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**Exploring factors of HPV self-sampling acceptance: a qualitative study with hard-to-reach women**

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**Background:** Cervical cancer disproportionately affects socially disadvantaged women, who tend to be underscreened and are generally called “hard-to-reach”. HPV DNA testing based on self-sampling test is an alternative strategy to address women’s low screening uptake and reduce inequalities. Psychosocial factors like self-efficacy, ethicality, and testing conditions should be considered when assessing the acceptability of HPV self-sampling. However, research on the acceptability of HPV self-sampling is scarce among hard-to-reach women. Our study aims to explore self-efficacy beliefs, perceptions of how well HPV self-sampling fits participants’ values and their preferred testing conditions and understand how these factors influence the acceptability of HPV self-sampling test among hard-to-reach women.

**Methods:** This qualitative study used a semi-structured guide based on three constructs of the Theoretical Framework of Acceptability. Focus group discussions (FGD) were conducted with  $n = 63$  hard-to-reach women in Portugal (2 FGD), Ecuador (4 FGD), and Belgium (3 FGD). Data were analysed using deductive content analysis.

**Results:** While some women viewed HPV self-sampling as acceptable, others questioned its compatibility with their ethical views and moral principles, stressing that the test cannot replace the clinical examination. Participants held conflicting views, with some

expressing confidence in their sampling abilities while others feared making errors when taking the sample. Cultural disparities in preferred testing conditions emerged: Ecuadorian women preferred solo testing, while those in Europe preferred assistance.

**Conclusions:** This study indicated ambivalent attitudes towards self-sampling. Further research on HPV self-sampling acceptability is needed to explore socio-cultural nuances. Our study emphasises the importance of culturally attuned interventions to address these populations' needs and reduce inequalities.

**Key messages:**

- Hard-to-reach women harbour conflicting views about self-sampling.
- Screening policies may include opportunities for self- and clinician sampling.