



# A Qualitative Study of Acceptability and Accuracy: Comparing Self-Collected and Clinician-Collected Vaginal Swabs for HPV Testing in Women with HIV in Botswana

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## Abstract

Cervical cancer, caused by persistent high-risk human papillomavirus (HPV) infection, is a leading cause of cancer mortality among women living with HIV in sub-Saharan Africa. Regular screening is essential, but access remains limited due to infrastructural and personal barriers. Self-collection of vaginal swabs for HPV testing presents a potential alternative to clinician-collected cervical samples, but its acceptability and perceived accuracy among women living with HIV in Botswana are not well understood. This study qualitatively explored and compared the acceptability and perceived accuracy of self-collected versus clinician-collected vaginal swabs for HPV testing among women living with HIV in Botswana. We conducted a qualitative descriptive study using semi-structured in-depth interviews. A purposive sample of 30 women living with HIV, who had experienced both collection methods, was recruited from an HIV clinic in Gaborone. Interviews were audio-recorded, transcribed, and analysed using reflexive thematic analysis. Self-collection was strongly preferred for reasons of privacy, autonomy, and physical comfort. Participants generally perceived self-collected samples to be as accurate as clinician-collected ones when clear instructions were given. A key theme was the reduction of fear, shame, and anticipated stigma associated with pelvic examinations. A minority of participants reported initial anxiety about performing the procedure correctly without clinical supervision. Self-collection for HPV testing is highly acceptable among women living with HIV in Botswana. It is perceived as a trustworthy method that empowers women and reduces barriers linked to intimate examinations. Supporting initial user confidence is crucial for successful implementation. Cervical cancer screening programmes in Botswana and similar settings should consider integrating self-collection as a routine option for women living with HIV. Implementation must be supported by clear, culturally appropriate instructional materials and counselling to address procedural anxieties.

**Keywords:** *Human papillomavirus, self-sampling, HIV, Botswana, qualitative research, cervical cancer screening, acceptability*

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