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Factors influencing women's intentions to obtain the Human Papillomavirus (HPV) vaccine

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Faktorer som påverkar kvinnors avsikt till att vaccinera sig mot humant papillomvirus (HPV)

En litteraturöversikt

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Sammanfattning

Bakgrund: Cervixcancer är den näst vanligaste cancer hos kvinnor med en global incidens på 15 %. Cervixcancer leder till hög mortalitet. Genom Humant Papillomvirus (HPV)-vaccinering kan incidensen minska kraftigt. Vaccintäckningen är suboptimal på många plaster i världen. Det är viktigt att vårdpersonal, inklusive sjuksköterskor, förstår vilka faktorer som påverkar viljan och beslutet att vaccinera sig. På så sätt kan sjukvårdspersonal påverka dessa beslut och faktorer och därigenom öka vaccinationstäckningen i befolkningen. **Syfte:** Syftet var att beskriva faktorer som påverkar kvinnors avsikt till att vaccinera sig mot HPV. **Metod:** I denna allmänna litteraturstudie användes databaserna Cinahl, Medline, PsycINFO, Summon @ HKR and Pubmed för att söka efter artiklar som studerade faktorer som påverkar kvinnor att vaccinera sig mot HPV. Totalt tio artiklar inkluderades, fem kvalitativa och fem kvantitativa studier. **Resultat:** Fyra huvudkategorier identifierades som påverkade kvinnor att vaccinera sig mot HPV: Kunskap, attityder, andras inflytande och vaccinetts säkerhet. **Diskussion:** Bättre tillgång till korrekt information för kvinnor om HPV-vaccinet är nyckeln till att öka kvinnors avsikt att vaccinera sig och på så sätt förbättra

folkhälsan. **Slutsats:** Det krävs korrekt information om HPV virus och vaccin för att öka kvinnors avsikt till att vaccinera sig.

Nyckelord: **Humant papillomvirus, Kvinnors avsikt, HPV-vaccin**

Factors influencing women's intentions to obtain the Human Papillomavirus (HPV) vaccine

A literature review

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Literature review

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Abstract

Background: Cervical cancer is second most common cancer in women. The 15% incidence of cervical cancer in women worldwide can potentially be reduced by the vaccine against human papillomavirus (HPV). It is therefore important for all healthcare professionals including registered nurses to understand what affects women's intentions and willingness to receive HPV vaccination so that they can overcome any inappropriate barriers and promote public health. **Aim:** The aim of this article was to describe factors influencing women's intentions to obtain the HPV vaccine. **Method:** The following databases Cinahl, Medline, PsycINFO, Summon @ HKR and Pubmed were searched for articles that studied factors influencing women's intention to obtain the HPV vaccine. Ten studies met the inclusion criteria, five qualitative and five quantitative. **Results:** Four main categories were identified that influenced women's intention to obtain the HPV vaccine: knowledge, attitudes, the influence of other people and the safety of the vaccine. **Discussion:** Better access for women to accurate information is the key to increase women's intention to obtain the HPV vaccine and improving public health. **Conclusion:** Correct information about HPV and HPV virus is needed to increase women's intention to obtain the vaccine.

Keywords: Human papilloma virus, Women's intention, HPV vaccine

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BACKGROUND

Cervical cancer is the second most common cancer in women and causes 274,000 deaths worldwide each year (World Health Organization). The 15 % incidence of cervical cancer in women worldwide can potentially be reduced by the vaccine against Human Papillomavirus (HPV) (Swedish National Board of Health and Welfare, 2008). Women, who do not participate in the screening program for cervical cancer, have a relatively high risk of developing this disease (World Health Organization, 2010). In contrast, cancer morbidity and mortality remain low among women included in the screening program. It is therefore particularly important for those who do not participate in the screening program to receive the vaccine before they become infected (Swedish National Board of Health and Welfare, 2008).

HPV is a double-stranded DNA virus. Papillomaviruses are widespread in nature and they infect as hosts both mammal and bird species. There are different types of papillomavirus, each of which is usually specific to one species (Norkin, 2010). This study will focus only on human papillomavirus (HPV) because this is the type of papillomavirus that has human as its host. Clinical studies have found that the HPV vaccine prevent infection by the two HPV strains that cause 70% of cervical cancers (HPV-16 and HPV-18) and two other strains that cause 90% of genital warts (Norkin, 2010).

HPV vaccination is a preventive measure for cervical cancer in women. In order for cervical cancer prevention to be successful, it is important to increase public acceptance of this vaccine and encourage the risk group (all women and girls that are sexually active) to actively participate in vaccination program (Hsu et al., 2009; Kwan et al., 2008; Zimet, 2006). This requires nurses' awareness of women's views on the HPV vaccine and any barriers to acceptance, so that they could help women in the best possible way to acquire the HPV vaccine for prevention of HPV infection (Zenobia et al., 2012). It is important to strongly promote the vaccine as a preventative method against HPV viral infection, because the virus can cause cervical cancer and other adverse health outcomes. There is no cure for HPV infection once infection has occurred (Ratanasiripong, Cheng & Enriquez, 2012). Not even the HPV vaccine itself can protect women against HPV infection once they have already acquired HPV infection. That is why many health experts recommend young women to be

vaccinated before they become sexually active but also to women who are not yet infected (Norkin, 2010).

Nurses play an important role in the development of good public health, not only by treating illnesses and injuries, but also by preventing them and promoting health (The Swedish National Institute of Public Health, 2010). Preventing health risks and diseases is part of both general and specialized nursing. General nursing is normally provided by all healthcare workers while more specialized nursing requires formal competence. A nurse has the formal competence which enables her to provide vaccination but with the doctor's recommendation (Swedish National Board of Health and Welfare, 2006).

Florence Nightingale realized that in order to promote public health it is important first to focus on individual health issues. She also had an understanding of how individual nursing had an impact on public health. Her method of practicing primary prevention was by educating healthy people (the non-infected) on the use of hygiene as a preventive measure (Nightingale, 1992). Nurses could focus on educating women as individuals and as a community, with health information about the HPV virus and the HPV vaccine so as to affect women's intentions in a positive way so that more women will be willing to receive the vaccine. Primary prevention can be conducted in the form of health education, health advice or vaccination (Health Services; National Institute of Public Health, 2004).

In most countries, HPV vaccination is primarily recommended to young adolescent girls (World Health Organization, 2010). In Sweden the vaccine is highly recommended to all children born from the year 1993 (Swedish National Board of Health and Welfare, 2008). HPV vaccination for girls born after the year 1999 can be provided by a nurse with doctor's recommendation (Swedish National Board of Health and Welfare, 2006). In some cases a nurse is the only health care professionals that the patient can come across during vaccination. Nurses therefore play a major role in the HPV prevention.

Despite the fact that the HPV vaccination is highly recommended, there are challenges in implementing the program and increasing vaccine uptake (Dahlström, Tran Lundholm, Young, Sundström & Sparen, 2009). For example, the rate of cervical cancer is particularly

high in many low-income countries that do not have a national vaccine program (Global Alliance for Vaccines and Immunization GAVI, 2013). In the United States, the centers for Disease Control and Prevention (CDC) reports that vaccination rates also remain low among young women (CDC, 2012). Moreover, in many European countries, vaccination coverage rates are suboptimal. The European Center for Disease Prevention and Control (ECDC) reported that vaccination coverage rates were between 17-84% and generally lower than expected (ECDC, 2012).

A literature review that highlights those challenges that women encounter in order to obtain their HPV vaccine is therefore necessary to educate healthcare professionals on how to reach the target group. Healthcare professionals including nurses could potentially be able to increase vaccine uptake among women by knowing how best to reach and influence them positively. An increase in HPV vaccine uptake would lead to a reduction in the HPV infection rate, resulting in a decrease in the incidence of cervical cancer and other adverse health outcomes related to HPV (Ratanasiripong, et al., 2012)

Aim

The aim of the study was to describe factors influencing women's intentions to obtain the HPV vaccine.

METHOD

Design

This is a literature review based on five qualitative and five quantitative scientific articles. A literature review means that previously published scientific articles are used to collect data (Olsson & Sörensen, 2011). The characteristic of a literature study include structured searching of articles, critically review and a summary of this literature (Forsberg & Wengström).

Search method and Selection criteria

The literature search was conducted using the following databases Cinahl, Medline, PsycINFO, Summon @ HKR and Pubmed. "Human papillomavirus", "attitude", "qualitative study", "vaccination," "adolescence" and "women" were used as search terms in combination with the Boolean term 'AND'. A total of 382 articles were identified using this search strategy, 368 articles out of the 382 did not responded to the aim of the study or were literature reviews and thereby were excluded. Fourteen articles were included having read the abstracts. A further two articles were identified from the reference list of another included article. Of these 16 remaining articles, once the full text had been read, six did not fulfill the criteria of this literature review and were excluded; three included both men and women while the other three were review articles rather than original research.

Inclusion criteria included articles that focused on factors that influence women's intention to obtain the HPV vaccine. Articles had to be written in English and published between 2006 and 2013. The reason for this temporal restriction was due to the fact that the first vaccine against HPV was not launched until 2006 (Ratanasiripong, (2012). The target group for this study was women aged 12 to 60. All articles that studied women in this age range were included.

Critical Appraisal and Analysis

The quality of the included articles was assessed according to the assessment tool of Willman, Stoltz & Bahtsevani, (2006) (See Appendix 4) which categorizes an article's quality into one of three possible grades, namely Good, Average and Poor, Good being the highest quality possible. All the articles included in this study were of good or average quality. Seven of the ten selected articles were considered to be of good quality and three of average quality. The seven good quality articles had presented their method well, had relevant sample, well-presented results, had increased reliability and a significant of $P < 0.05$ while the average quality articles were judged to have unsatisfactory number of participants, well-presented method, and relevant results.

Manifest content analysis was used in this study. This means that the surface information presented in the text was described (Graneheim & Lundman, 2004).

The text that related to the purpose of this study was selected from articles by first being marked by a highlight pen and were later transcribed. A process known as condensation was then introduced, meaning that the text was shortened to simple sentences. Sentences were condensed in such a way that the original meaning was retained. In the final step the condensed sentences were coded (see Appendix 3). The codes were written on pieces of paper and attached by pins to their origin (their respective articles). The codes that were pinned to their respective articles were later displayed side by side in order to identify their similarities and differences. Then they were later ordered and grouped together to form main categories and subcategories (Graneheim & Lundman 2003). A total of four main category groups was formed and one main category was further divided into three subcategories. Both qualitative and quantitative articles were analyzed in the same way. When it came to analyzing the quantitative articles, the author was interested only in what was presented in text form and not in graphs or tables.

Ethical Consideration

All articles included in this study have had the approval of an ethics committee. These rules are about how participants were protected, and how the research was handled and stored. The researcher of the selected articles took into consideration that participation in the research had to be voluntary (Styrhn, 2007).

No pre-judgment of the outcome of this study was allowed to influence the researcher's own evaluation and interpretations of the individual studies. This researcher's pre-understanding was that the women's intentions to active participate in the vaccine program was likely to be influenced by their attitudes to the vaccine.

RESULTS

Following analysis, a total of 10 scientific articles gave the following results: the primary factors influencing women's intention to obtain the HPV vaccine were Knowledge, Women's attitudes, the influence of other people and the Safety of the vaccine. The results are presented into four main categories and three subcategories, the three subcategories (Knowledge and Awareness, Misconceptions, Insufficient knowledge) fall under one main category, namely Knowledge.

Knowledge

Knowledge and awareness

The intention to receive the vaccine was positively influenced by knowledge of the HPV (Feng, Xu, Jin & Yao, 2011; Kahn, Rosenthal, Jin, Huang, Namakydoust & Zimet, 2008). The greater the level of knowledge, the more likely it was that the woman would receive the vaccine (Feng et al., 2011; Kahn et al., 2008).

Several studies found that most women were not aware of HPV or the HPV vaccine; others that they had little knowledge of the HPV or no knowledge at all (Wong, 2008; Moreira, Oliviera, Neves, Costa, S., Karie & Filho 2006; Chekuri, Bassaw, Affan, Habet & Mungrue, 2012). When women had knowledge and were aware of the importance of HPV and HPV related diseases, an increased intention to receive the vaccine was perceived (Kahn et al., 2008). A strong intention to receive the vaccine was predicted in women when they were aware of the effectiveness of the HPV vaccine in preventing cervical cancer (Fazekas, Brewer, & Smith, 2008).

Misconceptions

Women's misconceptions about the vaccine due to misinformation influenced women's intention to obtain the HPV vaccine (Vanslyke, Baum, Plaza, Otero, Wheeler &

Helitzer, 2008). For example some women would not have the intention to obtain the vaccine because they recognized the vaccine as a protection against sexually transmitted diseases and barely considered the vaccine to be a protection against cervical cancer (Vanslyke, et al., 2008).

Other misconceptions that influenced women's intentions to obtain the HPV vaccine were that women believed that they had a lower risk of becoming infected by the virus because the usage of condoms or because they had few sexual partners (Williams, Forster, Marlow & Waller, 2010; Tu & Wang, 2012). Women who had few sexual partners and those who had always used condoms were predicted to have a low intention to receive the vaccine because they wrongly believed that they were at a lower risk of being infected by HPV (Kahn et al., 2008). There were also misconceptions of women thinking that the vaccine works only on girls before the age of 15 which made them felt too old and therefore didn't intend to receive the vaccine (Tu & Wang, 2012)

Insufficient information

Insufficient information about the HPV and the vaccine was another major factor that influenced women's intention to receive the vaccine (Fazekas et al., 2008). Some women claimed not to have received enough information to enable them to decide if they should be vaccinated or not. (Williams et al., 2010). Women felt in order for them to have the intention to vaccination, they should be provided by more information of HPV than what they already heard or knew of (Williams et al., 2010; Vanslyke et al., 2008). Example of the more information some women needed was the likelihood of getting a HPV infection (Fazekas et al., 2008). Women had higher intention to be vaccinated if they at least knew that they were at significant risk of HPV infection (Fazekas et al., 2008).

Many women experienced some difficulty following up the vaccine regimen partly cause of their busy schedules but also because of the insufficient knowledge obtained. They were not clearly informed on how many doses to obtain and what to do if they missed the second or

third dose (Head et al., 2012). These difficulties complicated women's intention to fulfill the vaccine regimen (Head et al., 2012).

Women's attitudes

Positive attitude towards the vaccine such as it being conveyed as the best option of preventing cancer and genital warts contributed to higher intentions to vaccination (Wong, 2008). Women thought that the method was convenient and discreet. The vaccine just required the exposure of just an arm, unlike PAP cervical screening whereby one has to remove one's clothes to undergo the procedure, which is uncomfortable and invasive. This led women to have intentions to receive the vaccine instead of screening (Vanslyke et al., 2008). In contrast, some women had negative attitudes towards the vaccine because it was portrayed as undesirable because of the risk of possible side effects and the association of the vaccine with promiscuity. *"I don't want to get vaccinated because vaccinations have side effects....So I would not want a vaccination for HPV"* (Vanslyke et al., 2008). The majority of women felt that the vaccine was for promiscuous people, since the vaccine seemed to be associated with sexually transmitted diseases. That led to women not having intention to be vaccinated due to the shame they felt (Williams et al., 2010; Head & Cohen, 2012).

The vaccine became a symbol of promiscuity (Feng et al., 2011). It was considered to be an encouragement for young women to engage into early sexual activity. Women had concerns that young girls would become sexually active at an early age if they were allowed to be vaccinated. This led women who had children to reject the idea of allowing their daughters to be vaccinated (Feng et al., 2011).

The thought of the vaccine being new and expensive led to some women not to have the intention to obtain the vaccine (Wong, 2008). Most women were intending to receive the HPV vaccine if it was free (Tu & Wang, 2012; Fazekas et al., 2008) and were intending to vaccinate their daughters too if the vaccine was for free (Fazekas et al., 2008; Feng et al., 2011). Those who were not covered by health insurance were not intending to receive the vaccination either (Kahn et al., 2008). Some girls who were financially dependent on their

parents didn't have the intention to receive the vaccine due to difficulties in convincing their parents of the need for vaccination (Wong, 2008).

The influence of other people

Women's choice concerning their intention to receive the vaccine was influenced by the opinions of their boyfriends, doctors, spouses, religion and ethnicity (Moreira et al., 2006; Williams et al., 2010 & Head et al., 2012). For example, 89% of 204 women were prepared to be in a vaccination study if it was a doctor's recommendation (Moreira et al., 2006).

Some young women felt compelled by their parents to receive the HPV vaccine (Williams et al., 2010; Head & Cohen, 2012). However, there were young women who did not intend to receive vaccination because their parents prevented them from getting the vaccine (Head & Cohen, 2012).

Peer pressure played a role. Young girls would intend to receive the vaccine just because other girls had received it. Some young girls saw that their friends were happy to have the vaccine and it seemed to them like the new norm (Williams et al., 2010).

Most people are confused about why the vaccine is given to young girls from the age of nine when HPV is known to be caused by being sexually active. People tended to react strongly to young women who got the vaccine when they are not having sex at an early age, or until they are married (Head & Cohen, 2012). This made young women not to intend to receive the vaccine (Williams et al., 2010; Cohen, 2012).

Some women would intend to receive the vaccine if more people were aware of the vaccine and if more people were receiving it. "I will take the vaccine when many people know about it and many people take the vaccine. Now I hardly hear people around me taking the vaccine" (Wong, 2008).

Safety of the vaccine

Fears about the potential side-effects, efficacy and safety of the vaccine contributed to the fact that women did not have intentions to obtain the vaccine (Feng et al., 2011). Women expressed their fears about the potential side-effects and of the vaccine being mandatory for students who attended public schools (Vanslyke, Baum, Plaza, Otero, Wheeler, & Helitzer, 2008). Women chose not to be vaccinated because they feared adverse effects from the vaccine, even when they believed they had already been infected by the virus (Williams et al., 2010).

Women intentions to vaccination were influenced by the skepticism of the new vaccine, they believed that it took time to know if a new vaccine was safe for use (Ford et al., 2008; Tu & Wang, 2012). They thought that since HPV vaccine had only recently been discovered, it might turn out to have more side-effects in years to come and this led to them not having intentions to receive the vaccine (Tu & Wang, 2012).

Women's intentions to receive the vaccine was at stake since HPV vaccination has not been guaranteed to be 100% effective, it does not protect against all strains of HPV and it can only protect against the first stages of cervical cancer. Women's intentions as to whether to obtain a screening test instead of the vaccine was influenced in a negative manner (Tu & Wang, 2012).

DISCUSSION

Method Discussion

Both qualitative and quantitative articles were included in this study. The quantitative articles captured an overview of how the women's intentions to obtain the vaccine were affected by

various factors. Qualitative articles allow factors that influence women's intentions around obtaining the vaccine to be described to a much deeper level. (Gerrish & Lacey, 2010).

The quality of all the articles were evaluated using an assessment tool developed by Willman, Stoltz & Bahtsevani, (2006) (see appendix 4). This is a strength, since all articles were evaluated in a structured manner. However, the method leaves some room for subjective interpretation, which could be a weakness.

A literature review encourages skepticism because the findings are based on a summary of others' interpretations (Gerrish & Lacey). The author of this study did not live the experience nor did she interpret the origin of the data such as interviews and people's behavior. It could have been convenient to conduct interviews in order to obtain the findings of the current situation on factors affecting women's intention to obtain the HPV vaccine. It is difficult for a literature review to address the current state of evidence in a study (Polit & Beck 2010). The validity of this study could therefore be affected by the method of literature review.

In the quantitative articles, only the text and not what was presented in the tables or graphs, was analyzed. It is fundamental for tables and graphs to contain the maximum amount of information (Gerrish & Lacey, 2010). This means that the author could potentially have missed some finer details presented in graphs and tables which could have led to bias and reduced the validity of the research. This could be counted as a weakness of this study.

Most articles included in this study were from different parts of the world and in different settings, whereby the research occurred either in the countryside, within a specific racial group or in low income participants. The different populations studied and the different geographical areas the articles came from, enables the study findings to be generalized.

Literature reviews were not included in this research because they were counted as secondary sources. Secondary sources are rarely objective and often fail to provide adequate detail about individual studies (Polit & Beck, 2012). Bias was avoided by rejecting secondary sources and

relying on the primary sources of information. This is a strength of this study, potentially increasing its credibility.

The author has clearly described the method procedure of this research and the exclusion criteria so that other people could follow the same steps and reach the same conclusions (Polit & Beck, 2012). The author had also separately written a pre-understanding of the study findings in order to avoid bias by excluding own opinions. However, still there is a small chance that the author's pre-understanding may have influenced the interpretation of the findings mainly due to the author conducted the study on her own (Polit & Beck, 2012). In order to minimize this risk, the author participated in seminars with fellow nursing students and cooperated with a supervisor.

The limits applied during the literature review such as age of population studied, language of the publication and date of the research, helped to ensure that the findings are more focused on and limited appropriately to the aims of the study (Gerrish & Lacey, 2010). On the other hand, this approach may have led to some relevant material being missed. For example, not all relevant articles were written in English and some published articles studied women of all ages.

The articles used to achieve the results of this study were from different countries and none were from Sweden. The study might therefore not be generalized to the population in Sweden. Different countries have different healthcare systems and some of the factors that influenced women's intentions to vaccination could be different in other countries.

Result Discussion

The aim of this study was to describe factors influencing women's intentions to obtain the HPV vaccine. The study found that knowledge, women's attitudes, the influence of other people and the safety of the vaccine was the key factor influencing women's intention to obtain the HPV vaccine or not. These findings are consistent with the findings of other

reviews on the area (Chan, Chan, Ng, Wong, 2012; Ratanasiripong, 2012). Seven different studies included in this review were considered to be of high quality, further strengthening the quality of the evidence.

It is important for nurses and other healthcare workers to take these factors into consideration in order to encourage vaccination which in the long run improves not only individual health but also public health. Healthcare providers represent a very important source of information for women and the public in general concerning HPV and the HPV vaccine. Moreover, their views of the vaccine are known to influence the rate of vaccine uptake in women (Duval, Gilca, Boulianne, Pielak, Halperin, Simpson, et al., 2008; Gottvall, Larsson, Höglund & Tyde'n, 2009). This applies particularly to nurses who are able to reach a large and diverse population of women who may not normally have access to HPV and cervical cancer information or screening (Roger & Cantu, 2008).

Nurses could potentially use their views about the vaccine to positively influence women by providing them with accurate and adequate information. In this way, many of the factors found in this study that are influencing women's intention to obtain the vaccine could be eliminated. Women's misconceptions of the HPV vaccine, such as those described in this study could be reduced. Women would feel empowered to make informed decisions concerning the HPV vaccine after being provided with full and accurate information (Zimet, 2005).

In order to achieve better public health through quality information, it is also important for nurses to have good communication skills (Zimet, 2005). In cases of language barrier, nurses could hire a translator to facilitate better communication. Pamphlets with information about the methods of cervical cancer prevention should be made available in a range of different languages (Rogers & Cantu, 2008).

Several articles in this study described that many women had little or no knowledge at all about HPV and the vaccine. Greater knowledge increases the likelihood that women will have higher intentions to obtain the vaccine (Feng et al., 2011; Kahn et al., 2008). Thus it is important to increase knowledge of HPV and the vaccine among women. Nurses could use

health education to increase knowledge and awareness of HPV and HPV vaccine among women (Rogers & Cantu, 2008). This could enable women to obtain higher intentions to vaccination. Nurses work in a variety of places such as school, clinics, hospitals and urgent care facilities. In those different places, they can help educate women about the prevalence of HPV and methods to prevent infection. This form of education may help reduce the incidence of HPV infection and cervical cancer (Rogers & Cantu, 2008). In order for nurses to educate the public about HPV and the benefit of the HPV vaccination, it is important to educate nurses themselves on the risks and impact of HPV and cervical cancer (Rogers & Cantu, 2008). A lot that seems basic in modern health care can be traced to what Nightingale was trying to accomplish in the 19th century. She appreciated the need to train nurses adequately before they could help to treat the sick and prevent diseases ((Nightingale, 1992).

According to the findings of this study some women did not intend to obtain the vaccine if it wasn't free. For example some girls were financially dependent of their parents and found it difficult to convince them to pay for the vaccine (Wong, 2008). Minors may also not be able to make the decision to obtain the vaccine without their care-takers permission. These concerns should be taken seriously in order to encourage vaccination. Information about the HPV vaccine need not only to reach the person supposed to receive the vaccine but also others that influence the intention of that person to obtain it. As mentioned above, there will also be problems for many to receive the vaccine as long as HPV vaccination is associated with a financial cost (Owen, Carroll, Cooke, Stevenson, Formby, Hayter, et al., 2010). Health policy makers and governments need to find ways to ensure the cost barrier to vaccine uptake is removed (Owen, et al., 2010). This is particularly important in developing countries where more than 85% of cervical cancer deaths occur and where the cost of the HPV vaccine is prohibitive (World Health Organization, 2010). In Sweden, the vaccine is covered by public insurance for girls between 13 years and 18 years of age (Tegnell, Dillner & Andrae, 2009). The same should apply to young females worldwide or atleast the vaccine should be provided to them for free in order to encourage higher intentions to vaccination. Government financial support in vaccination to women or lower vaccine costs were likely to be associated with higher vaccine acceptability (Hsu, Fetzer, Hsu, Chang, Huang, & Chou, 2009).

Conclusion

Thus study has found that knowledge, women's attitudes, other people's influences and the safety of the vaccine were the principal factors influencing women's intention to obtain the HPV vaccine. Accurate and adequate information about HPV and the HPV vaccine could help women to have a more positive attitude, reduce doubts about the vaccine and increase intention to seek vaccination. The increased intention to obtain vaccination would lead to increased rates of vaccination in women and promote better public health. To ensure that, it is important for parents and adolescents to obtain accurate and pertinent information on both the risks of HPV disease and the benefits of a vaccine that provides coverage for some of the most common HPV types (Zimet, 2005).

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Bilaga 1

Search strategy

Date	Database	Search term and boolean operator (and, or, not)	Limitations	Typ of search (E.g. free text, abstract, keyword, MESH-term)	No. Of articles found	Motive for exclusion of articles	Chosen articles
20130309	Summon@HKR	A qualitative study of attitudes towards HPV	Year 2006-2013 English language	Free text	87	Did not respond to the inclusion criteria. Some articles happened to be reviews. Some were already chosen from a previous search.	Wong, L.P. (2008).
20130309	Psyc INFO	A qualitative study of attitudes and HPV	Year 2006-2013 English language	Free text	37	Did not respond to the inclusion criteria. Review articles.	Vanslyke, J.G, Baum, J., Plaza, V., Otero, M., Wheeler, C. & Helitzer, D. (2008).
20130309	Cinahl	HPV and adolescence and attitudes	Year 2006-2013 English language	Free text	93	Did not respond to the inclusion criteria.	Williams, K., Forster, A., Marlow, L. & Waller, J. (2010).
20130309	PubMed	Women's attitude toward Human Papillomavirus and vaccination	Year 2006-2013 English language	Free text	21	Did not respond to the inclusion criteria. Already chosen articles from a previous search.	Chekuri, A., Bassaw, B., Affan, A.M. & Mungure, K. (2012). Moreira, E.D., De Oliviera, B.G., Neves, R. C. S., Costa, S., Karie, G. & Filho, J. O. C. (2006). Feng, S., Xu, X., Jin, Y. & Yao, X. (2011).

20130414	PubMed	A qualitative study of Human papillomavirus	Year 2006-2013 English language Full text	Free text	144	Already chosen articles from a previous search.	Head, K.J. & Cohen, E.L. (2012). Tu, Y.C.&Wang, H.H (2012).

Appendix 2

Article scheme

Author Country Year	Title	Aim	Participants. Method of data collection	Genomförande Analys	Resultat	Kvalitet
Vanslyke, J.G., Baum, J., Plaza, V., Otero, M., Wheeler, C. & Helitzer, D. USA 2008	HPV and cervical cancer testing and prevention: knowledge, beliefs, and attitudes among Hispanic women	To explore knowledge and attitudes relating to cervical cancer, HPV, HPV testing and HPV vaccination.	Hispanic women that were low-income, aged 18 to 60 were included in the focus groups. Focus moderator read each question from a questionnaire while the focus group responded. Questionnaires were translated from English to Spanish.	Focus group discussions were recorded, transcribed and translated from Spanish to English. Transcripts were read, coded and divided into 6 different themes.	Sexual behavior and heredity were considered to be major causes of cervical cancer. Insufficient knowledge about HPV. HPV prevention helps to prevent other sexual transmitted diseases. Participant's prevention measures against HPV were to reduce the number of sexual partners, condom use and HPV vaccine. Willingness to test for HPV varied among the participants.	Average Number of participants were not clearly reported. Questionnaires were translated from English to Spanish. Group discussions translated from Spanish to English.

Williams, K., Forster, A., Marlow, L. & Waller, J. Great Britain 2010	Attitudes towards human papillomavirus vaccination: A qualitative study of vaccinated and unvaccinated girls aged 17-18years	To explore knowledge about HPV and attitudes towards HPV vaccination among girls who were part of the catch-up vaccination program.	10 girls aged 17-18 were interviewed. Among them, five had been vaccinated, and 5 had chosen not to vaccinate.	Interviews lasted between 15-30 minutes. They were recorded and transcribed accurately. Framework analysis used to analyze the data.	Most girls knew that HPV was a sexual transmitted disease but they lacked knowledge about HPV and vaccination. The girls showed interest to learn more about HPV, showed concerns about vaccine safety, showed mistrust of the information they had received and were unsure if they needed the vaccine. The girls thought it was embarrassing to discuss the vaccine with their parents.	Average Unsatisfactory number of participants. The study may not apply to a bigger population. The method and the procedure was well reported.
Head, K.J. & Cohen, E.L. 2012 USA	Young women's perspectives on cervical cancer prevention in Appalachian Kentucky	To examine perceptions of HPV vaccination and PAP testing among a sample of medically underserved rural young women from Kentucky to better inform health message development and clinical practice.	Women aged 18-26 were included in small focus groups. Women had either been vaccinated or had decided not to get vaccinated.	Interviews lasted between 40 and 90 minutes. Interviews were recorded and transcribed professionally. Transcripts were analyzed using a framework analysis methodology: a qualitative method for sequential inductive data analysis.	Women experienced vaccine and pap test uncomfortable. 3 doses of vaccine complicated the intention to vaccination. Misunderstandings about HPV and the HPV vaccine's function. The decision to undergo a pap test or vaccination was influenced by other people in their social networks. Vaccine Cost was experienced as a barrier to vaccination.	Good Large sample group which enable the study to be applied to a bigger population.
Chekuri, A., Bassaw, B., Affan, A.M. & Mungure, K.	Knowledge, attitudes, practice on human papilloma virus and	To determine knowledge, attitudes and practice of women of the reproductive	426 women of childbearing age responded to the questionnaire. Women were random selected.	Data were examined using SPSS version 13.0 and statistical analysis was performed using the X2 test and regression. 5% was the statistical significance.	34.5% married, 34.0% unmarried. 1.6% had no formal education. 76% were aware of cervical cancer, 25.4% were aware of HPV and 40.7% were aware that HPV is sexually	Good Background, methodology and results were clearly reported.

2012 Trinidad	cervical cancer among Trinidadian women.	age on HPV, cervical cancer and the HPV vaccine.	296 of the women belonged to the Indo-Caribbean and Afro-Caribbean ethnicity.		transmitted disease. Women over 26 were more aware of cervical cancer compared to younger people. 95% of the sample had heard of the vaccine.	Participants were random selected and belonged to different ethnic groups which enhances the representativeness. Increased reliability due to the usage of 5% as a statistical significance.
Wong, L.P. 2008 Malaysia	Young multiethnic women's attitudes toward the HPV vaccine and HPV vaccination	To investigate the acceptability of the HPV vaccine among a multiethnic sample of young women in Malaysia.	40 young women aged 13-27 took part in focus groups. Women were divided into three different ethnic groups, Malays, Chinese and Indians. Discussions lasted an hour.	Discussions were recorded, and transcribed in English. Discussions were ended when the data became saturated. Qualitative data analysis performed using NVivo software. Data was encoded at different times.	Lack of knowledge about HPV and the vaccine. The vaccine encouraged people to be sexually active. Fear of what parents and society will think. It costs. Mistrust for the doctor's recommendation of the vaccine. Concerns about the vaccine if it was "halal" and if it becomes mandatory.	Good Increased reliability due to data being encoded at different times. Participants from various ethnic groups increased the representativeness. The use of quotes increased credibility.
Tu, Y.C.&Wang, H.H 2012 Taiwan	An exploration of human papillomavirus-related cervical cancer prevention experiences among college women: a descriptive qualitative	To enhance understanding of young women's experiences of human papillomavirus-related cervical cancer prevention in Taiwan.	Sixteen sexually active college women aged 20-22 years were recruited through snowball sampling. Each person was interviewed.	Interviews were recorded and transcribed. Analyses of the interviews was inductive and followed a thematic analysis approach.	Insufficient health information, financial difficulties, negative medical experiences were seen as obstacles to HPV and cervical cancer prevention.	Good Quality of the article was considered to be good in spite of snowball sampling. Method and procedure was well reported.

	Approach					
<p>Moreira, E.D., De Oliveira, B.G., Neves, R. C. S., Costa, S., Karie, G. & Filho, J. O. C.</p> <p>2006</p> <p>Brazil</p>	<p>Assessment of knowledge and attitudes of young uninsured women toward Human papillomavirus vaccination and clinical trials</p>	<p>To assess knowledge and attitudes of young uninsured women toward human papilloma virus vaccination and clinical trials.</p>	<p>A cross-sectional study of 204 women aged 16-23.</p> <p>Interviews with questionnaires that lasted for 20-25min</p>	<p>Data analyzed using (SPSS), Statistical Package for the Social Science with statistical significance of 5%.</p>	<p>Insufficient knowledge about HPV.</p> <p>Doctor's vaccine recommendation had a positive effect on women. Vaccination was most wanted for genital warts but not for cancer. Age, gender, education, religion, marital status were not associated with women's choice to receive the vaccine.</p>	<p>Good</p> <p>None statistically significant evidence ($p > 0.1$) were eliminated.</p> <p>Tables were well presented.</p>
<p>Feng, S., Xu, X., Jin, Y. & Yao, X.</p> <p>2011</p> <p>China</p>	<p>Women's knowledge of Human papillomavirus and their attitudes toward HPV vaccine: Preparing for HPV vaccination in China</p>	<p>To explore women's knowledge of human papillomavirus and attitudes toward the HPV vaccine in China.</p>	<p>Women of age 18-50 years who attended an urban clinic or rural clinic.</p>	<p>Interviews were held at a hospital and questionnaires were completed.</p> <p>Statistical analysis by use of the SPSS program (version 17.0), Wilcoxon Mann-Whitney test, χ^2 test and t test.</p> <p>Multiple regression and linear regression were also used to analyze.</p> <p>A statistical significance was < 0.05.</p>	<p>A lot of women in urban areas had heard of the HPV compared to women living in rural areas. Same applied when it came to knowledge. Women with higher knowledge were more likely to support vaccination. Women were more likely to vaccinate their daughters if the vaccine were free. Women needed more information and discussions with their husband about the HPV. Doubts about the vaccine led to unwillingness of receiving the vaccine. Women felt that the vaccine is only necessary to those who were sexually active or had multiple sexual partners.</p>	<p>Good</p> <p>Method was well described.</p> <p>$P < 0.05$ was the statistical significance.</p> <p>Relevant sample group.</p>

<p>Fazekas K. I., Brewer, N.T & Smith J.S.</p> <p>2008</p> <p>USA</p>	<p>HPV vaccine acceptability in a Rural Southern Area.</p>	<p>To address the dearth of literature on HPV vaccination acceptability among rural Southern women.</p>	<p>Women from 2 clinics that were situated on a rural area. The area was well known for high mortality rate of cervical cancer. Female were atleast 18 years and could read English.</p>	<p>146 women completed a questionnaire and were paid 20 dollars for that.</p> <p>Analyzed by using multiple linear regressions and logistic regression.</p>	<p>Young women had higher intentions to vaccinate than older women. African American women had lower intentions to vaccinate than women from other racial groups. Most women would vaccinate their daughters and themselves if the vaccine was free. Women had higher intentions to vaccinate their daughters than themselves.</p>	<p>Average</p> <p>Participants were paid 20 dollars for completing a questionnaire.</p> <p>Method was well described.</p>
<p>Kahn, J. A., Rosenthal, S. L., Jin, Y., Huang, B., Namakydou st, A. & Zimet, G.D.</p> <p>2008</p> <p>USA</p>	<p>Rates of Human papillomavirus vaccination, attitudes about the vaccination and human papillomavirus prevalence in young women</p>	<p>To estimate rates of human papillomavirus vaccination, factors associated with intention and belief in one's ability (self-efficacy) to receive the vaccine and prevalence of vaccine-type HPV during the first year after vaccine was licensed.</p>	<p>A total of 409 females of age between 13 and 26 years from three primary care clinics. Only participants that had experienced a sexual contact were included.</p>	<p>Participants completed a questionnaire and tested for HPV.</p> <p>Analyzed by the use of logistic regression and X2</p>	<p>25% of participants were uninsured and 55% insured. 62% were black and 29% were white. Age, race, ethnicity, insurance status and marital status did not affect the HPV status. 68% of women were positive for HPV.</p> <p>Factors affecting the intention to receive the vaccine were: lack of insurance, perceived barriers related to safety & unsafe sexual behaviors. Factors associated with high belief in one's ability to receive the vaccine were: higher perceived severity of HPV and HPV related disease, higher knowledge about HPV, history of STD, lack of health insurance and practical barriers to vaccination.</p>	<p>Good</p> <p>Relevant choice of participants.</p> <p>Method was well described.</p>

Appendix 3

Example of analysis

Sentence	Condensed sentence	Code	Subkategori	Kategori
The majority of women 60.8% did not realize what might cause cervical cancer, and only 39% reported STDs, non-specifically as a possible reason for this cancer.	Majority of women didn't understand the cause of the cervical cancer	Misunderstanding about the cause of cervical cancer	Misinformation	Knowledge
Most (95%) of the participants had heard of vaccine and 89.6% were aware that vaccines protect against diseases. A minority (5.6%) knew of the HPV vaccine.	Majority of women had heard about the vaccine and were aware of what vaccine does but very few of them knew about the vaccine	Higher awareness and popularity of the vaccine. Little information perceived by women	Knowledge and awareness	Knowledge

<p>Some reported that their mothers encouraged them to have the vaccine whereas other parents were less positive.</p>	<p>Vaccine decision for young girls was influenced by their parents.</p>	<p>Vaccine decision influenced by others</p>		<p>Other people's expectations</p>
<p>In addition, the college women had doubts about the safety and effectiveness of the HPV vaccination. The vague ideas about applying HPV vaccination hampered them to accept HPV vaccination.</p>	<p>College women were suspicious about vaccine's safety & effectiveness. The uncertainty led them to refuse vaccination.</p>	<p>Doubts about the safety & effectiveness of the HPV vaccine.</p>		<p>Safety</p>

Sixty-six percent (n96) of respondents reported being likely to get the HPV vaccine for themselves if it were free.	Majority of women would vaccinate if the vaccine was free	Attitude towards the vaccine		Attitude
Participants did not fully understand the nature of the HPV, nor did they fully comprehend the way a vaccination works.	Participants did not fully understand HPV and function of vaccine	Limited understanding of the HPV and vaccine	Insufficient information	Knowledge
When it comes to the time that am going to be sexually active, then I probably will get the vaccination, maybe in future but not now.	The vaccine is likely to be obtained when one is sexually active	Girl's perceived themselves not be at risk		Attitude

Appendix 4

Beskrivning av studien, t.ex. metodval

Finns det ett tydligt syfte? Ja Nej Vet ej

Patientkaraktäristika Antal

Ålder

Man/kvinna

Är kontexten presenterad? Ja Nej Vet ej

Etiskt resonemang? Ja Nej Vet ej

Urval

- Relevant? Ja Nej Vet ej

- Strategiskt? Ja Nej Vet ej

Metod för

- urvalsförfarande tydligt Ja Nej Vet ej

beskrivet?

- datainsamling tydligt Ja Nej Vet ej

beskriven?

- analys tydligt beskriven? Ja Nej Vet ej

Giltighet

- Är resultatet logiskt, Ja Nej Vet ej

begripligt?

- Råder datamättnad? (om Ja Nej Vet ej

tillämpligt)

- Råder analysmättnad? Ja Nej Vet ej

Kommunicerbarhet

- Redovisas resultatet klart Ja Nej Vet ej

och tydligt?

- Redovisas resultatet i Ja Nej Vet ej

förhållande till en teoretisk

referensram?

Genereras teori? Ja Nej Vet ej

Huvudfynd

Vilket/-n fenomen/upplevelse/mening beskrivs? Är beskrivning/analys adekvat?

Sammanfattande bedömning av kvalitet

Hög Medel Låg

