Reviewer’s report

Title: Barriers to cervical screening among older women from hard-to-reach groups: a qualitative study in England

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Reviewer: Shu-Han You

Reviewer's report:

There are quite a few studies focusing on women's knowledge and attitude towards cervical screening and cervical cancer. This study concentrated on the low SES and minor ethnicity group in age 50-64 years women who had lower cervical screening coverage. The assessment indicated that poor knowledge and low perceived risk, such as sexually inactive women and other barriers including negative experiences may cause the unattendance of cervical screening. This study helps us to have more comprehension to the inequalities in awareness of cervical screening and also assists the public health issue for women health promotion in the specific groups.

Generally speaking, the purpose of understanding the specific group of women's attitudes to cervical cancer and screening meet the aims and scope of this journal. The study design is appropriate to answer the question and the qualitative study is suitable for the in-depth analysis in the focus groups. The following are some comments and questions in each section.

1. Material and methods: This study was a flow online sampling. There are two ways of recruitment.

P.5, Line 18 "Four focus groups with ethnic minority women were organised through community groups. Community groups indicated their interest in helping with the research after seeing an advert describing the project that was posted on an online community group network page. Community leaders were asked to recruit women and were offered a financial donation for helping to do this. Two focus groups with women from lower socio-economic backgrounds were organised by a market research company." Are the people characteristics different due to the different ways of sampling? For example, those people who may more frequently access to the network page or the social media. The sampling number is relatively small in qualitative study; thus, the possibility of specific characteristics and the bias resulting from the way of sampling should be clearly described.

2. Results: In table 1, why is the nonresponse (unanswered) rate higher in group 6? Owing to the data of self-reported screening history, there should be a recall bias according to the normal or abnormal pap smear result. Do you collect the data of pap smear result from the patient? What do you think are the reasons for the discordance of "currently up-to-date" and "will go in future"?
3. Result: In "Knowledge of cervical cancer risk factors", it included sexual behavior, age, and others. As we know, HPV infection is an important risk factor to cervical cancer, but only one woman mentioned about HPV infection. Is the poor awareness of HPV particularly in these group of people?

4. Results: In "Knowledge of cervical screening", since you have mentioned "Reasons for poor knowledge". P.9, Line 7, "One woman in this group discussed a common 'myth' that cervical cancer was a disease people got as a result of having 'done bad things'." Do you collect the information of religion?

5. Results: P.10, Line 39, should be female genital mutilation

6. Discussion: There is in-depth interpretation of the awareness to cervical cancer and barriers to cervical screening in low SES and minor ethnicity women. Can you more distinctively identify the association between non-up-to-date and non-intend to future screening? In other words, are more up-to-date women decide to be screened in the future or the non-up-to-date women will attend future screening? Probably, the barriers of the three types of people: never-screened, non-up-to-date, and not intend to be screened are variant despite all of which led to the decreased rate of cervical screening. According, I suggest the barriers in the three types of people should be analyzed and discussed respectively.

7. Discussion: Limitation should include sampling bias, reliability of self-reported screening history, such uncomfortable or distressful experience and abnormal result may cause recalled bias.

8. In Conclusions, health professional attitude may have more impact on the low SES and minor ethnicity group due to their poorer knowledge or understanding to the purpose of cervical screening. The detailed explanation and well-informed in advance could ease their anxiety during the procedure and improve the barriers for future screening.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
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Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
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I am able to assess the statistics

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