

Acceptability of HPV Self-Collection among College Students with focus on LGBTQ self-identifying students

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Background

Despite relative availability of cervical cancer screening services, barriers to accessing services persist. Barriers include cost/lack of insurance; decreased perception of risk of developing cervical cancer; and transportation/access barriers. College-aged students may also experience barriers related to inexperience in making autonomous healthcare decisions. Members of the LGBTQ community describe high rates of discrimination when seeking and receiving medical care. We assessed participants' acceptability/preference for HPV self-collection over provider directed Pap/co-testing, hypothesizing that this preference would be stronger in LGBTQ persons.

Methods

A randomly selected cohort of one-fourth of undergraduate and graduate students at a mid-Atlantic public university received a 60-item computer-based survey. All students above the age of 18 with a cervix were included. Independent T-tests were used to analyze continuous variables, and Chi-Square tests were used for categorical variables with SPSS software.

Results

The survey was distributed to 5,250 participants, and 453 participants completed it. No difference was observed between LGB and heterosexual participants in regard to their willingness to perform the HPV self-test (71.0% vs. 80.2% willing, respectively). The LGB participants were more likely to be uncomfortable seeking healthcare (15.1% vs. 7.6%; $p=0.039$), and less likely to disclose their sexual orientation to their provider, with 34.9% of participants indicating they never or rarely disclose (compared to 15.8% in the heterosexual cohort). In the gender identity analysis, transgender/nonbinary participants were more likely to be uncomfortable seeking healthcare generally (50.0% vs. 7.8%; $p<0.001$) and less likely to be willing to perform HPV self-testing compared to their cisgender counterparts (12.5% vs. 74.0%; $p<0.001$). Based on a ranked choice between self-collected HPV testing, provider-collected HPV testing, and traditional Pap test with speculum, all cohorts ranked provider-collected HPV testing highest (93.2% of participants ranked it number 1 or 2) and traditional Pap test lowest (45.3% of participants ranked it number 1 or 2). Participants ranked self-collected HPV testing in the middle, with 61.6% of participants ranking it number 1 or 2.

Conclusions

Our results demonstrate that participants find HPV collection an acceptable option for cervical cancer screening. They prefer HPV testing over Pap testing for cervical cancer screening. Participants identifying as LGBTQ were more uncomfortable presenting to the physician office, having a pelvic exam or sharing their sexual orientation with their provider. These findings make the option for self collection an appealing strategy to improve screening rates for LGBTQ identifying students.

Table 1. Demographic data for entire cohort of participants.

	Survey participants (n=453)
Mean Age (years)	22 ± 3.7
Mean Height (cm)	165.6 ± 6.9
Mean Weight (kg)	63.6 ± 12.6
Mean BMI (kg/m ²)	23.2 ± 4.3
Race	
White	299 (66.0%)
Asian	65 (14.3%)
Black	34 (7.5%)
Other	55 (12.1%)
Student type	
Undergraduate	301 (66.4%)
Graduate	152 (33.6%)
Sexual orientation	
Heterosexual/straight	355 (78.4%)
Homosexual/gay	14 (3.1%)
Bisexual	64 (14.1%)
I don't know	9 (2.0%)
Prefer not to say	3 (0.7%)
Other	8 (1.8%)
Sexual orientation	
Female, born as female	438 (96.7%)
Male, born as female	4 (0.9%)
Nonbinary	4 (0.9%)
I don't know	2 (0.4%)
Prefer not to say	5 (1.1%)

Acronyms:

HPV: Human Papillomavirus

LGB: Lesbian, gay, bisexual [identity]

LGBTQ: Lesbian, gay, bisexual, transgender, queer [identity]

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