

Factors Influencing the Utilization of Visual Inspection with Acetic Acid Screening Among Women of Reproductive Age: A Systematic Review

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Abstract

Introduction: Cervical cancer remains a major public health problem, particularly in developing countries, with low participation in early detection through visual inspection with acetic acid screening. **Objective:** This study aims to identify factors influencing the utilization of visual inspection with acetic acid screening among women of reproductive age. **Method:** A systematic literature review was conducted using five electronic databases, including PubMed, ScienceDirect, Google Scholar, Directory of Open Access Journals, and Garuda, for articles published between 2020 and 2025. Eligible studies were selected based on predefined criteria, and data were extracted and analyzed using a narrative approach. **Result and Discussion:** The findings show that screening utilization is influenced by predisposing factors such as knowledge, education, and age; enabling factors including access to health services and availability of information; and reinforcing factors such as support from husbands, families, and health workers. Knowledge was identified as the most dominant factor influencing screening behavior. **Conclusion:** The utilization of visual inspection with acetic acid screening is determined by the interaction of individual, structural, and social factors, indicating the need for comprehensive strategies to improve screening coverage.

How to Cite

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Introduction

Cervical cancer remains a major public health problem worldwide, particularly in (World Health Organization, 2020) low- and middle-income countries, where the burden of disease is disproportionately high (World Health Organization, 2020). It is one of the leading causes of cancer-related morbidity and mortality among women, despite being largely preventable through early detection and timely treatment (Sung et al., 2021). Screening methods such as visual inspection with acetic acid have been widely recommended due to their simplicity, cost-effectiveness, and feasibility in resource-limited settings (World Health Organization, 2020).

However, the utilization of cervical cancer screening, including visual inspection with acetic acid, remains low in many developing countries. Several studies have reported that the coverage of screening services is still far below the global target of 70% set by international health authorities (Hailegebireal et al., 2024; Mbona et al., 2024). This low uptake is influenced by various factors, including limited knowledge, poor access to health services, socio-economic barriers, and lack of social support (Bulamba et al., 2025; Gebreegziabher et al., 2024).

Previous studies have identified multiple determinants of cervical cancer screening behavior among women of reproductive age. These determinants can be broadly categorized into predisposing factors, such as knowledge, education, and perception; enabling factors, including access to healthcare services and availability of information; and reinforcing factors, such as support from family members and healthcare providers (Choi et al., 2022; Nuryana, 2023). Despite the growing body of literature, there is still a need for a comprehensive synthesis of these factors to better understand their combined influence on screening behavior.

Furthermore, existing studies are often conducted in specific settings or populations, which limits the generalizability of their findings. There is a lack of systematic analysis that integrates findings across different regions and contexts, particularly focusing on visual inspection with acetic acid screening among women of reproductive age. This gap highlights the importance of conducting a systematic literature review to provide a more comprehensive understanding of the factors influencing screening utilization.

Therefore, this study aims to systematically review and synthesize the existing evidence on factors influencing the utilization of visual inspection with acetic acid screening among women of reproductive age. The findings of this study are expected to contribute to the development of effective strategies to improve cervical cancer screening coverage and support public health interventions in reducing the burden of cervical cancer.

Method

Study Design

This study employed a systematic literature review design to identify and synthesize evidence on factors influencing the utilization of visual inspection with acetic acid (VIA) screening among women of reproductive age. The review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines (Page et al., 2021). This review was not registered in the PROSPERO database.

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Search Strategy

A comprehensive literature search was conducted across five electronic databases: PubMed, ScienceDirect, Google Scholar, Directory of Open Access Journals (DOAJ), and Garuda. The search was performed for articles published between January 2020 and December 2025.

The search strategy combined keywords and Boolean operators as follows: ("cervical cancer screening" OR "visual inspection with acetic acid" OR "VIA screening") AND ("utilization" OR "uptake" OR "use") AND ("women of reproductive age" OR "WRA") AND ("factors" OR "determinants").

Eligibility Criteria

The eligibility criteria were defined using the PICOS framework (Table 1) to ensure the relevance and consistency of the selected studies.

Table 1
PICOS or PECOS statement

Criteria	Statement
Population (P)	Women of reproductive age
Intervention/Exposure (I)	Factors influencing VIA screening utilization
Comparison (C)	Not applicable
Outcome (O)	Utilization or uptake of VIA screening
Study Design (S)	Observational studies (cross-sectional, case-control, cohort)

The inclusion criteria comprised studies published between 2020 and 2025, involving women of reproductive age, and reporting factors associated with the utilization of VIA screening. Only full-text articles published in English or Indonesian were included to ensure data completeness and accessibility.

Studies were excluded if they employed interventional designs, were classified as review articles, editorials, or conference abstracts, or did not report outcomes relevant to VIA screening utilization. Duplicate publications were also removed to avoid redundancy and ensure the uniqueness of the included evidence.

Additionally, manual searching of reference lists from relevant articles was conducted to identify potentially eligible studies that were not captured during the database search

Study Selection

All identified records were imported into reference management software and screened in several stages. Duplicate articles were removed in the initial stage. Subsequently, titles and abstracts were screened for relevance, followed by full-text assessment based on the predefined eligibility criteria. The screening process was conducted independently by the reviewers, and any discrepancies were resolved through discussion.

The study selection process followed the PRISMA 2020 flow diagram (Page et al., 2021). A total of 1,210 records were initially identified. After removing duplicates and ineligible records, 110 articles were screened based on titles and abstracts. Of these, 85 articles were excluded due to irrelevance. Subsequently, 25 full-text articles were assessed for eligibility, and 15 articles were excluded for not meeting the inclusion criteria. Finally, 10 studies were included in this review.

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Data Extraction

Data were extracted using a standardized data extraction form to ensure consistency and accuracy. The extracted information included author and year of publication, country, study design, sample size, variables studied, significant factors (reported as adjusted odds ratios or odds ratios), and main findings.

All variables were subsequently categorized into predisposing, enabling, and reinforcing factors based on the PRECEDE–PROCEED model (Green & Kreuter, 2005).

Quality Assessment

The methodological quality of the included studies was assessed using the National Heart, Lung, and Blood Institute (NHLBI) Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies (National Heart, Lung, and Blood Institute, 2014). Each study was evaluated based on criteria including clarity of research objectives, population definition, sample size justification, measurement validity, control of confounding variables, and appropriateness of statistical analysis.

The overall quality of each study was categorized as good, fair, or poor. The quality assessment results were used to support the interpretation of findings but were not used as exclusion criteria.

Data Synthesis

A narrative synthesis approach was employed to analyze and summarize the findings of the included studies. Meta-analysis was not performed due to heterogeneity in study designs, populations, and outcome measurements.

The findings were organized into three main categories: predisposing factors, enabling factors, and reinforcing factors. A comparative analysis across studies was conducted to identify consistent patterns, dominant determinants, and contextual differences influencing the utilization of VIA screening.

Result and Discussion

1. Result

Study Selection

The study selection process followed the PRISMA 2020 guidelines (Page et al., 2021). A total of 1,210 records were initially identified from five electronic databases. After removing duplicate and ineligible records, 110 articles remained for title and abstract screening. Of these, 85 articles were excluded due to irrelevance. Subsequently, 25 full-text articles were assessed for eligibility, 2 articles reports not retrieved and 13 articles were excluded for not meeting the inclusion criteria. Finally, 10 studies were included in this systematic review. The detailed study selection process is illustrated in Figure 1.

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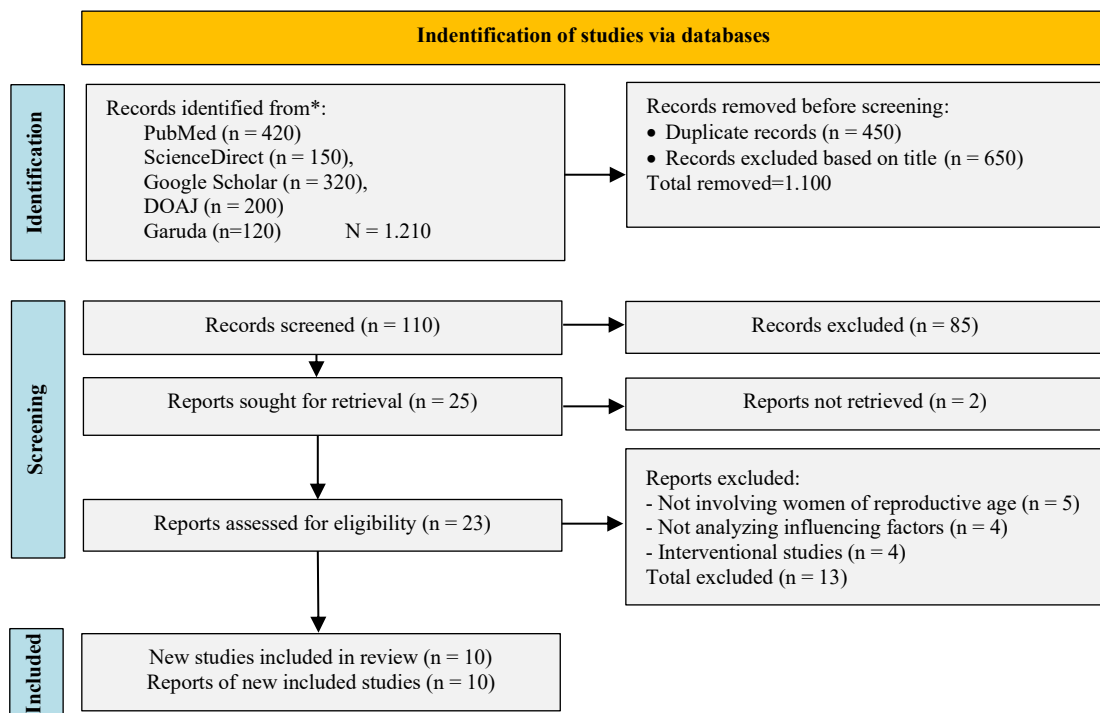


Figure 1. PRISMA Flow Diagram

Characteristics of Included Studies

The characteristics of the included studies are summarized in Table 1. The studies were conducted across various countries, including Ethiopia, Uganda, Kenya, Nigeria, Bangladesh, Nepal, and Indonesia, and predominantly employed cross-sectional designs.

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Table 2
Characteristics of Included Studies

No	Author (Year, Country)	Design	Sample	Key Factors	Effect Size AOR/OR, p-value)	Dominant Factor
1	Assefa et al. (2024, Ethiopia)	Cross-sectional	283	Knowledge, residence, contraceptive use, health worker discussion	Residence (AOR=0.37), Contraceptive use (AOR=2.49), Discussion (AOR=2.34), Knowledge (AOR=0.25), p<0.05	Contraceptive use
2	Bulamba et al. (2025, Uganda)	Cross-sectional	783	Knowledge, partner support, age, HIV, urban residence	Knowledge (AOR=3.29), Partner (AOR=2.61), Age≥50 (AOR=2.16), HIV (AOR=1.66), p<0.05	Knowledge
3	Fitriani et al. (2025, Indonesia)	Cross-sectional	152	Age, education, occupation, knowledge, parity	Age (OR=12.47), Occupation (OR=10.84), Knowledge (OR=3.57), p<0.05	Age
4	Audina et al. (2021, Indonesia)	Cross-sectional	108	Knowledge, attitude, information, support	Knowledge (OR=38.79), Attitude (OR=0.007), Information (OR=0.017), p<0.05	Knowledge
5	Alie et al. (2023, Africa)	Cross-sectional DHS	17,432	Age, smoking, wealth, condom use	First birth ≥35 (AOR=5.27), Smoking (AOR=1.89), Condom (AOR=1.79), p<0.05	Age
6	Hailegebireal et al. (2024, SSA)	Cross-sectional Multilevel	124,787	Age, education, access, media	Age (AOR=4.11), Education (AOR=2.71), Media (AOR=1.78)	Age
7	Dinengsih & Afiani (2023, Indonesia)	Cross-sectional	48	Motivation, family support, midwife role	Motivation (OR=8.80), Family (OR=7.14), Midwife (OR=7.00), p<0.05	Family support
8	Harnita et al. (2025, Indonesia)	Cross-sectional	108	Attitude, knowledge, access	Attitude (AOR=3.408), <0.05	Attitude
9	Yulistiharoh et al. (2021, Indonesia)	Cross-sectional	255	Cadre, husband, health worker support	Cadre (OR=79.6), Husband (OR=45.8), p<0.001	Cadre support
10	Nabilah et al. (2024, Indonesia)	Cross-sectional	143	Education, information, health worker	Education (OR=3.56), Information (OR=3.36), Health worker (OR=4.01), p<0.05	Health worker

Predisposing Factors

Predisposing factors were the most frequently reported determinants influencing VIA screening utilization. These included knowledge, education, age, perception, parity, and behavioral factors. Among these, knowledge emerged as the most consistent and dominant factor across studies (Bulamba et al., 2025; Gebreegziabher et al., 2024).

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Women with higher knowledge levels were significantly more likely to undergo VIA screening. For example, Bulamba et al. (2025) reported that knowledgeable women were more than three times more likely to utilize screening services (AOR = 3.29; $p < 0.05$). Similarly, Fitriani et al. (2025) and Audina et al. (2021) identified knowledge as a strong predictor of screening behavior.

Education and age were also significantly associated with screening utilization. Women with higher education levels demonstrated increased participation (Hailegebireal et al., 2024), while older women were more likely to undergo screening (Alie et al., 2023).

Enabling Factors

Enabling factors included access to healthcare services, availability of information, and socioeconomic status. Studies consistently showed that better access to healthcare facilities significantly increased screening uptake (Hailegebireal et al., 2024).

Exposure to health information, including media, also contributed to increased awareness and participation in screening programs. Additionally, prior utilization of healthcare services, such as family planning visits, was associated with higher screening uptake (Choi et al., 2022)

Urban residence and higher socioeconomic status were also linked to increased screening utilization, highlighting disparities in access between urban and rural populations (Alie et al., 2023; Bulamba et al., 2025).

Reinforcing Factors

Reinforcing factors included support from husbands, families, healthcare providers, and community health cadres. These factors played a significant role in influencing women's decisions to undergo screening.

Partner support was consistently associated with higher screening uptake (Bulamba et al., 2025; Yulistiharoh, 2020). Similarly, support from healthcare providers through counseling significantly increased participation (Nuryana, 2023).

Community support, particularly from health cadres, demonstrated a very strong association with screening utilization, indicating the importance of community engagement strategies.

Quality Assessment of Included Studies

The methodological quality of the included studies was assessed using the NHLBI Quality Assessment Tool (National Heart, 2014). The results are presented in Table 3

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Table 3
Quality Assessment of Included Studies

No	Author (Year)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Quality
1	Assefa et al. (2024)	Y	Y	Y	Y	Y	Y	Y	NA	Y	Y	N	Y	NA	Y	Good
2	Bulamba et al. (2025)	Y	Y	Y	Y	Y	Y	Y	NA	Y	Y	Y	Y	NA	Y	Good
3	Fitriani et al. (2025)	Y	Y	Y	Y	Y	Y	Y	NA	Y	Y	N	Y	NA	Y	Good
4	Audina et al. (2021)	Y	Y	Y	Y	Y	Y	Y	NA	Y	Y	N	Y	NA	Y	Good
5	Alie et al. (2023)	Y	Y	Y	Y	Y	Y	Y	NA	Y	Y	Y	Y	NA	Y	Good
6	Hailegebireal et al. (2024)	Y	Y	Y	Y	Y	Y	Y	NA	Y	Y	Y	Y	NA	Y	Good
7	Dinengsih et al. (2023)	Y	Y	Y	N	Y	Y	Y	NA	Y	Y	N	Y	NA	Y	Fair
8	Harnita et al. (2025)	Y	Y	Y	Y	Y	Y	Y	NA	Y	Y	N	Y	NA	Y	Good
9	Yulistiharoh et al. (2021)	Y	Y	Y	Y	Y	Y	Y	NA	Y	Y	N	Y	NA	Y	Good
10	Nabilah et al. (2024)	Y	Y	Y	Y	Y	Y	Y	NA	Y	Y	N	Y	NA	Y	Good

Note: Y = Yes; N = No; NA = Not Applicable

Overall, nine studies were classified as good quality and one study was categorized as fair quality, with no studies rated as poor. This indicates that the overall methodological quality of the included studies is relatively high. However, the predominance of cross-sectional designs limits the ability to establish causal relationships.

2. Discussion

Predisposing Factors

Predisposing factors were identified as the most influential determinants of visual inspection with acetic acid (VIA) screening utilization among women of reproductive age. These factors include age, knowledge, education, and attitudes, which shape an individual's readiness to engage in preventive health behavior. Among these, age emerged as the most consistently reported factor across the included studies. Older women were more likely to utilize VIA screening services compared to younger women. This finding is consistent with previous studies, such as Alie et al. (2023), who reported that women aged ≥ 35 years had significantly higher odds of undergoing screening (AOR = 5.27), and Hailegebireal et al. (2024), who also found a strong association between increasing age and screening uptake (AOR = 4.11). Similarly, Bulamba et al. (2025) identified older age groups as more likely to participate in screening programs.

From a theoretical perspective, this finding can be explained by the Health Belief Model (HBM) developed by Irwin M. Rosenstock, which posits that health behavior is influenced by perceived susceptibility and perceived severity. As women age, their perceived vulnerability to cervical cancer increases, which in turn motivates them to seek preventive services such as VIA screening. In addition, according to the PRECEDE-PROCEED model by Lawrence W. Green and Marshall W. Kreuter, age is categorized

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as a predisposing factor that influences behavioral intention. Older women are more likely to have greater exposure to health information, more frequent contact with healthcare services, and increased awareness of reproductive health risks, all of which contribute to higher screening utilization.

Knowledge was also identified as a key predisposing factor. Studies such as Bulamba et al. (2025) and Audina et al. (2023) demonstrated that women with higher knowledge levels were significantly more likely to undergo screening (AOR = 3.29; OR = 38.79). Knowledge plays a crucial role in shaping health behavior by increasing awareness of disease risk and the benefits of early detection. However, despite its importance, knowledge alone does not guarantee screening uptake. This indicates the presence of a knowledge–behavior gap, where individuals may be aware of health risks but fail to translate this awareness into action. This suggests that additional factors beyond knowledge are required to facilitate behavior change.

Enabling Factors

Enabling factors refer to the structural and resource-related conditions that facilitate or hinder access to health services. In this review, key enabling factors included access to healthcare facilities, availability of information, and socioeconomic conditions. Studies consistently showed that women with better access to health services were more likely to utilize VIA screening. Hailegebireal et al. (2024) reported that access to healthcare and exposure to media significantly increased screening uptake. Similarly, prior interaction with health services, such as family planning visits, was associated with higher screening participation (Choi et al., 2022).

The availability of health information, including media exposure and counseling, also played a significant role in increasing awareness and encouraging screening behavior. Women who were exposed to health promotion messages were more likely to understand the importance of early detection and take action. However, disparities in access remain a major challenge, particularly between urban and rural populations. Women living in rural areas often face barriers such as limited availability of services, transportation difficulties, and lower exposure to health information. These structural barriers highlight the importance of strengthening health system capacity and improving service accessibility to increase screening coverage.

Reinforcing Factors

Reinforcing factors include social and interpersonal influences that support or discourage health behavior. In this review, key reinforcing factors included support from husbands, family members, healthcare providers, and community health cadres. Support from husbands and family members was found to significantly influence women's decisions to undergo screening. Studies such as Yulistiharoh et al. (2020) demonstrated a strong association between husband support and screening utilization (OR = 45.8), while Dinengsih et al. (2023) reported that family support increased the likelihood of screening (OR = 7.14). These findings highlight the importance of social support systems, particularly in collectivist cultural contexts where health decisions are often influenced by family dynamics.

Support from healthcare providers also plays a critical role. Counseling, education, and direct recommendations from health workers can increase motivation, reduce fear, and encourage women to utilize screening services. In some cases, community-based

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support, particularly from health cadres, showed very strong associations with screening behavior (OR = 79.6), indicating the effectiveness of community engagement strategies. These findings emphasize that health behavior is not solely determined by individual factors but is also shaped by social interactions and cultural norms.

Dominant Factor and Synthesis of Findings

Among all identified determinants, age emerged as the most dominant factor influencing VIA screening utilization, as reported in three of the included studies. This was followed by knowledge, which was identified as the dominant factor in two studies, while other factors such as attitude, husband support, and health worker support appeared less consistently. However, it is important to note that age does not operate in isolation. The influence of age is closely linked to other factors such as knowledge, access to healthcare services, and social support. Older women may have higher screening uptake not only due to age itself but also due to greater exposure to information, increased interaction with health services, and stronger social support systems.

Overall, the findings of this review highlight that VIA screening utilization is influenced by a complex interplay of predisposing, enabling, and reinforcing factors. Therefore, interventions aimed at increasing screening coverage should adopt a comprehensive and multi-level approach, addressing individual awareness, improving healthcare accessibility, and strengthening social support systems. These findings provide important implications for public health strategies aimed at improving cervical cancer screening coverage in low- and middle-income settings.

Conclusion

This systematic review demonstrates that the utilization of visual inspection with acetic acid (VIA) screening among women of reproductive age is influenced by a complex interaction of predisposing, enabling, and reinforcing factors. Predisposing factors such as age and knowledge play a central role in shaping screening behavior, while enabling factors including access to healthcare services and availability of information facilitate service utilization. Reinforcing factors, particularly support from husbands, families, healthcare providers, and community health cadres, further strengthen women's decisions to undergo screening. Among these determinants, age emerged as the most dominant factor, followed by knowledge, indicating that older women are more likely to utilize VIA screening due to increased perceived risk, greater exposure to health information, and more frequent interaction with healthcare services. These findings highlight the need for comprehensive, multi-level interventions that not only improve individual awareness but also enhance healthcare accessibility and strengthen social support systems. Such integrated strategies are essential to increase cervical cancer screening coverage, particularly in low- and middle-income settings.

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