

**A STUDY TO ASSESS THE KNOWLEDGE TOWARDS
HUMAN PAPILOMA VIRUS VACCINE AMONG
FEMALE HIGH SCHOOL STUDENTS IN SELECTED
HIGH SCHOOL AT, CHENNAI DT, TAMILNADU, INDIA.**



**A PROJECT WORK SUBMITTED TO
SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY)
JEEPIAR NAGAR, RAJIV GANDHI SALAI
CHENNAI 600 119, TAMIL NADU, INDIA.**

**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF BACHELOR OF SCIENCE IN
NURSING
2019-2023**



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BY

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CERTIFICATE WORK DONE BY

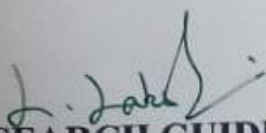
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2019-2023**


RESEARCH GUIDE


DEAN

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CERTIFICATE

This is to certify that the project report titled "a study to assess the knowledge towards human papilloma virus vaccine among female high school students selected high school at Chennai" is a bonafide work of Jayapradha T, Mathavan T of Sathyabama College Of Nursing, submitted for the requirements of Degree Bachelor of Science in Nursing.

RESEARCH GUIDE



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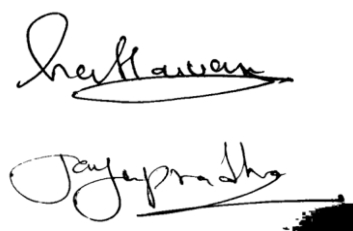
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DECLARATION

We hereby declare that the present project report entitled —**A study to assess the knowledge about human papilloma virus vaccine in selected High school at Chennai district Tamil Nadu.**” is the outcome of the original research work undertaken and carried out by us under the guidance of, **Dr. L Lakshmi [RN, RM, M.Sc. (Nursing), Ph.D. (Nursing)]** Sathyabama college of Nursing. We also declare that the material of this project report has not formed in anywhere, the basis for the award of any degree in this university or any other university.

BY

SATHYABAMA COLLEGE OF NURSING



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“He makes all things beautiful in his time”

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Ph.D.(Nursing)],S[RN, RM, M.Sc.(Nursing), MA. Public Administration],
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ABSTRACT

Human papillomavirus (HPV) is the most common sexually transmitted infection in the United States. Although the majority of HPV infections are asymptomatic and resolve spontaneously, persistent infections can develop into anogenital warts, precancers, and cervical, anogenital, or oropharyngeal cancers in women. The relationship between cervical cancer and sexual behavior was suspected for more than 100 years and was established by epidemiologic studies in the 1960s.

A study to assess the knowledge about HPV vaccine among female high school students at selected high school Chennai. To assess the knowledge about HPV vaccine among female high school students. To associate knowledge of HPV vaccine with their selected demographic variables of students of 14-18 and above years, age group, a sample of 60 students were selected in high school by using simple random sampling fulfilled the inclusion criteria were selected for this study. An extensive review of literature and guidance by experts formed the foundation to the development of the study. The data collection tool was validated and reliability was established. The data collection for the study was done from the collected data was tabulated and analyzed. Shows that the is significant association of knowledge towards human papilloma virus vaccination among female high school students with demographical variables like age, parents' educational status, parents occupational status, parents monthly income and have an older sister. But there is no significant association between knowledge towards human papilloma virus vaccine among female high school students with demographic variable like religion and source of information of human papilloma virus vaccine.: Shows that there is significant association of knowledge influencing human papilloma virus vaccine among female high school students with inadequate knowledge of

students 40%, moderate knowledge of students 14% and adequate knowledge of students 6%.

Key words:

Female school students, Chennai district, knowledge, Human papilloma virus.

TABLE OF CONTENT

S.NO	CHAPTER	CONTENTS	PAGE NO
1	INTRODUCTION	Need for the study	
		Statement of the problem	
		Objective of the study	
		Operational definition	
2	REVIEW OF LITERATURE		
3	RESEARCH METHODOLOGY	Research approach	
		Research design	
		Research setting	
		Population , sample size and sampling techniques	
		Sampling criteria	
		Study instruments	
		Description of the tool	

		Ethical consideration	
		Palm of data collection procedure	
		Palm for data analysis	
4	ANALYSIS AND INTERPRETATION		
5	DISCUSSION		
6	SUMMARY , CONCLUSION IMPLICATION AND RECOMMENDATION		

LIST OF TABLES

TABLE NUMBERS	TITLE	PAGE NUMBER
1	Frequency and percentage distribution of sample with reference to age of the high school student in years	
2	Frequency and percentage distribution of sample with reference to religion	
3	Frequency and percentage distribution of sample with reference to parents' educational status.	
4	Frequency and percentage distribution of sample with reference to parents' occupational status.	
5	Frequency and percentage distribution of sample with reference to parents' monthly income	

6	Frequency and percentage distribution of sample with reference to have an older sister	
7	Frequency and percentage distribution of sample with reference to source of information of HPV vaccine	

LIST OF FIGURES

TABLE NUMBERS	FIGURES	PAGE NUMBER
1.	Frequency and percentage distribution of sample with reference to age of the high school student in years	
2	Frequency and percentage distribution of sample with reference to religion	
3	Frequency and percentage distribution of sample with reference to parents' educational status.	
4	Frequency and percentage distribution of sample with reference to parents' occupational status.	
5	Frequency and percentage distribution of sample with reference to parents' monthly income	
6	Frequency and percentage distribution of sample with reference to have an older sister	
7	Frequency and percentage distribution of sample with reference to source of information of HPV vaccine	

CHAPTER 1

INTRODUCTION:

Human papillomavirus (HPV) is the most common sexually transmitted infection in the United States. Although the majority of HPV infections are asymptomatic and resolve spontaneously, persistent infections can develop into a genital wart, precancers, and cervical, a genital, or oropharyngeal cancers in women. The relationship between cervical cancer and sexual behavior was suspected for more than 100 years and was established by epidemiologic studies in the 1960s.

HPV consists of a family of small, double-stranded DNA viruses that infect the epithelium. More than 200 distinct types have been identified; they are differentiated by their genomic sequence. Most HPV types infect the cutaneous epithelium and can cause common skin warts. About 40 types infect the mucosal epithelium; these are categorized according to their epidemiologic association with cervical cancer.

Human Papilloma virus (HPV) is a common, sexually transmitted virus. When not vaccinated, most people will be infected with HPV at some point in their life time. HPV is the most common viral infection of the reproductive tract and is the cause of a range of conditions in both men and women, including precancerous lesions that may progress to cancer and genital warts. Although the majority of HPV infections do not cause symptoms and resolve spontaneously, persistent infection with HPV may result in disease. In women, persistent infection with specific HPV types (most frequently HPV-16 and HPV-18) may lead to precancerous lesions which, if untreated, may progress to cervical cancer. HPV infection is also associated with oropharyngeal and a genital cancers and other conditions in men and women.

The high prevalence, mode of transmission, association with cervical cancer and availability of effective vaccines all have made Human Papillomavirus (HPV) a significant virus and of public health importance. Cervical cancer is the second most common type of cancer occurring in women worldwide, it has caused the death of

about 275,000 women with about 529,000 new cases yearly. More than 80% of these deaths occur in developing countries, where cervical cancer is the leading cause of death in adult females.

HPV 16 and HPV 18 are responsible for 70% of cervical cancer and most non-cervical HPV associated cancers. While HPV infection is the most important risk factor for cervical cancer, other predisposing factors include: early age of sexual activities, early marriage (below 20 years of age), multiple sexual partners, unprotected sex, long term use of hormonal contraceptives, increased number of pregnancies, smoking, and unhygienic practices

HPV is one of the common sexually transmitted infections implicated in 5% of cancers globally including most cervical cancer cases. In UK, HPV vaccine has been offered routinely to girls aged 11-13 years and cervical cancer screening to women aged 25-64 years since 2008. HPV vaccination offers a unique opportunity for primary prevention of cervical cancer. Two HPV vaccines (Gardasil and cervix) protect against the two strains of HPV types 16 and 18, the vaccine is approved and recommended for use in females between 9-26 years of age, and the Advisory Committee on Immunization Practices (ACIP) recommends 'catch up vaccination' for females between 13-26 years of age

This vaccine can prevent most cases of cervical cancer if the vaccine is given before girls or women are exposed to the virus. This vaccine can also prevent vaginal and vulvar cancer. In addition, the vaccine can prevent genital warts, anal cancers, and mouth, throat, head and neck cancers in women and men.

In theory, vaccinating boys against the types of HPV associated with cervical cancer might also help protect girls from the virus by possibly decreasing transmission.

Once someone is infected with HPV, the vaccine might not be as effective. Also, response to the vaccine is better at younger ages than it is at older ages.

The CDC recommends that all 11- and 12-year-olds receive two doses of HPV vaccine at least six months apart. Younger adolescents ages 9 and 10 and teens ages 13 and 14 also can receive vaccination on the two-dose schedule. Research has shown that the two-dose schedule is effective for children under 15.

Teens and young adults who begin the vaccine series later, at ages 15 through 26, should receive three doses of the vaccine.

The CDC recommends catch-up HPV vaccinations for all people through age 26 who are not adequately vaccinated.

Recommendations for HPV vaccination are:

Children and adults ages 9 through 26 years. HPV vaccination is routinely recommended at age 11 or 12 years; vaccination can be started at age 9 years. HPV vaccination is recommended for all persons through age 26 years who were not adequately vaccinated earlier.

Adults age 27 through 45 years. Although the HPV vaccine FOOD AND ADMINISTRATION (FDA) approved to be given through age 45 years, HPV vaccination is not recommended for all adults ages 27 through 45 years. Instead, ACIP recommends that clinicians consider discussing with their patients in this age group who were not adequately vaccinated earlier whether HPV vaccination is right for them. HPV vaccination in this age range provides less benefit because more people have already been exposed to the virus.

Persons who are pregnant. HPV vaccination should be delayed until after pregnancy, but pregnancy testing is not required before vaccination. There is no evidence that vaccination will affect a pregnancy or harm a fetus.

The combination of HPV vaccination and cervical screening can provide the greatest protection against cervical cancer. Also, HPV vaccination reduces the risk of developing cancers caused by HPV at sites other than the cervix.

Not only does vaccination protect vaccinated individuals against infection by the HPV types targeted by the vaccine that is used (and possibly other types, depending on the extent of cross protection), but vaccination can also reduce the prevalence of the vaccine-targeted HPV types in the population, thereby reducing infection in individuals who are not vaccinated (a phenomenon called herd protection, or herd immunity). For example, in Australia, where a high proportion of girls are vaccinated with Gardasil, the incidents of genital warts went down during the first

4 years of the vaccination program among young males who were not being vaccinated at the time as well as among young females.

IF GENITAL WARTS AREN'T VISIBLE, YOU'LL NEED ONE OR MORE OF THE FOLLOWING TESTS:

Vinegar (acetic acid) solution test.

A vinegar solution applied to HPV-infected genital areas turns them white. This may help in identifying difficult-to-see flat lesions.

Pap test:

Your doctor collects a sample of cells from your cervix or vagina to send for laboratory analysis. Pap tests can reveal abnormalities that can lead to cancer.

DNA test:

This test, conducted on cells from your cervix, can recognize the DNA of the high-risk varieties of HPV that have been linked to genital cancers. It is recommended for women 30 and older in addition to the Pap test.

NEED FOR THE STUDY

- Getting the HPV vaccine reduce a women's risk of cervical cancer and precancerous growth substantially. Among teen girls, infections with HPV types that cause most HPV cancer and genital warts have dropped 88%.
- Cervical cancer is the second most common cancer among women worldwide About 5,00,000 women are diagnosed with cervical cancer contributing to around 2,70,000 deaths, across the globe every year.
- Cervical cancer is the most common cancer of the female genital system in China, with an estimated 98.9 thousand new incident cases in 2015. HPV not only promotes

the development of cervical cancer but is also a causative agent responsible for genital warts, anal cancer, and other genital diseases. Currently, three vaccines, namely, Gardasil (HPV 16, 18, 6 and 11), Cervix (HPV 16 and 18) and Gardasil 9 (HPV 16, 18, 6, 11, 31, 33, 45, 52 and 58), are available worldwide. Clinical trials have shown that Gardasil and Cervix provide 70% protection against intraepithelial neoplasia/adenocarcinoma in situ.

- Globally, cervical cancer is the fourth most frequently diagnosed cancer and the fourth leading cause of cancer-related deaths in women, with an estimated 604,000 new cases and 342,000 deaths worldwide in 2020¹. According to the 2020 international agency for research on cancer report, 12.4 and 5.2 per 100,000 women died due to cervical cancer in developed and developing countries, respectively.
- The Centers for Disease Control and Prevention (CDC) also revealed that cervical cancer was the leading cause of cancer-related deaths in women in the United States. However, in the past 40 years, the number of cervical cancer cases and deaths from cervical cancer has decreased significantly. The Pap smear and HPV vaccination play significant roles in the reduction of cervical cancer cases.
- Knowledge and attitude have been shown to be important determinants of future vaccine acceptance. In addition, parents' lack of knowledge or misconceptions about HPV vaccines is a major factor in the acceptance of the vaccine.
- The majority of cancers (over 80%) in sub-Saharan Africa (SSA) are detected at a late stage, predominantly due to a lack of information about cervical cancer and a scarcity of prevention services, which in turn are associated with low survival rates after surgery or radiotherapy. The primary prevention strategy for cervical cancer is to avoid the transmission of HPV types. Among those methods, HPV vaccination is one. Similarly, with WHO, Ethiopia recommends the primary target population of girls aged 9–14 years old for HPV vaccination before becoming sexually active.
- Human papillomavirus (HPV) infection is extremely frequent worldwide and its transmission is mainly due to sexual contact, estimations point to 80% of sexually active individuals being infected with HPV at some point in their lives. In Brazil, preliminary data from a 2017 population-based study conducted in 26 Brazilian capitals and the Federal District identified an HPV infection prevalence in 54.6%

of the collected samples, of these, 38.3% had high-risk HPV. In the municipality of Teresina, state of Piaui, the detected prevalence was 53.3%

- In this context, adolescents, who are the target audience of immunization, must have knowledge and awareness about the virus and recognize the importance of vaccination. Also, note that currently adolescents constitute a group of high vulnerability to sexually transmitted infections (STIs) such as HPV, due to the early development of sexuality, the multiplicity of partners, greater sexual freedom, need for group affirmation, allied to resistance to condom use.
- The coverage of the HPV vaccination among female university students in health high schools in Jordan appeared extremely low; however, three-fourths of the students who had heard of HPV were willing to receive the HPV vaccination if provided freely. Complacency appeared as a major factor for HPV vaccine rejection. Increasing the levels of knowledge and awareness of HPV infection and its association with cervical cancer through reliable sources is recommended. This can be helpful for the individual benefit of the students besides the potentially positive role they can play in community education. Countering vaccine conspiracy beliefs with proper education and awareness programs can be helpful to appraise the role of HPV vaccines in cancer prevention.
- Our aim is to assess the level of knowledge about HPV and the practice and attitude towards the HPV vaccine among college students attending Peking University in Beijing, which is the capital of China. College students have the ability to accept new knowledge quickly, and can make decisions independently. Their HPV vaccination status can be easily influenced by policies or public education. Therefore, it is essential to explore their vaccination status. The findings of this study can assist the government and colleagues establish health policies and take appropriate measures to increase students' awareness of the risks associated with HPV infection and increase the vaccination rate, which may help effectively prevent HPV infection and cervical cancer.
- Overall knowledge and attitude toward HPV vaccination were low. All concerned bodies should work jointly to enhance the knowledge and attitudes of female students toward Human Papilloma Virus vaccination.

STATEMENT OF THE PROBLEM:

Assess the knowledge towards HPV immunization among adults at selected college at Chennai.

OBJECTIVES

- To assess the knowledge towards HPV immunization among female high school students.
- To associate the attitude towards HPV immunization among female high school students with selected demographic variables.

OPERATIONAL DEFINITION:

ASSESS:

It is the organized systemic and continuous process of collecting data about risk factor of causing human papilloma virus among female high school children.

KNOWLEDGE:

The correct response of the high school children to the knowledge part of questionnaires of the interview schedule related to factors influencing HPV vaccine.

FACTOR INFLUENCING:

It denotes the factor like skin-to-skin contact, multiple sex partner, non- hygienic etc. That prone for developing HPV.

HUMAN PAPILLOMA VIRUS:

HPV is a most common sexually transmitted virus. Most people will be infected HPV is the most common viral infection of the reproductive tract and is the cause range of condition in women.

HIGH SCHOOLCHILDREN:

Student who are studying and available in the selected high schools between the age group of 9 to 18 years at Chennai

CHAPTER II

REVIEW OF LITERATURE:

EJETA CHAKA published (2022) conducted study on HPV vaccination uptake and its associated factors among adolescent high school girls. Objective of availability of awareness creation programs favorable attitude towards HPV vaccine and hearing about HPV vaccine was significant associate with the uptake of the HPV vaccine.

TSEGAW BIYAZIN published (2022) conducted study on knowledge and attitude about HPV vaccine among female high school student at JIMMA town. Overall attitude towards HPV vaccination here low. All concerned bodies should work jointly to enhance the knowledge and attitude of female students toward HPV vaccination.

HARIYONO WINARTO published (2022) conducted study on knowledge attitude and practice among Indonesian urban communities regarding HPV infection, cervical cancer, and HPV vaccination. Knowledge was weakly corrected towards attitude.

GETEGEDEFAYE NIBRET MIHRET published (2022) conducted study on knowledge and willingness of parents towards child girl HPV vaccination in Debre tabor town, Ethiopia. Result of 35.4% of participants of knowledgeable about HPV vaccination and respectively.

TSEGAW published (2022) conducted study on knowledge and attitude about HPV vaccines among female high school students at Jima town, Ethiopia. Overall knowledge and attitude towards HPV vaccination were low.

KHAWLA SUHAILA published (2022) human papilloma virus related disease, and vaccination: knowledge and awareness among health care students and professionals in NEPAL.

K. THAVAMANI published (2022) knowledge of cervical cancer among women with cervical cancer.

JAMA published (2021) conducted study on examine the effects of the human papilloma virus education and logistical intervention on adolescent psychological out comes. There also small significant difference in favor of the intervention group with respect to adolescent vaccination related anxiety and self – under efficacy source measured before each of the 3 vaccine doses.

NURULIZA ROSLAN published (2021) conducted study on knowledge, attitude, and practice of HPV vaccination among secondary high school children in rural area of Nigeria Sembilan Malesia. Result a total of 380 response participated in this study. Females scored significantly higher for the knowledge items compared to the females.

MADAN KHATIWADA published (2021) conducted study on knowledge, attitude and acceptability of human papilloma virus vaccine and vaccination among university students in Indonesia. It was identified that over 90% of the students were aware of cervical cancer and HPV.

HUI CHEN published (2021) conducted study on status of vaccination and knowledge attitude and influencing factors towards HPV vaccine among university students in western China.

CECILA TRUCCHI published (2020) conducted study on assessment of knowledge, attitude, and propensity towards HPV vaccines on HPV vaccines of young adult students at Italy. HPV knowledge, practice, attitude young adults, vaccination, students' prevention, and sexually transmitted infections.

MEI NENI SITARSMI published (2020) conducted study on improvement of parent's awareness knowledge, perception, and acceptability of human papilloma virus vaccination after structure educational interventions. Only 49.2% of parents had heard HPV vaccine.

SAPNA KAUL published (2019) conducted study on high school based human papilloma virus vaccination for increasing vaccine uptake in an underserved are in taxes. Objective of the compare the effectiveness of community-based HPV related education and onsite high school-based vaccination virus community-based education only for increasing HPV vaccine uptake in a rural underserved area.

VIJAYALAKSHMI –P published (2010) prevalence of high-risk human papilloma in symptomatic women attending our gynecology OPD. Master's thesis, madras medical college.

CHAPTER III

RESEARCH METHODOLOGY:

- Research approach: Quantitative non- experimental – evaluation approach.
- Research design: Non experimental – descriptive research design.
- Population: The accessible population of the present study is high schoolchildren from 10th to 12th std selected high schools at Chennai district.
- SAMPLE SIZE: Sample size $n = DEFF * Np (1-p) 1/[d^2/z^2/2*(N-)+p(1-p)]$ (Sachaefer. RL et all 1990).
- The sample size of 60 high school students will be selected.

RESEARCH SETTING: The study will be collected in the selected high schools at Chennai district, Tamilnadu.

SAMPLE TECHNIQUE: Simple random sampling.

SAMPLE CRITERIA:

Inclusion Criteria:

Students who are studying between 10th std to 12th standard.

Students who are present at the time of the study.

Exclusion Criteria:

Students who are willing to participate in the study.

Students who are having any physical illness.

METHOD OF COLLECTING DATA:

Data collection instrument: only data collection method.

Data collection method: Interview was conducted between 8.30 am to 3.00 pm depending upon the availability of the sample.

SELECTION AND DEVELOPMENT OF THE STUDY INSTRUMENT:

As the study aimed at assess the existing level of knowledge, the researcher was constricted demographic variables perform and knowledge assess questionnaires formed to assess the level of knowledge on HPV vaccine among female high school students.

SELECTION AND DEVELOPMENT OF THE STUDY INSTRUMENT:

- Demographic variables
- Knowledge assesses questionnaires on HPV vaccines.

SECTION A

It consists of demographic data which include age in year, sex, educational status, type of family, religion, socio economic data of students.

SECTION B

It consists of question was related to knowledge influencing human papilloma virus.

DATA COLLECTION PROCEDURE:

The researcher has planned to collect data from knowledge influencing human papilloma virus among female high school children and demographic data from high school students. The corresponding answers obtained are marked on the data sheet by the researcher.

METHOD OF SCORING:

Each correct answers given “1” mark and each wrong answer is given as “0” mark. Based on score obtained by the sample they are categorized as follow.

SCORING METHOD:

SCORE	PERCENTGAE %	INFERENCE
<30	40%	Inadequate knowledge
30-40	14%	Moderate knowledge
>40	6%	Adequate knowledge

ETHICAL CONSIDERATION:

- Obtained clearance from community health nursing department.
- UG committee clearance was obtained.
- Institutional human ethical committee clearance was obtained from sathyabama university of research and education.
- Written permission was obtained from Dean and H.O.D Department of community medicine.
- Written consent was obtained from the study participants.

PLAN FOR DATA ANALYSIS:

Analysis and interpretation were done based on objective of the study. The data was analysis by using descriptive statistics frequency, percentage descriptive mean and standard deviation and inferential statistics like chi- square test. The significant finding was expressed in the form of tables and figures.

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

The data deals with the description of the sample, analysis and interpretation of data collected and the achievement of the objectives of the study, analysis of the data is a process by which quantitative information is summarized, organized evaluated, interpreted, and communicated in meaning full way.

Analysis is categorizing, ordering, manipulating, and summarizing the data to obtain answer to research question. The purpose of analyzing is to reduce data to intelligible and interpretable form so that the relation of research problem can be studied and tested. This chapter deals with the analysis and interpretation of the data collected from 60 sample human papilloma virus vaccine among female high school students at Chennai.

OBJECTIVE:

- To assess the knowledge about human papilloma virus vaccine among female high school students.
- To associate the knowledge on human papilloma virus vaccine among female high school students with selected demographic variables.

HYPOTHESIS:

H1: There is will be significant decrease in knowledge on human papilloma virus vaccine among female high school children.

ORGANIZATION AND PRESENTATION OF DATA:

The data gathered was tabulated, analyzed, and interpreted using the inferential statistics. Based on the objective the collected data was presents under the following headlines.

SECTION - A

- Distribution of demographic variables of the female high school students

SECTION –B

- Distribution of frequency % distribution of knowledge in human papilloma virus vaccine among female high school students.

Table -1 Frequency and percentage distribution of demographic variables of factor influencing human papilloma virus vaccine among female high school children.

S.NO	CHARECTERISTICS	CATEGORY	FREQUENCY	PERCENTAGE
1	Age in years	14-15	12	20%
		15-16	18	30%
		16-17	8	13.3%
		17 and above	22	36.6%
2	Religion	Hindu	20	33.3%
		Muslim	20	33.3%
		Christine	16	26.6%
		Others	4	6.6%
3	Parents and educational status	Illiterate	17	28.3%
		Complete primary high school	24	40%
		Complete secondary high school	13	21.6%

		Diploma and above	6	10%
4	Parents occupations	Government employee	25	41.6%
		Non-government employee	11	18.3%
		Merchant	7	11.6%
		Daily –labor	11	18.3%
		Unemployed	3	5%
		Other	3	5%
5	Parents monthly income	10000-15000	21	35%
		15000-25000	24	40%
		25000-35000	8	13.3%
		35000 and above	7	11.6%
6	Have an old sister	Yes	34	56.6%
		No	26	43.3%
7	Source of information of HPV vaccine	Media	15	25%
		Internet	16	26.6%
		Parents	9	15%
		Peer	8	13.3%
		Book of magazine	2	3.3%
		Teacher	10	16.6%

Figure 1: Shows that majority 22(36.6%) were belong to the age between 17 and above years, 18 (30%) of them between 15-17 years, 12 (20%) of them are between 14-15 years, 8 (13.3%) of them between 16-17 years.

Figure 2: Shows that majority 20 (33.3%) were belong to the religion between Hindu and Muslim, 16 (26.6%) of them between christian, 4 (6.6%) of them between others.

Figure 3: Shows that majority 24 (40%) were belong to the complete primary high school, 17 (28.3%) of them between illiterate, 13 (21.6%) of them between complete secondary school, 6(10%) of them between diploma and above.

Figure 4: Shows that majority 25(41.6%) were belong to the governmental employee, 11 (18.3%) of them between non-government employee and daily labor, 7 (11.6%) of them between merchant, 3(5%) of them between others.

Figure 5: Shows that majority 24 (40%) were belong to the monthly income 15000-25000, 21 (35%) of them belong to the 10000-15000, 8(13.3 %) of them belongs to the 25000-35000Rs, 7 (11.6%) of them belongs to the 35000 and above.

Figure 6: Shows that majority 34 (56.6%) were belong to the older sisters, 26(43.3%) of them between no older sisters.

Figure 7: Shows that majority 16 (26.6%) were belongs to the source of information to the internet, 15 (25%) of the media, 10 (16.6%) of them teacher, 9 (15%) of them parents, 8 (13.3%) of them peers, 2 (3.3%) of them book or magazine.

Figure: 1 Frequency distribution of age

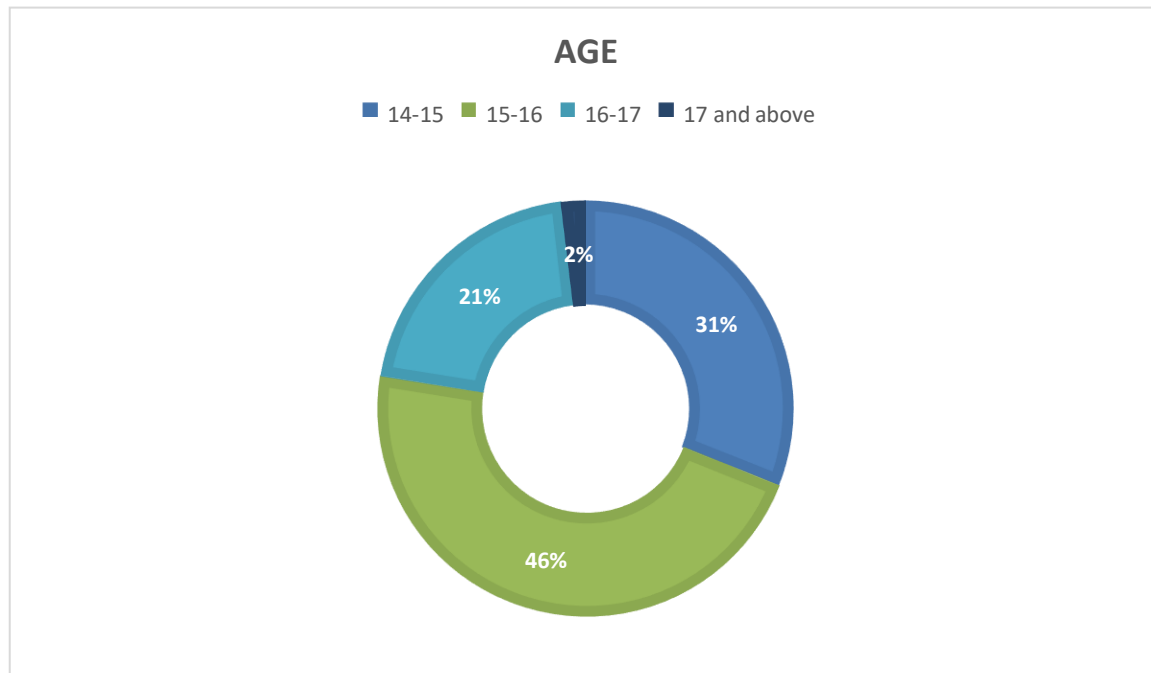


FIGURE 1: Shows that majority 22(36.6%) were belong to the age between 17 and above years, 18 (30%) of them between 15-17 years, 12 (20%) of them are between 14-15 years, 8 (13.3%) of them between 16-17 years.

Figure: 2 Frequency distribution of religion

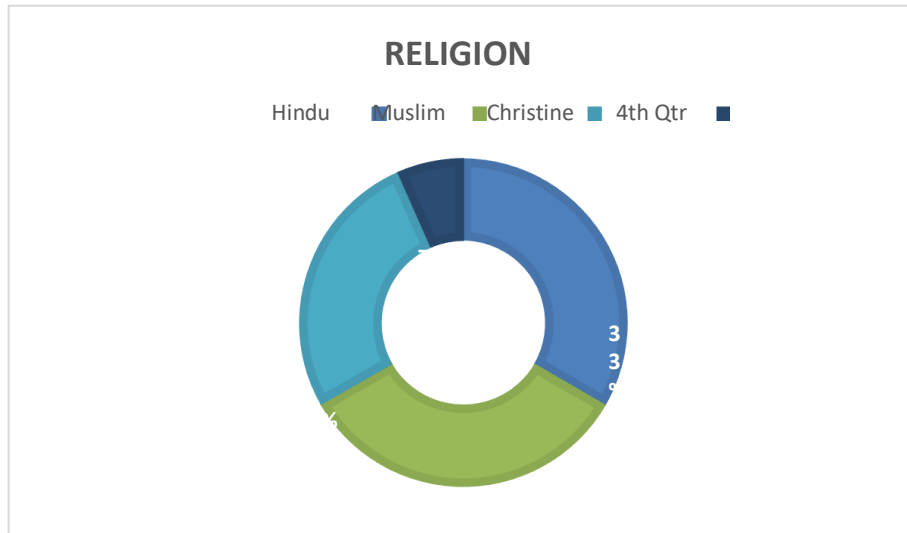


Figure 2: Shows that majority 20 (33.3%) were belong to the religion between Hindu and Muslim, 16 (26.6%) of them between christian, 4 (6.6%) of them between others.

Figure 3: Frequency of parent's educational status

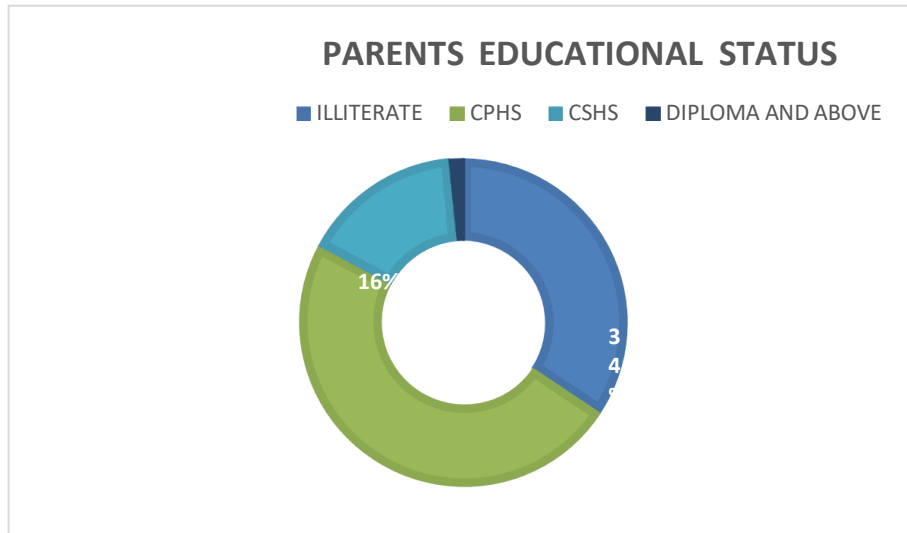


Figure 3:: Shows that majority 40% were belong to the complete primary high school, 28.3% of them between illiterate, 21.6% of them between complete secondary school, 10% of them between diploma and above.

Figure 4: Frequency of parent's occupational status

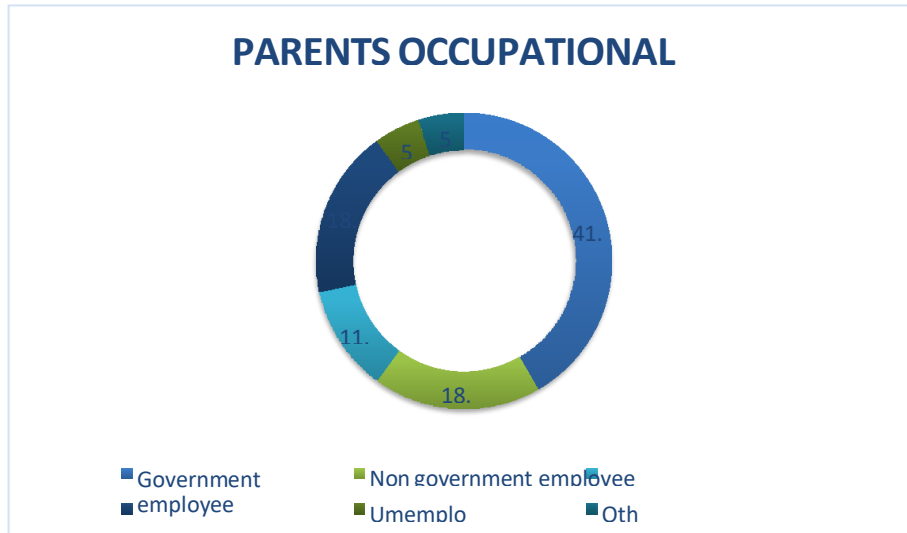


Figure 4: Shows that majority 25(41.6%) were belong to the governmental employee, 11 (18.3%) of them between non-government employee and daily labor, 7 (11.6%) of them between merchant, 3(5%) of them between others.

Figure 5: Frequency of parent monthly income

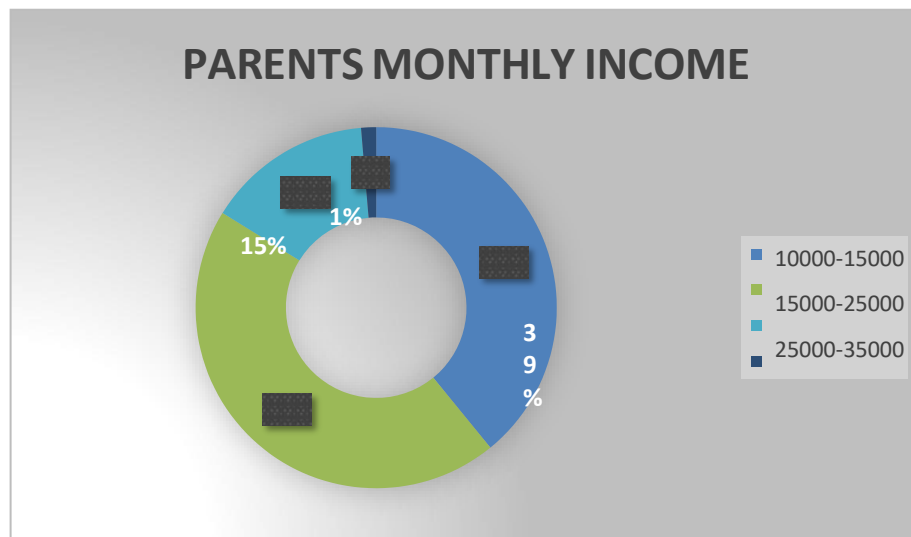


Figure 5: Shows that majority 24 (40%) were belong to the monthly income 15000-25000, 21 (35%) of them belong to the 10000-15000, 8(13.3 %) of them belongs to the 25000-35000Rs, 7 (11.6%) of them belongs to the 35000 and above.

Figure 6:Frequency of have an older sister

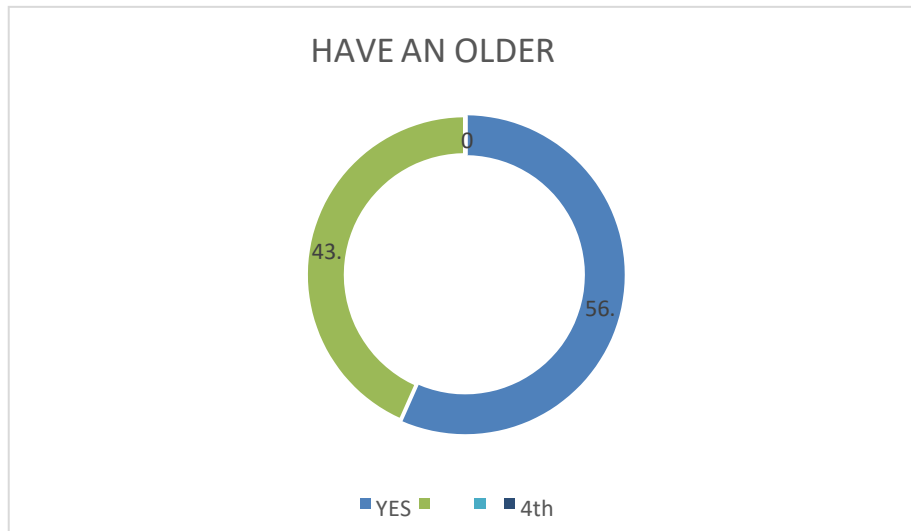


Figure 6:Shows that majority 34 (56.6%) were belong to the older sisters, 26(43.3%) of them between no older sisters.

Figure 7: frequency of source of information for HPV vaccine

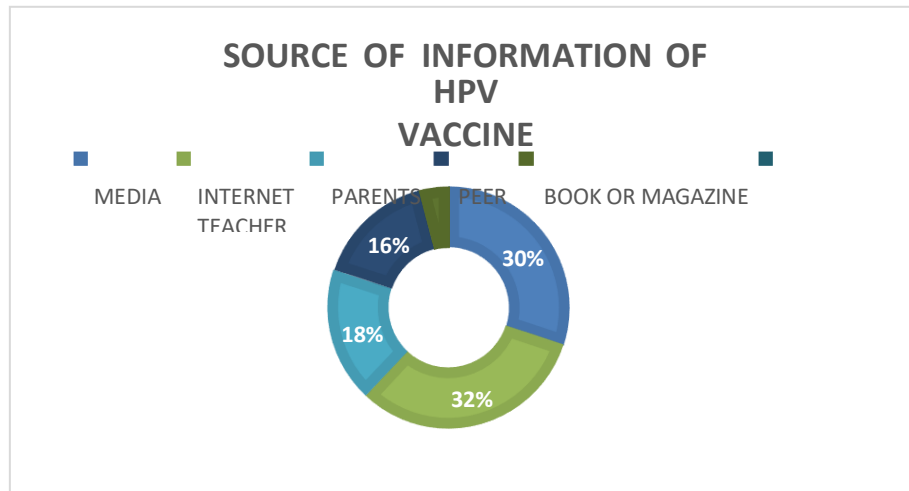


Figure 7: Shows that majority 16 (26.6%) were belongs to the source of information to the internet, 15 (25%) of them media, 10 (16.6%) of them teacher, 9 (15%) of them parents, 8 (13.3%) of them peers, 2 (3.3%) of them book or magazine.

TABLE II
FREQUENCY DISTRIBUTION OF ASSOCIATION BETWEEN
ASSESS THE KNOWLEDGE ON HUMAN PAPILLOMA VIRUS
VACCINE AMONG FEMALE HIGH SCHOOL STUDENTS.

Demographic variables	Classification	Inadequate knowledge		Moderate knowledge		Adequate knowledge		Chi square Test (significance)
		N	%	N	%	N	%	
Age	14-15	9	15%	2	3.3%	1	1.6%	$\chi^2 = 8.71955$ 8 $P > 12.59$ S
	15-16	10	16.6%	6	10%	2	3.3%	
	16-17	6	10%	0	0%	2	3.3%	
	17 and above	15	25%	6	10%	1	1.6%	
Religion	Hindu	15	25%	3	5%	2	3.3%	$\chi^2 = 63.07389$ $P < 12.59$ NS
	Muslim	13	21.6%	5	8.3%	2	3.3%	
	Christine	10	16.6%	5	8.3%	1	1.6%	
	Other	2	3.3%	1	1.6%	1	1.6%	
Parents educational status	Illiterate	8	13.3%	7	11.6%	2	3.3%	$\chi^2 = 5.74516$
		17	28.3%	4	6.6%	3	5%	

	Complete primary high school	10	1.6%	2	3.3%	1	1.6%	P > 12.59 S
	Complete secondary high school	5	8.3%	1	1.6%	0	0%	
	Diploma and above							
Parents occupation	Government employee	13	21.6%	10	16.6%	2	3.3%	X ² = 12.17166
	Non-government employee	7	11.6%	2	3.3%	2	3.3%	P > 18.31
	Merchant	7	11.6%	0	0%	0	0%	
	Daily labor	7	11.6%	2	3.3%	2	3.3%	S
	Unemployed	3	5%	0	0%	0	0%	
	Others	3	5%	0	0%	0	0%	
Parents monthly income	10000-15000	11	18.3%	7	11.6%	3	5%	X ² = 4.863976
	15000-25000	17	28.3%	4	6.6%	3	5%	
	25000-35000	6	10%	2	3.3%	0	0%	
	35000 and above	6	10%	1	1.6%	0	0%	P > 12.59 S
Have an older sister	Yes	23	38.3%	8	13.3%	3	5%	X ² = 0.122145
	no	17	28.3%	6	10%	3	5%	P > 5.99 S

Source of information of HPV vaccine	Media	10	16.6%	2	3.3%	3	5%	$\chi^2 = 92.1396$ $P < 24.99$ NS
	Internet	13	21.6%	2	3.3%	1	1.6%	
	Parents	5	8.3%	2	3.3%	2	3.3%	
	Peer	3	5%	5	8.3%	0	0%	
	Book or magazine	0	0%	2	3.3%	0	0%	
	Teacher	9	15%	1	1.6%	0	0%	

TABLE 2: KNOWLEDGE AMONG HPV VACCINE

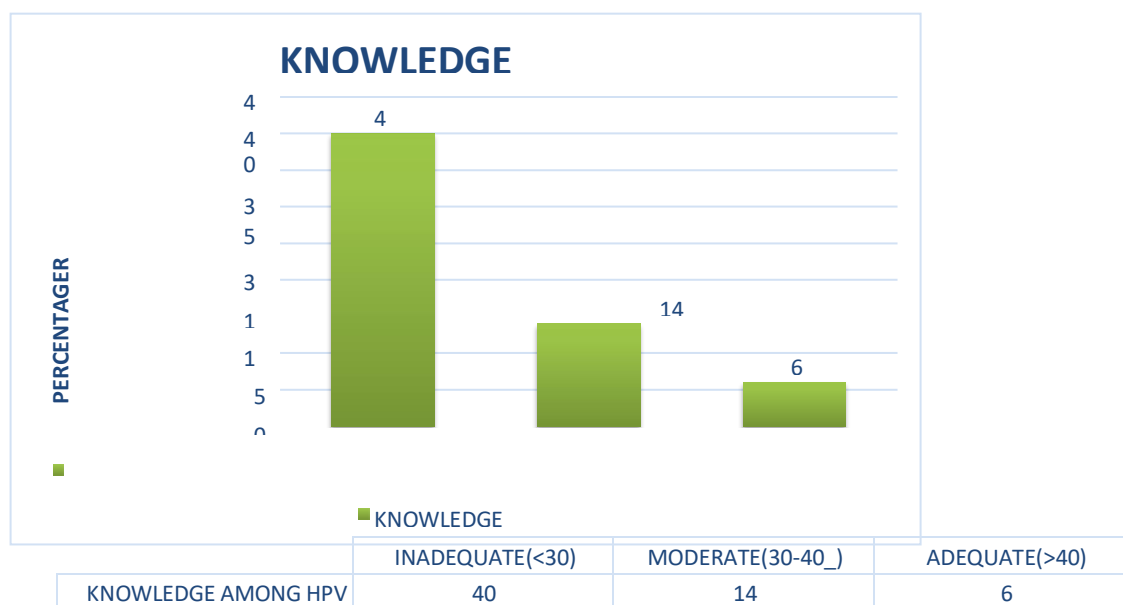


TABLE 2: Shows that there is significant association of knowledge influencing human papilloma virus vaccine among female high school students with inadequate knowledge of students 40%, moderate knowledge of students 14% and adequate knowledge of students 6%.

CHAPTER- V

This chapter discuss the finding of the study derived from statistical analysis and its pertinence to the objectives set for this study and related literature of this study.

OBJECTIVES OF THE STUDY:

- To assess the knowledge about human papilloma virus vaccine among female high school students.
- To associate the knowledge on human papilloma virus vaccine among female high school students with selected demographic variables.

Distribution of demographic variables of the knowledge influencing HPV vaccine among female high school student.

The study finding revealed that the

- **AGE IN YEARS:** Shows that majority 22(36.6%) were belong to the age between 17 and above years, 18 (30%) of them between 15-17 years, 12 (20%) of them are between 14-15 years, 8 (13.3%) of them between 16-17 years.
- **RELIGION :** Shows that majority 20 (33.3%) were belong to the religion between Hindu and Muslim, 16 (26.6%) of them between christian, 4 (6.6%) of them between others.
- **PARENTS EDUCATIONAL STATUS:** Shows that majority 24 (40%) were belong to the complete primary high school, 17 (28.3%) of them between illiterate, 13 (21.6%) of them between complete secondary school,6(10%) of them between diploma and above.

- **PARENTS OCCUPATIONAL STATUS:** Shows that majority 25(41.6%) were belong to the governmental employee, 11 (18.3%) of them between non-government employee and daily labor, 7 (11.6%) of them between merchant, 3(5%) of them between others.
- **PARENTS MONTHLY INCOME:** Shows that majority 24 (40%) were belong to the monthly income 15000-25000, 21 (35%) of them belong to the 10000-15000, 8(13.3 %) of them belongs to the 25000-35000Rs, 7 (11.6%) of them belongs to the 35000 and above.
- **HAVE AN OLDER SISTER:** Shows that majority 34 (56.6%) were belong to the older sisters, 26(43.3%) of them between no older sisters.
- **SOURCE OF INFORMATION AMONG HPV VACCINE:** Shows that majority 16 (26.6%) were belongs to the source of information to the internet, 15 (25%) of them media, 10 (16.6%) of them teacher, 9 (15%) of them parents, 8 (13.3%) of them peers, 2 (3.3%) of them book or magazine.

CHAPTER VI
SUMMARY, CONCLUSION, IMPLICATION,
RECOMMENDATIONS AND LIMITATIONS

OBJECTIVES OF THE STUDY WERE TO

- To assess the knowledge about human papilloma virus vaccine among female high school students.
- To associate the knowledge on human papilloma virus vaccine among female high school students with selected demographic variables.

RESEARCH DESIGN:

Descriptive study design was used to conduct the study on data obtained on knowledge influencing human papilloma virus vaccine from September 20, 2022. Sample of 60 female high school students in selected high school in Chennai, who met the inclusion criteria were selected for the study by using purpose sampling method instruments used for data collection were structured interview to determine knowledge influencing human papilloma virus vaccine among female high school students in selected high school in Chennai district.

The investigator planned to collect the data for the period of one week. Prior written permission and consent were obtained from H.O.D of Community medicine department.

Chi-square test was used to find out the association the knowledge influencing human papilloma virus vaccine among female high school students with selected demographic variables

**TO ASSESS THE KNOWLEDGE INFLUENCING HUMAN PAPILLOMA
VIRUS VACCINE AMONG FEMALE HIGH SCHOOL STUDENTS**

The frequency distribution in the study Shows that there is significant association of knowledge influencing human papilloma virus vaccine among female high school students with inadequate knowledge of students 40%, moderate knowledge of students 14% and adequate knowledge of students 6%.

TO ASSOCIATE THE KNOWLEDGE INFLUENCING HUMAN PAPILLOMA VIRUS VACCINE AMONG FEMALE HIGH SCHOOL STUDENTS WITH SELECTED DEMOGRAPHIC VARIABLES.

Shows that there is significant association of knowledge towards human papilloma virus vaccination among female high school students with demographical variables like age, parents' educational status, parents occupational status, parents monthly income and have an older sister. But there is no significant association between knowledge towards human papilloma virus vaccine among female high school students with demographic variable like religion and source of information of human papilloma virus vaccine.

CONCLUSION:

- The overall knowledge and attitude toward HPV vaccine were relatively low compared to previous researches. Parents' educational status, participating in high school mini-media, students who have a smartphone, availability of radio or TV at home, and preferred media as a source of information predictors were significantly associated with knowledge toward HPV vaccine. All concerned bodies should work jointly to enhance knowledge and attitudes of female students toward HPV vaccine.
- We have conducted a research topic on a study to assess knowledge on human papilloma virus vaccine among female high school students in selected high school at Chennai district, Tamil Nadu, India.
- 60 samples were collected.

The study finding revealed that the

- **AGE IN YEARS:** Shows that majority 22(36.6%) were belong to the age between 17 and above years, 18 (30%) of them between 15-17 years, 12 (20%) of them are between 14-15 years, 8 (13.3%) of them between 16-17 years.

- **RELIGION:** Shows that majority 20 (33.3%) were belong to the religion between Hindu and Muslim, 16 (26.6%) of them between Christian, 4 (6.6%) of them between others.
- **PARENTS EDUCATIONAL STATUS:** Shows that majority 24 (40%) were belong to the complete primary high school, 17 (28.3%) of them between illiterate, 13 (21.6%) of them between complete secondary school, 6 (10%) of them between diploma and above.
- **PARENTS OCCUPATIONAL STATUS:** Shows that majority 25 (41.6%) were belong to the governmental employee, 11 (18.3%) of them between non-government employee and daily labor, 7 (11.6%) of them between merchant, 3 (5%) of them between others.
- **PARENTS MONTHLY INCOME:** Shows that majority 24 (40%) were belong to the monthly income 15000-25000, 21 (35%) of them belong to the 10000-15000, 8 (13.3 %) of them belongs to the 25000-35000Rs, 7 (11.6%) of them belongs to the 35000 and above.
- **HAVE AN OLDER SISTER:** Shows that majority 34 (56.6%) were belong to the older sisters, 26 (43.3%) of them between no older sisters.
- **SOURCE OF INFORMATION AMONG HPV VACCINE:** Shows that majority 16 (26.6%) were belongs to the source of information to the internet, 15 (25%) of them media, 10 (16.6%) of them teacher, 9 (15%) of them parents, 8 (13.3%) of them peers, 2 (3.3%) of them book or magazine.

NURSING IMPLICATION:

NURSING SERVICE:

- Nurses as an educator, leader, counselor, motivator, supervisor and team member in various situation of work.

IMPLICATION FOR NURSING PRACTICE:

- Nurses should take the responsibility to teach parents about the providing nutritional diet, hygienic practice, to read books.
- Nurses should provide psychological support as well as encourage high school children.

- Additional counseling sessions was arranged to the parents, about human papilloma virus vaccine during the data collection period.

IMPLICATION FOR NURSING ADMINISTRATION:

- Nursing administration may use the study findings to improve the quality of caring the community. The concept of the extended role of offers many opportunities for a nurse administration to improve the quality of life of the public and health care professionals.
- The nurse administrator in the higher level of authority must hold discussions and meetings on the prevailing health status of the health care professional. Based on that, the knowledge of community Nurses can be assessed and related program can be planned and implemented.
- Administrator should organize in service education programs, refers a courses and workshops for health care professionals and encourage them to participate in this activity.

NURSING RESEARCH:

- The findings of the study show that the majority of sample are at moderate level knowledge influencing human papilloma virus vaccine among female high school student.
- The study will motivate new research to conduct the same study with the different variable on large scale.

LIMITATIONS:

- Sample size was 60.
- Setting was selected high school at Chennai district, Tamil Nadu.

RECOMMENDATIONS:

- Studies are needed to develop standardized tool on knowledge influencing human papilloma virus vaccine.
- A similar study can be undertaken by using larger number samples.

SUMMARY:

- ✓ The study was done to determine the knowledge on influencing human papilloma virus vaccine among female high school student with selected demographic variables.
- ✓ The study finding revealed that the frequency and percentage distribution of demographic variables of knowledge influencing human papilloma virus vaccine among female high school students.
 - The finding shows that the chi-square value of age of high school students in years 8.719558.
 - The finding shows that the chi-square value of religion of students type of religion 63.07389.
 - The findings shows that the chi-square value of parent's educational status 5.74516.
 - The findings shows that the chi-square value of parents occupational status 12.17166.
 - The findings shows that the chi-square value of parent's monthly income 4.863976.
 - The finding shows that the chi-square value of have an older sister 0.122145.
 - The finding shows that the chi-square value of source of information on human papilloma virus vaccine 92.1396.

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PARTICIPANT INFORMATION SHEET (PIS)

The title of the research project is a study assess knowledge among high school student in selected high school at Chennai district, Tamilnadu, India. The objectives are to assess the Knowledge about HPV vaccine among female high school students, to associate the Knowledge about HPV vaccine among female high school students with selected demographic variables. Non-experimental quantitative approach with a descriptive design will be used. The information from the participant will be collected through structured interview schedule on demographic variables perform and knowledge on HPV vaccination. Data will have collected from the participant is approximately 30 minutes. The study benefits are this research will provide the baseline data, which enables the future researchers to conduct evidence-based research and help to create awareness HPV vaccination. The study is free from risk / injury. Complete freedom for the participate to withdraw from the research participation at any point of time without the loss of treatment benefits.

5

CONSENT FORM

Participants name:

Address:

Parent/LAR 's name:

Title of the project:

A study to assess the knowledge influencing on human papilloma virus vaccination among female high school student in selected school in Chennai district, Tamilnadu, India.

The details of the study have been provided to me in writing and explained to me in my own language. I confirm that I have understood the above study and had the opportunity to ask questions. I understand that my child's participation in the study is voluntary and that I am free to withdraw my child at any time, without giving any reason, without the medical care that will normally be provided by the hospital being affected. I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose. I have been given an information sheet giving details of the study. I fully consent for the participation of my child in the above study.

Assent of child/ward obtained (for participants 7 to 18 years of age)

Signature of parent/ LAR_____Date:

Signature of the witness: _____Date:

Signature of the investigator:_____Date: _____

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ପୂରଣ କରିବାକୁ :

ଉତ୍ତରାଧିକାରୀଙ୍କୁ :

PARTICIPANT INFORMATION SHEET

Purpose:

This perform is used to measure the demographic variables of students such as, (age, religion, parent 's occupational status, parent's educational status, 0parent's monthly income, have an older sister and source of information of HPV vaccine).

1.Age in years?

- a) 14 - 15
- b) 15 - 16
- c) 16 - 17
- d) 17 and above

2.RELIGION?

- a) Hindu
- b) Muslim
- c) Christian
- d) Other

3.PARENTS EDUCATIONAL STATUS

- a) Illiterate
- b) Complete primary high school
- c) Complete secondary high school
- d) Diploma and above

4.PARENTS OCCUPATION

- a) Governmental employee
- b) Non-governmental employee
- c) Merchant
- d) Daily labor
- e) Unemployed
- f) Other

5. PARENTS MONTHLY INCOME

- a) 10000-15000
- b) 15000-25000
- c) 25000-35000
- d) 35000 and above

6. HAVE AN OLDER SISTER

- a) Yes
- b) No

7. SOURCE OF INFORMATION OF HPV VACCINE

- a) Media
- b) Internet
- c) Parents
- d) Peer
- e) Book or magazine
- f) Teacher

**ASSESS THE KNOWLEDGE ABOUT HUMAN PAPILLOMA VIRUS
VACCINATION AMONG FEMALE HIGH SCHOOL STUDENTS.**

Question regarding knowledge influencing human papilloma virus
vaccination

1. What is expansion of HPV?

- a) Human papilloma virus
- b) Human polio virus
- c) Human parasite virus

2. What is mode of transmission of HP virus?

- a) Sexually transmitted infection
- b) Airway transmitted infection
- c) Contamination of food transmitted

3. What is the causes of HP virus?

- a) Skin to skin contact
- b) Airway
- c) Smoking

4.How this HP virus is affecting pregnant mothers?

- a) Non- hygienic partner
- b) Mother is low immunity power
- c) Excessive weight during pregnancy

5.What is the disease caused by Hp virus?

- a) Diabetes mellitus
- b) Cervical cancer
- c) Rubella

6.which body part is affected by HP virus?

- a) Eyes & Nose
- b) Vulva & Cervix
- c) Hands

7.What are all the symptoms of HP virus?

- a) Vaginal cluster of pumps, vaginal bleeding developing cancers
- b) Developed cancer, immune deficiency death
- c) Immune deficiency, developed cancer, vaginal bleeding

8.what is diagnostic test available for HP virus?

- a) Pap smear
- b) MRI
- c) CT scan

9.What is the most preferable preventive measures for HPV?

- a) Get the HPV vaccine
- b) Avoid shaving over apart
- c) No idea

10.How many doses of HPV vaccine are available for children between 9 to 15 years?

- a) 1 dose

- b) 2 doses
- c) 3 doses

11. How many doses of HPV vaccine are available for children after 15 years?

- a) 1 dose
- b) 2 doses
- c) 3 doses

12. What is the age groups preferable for HPV vaccine?

- a) 9-15 years
- b) 15 years and above
- c) Both A & B

13. Why HPV vaccine important in the adolescent age group?

- a) Greatest protection against Cervical cancer
- b) Immune system is less during adolescent period
- c) No vaccine is available this time

14. What is the protection period of HPV vaccine?

- a) Less than 5 years
- b) Less than 10 years
- c) Lifelong protection

15. What is your opinion towards spending amount for HPV vaccine?

- a) I don't want to spend money
- b) I will spend money for my vaccination
- c) No idea

Scoring Key:

1	A
2	A
3	A
4	A
5	B
6	B
7	A
8	A
9	A
10	B
11	C
12	C
13	A
14	C
15	A

KNOWLEDGE SCORING

SCORE	PERCENTGAE %	INFERENCE
<30	40%	Inadequate knowledge
30-40	14%	Moderate knowledge
>40	6%	Adequate knowledge

ජාත්‍යන්තර වෛද්‍ය සංවිධානය (WHO) HPV ජාත්‍යන්තර වෛද්‍ය සංවිධානය
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a) 14 - 15
b) 15 - 16
c) 16 - 17
d) 17

a) $\frac{1}{2} \mathbf{F}$
b) $\frac{1}{4} \mathbf{F}$
c) $\frac{1}{8} \mathbf{F}$
d) $\frac{1}{16} \mathbf{F}$

[illegible][illegible]

e) 

f) 

5.சசசசசசசசசச சசச சசசசசசசசச

- a) 10000-15000
b) 15000-25000
c) 25000-35000
d) 35000

6.சசச சசசசச சசசசசசச சசச சசச

- a) 
- b) 

7.HPV

- a) 
- b) 
- c) 
- d) 
- e) 

1. HPV சதத சதததததததததத சதததததத சததத?

- [illegible]

2.HP சச்சு சச்சச்சு சச்சச்சு சச்சு ச?

- [illegible]

3. HP சச்சச்சச்ச சச்சச்சச்சச்ச சச்சச்ச?

- a) 

**9.HPV சதததத சததததததத சததததத சததததததத
சததததததத சதததததததததததததததத ச?**

10.9 சச்சச்ச 15 சச்சச்சச்சச்சச்சச்ச
சச்சச்சச்சச்சச்சச்ச HPV

11.15

12.சசசசச சசசசசசசசசசச சச ச
சசசசசசசசசசச சசசச சசசசசச

13. HPV சச்சச்சச்சச்ச சச்ச சச்ச சச்சச்சச்சச்ச
சச்சச்சச்சச்சச்சF?

a)

F୧୧୧୧

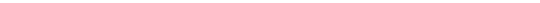


[illegible]

14.HPV சசசசசசசசசசசசசசசசச Fசசசசசசசசசசசசசசசச சசசசச சசச ச?

b) 10 **F**

[illegible]

b) 

6