

# Visual Inspection with Acetic Acid: A Promising Solution for Cervical Cancer Screening

**Title:** Factors associated with utilisation of visual inspection with acetic acid in Nepal

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**C**ervical cancer remains a significant public health concern, particularly in low-income regions, where access to screening and early detection is limited. In Nepal, despite the promotion of Visual Inspection with Acetic Acid (VIA) as a cervical cancer screening method, the overall utilisation rate has remained alarmingly low. This article summarises the findings of a cross-sectional study conducted in Bagmati Province, Nepal, aiming to identify the factors associated with the underutilisation of VIA screening.

VIA is an accessible and cost-effective method for cervical cancer screening in low-resource settings. It involves visually examining the cervix after applying acetic acid. One of its key advantages is the ability to provide immediate treatment if abnormal lesions are detected

during screening. Early detection through VIA significantly increases the chances of successful treatment, preventing up to 80% of cervical cancer cases.

This study, conducted in Nepal, found several factors that contribute to the underutilisation of this screening. They include a lack of awareness; many women in Nepal remain unaware of cervical cancer and the availability of screening services. Many women, especially in rural areas, remain uninformed about the risks of cervical cancer and the importance of early detection. This lack of awareness means that women do not proactively seek out screening services, even when they are available.

Socioeconomic status also plays a crucial role in determining a woman's ability to access healthcare services, including cervical cancer screening. In Nepal, where poverty is widespread, the cost associated with VIA screening, albeit relatively low compared to other screening methods, can still be a significant deterrent. Women from low-income households may prioritise other essential needs over preventive healthcare.

In addition, societal and cultural beliefs about cervical cancer and screening can influence women's decisions regarding VIA. Misconceptions, stigma, and fear surrounding the disease can deter women from seeking screening. Some may believe that cervical cancer only affects promiscuous women or that it is a disease best left undiscussed. These misconceptions contribute to low screening rates.

Encouragingly, women who had previously undergone VIA screening were more likely to accept and undergo the procedure again, highlighting the importance of familiarity and positive experiences. Remarkably, women who had never had a cervical cancer screening before were also more likely to do so when offered orientation and free VIA screening services, highlighting the importance of awareness.

The study suggests several recommendations to enhance VIA screening accessibility and utilisation, including launching community awareness campaigns, increasing female service providers, providing free services, and expanding VIA screening services to grass-root level healthcare facilities.

