Sexual Health

Supplementary Material

What young women (aged 24–29 years) in Australia think about self-collection for cervical screening: a brief report

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Appendix 1. Supplementary Materials

Table S1. Demographic characteristics of participants interviewed.

Demographic Variable		N (%)
Age	24	3 (14)
	25	2 (10)
	26	6 (29)
	27	5 (24)
	28	2 (10)
	29	3 (14)
Reported Cervical screening history	Up to date	13 (62)
	Overdue	4 (19)
	Not yet eligible	2 (10)
	Unsure	2 (10)
Reported HPV vaccination status	Vaccinated	17 (81)
	Unvaccinated	3 (14)
	Unsure	1 (5)
Awareness of self-collection	Yes	13 (62)
prior to interview	No	8 (38)
Location	Metropolitan	15 (71)
	Regional	6 (29)
Level of Education	High school/TAFE	3 (14)
	Undergraduate	12 (57)
	Postgraduate	6 (29)
TOTAL		21 (100)

Percentages may not sum to 100% due to rounding

Table S2. Theoretical Framework of Acceptability (TFA): Operationalisation in the context of cervical screening with a speculum and self-collection cervical screening amongst young women

TFA Construct Definition (8)	Construct Definition for Cervical Screening with a Speculum	Construct Definition for Self- collection cervical screening
Affective attitude How an individual feels about the intervention	How young women feel about cervical screening with a speculum	How young women feel about self-collection cervical screening
Burden The perceived amount of effort that is required to participate in the intervention	The perceived amount of effort that is required for young women to participate in cervical screening with a speculum	tThe perceived amount of effort that is required for young women to participate in self-collection cervical screening
Opportunity Costs The extent to which benefits, profits, or values must be given up to engage in the intervention.	The extent to which benefits, profits, or values must be given up by young women to engage in cervical screening with a speculum.	The extent to which benefits, profits, or values must be given up by young women to engage in self-collection cervical screening
Intervention Coherence The extent to which the participant understands the intervention and how it works.	The extent to which young women understands cervical screening with a speculum and how it works.	• •
Perceived Effectiveness The extent to which the intervention is perceived as likely to achieve its purpose.	The extent to which cervical screening with a speculum is perceived by young women as likely to detect HPV	The extent to which self-collection cervical screening is perceived by young women as likely to detect HPV
Self-efficacy The participant's confidence that they can perform the behaviours required to participate in the intervention.	Young women's confidence that they can participate in cervical screening involving a speculum	Young women's confidence that they can participate in cervical screening using self-collection

Supplementary material file S1

The population for this study is Victorian young women and people with a cervix aged 24-29 years, who are English speaking.

Interviewer will begin by discussing the purpose of the research study, talking participant through the Plain Language Statement, and ensuring they are providing informed consent to participate, either written or verbal as outlined in Appendices 2 and 3. Verbal consent to be audio-recorded will be obtained as well. It is only after consent to be audio-recorded is obtained that the interview will begin.

Part 1: Rapport building, introduction, and demographics.

- Thank you <name> for meeting with me today to talk about cervical screening.
- I am from the University of Melbourne, and I am exploring your perceptions of cervical screening and self-collection, as well as what information you would like to know about self-collection.
- What I mean when I say cervical screening is the routine health checks performed by a health professional to check the health of the cervix. The cervix is located at the bottom of the uterus and acts as a canal between the womb and vagina. Traditionally this procedure has involved a doctor using a tool called a speculum to visualise the cervix and take a sample of cervical cells to send to a laboratory for analysis. You may know this procedure as a Pap test.
- I just need to highlight that you do not have to answer any questions or say anything that you do not want to, and you are free to withdraw your participation at any time.
- Today I am asking about your views and feelings. There are no right or wrong answers.
- The interview will go for 45-60mins.
- I want to remind you that your participation is completely voluntary and if you wish to stop or pause the interview at any time you are free to do so.
- With your consent I will record the audio from this interview, which will later be transcribed and will be used to develop our report.
- Information from this and other interviews will be collated into a report or research publication, however, your name and other identifying information will be removed to respect your confidentiality and privacy.
- Would you like me to go over the Plain Language Statement briefly?
- Do you have any questions?

We're going to start with some general questions and then start talking about your experience and perceptions of cervical screening.

- o Firstly, how old are you?
- What type of area do you live in? E.g. inner city, rural, suburbs
- How would you describe your gender? (Female, Non-binary etc.)
- o What language do you speak at home?
- Do you identify with a specific community? e.g. what is your ethnicity?
- Do you identify as Aboriginal and/or Torres Strait Islander?

- o What is your highest level of education?
- o Do you have a regular doctor?

Section 2: Knowledge of cervical screening

- o Prior to this interview had you heard of cervical screening?
- o Are you aware of the reasons why people with a cervix need regular screening?
- Can you tell me about where or who you might get info from regarding cervical screening?
- o Are you aware of how regularly you should have screening done?
- o Is cervical screening or preventative health in general something you talk about with your friends/peers? Are there any older people with a cervix in your life you talk to about this? E.g. mother, grandmother etc.

Human Papilloma Virus (HPV) is a common infection most sexually active people have sometime during their lives. Most of the time it goes away by itself without you ever knowing that you have it. However, if infection with some types of the virus stays inside your cells and does not clear up it can eventually lead to cervical cancer in women and other people with a cervix. Cervical screening is recommended to be done every 5 years and tests for the presence of HPV. Most people in Australia are vaccinated against the highest risk types, but screening is still recommended every 5 years once you are 25. Traditionally cervical screening involves a doctor or other healthcare provider collecting a cervical sample using a speculum and sending the sample to a laboratory for analysis. You should be notified via mail when you are due to be screened and you can access a screening test through your GP. The test itself is normally free, however, there may be a cost if your doctor does not bulk-bill.

Section 3: Experience with cervical screening Participants 25 years or older

- Have you had a cervical screening before?

 - No → Can you elaborate on why you haven't screened? Knowledge and feeling about cervical screening?
- Are there any factors or enablers that have influenced your decision to be screened? These could be general feelings or specific experiences.
- Are there any other barriers that have prevented you from accessing cervical screening? (Cost, location, time etc.)

Participants under 25 years

o Do you plan to get screened once you have turned 25 and are eligible? Why/why not?

HPV Vaccination Questions

- Can you remember if you received HPV vaccination at school?
- Are you able to tell me about whether having the HPV vaccine has changed your perception of cervical screening (i.e. you are less at risk if you are vaccinated)?

• Can you tell me about your relationship with your GP or other cervical screening provider? What have they told you about cervical screening? Have these conversations influenced your decisions on whether to screen?

This year, the cervical screening program is introducing a new way to screen – women and people with a cervix will have the option to collect their own sample. This means, that instead of having your doctor collect it, you can use a swab that is not much bigger than a covid swab to collect your own sample from the vagina (not from the cervix). This is now possible as the molecular testing used to detect HPV is just as accurate on this sample as that collected from the cervix itself. This will usually take place whilst at your doctor's office, either behind a screen or in a separate room such as a bathroom. Unlike traditional cervical screening, this will not require the use of a speculum. You just need to insert the swab into the low/mid vagina and twist it around a few times to collect the sample, which will be tested to see if there is any HPV present that has been shed from the cervix into the vagina. The program will also be introducing the option to have your doctor collect this low vaginal sample instead of a cervical sample without the use of a speculum. If your screening test detects HPV types 16 or 18, which are the two types that are most likely to persist in the body and eventually lead to cancer (found in about 2% of tests), your doctor will refer you to a gynaecologist who will check the health of your cervix by looking at it closely using a magnifying instrument - this is called a colposcopy. If one of the other types of HPV is detected, your own doctor will take a follow up test to check the health of the cells of the cervix. This cytology test is collected by looking at the cervix to check it is healthy and taking a sample of the cells using a speculum.

Section 3: Awareness and acceptability of self-collection

- Prior to this project had you ever heard about self-collection cervical screening?
 - $_{\odot}$ Yes \rightarrow Do you remember where you heard about self-collection? (e.g your doctor, media, friends/family) What are your initial thoughts about this method?
- Next time you are due for screening, which screening option would you choose?
- Is there more information that you would want to know before choosing? What would this be? E.g. accuracy, how to collect the sample, better understanding of what happens next.
- Would you be comfortable in collecting your own sample?
- Would you be comfortable asking your doctor to provide self-collection if they did not offer it?
- If your doctor did not offer you this next time you were due for screening, would you feel comfortable asking for it?
 - For people who indicate that they have not screened/are overdue: Would a self-collection option make you more likely to screen/screen on time?

Self-collection will become available to people under 30 from July this year:

- Do you think that this needs to be better promoted to young people?
- What do you think are the best ways to promote it? E.g. text, video, personal stories, social media, radio, tv

- Do you have a preference between the terms "self-collection" or "self-sample" or would you call this something else?
- What else do you think people need to know about cervical screening? Or selfcollection?
- If you received a text message from your doctor telling you that self-collection was available, would this encourage you to screen?
- When promoting cervical screening, how important do you think it is to use inclusive language (E.g. women and people with a cervix)?

Section 4: Wrapping up

- Is there anything else you would like to add regarding your feelings towards cervical screening and self-collection?
- Do you have any questions about anything we have discussed?

Researcher will conclude the interview and provide contact details for support services (Beyond Blue).