The Moderating Effect of Beliefs on HPV Awareness and HPV Vaccination Acceptance among Female Patients in Islamabad City

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THE MODERATING EFFECT OF BELIEFS ON HPV AWARENESS AND HPV VACCINATION ACCEPTANCE AMONG FEMALE PATIENTS IN ISLAMABAD CITY

Abstract: This research aimed to study the effect of awareness on the acceptability of human papillomavirus vaccination with belief acting as a moderator between the two variables. Quantitative research was conducted in a hospital with a specific focus on gynecological operations and family planning. The method of data collection comprised of a questionnaire, which was filled out by 50 women from various religious and cultural backgrounds. SPSS was used to conduct statistical analysis. The univariate, bivariate, and multivariate analyses indicated that the results were not conclusive with the hypothesis. The participants had no pre-existing information regarding vaccinations and the knowledge of the diseases being studied as opposed to the hypothesis. This research brings focus towards a deeply neglected area of reproductive healthcare in Pakistan. This includes a lack of awareness amongst the population regarding HPV. Lack of concrete and accurate knowledge directly affects the amount of awareness present in Pakistan regarding HPV, which is close to zero, as indicated by this study. This absence of awareness means that we, as healthcare practitioners, cannot research the current topic and expect it to produce any conclusive results.

Keywords: Human Papillomavirus, Vaccination, HPV, Awareness, Acceptability, Beliefs

Introduction

According to the World Health Organization (WHO), Human Papillomaviruses (HPV) is one of the most common forms of cancer (World Health Organization, 2017). The infection alone doesn't cause any infection unless continuously exposed to it. HPV is the primary cause of cervical cancer which usually doesn't occur until years have passed. The infection affects the epithelial layer of the host and is viral. Entry into the epithelial layer triggers the virus to further expand towards the final stage of the infection (Khan *et al.*, 2007).

Currently, there are three vaccinations available for cancer treatment around the world. To prevent high-risk HPV infection 16 and 18, vaccination named Cervarix are available in the market. These genotypes are closely associated with 70% of the cervical cancer cases in low and high-grade squamous inter-epithelial lesions (Clifford, Smith, Aguado & Franceschi). The quadrivalent HPV vaccine includes the Gardasil and Sanofi MSD, which, apart from the genes mentioned above, also target LR HPV 6 and 11. The latter is associated with 90% of inner genital warts in men and women (Braatan and Luafer, 2008). Both the bivalent and the tetravalent vaccines have shown their

effectiveness in the trials conducted in recent years (Harper & DeMars, 2017). Finally, apart from covering the four genotypes of the quadrivalent vaccine, the 9-valent or the Gardasil9 targets five additional HR HPV genotypes (31/33/45/52/58) (Capra *et al.*, 2017). The vaccination needs to be administered to those who are not sexually active yet in three rounds. Therefore, it is preferred that the vaccination be given at a young age (Loke, Kwon, Wong & Wong, 2017)

Developed countries like Australia, Hungary, and the United Kingdom have included HPV vaccination as part of the national vaccination program (Yu *et al.*, 2016). With the spread of the HPV epidemic in 2014, about 84 countries incorporated it into their national vaccination and immunization programs. The Human Papillomavirus report of 2019 shows lack of HPV vaccinations and immunization programs, leading to a major epidemic and causing many fatal deaths (Bruni *et al.*, 2019).

Being a developing country, Pakistan's public health faces a major threat in terms of this virus. Up till now, there is no set HPV screening program set up in the country. Social restrictions have been named the greatest hurdle to HPV's statistical analysis (Khan *et al.*, 2007). Even during the twentieth century, Pakistan's population considers it taboo to discuss sexually transmitted diseases (STDs) and gender-specific cancers. The data collected from the crude incidence report places the infection at the rate of 5.9. In 2013, Pakistan saw 5233 cases of cervical cancer, out of which 2876 resulted in death (Center I.H.I, 2016). Screening studies have reported HR cervical cancer in the Punjab region (Gul, Murad, and Javed, 2015). Lack of public health initiatives has resulted in lack of HPV awareness and knowledge. While the internet and blogs have helped build positive perception and awareness, the lack of provincial and nationwide campaigns has kept the standard of awareness as low as possible (Khan, Buksh, Rehman, and Saleem, 2016).

While there might be some research in terms of raw data, little to no research has been done to study the effect of beliefs, acceptability, and knowledge on HPV vaccination after receiving awareness. This study aims to assess knowledge and attitude towards HPV vaccination among adult women to disseminate the culture of vaccination by increasing parental awareness and attitude.

Literature Review

Human Papillomavirus Virus Vaccination

The Human Papillomavirus Virus (HPV) is the second leading cause of cancer in women worldwide (Schoell, Janecik & Mirhashemi, 1999). Not all HPV infections turn into cancer. Most appear to resolve in two to three years, while others advance to the next level (Langsfield & Laimins, 2016). At least fifteen countries have shown a decline in HPV infection due to the growing awareness and acceptance of HPV vaccination (Drolet *et al.*, 2015). These countries have a high-quality screening methodology which includes recommendations, over-lapping ages screening top-notch vaccination registry records (Brothoren, 2019). Furthermore, countries where men have gone through pre and post HPV vaccination evaluation and women-only HPV vaccination programs have created herd protection (Chow *et al.*, 2017). This herd protected community may occur where only 30% of the population is

vaccinated, further establishing up to 80% protection if both males and females vaccinate for 70 years (Brisson *et al.*, 2016).

However, in countries like Pakistan, where discussing sexually transmitted diseases is taboo, HPV vaccinations are not popular. This also includes HPV screening because risk factors and mode of transmission have not been evaluated amongst Pakistani women (Khan *et al.*, 2007). The present study was carried out to study the moderating effect of religious beliefs on awareness and intention of HPV vaccination, mediated by the acceptability of immunotherapy in Pakistani society.

Awareness of the HPV Vaccine and Acceptability of the Vaccine

Lechuga, Vera-Cala, and Martinez (2014) researched Latina women's heightened risk of acquiring HPV infection. It was a population-based survey conducted via phone calls. The results from the research suggested that lack of awareness about the HPV vaccination negatively affects the intention to provide immunotherapy to their daughters. There was a fear about side effects, peer pressure, and the perceived idea of their daughters becoming sexually active. Similarly, Kim (2015) conducted a study on Korean youth studying in grade five. These students were first evaluated on their general knowledge about HPV, resulting in significantly different responses between the genders. However, after education was provided, gender disparities significantly improved in terms of responses. Thereby, Kim concluded that increase HPV awareness could positively influence the intention to obtain the HPV vaccine. In another paper by Santhanes *et al.* (2018), research was conducted by analyzing nineteen studies qualitatively via meta-analysis and systemic review. The papers were taken from studies conducted in Southeast Asia and Western Pacific region. The results showed that women who thought they were at risk of getting the infection had high intentions of getting vaccinated. However, those who had little to no knowledge didn't think it was necessary to get themselves vaccinated. In another cross sectional study, college women from Thailand were examined for HPV vaccination knowledge (Ratanasiripong, Sri-Umporn, Kathalae, Hanklang, & Ratanasiripong, 2018). This research was conducted by getting questionnaires filled out. The study results showed that most women perceived themselves at low risk of getting HPV infection; thereby, they didn't feel the need to get themselves vaccinated. It was concluded that lack of knowledge has a negative effect on an individual's acceptability towards the vaccine.

H1: Lack of awareness can negatively affect acceptance to acquire HPV vaccination.

Beliefs about Awareness and Acceptability of HPV Vaccination

There is a general idea that an individual's beliefs can affect one's decision to vaccinate themselves. In an article posted by Grand Valley state university (2014), research was carried out in which 1000 students participated. The result of the study showed that religious beliefs and social norms influenced once acceptability of HPV vaccination. Shelton, Snavely, De Jesus, Othus, & Allen (2011) conducted a web-based survey with parents of daughters between the ages of 9 and 17. The results from the study showed that Catholic parents were more likely to have their daughters vaccinated than non-affiliated parents. Protestants who were constant church visitors showed a negative attitude towards getting their daughters vaccinated. The latter ones didn't want their children to get vaccinated at all. In

another study, women in the SEAR and WPR showed doubts about HPV vaccination as they didn't have enough knowledge of its efficacy (Santhanes *et al.*, 2018).

However, research on beliefs is inconsistent. One such study conducted by Grandahl *et al.* (2018) showed that parents who considered religion an important aspect of their lives wanted to get their daughters vaccinated. On the contrary, parents who did not associate themselves strongly with any religion were against HPV vaccination. Krawczyk *et al.* (2015) reported similar results. The research was done in Quebec, and 774 parents were sent questionnaires by mail. These parents had daughters between the ages of 9 – 10 years old. Out of the 774 parents, about 80% reported that they already got their daughters vaccinated for HPV. The rest were against this idea. Of these 80% results, Christian parents were more likely to get their daughter vaccinated than non-Christian parents.

H2: Beliefs positively moderating the relationship between HPV Vaccination awareness and acceptability

Figure 1 Research Model

Methodology

Participants of the Study

Females were the primary participants chosen for the study. These were patients of a hospital who were regular visitors of the Family Planning department. Since all of these participants visited the department, it is perceived that their lack of knowledge of HPV vaccination would help improve Pakistan's family planning programs set up in hospitals and clinics.

The patients were aged between 20 to 40 years. Out of 50 participants, 43 were Muslims, 5 were Christians, and 1 was Hindu. 1 participant chose not to share that information. 20% of the participants had finished middle school education. 24% completed high school education. 36%

completed intermediate education. 12% completed bachelor's education. 4% completed master's education. Only 2 participants reported no form of education.

As this research was conducted by voluntary participation, participants were guaranteed confidentiality and anonymity. All participants were females.

Scales of Measure

All variables were measured using a 5 point Likert scale. For the first two sections (A and B), "Yes" was equal to 1, whereas "No" was equal to 5. For the next two sections (C and D), "Strongly Agree" was equal to 1, and "Strongly Disagree" was equal to 5.

All participants were Urdu speakers with little to no knowledge of the English language; therefore, the questionnaires were translated by a team of verified translators of the National University of Modern Languages. To check for the reliability of translation, the back-translation method was done. (See Appendix 2).

General Awareness of Vaccines

The questions for the variable were taken from Matranga *et al.* (2019). It had 8 items in total. Sample items included "Do you know by who and when can you get vaccinated?". The cronbach's alpha reliability was found to be 0.768.

Specific Awareness of HPV Vaccines

The questions for the variable were taken from Matranga *et al.* (2019). It has 8 items in total. Sample items included, "Do you think that HPV is dangerous?". The cronbach's alpha reliability was found to be 0.558.

Role of belief on HPV and HPV Vaccination

The questions for the variable were taken from Grandahl *et al.* (2018). It had 16 items in total. Sample items included, "There is a risk for young women to contract HPV." The cronbach's alpha reliability was found to be 0.740.

Acceptability of HPV Vaccination

The questions for the variable were taken from Grandahl *et al.* (2018). It had 9 items in total. Sample items included, "Do you agree with the policy of giving vaccination to every child?". The cronbach's alpha reliability was found to be 0.702.

Control Variables

A one-way ANOVA was done to control the variable used in the study under demographical information collected. Table 1 has the results from the test. Significant relationship was found

between beliefs and acceptability ($F = 2.913$, $P = 0.004$). However, the results showed no significant differences based on religion, age, and education.

Results

Means, standard deviation, and correlation matrix are presented in Table 2. The table indicates that awareness about the HPV vaccine has a strong positive correlation with the acceptability of the HPV vaccine (0.27 , $p = 0.056$), which provided initial support for hypothesis 1. Furthermore, beliefs about HPV have a strong positive correlation with the HPV vaccine's acceptability (0.67 , $p = 0.000$). Thus, providing initial support for hypothesis 2.

Regression Analysis

Multiple regression analysis was done to study the effect of main as well as moderating variables. The results obtained from regression analysis have been presented in table 3. It shows that HPV vaccine awareness has no significant relationship with acceptability of HPV vaccine ($\beta = -0.139$, $p = 0.347$). Therefore, H1 is rejected. Furthermore, the moderating effect of belief on HPV awareness and HPV acceptance is also not significant ($\beta = 0.364$, $p = 0.455$). The interaction effect is also not significant. Therefore, H2 is rejected. However, belief as an independent variable showed a strong, significant relationship with the acceptability HPV vaccine. However, this was beyond the scope of this study and was not further studied.

Discussion

The empirical analysis did not support the proposed hypothesis. There was no significant relationship found between HPV vaccine awareness and acceptability. Beliefs about HPV didn't have any moderating effect on HPV vaccination awareness and HPV vaccine acceptance. This is surprising as analysis of the literature on the subject shows results otherwise. Interestingly, when the results were run in the SPSS software, regression analysis showed that beliefs as an independent variable has a significant relationship with HPV vaccine acceptability. Perlman *et al.* (2014) assessed knowledge and awareness of cervical cancer in Sub-Saharan Africa. This was done by conducting a systemic peer-review study of cases where vaccinations were provided under the GAVI Alliance. The research showed positive acceptability of HPV vaccination. The level of acceptability was varied as each study had a different strategy to convey awareness about the vaccine. The strategies discussed are uncommon in Pakistan, which could explain the low acceptability in terms of awareness. However, we also believe that acceptability was not significant because most of the respondent's response to the question in section B of the questionnaire, "Do you know what HPV is?" was "No." This could mean that lack of general knowledge could be a big factor in society. Furthermore, Pakistan has a patriarchal society (Chauhan, 2014) with an overall literacy rate of less than 60% (UNESCO UIS, 2017). This can cause an influence in decision-making. A patriarchal society might push the females not to take steps where they normally might have a say in their sexual health. In such countries, the acceptability of the vaccine is low because parents would prefer not just girls but also boys to get the vaccine as it is thought that the former get the virus from the latter (Paul *et al.*, 2013). Another issue could be the shyness of the females in the Pakistani society towards discussion on topics of sexually

transmitted diseases, thereby making them clueless about the infection – thereby having a complete lack of knowledge (Maan, Hussain, Iqbal and Akhtar, 2011). In some countries, these issues are overcome by communication and education. This is especially true for low and middle-income countries where social mobilizations during the introduction of new vaccines encourage parents to accept first dosage coverage (Kabakama, 2016). Mass media also plays an important role in pushing parents towards HPV vaccination by improving knowledge and promoting the vaccine, increasing its acceptability. This further increases the acceptability as well as intent to receive the vaccine.

Limitations and Directions for Future Research

While the research was carried out systematically with utmost care of avoiding research bias, it is possible that it could have affected the final decision of the respondents due to some interaction in the middle of filling out the questionnaires. Furthermore, the sample size might have been too small for obtaining the desired result; therefore, these results may not be generalizable. The patients could have filled the questionnaires randomly without paying attention to the questions. Another issue is that though the mothers interviewed had daughters; not all were between the ages of 12-13.

We must consider the fact that HPV public knowledge is extremely low for us to research its acceptability. Future studies could work on the reasons behind Pakistan's minimal work in providing public knowledge about HPV vaccination and disease. This research could shed light on the role of knowledge and acceptability.

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Appendix 1

Table 1: One-way ANOVA

Intention on HPV Vaccination		
Sources of Variation	F- Statistics	P-Value
Education	1.841	0.124
Age	1.267	0.274
Religion	1.164	0.334
Beliefs	2.913	0.004

Table 2: Means, Standard Deviations, Correlations, and Reliabilities

	Mean	Standard Deviation	Age	Religion	Education	General Vaccination Awareness	HPV Vaccination Awareness	HPV Beliefs	HPV Acceptability
Age	30.06	6.20							
Religion	1.20	0.57	0.11						
Education	2.74	1.21	0.24	0.284*					
General Vaccination Awareness	23.46	5.82	0.108	-0.08	-0.37	(0.768)			
HPV Vaccination Awareness	25.68	4.43	-0.01	-0.14	-0.15	0.45**	(0.558)		
HPV Beliefs	51.60	6.81	0.04	-0.20	0.02	0.26	0.51**	(0.740)	
HPV Acceptability	27.50	4.79	-0.01	-0.13	0.03	0.22	0.27	0.67**	(0.702)

$n = 50$; alpha reliabilities are given in parentheses. For age, participants wrote their ages on a blank. For Religion, 1 = Muslim, 2 = Christian, 3 = Hindu, 4 = unknown. For education, 1 = Middle school, 2 = High School, 3 = Intermediates, 4 = Bachelors, 5 = Master's.

Table 3: Regression Analysis

HPV Acceptability			
Predictors			
	B	R ²	ΔR^2
HPV Vaccine Awareness	-0.139ns	0.456**	0.456**
HPV Vaccine Belief	0.491**		
(HPV Vaccine Belief)*(HPV Vaccine Awareness)	0.364ns		

** = significant value, ns = not significant value.

Appendix 2

English version of the questionnaire

Faculty of Management Sciences

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HPV Awareness Survey

Dear Participant,

I am a student of Riphah University's Management Sciences Department. As part of my thesis, I am conducting a research on Awareness and Attitude towards HPV vaccination in Pakistan.

You can help us in our current research project by completing this questionnaire, which we think you will find quite interesting. We appreciate your participation in our study. It will take about 10-15 minutes of your precious time. We assure you that ***your responses will be held in strictest anonymity***. Please keep in mind that the resulting data will be summarized on a general basis and **not** on an individual basis. If for any reason you do not want to participate in our study, please feel free to decline. If you wish to be informed of the findings of this study, the findings will be shared with you as a report discussing aggregated results only and will **not** disclose any raw data as this contravenes Riphah International University ethics guidelines.

Please read the instructions carefully and answer all the questions. There are no "trick" questions, so please answer each item as frankly and as honestly as possible. It is important that **all** the questions be answered.

We once again thank you for your assistance and cooperation in this academic pursuit.

Regards and Jazakallah,

Afifa Muhammad Afzal

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Please answer some questions about yourself before starting the questionnaire.

Your name	
Your age	
Country of Residence	
Country of Birth	
City of Residence	
City of Birth	
Religion	
Occupation	
Education	

Section A

Awareness on Vaccination

The following section will evaluate your *awareness* on *general concept* of vaccinations.

Please tick under any *one* section which best suits your response.

S.no	Question	Yes	Much	Somewhat	Little	No
1	Do you know what vaccines are?					
2	Are you favorable of pediatric vaccination?					
3	Are you favorable of Adult Vaccination?					
4	Do you know what vaccines are available today for the Pakistani population?					
5	Do you know by who and where can you be vaccinated?					
6	Do you think that vaccines have any side effects?					
7	Can you contract a disease even if you are vaccinated?					
8	Do you think vaccination is effective even after getting infected or being in contact with a contagious case?					

Section B

Awareness on HPV Vaccination

The following section will evaluate your *awareness* on *HPV* vaccination specifically. Please tick any *one* section which best suits your response.

S.no	Question	Yes	Much	Somewhat	Little	No
1	Do you know what HPV is?					
2	Do you think that HPV is dangerous?					
3	Do you know lesions related to HPV infection?					
4	Have you heard about vaccination and prevention for HPV?					
5	Do you think there is a high probability of contracting HPV infection?					
6	Would you be willing to get vaccinated against HPV?					
7	Do you consider it useful to consult your partner regarding HPV vaccination?					
8	Do you want to receive information about HPV vaccination?					

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Section C

Societal Beliefs on HPV Vaccination

This section contains questions to evaluate *beliefs* on HPV and HPV vaccination. Please tick any *one* box which best suits your beliefs.

S.no		Strongly disagree	Disagree	Unsure	Agree	Strongly agree
1	There is a risk for young women to contract HPV	☐	☐	☐	☐	☐
2	There is a risk for young women to contract cervical cancer	☐	☐	☐	☐	☐
3	HPV infection is a serious health concern	☐	☐	☐	☐	☐
4	Cervical cancer is a serious disease	☐	☐	☐	☐	☐
5	The HPV vaccine is effective in preventing condyloma	☐	☐	☐	☐	☐
6	The HPV vaccine is effective in preventing cervical cancer	☐	☐	☐	☐	☐
7	I have trust in the HPV vaccination	☐	☐	☐	☐	☐
8	The HPV vaccine can cause adverse effects	☐	☐	☐	☐	☐
9	It is problematic that HPV vaccination requires three injections	☐	☐	☐	☐	☐
10	The efficiency of HPV vaccine is unclear	☐	☐	☐	☐	☐
11	The HPV vaccine is harmful	☐	☐	☐	☐	☐
12	Women who have been HPV vaccinated should have Pap smear annually	☐	☐	☐	☐	☐
13	HPV vaccination decreases condom use	☐	☐	☐	☐	☐
14	HPV vaccination causes my daughter to be sexually active early	☐	☐	☐	☐	☐
15	HPV vaccination increases number of sexual partners	☐	☐	☐	☐	☐
16	HPV vaccination increases awareness of sexually transmitted diseases	☐	☐	☐	☐	☐

Section D

General Acceptability of HPV Vaccination

The following section will evaluate your *acceptability* of HPV vaccination. Please tick any *one* box which best suits your choice.

S.no		Strongly disagree	Disagree	Unsure	Agree	Strongly agree
1	Do you agree if Ministry of Public Health is going to offer HPV vaccine for free to 9-11 years old girls?	☐	☐	☐	☐	☐
2	Do you agree with the policy of giving vaccination to every child?	☐	☐	☐	☐	☐
3	Do you consider vaccinating yourself (for mother)?	☐	☐	☐	☐	☐
4	Will you accept active HPV vaccination of your daughter?	☐	☐	☐	☐	☐
5	If your daughter is not in the target group do you still want to pay for vaccinating her?	☐	☐	☐	☐	☐
6	If the government offers HPV vaccination for free, I will vaccinate my daughter	☐	☐	☐	☐	☐
7	Now HPV vaccine costs 6000-6900 baht per course, yet I will vaccinate my daughter	☐	☐	☐	☐	☐
8	I don't have enough information about HPV vaccine to decide whether to give it to my daughter	☐	☐	☐	☐	☐
9	HPV vaccine is so new that I want to wait a while before deciding to get it.	☐	☐	☐	☐	☐

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Thank you for your time!

سیکشن اے

ویکسی نیشن (یکہ جات) سے متعلق آگاہی

ذیل میں دیے گئے سیکشن سے ہمیں آپ کا ویکسی نیشن سے متعلق بیداری اور معلومات کے بارے میں تجربہ کرنے کا موقع ملے گا۔ ذیل میں دیے گئے جوابات میں سے آپ کے نزدیک مناسب ترین جواب کو نشان زد کیجیے۔

نمبر شمار	سوال	جی ہاں	زیادہ	کچھ حد تک	تھوڑا سا	جی نہیں
۱۔	کیا آپ جانتے ہیں کہ ویکسین کیا ہوتی ہیں؟					
۲۔	کیا آپ بچوں کی ویکسی نیشن (یکہ جات) کے حق میں ہیں؟					
۳۔	کیا آپ بالغوں کی ویکسی نیشن (یکہ جات) کے حق میں ہیں؟					
۴۔	کیا آپ پاکستانیوں کے لیے دستیاب یکہ جات سے آگاہ ہیں؟					
۵۔	کیا آپ جانتے ہیں کہ آپ کو کہاں اور کس سے ویکسی نیشن کروانی ہے؟					
۶۔	کیا آپ سمجھتے ہیں کہ ویکسی نیشن کے کچھ مضر اثرات بھی ہوتے ہیں؟					
۷۔	کیا آپ ویکسی نیشن کے باوجود بیماری کا شکار ہو سکتے ہیں؟					
۸۔	کیا آپ سمجھتے ہیں کہ کسی بیماری یا وبا سے متاثرہ شخص سے متاثر ہونے کی صورت میں بھی ویکسی نیشن موثر رہتی ہے۔					

سیکشن بی

ایچ پی وی ویکسی نیشن سے متعلق آگاہی

ذیل میں دیے گئے سیکشن سے ہمیں آپ کا ایچ پی وی ویکسی نیشن سے متعلق بیداری اور معلومات کے بارے میں تجربہ کرنے کا موقع ملے گا۔ ذیل میں دیے گئے جوابات میں سے آپ کے نزدیک مناسب ترین جواب کو نشان زد کیجیے۔

نمبر شمار	سوال	جی ہاں	زیادہ	کچھ حد تک	تھوڑا سا	جی نہیں
۱۔	کیا آپ جانتے ہیں کہ ایچ پی وی کیا ہے؟					
۲۔	کیا آپ سمجھتے ہیں کہ ایچ پی وی خطرناک ہوتی ہے؟					
۳۔	کیا آپ ایچ پی وی سے پیدا ہونے والے زخم سے متعلق جانتے ہیں؟					
۴۔	کیا آپ ایچ پی وی کی ویکسی نیشن اور حفاظتی تدابیر کے متعلق جانتے ہیں؟					
۵۔	کیا آپ سمجھتے ہیں کہ ایچ پی وی سے متاثر ہونے کا غالب امکان ہے؟					
۶۔	کیا آپ ایچ پی وی سے بچاؤ کی ویکسی نیشن کروانا چاہیں گے؟					
۷۔	ایچ پی وی ویکسی نیشن لگوانے سے قبل کیا آپ اپنے شرعی حیات سے مشورہ کرنا چاہیں گے؟					
۸۔	کیا آپ ایچ پی وی ویکسی نیشن سے متعلق معلومات حاصل کرنا چاہیں گے؟

Matranga, D., Lumia, C., Guarneri, R., Arculeo, V.M., Noto, M., Pivetti, A., ..., Spera, A. (2019). The vaccination & Hpv Knowledge (Think) Questionnaire: a reliability study on a sample of women living in Sicily (southern-Italy). PeerJ, 7, e6254. doi:10.7717/peerj.6254

سیکشن

ایچ پی وی ویکسینیشن سے متعلق سماجی عقائد

ذیل میں دیے گئے سیکشن سے ہمیں آپ کا ایچ پی وی اور ایچ پی وی ویکسینیشن سے متعلق سماجی عقائد کے بارے میں تجزیہ کرنے کا موقع ملے گا۔ ذیل میں دیے گئے جوابات میں سے آپ کے نزدیک مناسب ترین جواب کو نشان زد کیجیے۔

نمبر شمار	سوال	بالکل بھی متفق نہیں (کلی اختلاف)	متفق نہیں	معلوم نہیں (غیر یقینی)	متفق ہوں	کلی متفق
۱۔	نوجوان خواتین کے ایچ پی وی سے متاثر ہونے کے زیادہ خدشات ہوتے ہیں؟	☐	☐	☐	☐	☐
۲۔	نوجوان خواتین میں سروائیکل کینسر سے متاثر ہونے کے خدشات ہوتے ہیں؟	☐	☐	☐	☐	☐
۳۔	ایچ پی وی انفیکشن ایک شدید تشویش ناک معاملہ ہے	☐	☐	☐	☐	☐
۴۔	سروائیکل کینسر ایک تشویش ناک بیماری ہے۔	☐	☐	☐	☐	☐
۵۔	ایچ پی وی ویکسینیشن کوٹری لو ما (ایک عدد) سے بچاؤ کے لیے موثر ہے؟	☐	☐	☐	☐	☐
۶۔	ایچ پی وی ویکسینیشن سروائیکل کینسر سے بچاؤ کے لیے موثر ہے؟	☐	☐	☐	☐	☐
۷۔	مجھے ایچ پی وی ویکسینیشن پہ یقین ہے؟	☐	☐	☐	☐	☐
۸۔	ایچ پی وی ویکسینیشن سے منفی اثرات مرتب ہو سکتے ہیں۔	☐	☐	☐	☐	☐
۹۔	یہ ایک مسئلہ ہے کہ ایچ پی وی ویکسینیشن کے لیے تین عدد دیکھ لگوانا چاہتے ہیں۔	☐	☐	☐	☐	☐
۱۰۔	ایچ پی وی ویکسینیشن کے موثر ہونے کے بارے میں ابھی کچھ واضح نہیں ہے۔	☐	☐	☐	☐	☐
۱۱۔	ایچ پی وی ویکسینیشن نقصان دہ ہے۔	☐	☐	☐	☐	☐
۱۲۔	ایچ پی وی کی ویکسینیشن کروانے والی خواتین کو سالانہ بنیادوں پر پیپ سمیئر کروانا چاہیے۔	☐	☐	☐	☐	☐
۱۳۔	ایچ پی وی کوٹرم کے استعمال کو کم کر دیتا ہے۔	☐	☐	☐	☐	☐
۱۴۔	ایچ پی وی ویکسینیشن سے میری بیٹی جنسی معاملات کے بارے میں جلد آگاہ ہو جائے گی۔	☐	☐	☐	☐	☐
۱۵۔	ایچ پی وی ویکسینیشن سے جنسی ساتھیوں کی تعداد میں اضافہ ہونے کا خدشہ ہوتا ہے۔	☐	☐	☐	☐	☐
۱۶۔	ایچ پی وی ویکسینیشن سے جنسی طور پر منتقل ہونے والی بیماریوں کے بارے میں آگاہی ملتی ہے۔	☐	☐	☐	☐	☐

سیکشن ڈی
ایچ پی وی ویکسینیشن سے متعلق عمومی قبولیت

ذیل میں دیے گئے سیکشن سے ہمیں آپ کا ایچ پی وی ویکسینیشن کی عمومی قبولیت سے متعلق تجربہ کرنے کا موقع ملے گا۔ ذیل میں دیے گئے جوابات میں سے آپ کے نزدیک مناسب ترین جواب کو نشان زد کیجیے۔

نمبر شمار	بالکل بھی متفق نہیں (کلی اختلاف)	متفق نہیں	معلوم نہیں (غیر یقینی)	متفق ہوں	کلی متفق
۱۔	☐	☐	☐	☐	☐
	اگر وزارت صحت ۹ سال سے ۱۱ سال کی لڑکیوں کو مفت ایچ پی وی ویکسین فراہم کرے تو آپ اس سے اتفاق کریں گے؟				
۲۔	☐	☐	☐	☐	☐
	کیا آپ اس پالیسی سے اتفاق کریں گے کہ ہر بچے کی ویکسینیشن کی جائے؟				
۳۔	☐	☐	☐	☐	☐
	کیا آپ (بطور ماں) خود کے لیے اس ویکسینیشن کو پسند کریں گی؟				
۴۔	☐	☐	☐	☐	☐
	کیا آپ اپنی بیٹی کے لیے اکیٹو ویکسینیشن کو پسند کریں گی؟				
۵۔	☐	☐	☐	☐	☐
	اگر آپ کی بیٹی مطلوبہ عمر کے اس گروپ میں شامل نہیں تو کیا آپ پھر بھی اس کے لیے اپنی جیب سے خرچ کر کے اس کے لیے ویکسینیشن کا بندوبست کریں گی؟				
۶۔	☐	☐	☐	☐	☐
	اگر حکومت مفت ویکسینیشن کی پیشکش کرے تو میں اپنی بیٹی کے لیے اس پیش کش سے فائدہ اٹھاؤں گی۔				
۷۔	☐	☐	☐	☐	☐
	بوجود یکہ ویکسین کی قیمت مجھے ہزار سے چھ ہزار سو روپے ہیں میں اپنی بیٹی کے لیے اس ویکسین کا بندوبست کروں گی۔				
۸۔	☐	☐	☐	☐	☐
	میرے پاس ایچ پی وی ویکسین سے متعلق بہت کم معلومات ہیں جس کی بنا پر میں یہ فیصلہ نہیں کر پا رہی ہے اسے میں اپنی بیٹی کو لگواؤں یا نہیں؟				
۹۔	☐	☐	☐	☐	☐
	ایچ پی وی ویکسین ایک نئی چیز ہے لہذا میں اس سے متعلق کوئی فیصلہ کرنے سے قبل کچھ انتظار کروں گی۔				

Grandahl, M., Paek, S.C., Grisurapong, S., Sherer, P., Tyden, T., & Lundberg, P. (2018). Correctio: Parents'

Knowledge, Beliefs , and acceptance of the HPV vaccination in relation to their socio-demographics and religious beliefs: A cross-sectional study in Thailand. PLOS ONE , 13(4), e01965437.doi:10.1371/journal.pone.0196437

آپ کا قیمتی وقت کا شکریہ

مکرمی خاکہ