

# Breast and Cervical Cancers



## Introduction and Explanation of Survey

### 1. Information Sheet and Introductory Letter to Participants

Dear,

Thank you very much for your time in looking at this questionnaire. This is a follow-up study being conducted by Assoc. Prof. Chris Ifediora and Prof. Lennert Veerman (both of Griffith University, Gold Coast, Australia), Dr. Emmanuel Azuike (of Chukwuemeka Odumegwu Ojukwu University, Anambra State, Nigeria), and Dr Uche Ekwochi of the Enugu State University of Science and Technology, Enugu State, Nigeria. We also have Assoc. Prof. William Obiozor of the Nnamdi Azikiwe University, Awka, Nigeria.

You might remember completing a similar document recently. It is expected that there will be a total of 3 follow-up questionnaires like this, which will come about a week after the original one, and then 6 months later, and then 12 months later.

Please, kindly answer all the questions contained in this document. The entire survey is expected to take about 30 minutes. Apart from this time consideration, you are not expected to face any risk or discomfort.

Please note that your participation in this study is voluntary, and strict confidentiality will be maintained throughout. As such, you will not be required to identify yourself at any point. However, it is very important that the answers you provide to the questions are as accurate as possible, and should be as it concerns you alone. It will also be appreciated if you can complete all parts of the questionnaire.

Ethical clearance has been obtained from the Griffith University Human Research Ethics Committee, with reference number GU Ref No: 2019/649.

The collated, anonymized data and computed results will be stored in the Griffith University Research Storage Service, based in Australia, during the active phase of this research. After the study, all the data will be moved to the Griffith Archive Storage System, and will be kept there for a duration of up to five years, in line with the Griffith University's ethical regulations.

If you have any concerns with this study, please contact Assoc. Prof. Chris O. Ifediora (MBBS, MPH, FRACGP, AFANZAHPE) through [c.ifediora@griffith.edu.au](mailto:c.ifediora@griffith.edu.au) or +61755808331. If, however, you have additional questions about the ethics of this research, please contact the Manager, Research Ethics of Griffith University, Australia, on +6173735 4375 or [researchethics@griffith.edu.au](mailto:researchethics@griffith.edu.au).

If you wish to proceed with this study, please turn over to the next page to continue. Otherwise, kindly return this questionnaire to your school principal or teacher. Completion of this survey will be taken as your consent to participate in the research.

Thank you.

2. What is your gender? (please write):

3. What is your age (in years)?

4. Which State is your school located in? Please chose one:

- Anambra
- Enugu

5. What is your current level (class) of study? Please choose one:

- SSS 1
- SSS 2
- SSS 3

6. Which of these best describe the school you currently attend? Please choose one:

- Girls-only school
- Boys-only school
- Mixed boys and girls school

7. Have you ever heard of breast cancer? (Please tick only one answer):

- Yes
- No
- Not sure

8. Have you ever heard of Breast Self-Examination? (Please tick only one answer):

- Yes
- No
- Not Sure

## **Breast Cancers and Breast Self-Examinations**

### **Knowledge (Questions 1 to 8), Attitudes (Questions 9 to 10) and Practices (Questions 11 to 12) towards Breast Cancers and Breast Self-Examinations**

1. **What is breast cancer?** (please tick only one box for each question):

All women aged 20 years or older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only married women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only women who have started having sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only women that have ever been pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only women whose periods (menstruation) have stopped (usually above 50 years of age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only women that have had breast cancers or with breast cancers in their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. **What are the symptoms of breast cancer?** (please tick only one box for each question):

Change in the size of the breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in the shape of the breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in the skin of the breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in the position of the nipple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in the size of the nipple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in the skin of the nipple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in the position of the areola	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in the size of the areola	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in the skin of the areola	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in the shape of the areola	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in the size of the breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in the shape of the breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in the skin of the breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in the position of the nipple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in the size of the nipple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in the skin of the nipple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in the position of the areola	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in the size of the areola	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in the skin of the areola	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in the shape of the areola	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. **What are the symptoms of breast cancer?** (please tick only one box for each question):

Change in the size of the breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in the shape of the breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in the skin of the breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in the position of the nipple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in the size of the nipple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in the skin of the nipple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in the position of the areola	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in the size of the areola	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in the skin of the areola	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in the shape of the areola	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### **4. Who is advised to do breast self-examination? (please tick only one box for each question):**

	Agree	Unsure	Disagree
All women aged 20 years or older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only married women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only women who have started having sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only women that have ever been pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only women whose periods (menstruation) have stopped (usually above 50 years of age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only women that have had breast cancers or with breast cancers in their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### **5. How often should breasts be examined? (please tick only one box for each question):**

	Agree	Unsure	Disagree
Once a Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once a Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once a Month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once every 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once every year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. At what stage of your monthly cycle should you examine your breasts (please tick only one box for each question)?**

	Agree	Unsure	Disagree
Anytime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During your period (menstrual flow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 to 10 days after your period (menstrual flow) stops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midway through your cycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 to 10 days before your period (menstrual flow) starts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. Which of the following may increase the risks of developing breast cancer (please tick one box for each question):**

	Agree	Unsure	Disagree
Starting your periods (menstruation) at an early age (before 11 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Starting your periods (menstruation) at a late age (over 16 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having no babies at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having many babies (more than 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating a high fatty diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the birth control pill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having someone in the family with breast cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Starting sexual intercourse at an early age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a urinary tract infection (infection of urine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. Which of the following may indicate early breast cancer (please tick one box for each question):**

	Agree	Unsure	Disagree
Pain in the breasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast lump or swelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lump or swelling in the armpit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nipple discharge from one breast only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nipple discharge in a pregnant person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nipple discharge when it is being squeezed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9. Please answer the following about yourself (tick only one box for each question):**

Yes      Unsure      No

I am healthy and do not need to examine my breasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examining my breasts by myself is important and necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel shy and embarrassed about examining my breasts by myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examining my breasts by myself will be painful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am afraid that examining my breasts might reveal breast cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examining my breasts by myself will waste a lot of my time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examining my breasts by myself is a dirty practice and against my values or beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will not like to touch my breasts in the way required for me to examine it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I find a suspicious lump while examining my breasts, I will see a medical doctor rather than a traditional healer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10. How do you respond to the following questions (please tick only one box for each question):**

Agree      Unsure      Disagree

Cancer of the breast is a common cause of deaths arising from cancers among females in Nigeria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any young woman aged 20 years or more can develop breast cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer of the breast can be passed on from one person to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self breast examination can help detect and prevent breast cancers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11. What is the best position to adopt while examining your breasts (please tick only one box for each row)?**

	Agree	Unsure	Disagree
Standing in front of a mirror	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lying down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use right hand to examine the left breast (and left hand to examine right breast)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use the finger pads (finger pulps) of the fingers to examine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use my fingernails to examine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use my palms to examine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use one finger only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use the 3 middle fingers only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examine the breast by moving fingers in circles around the breast till all parts are covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examine the breasts by moving fingers from top of breast to bottom (vertically) till all parts covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examine breasts by checking small sections of it (in wedges) till all parts examined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Press the nipple to check for any discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examine the armpit for lumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Look for any changes in breast size or shape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Look at the nipple to see if it is drawn inwards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raise one hand above the head while examining breast on that side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undress to the waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12. In the last 6 months, how often have you examined your breasts? (please tick only one answer):**

- Not at all
- Once every day
- At least once every week
- At least once every month
- Once in the last 6 months

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### **Knowledge (Questions 1 to 7) and Attitude (Question 8) towards Cervical Cancers, Screening and Vaccination**

**1. Have you ever heard about "cancer of the cervix", which is also called "cervical cancer"? (please tick only one answer)**

Note: Cervical Cancer is the cancer of the lower part (or entrance) to the womb. It is the part of the womb that connects it to the vagina.

- Yes
- No
- Not sure

**2. Have you ever heard of "screening for cervical cancer"? (please tick only one answer)**

- Yes
- No
- Not sure

**3. Have you ever heard about "Pap Test", which is also called "Pap Smear"? (please tick only one answer):**

Note: Pap Test is a test done to look for Cervical Cancer.

- Yes
- No
- Not sure

**4. Have you ever heard about "Human Papilloma Virus (HPV)" and Vaccinations against it to prevent Cervical Cancer? (please tick only one answer)**

- Yes
- No
- Not sure

**5. If you have ever heard about cervical cancer, screening for cervical cancer, pap test or HPV vaccination, how did you hear about it? (kindly tick all the sources of your information, which may be more than one):**

- Home/Family
- Friends/Peers
- TV, Radio
- Newspaper/Magazines
- School Teachers
- Health Workers (doctors, nurses, etc.)
- In the church
- Internet: Facebook, Google, Twitter, etc.
- During the health symposium at Umueri
- From the information handout/fact-sheet that was given out after the health symposium at Umueri
- I have never heard about any of those terms

**6. Regarding cervical cancers, what do you think concerning the following? (please tick only one box for each question):**

	Agree	Unsure	Disagree
Pap smear (test) can help detect early cervical cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pap smear is only for married women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pap smear is advisable for women 18 years or over who have started having sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pap smear is advised for all women after 2 years of starting sexual activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only women whose periods (menstruation) have stopped (usually above 50 years of age) should have pap smears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only women that have had cervical cancers or those whose family members have had it should have pap smears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pap smears should be done at least every 2 years for those who are eligible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pap smears should be done only once in a lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Papilloma Virus (HPV) Vaccine can help protect against cervical cancers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To be effective, HPV Vaccine is recommended for adolescent girls before the first exposure to sexual activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. Which of the following may increase the risks of developing cervical cancer? (please tick one box for each question):**

	Agree	Unsure	Disagree
Early onset of unprotected sexual activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having multiple sexual partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking lots of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having many babies (more than 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating a high fatty diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the birth control pill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual attack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having someone in the family with cervical cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having vaginal warts (caused by the Human Papilloma Virus, a type of viral infection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a urinary tract infection (infection of urine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having sexually transmitted diseases (infections)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poison from enemies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cervical cancer can be inherited from one's parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. Which of the following may indicate early cervical cancer (please tick one box for each question):**

	Agree	Unsure	Disagree
Vaginal discharge with an offensive (foul) smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding after sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having pain during menstruation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having heavy bleeds during menstruation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There may be no symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rash in vaginal area (private part)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swelling in vaginal area (private part)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9. How do you respond to the following questions regarding cervical cancer screening through pap smears (please tick only one box for each question):**

	Agree	Unsure	Disagree
If I am eligible, I will like to do regular pap smears to detect early cervical cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am afraid that pap smear will be painful or dangerous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will like to know more about pap smears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can only undertake pap smear if it is free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No matter the financial costs, I will like to undertake regular pap smears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will be too embarrassed to discuss pap smears with my doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried about what the doctor will find from the pap smear test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will be too busy to find time for the pap smear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not think that pap smear for early detection is necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is against my religious and cultural beliefs to undertake pap smear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10. How do you respond to the following questions regarding cervical cancer prevention through HPV Vaccinations (please tick only one box for each question):**

Agree      Unsure      Disagree

If available, I will like to have the HPV Vaccine that prevents cervical cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am afraid that HPV vaccination will be painful or dangerous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will like to know more about HPV Vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can undertake HPV vaccination only if it is free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No matter the financial costs, I will like to have HPV vaccines if I am eligible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will be too embarrassed to ask for HPV vaccination from my doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will be too busy to find time for HPV vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not think that HPV vaccination for preventing cervical cancer is necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is against my religious and/or cultural beliefs to go for HPV vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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