

## Abstract

The implementation and coverage of Thailand's cervical screening programme  
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**Background.** Cervical cancer is the most common cancer in Thai women, with an estimated 6100 new cases diagnosed and 3100 deaths each year (GLOBALCAN2000). The occurrence of cervical cancer in women in their 20s is rare, but increases sharply at 35 to 40 years of age and remains high onwards. Most cervical cases in Thailand are diagnosed at a very advanced stage, which leads to little chance of survival.

Although cytology screening with pap smear has been available in Thailand for more than 40 years, the test is mainly used for diagnostic purposes, rather than screening for cervical cancer. In 1997, the Ministry of Public Health began to offer reproductive health services in conjunction with family planning. Malignancy of reproductive tract was included among ten reproductive health components (Reproductive Health Division, 2003). In addition, the National Cancer Control Programme began to emphasize cervical cancer prevention and control. The policy statements support organized cervical screening programmes, with pap smear tests for women aged 35-54 years, with a regular screening every five years. However, the Ministry of Public Health has not yet established clear, practical guidelines on cervical screening for health workers.

After the introduction of Cervical Cancer Control Programme, a mass campaign to raise awareness of cervical cancer was launched mainly by government health providers through media and health education at various levels of health facilities. Pap smears were also provided to women during the campaign. However, no population-based registration system has yet been established to provide data on national coverage and follow-up system. Monitoring of the cervical screening programme by the Ministry of Public Health indicates low coverage of cervical screening due partly to limited laboratory resources, and the women themselves are not comfortable with the procedure (Reproductive health Division, 2004). Little is known about how available programmes are actually implemented, and to what extent the target women know about cervical cancer and the screening programmes.

**Objective.** This paper describes the coverage of screening programmes, whether the programmes reach the target women, who are more likely to use cervical screening

services, how the programmes are implemented, and to what extent women know about the programmes.

**Method.** Methods used in this study include qualitative and quantitative approaches. A small scale study in one district in northeast Thailand was carried out using survey, focus group and in-depth interviews. Two national representative surveys were used to investigate the coverage of the screening programme. The Health and Welfare Survey was conducted by the National Statistical Office in 2003 which covered a wide range of health behaviour including use of cervical screening services. For the cervical screening, women aged 35 or older were asked about knowledge of pap test and their experiences in pap test. (NSO, 2004). The other survey was the Economic Crisis, Demographic Dynamics and Family in Thailand (Chayovan et al, 2003). This study included women aged 15-49 years.

## **Findings**

1. Programmes implementation. In the study district, cervical screening services were made available through existing facilities and through a mobile clinic. Cervical screening was offered to postpartum women who visited the hospital and sub-district health centers for their postpartum check up. The screening was offered on request at the family planning clinic as well. Mobile clinics were also organized by the district hospital and health centers especially during the campaign period to provide screening to women outside the district town. The mobile clinics were based at health centers. Laboratory service for smear test was not available in the district, therefore, all smears were sent to laboratory in the provincial city. This process took three months at most before the women received the test results. All women tested were registered but no pre-registration of target women was done. At the mobile clinic, cervical screening was provided to all women who turned up, without pre-registration of target women. The message about the clinic was spread through the local network such village headman and village health volunteers. The main activity of the clinic was smear taking which was performed by trained nurses or midwives. The health providers did not provide much information on cervical cancer and the cancer prevention because lack of time.

2. Coverage. In 2003, 62 per cent of women aged 35 and above had ever had a pap smear. [Note: by the time of the conference, it should be possible to provide more

detailed results.] The service was poorly targeted. Nearly half of women aged 15-29 years had also received a pap test. Data obtained from interviews of women in a rural community suggest that many women who had received pap test sought medical attention because of gynecological problems such as pain in uterus, itchy vagina, and discharge from vagina. Some women with ongoing gynecological problems visited the doctor several times within a year and received a pap test at every visit. For those who ever had a pap test, mobile clinics and district hospitals were the main source where they received the services.

3. Knowledge about screening programme. At the national level, 33 per cent of women aged 35 years or older know about method undertaken for early detection of cervical cancer. Many women in the study district had heard about cervical cancer and the screening programme through television, radio programme and friends. Many women said that all women should have pap test once every year.

**Policy implications.** The targeting of the screening programmes needs to be improved. Health staff need to provide women with more information about cervical cancer and the appropriate use of cervical screening. National guidelines for the cervical screening programme are urgently needed.

## References

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