health outcomes.

Améliorer l'absorption du vaccin HPV : défis et stratégies pour atteindre les adolescentes hors de l'école en Tanzanie

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Résumé détaillé :

La vaccination HPV est essentielle pour prévenir le cancer du col de l'utérus. En Tanzanie, malgré des progrès, la couverture reste faible chez les adolescentes hors du système scolaire (OOS) âgées de 9 à 14 ans. La vaccination offre une opportunité d'intégrer d'autres services de santé préventifs pour les adolescents. Dans le cadre d'une étude de mise en œuvre mixte (SHARP), les auteurs ont cherché à comprendre les défis et à identifier des stratégies pour atteindre les adolescentes OOS à travers un ensemble intégré de services de santé primaire, comprenant la vaccination HPV. Les régions de Mbeya et d'Arusha, où la proportion d'adolescentes OOS est élevée, ont été assignées à une intervention ou à une comparaison. En décembre 2024, 69 entretiens avec des agents de santé et des responsables ont exploré les difficultés liées à la prestation de services, à la documentation et au référencement des adolescents; l'analyse qualitative rapide reposait sur un guide de codage élaboré collectivement.

Les participants ont souligné la nécessité de créer des espaces dédiés aux adolescents dans les établissements de santé pour qu'ils se sentent à l'aise et ne soient pas jugés. Des « bonanzas » de jeunesse, combinant jeux et éducation en santé reproductive, ont été mentionnées comme moyens d'atteindre les jeunes. Parmi les obstacles figuraient des procédures de recrutement longues, l'éloignement et le manque de transport, la grande mobilité des populations, et l'inaccessibilité pendant la saison des pluies. Les normes culturelles, les croyances et la faible perception des bénéfices des services de santé, ainsi que la peur de la douleur et la diffusion de rumeurs au sein des pairs, entravent également l'adhésion. Les stratégies proposées incluent la distribution de supports éducatifs à rapporter aux parents, l'utilisation des agents de santé communautaires pour suivre les familles nomades, la collaboration avec les autorités locales et les institutions privées, la création d'espaces adaptés aux jeunes, l'organisation de campagnes d'information et d'activités communautaires (églises, mosquées, bonanzas), et la fourniture du vaccin HPV conjointement à d'autres services (santé sexuelle et reproductive, nutrition, soins

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bucco-dentaires et visuels, tests auditifs). Les auteurs concluent que les adolescentes OOS rencontrent des obstacles multiples et que des stratégies intégrées, adaptées aux contextes de mobilité et aux réalités culturelles, sont nécessaires pour maximiser chaque contact sanitaire et améliorer les résultats.

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