



HPV Vaccine Promotion: the church as an agent of change

Emory researchers partner with a church in metro-Atlanta to identify church members' beliefs about HPV and HPV vaccination

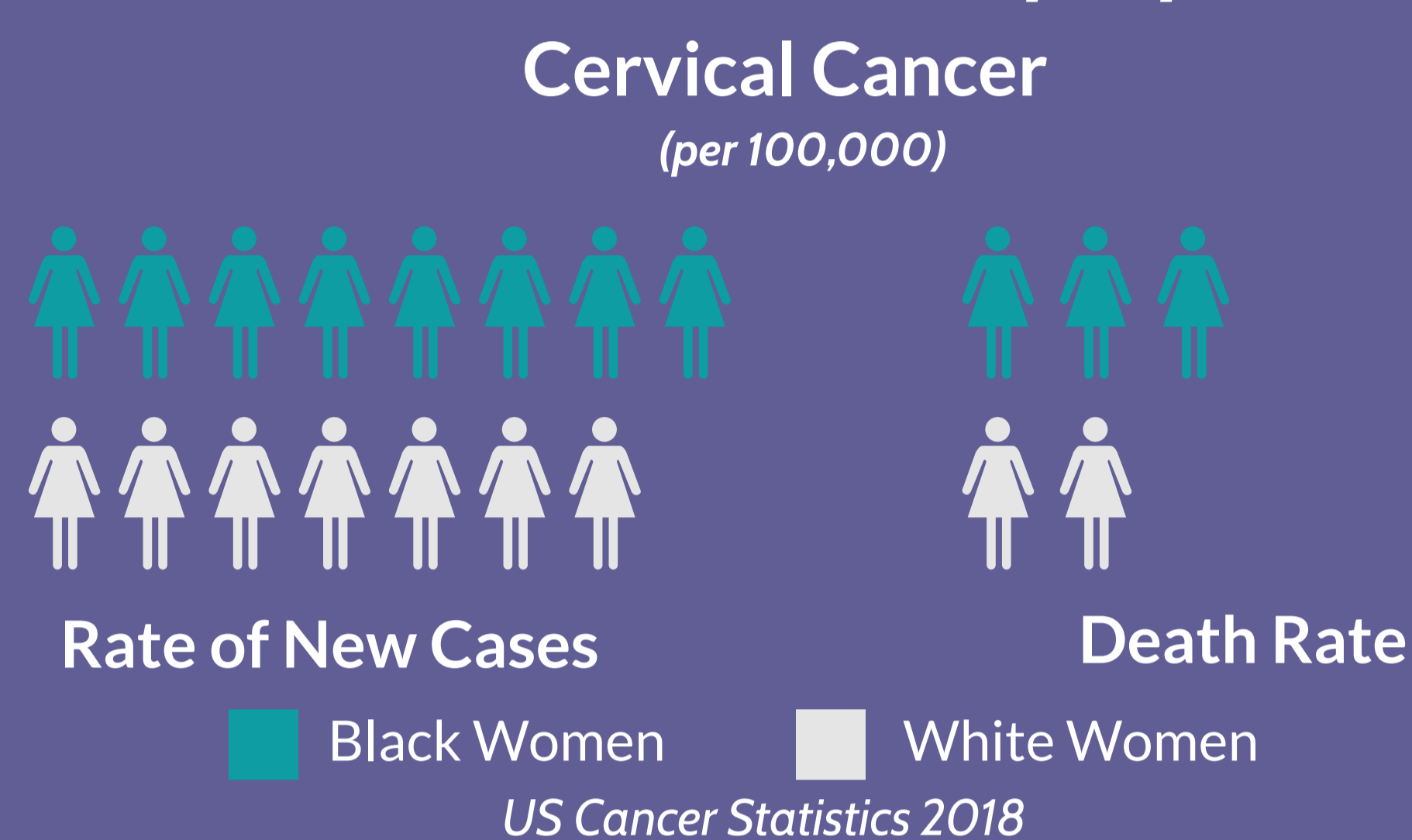
WHY DOES IT MATTER?

In 2018, almost **43 million people** were living with HPV in the US

About **36,000 cases of cancer** are caused by HPV each year (e.g., cervical, vaginal, anal, oropharyngeal)

Yet, despite years of HPV vaccine promotion, uptake remains low

African Americans are disproportionately affected by some HPV-associated cancers



Yet, in 2020, only

55%

of African American adolescents in Georgia were up to date on their HPV vaccine

Churches are an important setting for HPV prevention efforts. Studies show:

3/4 of African American adults say religion is 'very important' in life, the highest of any racial or ethnic group

Almost half of African American adults attend church at least once a week

Parents who attend church more often were more hesitant to vaccinate their children against HPV

African American women have strong religious beliefs that influence their health and vaccine decisions

WHAT DID WE DO?

Held seven focus group discussions (FGDs) with 49 leaders and members of one AME church in metro-Atlanta, Georgia to examine various factors impacting HPV vaccine uptake

WHAT DID WE FIND?

Members of this church community shared their thoughts about the HPV vaccine:

Barriers

- Mistrust in the healthcare system
- The expectation of abstinence among adolescents stemming from religious teachings

Perceptions

- Members of this church community held diverse beliefs about the HPV Vaccine, from essential to unnecessary
- Some parents thought the HPV vaccine "gives [their children] permission" to have sex
- Cancer prevention was the strongest motivator to vaccinate their child

Opportunities

- Transparency from trusted sources
- Testimonies and statistics from populations like them (e.g., same race/ethnicity, religion)
- Readiness to move on from medical distrust
- Pre-established trust in church

See Page 2 for quotes from church members

Strategies to promote HPV Vaccination in the AME church community

Faith-based mobilization – mobilize church leaders and health ministry to make HPV vaccination a priority.

Community mobilization – health ministry fosters a positive sexual health environment within the congregation, allowing for transparent information from trusted individuals.

Community engagement – health ministry should use community engagement strategies (e.g., health fairs, vaccination campaigns) to encourage discussions and motivate new communal perceptions and behaviors.

Social change communication – health ministry should provide evidence that counters misperceptions and emphasizes the importance of the HPV vaccine.

Behavior change communication – successful implementation of these strategies may provide an opportunity for positive change in congregational health and increase uptake of HPV vaccines.

See more results on Page 2

WHAT DID WE FIND? *cont.*

Members of this church community shared their thoughts about the HPV vaccine:

Barriers

Mistrust in the healthcare system, including past unethical medical studies:

"healthcare systems just want to make a profit"

"I know people in my circle, and we don't want to go to the doctor. We don't want any kind of medication, no prescription. What are you giving me? No vaccinations, no my child will not be getting no more vaccinations"

Expectation of abstinence among adolescents stemming from religious teachings:

"in the Christian community, it is real taboo to talk about HIV, sex, and everything like that. And it can be a hard topic to talk about with your parents"

Perceptions

Members of this church community held diverse beliefs about the HPV Vaccine ranging from viewing it as essential to unnecessary for adolescents:

"Why put your child through anything that unnecessary?"

"You just need it, part of turning 12"

Some parents thought the HPV vaccine "gives them permission" to have sex:

"I didn't tell him what it was for, I just told him it was a regular vaccine that he had to take because he turned 11"

Cancer prevention was the strongest motivator to vaccinate their child:

"I was scared giving the vaccinations, but I was more scared not to"

Opportunities for future HPV prevention strategies

Transparency from trusted sources:

"there is a very open, honest, candid dialogue that takes place and for me that makes me respect [child's pediatrician] more because she is not trying to, you know, sugar coat anything"

Testimonies and statistics from similar populations:

"I need stats. I want real studies. I even want to see the demographics of the studies"

Readiness to move on from medical distrust:

"I'm trying to move from the suspicion to being open, I'm doing it because I don't want my children to grow up having that same suspicion of doctors"

Pre-established trust in church:

"Even though you have a doctor it depends on the relationship you have with that doctor as opposed to someone that you know at church that you can relate to, the trust value"

"it plays a part in how receptive you are to the education if it's coming from someone that you're familiar with"

WHAT DOES THIS MEAN?



Implementation of a church-based intervention using these strategies has the potential to change perceptions of the HPV vaccine and increase vaccine uptake.



Collaboration with faith communities maximizes social capital and provides a space for safe and open dialogue and to disseminate vaccine promotion & health communication



Tailored behavior change strategies should be considered in church-based settings to increase HPV vaccine coverage & reduce HPV-associated cancer rates.

This was only one study with one church, so further research is needed to see if these strategies are effective and if they would work in other settings.

Read more about the original study: Ariana Y Lahijani, Adrian R King, Mary M Gullatte, Monique Hennink, Robert A Bednarczyk. HPV Vaccine Promotion: The church as an agent of change. *Soc Sci Med.* 2021 Jan;268:113375. doi: 10.1016/j.socscimed.2020.113375. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7755816/>

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