**Human Papillomavirus (HPV): what do university students know about it?**

BELO, Ana; CHAVES, Vanessa; FALCÃO, Vera; JESUS, Bruna; MACHADO, Sara; MONTEIRO, Joana; PEREIRA, Filipa; PINTO, Mariana; PISSARA, Diana; RAFAEL, Carolina; RIBEIRO, Ana.

Author’s e-mail: mimed18@hotmail.com

Adviser: SANTOS, Cristina

Class 18

**ABSTRACT**

**Introduction:** Human papillomavirus (HPV) infection is extremely common in young women in their first decade of sexual activity. Due to that it’s essential college students to be informed about HPV and its link to the cervical cancer, so that they can make appropriate choices among prevention strategies, such as HPV vaccine.

**Aim:** The main aim of this work was to evaluate the knowledge and attitudes regarding HPV disease and its prevention within Porto’s college students. Also it was determined to compare their awareness according to gender, college grade and study’s area.

**Study Design:** This is an analytic, nonexperimental and cross-sectional study which has the individual as the unity of analysis.

**Methods:** From the target population (students of University of Porto), stratified random sampling groups were made from the first grade of each study’s area: Medicine, Engineering and Humanistic; and from the last grade of Medicine. Each group was approximately composed by 100 students. A questionnaire supported on the researched information about HPV (mainly based on scientific articles) was made and delivered to the selected sample. Primary data has been used. The treatment of the results (statistical analysis) was made using SPSS programme. It was compared women and men’s knowledge; the awareness among Medicine, Engineering and Humanistic’s first grade students; and the acquaintance of Medicine students from the first and the last grade. Those results were shown in percentage, tables and graphic forms and analysed (significance level 0.05).

**Results:** The analysis of the studied data showed that about 80% of the studied population has already heard about cervical cancer, but only 12.8% are aware that HPV causes cervical cancer. Women seem to be more aware than men about cervical cancer, 85% of women against 65% of men are informed about the ways of contraction of the virus. 76.6% of medicine students stated to know what HPV is. Engineering and Humanistics’ students are less aware of this virus.
Conclusion: Our study suggests that Portuguese University students are, generally, well informed about the cervical cancer; however, they are not well informed about HPV and its transmission.

KEY-WORDS: Human papillomavirus (HPV), cervical cancer, students, knowledge
INTRODUCTION

Nowadays, at every minute people are exposed to an enormous range of virus that represents an eminent risk to the world population’s health. One of these viruses is Human Papillomavirus.

HPV is a highly contagious virus that is spread by skin-to-skin contact. There are over 100 types of HPV, numbered according to their characteristics, and about 40 of which can be sexually transmitted.\(^1\)

The papillomavirus infect epithelial cells \(^2\) and can live on the skin or mucous membranes, including those in the genital tract, without causing any signs or symptoms. Most people do not know that they are infected with HPV, and most people infected with HPV will eventually clear the infection on their own without treatment, according to the type of virus they were exposed to.\(^1\)

HPV can cause warts or papillomas. Certain types of HPV (called “low risk” types) cause common skin warts that often appear on the hands and feet. Other types of low-risk HPV can cause genital warts that can appear on the vulva, vagina, cervix, penis, scrotum, groin or thigh. These warts may appear weeks to months after sexual contact with a person who is infected.\(^1\)

Infection with some types of HPV, called “high-risk” (HPV type16 and HPV type18), is associated with malignant disease of the female lower genital tract.\(^3\)

Genital HPV can be spread by sexual touching and by other types of sexual activity, such as intercourse.\(^1,4\)

Rarely, a pregnant woman with a genital HPV infection can pass HPV to her baby during vaginal delivery. These babies may develop an HPV infection of the mouth, voice box or throat.\(^1\)

Genital warts are diagnosed by looking at the genital area. An HPV infection of the cervix can be detected by a Papanicolau (Pap) smear.\(^1\)

Pap screening resulted in reducing cervical cancer mortality by 50% in the past 30 years. Actually, some countries started to use a new technology to detect HPV, a HPV-DNA test.\(^5\)

Prophylactic HPV vaccination represents also a potential means of reducing the burden of cervical cancer and its precursor lesions. Two prophylactic HPV vaccines are now available. Both target HPV types 16 and 18, and one of the vaccines also targets HPV types 6 and 11.\(^5\)

The vaccine is primarily effective in females who have not yet been exposed to HPV.\(^1\)

HPV infection is thought to occur in the majority of women at some time during their sexually active life. It is extremely common in the late teens and early twenties. The prevalence then falls steadily from approx. 40% to 5% by the age of 50 years.\(^6\)

Cervical cancer is the second most common cancer in women worldwide and human papillomavirus is implicated in more than 99% of these cancers.\(^7\)
HPV prevalence and incidence are particularly high among young women, due to their sexual behaviour involving several partners.\textsuperscript{9, 10, 4}

Studies in different countries have shown that population’s knowledge about HPV is very low,\textsuperscript{11} which is preoccupying since HPV appears as an important cause to several physical consequences, as warts or even cancer. The lack of information about this virus will incapable people to prevent it.\textsuperscript{9, 12}

Portugal is not an exception comparing to the countries affected by the HPV and has a relatively high incidence of cervical cancer within the European Union.\textsuperscript{14}

Taking all this in consideration, our aim is to measure the knowledge of Portuguese university students about HPV.
PARTICIPANTS AND METHODS

Study Participants

In order to evaluate young people’s knowledge about HPV, the present project has as target population students from Faculty of Engineering (FEUP), Faculty of Humanistics (FLUP) and Faculty of Medicine (FMUP) of University of Porto. Students of each faculty were selected through a process of stratified random sampling. The students were stratified according to their grade and included only the 1st grade students of Faculties of Engineering and Humanistic and the 1st and 5th grades’ students of Faculty of Medicine – inclusion criterion. Once again, this is a process of stratified random sampling. Afterwards, we selected classes from FMUP and FEUP through a process of groups random sampling, while with FLUP’s students it was used a convenience sampling process: were selected randomly, those who were having classes. It was selected a number of classes from the selected grade(s) of each faculty that makes up proximally 100 students. Then, it has been considered exclusion criteria – frequency of the programme ERASMUS or frequency of a second degree.

A random sample of 10 classes was selected in order to obtain 100 students (10 students per class) in 1st grade of FMUP. However, our foreseen sample was larger (116 students), because these classes don’t have always 10 students.

The mean of students in each class in FEUP and FMUP (5th grade) is 20 and 22, respectively, which allowed us to select only 5 classes from each faculty. Our foreseen sample consists on 115 students from FEUP and 121 from FMUP’s 5th grade. Once, we could not get to the classes and the schedules from FLUP, we were not able to define a foreseen sample.

Study Design

This is an analytic, nonexperimental and cross-sectional study and the unity of analysis is the individual.

Data Collection Methods

The information about the students’ knowledge was collected through a previously tested questionnaire (Annex 1) made specifically for the study – use of primary data. This is a self-answer (in group) questionnaire only with closed ended questions (multiple choice), which are codified so that they could be easier analysed. Analysing the pre-test made, the open ended questions were excluded of the questionnaire because they weren’t answered by most of the students. During the construction of this questionnaire, it was contacted another author that has developed a similar study so that we could consult the questionnaire used. It has also been searched information on publications and articles. 15-22
The questionnaire was made based on previously published articles and according to the group members’ experience. It is divided into three sections. The first one stands for knowledge about the cervical cancer, one of the diseases caused by HPV. The second section intends to evaluate the knowledge about the virus. These two sections also include questions that refer to methods of preventing the infection with HPV. The last section has questions about the inquired, namely his gender, study’s area and study’s level. This section was at the most importance during the analysis of the results, because it allowed dividing the questionnaires in the different stated groups. The questionnaire is composed by closed questions, namely multiple choice, true or false questions and questions codified with a scale of agreement. The last ones are more important in what concerns to inquiries opinion about the virus, while the other questions are more objective and have a more significant statistic meaning, because they evaluate objectively peoples understanding.

Variables’ Description

The questionnaire focus on variables as general knowledge about HPV, signs and symptoms of HPV, expected long-term effects, risk factors, the possibility of cure and vaccination. The outcomes analysed were the presence or not of information about HPV. Other variables (independent variables) are gender, grade and study’s area.

Planned Statistical Analysis

After joining together all data collected, each answer was analysed attending to the codification of the corresponding question. The treatment of the results was made using SPSS© by descriptive statistic and shown in tables and graphic forms, as absolute and relative frequencies. It has been compared frequencies between genders, grades and study’s areas, using qui-square tests (significance level = 0,05).

RESULTS, TABLES, AND GRAPHICS

General Results

About 3 in 4 (80%) inquired people stated to know what the cervical cancer is, and the percentage of people that have never heard about it is almost null. Besides, ¾ of the individuals inquired were aware of the existence of a preventive vaccine against HPV that prevented the cervical cancer. In addition, most true or false questions or multiple choice questions asked about the cervical cancer were answered correctly. (graph 1)

However, the big majority 82,4%, of the inquired population disagrees or fully disagrees that the cervical cancer is a threat for Portuguese’s health, and only about 12,8% agrees or fully agrees with that. Also about the incidence of this cancer in our country, and although there was a higher
percentage of right answers than wrong ones, there were huge percentages of “no opinion” answers, about 38.2% of the sample.

Regarding HPV, it was verified that only half of the population inquired claimed to know what HPV was and that about 20.9% of this students said to have never even heard about this virus. In what concerns to the analysis of multiple choice and true or false questions, a similar situation to the cervical cancer’s section happened: there was a higher percentage of right answers then wrong ones, although, namely in the true/false questions, half of the inquiries chose to answer “no opinion”. To be more specific, approximately half of the inquired population knew that it affects specially women (60.2%) and that it is not always symptomatic (48.5%). Yet, there is one question that shows that only some of the risk behaviours for contracting an HPV infection were known by the sample. Only 3 in 4 students were aware that the cervical cancer is a long term effect of HPV infections.

Comparing between genders

There was no statistically significant difference between men and women when asked about if they knew what the cervical cancer is. Also, in what concerns to HPV, it was verified that a higher percentage of women knew what this virus is 67.0% against 39.7% in men), and almost 34.2% men have never even heard about it (p<0.001).

Actually, it’s in the HPV questions’ section where the differences between women and men are more visible: in all true or false questions, more right answers were given by women (table 1), which also happened in the multiple choice questions, for instance:

- 85% of women against 65% in men answered correctly when asked about the ways of contraction of this virus;
- 72.2% of women knew that the female individuals are more affected by this virus, an answer only correctly given by 49.0% of the men; (p<0.001)
- the awareness that HPV is not always symptomatic is shared by 55.0% of the women and only by 41.1% in men. (p=0.004)

Comparing between grades

Comparing 5th and 1st grade FMUP students about their knowledge about the cervical cancer, a higher percentage of the first ones claimed to know what the cervical cancer is than the second’s (96.5% vs 88.3% respectively). This was confirmed when analysing the subsequent questions about this issue, such as means of prevention (considering the option “use of condom”: 79.6% in 5th grade FMUP students vs 59.4% in 1st grade FMUP students; p=0.001, or considering the option “no sexual activity” it is indicated by 58.4% of 5th grade students against 25.2% of 1st grade students; p<0.001) or who is most affected by the cervical cancer in Portugal (1st grade students of FMUP have higher percentage of wrong answers 54.9% than 5th grade students 31.5%; p<0.001).
In what concerns to HPV, more FMUP's 5th grade students (99,1%) claimed to know what it is than 1st grade ones (76,6%); p<0,001. More specifically when considering general aspects of its contraction (considering the right option “skin by skin contact”, 5th grade students know more (23%) than 1st grade students (2%); p<0,001), or symptomatic 86,7% in 5th grade FMUP students vs 49,55% in 1st grade FMUP students; p<0,001). But, when analysing long-term effects, more 5th grade students have chosen the wrong answer “nasopharyngeal cancer” (18,6% in 5th grade students vs 1,8% in 1st grade students; p<0,001).

Comparing between study’s area

Regarding the cervical cancer’s questionnaire section, more FMUP students stated to know what this disease is than FEUP and FLUP students.

In fact, FMUP students shown a higher level of knowledge considering the higher percentage of right answers given about cervical cancer preventive means (84,7%) Still, more inquired FEUP students claimed to know what the cervical cancer is (77,6%) than FLUP ones (55,8%) p<0,001. However the results of the questions about this disease are not consistent with those from this question. Effectively, a high number of FEUP students (13,1%) didn't have opinion regarding cervical cancer recognition as a threat for Portuguese's health. In addition, FLUP students were those who had a higher percentage of correct answers regarding cervical cancer means of prevention (for example, in vaccination option: 70,8% in FLUP students vs 60,7% in FEUP students (p<0,001). (table 2)

In what concerns to HPV, more FMUP students stated to know what it is than FLUP and FEUP students. In fact, 76,6% (p<0,001) of FMUP students stated to know what HPV is, which is confirmed by the number of right answers given about HPV. Nonetheless, when analysing FLUP and FEUP students it is verified that, besides knowing less than FMUP students, FEUP students are those who were less informed. 50, 4 % of FLUP students claimed to have heard about the virus but don't know what it is, which was confirmed throughout the HPV questions. However, more than a half of FEUP students state to have never even heard about this virus, which was also confirmed by the high percentage of “no opinion” answers about infection and long-term effects (68,6%). In addition, among 1st grade students, FEUP students were those who knew less about who is more affected by HPV (36,0%) against 71,2% by FMUP and 68,6% by FLUP students; p<0,001.

DISCUSSION AND CONCLUSIONS

The analysis of the collected results needs to have in account the limitations of the type of study in development, namely the fact that, as a cross-sectional study, there is no temporal sequence followed. This way, the causes for a possible lack of knowledge beyond the inquired population can
only be supposed. Besides, some factors associated with that condition in study may be taken as a cause when they actually are, for instance, a consequence (for example, the relation between the bigger level of knowledge of FMUP’s 5th grade students and their higher medical instruction), leading to the called incidence/prevalence mistakes.

In what concerns to sampling method, FLUP’s sample selection differed from the others’ (convenience sample), what may be considered as a possible source of vieses. However, as the students are randomly distributed by classes, this is not considered to constitute an important vies, as referred in Methods.

Regarding the results’ analysis, inquired people were, generally, well informed about the cervical cancer. However, they seem not to be aware of the threat that the cervical cancer represents in Portugal as one of the biggest causes of women’s mortality. Comparing to the cervical cancer, the percentage of the inquired people who know what HPV is extremely lower, especially regarding its preventive means. Considering the low level of general knowledge about the cervical cancer allied to the lack of information about its prevention, the spreading of HPV may be an imminent risk, even more having in account that the inquiries stand in an age group in which they are more susceptible to contract this virus and develop this cancer.

It was realised that the percentage of right answers about both cervical cancer and HPV given by women is higher than the given by men. As the more affected group by this virus and by the cancer that may develop from it’s infections, women turned out to be better informed than men about both this health risks, which by it self doesn’t mean the need of male population, as carriers of this virus, being aware for this threat is less important.

Also, as expected having in account medical formation, FMUP’s 5th grade students knew more about the cervical cancer and HPV than FMUP’s 1st grade ones. There were although some controversial results that can be explained by the fact that a higher percentage of 1st grade than 5th grade students have answered “no opinion”, resulting on a lower percentage of wrong answers by these first ones.

FMUP students know more about the cervical cancer and HPV than FEUP and FLUP students, which can be explained by the fact that the knowledge about the virus can be more appealing or easier for medicine students, while the access of FEUP and FLUP students to this kind of information depends almost exclusively of social communication means. Besides, FLUP students seem to be more informed about these two issues than FEUP students, which goes against the expected results. This suggests that the previous studies of FEUP students in Science area didn’t instructed them in this issue, and that this factor doesn’t affect the amount of information students get about HPV and the cervical cancer. Taking this in consideration, it is necessary more information
near students from all superior formation areas, as near younger students, and if possible in the earliest ages, preventing the existence of a population at an age of risk uninformed.

In conclusion, our study suggests that Portuguese University students are, generally, well informed about the cervical cancer; however they are not well informed about HPV and its transition. The results of this study support others previous projects developed about this subject in different populations reinforcing the need to increase and improve the resources to spread more and better information, especially among a younger population, investing in the most efficient way of minimizing HPV incidence.

REFERENCES


Table 1: Approximate percentages (by gender) of answers regarding general aspects about HPV; response rate higher than 95% in all statements.

F: incorrect answers; T: correct answers; Femi: Feminine; Masc: Masculine; *Italic*: no statistically significant results

<table>
<thead>
<tr>
<th>Answers</th>
<th>%</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPV is one of the sexually transmitted diseases (STDs) most frequently detected in young women. (T)</td>
<td>85,1</td>
<td>37,4</td>
</tr>
<tr>
<td>HPV is related to cervical cancer. (T)</td>
<td>84,9</td>
<td>59</td>
</tr>
<tr>
<td>HPV causes genital warts. (T)</td>
<td>34,5</td>
<td>27,3</td>
</tr>
<tr>
<td>Chronic infections caused by HPV increase the risk of cervical cancer. (T)</td>
<td>72,0</td>
<td>44,2</td>
</tr>
<tr>
<td>Types 16 and 18 are the oncongenic ones more commonly found in cervical cancer. (T)</td>
<td>35,3</td>
<td>21,1</td>
</tr>
<tr>
<td>Types 6 and 11 are related do genital warts but do not cause cancer. (T)</td>
<td>20,3</td>
<td>16,7</td>
</tr>
<tr>
<td>It is possible to make a HPV's screening. (T)</td>
<td>77,2</td>
<td>59,8</td>
</tr>
<tr>
<td>There is a prophilatic vaccine for HPV. (T)</td>
<td>76,3</td>
<td>58,3</td>
</tr>
<tr>
<td>HPV is the main responsible of cervical cancer. (T)</td>
<td>71,8</td>
<td>49,2</td>
</tr>
<tr>
<td>HPV's vaccine is the most efficient method in HPV prevention. (T)</td>
<td>46,3</td>
<td>39,3</td>
</tr>
<tr>
<td>HPV increases the risk of nasopharynx' cancer. (F)</td>
<td>14,3</td>
<td>7,1</td>
</tr>
<tr>
<td>Every HPV's types are oncogenic. (F)</td>
<td>9,5</td>
<td>6,2</td>
</tr>
<tr>
<td>HPV causes acne. (F)</td>
<td>3,0</td>
<td>3,0</td>
</tr>
</tbody>
</table>
Table 2: Approximate percentages (by grades and study’s area) of answers regarding means of preventing infection.

F: false answers; T: true answers;

<table>
<thead>
<tr>
<th></th>
<th>1st grade (%)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FMUP (n=111)</td>
<td>FEUP (n=107)</td>
</tr>
<tr>
<td>Condom use (T)</td>
<td>59</td>
<td>17</td>
</tr>
<tr>
<td>Sexual Abstinence (T)</td>
<td>25</td>
<td>7</td>
</tr>
<tr>
<td>Vaccination (T)</td>
<td>85</td>
<td>61</td>
</tr>
<tr>
<td>Oral Contraception (F)</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>None (F)</td>
<td>5</td>
<td>27</td>
</tr>
</tbody>
</table>

Graph 1: Approximate percentages of general sample’s answers regarding means of prevention of HPV. T: true; F: false.
O presente questionário destina-se a um estudo que pretende avaliar o conhecimento dos estudantes da Universidade do Porto acerca do Vírus do Papiloma Humano (HPV).

Foi elaborado e será analisado por um grupo de alunos da Faculdade de Medicina da Universidade do Porto, no âmbito da disciplina de Introdução à Medicina.

É um questionário anónimo, a sua recolha será feita através de uma urna selada, pelo que agradecemos a sua colaboração sincera. **Em caso de dúvida assinale Sem Opinião.**

**SECÇÃO I – Questões acerca do cancro do colo do útero**

1. Já ouviu falar do cancro do colo do útero?
(Selecione com X uma das seguintes opções)
   - Nunca ouvi falar
   - Já ouvi falar mas não sei o que é
   - Já ouvi falar e sei o que é

2. Preencha a seguinte tabela, assinalando com X o seu grau de concordância com a afirmação:

<table>
<thead>
<tr>
<th></th>
<th>Discordo Totalmente</th>
<th>Discordo</th>
<th>Concordo</th>
<th>Concordo Totalmente</th>
<th>Sem Opinião</th>
</tr>
</thead>
<tbody>
<tr>
<td>O cancro do colo do útero é reconhecido como um importante problema de saúde pública na população portuguesa.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Que meios de prevenção conhece para o cancro do colo do útero?
(Selecione com X as opções que considera correctas, **pode assinalar mais do que uma**)

   - Uso do preservativo
   - Abstinência sexual
   - Vacinação
   - Uso de contraceptivos orais
   - Outro (s) □ Qual / Quais? ____________________________________________
   - Nenhum
4. Classifique as seguintes afirmações assinalando **verdadeiro** ou **falso**.

<table>
<thead>
<tr>
<th>Assinale</th>
<th>Verdadeiro</th>
<th>Falso</th>
<th>Sem Opinião</th>
</tr>
</thead>
<tbody>
<tr>
<td>A taxa de mortalidade por cancro do colo do útero no nosso país é muito baixa.</td>
<td>✔️</td>
<td>❌</td>
<td>❗️</td>
</tr>
<tr>
<td>No nosso país o cancro do colo do útero tem maior incidência nas mulheres jovens.</td>
<td>✔️</td>
<td>❌</td>
<td>❗️</td>
</tr>
</tbody>
</table>

**SECÇÃO II – Questões sobre o HPV (vírus do papiloma humano)**

5. Conhece o vírus do papiloma humano (HPV)?

- Nunca ouvi falar  ✔️
- Já ouvi falar mas não sei o que é  ❌
- Conheço  ❌

6. Classifique as seguintes afirmações assinalando **verdadeiro** ou **falso**.

<table>
<thead>
<tr>
<th>Assinale</th>
<th>Verdadeiro</th>
<th>Falso</th>
<th>Sem Opinião</th>
</tr>
</thead>
<tbody>
<tr>
<td>O HPV é uma das principais infecções sexualmente transmissíveis detectadas em mulheres jovens.</td>
<td>✔️</td>
<td>❌</td>
<td>❗️</td>
</tr>
<tr>
<td>HPV está associado ao cancro colo do útero.</td>
<td>✔️</td>
<td>❌</td>
<td>❗️</td>
</tr>
<tr>
<td>O HPV provoca verrugas genitais.</td>
<td>✔️</td>
<td>❌</td>
<td>❗️</td>
</tr>
<tr>
<td>O HPV aumenta o risco para o cancro da nasofaringe.</td>
<td>✔️</td>
<td>❌</td>
<td>❗️</td>
</tr>
<tr>
<td>Infecções crónicas provocadas pelo HPV aumentam o risco para o cancro do colo do útero.</td>
<td>✔️</td>
<td>❌</td>
<td>❗️</td>
</tr>
<tr>
<td>O HPV causa acne.</td>
<td>✔️</td>
<td>❌</td>
<td>❗️</td>
</tr>
<tr>
<td>Todas as variantes do HPV são oncogénicas.</td>
<td>✔️</td>
<td>❌</td>
<td>❗️</td>
</tr>
<tr>
<td>As variantes 16 e 18 do HPV são as variantes oncogénicas mais frequentemente encontradas no cancro do colo uterino.</td>
<td>✔️</td>
<td>❌</td>
<td>❗️</td>
</tr>
<tr>
<td>As variantes 6 e 11 do HPV estão associadas a verrugas genitais mas não provocam cancro.</td>
<td>✔️</td>
<td>❌</td>
<td>❗️</td>
</tr>
<tr>
<td>É possível fazer o rastreio do HPV.</td>
<td>✔️</td>
<td>❌</td>
<td>❗️</td>
</tr>
<tr>
<td>Existe uma vacina preventiva do HPV.</td>
<td>✔️</td>
<td>❌</td>
<td>❗️</td>
</tr>
<tr>
<td>O HPV é o principal responsável pelo cancro do colo do útero.</td>
<td>✔️</td>
<td>❌</td>
<td>❗️</td>
</tr>
</tbody>
</table>
A vacina do cancro do colo do útero é o meio mais eficaz para prevenir a infecção do HPV.

7. Como é contraído o HPV?
(Seleccione com X as opções que considera correctas, pode assinalar mais que uma)

- Partilha de talheres
- Via sexual
- Frequência do mesmo espaço
- Contacto através da pele
- Outro (s)
- Sem Opinião

8. Quais das situações seguintes aumentam o risco de contrair HPV?
(Seleccione com X as opções que considera correctas, pode assinalar mais que uma)

- Actividade sexual numa idade muito precoce
- Espirros
- Múltiplos parceiros sexuais por parte do próprio
- Múltiplos parceiros sexuais por parte do parceiro
- Frequência de piscinas e casas de banho públicas
- Não uso do preservativo
- Hábitos tabágicos
- Uso de contraceptivos orais
- Ingestão de bebidas alcoólicas
- Presença de doenças venéreas
- Deficiências nutricionais
- Contacto com animais domésticos
- Raça ou etnia
- Outro (s)
- Sem opinião

9. A infecção por HPV afecta:
(Seleccione com X a opção que considera correcta)

- Apenas ou maioritariamente homens
- Apenas ou maioritariamente mulheres
10. A infecção pelo HPV é …
(Seleccione com X a opção que considera correcta)
- Sempre sintomática
- Por vezes sintomática
- Nunca sintomática
- Sem Opinião

11. Quais os efeitos a longo prazo do HPV?
(Seleccione com X a(s) opção(ões) que considera correcta(s))
- Cancro da nasofaringe
- Não tem qualquer efeito
- Cancro do colo do útero
- Outro (s) Qual / Quais? _____________________________
- Sem Opinião

SECÇÃO III – Identificação
(A presente secção tem como intuito apenas a obtenção de informação para análise estatística, não violando o carácter de anonimato do presente questionário).

14. Ano em que está matriculado(a)? ___

15. Sexo:
- Feminino □
- Masculino □

16. Idade: ___ anos

O questionário termina aqui.

Agradecemos a sua colaboração!