Cervical Cancer Screening in Developing Countries: Using Visual Inspection Methods

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Background: Cervical cancer is the fourth most common cancer among women worldwide. Most diagnoses occur in developing countries where cases are detected in later stages with poorer prognoses. Cervical cancer is a preventable disease; however, most women in developing and resource-limited countries do not have the access to the same methods of cervical cancer screening as women in developed countries.

Objectives: The objectives of this review are to examine and discuss (a) the burden of cervical cancer in developing countries, (b) the socioeconomic determinants of primary and secondary prevention of cervical cancer, and (c) the use of visual inspection methods of screening with acetic acid (VIA) and Lugol’s iodine (VILI) as alternative strategies for cervical cancer screening in areas with limited resources.

Methods: A critical review was conducted of the literature and recommendations on the role of VIA in cervical cancer prevention in developing countries.

Findings: Visual inspection methods of screening for cervical cancer have emerged as a low-cost, safe, and effective alternative to cytology screening and can be administered to a large proportion of targeted women in developing countries. VIA and VILI can be performed by nurses, midwives, and paramedic staff after a short competency-based training program. In addition, visual screening provides immediate results in real time, permitting a single-visit, screen-and-treat approach, which is an effective strategy to overcome issues of nonadherence to follow-up visits among women in developing countries.

Key words: cultural aspects; epidemiology; gynecologic malignancies; professional development; prevention and detection; quality improvement

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