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Report on knowledge, attitudes, and perceptions regarding HPV vaccination among students and teachers

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Summary of Findings

This qualitative study aimed to identify attitudes towards HPV vaccination among young adolescents and their teachers in Greece.

The study was conducted by a group of gynecologists specialized in pediatric and adolescent gynecology who provide sexual and relations education (SRE) to secondary schools. The researchers approached two public secondary schools that requested SRE from the team in 2023. Sixteen adolescents (10 girls and 6 boys) participated in the study groups, divided into two groups of 8, and 15 teachers (10 women and 5 men) participated in two teacher's study groups.

The study found that the general knowledge on STDs was deemed inadequate by both students and teachers. HIV and HPV were the commonest STDs mentioned, and students relied on biology courses and friends for information. Teachers recalled lectures on STDs during their late school years, 20 years ago.

In terms of HPV, the majority of students had received the vaccine, but they did not know exactly what it was for. Older students knew that there were multiple types of HPV and that it causes cancer, but they did not know the link with genital warts. Most students felt that HPV affected only women and that men are carriers. Two teachers knew that HPV causes cancer of the mouth and pharynx in both sexes.

Regarding opportunities for SRE at school, the study found that skills workshops were directed towards other topics, and that Home Economics had a curriculum for SRE. However, both students and teachers felt that SRE was underdeveloped and that their knowledge base was deficient. Teachers also felt that they would not be able to answer student's questions on the subject adequately. However, they would gladly introduce SRE to their students, provided they received adequate training and support from both Ministry of Health and Education.

Introduction

Since 2007, HPV vaccination has been part of Greece's national vaccination program and is available free of charge with a prescription. Pediatricians, who are the primary care providers for children and adolescents, administer the vaccine during childhood and adolescence. Initially, the program included adult women up to 26 years of age to provide catch-up vaccination. However, from 2018 onwards, only children and adolescent girls aged 11-18 years were entitled to free vaccination, and from 2020, boys were also included in the vaccination program.

This qualitative study was conducted by a group of gynecologists who specialize in pediatric and adolescent gynecology. They have experience in providing Sexual and Relationship Education (SRE) to secondary schools and conduct an average of four lectures per month for children and adolescents aged 11-15. The study is supported by the 1st Department of Obstetrics and Gynecology at the National and Kapodistrian University of Athens, in collaboration with the First Health Authority of Athens.

The aim of the study was to identify attitudes towards HPV vaccination among young adolescents and their teachers.

Methods

For this study, we approached two public secondary schools, the “Musical Secondary School of Alexandroupoli” (MSSA) and the “Secondary School of Anafi” (SSA), which had requested Sexual and Relationship Education (SRE) lectures from our team in 2023. We provided written information in Greek (Annex 1) about the study and the requirements for participation to both students and their teachers. At MSSA, a teacher approached the school's group of student representatives to recruit adolescents, while all teachers from both schools were informed about the project via email.

Participants were given the option of two sessions to choose from, outside of their school hours. All teachers completed a written consent form. For students, consent was obtained from their guardian or parent. Demographic information was collected using a simple electronic form on GoogleForms® (Annex 2). The online work group was conducted using the Zoom video communications platform®, and for privacy reasons, student cameras were turned off. The conversation was recorded, transcribed using the online Microsoft Word 365 application, and manually assessed for accuracy. Participants' names were not recorded to preserve anonymity, instead they were represented by their Initials.

The texts resulting from the study group discussions were uploaded to the computer-assisted qualitative data analysis software (CAQ-DAS) Taguette® to facilitate the highlighting of relevant quotes and identification of themes.

Results

Participants Demographics

16 adolescents (10 girls and 6 boys) participated in the student's study groups, divided in two groups of 8. Their median age was 13 (range 12-17). (Table 1)

15 Teachers (10 women and 5 men) participated in two teacher's study groups (7 and 8 persons). Their median age was 44 years (35-50). (Table 2)

The main themes that emerged from the discussions are presented below:

Knowledge on Sexually Transmitted Diseases (STDs)

- General knowledge on STDs was deemed inadequate, both by students and teachers.
- Students aged 15 and above were more knowledgeable.
- HIV and HPV were the commonest STDs mentioned.
- Sources of knowledge were biology courses and friends for students.
- Teachers recalled lectures on STDs during their late schoolyears, 20 years back.

Both students and teachers expressed that their general knowledge on STDs was inadequate. Students stated that they obtained information about STDs mainly from their biology courses and their friends, while teachers recalled learning about STDs during their own school years, which were approximately 20 years ago. Older students, aged 15 and above, showed more knowledge on STDs and were able to name other examples of STDs besides HIV and HPV, such as hepatitis and syphilis.

Regarding the transmission of STDs, both students and teachers recognized that they are serious and can be transmitted from men to women. Protection was acknowledged as being important. While some students mentioned chlamydia and gonorrhea, most of them mentioned HIV/AIDS and HPV as the most common STDs. One 17-year-old student showed knowledge about vertical and blood-borne transmission, while a 13-year-old student wondered about the transmission of STDs in homosexual female relationships, suggesting that they may be mainly transmitted in heterosexual relationships.

Teachers mentioned HIV as the most known STD, followed by HPV as a cause of warts. Some also knew about chlamydia, gonorrhea, hepatitis, and syphilis. They expressed concern about their own deficient knowledge on the subject, both as teachers and parents, and felt that they would not be able to answer students' questions adequately.

Knowledge on HPV

- Little information from school
- Aware of latent infection, multiple HPV types, causative link with cancer of the cervix
- Most felt that it affected only women and that men are carriers, although two teachers knew that HPV causes cancer of the mouth and pharynx in both sexes.
- Most students had had the vaccine, without exactly knowing what it was for

Nine out of ten girls, but none of the boys had had the vaccine. In most cases, girls said that they had had the vaccine, without really knowing what it was for. However, older students knew that there were multiple types of HPV, that there is a carrier state during which, people can unknowingly transmit the virus. Some had heard information from school, whereas others not.

Interestingly, they knew that HPV causes cancer but did not know the link with genital warts.

Teachers on the other hand were aware of the high prevalence of HPV, that it can be transmitted by hands and fomites and that it causes cancer to men and women, although mostly women. One teacher also knew that the immune system plays an important role in the manifestation of the HPV infection.

Opportunities for SRE at school

- Underdeveloped entity
- Skills workshops directed to other topics, such as robotics
- Home Economics has a brief chapter in Relations Education
- Biology in 8th, 10th and 11th grade has information on STDs

The opportunities for Sex and Relationships Education (SRE) at school were found to be underdeveloped. While some older students recalled learning about STDs in their Biology course, this was not a compulsory topic in younger years. Additionally, some biology teachers did not fully cover the topic, while others took extra time to discuss it with their students. Home Economics also briefly touched upon Relationships Education in Year 7.

It was noted that Skills Workshops on other topics, such as robotics, were more commonly offered than SRE workshops. Teachers themselves acknowledged feeling awkward about SRE discussions and preferred to invite specialists to cover the subject. This contrasted with other risky behaviors such as drug abuse. They gave the example of a chemistry teacher in one of the schools, who was comfortable presenting information on substance abuse, to students as part of his course.

Attitude to vaccination in general

- In general, students had a positive view on vaccination.
- They did not question the vaccination programme. Decisions were taken from parents, according to pediatrician's advice.
- There was a tendency to overestimate side effects.
- Teachers in general were also positive with regards to vaccination.
- They stressed the importance of research, information and long term follow up on vaccines.
- They also mentioned that some vaccines are obligatory for children to start school.

All participants had a generally positive attitude toward vaccination. One student mentioned that vaccines represented progress and had saved humanity from devastating diseases and epidemics.

In most cases students did not question what vaccines had to be done. In fact, they were not aware of what vaccines they had done, as vaccination was driven by their parents- usually their mother- who followed their pediatrician's counselling.

Students tended to overestimate the side effects of vaccination. One 12-year-old girl mentioned side effects affecting 20% of vaccinated individuals, but still, did not question that vaccines are necessary.

Finally, they emphasized the importance of research being conducted before a vaccine is widely circulated.

Teachers tended to be more hesitant, although they acknowledged the necessity of vaccination. They preferred vaccines that had been in circulation for many years and had been tested on at least one generation. Two teachers mentioned having doubts about vaccination when their children developed Type 1 Diabetes, and some doctors suggested during initial hospitalization that the disease may have been a response to vaccination. However, none of them were certain that there was a causative relation. In fact, one of them fully vaccinated their other younger child.

COVID-19 had affected people's views on vaccination. Discussions around the efficacy and side effects of COVID-19 vaccines made some doubt vaccines in general. Others appreciated the research that backed "standard and older" vaccines.

It was mentioned that vaccination of a child is mandatory before starting primary school, but this does not apply to secondary school admissions. When asked about their position on vaccinating children at school, they spontaneously answered that it primarily helped ethnic minority children, such as Roma minorities. Upon further discussion, they acknowledged that this could be a good idea, even for the general population, particularly for remote places or small islands like the island of Anafi.

Teachers commented on how a vaccination during adolescence should consider the child's opinion. They said that this could work both ways, with adolescents declining or requesting a vaccination that their parent was proposing.

Knowledge and Attitudes towards HPV vaccination

- Vaccination was a joint decision between the parent and the pediatrician.
- None of the boys had had the vaccine and were not aware that they were entitled to it.
- Although student's attitude was generally positive, they did not know the recommended age HPV vaccine should be performed.
- Some teachers knew that boys were entitled to the HPV vaccine.
- They knew that the vaccine ideally had to be done early.

All the girls were aware of the HPV vaccine, although they were not clear on what it did. Some knew it as "the vaccine against Cervical Cancer." None of the boys knew that they

were entitled to the vaccine. In fact, one boy felt it was unfair that he couldn't receive it, as he too could be affected or carry the virus.

There was confusion about the ideal age for vaccination. Teachers mentioned that it should be done early, ideally before sexual relations start. One teacher, who had also studied pharmaceuticals, knew that the immune response was better if the vaccine was administered early. Some teachers knew that boys were entitled to the vaccination.

One teacher mentioned a sad story of a colleague whose daughter had died in her twenties, supposedly after she had been vaccinated. She did not have the details of the death but had felt distraught at the time and was certain that the vaccine should not be administered in adulthood.

Although pediatricians were the driving force behind vaccination, teachers felt that they were not promoting HPV vaccination enough, particularly when compared with other vaccines such as the Meningitis B vaccine, which is not financially covered by the National Health System. Some thought that HPV vaccination was optional.

Ways to improve knowledge on HPV vaccination

- All suggested the importance of having expert information regarding HPV vaccination at schools.
- Leaflets on HPV vaccination.
- Students stressed how the internet and social media could play a role.
- Having Child Health Booklets that include the vaccination schedule for HPV.

The students expressed a strong desire for experts to come to their schools and discuss HPV vaccination. They also suggested using social media platforms such as TikTok, Instagram, and Snapchat to reach adolescents, as well as creating YouTube videos for primary school children. One girl suggested using aggressive advertising techniques, such as showing images of women affected by cancer, to persuade young people to get vaccinated.

One teacher questioned why pediatricians did not emphasize the importance of HPV vaccination to parents, as much as they did for other vaccines. They gave the example of meningitis B, where their pediatrician had strongly recommended the vaccine due to the severity of the disease. The teacher suggested that pediatricians should treat HPV vaccination as equally important as other vaccines. Another teacher and mother of two older boys stated that she had never heard of the vaccine, and that the Child Health Booklet for her children did not include information about it. She felt that having new Child Health Booklets which included HPV vaccination, would increase uptake and make it sound “less optional”.

SRE Implementation

- All were positive for SRE to be included at schools.
- Most mentioned that the program should be compulsory.
- Lessons could be done by a teacher, preferably a biologist.
- However, any teacher could take up the role, provided they had relevant training.

- Television, the internet and social media from official policymakers could also promote information.

With regards to sex and relationship education (SRE), all students expressed a desire to have regular lessons included in their curriculum, taking place once or twice a month. Students felt that the most appropriate teacher for this class would be a biologist, but this was not a requirement. They would prefer the class to be small, with a maximum of 10 students, so that everyone would be attentive and engaged. Although they wondered whether it would be better to make these classes optional, they ultimately agreed that it would be best to include all students in the discussion.

An interesting idea was for older high school students to advise younger students.

Students also liked the idea of a doctor coming to schools once or twice a year to provide them with extra information.

Other sources for information on STIs and Relationships Education would be television, the internet, and social media. Students felt that their doctor and parents could also give them more information. Regarding social media, they stressed the importance of the source of the clips. Students preferred the information to come from official scientific accounts. They preferred to have pictures or small videos. They also suggested quizzes to make the information interactive. Some suggested the idea of a celebrity making the video, while others preferred doctors to take on the role.

Some teachers were willing to deliver SRE, provided they received proper training. Still, they stressed how their schedule was tight and that there should be incentives for them to be trained and participate. Each school could nominate one or two teachers to provide SRE. This could be a biologist or physical education teacher, although not exclusively so. They felt that this should be compulsory for all schools, with a framework jointly built by the Ministry of Education and Ministry of Health. Having an official program was deemed important, as they felt that otherwise, some parents would object to the course.

Teachers proposed that their nominated colleagues would have internet-based training to begin with, culminating in a live workshop. They acknowledged that webinars were useful but felt they could be quite tiresome, particularly as they were inundated with them.

Another idea was for nurses or primary care doctors in neighboring health centers to provide SRE to students after receiving relevant training.

Other ideas to promote SRE was to include medical students in schools, as their age is closer to schoolchildren, and they are more likely to relate to them. One teacher also suggested volunteering from medical and paramedical groups that visited remote areas of the country to provide health support. These groups could also offer SRE to schools.

Finally, a teacher suggested exchanges between schools- potentially even on an international level- or events/student fora to enhance knowledge.

Conclusion

In conclusion, this study highlights the need for improved SRE in schools to increase awareness and knowledge of STDs and HPV, which could lead to more informed decisions about vaccination. All students showed a vivid interest in the discussions, which confirmed the impression of our team when providing relevant information to schools.

Table 1- Demographics of Participating Students from the Musical Secondary School of Alexandroupoli

	Group	Age	Sex
1.	1	16	Female
2.	1	13	Female
3.	1	13	Male
4.	1	13	Female
5.	1	14	Female
6.	1	17	Female
7.	1	14	Male
8.	1	12	Female
9.	2	13	Male
10.	2	14	Female
11.	2	14	Male
12.	2	14	Male
13.	2	13	Male
14.	2	12	Male
15.	2	12	Female
16.	2	12	Female

Table 2 Demographics of participating teachers

	School	Age	Sex	Level of Education
1.	Alexandroupoli	50	Male	PhD
2.	Alexandroupoli	48	Female	Bachelor
3.	Alexandroupoli	49	Female	MSc
4.	Alexandroupoli	43	Female	MSc
5.	Alexandroupoli	33	Male	Bachelor
6.	Alexandroupoli	44	Female	Bachelor
7.	Alexandroupoli	43	Female	Bachelor
8.	Anafi	35	Male	PhD
9.	Anafi	41	Female	Bachelor
10.	Anafi	39	Male	MSc
11.	Anafi	44	Female	Bachelor
12.	Anafi	45	Female	MSc
13.	Anafi	44	Female	Bachelor
14.	Anafi	49	Male	Bachelor
15.	Anafi/Folegandros	50	Female	Bachelor

Ενημέρωση για τη συμμετοχή Μαθητών και Εκπαιδευτικών Μέσης Εκπαίδευσης στη Μελέτη PERCH

Εισαγωγή

Η 1^η Υγειονομική Περιφέρεια Αττικής, επελέγη να συμμετάσχει σε Δράσεις, των Προγραμμάτων Υγείας της Ευρωπαϊκής Επιτροπής. Μεταξύ αυτών συμπεριλαμβάνεται και το Πρόγραμμα PERCH- (PartnERship to Contrast HPV), το οποίο έχει σαν στόχο την ενίσχυση της γνώσης και της ευαισθητοποίησης, αναφορικά με τον ιό HPV και των συνεπειών αυτού σε αγόρια και κορίτσια, στην κάθε χώρα- μέλος του Προγράμματος. (Αριθμ. Πρωο Α2(β)/Γ.Π.οικ53012/30-08-2021)

Ο ρόλος της 1^{ης} Υ.ΠΕ. στο παραπάνω Πρόγραμμα είναι κυρίως ο συντονισμός από κοινού με την Ιταλία (Istituto Superiore di Sanita) του Πακέτου Εργασίας 6 (Work Package 6), το οποίο αφορά στην κατανόηση της δυναμικής που εμποδίζει την πρόσληψη του εμβολιασμού HPV, καθώς και στη βελτίωση της πρόσβασης σε αυτόν, μέσω της χρήσης αξιόπιστων πληροφοριών/επικοινωνιών, προκειμένου να αυξηθεί η εμπιστοσύνη υπέρ του εμβολιασμού.

Στα πλαίσια του προγράμματος αυτού, θα πραγματοποιηθούν τα ακόλουθα:

1. Αποστολή ανώνυμου ερωτηματολογίου, σε γονείς εφήβων, με στόχο τη μελέτη και εξαγωγή αποτελεσμάτων σχετικά με την απόφαση τους για εμβολιασμό ή μη, κατά του HPV.
2. Δημιουργία ομάδας εργασίας, αποτελούμενη από εφήβους μαθητές, προκειμένου να συζητηθεί η γνώση και η στάση των παιδιών σχετικά με τον εμβολιασμό κατά του ιού HPV.
3. Δημιουργία ομάδας εργασίας, αποτελούμενη από εκπαιδευτικούς προκειμένου να μελετηθεί ο δυνητικός επαγγελματικός τους ρόλος σε σχέση με το εν λόγω θέμα.

Η συμμετοχή στη μελέτη είναι εθελοντική και θα γίνει κατόπιν έγγραφης συναίνεσης των συμμετεχόντων.

Οι πληροφορίες που συλλέγονται θα είναι ανώνυμες, ενώ δεν θα υπάρχει τρόπος να συνδεθούν οι απαντήσεις των συμμετεχόντων με το όνομά τους.

Πληροφορίες σχετικά με τις ομάδες εργασίας:

1. Δελτίο Συγκατάθεσης

Όλοι οι συμμετέχοντες θα πρέπει να έχουν υπογράψει το έντυπο συναίνεσης. Εφόσον οι ομάδες εργασίας διεξαχθούν εξ αποστάσεως (on-line), ο συμμετέχων θα πρέπει να συμπληρώσει το όνομα και τις πληροφορίες επικοινωνίας ηλεκτρονικά. Τα στοιχεία αυτά δεν θα χρησιμοποιηθούν στην έρευνα, η οποία θα είναι ανώνυμη.

2. Περιγραφικά χαρακτηριστικά συμμετεχόντων

Θα γίνει συλλογή απλών δημογραφικών στοιχείων (ηλικία, φύλο, τόπο διαμονής, μορφωτικό επίπεδο), πριν την έναρξη των ομάδων εργασίας.

3. Ομάδα εργασίας μαθητών

Η ομάδα εργασίας των μαθητών θα περιλαμβάνει 8-10 άτομα, αγόρια και κορίτσια γυμνασίου. Στα παιδιά αυτά θα δοθεί ένας ηλεκτρονικός σύνδεσμος (link) προκειμένου να συνδεθούν με την πλατφόρμα zoom. Εφόσον το επιθυμούν οι κάμερά τους μπορεί να παραμένει κλειστή. Η συνομιλία θα μαγνητοφωνηθεί, ώστε να καταγραφούν με ακρίβεια οι απαντήσεις των συμμετεχόντων.

Η μέγιστη διάρκεια της διαδικτυακής συνάντησης θα είναι 90 λεπτά.

4. Ομάδα εργασίας εκπαιδευτικών

Η ομάδα εργασίας των εκπαιδευτικών θα περιλαμβάνει 8-10 άτομα, στους οποίους θα δοθεί ένας ηλεκτρονικός σύνδεσμος (link) προκειμένου να συνδεθούν με την πλατφόρμα zoom. Εφόσον το επιθυμούν οι κάμερα τους, μπορεί να παραμένει κλειστή. Η συνομιλία θα μαγνητοφωνηθεί, ώστε να καταγραφεί με ακρίβεια στη συνέχεια.

Η μέγιστη διάρκεια της διαδικτυακής συνάντησης θα είναι 90 λεπτά.

5. Σκοπός των ομάδων εργασίας

Ο κύριος σκοπός των ομάδων εργασίας είναι να καταγραφούν οι απόψεις των μαθητών, καθώς και των εκπαιδευτικών, σχετικά με τον σκοπό του εμβολιασμού κατά του ιού HPV.

6. Ενδεικτικές ερωτήσεις για την ομάδα εργασίας μαθητών:

- Ποια είναι η γνώση σας πάνω στα σεξουαλικά μεταδιδόμενα νοσήματα;
- Τι γνωρίζετε για τον ιό HPV;
- Τι επιπτώσεις πιστεύετε ότι έχει ο ιός HPV στην υγεία μας;
- Τι γνωρίζετε για την διαδικασία του εμβολιασμού;
- Τι γνωρίζετε για τον εμβολιασμό κατά του ιού HPV;
- Από που έχετε αντλήσει όλες αυτές τις πληροφορίες; (πχ. γονείς, παιδίατρος, γυναικολόγος)
- Ποια η στάση σας σχετικά με την διαδικασία του εμβολιασμού γενικά, και ποια για τον εμβολιασμό κατά του ιού HPV;

- Ποια τα πιστεύω σας σχετικά με την διαδικασία του εμβολιασμού γενικά, και ποια για τον εμβολιασμό κατά του ιού HPV;
- Ποιες είναι οι ανησυχίες σας σχετικά με την διαδικασία του εμβολιασμού γενικά, και ποιες για τον εμβολιασμό κατά του ιού HPV;
- Προτείνετε τρόπους και μεθόδους προκειμένου να βελτιωθεί η γνώση και κατανόηση των συνεπειών της λοίμωξης από HPV
- Προτείνετε τρόπους βελτίωσης της πρόσληψης του εμβολίου

7. Ενδεικτικές ερωτήσεις για την ομάδα εργασίας με εκπαιδευτικούς:

- Ποια είναι η γνώση σας πάνω στα σεξουαλικά μεταδιδόμενα νοσήματα;
- Τι γνωρίζετε για τον ιό HPV;
- Τι επιπτώσεις πιστεύετε ότι έχει ο ιός HPV, στην υγεία μας;
- Τι γνωρίζετε για την διαδικασία του εμβολιασμού;
- Τι γνωρίζετε για τον εμβολιασμό κατά του ιού HPV;
- Από που έχετε αντλήσει όλες αυτές τις πληροφορίες;
- Ποια η στάση σας σχετικά με την διαδικασία του εμβολιασμού γενικά και ποια για τον εμβολιασμό κατά του ιού HPV;
- Ποια τα πιστεύω σας σχετικά με την διαδικασία του εμβολιασμού γενικά και ποια για τον εμβολιασμό κατά του ιού HPV;
- Ποιες είναι οι ανησυχίες σας σχετικά με την διαδικασία του εμβολιασμού γενικά και ποια για τον εμβολιασμό κατά του ιού HPV;
- ποια εργαλεία και πληροφορίες χρησιμοποιείται για τον εμβολιασμό κατά του HPV και για άλλα γενικά θέματα που αφορούν την υγεία;
- Έχουν γίνει συζητήσεις στην τάξη για θέματα που αφορούν την υγεία, και ειδικότερα για θέματα που αφορούν στον εμβολιασμό και πιο συγκεκριμένα για τον εμβολιασμό κατά του HPV; Αν όχι, θα ήσασταν διατεθειμένοι να το κάνετε;
- Θα θέλατε να συμμετάσχετε σε εκπαιδευτικά προγράμματα, προκειμένου να αναβαθμίσετε την γνώση σας για τη λοίμωξη από HPV, καθώς και για τον εμβολιασμό κατά του ιού HPV,
- Θα θέλατε να μάθετε πως να διαχειρίζεστε το θέμα αυτό στην τάξη με τους μαθητές;

Μελέτη PERCH

Η 1η Υγειονομική Περιφέρεια Αττικής, επελέγη να συμμετάσχει σε Δράσεις, των Προγραμμάτων Υγείας της Ευρωπαϊκής Επιτροπής. Μεταξύ αυτών συμπεριλαμβάνεται και το Πρόγραμμα PERCH(Partnership to Contrast HPV), το οποίο έχει στόχο την ενίσχυση της επίγνωσης των κινδύνων και της ευαισθητοποίησης, αναφορικά με τον ιό HPV σε αγόρια και κορίτσια, στις χώρες-μέλη του Προγράμματος. (Αριθμ. Πρωτ Α2(β)/Γ.Π.οικ53012/30-08-2021)

Ο ρόλος της 1ης Υ.ΠΕ. στο παραπάνω Πρόγραμμα είναι κυρίως ο συντονισμός από κοινού με την Ιταλία (Istituto Superiore di Sanita) του Πακέτου Εργασίας 6 (Work Package 6), το οποίο αφορά στην κατανόηση της δυναμικής η οποία εμποδίζει την πρόσληψη του εμβολιασμού HPV, καθώς και στη βελτίωση της πρόσβασης σε αυτόν, μέσω (της χρήσης) αξιόπιστων πληροφοριών/επικοινωνίας προκειμένου να αυξηθεί η εμπιστοσύνη υπέρ του εμβολιασμού.

Στα πλαίσια του προγράμματος αυτού, καλείστε να συμμετάσχετε σε ομάδα εργασίας αποτελούμενη από εκπαιδευτικούς προκειμένου να μελετηθεί και να αξιοποιηθεί ο δυνητικός επαγγελματικός σας ρόλος σε σχέση με το εν λόγω θέμα.

*** Indicates required question**

1.

Έχω διαβάσει και κατανοήσι τις πληροφορίες σχετικά με την παρούσα εργασία.*

Mark only one oval.

Ναι

Όχι

2.

Κατανοώ ότι η συνεδρία θα ηχογραφηθεί. Δίνω την άδεια ώστε να γίνει αυτό.

*

Mark only one oval.

Ναι

Όχι

3.

Συναινώ στην αποθήκευση των πληροφοριών που θα απομαγνητοφωνηθούν κατά την ηχογράφιση για τους σκοπούς αυτής της ομάδας εργασίας. Κατανοώ ότι οποιαδήποτε πληροφορία, που θα μπορούσε να με ταυτοποιήσει θα παραμείνει αυστηρά εμπιστευτική και ότι καμία προσωπική πληροφορία δεν θα συμπεριληφθεί στα συμπεράσματα της ομάδας εργασίας ή σε άλλη δημοσίευση.

*

Mark only one oval.

Ναι

Όχι

4.

Κατανοώ ότι η συμμετοχή μου στις συνεδρίες είναι εθελοντική και ότι είμαι ελεύθερος/η να αποχωρήσω από την ομάδα εργασίας ανά πάσα στιγμή, χωρίς να αναφέρω κανένα λόγο.

*

Mark only one oval.

Ναι

Όχι

5.

Συμφωνώ να λάβω μέρος στη συνεδρία αυτής της ομάδας*

Mark only one oval.

Ναι

Όχι

Δημογραφικά Στοιχεία

6.

Ηλικία*

7.

Φύλο*

Mark only one oval.

Ανδρας

Γυναίκα

Άλλο

8.

Τόπος Διαμονής*

9.

Ειδικότητα*

10.

Μορφωτικό επίπεδο*

Mark only one oval.

Απόφοιτος Γυμνασίου

Απόφοιτος Λυκείου

Απόφοιτος Πανεπιστημίου

Κάτοχος Μεταπτυχιακού Διπλώματος

Κάτοχος Διδακτορικού Διπλώματος

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