



Evaluating the Impact of Task-Shifting Pap Smear Collection to Nurses on Cervical Cancer Screening Uptake Among Women Living with HIV in Botswana: A Mixed Methods Study

Evaluating the Impact of
Task-Shifting Pap

DOI

[10.5281/zenodo.18531](https://doi.org/10.5281/zenodo.18531284)

[284](https://doi.org/10.5281/zenodo.18531284)

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Received 01 May 2009

Accepted 22 June 2009

Abstract

Women living with HIV in Botswana carry a disproportionate burden of cervical cancer. Although national screening programmes exist, uptake of Pap smear screening remains suboptimal. Task-shifting, the delegation of clinical tasks to less specialised health workers, is a strategy proposed to improve access. This study evaluated the impact of task-shifting Pap smear collection from doctors to trained nurses on cervical cancer screening uptake among women living with HIV attending public health clinics in Botswana. A concurrent mixed methods design was employed. The quantitative component was a quasi-experimental study comparing screening uptake rates before and after task-shifting implementation in intervention clinics versus control clinics. The qualitative component involved semi-structured interviews with women living with HIV, nurses, and clinic managers to explore perceptions and experiences of the task-shifting model. Quantitative results indicated a significant increase in screening uptake in intervention clinics, with a relative increase in the proportion of eligible women screened post-intervention. Qualitative analysis revealed key themes: improved patient comfort and reduced waiting times, initial nurse anxiety regarding competency, and the importance of supportive supervision and clear referral pathways. Task-shifting Pap smear collection to nurses is a feasible and effective strategy for increasing cervical cancer screening coverage among women living with HIV in Botswana. It addresses human resource constraints and is acceptable to patients and providers when accompanied by adequate training and support. Policy makers should consider scaling up nurse-led Pap smear collection within national cervical cancer screening programmes for this population. Implementation must include comprehensive training, ongoing mentorship, and strengthened systems for managing screen-positive cases. task-shifting, cervical cancer screening, Pap smear, women living with HIV, Botswana, mixed methods This study provides empirical evidence from a low-resource, high-HIV prevalence setting on the effectiveness of task-shifting to improve cervical cancer screening uptake.

Keywords: *Task-shifting, Cervical cancer screening, Women living with HIV, Sub-Saharan Africa, Mixed methods research, Pap smear, Healthcare access*

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