Exploring the Experience of Human papillomavirus vaccine uptake among Adolescent Girls in an urban slum of Dhaka

Sherab Lhamo

24167017

sherab.lhamo@g.bracu.ac.bd

Batch 20 - BRAC JPG School of Public Health

Humayra Binte Anwar, PhD, Supervisor **Lecturer, Centre of Excellence for Science of Implementation and Scale-Up** **BRAC James P Grant School of Public Health, BRAC University** **humayra.anwar@bracu.ac.bd**
Mrittika Barua, PhD, Co-Supervisor **Assistant Professor & Deputy DIRECTOR, Center of Excellence for Science of Implementation and Scale-Up** **BRAC James P Grant School of Public Health, BRAC University.** **mrittika@bracu.ac.bd**
Mollah Mohd. Shamsul Kabir, Mentor **Research Associate, Center of Excellence for Science of Implementation and Scale-up** **BRAC James P Grant School of Public Health, BRAC University.** **shamsul.kabir@bracu.ac.bd**

Table of contents

Abstract

Introduction: Cervical cancer is one of the most common causes of morbidity and mortality among women in low- and middle-income countries, including Bangladesh, where it is the second most common cancer among women. Human papillomavirus vaccination represents a transformative solution, yet uptake remains hindered in marginalized settings such as urban slums. The current study investigates in detail the experience of adolescent girls in reaching vaccination within the Korail slum in Dhaka, facilitated and barred factors that have influenced such a journey.

Method: A qualitative study design was used, involving semi-structured in-depth interviews with eight adolescent girls who received the HPV vaccine aged 10–14 years. The Behavioral and Social Drivers framework guided exploration of emotional, social, and logistical experiences. Thematic analysis was conducted, incorporating both deductive and inductive approaches in order to identify meaningful insights from the data.

Findings: Teachers and mothers emerged as strong influencers, helping reduce fears and misconceptions engendering trust. Reassurance legitimized vaccination as a normal and thus empowering experience by peers. The appreciation for free access to vaccines underscored values that the country places on health. Nevertheless, misinformation across social media, logistical difficulties in regard to mandatory online registration, and last-minute notifications on vaccination schedules thwarted processes. Despite these barriers, participants also reflected a very strong sense of agency and optimism with respect to taking the vaccine against cervical cancer.

Conclusion: The study highlights the importance of trust, community engagement, and culturally sensitive communication in improving vaccination uptake. By addressing logistical barriers and misinformation, and leveraging trusted peer networks, we can create a supportive environment for vaccination. These insights can enhance HPV vaccination campaigns and reduce cervical cancer rates among underserved populations, ensuring no girl is left behind in the fight against preventable diseases.

Introduction

The primary goal of the Human papillomavirus (HPV) vaccination program is to significantly reduce the incidence of cervical cancer (CC) and other HPV-related diseases, which are major causes of morbidity and mortality in women, especially in low- and middle-income countries (LMICs). Almost 90% of Cervical cancer deaths take place in LMICs (Perehudoff et al., 2020) which underlines an urgent need for globally effective preventive strategies. Indeed, CC is the fourth leading cause of incidents among women worldwide, while South-East and South-Central Asia have been particularly seriously affected by this cancer (Arbyn et al., 2020).

Given the urgent need, vaccination against HPV is considered one of the most effective methods of CC prevention; it protects against the types of HPV responsible for about 90% of the case of CC and 80-95% in cases caused by other viruses (Zhai & Tumban, 2016). Studies show that most people get their first HPV infection in their twenties. For this reason, it is recommended to vaccinate adolescents before they start having sexual activity to help protect them from HPV infection (Loke et al., 2017). The World Health Organization also recommends administering the HPV vaccine to girls alongside screening and treatment for older women to reduce the risk of cervical cancer. The vaccine is most effective when given early in adolescence, specifically between the ages of 9 and 14, before exposed to the virus.

In Bangladesh, Cervical cancer is the second most common cancer among women and leads to the highest number of cancer-related deaths in the country. Approximately 8,300 new cases of cervical cancer are diagnosed each year in Bangladesh, resulting in around 4,900 deaths (UNICEF, Bangladesh, 2023).

A nationwide study in Bangladesh on awareness of HPV highlights the critical need of increasing HPV vaccine awareness, with insights applicable not only in Bangladesh but also in a similar global context (Eva et al., 2024). To maximize the effectiveness of vaccination, tailored strategies are necessary, accounting for differences in age, urban and rural locations, and varying education levels (Eva et al., 2024). This is echoed in another study, knowledge of cervical cancer and HPV vaccine in Bangladeshi women: A population-based, cross-sectional study, which also underscores the need for culturally appropriate targeted educational interventions to enhance knowledge about

cervical cancer causes and promote its primary prevention through HPV vaccination (Islam et al., 2018).

Notwithstanding these challenges, the Government of Bangladesh has made some key moves. In 2016, a pilot HPV vaccination program started in the Gazipur district, covering 30,000 grade 5 girls across 1,694 schools and reaching a 94% coverage rate. The program was conducted as both school-based and community-based outreach for out-of-school girls aged between 10-12 years, in two doses six months apart without any reported severe adverse events following immunization (WHO Bangladesh, 2016).

After the ensuing success, in October 2023, Bangladesh launched the 1st phase of HPV vaccination campaign in Dhaka, targeting the immunization of over 10 million girls in grades 5 through 9 and out-of-school girls aged 10-14 years and successfully vaccinated more than 1.5 million girls (UNICEF, 2023). In addition to previous efforts, a comprehensive final phase of the campaign was launched in October 2024, specifically aimed at reaching 6.2 million girls aged 12 to 14. This initiative focused on seven divisions located outside the capital city of Dhaka, ensuring that the program extended its impact to rural and less accessible areas (UNICEF, Bangladesh, 2024).

Dhaka is home to a significant number of urban slums, housing millions of individuals living in densely packed, resource-poor settings. These communities often experience limited access to healthcare services, high levels of poverty, and inadequate health literacy. Studies emphasized the challenges of achieving high coverage of fully immunized children (FIC) in urban slums, noting a lack of successful models to follow. While Dhaka reached an FIC coverage of 83% in 2006 and the national average was 84%, the coverage in Dhaka's slums was significantly lower, at only 69% (Hayford et al., 2014).

Explaining this cause multiple studies have indicated that the lower vaccination coverage in the slums of Dhaka is largely attributed to a lack of awareness and concerns about vaccine side effects among caregivers (Rahman et al., 2012). While existing studies point out the low awareness and acceptance, more research is needed for tailored interventions that address specific community barriers. There is an indicative gap in research that explores the potential of rapport and culturally sensitive messages to influence the comfort of young women in making decisions about vaccination in socio-culturally challenging settings. To increase HPV vaccination rates in the urban slums it requires health promotion that is culturally and economically sensitive (Garcia et al., 2023)

which is guided by proper communication skills. Programs that focus on building trust, and are sensitive to gender, have proven to be the most effective in reducing vaccine hesitancy (Orangi et al., 2024).

The urban slums of Dhaka present a unique setting to investigate these issues due to their socio-economic diversity and public health challenges. Adolescent girls in these communities often face vulnerabilities related to health (Alam et al., 2018). These challenges underscore the need for context-specific research to address the gaps in HPV vaccine uptake. Understanding how adolescent girls perceive comfort and motivation to engage in the program is crucial. Studies show that high awareness of HPV risks and its benefits improves motivation for vaccination. Therefore, culturally relevant strategies are essential (Lubeya et al., 2023). It is learned that using local languages and cultural references in health education programs has helped improve engagement in communities (Liu et al., 2019). Research suggests that when health workers empathize and spend time understanding individual concerns, beneficiaries are more likely to participate in vaccination programs.

However, much of the existing research has been limited focusing only on the benefits of educational programs toward increasing vaccine uptake (Smolarczyk et al., 2022). While some studies indicate that clear and evidence-based communication is crucial, there is insufficient discussion regarding how effectively this has been implemented and researched in practice. This lack of discussion is particularly significant from the receiver's perspective.

Additionally, in the case of the HPV vaccination, girls between the ages of 10 and 14 are the primary target as they are most vulnerable to future HPV infection, which can lead to cervical cancer. It is a known fact that the onset of puberty is a critical period in their lives. They encounter numerous unique obstacles that are exacerbated at this time of their life course (Chant et al., 2017) impacting their overall well-being and personal advancement. By prioritizing them, we can effectively prevent many HPV-related cancers later in life, which ultimately helps reduce healthcare burdens and supports broader public health objectives.

In this study, we explored the participants' experiences and perceptions in an urban slum in Dhaka who are receiving the HPV vaccine. It assessed their comfort levels during the vaccination program and gathered their opinions on the communication strategies employed by the program organizers. The research explored how these efforts encouraged girls to participate in the program and

maintain their involvement over time. By doing so, we are contributing to the understanding of facilitators and barriers to vaccinations in the Bangladeshi context.

Research Question

How do HPV-vaccinated girls in the Korail slum of Dhaka experience and perceive the process of receiving the HPV vaccination?

Specific Research Questions

1. How do adolescent girls in the Korail slum of Dhaka experience and perceive the facilitators that support their journey to receiving the Vaccination?
2. How do adolescent girls in the Korail slum of Dhaka experience and perceive the challenges encountered in their journey to receiving the HPV vaccination?
3. How does the overall satisfaction and comfort of adolescent girls in the Korail slum of Dhaka with the HPV vaccination process influence their motivation for continued participation in vaccination programs?

Objectives

General Objective

To explore the experiences and perception of receiving the HPV vaccine among adolescent girls in an urban slum.

Secondary Objectives

1. To understand the challenges and facilitators adolescent girls identify in their journey to getting vaccinated.
2. To explore and understand the overall satisfaction and comfort of adolescent girls with the HPV vaccination process and how it influences their motivation for continued involvement.

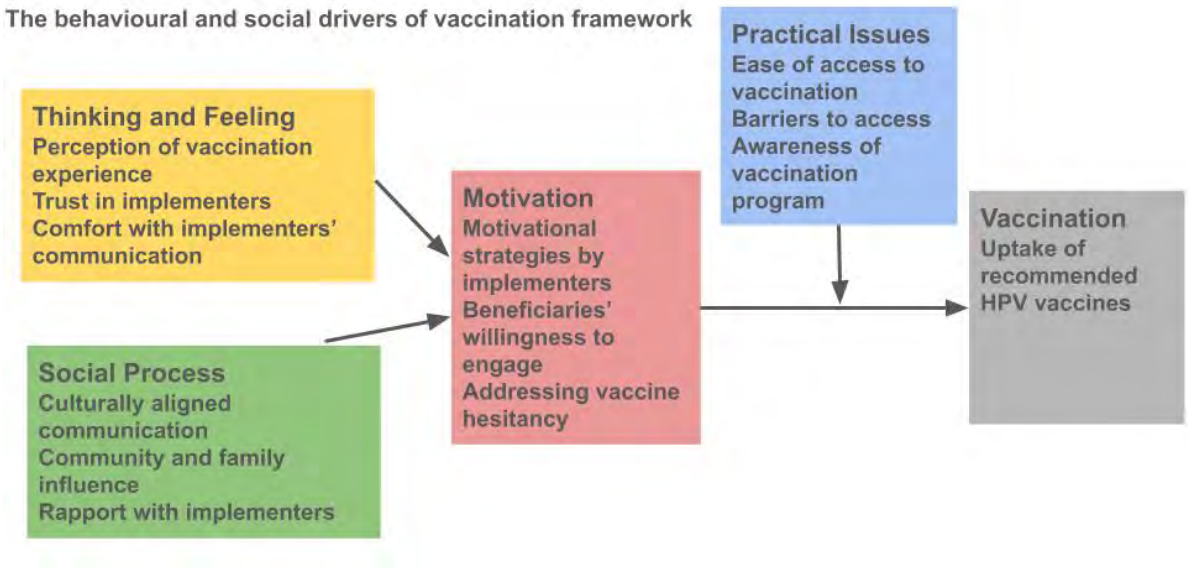
Conceptual Framework

Behavioural and social drivers of vaccination framework (BeSD)

The Behavioral and Social Drivers framework (BeSD), developed by the World Health Organization, is commonly used in studies to understand the intricate behavioral and social factors

influencing vaccine uptake. This framework offers a structured approach to examining the reasons why individuals accept or reject vaccines, focusing on four key domains:

1. Thinking and feeling about vaccines
2. Social processes that drive or inhibit vaccination
3. Motivation (or hesitancy) to seek vaccination
4. Practical issues involved in seeking and receiving vaccination



Source: Behavoioural and Social Drivers of Vaccination Tools and Practical Guidance for Achieving High Uptake, World Health Organization and UNICEF, Geneva 2022

In this study, we focused on domains from the BeSD framework to understand how girls perceive the HPV vaccine, their experiences with the whole process, the social influences on their intentions to get vaccinated, and the logistical barriers that shape those perceptions. This approach is appropriate because the study aims to capture the subjective, emotional, and social aspects of their vaccination experiences while also exploring practical barriers and logistical issues related to access.

Methodology

Study Design

The study design was exploratory using qualitative methods. This study was guided by a grounded theory of the behavioral and social drivers of vaccination (BeSD) framework, utilizing in-depth interviews to explore and understand how eligible adolescent girls experience and perceive the process of getting the HPV vaccine.

Study Site

This study was conducted in the Korail slum of Dhaka, the capital city of Bangladesh.

Study Population

The study population is the HPV adolescent girls aged 10-14 years who have got HPV vaccine living in Korial slum, Dhaka, Bangladesh.

Inclusion criteria and Exclusion criteria

The study involved adolescent girls aged 10 to 14 years who participated in the HPV vaccination program while living in the Korail slum during its rollout from 2023 to 2024. To be included in the study, the primary caregivers of the girls had to provide signed consent for their participation in one-on-one interviews. Girls who did not reside in Korail during the vaccination rollout or who opted not to participate in the interviews were excluded from the study.

Sampling Technique

This study employed convenience and purposive sampling to select participants aged 10 to 14 years old, who could provide relevant insights. Snowball sampling was chosen to ensure that the sample aligned closely with the study's aims and objectives and included participants of all ages within the 10–14-year range, targeting residential areas near schools to increase the likelihood of finding participants as the vaccination sites were schools where the girls were studying.

Sample Size

In this research, we conducted eight in-depth interviews with eligible girls. This sample size is selected because it falls within the recommended range for achieving data saturation along with the consideration of budget and time allocated to conduct this study.

Data Collection

Due to a language barrier, I enlisted the help of a research assistant experienced in qualitative research to conduct the interviews in Bangla. A female assistant was chosen to ensure that the adolescents felt comfortable sharing their experiences and thoughts.

Study Tool

The interview questions were designed in accordance with the domains of the BeSD framework. The interviewers also asked follow-up questions and targeted probes to clarify and gather additional relevant information based on the participants' responses. The interview guide also included the collection of each participant's socio-demographic information. With the obtained written consent from the participants' primary caregivers and assent from the participants themselves, the interviews were audio-recorded.

Location of Data Collection

The data collection took place in participants' homes, ensuring a private and safe environment for discussion.

Data Analysis

All audio recordings were translated from Bengali to English by a native Bengali speaker who functioned as the translator within two days after each interview.

A manual analysis was then followed using the framework analysis to organize findings in a data display matrix, categorizing responses according to each domain in a Microsoft Excel spreadsheet. This approach helped identify themes and patterns across the data, providing clear insights into the areas.

The analysis began with open coding, which involved reading through the data and developing codes to represent what was occurring within it. This initial review allowed us to create the first round of deductive coding, in which we generated and applied codes, while also identifying new emerging concepts as we continued our examination of the data. Then pattern coding was done to condense the codes created during open coding to chunk the data into fewer analytic concepts, summarizing the data.

And then an inductive analysis was conducted to gain a deeper understanding of the themes present in the data and to find answers to the research questions. This process involved identifying themes

from the pattern codes, using memoing, and further condensing the pattern codes whenever possible. Throughout the analysis process in vivo codes were also developed from participants' own words to point to data that is representative of particular findings by keeping a running memo of participants' quotes and as well as a memo of the emerging findings by keeping notes on representative evidence which helped in writing a deeper descriptions and explanations.

So, after sorting the data initially in deductive cycles of coding based on the theoretical framework and categories, an inductive analysis where a short memo developed in short phrases helped connect the findings with theory and existing literature. Using a combination of deductive and inductive coding, along with memoing, facilitated the development of the discussions and implications section. This approach enhanced our understanding of the findings in relation to the research and allowed us to examine how the theoretical framework clarifies these findings. Additionally, it provided actionable and meaningful implications and recommendations.

Ethical Consideration

The study received approval from the Institutional Review Board (IRB) of the James P. Grant School of Public Health at BRAC University. Informed consent was obtained from the primary caregivers of all participants, as they are minors, and additional assent was collected from the participants themselves in both written and verbal forms.

We began by explaining the study's purpose, procedures, and the importance of confidentiality in simple, clear language. We ensured that each participant understood this information fully and allowed time for any questions they had. Once they felt comfortable and all questions were addressed, we requested their consent to participate, emphasizing that they could withdraw from the interview at any time if they felt uncomfortable. All collected data was stored in an anonymized and confidential manner**.**

Results

Eight eligible adolescent girls who had received the HPV vaccine participated in the study. Table 1 presents their socio-demographic characteristics. The ages of the participants in the study ranged from 10 to 14 years. Most of them have been living in Korail for over 10 years. This study found that the participant's fathers were the primary earners in the family, while 6 out of 8 mothers were homemakers and acted as the main caregivers.

Table 1. Characteristics of the participants

Gender	**Number of Participants**
Female	8
Age	**Number of Participants**
10 - 12	3
13 - 14	5
Period of stay in Korail slum	**Number of Participants**
5-10 years	1
11-15years	7
Grades they are studying in	**Number of Participants**
Class 5 to Class 6	5
Class 7 to Class 8	3
Father's Occupation	**Number of Participants**
Mason	3
Driver	3
Shopkeeper	2
Mother's Occupation	**Number of Participants**
Homemaker	6
Mason	2

Thinking and Feeling

(i) Navigating Fear and Trust

The girls had good awareness and understanding about the vaccine that seemed to facilitate its uptake. The girls demonstrated good knowledge about the HPV vaccine, with teachers serving as a vital source of information regarding its importance and health benefits. They sought assurance from a trusted source such as their teacher and mother to navigate through their initial apprehensions and fears, which helped in the decision-making process.

"Besides that, the good thing was, I was taking the vaccines for something good, so [I knew] good things were about to happen. Also, if it was anything bad, they wouldn't tell the students to take vaccines." (Adolescent Girl IDI #7))

(ii) Concerns About Side Effects and Misinformation

Participants shared a range of concerns centered around considerable anxiety associated with the physical discomfort of injections.

"I was scared because the injection will hurt." (Adolescent Girl IDI #8)

This anxiety was heightened by apprehensions regarding the potential side effects of the vaccine. Many of these fears were rooted in misinformation and misleading narratives from various sources including conversations with peers, discussions within the community, and more significantly, from media portrayals.

"I saw on my phone a few days ago that many children were admitted to the hospital after taking the vaccine." (Adolescent Girl IDI #3)

(iii) A Shot of Assurance

The belief in the vaccine's ability to prevent cervical cancer reflected the adolescent girls' understanding of the significance of this medical intervention and their positive perception of health. This understanding provided them with a deep sense of reassurance and hope. They expressed that they believed the vaccine would protect them from cervical cancer, alleviating their concerns about the future and providing them with a much-needed sense of security.

"I took the vaccine bravely to protect myself. If such a big disease can be prevented by just one injection, then it's good." (Adolescent Girl IDI #1)

Many participants also expressed their deep gratitude for receiving the vaccine at no cost. They recognized that its accessibility allowed everyone, regardless of their circumstances, to take an important step toward protecting their health.

"Including that..he said that every girl should take it so that in future she doesn't face any uterus problem...Now-a-days..most of the girls are having this problem..cervix cancer...That's why we should take the vaccination...Besides..this vaccination is expensive outside ..as our school is

providing it for free, it is good to take it from school….Own reason..so I don't have to face any problem in the future...if there will be any problem, I will have to go to the doctor..which is really expensive…..”(Adolescent IDI #7)

Social Processes

(i) Cultural Norms

Cultural norms and stigma surrounding the topic, and the feminized views of the HPV vaccine played a significant role in limiting adolescent girls' understanding of the vaccine, its uptake and the broader topic of cervical cancer. Many girls found it challenging to discuss sensitive issues such as menstruation and cervical health. There was a sense of discomfort and shame surrounding these topics, which prevented them from asking the teachers about it. One participant mentioned that the teacher could have addressed these topics privately to help facilitate a more comfortable discussion.

Madam actually discussed some matters that she shouldn't have in front of the boys. [She discussed] what happens when a baby is in the womb. Then pregnancy, all of these matters were discussed. Things were said about period. I mean, they could have taken the boys out and told us separately.” (Adolescent Girl IDI #2)

(ii) Assurance From Trusted Sources

Vaccines were taken when inspired by trusted sources, especially when initial hesitation was present. Teachers emerged as trusted figures, actively encouraging their students to get vaccinated by communicating effectively and by addressing misconceptions which helped build trust.

"My teacher said every girl should take it so that in the future she doesn't face any uterus problems. I felt that I should take the vaccination as it is good for me as teachers are saying...they won't say anything that is bad for us” (Adolescent Girl IDI #7)

Mothers were also reportedly equally influential, offering both permission and emotional support, which was demonstrated to be fundamental in the decision-making process. To many girls, their mothers' approval and encouragement provided them with the confidence to move forward, reinforcing the vaccine as a secure and a vital step.

"She understands everything...good or bad...If something is good...she encourages me to take it and if not...she tells me not to take it..." (Adolescent Girl IDI #8)

(iii) Peer Support and Collective Action

Peers were influential in encouraging vaccine uptake by offering social support and helping to ease anxiety. Girls shared how friends reassured them, making the process feel less intimidating. Going for the vaccine together created a sense of solidarity, normalizing the experience. Open conversations among friends allowed them to talk about their fears and address concerns openly, which helped normalize the vaccination process and build confidence in their decision. This peer support made a potentially stressful situation feel safer and more manageable.

"My friends said, 'Take the vaccine, it's good for you. Seeing everyone else do it gave me the courage to get vaccinated." (Adolescent Girl IDI #7)

"Everyone was going to get vaccinated. It felt good at that time because we were going together." (Adolescent Girl IDI #2)

Motivation

(i) Desire for Better Health

Among the girls, receiving the vaccination was a feeling of empowerment, and they viewed vaccination as one way to take charge of their health. This theme emerged as an individual motivator influencing adolescent girls' decision to vaccinate.

" This vaccine can save me from any future harm. If I hadn't taken the vaccine then maybe I could get some other kind of disease. So, I took the vaccine as a wise decision." (Adolescent Girl IDI #1)

(ii) Positive Experiences

Their intention to get vaccinated was a personal motivation combined with the positive experience they had during vaccination, which provided them with a sense of protection, thereby motivating them to safeguard them against cervical cancer. The straightforward procedures followed on the day of vaccination, along with the support and care from the healthcare staff involved, reinforced their willingness to proceed.

"After getting the card… I was in a serial as many were taking the vaccine. Then I got the vaccine. The aunties told me that I won't be hurt and they will inject carefully. Then they gave it to me." (Adolescent Girl IDI #7)

In addition, the school-based delivery of their school being the vaccination site provided them with a familiar and accessible environment. These experiences not only brought them satisfaction but also instilled trust in the healthcare service, making their decision to vaccinate a confident and well-supported choice.

"I went to our school and our teacher told us that today you will get vaccinated. After that two classes were held. Then our teacher told us to stand in a line to go to Mayer Doa school. Our vaccination will be held there. So, we went to Mayer Doa school serially. Then gave us the vaccine." (Adolescent Girl IDI #1)

Practical Issues

(i) Administrative Issues

A practical administrative challenge emerged as a significant barrier to vaccination, that made getting the HPV vaccine more difficult for some girls. They shared the struggles to access the documents and their birth certificate that were mandatory for registration, which were often not ready when asked as the need arose which delayed or hindered their participation. Sudden notifications about vaccination schedules left the girls feeling unprepared and rushed, causing them to scramble to meet the requirements within tight timeframes. This made the experience more stressful. As a result, some chose to get vaccinated on different days at various schools that served as vaccination sites, separate from where they were studying. For some, this even led to a delay in receiving their vaccinations, one of the girls reported taking a vaccine a year later as she couldn't produce the necessary documents on time for vaccination.

"In 2023…. They first gave the vaccine then, but I couldn't take it. They asked for a birth certificate. Mine was not online, so I couldn't give it. A few days ago. A person from my school called and told us, then my mom took me. They asked for a birth certificate. Mine was not online, so I couldn't give it. When they gave it in school, I couldn't take it. Then I went to the village and got my birth certificate fixed and then I took it." (Adolescent Girl IDI #3)

Additionally, the disorganized registration process required the girls to handle online registration themselves, which often meant visiting an internet café to complete the process and print their documents, which posed challenges of accessibility and convenience as they had no access at home. To some, this meant traveling outside their neighborhoods just to find a computer and internet connection sufficient to navigate the registration website and print necessary documents. In some cases, their mothers took on this responsibility.

"Firstly, I had to register and then to school. In a shop……I couldn't have the vaccine card without registration…. I don't know, my mother went there." (Adolescent Girl IDI #6)

(ii) Communication and Awareness

Some participants lacked clarity about the purpose, benefits, and process of vaccination due to inconsistent information and a lack of a widespread awareness campaign. There were significant gaps in awareness due to inadequate information and limited sources to their school and teachers. Some had no awareness at all, while others possessed only limited information to make an informed decision. Participants also explained that a lack of clear information about the vaccine's purpose and benefits often left their parents hesitant or unsure about giving consent.

"Parents should also know what the vaccine is for. If you explain better, more children will take it." (Adolescent Girl IDI #8)

Discussion

The current study explored the experiences and perceptions related to HPV vaccination among adolescent girls living in the Korail slum of Dhaka. The BeSD framework was applied in this research to explore the interaction of emotional, social, and logistical factors in shaping the vaccination experience and its uptake among these young individuals. The findings show that support from teachers, mothers and peers facilitated vaccine uptake. However, misinformation through social media, logistical hurdles like mandatory online registrations, and inadequate parental awareness posed significant barriers. Despite these challenges participants showed optimism and gratitude, viewing the vaccine as essential for preventing cervical cancer.

With respect to facilitators, teachers were found to play key role in motivating vaccine uptake. They provided the necessary information and helped clear the misconceptions that served to build

vaccine confidence in participants. Similarly, mothers provided emotional reassurance and practical advice, reinforcing the importance of vaccination as a health-protective measure. These findings are in agreement with earlier studies such as those conducted by others pointing to the important role that was generally played by trusted persons for effectively dealing with vaccine hesitancy in underserved populations (Fisher et al., 2024;Vorsters et al., 2019). However, the current research's findings are in contrast in several respects from other settings which identified healthcare providers as core professionals. It should be noted that the influence of health workers in the current research was not clear and the health workers rather played a peripheral role. This might be explained by limited engagement between healthcare providers and the community during vaccination campaigns. Future research could look into the roles of health workers during vaccination campaigns and on the day of vaccination to understand their influence better.

Although most literature emphasizes family and healthcare influences to motivate towards vaccination (Garcia et al., 2023), the current research found peer influence to be a unique and significant facilitator of vaccine uptake. Participants used their friends for support, which in turn normalized the vaccination process and made them feel collectively safe. In support of these findings, a systematic review examining the peer support for the hardly reached population (Sokol & Fisher, 2016) reported that peer support is a flexible and effective approach for engaging underserved groups and adapting to various contexts, health challenges, and settings. A study on peer-supported interventions for health promotion and disease prevention using evidence maps providing visual representations emphasizes how peer networks can be leveraged to aid in greater public health goals (Ramchand et al., 2017). Targeted interventions aimed at reinforcing and formalizing these positive peer influences can further increase vaccine acceptance and address remaining hesitations through culturally sensitive approaches (Ferrer et al., 2014).

Peer networks should be formally engaged in vaccination efforts. Training peer educators or ambassadors among adolescents can amplify the positive influence of peer dynamics, creating a supportive environment for vaccination. For instance, peer educators could be provided with fact-based information about the HPV vaccine and trained in communication techniques to address fears and normalize vaccination. These could be further complemented with digital methods of engagement-such as social media campaigns or messaging apps-that would further extend their reach among adolescents.

The current research also identified several barriers to vaccination. Specifically, misinformation was passed through social media and community narratives that fostered fears and misconceptions about vaccine safety and possible side effects. This finding aligns with those of Liu and colleagues, who through their findings, indicated that misinformation was one of the key drivers of vaccine hesitancy among populations in low-resource settings such as urban poor in Chengdu, China (Liu et al., 2019) .

Besides, there were many logistical barriers found in the current research, such as the need for online registration, notification of vaccination schedules at very short notice, and general lack of infrastructure to support timely vaccine delivery. These are in line with global reports of systemic inefficiencies disproportionately affecting the most underserved communities of all (WHO, 2018). Streamlining the processes for registration is of essence, especially because most of these families in the slum are devoid of access to internet facilities. Introduction of mobile units of registration and paper forms distributed through community volunteers are essential. SMS notifications, voice calls in local languages, and community announcements will help in reducing missed opportunities for vaccination and improve the overall coordination. To support these recommendations, a study that researched on SMS-based intervention for improving child and adolescent vaccine coverage found evidence that SMS-based reminders can have a beneficial effect on the coverage and timeliness of routine vaccines (Currie et al., 2024). However, they noted that future research is needed to know which features of SMS-based strategies, including the message content and timing, are determinants of effectiveness.

Despite the challenges, participants in the current research expressed a strong sense of empowerment and gratitude for receiving the vaccine for free, viewing it as a vital step in protecting their health. This study also underlines the necessity for targeted, multi-factorial interventions in improving uptake of the HPV vaccination within resource-poor settings, like the Korail slum. There is a dire need to design education campaigns culturally adapted for these regions to overcome misinformation and reduce vaccine misconceptions. A systemic review done on the uptake of HPV and its associated factors among adolescents (Loke et al., 2017) concludes that knowledge of adolescents and parents regarding HPV infections was insufficient which was also seen in this study. Having knowledge is known to influence the uptake of the HPV vaccine. Therefore, the awareness program should be extended with involvement from influential

community members, teachers, and mothers who usually yield great influence regarding household health decisions.

The current findings also underscore the need for interactive sessions at schools and community centers, telling stories and sharing testimonials from vaccinated girls and their families to put a face and a name to the benefits brought about by the vaccine. When culturally sensitive interventions are provided, there is high level of willingness to receive HPV vaccine, as per another research (Islam et al., 2018), and this is strongly reflected in the findings of this current study as well. Various interactive communication strategies can also be employed, such as home visits by health workers, mobile vaccination clinics, and house-to-house outreach. Partnerships with local NGOs and community health workers will enhance these outreach efforts by engaging marginalized groups.

In such an all-inclusive and contextual approach, no adolescent will be left behind, thereby fostering public health equity and strengthening confidence in life-saving vaccination programs. This strategy holds the potential to significantly improve vaccine uptake, minimize disparities, and ultimately contributing to global efforts towards cervical cancer prevention. Ultimately, this is a step toward safeguarding health across the life course, empowering adolescent girls to lead healthier lives and build brighter futures.

Limitations

There are a number of limitations that have to be considered in this study. First, reliance on a small sample size of eight participants limits the generalizability of the findings. With a larger sample comprising diverse perspectives, one could get a more detailed insight into adolescent girls' experiences from various socio-economic and cultural backgrounds.

The use of self-reported data may have subjected this study to recall bias that could limit certain aspects of their vaccination experience. The results based on self-reporting could be verified by future studies using observational methods or even longitudinal designs or interviewing immediately following vaccination.

Third, in this study, logistic barriers, for instance, the requirement for web registration, were also seen as a big challenge. Even though the accounts provided by the participants gave comprehensive information on these issues, at a deeper level, understanding systemic factors such as policy and infrastructure would add more value to the analysis. This is considered possible by collaborating with policymakers and program implementers to address the gaps.

Conclusion

The current research found that participants' experiences are shaped through complex and interacting factors of social relationships, cultural norms, and systemic barriers, which when addressed may help develop more responsive vaccination programs. These barriers not only limit access to vaccines but disproportionately create health inequities since these are already underserved populations. Such challenges do need very special solutions that are focused, sensitive, and appropriate to the contextual environment in which these communities exist; involving the community, appropriate cultural messaging, and systems to assure improvement in service delivery.

These study findings raise the need for the inclusions of social, cultural, and systemic considerations in vaccination programs. Greater multi-agency collaboration including schools, healthcare providers, and local communities will definitely help policymakers work out appropriate interventions to suit the requirement of adolescent girls in underserved settings.

Further research is needed that longitudinally evaluates the HPV vaccination program implementation to be able to track long-term population health impact and community attitudes to such a program. By enforcing such strategies, public health efforts would go a long way toward reducing the cervical cancer burden and attaining equitable access to life-saving vaccines for every adolescent girl, irrespective of her socioeconomic or geographic background.

Acknowledgments

The author thanks all those who have one way or the other contributed to the successful execution of the study and writing of the manuscript.

References

A, S. S. (2018). Reproductive Health Status and Health Seeking Behavior of Adolescent Girls in Selected Urban Slum of Dhaka City in Bangladesh. *Global Journal of Reproductive Medicine*, *5*(4). https://doi.org/10.19080/gjorm.2018.05.555669

Arbyn, M., Weiderpass, E., Bruni, L., de Sanjosé, S., Saraiya, M., Ferlay, J., & Bray, F. (2020). Estimates of incidence and mortality of cervical cancer in 2018: a worldwide analysis. *The Lancet Global Health*, *8*(2), e191–e203. https://doi.org/10.1016/S2214-109X(19)30482-6

Bonner, K., Banura, C., & Basta, N. E. (2018). HPV vaccination strategies targeting hard-to-reach populations: Out-of-school girls in LMICs. In *Vaccine* (Vol. 36, Issue 2, pp. 191–193). Elsevier Ltd. https://doi.org/10.1016/j.vaccine.2017.11.038

Chant, S., Klett-Davies, M., & Ramalho, J. (2017). *Challenges and potential solutions for adolescent girls in urban settings: a rapid evidence review*.

Currie, G. E., McLeod, C., Waddington, C., & Snelling, T. L. (2024). SMS-based interventions for improving child and adolescent vaccine coverage and timeliness: a systematic review. *BMC Public Health*, *24*(1). https://doi.org/10.1186/s12889-024-18900-4

Eva, F. N., Khan, M. A. S., Islam, T., Monisha, U. K., Meem, N. E. S., Hossain, M. A., Goutam, A., Zerin, T., Alam, N., Nath, R., Sifat, S., Sultana, S., Sultana, M. S., Saha, S. K., Sarker, N. E., Rahman, M. L., Nabi, M. H., & Hawlader, M. D. H. (2024). Awareness of HPV vaccine and its socio-demographic determinants among the parents of eligible daughters in Bangladesh: A nationwide study. *Heliyon*, *10*(10). https://doi.org/10.1016/j.heliyon.2024.e30897

Ferrer, H. B., Trotter, C., Hickman, M., & Audrey, S. (2014). Barriers and facilitators to HPV vaccination of young women in high-income countries: A qualitative systematic review and evidence synthesis. *BMC Public Health*, *14*(1). https://doi.org/10.1186/1471-2458-14-700

Fisher, H., Denford, S., Audrey, S., Finn, A., Hajinur, H., Hickman, M., Mounier-jack, S., Mohamed, A., Roderick, M., Tucker, L., Yates, J., & Chantler, T. (2024). Information needs of ethnically diverse, vaccine-hesitant parents during decision-making about the HPV vaccine for their adolescent child: a qualitative study. *BMC Public Health*, *24*(1). https://doi.org/10.1186/s12889-023-17540-4

Garcia, S., Hopfer, S., Amaro, H., & Tanjasiri, S. (2023). HPV vaccine delay and refusal among unvaccinated Mexican American young adult women: a qualitative investigation of Mexican-born and US-born HPV vaccine decision narratives. *Journal of Behavioral Medicine*, *46*(1–2), 88–99. https://doi.org/10.1007/s10865-022-00326-1

Gobbo, E. L. S., Hanson, C., Abunnaja, K. S. S., & van Wees, S. H. (2023). Do peer-based education interventions effectively improve vaccination acceptance? a systematic review. *BMC Public Health*, *23*(1). https://doi.org/10.1186/s12889-023-16294-3

Hayford, K., Uddin, M. J., Koehlmoos, T. P., & Bishai, D. M. (2014). Cost and sustainability of a successful package of interventions to improve vaccination coverage for children in urban slums of Bangladesh. *Vaccine*, *32*(20), 2294–2299. https://doi.org/https://doi.org/10.1016/j.vaccine.2014.02.075

Health inequities and their causes WHO Factsheet. (n.d.).

Islam, J. Y., Khatun, F., Alam, A., Sultana, F., Bhuiyan, A., Alam, N., Reichenbach, L., Marions, L., Rahman, M., & Nahar, Q. (2018). Knowledge of cervical cancer and HPV vaccine in Bangladeshi women: A population based, cross-sectional study. *BMC Women's Health*, *18*(1). https://doi.org/10.1186/s12905-018-0510-7

Liu, C. R., Liang, H., Zhang, X., Pu, C., Li, Q., Li, Q. L., Ren, F. Y., & Li, J. (2019). Effect of an educational intervention on HPV knowledge and attitudes towards HPV and its vaccines among junior middle school students in Chengdu, China. *BMC Public Health*, *19*(1). https://doi.org/10.1186/s12889-019-6823-0

Loke, A. Y., Kwan, M. L., Wong, Y. T., & Wong, A. K. Y. (2017). The uptake of human papillomavirus vaccination and its associated factors among adolescents: A systematic review. In *Journal of Primary Care and Community Health* (Vol. 8, Issue 4, pp. 349–362). SAGE Publications Inc. https://doi.org/10.1177/2150131917742299

Lubeya, M. K., Chibwesha, C. J., Mwanahamuntu, M., Mukosha, M., Frank, S., & Kawonga, M. (2023). "When you get the HPV vaccine, it will prevent cervical cancer; it will act as a shield": adolescent girls' knowledge and perceptions regarding the human papillomavirus vaccine in Zambia. *Frontiers in Health Services*, *3*. https://doi.org/10.3389/frhs.2023.1208458

Okunowo, A. A., Ugwu, A. O., Kuku, J. O., Soibi-Harry, A. P., Okunowo, B. O., Ani-Ugwu, N. K., Osunwusi, B. O., & Adenekan, M. A. (2021). Predictors, barriers and motivating factors for human papillomavirus vaccination and testing as preventive measures for cervical cancer: A study of urban women in Lagos, Nigeria. *Preventive Medicine Reports*, *24*. https://doi.org/10.1016/j.pmedr.2021.101643

Orangi, S., Mbuthia, D., Chondo, E., Ngunu, C., Kabia, E., Ojal, J., & Barasa, E. (2024). A qualitative inquiry on drivers of COVID-19 vaccine hesitancy among adults in Kenya. *PLOS Global Public Health*, *4*(3). https://doi.org/10.1371/journal.pgph.0002986

Perehudoff, K., Vermandere, H., Williams, A., Bautista-Arredondo, S., De Paepe, E., Dias, S., Gama, A., Keygnaert, I., Longatto-Filho, A., Ortiz, J., Padalko, E., Reis, R. M., Vanderheijden, N., Vega, B., Verberckmoes, B., & Degomme, O. (2020). Universal cervical cancer control through a right to health lens: Refocusing national policy and programmes on underserved women. In *BMC International Health and Human Rights* (Vol. 20, Issue 1). BioMed Central. https://doi.org/10.1186/s12914-020-00237-9

Rahman, L., Biswas, H., Hossain, T., Khan, A. M., & Khan, I. A. (2012). Study on reasons of dropout of immunization in children in selected slum area of Dhaka city, Bangladesh.

Public Health Short Communication South East Asia Journal Of Public Health South East Asia Journal of Public Health, *2*(1), 64–67.

Ramchand, R., Ahluwalia, S. C., Xenakis, L., Apaydin, E., Raaen, L., & Grimm, G. (2017). A systematic review of peer-supported interventions for health promotion and disease prevention. *Preventive Medicine*, *101*, 156–170. https://doi.org/https://doi.org/10.1016/j.ypmed.2017.06.008

Rujumba, J., Akugizibwe, M., Basta, N. E., & Banura, C. (2021). Why don't adolescent girls in a rural Uganda district initiate or complete routine 2-dose HPV vaccine series: Perspectives of adolescent girls, their caregivers, healthcare workers, community health workers and teachers. *PLoS ONE*, *16*(6 June). https://doi.org/10.1371/journal.pone.0253735

Smolarczyk, K., Duszewska, A., Drozd, S., & Majewski, S. (2022). Parents' Knowledge and Attitude towards HPV and HPV Vaccination in Poland. *Vaccines*, *10*(2). https://doi.org/10.3390/vaccines10020228

Sokol, R., & Fisher, E. (2016). Peer Support for the Hardly Reached: A Systematic Review. *American Journal of Public Health*, *106*(7), e1–e8. https://doi.org/10.2105/AJPH.2016.303180

UNICEF, 2024. (n.d.). Retrieved November 3, 2024, from https://www.unicef.org/bangladesh/en/press-releases/government-launches-nationwide-human-papillomavirus-hpv-vaccination-campaign

UNICEF 2024. (n.d.). Retrieved November 3, 2024, from https://www.unicef.org/bangladesh/en/press-releases/interim-government-bangladesh-launches-final-phase-human-papillomavirus-hpv

UNICEF, Bangladesh, 2023. (n.d.). Retrieved November 3, 2024, from https://www.unicef.org/bangladesh/en/press-releases/government-launches-nationwide-human-papillomavirus-hpv-vaccination-campaign

Vorsters, A., Bonanni, P., Maltezou, H. C., Yarwood, J., Brewer, N. T., Bosch, F. X., Hanley, S., Cameron, R., Franco, E. L., Arbyn, M., Muñoz, N., Kojouharova, M., Pattyn, J., Baay, M., Karafillakis, E., & Van Damme, P. (2019). The role of healthcare providers in HPV vaccination programs – A meeting report. *Papillomavirus Research*, *8*. https://doi.org/10.1016/j.pvr.2019.100183

WHO Bangladesh. (2016).

Zhai, L., & Tumban, E. (2016). Gardasil-9: A global survey of projected efficacy. *Antiviral Research*, *130*, 101–109. https://doi.org/https://doi.org/10.1016/j.antiviral.2016.03.016

Annex

Qualitative Research Guidelines

Study Title: Exploring the Experiences of HPV Vaccine Uptake among Adolescent Girls in the Korail Slum of Dhaka

Section 1: Demographic Information

Age

Have you celebrated your birthday this year, when is it? If you are unsure about the date, can you tell me how old you are?

Education Level

Are you currently in school? If so, what grade or year are you in?

Family Background (Primary Caregiver)

Can you tell me a bit more about your family? Who takes care of you most at home?

What does your father and mother do?

Do you live here? How long?

Section 2: Experience with the HPV Vaccination Process

1. When did you first heard about the HPV vaccine and from where? (probe: family, friends, social media, CHW)
2. What thoughts or feelings came up for you? Can you share what made you think or feel that way at first?
3. Who talked to you about the vaccine, and did what they say change your mind or help you decide? Were there any people whose thoughts or advice were really important to you? Why did you feel that way? What did they say or do that made you listen to them?
4. How would you describe your experience of getting the vaccine, from when you decided to get it to after receiving it? Was there something that happened that was important to you?
5. How did you get registered? Was there any difficulty?

6. From where did you get the vaccine? Was it difficult? Are the staff friendly and helpful?
7. Were you or your family asked to give permission or describe the procedure and after effect before getting vaccinated? How comfortable were you with the process?
8. Since getting the vaccine, how do you feel about getting vaccinated now? Do you think something changed your feelings? Did you feel any fear or concern about the vaccine, before or after getting it? What were you most worried about?
9. After getting vaccine, how did you feel? (probe for dizziness, lethargy or anything)
10. Do you think the vaccine is important? Why or why not?
11. Do you believe there are risks in getting this vaccine? If so, what are those?
1. If a friend your age was thinking about getting the vaccine, what would you tell them? What parts of what happened to you do you think they should know about, and why?

গুণাত্মক গবেষণা নির্দেশিকা

গবেষণার শিরোনাম: ঢাকার কড়াইল বস্তিতে কিশোরীদের মধ্যে এইচপিভি ভ্যাকসিন গ্রহণের অভিজ্ঞতা সম্পর্কে জানা

বিভাগ ১: জনসংখ্যা সংক্রান্ত তথ্য

বয়স

- তুমি কি এই বছর তোমার জন্মদিন পালন করেছো, এটি কখন? তোমার যদি তারিখ মনে না থাকে, তুমি কি আমাকে বলতে পারবে তোমার বয়স কত??

শিক্ষাগত যোগ্যতা

- তুমি কি স্কুলে পড়াশুনা করো? করে থাকলে, কোন ক্লাসে?

পারিবারিক পটভূমি (প্রধান পরিচর্যাকারী)

- তুমি কি আমাকে তোমার পরিবার সম্পর্কে কিছু বলতে পারেবে? বাড়িতে কে তোমার সবচেয়ে বেশি দেখাশুনা করে?
- তোমার মা, বাবা কি করে?
- তুমি কি এখানে থাকো? কতদিন যাবত?

বিভাগ ২: এইচপিভি ভ্যাকসিনেশন প্রক্রিয়ার অভিজ্ঞতা

তুমি কখন HPV ভ্যাকসিন সম্পর্কে প্রথম শুনেছিলে এবং কোথা থেকে? (প্রোব: পরিবার, বন্ধু, সোশ্যাল মিডিয়া, স্বাস্থ্য কর্মী)

১। এই সম্পর্কে জানার পরে তোমার প্রথম কি অনুভূতি হয়েছিল? তুমি কি আমার সাথে শেয়ার করবে যে কেন তোমার এমন মনে হয়েছিল?

২। কে তোমার সাথে ভ্যাকসিন সম্পর্কে কথা বলেছে, এবং তারা যা বলেছে বা করেছে তা কি তোমাকে সিদ্ধান্ত নিতে সাহায্য করেছে, বা তোমার মন পরিবর্তন করেছে এই টীকার ব্যাপারে? এদের মধ্যে এমন কেও কি ছিল যার মতামত বা চিন্তাভাবনা তোমার কাছে গুরুত্বপূর্ণ? কেন? তারা কি করে বা বলে যার জন্য তুমি তাদের কথাকে প্রাধান্য দেও?

৩। তোমার টীকা দেয়ার অভিজ্ঞতা কেমন ছিল? নেয়ার সময় তাৎপর্যপূর্ণ এমন কি কিছু হয়েছিল?

৪। তুমি কীভাবে রেজিস্ট্রেসান করেছো? তখন কি কোন সমস্যা হয়েছিল?

৫। টীকা দিতে কোথায় গিয়েছিলে? যাওয়া টা কি কঠিন ছিল? কর্মীদের আচরণ কি ভাল ছিল?

৬। তোমাকে বা তোমার পরিবার থেকে কি অনুমুতি নেয়া হয়েছিল? তোমাদের কি এই টীকা নেয়ার পদ্ধতি এবং সাইড ইফেক্ট বিস্তারিত বুঝিয়ে বলা হয়েছিল? তোমার কি কোন অসুবিধা হয়েছিল টীকা নেয়ার সময়?

৭। টীকা নেয়ার পরবর্তী অনুভূতি কেমন? তোমার যা মনে হয়েছিল আগে, তার থেকে কি কোন পরিবর্তন লক্ষ করছ? তোমার কি কোন ভয় বা দুশ্চিন্তা ছিল টীকা নেয়ার আগে বা পরে? তুমি সবথেকে কি নিয়ে বেশি চিন্তিত ছিলে?

৮। টীকা নেয়ার পরে তোমার শারীরিকভাবে কেমন লাগছে? (মাথা ঘুরানো, দুর্বলতা, বা অন্য কোন সমস্যা হচ্ছে কিনা তা নিয়ে জানতে চান)

৯। তোমার কাছে কি টীকা নেয়া টা জরুরী ছিল বলে মনে করো? কেন না কেন নয়?

১০। তোমার কি মনে হয় যে টীকা দেয়াতে কোন ঝুঁকি ছিল তোমার?যদি হ্যাঁ হয়, কেন এবং সেইগুলি কি কি?

১১। তোমার সমবয়সী কোন বন্ধু যদি টীকা নেয়ার কথা ভাবে, তাকে তুমি কি বলবে? এই পদ্ধতির কোন অংশ, যেইটা তোমার সাথে হয়েছে, তা তুমি তাদের জানা দরকার বলে মনে করো?

No	BeSD Framework	Themes	Subthemes	Definitions	Quotes from Transcripts
1	**Thinking and Feeling**	**Navigating Fear and Trust** **Definition:** These defined the participants' fear of injections, anxiety about side effects, and confusion misinformed by peers and media; all these were reassured by health workers and teachers.	Fear of Physical Pain	Anxiety about the injection process and its associated pain.	"I was scared because the injection will hurt." (IDI 8) "I felt a little scared, It felt like an ant-bite." (IDI 5)
			Misinformation and Media Influence	False narratives about side effects, often sourced from peers and media.	"I saw on my phone a few days ago that many children were admitted to the hospital after taking the vaccine." (IDI 3) "I was very scared because many people told me that after getting the vaccination, the period starts." (IDI 2) "I saw on YouTube that children felt unwell after taking the vaccine." (IDI 4) "I have seen on the phone that girls were suffering from skin problems." (IDI 6) "I was scared of injections, also there could be harm to the vaccine." (IDI 5)
			Reassurance from Trusted Sources	Reassurance from teachers and mothers dispelled fears and addressed misinformation.	"My teacher said every girl should take it so that in the future she doesn't face any uterus problem." (IDI 7) "Ma'am said that since we have periods, we have a higher chance of getting this cancer. So, it would be very good to get it." (IDI 3) "My mother talked to me over the call and said if I don't take the vaccine, it can cause me harm later. So, I must take it." (IDI 1)
		A Shot of Assurance **Definition**: The vaccine was treasured for its perceived cervical cancer prevention potential; hence, it was used to reassure a sense of safety and freedom among the recipients.	Disease Prevention	Belief in the vaccine's role in preventing cervical cancer.	"If you don't take this vaccine, you might suffer from cervical cancer." (IDI 6) "If such a big disease can be prevented by just one injection, then it's good." (IDI 1)
			Sense of Security	Feeling safe and protected after vaccination.	"Taking the vaccine was necessary to avoid ovarian cancer." (IDI 7) "I felt good because I got no fever." (IDI 5) "I took the vaccine bravely to protect myself." (IDI 1)
			Value of Accessibility	Gratitude for receiving the vaccine for free.	"Our teacher told us that if we don't take this free vaccine now, we will have to buy it later." (IDI 5)
2	**Social Processes**	**Cultural Norms** **Definition:** The in-depth understanding of participants on the subject matter was constrained by cultural norms that restrict discussing such topics and the awareness education given was inadequate.	Feminine Matter	Difficulty discussing sensitive issues like menstruation and cervical cancer.	"Madam actually said a lot of things that she shouldn't have said in front of the boys." (IDI 2) "She said this disease happens because of periods." (IDI 3)
			Inadequate Awareness	Limited understanding of the vaccine's benefits and purpose.	"They didn't say much about the problems the vaccine prevents." (IDI 8) "I didn't know what HPV really stood for." (IDI 4) "They gave a lot of information..... Mam said that if you take this cervical cancer vaccine, you won't get the disease. This disease is common in girls..... It's likely to happen..... I don't know. I can't remember..... She said this disease happens because of periods." (IDI 3)
		Assurance from trusted sources **Definition:** The decision was critical, with trusted authority figures such as teachers and mothers playing important roles. Participants depended on their guidance to overcome initial hesitation.	Teacher's Role in Encouragement	Teachers actively encouraged students to vaccinate and explained its importance.	"Madam said that if you take this vaccine, you won't get cervical cancer." (IDI 3) "Sir suggested everyone take it, and I trusted his words." (IDI 8) "My teacher's advice was most important to me." (IDI 5) "Our sir told us about the vaccine and said it's good for us." (IDI 4) "I felt that I should take the vaccination as it is good for me as teachers are saying...they won't say anything that is bad for us....." (IDI 7)
			Mother's Influence	Mothers provided permission and emotional support, significantly influencing decision-making.	"My mother told me to take it." (IDI 4) "My mother told me to take it because it will prevent cancer." (IDI 6) "My mother talked to me over the call and said if I don't take the vaccine, it can cause me harm later." (IDI 1) "She understands everything...good or bad. If something is good...she encourages me to take it and if not...she tells me not to take it..." (IDI 8)
		Peer support and collective action **Definition:** Friends played the role of reducing anxiety, being supportive, and normalizing the vaccination experience.	Supportive Influence	Friends encouraged vaccination and alleviated fears.	"My friends said, 'Take the vaccine, it's good for you.'" (IDI 7) "My good friends told me to take the vaccine." (IDI 6) "Seeing everyone else do it gave me the courage to get vaccinated." (IDI 7)
			Shared Experiences	Going together with friends normalized the process.	"Everyone was going to get vaccinated. It felt good at that time because we were going together." (IDI 2) "We had fun walking to the vaccination center with our friends." (IDI 1)
			Open Discussions Among Peers	Peers openly discussed their fears and reassured one another.	"We talked about our feelings, like, 'Are they feeling well or scared.'" (IDI 4) "My friends said, 'Take the vaccine, it's good for you.'" (IDI 7)
3	**Practical Issues**	**Administrative Issues** **Definition:** Logistical inefficiencies and the need for documentation stood in the way of vaccination in certain participants.	Documentation Challenges	Birth certificates and other documents were often unavailable or difficult to access.	"They asked for a birth certificate. Mine was not online, so I couldn't give it. When they gave it in school, I couldn't take it. Then I went to the village and got my birth certificate fixed and then I took it." (IDI 3) "I couldn't have the vaccine card without registration." (IDI 6)
			Sudden Notifications	Late announcements about vaccination schedules disrupted preparation.	"They informed us suddenly that today vaccines will be given, and we needed the card." (IDI 7) "I didn't know beforehand that a birth certificate was needed." (IDI 4)
			Inefficient Registration Processes	Logistical inefficiencies in the registration process.	"We had to register in a shop to get a vaccination card." (IDI 6) "They wrote our names on a paper but didn't explain what it was for." (IDI 3) "There were long queues, and we didn't know what was happening." (IDI 8)
		Challenges **Definition:** The participants highlighted challenges in vaccination programs related to accessibility and efficiency, including the need for strengthened outreach efforts, effective communication strategies, and better logistical coordination.	Outreach challenges	Door-to-door campaigns and direct parental engagement.	"You should visit door-to-door, convince the parents, and give vaccines to the children." (IDI 5) "If they go house to house, many children will get vaccinated who don't go to school." (IDI 7)
			Logistical hurdles	Advance notice and improved logistical organization.	"It would be better if they informed us earlier and prepared everything beforehand." (IDI 6) "Teachers should talk about it more before vaccination day." (IDI 8)
			Communication gap	Educating parents to improve understanding and uptake.	"Parents should also know what the vaccine is for. If you explain better, more children will take it." (IDI 8) "Mothers need to know how this helps their daughters." (IDI 1)
4	**Motivation**	**Intension to get vaccine** **Definition:** The factors that influence adolescent girls' intention and decision to receive the HPV vaccine over coming the initial hesistency.	Desire for health protection	Motivation to protect themselves against cervical cancer.	"I didn't want to miss this chance for future protection." (IDI 5) "This is a free vaccine that will protect me in the long run." (IDI 7) " This vaccine can save me from any future harm. If I hadn't taken the vaccine then maybe I could get some other kind of disease. So, I took the vaccine as a wise decision." (IDI 1)
			Positive experiences	Smooth and supportive vaccination sessions gave satisfaction and willingness to get vaccinated and instilled trust in healthcare service.	"No. That was very easy. Just have to go and sit there, they will give the vaccine. " (IDI 2) "They asked me if they were giving the vaccine..if I was scared..then I said, "Yes"...then they told me not to be afraid of it..then they injected it...." (IDI 8) "After getting the card... I was in a serial as many were taking the vaccine. Then I got the vaccine. The aunties told me that I won't be hurt and they will inject carefully. Then they gave it to me." (IDI 7) "I kept my eyes closed, then my hand was moving again and again, so Madam held my hand and gave it. Then they gave notebook, and it was done." (IDI 4)

Key Findings

1. Adolescent girls expressed anxiety about the injection process and potential side effects.
2. Many girls reported feelings of fear about the vaccination, particularly due to concerns about physical pain.
3. Adolescent girls found it challenging to discuss sensitive topics like menstruation and cervical cancer, which made conversations about the HPV vaccine more difficult.
4.. Misinformation and confusion about side effects amplified these fears.
5. Teachers and health workers played a significant role in alleviating these fears by providing accurate information and emotional support.
6. Adolescent girls expressed a strong belief in the vaccine's role in preventing cervical cancer, felt safe and protected after vaccination, and expressed gratitude for receiving the vaccine free of charge.

1. Teachers emerged as pivotal in guiding participants through the decision to get vaccinated, providing accurate information about the vaccine's purpose, and motivating participation.
2. Mothers contributed to the decision-making process by providing emotional support reinforcing the guidance provided by teachers.
3. Peer influence served as a form of indirect social approval, impacting the girls' participation, as group participation in vaccination events can reduce individual hesitation.

1. Delays in announcing vaccination schedules and logistical issues in the registration process disrupted participants' preparations and made it challenging to access the vaccine.
2. Adolescent girls demonstrated thoughtful insights by recommending door-to-door campaigns and direct parental engagement to strengthen vaccination outreach.
3. Adolescent girls emphasized the need for advance notice and better organization of the vaccination process, as well as the importance of educating parents to ensure their understanding and support, highlighting practical solutions to improve the vaccination experience.

1. Adolescent girls expressed a strong, inherent desire to protect themselves from cervical cancer, which served as a primary motivator for seeking the HPV vaccination.
2. The vaccination session was conducted in a friendly and comforting manner, where participants were encouraged not to be afraid of needles. The injections were administered quickly, and teachers were there to provide emotional support while getting vaccinated which made the decision to get vaccinated easier. Overall, the experience was positive.

Respondent	Socio-economic Status	Thinking and Feeling		Social Processes			Practical Issues		Motivation
		Nonlexative trust and fear	A shot of assurance	Cultural norms and informational influence	Assurance from trusted source	Peer support and collective action	Administrative issues	Communication and awareness	Intentions to get vaccine
ID11	I: what is your age? R: 12 I: where do you read in? R: in Karuai? I: which school? R: ...(School name) I: so, your age is 12? R: yes I: can you tell me your birth date? R: 12th May I: which year? R: 2012 I: So, is your current age 13 or 14? R: yes I: which class do you read in? R: class 5 I: Now, tell me who are there in your family? R: right now there is no one in my family I: Imeant, tell me about your family members. Who are they? R: My father, mother and sister. I: what does your mother do? R: I am not sure. Maybe she is a mason. I: you mean she works on a construction site? Is s.	R: I felt a little scared. I: why did you feel scared? R: because of the injection I: only the fear of injection or anything else? R: Nothing else R: we have only one teacher at our school so she talked about it that for this reason, this vaccine has to be taken I: for which reason? What did she say? R: She said cervical cancer can occur if I don't take the vaccine. If I take it the possibility of cervical cancer will be less I: what else did she say? R: she said everyone has to take the vaccine. It's mandatory I: Anything else? Did she give any other option? R: no I: have you talked about it with anyone else? Teachers of your school or any other person? R: no I: Okay, when you first heard about the vaccine, how did you feel? R: I felt like I should take the vaccine I: why? R: because if I don't, it can cause me harm I: Which kind of harm? R: like it can cause cervical cancer. So I should take the vaccine now. I: So you think if we don't take the vaccine it can cause us cancer?	I: Why do you think this vaccination is necessary? R: Because maybe this vaccine can save me from any future harm. If I hadn't taken the vaccine then maybe I could get some other kind of disease. So, I took the vaccine as a wise decision. I: Is there any other reason? Did anyone convince you of the vaccination? R: yes, My friends talked about how we should take the vaccine. Maybe it will benefit us. I: So many people told you about the vaccine, whose decision did you find the most important? R: my teachers. Because, at first she talked about the vaccine. I: what would be your suggestion for us who didn't take the vaccine? Which information would you give before sending us for vaccination? R: I would like to say that this vaccine may cause you some changes but it will be all good. Whichever sickness I felt get cured by itself after taking the vaccine.	I: You didn't talk to your father so why do you think that whatever your mother said is right? Your father can have different sayings? R: my father doesn't live here with me so he doesn't know much about my issues. I: Why don't you tell your father your issues? R: because I can not share everything with my father. But my mother is a woman so I can share everything. I: who talked about it at your school R: my teacher I: which teacher? R: we have only one teacher at our school so she talked about it that for this reason, this vaccine has to be taken I: for which reason? What did she say? R: She said cervical cancer can occur if I don't take the vaccine. If I take it the possibility of cervical cancer will be less I: what else did she say? R: she said everyone has to take the vaccine. It's mandatory I: Anything else? Did she give any other option? R: no I: have you talked about it with anyone else? Teachers of your school or any other person? R: no I: Okay, when you first heard about the vaccine, how did you feel? R: I felt like I should take the vaccine I: why? R: because if I don't, it can cause me harm	I: So it is about your vaccine. Who talked to you? Your teacher right? R: yes I: after returning home, whom did you inform about it? R: I informed my mother I: What did you tell your mother? R: I told my mother that, ma'am said to take the vaccine. Should I take it or shouldn't I? I: why did your mother tell you to take the vaccine? R: Because maybe she knew about it earlier I: how did you know that your mother knew about this vaccine earlier? R: I asked my mother. If she was unaware she couldn't have answered. I: Are you sure she understood about the vaccine? Where did she learn about HPV from? R: I don't know that. I: So your mother is very supportive. What else did she tell you? R: That time my mother was in the village site. So she talked to me over the call and said if I don't take the vaccine it can cause me harm later. So I must take it. I: where is your village? R: ...(village name) I: So you made the decision of taking the HPV vaccine by yourself and your mother also helped you? R: yes I: Did anyone else influence you or tell you to take the vaccine? I: Ok. tell me, do you know the name of the vaccine that was given? R: Cervical vaccine. I: Cervical vaccine. Any other name for it? I: Cervical vaccine, ok. About the vaccine., like there is this kind of vaccine, where did you learn about it? R: In school. I: Who told you in the school? R: Mam. I: Cervical. What will happen if you get this vaccine? Did they tell? R: If vaccinated, it's better to be safe. I: It's better to be safe. And what's going to happen if not vaccinated? R: Damage occurs. I: What kind of damage occurs? R: I don't remember. I: You don't remember? You don't remember what kind of damage occurs? Ok. you have got the vaccination, haven't you? Why did you get vaccinated? R: May I be well. I: Why? Why you might be well if you get vaccinated? Just tell us what do you think. Why would you think if you get vaccinated you will be well? R: Our madam told us, if we get the vaccination, we will be well. I: Madam told you, you will be well. Why did she tell you that? R: To stay well from this disease.	R: It was good. We had fun while going I: why did you have fun? R: because all of my friends were together and the seniors were behind. Maybe my seniors also took the vaccine. So we had fun while taking the vaccine.	I: how did you register for the vaccination like we are writing? Did you fill up the form? R: we didn't fill up any form I: do you know for which ages this vaccine is for? R: no I: then how did they understand how many of you must be vaccinated? R: Maybe my teacher called out names. I don't know about that I: did they count attendance? R: no I: Did they take your name list? R: No I: Did you write your name anywhere? Many students from your school were going for the vaccination so there must be a track right? How did they do it? R: Maybe they did it somehow by themselves. But I don't know about it I: did they make you raise your hands? R: no	I: When you took the vaccination, did anyone talk to you about any side effects of the vaccine? Did you find any side effects? R: no I: do you know for which ages this vaccine is for? R: no I: Well, it is for children aged 10 to 14. As you said you asked your mother at first for permission. Why did you approach your mother? Why did you think she knew about it? R: I felt like she knew. Even if people don't take a vaccine they can learn about it by hearing from the society. So I thought maybe my mother had heard something about it before. I: from who else did you hear about the vaccine? R: I didn't hear about it from anywhere else. I: Did your friends tell you anything about it? R: No. We all took the vaccine together.	I: So do you want to give me any other suggestions? R: If you don't take the vaccine, you can get any disease soon. So I want to suggest you to take the vaccine if you haven't taken it yet. R: Because maybe this vaccine can save me from any future harm. If I hadn't taken the vaccine then maybe I could get some other kind of disease. So, I took the vaccine as a wise decision.
ID12	I: 28th of February. Which year? Which year, do you know? R: 2012. I: 2012. 28th February, 2012. Ok, Do you study in a school? R: Yes. I: Which school? R: ....(school name) I: Come again? R:.....(school name) I: Ok. Which class are you in? R: Five. I: Five. How far is your school from here? R: 5 minutes. I: Only 5 minutes. That means near. Ok. Can you tell me something about your family? How many is in your home, or how many members do you have in your family? R: 30 at the home. I: 30 at the home! And how many of your own family? R: I have 10 in my family. I: 10. Who are they, can you tell me? R: My uncle, aunt, two cousin sister, cousin brother, uncle aunt, cousin sister, cousin brother and his wife, his child, me, my father, my mother.	I: Why did you get scared? R: If something happens, that's why. I: If something happens. What would that be? R: I mean, some people said that if people get this vaccine, people will get sick. I: Ok. I: It's better to be safe. And what's going to happen if not vaccinated? R: Damage occurs. I: What kind of damage occurs? R: I don't remember. I: You don't remember? You don't remember what kind of damage occurs? Ok. you have got the vaccination, haven't you? Why did you get vaccinated? R: May I be well. I: Why? Why you might be well if you get vaccinated? Just tell us what do you think. Why would you think if you get vaccinated you will be well? R: Our madam told us, if we get the vaccination, we will be well. I: Madam told you, you will be well. Why did she tell you that? R: To stay well from this disease.	I: So, why do you think this vaccination is important? R: Taking the vaccination is well. If vaccinated, it will keep away the diseases. R: They took us to get the vaccines from our school. One guardian didn't let one of my friends go. They said that, if you get this vaccine, you will be ill. We told them nothing is going to happen. But they didn't let her. Then our mam explained. I: Ok. Now, suppose I didn't take the vaccine. But I want to know. What would be your suggestions? R: It's good to take it. You should definitely take it. I: I should take it? Why? R: If you take this, you can stay safe from diseases.	R: Ma'am actually said a lot of things that she shouldn't have said in front of the boys. But Ma'am said it all out loud. I: In front of the boys? Ok. Do you guys and girls are in classes together? R: Yes. I: What did Madam say in front of the boys? Did Madam say something that shouldn't be said in front of the boys? There's no boy here, you can tell me. Don't be ashamed apa. Tell me. What did she say that she shouldn't have said in front of the boys? R: What happens when a baby is in the womb. Then pregnancy, all of these things were said. I: Anything else? Am I not a girl? So, nothing to be ashamed of. Tell me. R: Things were said about period. I: What was said? Speak in the language of a madam. Pretend you are a madam. R: She said, it's good for this. There we said ok. Then we got vaccinated. I: What else was said about periods? R: Many things. Like if it doesn't happen, no baby. If it does, there is baby. I: Ok. Without which, there will be no baby? R: Period. I: Ok. Did she say this the same day she said about the vaccine? R: Yes. I: Ok. Later, when you told Madam that you shouldn't say these things in front of the boys, what did she say? R: We didn't tell Madam this, our friends said it among ourselves. I: Ok. Among yourselves. What did your friends say then?	I: Ok. You thought, you won't get vaccinated. Who told you like that, you change your mind? R: Everybody school. My friends. I: Every friend told you? I: Ok. What did your friends tell you that made you get the vaccine? R: They said that there is no harm in taking it, that it is good to get it, that if we get it, we will not get any disease. So they told us that if we get it, we will not get any disease, so we got it. I: Ok. How did your fear go away? R: I took it because they said so. Otherwise I wouldn't have taken it. R: Yes. I: When you went to the wireless with your birth certificate, what was there? R: My friends were there.	I: What did you have to do after reaching there? R: We went there and just gave this, and told them to do that. Then after we went to school in the morning, gave the vaccine. I: Did they give you any forms or papers? By showing that, you can get vaccinated. R: I mean, they said,, they gave us a paper. Apart from the birth registration, another document was given. I: Ok. R: They asked us to show them that. After showing them, they will give us the vaccine. R: We went and told them do this,, I: What did you say? R: I forgot. I: Ok, you forgot, no problem. So, you went to wireless with your birth certificate. Did you have to write anything else there? R: No.	R: No, she just said, "ok, get vaccinated. " Then we went to Wireless with our birth certificates. I: Where did you go with your birth certificate? R: Wireless. I: Wireless. What did you do after go there? Registration? R: Yes. I: OK. Where did you have to go with birth certificate? R: In the evening. I: In the evening. For vaccine? Who told you to go there? R: Mam. R: We went and told them do this,, I: What did you say? R: I forgot. I: Ok, you forgot, no problem. So, you went to wireless with your birth certificate. Did you have to write anything else there? R: No.	I: Ok. Now, suppose I didn't take the vaccine. But I want to know. What would be your suggestions? R: It's good to take it. You should definitely take it. I: I should take it? Why? R: If you take this, you can stay safe from diseases. I: Ok. I will be safe from the disease. So, what about the vaccination do you think I should know about right now? Why should I go to take the vaccine? R: I don't know. I: Ok. Give me some advice. Good or bad, any advice. R: This is good. Many diseases can be prevented.
ID13	R: March 4th I: March 4th, March 4th of which year? R: 2010. I: March 4th, 2010. Okay, Kulsum, are you studying? R: Yes I:Which school do you go to? R: .....(school) I: .....(School). Which class are you in now? R: Class seven. I: Class seven. Alright. Can you tell me a little about your family? R: Yes. I: Like, who all is at home, who all is in the family, how many people? R: Yes. I: Tell me. R: There are 5 people in my family currently. Mom, dad, we two sisters, and one brother. I: Mom, dad, two sisters, and one brother. Okay, alright, what do your mom and dad do? R: My mom is a housewife, and my dad is a shopkeeper. I: Okay, so who takes care of you the most? R: Mom is always at home. I: Mom takes care of you? R: Yes I: Okay, how long have you been here? R: In this house? I: Or in this city?	R: Initially, I wanted to take it, then I got scared. I: Okay, so when you first heard about it, you felt good, why did you feel good? R: Because I like this vaccine, I won't get the disease. I: Because of that? Okay, that's fine, but why were you scared? R: I'm scared of injections. I: Okay, so you had pain for one day. When you were getting the vaccine, were you worried about anything? R: I was worried if there would be any problems. I saw on my mobile I: What else were you worried about? R: If I would get a fever. I: And? R: If I would get a cold or cough. I: Were you worried about these things? In the video you saw on your mobile, what did you see? R: They were saying that after going to school and getting this injection, something happened, there was a burning sensation inside the body, and then the hands and feet started hurting, and they gave saline. I: Okay, where did you see this on your mobile? I mean, where did you watch the news? R: On YouTube.	I: Okay, can you tell me, when you first heard about this vaccine, how did you feel? R: I felt good. I:Why? R: Initially, I wanted to take it, then I got scared. I: Okay, so when you first heard about it, you felt good, why did you feel good? R: Because by taking the vaccine, I won't get the disease. I: Because of that? Okay, that's fine, but why were you scared? R: I'm scared of injections. I: You're scared of injections? Okay, so can you tell me, why else did you feel good, what other reasons might be there for feeling good? And also what other reasons are there for being scared? R: I'm actually scared of injections, so I was scared to take the vaccine, and I felt good because if such a big disease can be prevented by just one injection, then it's good.	I: Okay, when they told you about this vaccine, what information did they give you? R: They gave a lot of information. I: Try to remember? R: Mam said that if you take this cervical cancer vaccine, you won't get the disease. This disease is common in girls. R: It's likely to happen. I:Why is it more likely? R: I don't know. I can't remember. I: Try to remember? Say what your teacher said. R: She said this disease happens because of periods. I: Okay, is there anything else? Any other problems? R: No. I: Did anyone else say anything? R: No. I: You told your teacher about the problems, and when she said to take the vaccine, what kind of problems did she say wouldn't happen? R: She didn't mention any specific problems. She just said if you take it, there won't be any problems, don't be afraid.	I: Okay, is there anyone whose opinion matters to you the most or because of whom you agreed? R: The teachers at school said that if we take it, there won't be any problems later. I: What kind of problems did they say? R: They said many problems happen after taking the vaccine. I: What kind of problems? R: I saw on my phone a few days ago that many children were admitted to the hospital after taking the vaccine. I:Okay. R: Then I told my teacher, and she said, "Don't worry, nothing like that will happen." Then I took the vaccine. I: What kind of problems did those children have, according to what you saw on your phone? R: I don't know exactly, but it said that they came to school in the morning, took the vaccine, and then fell unwell and had to be admitted to the hospital. I was scared after seeing that, so I told my teacher, and she said there wouldn't be any problems. I: Okay, why do you think it was important for you to get the vaccine? R: The mam said that since we have periods, we have a higher chance of getting this cancer. So, it would be very good to get it. And later on I: The ma'am said that. Why did you think you should get it? R: Ma'am said it would be good. So, I thought that since we have periods, we should get it. I: Who gave you permission from home to get the vaccine? R: My mom and dad. I: What did your mom say when she gave you permission? R: My mom said, "First, find out properly if there will be any problems. Then, if everything looks it, you can take it."	R: After going to school in the morning, we got to know that they would give the vaccine. They registered 13 of us with our names and numbers. Then we went to.... (School name) together and got the vaccine. They asked for our names, age, and class there too. Then they gave the injection. It hurt a little at first, then it didn't hurt in the afternoon, but it hurt a little after. Aur prayer. Now it doesn't hurt anymore.	R: In 2023. They first gave the vaccine then, but I couldn't take it. I: Who gave the vaccine? R: Others in school. I: Why didn't you take it then? R: They asked for a birth certificate. Mine was not online, so I couldn't give it. I: Okay, so when they asked for the birth certificate in 2023? R: Yes. I: When did you give it? R: A few days ago. I: Okay, how did you know that you could give it a few days ago? R: A person from my mother's school called and told us, then my mom took me.	R: I told her that the school said they would give a vaccine and the teacher said that if we take this vaccine, we won't get cancer. They were giving it at school but asked for a birth certificate, which I couldn't give, so I couldn't take it then. I: Okay, then what happened? R: When they gave it in school, I couldn't take it. Then I went to the village and got my birth certificate fixed and then I took it.	I: Okay, so when you first heard about it, you felt good, why did you feel good? R: Because by taking the vaccine, I won't get the disease. I: You're scared of injections? Okay, so can you tell me, why else did you feel good, what other reasons might be there for feeling good? And also what other reasons are there for being scared? R: I'm actually scared of injections, so I was scared to take the vaccine, and I felt good because if such a big disease can be prevented by just one injection, then it's good. R: Mam said that if you take this cervical cancer vaccine, you won't get the disease. This disease is common in girls. I: Okay, let's say a girl or a friend of yours of your age wants to get the vaccine. What would you tell her? R: I would tell her that I got it, so you can also get it. I: Would you explain it to her? R: I would say that you won't get cancer. It will be good. I'm fine now.
ID14	R: 1st January I: Can you remember which year? R: Month or year? I: Year. R: January I: Which year? R: 2013 I: Okay. Alright. Are you currently studying? R: Yes. I: Where do you read? R: ....(School) I: Which class is ....(school)? R: Class 5 I: Okay. Now, can you tell me a little about your family? How many members are there in your family? Who are they? R: My father, my mother, my brother, me, and my sister. I: When you stay at home, who looks after you? R: My mother. I: What do your mother and father do? R: They work. I: Where does your mother work? R: In Wireless I: Your father? R: It is not certain. He works as a mason. I: How long have you been here? R: Many days. I: How many years can it be?	I: Well, after giving the vaccine, as ma'am gave you it and finally you took it. How did you feel then? R: I felt good then. Because many had blood or felt hurt. I didn't feel any pain I: What did you say? Many? Blood? R: I mean, many get hurt, or blood comes out. But nothing like that happened. I: Did these happen to anyone? R: No. not in our school. Nothing happened to me.	I: Well, as you were scared yet took the vaccine, in this context, what changed your mind that you took the vaccine? Like, "Even though I am scared, I will take the vaccine." Why did you feel like this? R: For my good. I thought "Everyone is taking the vaccine. So, I should also take it" I: Let me make it a little easier for you. When Madam talked about this vaccine, whom did you tell about it returning home? R: I told my mother. I: What did you tell your mother? R: I said, "Our school will provide…" What was the vaccine? I: HPV R: "Our school will provide the HPV vaccine" I: Didn't your mother ask why it will be provided? R: She told me to take it.	I: What else do you know about the vaccine? R: I don't know anything else. I: Didn't you gossip with your friends about it? R: Yes. We did. I: What did you talk about? R: We talked about our feelings, like; "Are they feeling well or scared?" I: How were your friends feeling? R: They were also scared I: Why were they scared? R: I don't know that. I didn't ask that much I: Okay. After taking the vaccine or before taking the vaccine, did anyone tell you what can happen if you take the vaccine? R: No. Nobody told me anything like that. I: Okay. Tell me a little more about your fear. What else were the reasons for your fear? One was the fear of needle. What else? R: There were no other reasons. I: Did anyone tell you anything or, anyone told you to take the vaccine or forbade you to take the vaccine? Is there anything like that? R: No. I: What do you think? Should this vaccine be given? R: Yes. I: Why should it be given? R: For goods. I: Convince me. Why should I take the vaccine? I haven't taken it yet. After talking to you, I will go for the vaccine. Now, tell me. Why should I take the vaccine? R: I don't have anything to say.	I: Okay. You talk about yourself. What were the reasons for your fear? R: I feel very scared of needles. I: Seeing needles scare you? R: Yes. I: Okay. As you took the vaccine, your madam talked to you, and then you talked to our mother. Whose decision is most important to you? R: My mothers I: Why? R: Because everyone should take the decision of their mother first.	I: When the 1st time you learned about the vaccine, how did you feel then? R: I felt good I: And? R: And I was feeling a little scared but also feeling good. I: Okay, why were you feeling good? R: Because taking the vaccine with everyone. I: Taking the vaccine with everyone was fun? R: Yes. R: For my good. I thought "Everyone is taking the vaccine. So, I should also take it"	I: How did you do the registration of the vaccine? R: You mean? I: I mean, as you will take the vaccine, did the school give you anything? Did they inform you earlier? Or did they take your signature on any paper? R: No I: Then how did you know where you will take the vaccine? R: I gave these many days ago. I: Well, what did your school tell you on the day of vaccination? Assume you went to school today and learned that your school would provide a vaccine today. How did they inform you? R: Ma'am told us, "Everyone, hear. These and that will happen". I: What exactly did she say? R: She said, "Today one of our vaccines will come. Don't get scared. Take the vaccine staying strong". I: Did she inform this on the day of vaccination? Did she inform you anything before the vaccination day? R: No. She informed us before the vaccination. I: Do you mean on the vaccination day? R: Yes.	R: Means who was there and who wasn't there was called to be there. Whoever came there was taken for vaccination, who didn't come they didn't. I: How did they know that they needed them? Who was there with them? R: Hmm? I: How do they realize? Any attendance or raising your hand or anything? R: No. I: did they roll-called? R: No. I: Whomever they called was supposed to go there, is there any list of them? R: I don't know for sure. I: How did they call you? R: I go to school regularly, that's why. I: The day you were at school, did they call by your name and ask you to get a vaccination? R: Yes.	I: What do you think, why did you take the vaccine? R: For my well being. I: I am asking you again. Why do you think it was necessary to take the vaccine? Why would we take the vaccine? R: We take the vaccine for good. I: What good is caused by the vaccine? R: It prevents everything. Fever, I: Then why do you think it's important to take the cervical vaccine that you had? R: I thought if I took this it would be good. I: Did you hear any risk during/by this vaccine? R: No. I: there was no risk? R: No. I: Alright. Tell me, how were the madams who looked like doctors? R: They were good. I: Why? What made you feel that they were good? R: Because they didn't scold me at all as we were scared. I: How did they give you the vaccine? What did they say? Where will they give it, and how? R: When I was taken, they made me sit at a place. Then I said, "Ivan't take the vaccine." Then, they held me and gave me the vaccine. I: Okay. Who held you? R: My ma'am I: Which ma'am? R: Nusrna ma'am.
ID15	I: Okay. Can you tell me about your birthdate? R: I don't celebrate birthdays. I: Can you remember your birth year? Or how old are you now? R: 13 years old I: Which school do you read in? R: ....(school) and High School I: Which class are you in? R: Class 7 I: Okay. Can you now tell me about your family? Who are there in your family? R: I, my mother, my brother, my father, and my sister. I: So your family only has them? R: Yes, and they (present kids on the spot) are my cousins, they came to visit us from the countryside, and they will return to their place in a few days. I: Okay, then who takes care of you? R: My mother. I: What does your mother do? R: My mother stays at home. She looks after us. I: What does your father do? R: My father is a driver I: How long have you been here? R: 8/10 years	I: Okay. When you first heard about the vaccine, how did you feel? R: I felt nothing. I felt scared a little bit, but it got over after some time. I: Only scared? R: Yes, at first, I was only scared. Later I was no longer scared I: Why's? Why did you feel scared? R: Because of the vaccine. I: But why? R: I am scared of injections. I: Oh! I see. R: I was scared of injections, also there could be harm to the vaccine. I: What kind of harm? R: Some told me about the physical damages of vaccines I: Can you tell us a little more about what people tell you? What did you hear? R: I heard that people get a fever after taking the vaccine. I: Can you tell me what else you heard? R: I heard about body pain also. Hands become painful. I: As you were scared, what made you scared the most? R: About people's sayings, they said it can cause cancer I: Did they say taking the vaccine can cause cancer? R: No. If I don't take the vaccine, then I can have cancer. I: What else did they say? R: Nothing else? I: Did they talk about any rumors? Did Your neighbors talk about anything or in the news? R: No I: As your mother told me about the news of children becoming sick after taking the vaccine, didn't you know about it? R: Yes. I watched it on the television I: What did you feel about the news? R: I was scared about it.	I: Do you think taking the vaccine was necessary for you? R: Yes. I think it was necessary. Our teacher told us that if we don't take this free vaccine now, we will have to buy it later. I: Why do you have to buy it? Wasn't it for free? R: It was free for them. But the teachers told us, "The vaccine will have to be bought later if we don't take it now" I: As you took the vaccine knowing the necessity of it. Can you tell me why you find it necessary? R: I found it necessary to avoid cervical cancer.	I: Where did you hear about the vaccine at the very first? R: In our school, our sir told us about the vaccine. I: Tell me a little more in detail. What did your sir tell you? What is the vaccine for? R: He said, this vaccine will benefit us. It will prevent cancer. I: Anything else? R: No. nothing else I: You told me that you felt scared before taking the vaccination but you have taken the vaccine. Why did you take it then? R: Our teacher told us that it is mandatory. We have to take it.	I: You told me that you felt scared before taking the vaccination but you have taken the vaccine. Why did you take it then? R: Our teacher told us that it is mandatory. We have to take it. I: Now tell me, your teacher told you to take the vaccine, then you talked about it to your mother, and your mother supported you. So, whose decision was the most important to you? R: My mothers. Because mother must say the right things	R: There were some of my friends, but they took the vaccine this year, just some days ago. I: Okay. So now every one of your friends has taken the vaccine? R: Yes I: Well, if you find any of your friends who haven't taken the vaccine yet, what would be your suggestion for her? R: I will tell her to take the vaccine. I: Won't you tell her why she has to take the vaccine? R: Yes. I will. I: What will you tell her? R: I will say, "Take the vaccine as soon as possible, or else you can face problems or you can get cancer. " R: I will say it will be beneficial for you. Take the vaccine. I took it so you also should take it. Our teachers already said you can face problems if you don't take the vaccine, so take it as soon as possible. If she still doesn't want to take it, I will talk to her parents.	I: The registration, you have done, can tell me a little more about it? Where did you have to go with your birth certificate? R: I went to the computer shop. I: What did you have to do in the computer shop? R: We told the shopkeeper our school name, and the shopkeeper did the rest. I: Did you do something with your birth certificate or was it about the vaccination? R: It was about vaccination. We had to make a vaccination card	I: Alright. Lastly, tell me, how can we upgrade the vaccination program? R: You should visit door to door,, convince the parents, and give vaccines to the children. I: Okay. You gave us a very good suggestion. We already have visited the schools to provide vaccines. Now if we visit houses particularly, what kind of extra benefit can it bring for us according to you? R: Many can be left at home, so it will be beneficial for them if you visit door-to-door. I: Do you mean many children are left at home, they can't take the vaccine as they don't go to school? R: Yes	R: Then, the sisters came, and I took the vaccine sitting on a chair. I: Didn't you have to go anywhere else? R: It happened in our school I: Okay. Whoever came for the vaccination. How were they? R: They were well. I: How was their behavior? R: It was good. I: Why did it feel good to you? R: They were well-behaved. People can not behave rudely with children. I: What did you find appealing in them? What made you like them? R: Their behavior. They were respectful I: As you took the vaccine knowing the necessity of it. Can you tell me why you find it necessary? R: I found it necessary to avoid cervical cancer. I: While taking the vaccine, did you find any risk? R: No. I took it bravely

ID16	I: What is your birthdate? R: 7th November. I: Can you tell me your birth year? R: 2012 I: ...(name) are you studying in a school? R: ...(school) and High School. I: What class do you read in? R: Class five. I: Can you tell me anything about your family? R: Yes, what should I say? I: Who are there, how many siblings do you have? R: I have my brother, father and mother I: So there are four members in your family including you? R: Yes. I: What do you do all day? R: I stay at school all day. I: What does your mother do? R: She stays at home. I: And your father? R: He works as a driver. I: When did he leave and come back home? R: He leaves at 6 am, comes back in the afternoon for his lunch, and then leaves in the evening. I: There who looks after you? R: My father and mother. I: But your father stays outside. R: There my mother does. I: How long have you been living here?	R: Also, I have seen on the phone that lots of children from other schools who took this vaccine were infected then everyone took it so did I. I: Can you explain it more what have you seen on the phone? R: I have seen on the phone that girls were suffering from skin problems. I: What problem? How does it look? R: Ugly. I: Was it like a disease or itching? R: Itching. I: What else have you seen? R: Nothing else. I: Did you see that one thing on the phone? R: Yes. I: You haven't seen that on the phone alone, there was another person with you right? What have they said? R: They told me not to take this vaccine, it's not good. I: Who said that? R: My friends, they were not going to take the vaccine but when I took it they took it too.	I: Suppose I don't know anything about any vaccine, then why should I take the vaccine? Which things you will inform me to convince me? R: I will say take the vaccine quickly, if you are late, you may not find it in the future. Or if you found it out you have to pay a lot of money. You're poor you don't have that much money, so you should take it now as it's free.	I: He didn't tell you why you should take the vaccine? R: He said if we didn't take the vaccine we could have suffered from cancer and there can be more problems. That's why he told us to take the vaccine. I: Did he mention what kind of problems? R: What? I: What kind of problem? R: Yes, he did. I: What are they? R: He told us if we didn't take the cancer we could suffer from cancer and there could be more problems. I: Like? Say whatever you can. R: He said if we take the vaccine it can cause a lot of problems I had heard from many that taking this vaccine isn't good, if we take this it could cause problems. Also, I have seen on the phone that lots of children from other schools who took this vaccine were infected then everyone took it so did I.	I: Where did you hear about the vaccine for the first time? R: From my school. I: Who told you at the school? R: Our headmaster. I: What did your headmaster say? R: He asked us if we had ever taken the cervical cancer vaccine. We said no then he said our school will give you, take it. I: Did he tell you anything else? R: No I: He didn't tell you why you should take the vaccine? R: He said if we didn't take the vaccine we could have suffered from cancer and there can be more problems. That's why he told us to take the vaccine. I: When you heard about the vaccine for the first time from school, with whom you discussed it first? R: With my mother. I: What have you said? R: I told her that the school is going to give cervical cancer vaccine, will you give me? Then she said wouldn't. Then our headmaster asked my mother to go to the school. Then he asked my mother to give me the vaccine. Then she gave me the vaccine.	I: The time you took the vaccine, were you informed by anyone about the side effects of the vaccine? R: Yes. I: Who told you? R: My friends. I: What did they say? R: Some of them said this vaccine is good and some of them said the vaccine is not good. I: Now you have good friends, what did they say? R: They told me to take the vaccine. I: Why do you think you should take the vaccine? Because you decided first not to take it then taken it. At last, you took the vaccine, why did you think that was important for you? R: Because a lot of people said the vaccine is good for me, that's why I went there. I: A lot of people also said it wasn't good, which think helped you make your decision. R: My good friends. I: So your good friends have a good impact, isn't it? R: Yes. I: The time you were injected with the vaccine, did you feel any risk? R: No. I: So there wasn't any risk you were feeling about? R: Yes.	I: How did you register? R: I went there with my birth certificate then they registered me. I: Who wasted your paper? R: Headmaster of the school. I: Why did he need the paper? R: He said I can't take the vaccine without that paper. I: Where did you go first with the paper? R: Firstly, I went to register and then to school. I: Where did you register? R: In a shop. I: Why did you have to do it in a shop? R: I couldn't have the vaccine card without registration. I: Is there any particular vaccination card? R: Yes. I: Then? R: Nothing. I: So first you went to the shop with paper and registered, then what they gave you? R: I don't know, my mother went there. I: Oh okay. After having the vaccination card, where did you go? R: To the school.	I: How can we develop the vaccination system? R: We can spread to a lot of people about the vaccine. Who doesn't go to a school we can go to their home to inform them about its necessity, it's good.	I: So no this will be our last question, you are getting late for your coaching? If any of your friends haven't given the vaccine till now, what will you suggest to her? R: I will ask her why she is not taking it yet, if you do not give this vaccine you might suffer various health problems or you may also suffer from cervical cancer. I: Anything else? R: If she doesn't want to give it I will go to her parents and tell them about this vaccine that this vaccine is good, it can be of work. Nothing else. I: Telling her father and mother will be beneficial. R: Yes, I can convince them.
ID17	I: When is your birthday? R: 25th September I: Do you remember what year was that? R: 10... I: in the year 2010.. R: hmm.. I: Okay. 25th September 2010..okay.. Are you studying in school currently? R: Yes I: Which School? R: T... (School name) I: ...(School).. what class are you in now? R: Class 6 I: Class 6..okay..can you tell me something about your family? How many members are there in your family? Who are they..? R: Our family consists of 4 members ..My mother, father..my younger sister and I. I: Younger sister and you..okay..so..what does your mother do? R: My mother is a housewife. I: And your father? R: father works in a shop.. I: Shop.. R: Yes..he has.. I: He owns a shop..okay..How long have you been living here? R: um...10 years	I: What could be the other problems? R: There is unreal in the area regarding the mishaps in a school... girls got sick after vaccination.. This is the main reason why they did not want to take the vaccine. I: You guys got to know this after the vaccination. But what were the fears before vaccination? R: That they may have fever, their hands will hurt. I: Ok fever and pain. So where did you see the mishaps news in school? I mean how did you get the news? R: I got the news from my friends. Then again, my parents told me about it. I: Okay. In which media did you see it? I mean you people now use social media... R: I have seen nowhere but I have only heard. I: Okay. So from where did you hear ? R: At first, I heard from my friends. Then I heard at my home. I: Ok. Have you heard anything like girls getting sick ? R: No..nothing of this sort.. In other schools. Not in my school.... I: What did you hear about other schools? R: That many have been sick after vaccinating, they vomit, catch fever etc.	R: Including that..he said that every girl should take it so that in future she doesn't face any uterus problem...Now-a-days..most of the girls are having this problem...cervix cancer..That's why we should take the vaccination..Besides..this vaccination is expensive outside ..as our school is providing it for free, it is good to take it from school. I: Okay..so when you first heard about the vaccine..suppose I am saying that there is a vaccine like this for the first time to you..how do you feel hearing this? What was your feeling back then? R: I felt that I should take the vaccination as it is good for me as teachers are saying..they weren't say anything that is bad for us I: Okay..you felt that they were saying for your wellbeing..what was your own reason behind that? R: Own reason..so I don't have to face any problem in the future..if there will be any problem, I will have to go to the doctors..which is really expensive..so.. In: Hmm..okay..that means for my own healthiness.. R: Healthiness..... I: Okay fine. So, after taking the vaccine, meaning you have taken the vaccine already, now what do you think was taking the vaccine necessary? R: Taking the vaccine was indeed necessary, but if it doesn't cause any harm then! I: Okay, now you have taken already, how many days back you have taken? R: Few days back I: Few days back, okay and till now nothing happened, meaning you do understand nothing has happened. Those harms you feared of, didn't happen. Now say why taking vaccines is necessary. R: Necessary because ovarian cancer doesn't take place.	I: Okay. Did your teacher or the people who came to vaccinate talk about any side effects of the vaccine? R: No.. I: Didn't they talk about any side effects that might have or any problems that might happen? R: No. I: Okay..so you heard it from school first..so..when your teacher said that there is a vaccination for cervix cancer..it is good to take...what other information did he provide besides that? R: Including that..he said that every girl should take it so that in future she doesn't face any uterus problem...Now-a-days..most of the girls are having this problem...cervix cancer..That's why we should take the vaccination..Besides..this vaccination is expensive outside ..as our school is providing it for free, it is good to take it from school. I: Okay..and..as your sir said there would be problems..did he tell you about any other problem? R: No..he didn't talk about any other problem.. I: Okay..anything besides cancer? R: No..	I: Okay..so when you first heard about the vaccine..suppose I am saying that there is a vaccine like this for the first time to you..how do you feel hearing this? What was your feeling back then? R: I felt that I should take the vaccination as it is good for me as teachers are saying..they weren't say anything that is bad for us R: However, I was thinking if I should or should not take the vaccine.. I: Ok! Then who helped you in taking the decision that you will finally take the vaccine? R: My mother. I: Ok, Your mother.. So, how many sources told you that you should take the vaccine? Your sir and mother said it. Anyone else? R: Yeah my family members told me. I: Okay. So now you'll just tell me that, these fears and anxieties related to taking vaccines..about which things you have had thoughts of most? R: Firr...meaning the first problem was that, if taking vaccines lead to something opposite.. taking the vaccine for something good, if anything bad happens, if it harms. That was the fear. Besides that, the good things was, I was taking the vaccines for something good, so good things were about to happen. Also, for anything bad they won't tell the students to take vaccines.	R: Alhamdulillah (Praise to be Allah), I am good and no problems happened. I haven't yet faced any problems or anything that happened. So for I haven't faced, meaning not facing as if anything has happened, my friends who have taken aren't having any problem. We are well. Now when we hear people around us talking, we get a little frightened. I: What did they say? How did they support it? R: They said, " Take the vaccine, it's good. Otherwise in future, there may be problems. I will take and you should also take with me" I: Ok. So they have taken the vaccine along with you. Ok. R: Yes	R: Then I completed the registration on my phone from google.. the day after that, I took the card to school with me and took the vaccination.. I: Okay..can you tell me the procedure of the registration from google? R: um I: How did you do it? R: They gave me an address..so..I search that and registered I: Who provided the address? R: From the school I: From school...okay..you were given an address from school and with the help of that you found it out..okay..what information are needed to fill that up? R: My name..age..class..my school's name..my father's name..mother's name...and that's all I: Did you do it by yourself? R: Yes.. I: Okay..and then? R: Then..um...a notification came on my phone..then..I printed that out from a shop.. I: Printed that..from the shop.. Respondent: Hmm.. I: Okay..why did you need the printed copy? R: To prove in the school that I am actually of age.. I: Did you have to provide anything else besides that? Any other documents? R: No. Actually the birth certificate did not come to any use. The paper (document) was only used. I: But did you need the birth certificate to download the paper? (registration paper) R: No. I: I mean, to get the printed copy, did you need the birth certificate to put the information?	I: Okay. Tell me one last thing, the total process of this vaccination starting from letting you know about it and till giving you vaccines, which thing you think would've been better if you had known earlier? Or it would have been better if known beforehand? Or which thing might have been made better? R: All of a sudden, they let us know that today the vaccines will be given, and asked us to keep the registration card with ourselves. But suddenly they said it will be given today. If they had informed me about it earlier it would have been better. That way my mother wouldn't need to go to school. I: Hmmm....Okay..okay fine. This is one thing and anything else that could've been done better, or improved. R: More improve... I: Now let's say your vaccination is done already right, now we will visit those who haven't taken the vaccines, how come they can take vaccines in a more proper manner or they will help, such... R: They'll be needed to be educated properly, the fear instilled inside them should be tried to be cleared out. The topic they are being afraid of needs to be made clear about it properly first, then they need to be talked through.	R: " there is a vaccination I heard about it from school.. they are telling us to take it so that in future..we don't have to deal with cervix cancer...it would be a huge problem in the future if we get cancer"...then I said things like that and mother told me to take the vaccine I: Okay..you felt that they were saying for your wellbeing..what was your own reason behind that? R: Own reason..so I don't have to face any problem in the future...if there will be any problem, I will have to go to the doctors..which is really expensive..so..
ID18	Interviewer: Okay fine. Do you know your birth year? Respondent: No. Interviewer: Your age? Respondent: 16. Interviewer: 16... So your birth year is in 2010. Respondent: Yes. Interviewer: Okay! are you studying in a school? Respondent: Yes. Interviewer: Okay. in which one? Respondent: ...(school name) and high school. Interviewer: Okay. In which class are you in? Respondent: Class 5. Interviewer: Class 5.... Can you tell me a little about your family? Respondent: hmm.. Interviewer: How many members are there? Who are living together? Respondent: Yes. Interviewer: go on. Respondent: .... Interviewer: How many members are there? Respondent: 4 people. Interviewer: Okay. 4 people.. Who are they? Respondent: Father, mother, my younger sister and I. Interviewer: Okay. Father, mother, younger sister and you. Who else lives with your family? Respondent: .... Interviewer: Tell me about?	Interviewer: That's so sad.. okay..When you were waiting for the vaccine...Why were you waiting? Couldn't you take it with everyone? Respondent: Yes.. Interviewer: Why didn't you? Respondent: because I was afraid.... Interviewer: okay..you were afraid..who helped you? Who helped you to reduce your fear? Respondent: Madam... Interviewer: Okay, so you explained.. So, the way you took the vaccine all by yourself, did you not get scared that your parents might deny? Respondent: No. Everyone took it and Sir said it will cause no problem. .... Everyone else took it.. I, at first, did not want to go. I was scared. When everyone else took it and the school time was over, I was sitting alone in the school. Then they gave me the vaccine. Interviewer: Okay.. so you were scared. Why? Respondent: the injection will hurt, that is why. Interviewer: Okay so the injection hurts. And? DOes anything else happen after vaccination? Respondent: the injection will hurt, that is why.	Interviewer: Okay. so you explained.. So, the way you took the vaccine all by yourself, did you not get scared that your parents might deny? Respondent: No. Everyone took it and Sir said it will cause no problem. .... Everyone else took it.. I, at first, did not want to go. I was scared. When everyone else took it and the school time was over, I was sitting alone in the school. Then they gave me the vaccine. Interviewer: Okay.. so you were scared. Why? Respondent: the injection will hurt, that is why. Interviewer: Okay so the injection hurts. And? DOes anything else happen after vaccination? Respondent: No.	Interviewer: Do you know the name of the vaccine that you have given some days ago? Respondent: No. Interviewer: Okay. DO you know why you were given the vaccine? Respondent: No. Interviewer: Then how have you taken the vaccine? Respondent: Everyone took it at Sir asked.. So I took it too. Interviewer: Okay.. see if it rings any bells!.... Is it given for the uterus? Uterus cancer? Respondent: Yes. Interviewer: Okay. It is called HPV vaccine which is given for uterus cancer. So, what's the name? Respondent: HPV vaccine. Interviewer: So, from where have you first heard about this HPV vaccine? Respondent: ..... Interviewer: Who talked about it first? Respondent: Sir. Interviewer: Sir.. From where? Respondent: From school. Interviewer: Okay. They were providing vaccination. Did they say anything about side effects? Respondent: No Interviewer: What can happen if you take it and if you don't...did they say anything? Respondent: Yes.... Interviewer: What did they say? Respondent: They said there won't be any problem in the future if I take the vaccine Interviewer: Okay.. what kind of problems did they mention? Respondent: They didn't say anything more... Interviewer: Okay..They just mentioned that if you took the vaccine, there won't be.. Respondent: There won't be any problem.. Interviewer: Okay.. Tell me that.. some girls aren't taking the vaccine because they are afraid..who are there afraid. Do you know anything about it?	Interviewer: okay..you were afraid..who helped you? Who helped you to reduce your fear? Respondent: Madam.. Interviewer: What did Madam say that helped you? Respondent: She told me , "take the vaccine..it won't hurt...everyone took it and everyone was brave enough, why won't you take it?" Interviewer: She won't agree...why do you think she would agree on it?...Suppose you told your aunt...you stay with her all the time...suppose you told her that you want to take this vaccine..would she agree? Respondent: Yes Interviewer: Why? Respondent: She understands everything...good or bad..if something is good..she encourages me to take it and if not..she tells me not to take it.. Interviewer: Go on... whatever you remember... Respondent: He said that people have come to vaccinate.... This vaccine is good for your health. Interviewer: Okay. What else did he say? Respondent: hum? Interviewer: Did he share what the vaccine is for? Respondent: umm... Interviewer: What did he say? Please don't be shy, I'm like your sister. Respondent: umm...He said that this vaccine is good for health.. He said it to everyone.... Everyone took it.	Interviewer: As you have already taken the vaccine, all by yourself, such a big decision...why do you think taking the vaccine was important? Respondent: As everyone else took it, Sir also suggested, I gave it. Interviewer: Okay. As everyone else did, you did. What if half people took the vaccine and the rest didn't? Respondent: Then I wouldn't take it and sit back. Interviewer: What are your first feelings? Like, if you see an ice cream truck in front of you and you suddenly wish to have one or you might feel like I have a cold so I can not have one. Similarly, when you first heard about the vaccine, what popped into your mind? To take the vaccine or not? Respondent: At first I thought that if everyone takes it, I will too. Otherwise not.	Interviewer: Okay how did you decide for it? Respondent: I did not know about the vaccine. I did not go to school as I was sick. Then I went to school. The people who were supposed to give the vaccine came there. They asked us to give the vaccine. Interviewer: Hmm... Respondent: Then my guardian was not at home. So I could not talk to them . So I gave the vaccine with courage.. Interviewer: Okay so you gave the vaccine by yourself Respondent: Yes. Interviewer: So what did your family say? Respondent: They said nothing. Interviewer: They said nothing at your home? Respondent: When I had fever.. they asked why sudden fever has come? Then I had pain in my hand.. Then I said that I took the vaccine. Interviewer: So what could be better? There are situations like, " I have less information, I know less so how can I act", SO, what do you think, how can we make the vaccination program more fruitful? Respondent: hmmm... Interviewer: I talked to someone who suggested miking which could help everyone to know..If everyone knows that they will understand properly and get vaccinated. Will it actually be good? The miking? Respondent: Yes. Interviewer: Does everyone hear the miking? Respondent: Yes. Interviewer: So share a similar suggestion of making everyone aware? How can I let everyone know? Respondent: ..... Interviewer: Okay How can I let everyone at your class know? Respondent: I don't know.	Interviewer: Okay so what could be the reasons for giving? Interviewer: Suppose I am saying that I don't want the vaccine. What would you say to me? Respondent: ummm. Interviewer: What do you feel? Is it important for your friend to be vaccinated or not? Respondent: If it's good for them then it's good for her too. Isn't it? Interviewer: Ok. Then? Respondent: So I will make her discuss with Sir. If the people come, then she should get vaccinated.