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3

4 **Author names:**

5 1. Mira Namba

6 2. Miyu Shinohara

7 3. Samrith Sela

8 4. Ken Khouch

9 5. Yudai Kaneda

10 6. Rei Haruyama

11

12 **Degrees and Affiliations:**

13 1. School of Medicine, Keio University, Tokyo, Japan

14 2. School of Nursing, Japanese Red Cross Kyushu International College of Nursing, Fukuoka, Japan

15 3. MD.Hour Samrithsela Clinic and Consultation, Phnom Penh, Cambodia

16 4. School of Business and Tourism, Phnom Penh International University, Phnom Penh, Cambodia

17 5. School of Medicine, Hokkaido University, Sapporo, Japan

18 6. MD. PhD. Bureau of International Health Cooperation, National Center for Global Health and Medicine,

19 Tokyo, Japan

20

21 **ORCID (Open Researcher and Contributor Identifier):**

22 1. <https://orcid.org/0000-0002-4376-5500>

23 2. N/A

24 3. N/A

25 4. N/A

26 5. <https://orcid.org/0000-0001-8302-9439>

27 6. <https://orcid.org/0000-0001-7239-2611>

28

29 **About the author:**

30 Mira Namba is a 4th year medical student of Keio University, Tokyo, Japan of a six year program. She is
31 engaged in public health research particularly focused on the vaccination trends of the HPV vaccine in Japan,

1 and on health promotion through nudging, a behavioral economics technique aimed at increasing the adoption
2 of vaccines and sanitization methods.

3

4 **Corresponding author email:** mirrornamba@keio.jp

5

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2

3 **Discussion Points:**

4 How much do the Cambodian school girls and teachers know about HPV and the vaccine? A Japanese
5 medical student, who then fell in love with the country and the loveliness of the people there, embarked on a
6 field study to evaluate the circumstances, and at the same time, conducted awareness classes about HPV
7 and HPV vaccine for the school-aged girls.

8

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29

1 **ABSTRACT.**

2 In March 2023, I embarked on a field study in Phnom Penh, Cambodia's capital, with the goal of conducting
3 awareness classes about HPV and HPV vaccine for the school girls, while simultaneously evaluating the girls'
4 and teachers' understanding of the issue. This endeavor was driven from my current research interest in
5 Japan and also the right time the Cambodian government was planning to introduce a routined school-based
6 vaccination program from mid-2023.

7 I visited two primary schools, and concerningly, more than half of the teachers had never heard of HPV or
8 HPV vaccine. Furthermore, the students demonstrated limited knowledge of HPV or the vaccine to the extent
9 that they struggled to comprehend the questionnaire. However, after I delivered a 15-minute lecture about
10 HPV and the vaccine, it was encouraging to note an increase in the number of students expressing an
11 intention to get vaccinated.

12 It became clear that until now, health education, including sexual health, has not been sufficiently
13 implemented in primary schools, and thus, knowledge about HPV has not been provided by teachers
14 sufficiently. Therefore, expanding this type of educational intervention to deliver reliable information is
15 necessary, prioritizing teachers and parents as targets, since the intention of teachers and parents is
16 considered to have a significant influence on the vaccination of children. A world free of cervical cancer can
17 only be achieved through continuous education and awareness initiatives especially at the grassroots level,
18 such as I practiced in Cambodia, to facilitate informed decision-making.

19
20 **Key Words:** Cambodia; HPV Vaccine; Medical Student; Public Health

21

22

1 THE EXPERIENCE

2 In March 2023, I embarked on a field study in Phnom Penh, Cambodia's capital. The study's primary
3 objective was to enhance awareness about the HPV vaccine among school-aged girls and to assess how this
4 awareness affects their willingness to be vaccinated. This initiative was especially pertinent given the
5 Cambodian government's plan to introduce a school-based vaccination program targeting nine-year-old girls
6 within the year's end, which indeed started from October 2023.¹ However, my interactions with a local
7 pediatrician in Cambodia highlighted a significant gap in public awareness of the HPV vaccine. Indeed, a pilot
8 vaccination program was trialed in primary schools in two provinces in 2017; a recent study indicates that a
9 substantial number of girls, 61% and 72%, respectively, in the two surveyed provinces, were unaware of the
10 health implications associated with HPV infections.² These figures underscore a serious knowledge gap in the
11 crucial role the HPV vaccine plays in preventing HPV infection and its related health complications.

12 The situation in Cambodia mirrors my experiences in Japan, where the HPV vaccine has recently become
13 more accessible after a hiatus in government endorsement from 2013 to 2022.³ I myself finally got a catch-up
14 vaccination at the age of 21 in 2022. As there were suspected serious reports of adverse events following
15 HPV vaccination in Japan in 2013, when I was at the target age of routine vaccination, the whole country
16 including me, was in distrust of the vaccine. I have strongly wished I had been informed of HPV vaccine with
17 reliable information early on in my decision to get vaccinated. Since then, I have been engaged in research
18 and awareness efforts regarding the HPV vaccine issue in Japan.³⁻⁷ Therefore, in Cambodia, I felt a sense of
19 the need to address this issue considering my own experience.

20 For the field study, I coordinated with a local pediatrician to schedule meetings with primary school principals,
21 whose school he routinely visits to deliver health promotion classes, aiming to conduct awareness classes for
22 the school girls, while simultaneously evaluating the girls' and teachers' understanding of the HPV vaccine. I
23 visited two primary schools for my study: Koh Dach Primary School (KDPS) and Childrens' Basic Education
24 School of Salvation Centre Cambodia (SCC-CBE School), based on our connections and their accessibility.

25 The former is a public school on Silk Island, a 10-minute-ferry-ride from central Phnom Penh, and the latter is a
26 small English-teaching private school. First, I disseminated a questionnaire in the Khmer language, referring to
27 the pilot study,² among the teachers to gauge their knowledge of the HPV vaccine and their willingness to
28 recommend it to students. I also assembled the school girls in a classroom, distributing a similar questionnaire
29 to assess their understanding and potential acceptance of the HPV vaccine. (Fig 1, 2) Written informed consent
30 was obtained before the survey. Overall, 7 teachers and 43 girls (age 10-14) at KDPS, and 3 teachers and 2
31 girls (age 10-16) at SCC-CBE School participated in the study. The results revealed a concerning fact: more

1 than half of the teachers had never heard of HPV or HPV vaccine. Furthermore, the students demonstrated
2 limited knowledge of HPV or the vaccine to the extent that they struggled to comprehend the questionnaire.
3 While our results corroborate the findings of a previous report regarding specific knowledge gaps,² they also
4 extend the understanding of this issue by revealing even the low awareness levels prevalent among both
5 teachers and students, highlighting the unique contributions of this initiative.

6 Of note, the ultimate decision regarding whether to get vaccination should be left to the individual. Educating
7 Cambodian girls about the HPV vaccine and elevating their understanding can facilitate positive health decisions
8 based on comprehensive and well-informed grounds.⁸ Therefore, subsequently, I delivered a 15-minute lecture
9 to the girls, employing a handwritten poster in the Khmer language (Fig 3). The presentation delineated four key
10 points: firstly, HPV is a virus causing a myriad of cancers; secondly, cervical cancer is estimated to be the
11 second most common cancer among Cambodian women;⁹ thirdly, there exists an approved and effective
12 vaccine to prevent HPV infection; and lastly, this vaccine is to be introduced in schools by mid-2023. Post-
13 lecture, the students completed another questionnaire, enabling me to examine shifts in their understanding
14 and intentions to get vaccinated. Though the questionnaire responses indicated that only a few students gained
15 a comprehensive understanding of HPV and its vaccine, it was encouraging to note an increase in the number
16 of students expressing an intention to get vaccinated.

17 While the government decided to introduce routine vaccination by the end of the year and subsequently
18 started the program in October 2023,¹ it became clear that until now, health education, including sexual
19 health, has not been sufficiently implemented in primary schools,¹⁰ and thus, knowledge about HPV has not
20 been provided by teachers sufficiently. Particularly, female sexuality is considered taboo due to conservative
21 Khmer values.¹¹ Moreover, considering the difficulty of children of the target age group to properly understand
22 the issue, as seen by the result of the post-lecture questionnaire, the intention of teachers and parents is
23 considered to have a significant influence on the vaccination of children. In a previous awareness research
24 conducted in Phnom Penh, only 1% of the teachers correctly answered HPV as the cause of cervical
25 cancer.¹² In contrast, though more than around half of the teachers were unaware of the issue, since this
26 questionnaire was asked an open-ended question, asking "Do you know HPV?", the result might have been
27 underestimated, meaning not many teachers understand sufficiently about HPV and the relationship with
28 cervical cancer. Therefore, expanding this type of educational intervention to deliver reliable information is
29 necessary, prioritizing teachers and parents as targets.

30 In fact, it has been reported that teachers with higher levels of knowledge tend to be more willing to
31 recommend vaccinations to their students.¹³ On the other hand, though I did not have the opportunity to

1 approach the parents this time, as indicated by the fact that when pilot vaccination was administered, more
2 than half of the girls in the two provinces (54% and 64%, respectively) consulted with their parents about the
3 vaccination,² providing parents with reliable information about the vaccine would be of good significance.

4 Through this experience, I have learned the significance of considering the targets' cultural contexts and
5 cognitive habits when striving to raise awareness, and this would also be the case in Japan. A world free of
6 cervical cancer can only be achieved through continuous education and awareness initiatives especially at the
7 grassroots level, facilitating informed decision-making.

8 I would never forget the loveliness of the children I met in Cambodia (Fig 4, 5). Childrens' big smiles are a
9 treasure for me and the world, and I will never stop my endeavors.

10

11

12 **SUMMARY - ACCELERATING TRANSLATION**

13

14 カンボジアの首都プノンペンにおける草の根 HPV ワクチン啓発：情報に基づいた意思決定に向けて

15 2023年3月、私はカンボジアの首都プノンペンで、女子生徒を対象に HPV と HPV ワクチンに関する啓発
16 授業を実施し、同時に女子生徒と教師の HPV ワクチンに関する認知度や接種意向を評価することを目的とし
17 た現地調査に赴いた。これは私自身が HPV ワクチンキャッチアップ接種世代の当事者であることから現在日
18 本で HPV ワクチンに関する研究や発信を行っていることに加え、カンボジア政府が 2023 年半ばから小学校
19 における HPV ワクチンの定期接種化を計画していたため、啓発には絶好のタイミングでもあったと考えたから
20 だ。

21 私は 2 つの小学校を訪問したが、懸念すべきことに、半数以上の教師が HPV や HPV ワクチンについて聞
22 いたことがなかったようだった。さらに、生徒たちは HPV やワクチンについての知識が乏しく、アンケート
23 内容を理解するのに苦労していたほどであった。そのワクチンの存在を知らない以上、接種意向についても
24 ほとんどの人が有していなかった。一方で私が HPV や HPV ワクチンについて 15 分間の授業を行った後、同
25 様に行った調査ではワクチン接種の意向を示す生徒が増えたのは心強い事実であった。

26 今回の結果から、カンボジアでの小学校ではセクシュアル・ヘルスを含む健康教育が十分に実施されてこ
27 なかったため、HPV やそのワクチンに関する知識が学校教育で十分に提供されてこなかったことが明らか
28 になった。したがって、信頼できる HPV ワクチンに関する情報を提供するためにこのような教育的介入を拡大
29 することが必要であり、教師や保護者の意向が子どものワクチン接種に大きな影響を与えられ

- 1 とから、彼らを優先的にターゲットとする必要があると考えられた。子宮頸がんのない世界は、私がカンボ
- 2 ジアで実践したような草の根レベルでの継続的な教育と啓発活動により十分な情報に基づいた意思決定を促
- 3 進することで初めて達成できる。私はカンボジアで出会った子供たちの笑顔が忘れられず、これからも世界
- 4 中で子供たちの笑顔を守るためにもこのような挑戦を続けていきたいと強く願う。

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5 [routine-immunization-schedule-to-prevent-cervical-cancer-in-cambodia](https://www.who.int/cambodia/news/detail/06-10-2023-life-saving-hpv-vaccine-introduced-nationwide-into-routine-immunization-schedule-to-prevent-cervical-cancer-in-cambodia)
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29 [omprehensive%20than%20the%20existing%20biology%20class](https://www.voacambodia.com/a/education-ministry-to-incorporate-mental-health-sex-education-into-curriculum-5638955.html#:~:text=The%20Ministry%20of%20Education%20said%20it%20will%20roll,and%20more%20comprehensive%20than%20the%20existing%20biology%20class).
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1 **FIGURES AND TABLES.**

2

3 **Figure 1.** Students Answering a Questionnaire in Koh Dach Primary School



4

5

1 **Figure 2.** Students Answering a Questionnaire in Childrens' Basic Education School of Salvation Centre

2 Cambodia

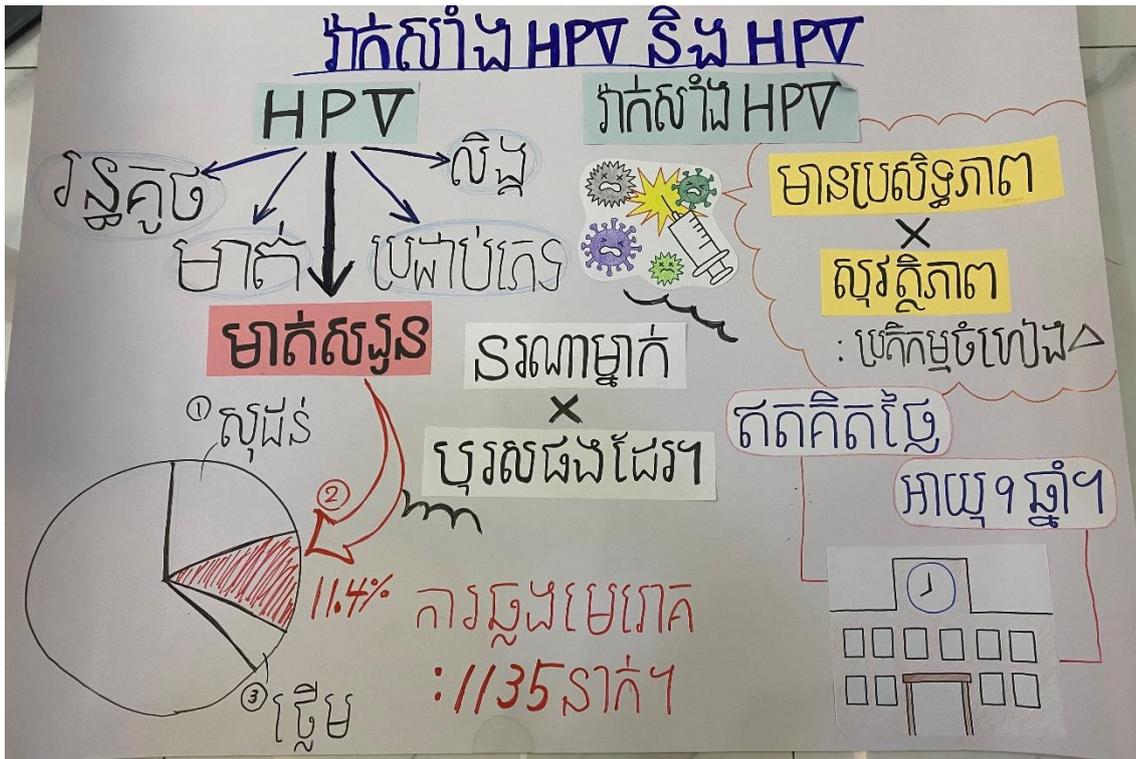


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Accepted,

1 **Figure 3.** Handwritten Poster Employed in the Lecture in the Khmer language



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Accepted

1 **Figure 4.** Cambodian Childrens' Big Smiles



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3

Accepted,

1 **Figure 5.** Students Altogether in a Classroom Including Me



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