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Why Do Gender Differences Matter?
Understanding Adolescent HPV Vaccine Perceptions in London.

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Background

Human Papillomavirus (HPV) is the most common **Sexually Transmitted Infection (STI)** and **leading cause of cervical cancer in young women.**

Uptake in England remains **below the national 90% NHS target** with **inequalities by gender, ethnicity and region**, with lowest uptake in London.[1]

Objective: To explore differences in HPV vaccine perceptions between adolescent boys and girls living in London and identify barriers and facilitators associated with HPV vaccine uptake.

Methods

Adolescents aged **16-18 years living in London** took part in **focus groups**. They were recruited via **convenience sampling** through a local school and youth centre.

Focus groups using a **semi-structured topic guide** explored **gender perspectives, social and cultural influences, perceptions of the HPV vaccine, and experiences of HPV vaccination.**

Analysis was using **inductive and deductive thematic analysis** informed by the ***COM-B (Capability, Opportunity, Motivation-Behaviour)* framework[2].**

Each transcript was coded by two members of the research team to **develop a shared codebook**.

Results

Four focus groups involving **21 adolescents (9 Male and 12 Female)** were conducted; two girls-only (to support thematic saturation), one boys-only and one mixed-gender.

Overall, **12 participants identified as Black, four were Asian and five were from other backgrounds.**

Three participants were vaccinated against HPV; 12 participants were unvaccinated & six participants HPV vaccination status was unknown as they either did not know themselves or did not disclose.

CAPABILITY
Knowledge and Skills

Boys and girls both **lack education and awareness around HPV vaccine**.
All groups stressed that **education for both themselves and their parents would increase confidence regarding vaccination.**

→ *"This is my first time hearing about it."*
→ *"I don't know what HPV is."*

All groups reported **struggling with evaluating credibility for online information sources**.

→ *"[Artificial Intelligence] has [made it] a lot harder to tell what's real from what's not."*

OPPORTUNITY
Access, Convenience, Availability of information and Cultural Norms

All groups reported **family** as one of the **most influential factors shaping vaccination attitudes**.
This related to themes of **STI-related stigma, gender norms and cultural beliefs affecting uptake.**

→ *"Everything you know comes from your family and your parents and your culture."*

Vaccine mistrust and needle-phobia were key barriers across genders.

→ *"I just hate needles."*
→ *"I don't know if that [vaccine] risk is worth it."*

Peers increasingly shape health attitudes, particularly for **boys**.
Social belonging was a key influence in this area.

→ *"'I'm more likely to listen to my friends than my parents."*

MOTIVATION
Attitudes, values, emotions

Trust in healthcare professionals **increased vaccine confidence** and participants in all groups frequently stated that **evidence and transparency were essential for decision-making.**

→ *"I'd want transparency on side effects."*

For **boys**, **peer influence linked with masculinity**, were key barriers.
However, **'protecting women'** improved vaccine acceptance.

→ *"Why are you getting the vaccine for? You're not strong enough, you're just feminine."*
→ *"If it's to benefit women and society as a whole, I'm there for it."*

Girls perceived themselves as having **increased responsibility** regarding HPV **transmission or prevention**.

→ *"Why should the burden to protect themselves from HPV only be placed on women?"*

Conclusion

Gender-specific social influences, societal expectations, unequal exposure to health information, and knowledge deficits **shape vaccine perceptions in distinct ways for boys and girls.**

There were also many **overlapping barriers for all groups**, which included a **lack of education, issues with accessibility and misinformation online.**

Educational interventions tailored by gender could address these factors and **support increasing HPV vaccine uptake.**

Strengths and Limitations

This study's **strengths** include a **high proportion of ethnic minority unvaccinated** adolescent participants.

A **key limitation** is that findings **may not be generalisable beyond London** due to demographics.

References

1. NHS England. (2025, 03, 28). *'Cervical cancer elimination by 2040 – plan for England'.*
2. Michie S, Et Al. (2011, 04, 23). '*The behaviour change wheel: A new method for characterising and designing behaviour change interventions.'*

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