



ABSTRACT SUMMARY

Understanding Women’s Preferences for Home-Based Self-Sampling in the United States

Introduction

This nationally representative, population-based study conducted in the United States evaluated women’s preferences for at-home self-sampling versus clinic-based cervical cancer screening. Using data from the 2024 Health Information National Trends Survey (HINTS 7), researchers assessed screening-eligible women’s perspectives, drivers of preference, and factors associated with selecting home-based self-collection versus clinician-performed testing in a physician’s office. Unlike prior clinical validation trials, this study focused on real-world attitudes and behavioral drivers that may influence the adoption of at-home HPV self-sampling in U.S. screening programs.

Key Insights

- 20% of U.S. screening-eligible women prefer at-home self-sampling, while 61% prefer clinic-based testing and 19% remain uncertain.
- Privacy is the strongest driver of interest (55%), followed by time constraints (35%) and avoidance of embarrassment (33%).
- Women who experienced discrimination in healthcare were nearly 2x more likely to prefer home-based self-sampling (AOR 1.94), highlighting equity implications.
- Lower income and lower trust in the health care system were associated with a preference for at-home testing or uncertainty.

Study Design & Population:

Participants: 2,300 U.S. women (ages 21–65) eligible for cervical cancer screening.
Setting: Nationally representative civilian U.S. population (HINTS 7 survey).
Survey Period: March–September 2024.
Outcome Measured: Preference for home-based self-sampling vs clinic-based clinician collection

Survey Results:

Measure	Clinic-Based Testing	At-Home Self-Sampling	Result
Overall Preference	60.8%	20.4%	Majority still prefer clinician collection
Uncertain About Choice	-	18.8%	Substantial proportion uncertain
Reported Privacy Benefit	-	54.9%	Leading driver of preference
Impact of Prior Discrimination	-	AOR 1.94	≈ 2x higher likelihood of preferring at-home testing

Drivers of At-Home Preference:

- 55% cited privacy as the primary reason for considering at-home self-sampling
- 35% preferred not to take time off work or cited time constraints
- 33% wanted to avoid embarrassment
- 27% aimed to save transportation costs
- ~2x higher odds of preferring at-home self-sampling were observed among women who reported prior discrimination in healthcare settings

Conclusion

This large U.S. population-based study demonstrates that approximately one in five screening-eligible women prefer home-based self-sampling, with an additional one in five uncertain. Marginalized populations, women with lower income, and those who reported lower trust in the health care system were more likely to prefer at-home testing or express uncertainty.

The authors conclude that incorporating home-based self-sampling as an alternative to clinic-based testing within U.S. guidelines, alongside enhanced education and tailored outreach for high-risk groups, may help address cervical cancer inequities and increase screening uptake.

Citation

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