QUESTIONNAIRE

STUDY TITLE: A teachers' perspective on School-based HPV Vaccination in Kitui County: Knowledge, Acceptability, Barriers and Opportunities

SCHOOL DETAILS:
1. Name of your school: __________________________

2. Type of Institution: □ Public □ Private

3. Location of School: □ Rural □ Urban

DEMOGRAPHICS:
Please fill in the following information about yourself:
4. What is your age? ________ Years. Date of Birth: ___________ (Year)

5. Sex: □ Male □ Female

6. Position:
□ Head-teacher □ Deputy Head-teacher □ Teacher
□ Other (specify): __________________________

7. Level of education attained so far:
□ KCSE □ Certificate
□ Diploma □ Degree

8. Years of Service:
□ 0-5 yrs □ 5-10 yrs □ 10-20 yrs □ More than 20 yrs

9. What is your religion?
□ Catholic □ Muslim
□ Protestant. Which denomination? __________________________
□ Other: __________________________

10. What is your marital status?
□ Single □ Married □ Divorced □ Other (Specify): ____________

11. What is the estimated average age of girls in standard four in your school?
□ 8 years or younger □ 9-11 years
□ 12-14 years □ 15 years or older
12. Are you aware that all standard four girls in Kitui County are being offered a Human Papillomavirus (HPV) vaccine?  □ Yes  □ No

If YES, how did you hear about it? (Tick all that apply)

□ from Fellow teachers  □ On Radio
□ from Education Officials  □ On Television
□ from Health Officials
□ Other (specify): __________________________

13. Who lead the HPV vaccine awareness campaign in your area?

□ Ministry of Health Officials
□ Ministry of Education Officials
□ County Government Officials
□ Don't Know
□ Other: ____________________________

14. Who would you prefer to lead such an awareness campaign in the future?

□ Ministry of Health Officials
□ Ministry of Education Officials
□ County Government Officials
□ I don't know
□ Other (specify): __________________________

15. Did your school participate in the HPV vaccine awareness campaign?

□ YES  □ NO  □ I don't know

If YES, who was involved in the awareness activities? (Tick any/all that apply)

□ Pupils
□ Parents
□ Teachers
□ Head-teacher/ Deputy Head-teacher
□ Other (specify): ____________________________
16. (a) Did your school get any promotional materials (brochures, posters, pamphlets, etc) on HPV?

☐ YES    ☐ NO    ☐ I don't know

(b) If YES, what did the material contain? *(Tick any/all that apply)*

☐ Information on transmission of HPV
☐ Information on diseases caused by HPV
☐ Information on prevention of HPV
☐ Information on HPV vaccine
☐ Information on Cervical Cancer
☐ Don't Know
☐ Other (specify): _____________________________

(c) Do you feel the content in these materials was sufficient?

☐ Sufficient    ☐ Insufficient    ☐ Don't Know

☐ Other (specify)_______________________________

17. Did you attend any seminar or training on HPV Vaccine?

☐ YES    ☐ NO    ☐ Other (specify): _____________________________

18. What diseases does HPV Vaccine protect against (tick any/all that apply).

☐ Cervical Cancer
☐ Anal Cancer
☐ Vulvar Cancer
☐ Warts
☐ HIV/AIDS
☐ Breast cancer

☐ Other (specify):_______________________________
19. What is the mode of transmission of HPV? (*Tick any/all that apply*)
   - Physical contact
   - Aerosol/Air droplet
   - Sexual intercourse
   - Other (specify): ____________________________

20. Which of the following persons can be infected by HPV?
   - □ Male
   - □ Female
   - □ Both
   - □ I don't know

21. Nearly everyone infected with HPV will have symptoms:
   - □ True
   - □ False
   - □ Don’t Know

22. Infection with HPV may lead to cervical cancer:
   - □ True
   - □ False
   - □ Don’t Know

23. Cervical cancer is a leading cause of cancer deaths in women in Kenya:
   - □ True
   - □ False
   - □ I Don’t Know

24. Have you heard about Pap smear test?
   - □ Yes
   - □ No
   - □ Other (Specify): ____________________________

25. What is a Pap Smear test used for?
   - □ Testing sexually transmitted diseases (STDs)
   - □ Treating Cervical Cancer
   - □ Cervical cancer Screening

26. There is no need for Pap smear screening after receiving HPV vaccination
   - □ True
   - □ False
   - □ Don’t know

27. Would you allow your daughter or a close relative to get HPV Vaccination?
   - □ YES
   - □ NO
   - □ I am not sure
   
   If your answer is NO, please indicate why?
   - □ I am against all Vaccinations
   - □ The Vaccine is not safe
   - □ The vaccine will make young girls start sexual activity early
   - □ My religion does not allow vaccination
   - □ The HPV vaccine is not necessary
   - □ Other (specify): ____________________________
28. What was the effect of vaccine-related activities on daily school/educational activities?
   - □ No disruption
   - □ Minimal disruption
   - □ A lot of disruption
   - □ Other (Specify): ____________________________

29. Which of these delivery system do you think is appropriate for vaccine delivery
   - □ Schools
   - □ Health facilities/clinics
   - □ Community (village market, churches)
   - □ Other (Specify): ____________________________

**For the following section, please indicate whether you agree or disagree with the statement:**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
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<tbody>
<tr>
<td>30. All standard 4 girls should get the HPV Vaccine</td>
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<td>31. HPV Vaccine is safe</td>
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<td>32. HPV infection is common in Kenya</td>
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<td>33. I have enough information about HPV vaccine to guide my pupils</td>
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<td>34. I would like to know more about the HPV vaccine</td>
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<td>35. Standard 4 girls should get education about sex</td>
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<td>36. Vaccine-related activities eat too much of my teaching time</td>
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<td>37. School-based vaccination of children should be continued</td>
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38. In your own view do you think HPV vaccination to standard four girls was successful in Kitui?

__________________________________________

__________________________________________

__________________________________________

__________________________________________

39. What in your opinion hindered the vaccination exercise in primary schools in Kitui?

__________________________________________

__________________________________________

__________________________________________

__________________________________________

40. What do you think can be done to improve the vaccination exercise in primary schools?

__________________________________________

__________________________________________

__________________________________________

__________________________________________

**END OF QUESTIONNAIRE. Thank you for your time**