

TRANSLATING PAP SMEAR SCREENING POLICY TO IMPLEMENTATION IN PENINSULAR MALAYSIA: ACHIEVEMENTS & CHALLENGES

Yut Lin Wong, Ee Ming Khoo, W.Y. Low, Siti Hawa Ali, Rogayah Abdul Rahim, Yasin S.A.S., Jamilah J., Shamsuddin K. *HerDU, Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia*

The Second National Morbidity Survey reported only 26% of women have gone for pap smear screening (PAPSS) in Malaysia despite the existence of a national pap smear screening policy and program since 1969. This is a major concern particularly in view of the increasing rates of cervical cancer mortality.

Thus, this paper attempts to identify the factors affecting women's uptake of pap smear screening by assessing how the PAPSS policy has been translated into implementation of programs and services. In-depth qualitative interviews were conducted with 35 healthcare providers in a national research on PAPSS. These healthcare providers ranged from frontliners like nurses, midwives, medical officers, specialists, and GPs to top management and policymakers. They were recruited from government health centres, teaching hospitals and private GP clinics in Kuala Lumpur and Kota Bharu.

The study found that all healthcare providers interviewed commonly perceived there is a long standing pap smear screening policy together with national guidelines on PAPSS protocol and services in the country. Translation of the national cervical cancer prevention policy into a routine screening practice has been essentially led by the Ministry of Health, the government and non-government family planning clinics. It is revealed, however, that the extent of the commitment to implement the policy could be left to the interest and enthusiasm of individual healthcare providers. Other health facilities generally do not run routine PAPSS services except for opportunistic screening. Healthcare providers interviewed raised many challenges facing the national PAPSS program: limited capacity to effectively manage the structure of cervical cancer prevention services (funds, staff); women-centered quality services; men's involvement in PAPSS; the need for health services to address women's fears of cervical cancer, need for privacy and confidentiality when performing vaginal examinations. Hence, PAPSS service provision must be improved in order to increase women's uptake of such screening tests.

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FACTORS AFFECTING THE REPRODUCTIVE AND SEXUAL HEALTH SERVICES UTILISATION IN NEPAL: GENDER AND FAMILY ROLE IN DECISION-MAKING PROCESS

Bibha Bhurtyal (Simkhada), P. Regmi
Aberdeen University, Scotland, United Kingdom

Issues Complications during pregnancy and childbirth are the leading cause of death and disability among women of reproductive age in developing countries, killing an estimated 515,000 women each year. The maternal mortality rate in Nepal is 740 per 100,000, which is one of the highest in the world. Study shows that reproductive and sexual health (RSH) services are under utilised by pregnant women. Reasons for non-utilisation of such health services are poorly understood. Therefore, the aim of this study was to examine the factors underlying the utilisation and non-utilisation of existing sexual and reproductive health services.

Description Data were collected by using qualitative approach. 30 in-depth interviews were taken among pregnant women in rural and urban areas.

Conclusion The findings show that several factors play important role on sexual and reproductive health (SRH) service utilisation.

Majority of the women in the study did not know the benefit and advantages of using RSH services during pregnancy. There are several

misconceptions around the reproductive and sexual health problems. Moreover, most of the women said that health care professional such as doctors and nurse had poor communication with them. RSH services

are not easily available in many rural areas and there is some hidden cost for such services. These results should provide policy makers with a better understanding of reasons for under utilisation of RSH services.