

QUESTIONNAIRE

ASSESSMENT OF THE WILLINGNESS AND DETERMINANTS OF HUMAN PAPILLOMAVIRUS (HPV) VACCINE UPTAKE AMONG UNDERGRADUATES IN OBAFEMI AWOLOWO UNIVERSITY, ILE-IFE, OSUN STATE.

INTRODUCTION

We are a dedicated team of final-year medical students undertaking the research topic mentioned above. We are reaching out to you, as a valued member of our target audience, in the hope that you can assist us by taking a few moments to complete this questionnaire. Rest assured, your honest responses are of great importance to us and will be handled with the utmost care and confidentiality. Your participation should require no more than 10 minutes of your time.

Thank you sincerely for your kind cooperation!

SECTION A: SOCIO-DEMOGRAPHIC DATA OF THE RESPONDENTS

1. Age in years (as at last birthday) _____
2. Gender (a) Male ☐ b) Female ☐
3. Religion a) Christianity ☐ b) Islam ☐ c) Traditional Religion ☐ d) Others (Specify)

4. Ethnicity a) Yoruba ☐ b) Hausa/Fulani ☐ c) Igbo ☐ d) Others (Specify) _____
5. Marital status a) Single ☐ b) Married ☐ c) Others (Specify) _____

6. Faculty _____
7. Department _____
8. Year of Study: _____
9. Level of Education of Father / Guardian: _____
10. Level of Education of Mother / Guardian: _____
11. Occupation of Father / Guardian: _____
12. Occupation of Mother / Guardian: _____
13. Family Setting: a) Single Parent ☐ b) Monogamous ☐ c) Polygamous ☐

SECTION B: LEVEL OF KNOWLEDGE OF HUMAN PAPILLOMAVIRUS (HPV) AND THE HUMAN PAPILLOMAVIRUS (HPV) VACCINE

1. Have you heard of the Human Papillomavirus (HPV)? ☐ Yes ☐ No (*If “No”, skip this section*)
2. How did you get information about Human Papillomavirus (HPV) or the vaccine? (*you can tick more than one, if applicable.*) ☐ School ☐ Social media (e.g., Instagram, TikTok, Twitter) ☐ Television or Radio ☐ Health professionals ☐ Friends or family ☐ Health campaigns or public talks
3. What is Human Papillomavirus (HPV)? (*you can tick more than one, if applicable.*)
☐ A virus ☐ A bacteria ☐ It causes sexually transmitted infection (STI) ☐ It is a disease that affects only females ☐ It causes certain cancers ☐ I don't know
4. Human Papillomavirus (HPV) affects both males and females. ☐ True ☐ False ☐ Not sure
5. People under 25 years old are at the highest risk of HPV infection. ☐ True ☐ False ☐ Not sure

6. What is the route of transmission of Human Papillomavirus (HPV)? (*you can tick more than one, if applicable*) ☐ Through Sex ☐ Through body contact during sex ☐ Through sharing toilets ☐ Through blood transfusion ☐ I don't know
7. Most sexually active individuals will get HPV at some point in their lives. ☐ True ☐ False ☐ Not sure
8. Having multiple sexual partners increases the risk of contracting Human Papillomavirus (HPV) ☐ True ☐ False ☐ Not sure
9. Most people with Human Papillomavirus (HPV) do not show any symptoms ☐ True ☐ False ☐ Not sure
10. Which of the following can HPV cause? (*you can tick more than one, if applicable*) ☐ Cervical Cancer ☐ Genital Warts ☐ Penile Cancer ☐ Brain cancer ☐ Throat cancer ☐ I don't know
11. Can Human Papillomavirus (HPV) be prevented? ☐ Yes ☐ No ☐ Not sure
12. How can you effectively prevent Human Papillomavirus (HPV)? (*you can tick more than one, if applicable.*) ☐ Through Condom Use ☐ Through Vaccination ☐ Avoiding public toilets ☐ Regular hand washing ☐ I don't know
13. Human Papillomavirus (HPV) vaccination is most effective if taken before sexual activity begins. ☐ True ☐ False ☐ Not sure
14. Can Human Papillomavirus (HPV) vaccine be taken by males and females? ☐ Yes ☐ No ☐ Not sure
15. How many doses of the HPV Vaccine are typically recommended?
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ I don't know Others _____

SECTION C: ATTITUDE TOWARDS UPTAKE OF HUMAN PAPILLOMAVIRUS (HPV) VACCINE

Instruction: Please respond to the following statements based on your current beliefs or the thoughts you had before receiving the HPV vaccine (if you have already taken it).

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I am concerned about the potential side effects of the Human Papillomavirus (HPV) vaccine	[]	[]	[]	[]	[]
2. I do not know where to get the Human Papillomavirus (HPV) vaccine	[]	[]	[]	[]	[]
3. The Human Papillomavirus (HPV) vaccine is too expensive	[]	[]	[]	[]	[]
4. I would take the Human Papillomavirus (HPV) vaccine if it were available at no cost.	[]	[]	[]	[]	[]
5. My parents or guardians would not support me getting vaccinated	[]	[]	[]	[]	[]

	Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
6.	More awareness and education about HPV would increase my willingness to take the vaccine.	[]	[]	[]	[]	[]
7.	I think the Human Papillomavirus (HPV) vaccine is not meant for males	[]	[]	[]	[]	[]
8.	I don't think I need the vaccine because I am not sexually active.	[]	[]	[]	[]	[]
9.	I would take the Human Papillomavirus (HPV) vaccine if a healthcare professional recommended it.	[]	[]	[]	[]	[]
10.	I'm afraid of being judged or stigmatized for getting the Human Papillomavirus (HPV) vaccine	[]	[]	[]	[]	[]

SECTION D: WILLINGNESS TO UPTAKE THE HUMAN PAPILLOMAVIRUS (HPV) VACCINE

1. Are you willing to receive the human papillomavirus (HPV) vaccine? ☐ Yes ☐ No ☐
Not sure ☐ I have received it
2. Will you encourage your friends and family to get vaccinated? ☐ Yes ☐ No ☐ Not
sure

SECTION E: HUMAN PAPILLOMAVIRUS VACCINATION STATUS AND COVERAGE

1. Have you ever received the Human Papillomavirus (HPV) vaccine? ☐ Yes ☐ No ☐
Not sure (*If “No”, please skip this section*)
2. How many doses? ☐ One ☐ Two ☐ Three ☐ Not sure
3. Where did you receive it? ☐ Health Center ☐ School ☐ Others
4. What influenced you to take the vaccine? (*you can tick more than one, if applicable.*) ☐
Parental Advice ☐ Influence from Friends ☐ Healthcare Campaigns (Social Media /
Radio / TV) ☐ Doctor’s Recommendation ☐ Others _____
5. Do you intend to complete your dose? ☐ Yes ☐ No ☐ Not sure ☐ I don't even know
the total number of doses I am meant to receive
6. At what age did you receive your first dose of the vaccine? _____
7. Did you experience any side effects? ☐ Yes ☐ No ☐ Not sure