

## **Supplementary Material**

### **Experience of HPV primary screening: a cross-sectional survey of ‘Let’s test for HPV’ study participants in Aotearoa New Zealand**

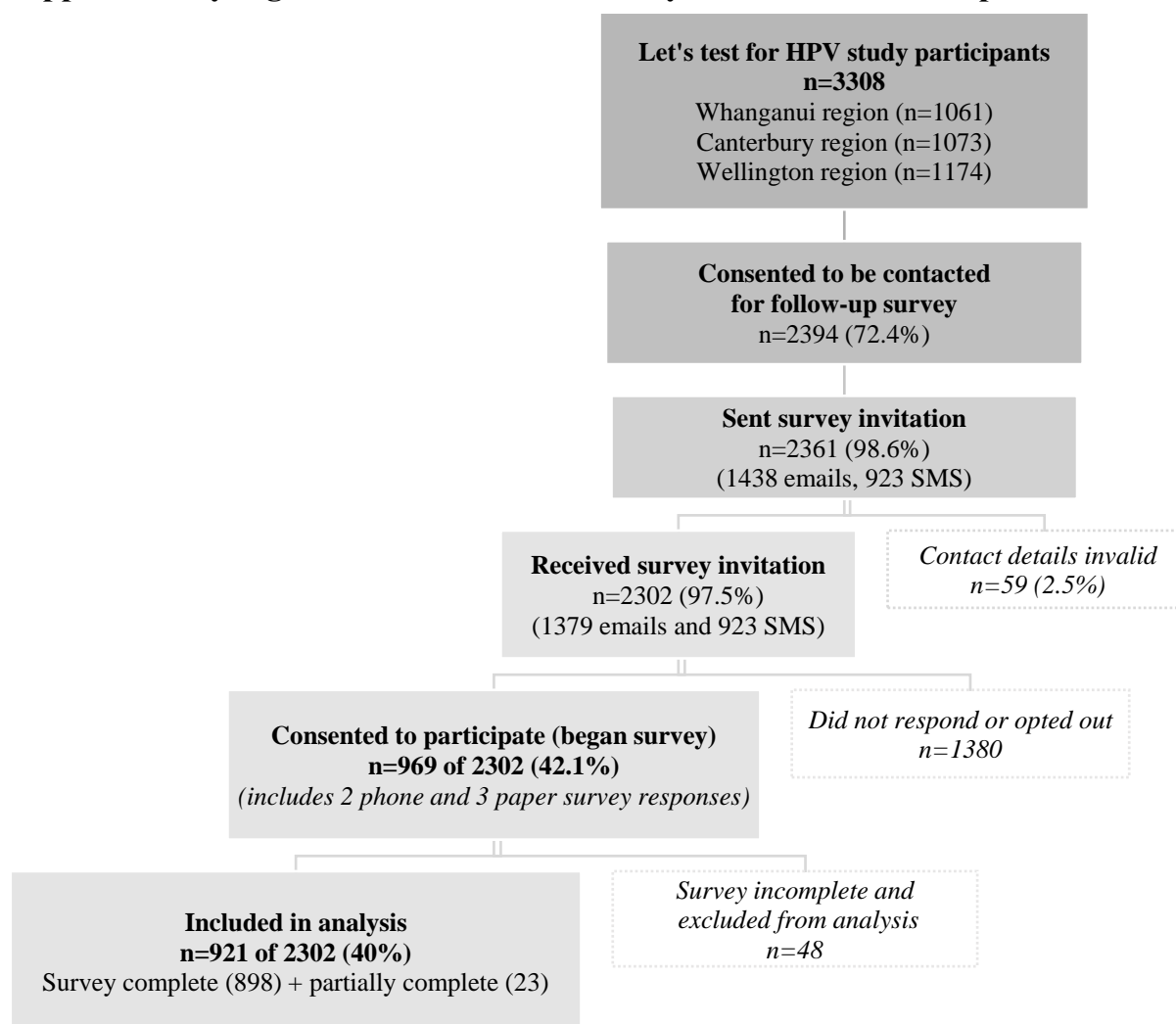
*Sally B. Rose<sup>A,\*</sup>, Lynn McBain<sup>A</sup>, Rebecca Bell<sup>B</sup>, Carrie Innes<sup>B</sup>, Sarah Te Whaiti<sup>B</sup>, Alexandria Tino<sup>B</sup> and Peter Sykes<sup>B</sup>*

<sup>A</sup>Department of Primary Health Care and General Practice, University of Otago, Wellington, PO Box 7343, Wellington South 6242, New Zealand

<sup>B</sup>Department of Obstetrics and Gynaecology, University of Otago, Christchurch Women’s Hospital, Christchurch, New Zealand

\*Correspondence to: Email: [sally.rose@otago.ac.nz](mailto:sally.rose@otago.ac.nz)

## Supplementary Figure S1. Flowchart of survey recruitment and response rates



### Participation by region and NZDeprivation

Region (% in NZDep quintile 5) <sup>a</sup>	Survey n(%)	Main study n(%)
Whanganui (47%)	276 (30%)	1061 (32%)
Canterbury (17%)	260 (28%)	1073 (32%)
Wellington and Kāpiti Coast (10%)	383 (42%)	1174 (36%)
Not known	2 (0.2%)	n/a

a. NZDep2018 is an area-based measure of socioeconomic deprivation in Aotearoa New Zealand that measures the level of deprivation of a small area, based on nine census variables. Quintile 5 (deciles 9-10) represents the 20% of most deprived areas in a region. This table shows that participants from the Whanganui region were the most likely to be living in decile 9-10 areas.

### Summary of responses received following each survey invitation

Survey activity	Date	Week	Responses by end of week (n)	Cumulative (n)
First invite sent	14/09/2023	1	396	396
		2	50	446
Reminder 1 sent	27/09/2023	3	219	665
Reminder 2 sent	11/10/2023	4	165	830
Reminder 3 sent	18/10/2023	5	119	949
		6	10	959
Survey closed	07//2023	7	10	969 <b>TOTAL</b>

**Supplementary Table S1. Reasons for choice of screening method**

Reason for choice of screening method	Self-test TOTAL (n=851)		Self-test at clinic (n=585)		Self-test at home (n=266)		Cervical cytology (n=70)	
	n	%	n	%	n	%	n	%
	For my comfort	493	57.9	331	56.6	162	60.9	10
Convenience	457	53.7	272	46.5	185	69.5	15	21.4
Able to do it in private	412	48.4	228	39.0	184	69.2	-	-
Didn't have to show anyone my private parts	333	39.1	215	36.8	118	44.4	-	-
GP/nurse recommendation	259	30.4	191	32.6	68	25.6	22	31.4
To avoid whakamā or embarrassment	253	29.7	155	26.5	98	36.8	-	-
Less time consuming	251	29.5	158	27.0	93	35.0	-	-
Mana motuhake (I am in charge and have control over my body)	249	29.3	174	29.7	75	28.2	8	11.4
It's a better test	114	13.4	85	14.5	29	10.9	9	12.9
To have the support of others	20	2.4	10	1.7	10	3.8	-	-
Recommended by friends/whanau	20	2.4	11	1.9	9	3.4	1	1.4
Cost	43	5.1	23	3.9	20	7.5	2	2.9
Hard to get to the clinic	23	2.7	-	-	23	8.6	-	-
Worry about doing self-test wrong	-	-	-	-	-	-	18	25.7
Had symptoms/something else I wanted checked	-	-	-	-	-	-	10	14.3
Privacy at the clinic	-	-	-	-	-	-	8	11.4
So I didn't have to come back if I had HPV	-	-	-	-	-	-	5	7.1
Difficult for me to self-test	-	-	-	-	-	-	1	1.4
Other reason given <sup>a</sup>	83	9.8	62	10.6	21	7.9	10	14.3

a. Eighty-five participants shared an additional comment about their reason(s) for choosing to self-test, including: to support research and be part of a trial to help others (31), because it was offered/available (9), to find out HPV status (1), to free up medical staff time to focus on other patients (4). Three people mentioned that the privacy afforded by self-sampling had enabled them to re-engage with cervical screening having avoided it in the past:

“I live in a small rural community and know all staff at medical centre. It can be awkward to have a cervical smear done when you know the nurses in other settings.” (Māori, 50-59)

“To have privacy. As a health provider it can be hard to find a provider in the country that you don't know. That's why I had avoided cervical tests for so long.” (European, 60+)

Thirty comments related to the desire to avoid pain or discomfort associated with a speculum exam or referenced past trauma or events that had made cervical cytology difficult, painful or something they avoided (e.g. gynaecological conditions, gender dysphoria, pregnancy or birth complications and sexual assault). Selected quotes are shown below:

“I needed anaesthetic to have a manual cervical smear.” (European, 60+)

“The normal method of testing is too painful for me due to my birth injury.” (Asian, 60+)

“All good and not painful. I have fainted with a smear before - not a great experience!” (European, 50-59)

“To avoid dysphoria (as a trans person), less invasive (for trauma reasons).” (Māori, <30)

“Smear tests are too painful after cancer treatments.” (European, 60+)