

Cervical screening by visual inspection with acetic acid (VIA) is well accepted by women--results from a community-based study in rural India.

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Source

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Abstract

OBJECTIVE:

Among the low cost alternative screening tests Visual Inspection after Acetic Acid Application (VIA) has been found to be most promising. The objective of the present study was to evaluate the safety and acceptability of VIA done by health workers among rural Indian women. We also evaluated the level of women's satisfaction with the screening program.

METHODS:

Women residing in a defined geographic area were offered cervical screening using VIA by trained health workers. Women testing positive were colposcoped by a medical officer at the same sitting. Based on the feedback from a few focus group discussions a structured questionnaire was designed to interview the women after screening. A total of 498 women were selected randomly from the screened women for interview by a social worker. Besides enquiring about any discomfort they faced during or within seven days after screening, the women were also asked to indicate their level of satisfaction with the service. Their opinions to improve the quality of service were also sought.

RESULTS:

Most women reported no pain or only slight discomfort during screening (94.2%). The most common complaint after screening was vaginal discharge (12%). A burning sensation in the vagina was experienced by some of the women (5.8%). These complaints were mild and short-lasting in majority of cases. Most of the women were satisfied with the screening service (94.6% selected the top three of a six-point response scale) and 97% said they would recommend the test to others. The most common reasons for dissatisfaction with screening were discomfort during or after screening, long waiting time and failure to get treatment for other medical problems.

CONCLUSION:

VIA by trained health workers followed by colposcopy at the same sitting is an acceptable screening algorithm for Indian women. A VIA based screening program has to be integrated to the existing primary health care facility in developing countries.

Free Article

<http://screening.iarc.fr/cervicalindex.php>

<http://www.pincc.org/cervical-cancer/prevention>

<http://screening.iarc.fr/trainingcxca.php?lang=1>

<http://www.youtube.com/watch?v=dZmPWZmRgNc>

<http://www.icrh.org/projects/mombasa-cervical-cancer-screening-project>

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(07\)61195-7/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(07)61195-7/fulltext)

<http://hvp-bg.com/nejm.pdf>

<http://onlinelibrary.wiley.com/doi/10.1002/ijc.11245/full>