

# Socialize to immunize

Boosting vaccination uptake through Facebook in Myanmar



Besides a Facebook page that will feature cartoons, animations, videos and a chatbot, the project has set up virtual as well as real-life groups so that people can share experiences, discuss vaccination and encourage each other to vaccinate their children.

## How can we...

**design a Facebook eco-system that nudges people to take their children to be vaccinated? How can we engage people to use it? And how will we know if it was effective?**

**These questions kept us busy the past few months: a team of our partner CHAD and a Christian Aid coordinator based in Kachin, designers from Yangon-based tech firm Koe Koe Tech and Christian Aid staff based in Yangon and London.**

**This is the first stage of an innovative approach to boost vaccination uptake in Kachin State in Myanmar, funded by Grand Challenges Explorations, an initiative of the Bill & Melinda Gates Foundation.**

## Setting a baseline

After an inception phase of project presentations and building relations, we selected 15 volunteers from 15 different villages. They will be the project's community facilitators, also known as 'vaccination champions'. After we trained them in data collection – using the digital Kobo tool – they made a flying start and collected data from over 1400 respondents. We also organised focus group discussions and our technical partner Koe Koe Tech conducted a 'social media use' survey. These quantitative and qualitative data provide important insights that will help shape the Facebook page, applications and activities.

## Finding our audience

We found that the reality of Facebook use in the selected villages differ from our expectations. We saw that 70% of households have a smart phone with a Facebook account. However, of all

respondents, who were mostly women, only 45% use Facebook. Those who have access to smart phones and Facebook are mostly young men, and their involvement in child vaccination is fairly limited. This is key information for developing the content for the Facebook page.

## Which kind of literacy?

Another insight from the survey is that the vaccination rate amongst children of illiterate people is significantly lower than those of parents who can read and write. Although people who are illiterate may have access to Facebook, chances of reaching them directly through social media are low. Since this is an important target group for our goal of boosting vaccination uptake, finding a way to reach them will be a key element in the project. Another point of attention is social media literacy, since the survey pointed out that social media – mainly Facebook – are not used fully, and

village leaders showed concern about misuse of Facebook, such as spreading fake news.

### Following peers

In the survey data, two groups of villages emerged. Nine villages showed a vaccination rate of 79% or higher. The other six villages in the project have a vaccination rate of 53% or lower. A closer look into the data highlighted a difference in the scores on 'social norm' between these two groups, especially if we take the scores on practical barriers to accessing vaccination into account. The nine villages with a higher score on social norm show a higher vaccination rate, even though they reported more practical barriers, such as distance, lack of transportation and costs. Respondents in the other six villages mentioned fewer practical barriers, but still showed a much lower vaccination rate. These villages also scored significantly lower on 'social norm'. These data boost our confidence that focusing on the band wagon effect will be a successful approach to increase vaccination uptake.

### Missed doses

Villages showing a stronger social norm, also showed higher vaccination rates. However, although people were more inclined to find solutions to practical barriers and do take their children for vaccination, the rates are still below the WHO norm of 90%. The survey data point towards uncompleted vaccination cycles as an explanation for this gap. In some cases – and we yet have to find out why – people vaccinate their children, but they do not complete the full cycle for each vaccine and this influences the overall vaccination rate. This will be a point of attention during project implementation.

### Strengthening the social norm

In the coming months, we will continue to build the project Facebook page with different kinds of content. Following the survey outcomes there will be a strong focus on the 'band wagon effect': encouraging people to take their child for the full vaccination cycle 'because everyone does'. At the same time, people will be reminded to keep track of children's vaccinations

until they reach 'full cycle'. Besides the message to keep actual vaccination cards in a safe place, we will develop a virtual and visual way for users to track their children's vaccination status.

Since we found that not everyone is clear about what a full cycle actually is for each vaccine, we aim to create content that educates people about this in a creative way. A catchy song or a poem will not only help people to remember the number of doses per vaccine, but is also easily spread to community members who are illiterate or do not have access to Facebook.

### Supporting practical solutions

Through the vaccination champions and Facebook messenger groups – one per village – we will encourage people to help each other to overcome practical barriers to access vaccination. Practical information about dates and waiting times will be posted and a chatbot will answer questions from users. Videos and stories will provide examples of people sharing transportation to the clinic, or a neighbour taking care of children who cannot come along. This may make vaccination an everyday topic, which will then contribute to it being seen as a social norm. We will keep monitoring the traffic in our Facebook eco-system, so that we can adjust messaging as we go along.

### Spreading the message

Reaching illiterate people is key to boosting vaccination uptake, since the survey found that the vaccination rate amongst children of illiterate people is significantly lower than those of parents who can read and write. In the coming months we will be testing ways to bridge the gap between Facebook users and people who do not use Facebook and/or are illiterate. We will organise mother's groups, where Facebook users can share the information with their neighbours who don't have access to a smart phone. Posting creative visuals and audio content – think of interviews, cartoons or catchy songs – will help to create a ripple effect and convey the messages to a wider group.



### Measuring social norms

What makes a social norm, and how can we measure them? In this research project, based on current literature, we focus on three main elements of social norms. The first is that people act according to what they believe others will do. For these social expectations, however people tend to look at a specific reference group, which makes the second element. And finally, a sense of social approval – or disapproval – from this reference group keeps the social norm in place and guides people's actions.

In the survey we included questions on these three elements. We asked people they would turn to if they need information, and who they mostly rely on for trustworthy information. The most mentioned reference groups regarding vaccination were close family members, neighbours and friends. We asked people about the expected reactions from their reference group if they don't vaccinate their child, and would this impact their decision. And we asked people what they think other parents do (how many people do you think take their children to be vaccinated?).