

Unmet Need for Family Planning among Doctors and Nurses in University Kebangsaan Malaysia Medical Centre (UKMMC)

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ABSTRACT

Objective: To determine unmet need for family planning among doctors and nurses in UKMMC. **Method:** A prospective cross-sectional survey was conducted to investigate unmet need for family planning among female doctors and female nurses in UKMMC between 1st January and 31st January 2015. Questionnaire was created in English language using Modified DHS model questionnaire as available in DHS Analytical Studies 2012. There were two versions of the questionnaire, the printed copy and the online survey using the server SurveyMonkey (<https://www.surveymonkey.com/r/UNMETneedCONTRA>). The first part of the questionnaire covered socio-economic and demographic data while the second part contained information on family planning. Both groups were compared in terms of unmet need, total demand for family planning and the reason for not practicing contraception. **Results:** A total of 110 female doctors and 530 female nurses were enrolled in this study. The mean age was 35 years old in doctors' group and 34 years old in the nurses' group. Higher current users of contraception among the nurses compared to doctors, which is 28.8% and 16.8% respectively. Among the doctors, higher proportion was observed for unmet need for spacing in comparison with that for limiting (12.7% vs 4.2%). These findings were found to be similar in the nurses' group, with 16.8% have unmet need for spacing while 7.2% have unmet need for limiting. Using Westoff Model the total unmet need was estimated 19% for the doctors and 24.9% in the nurses. Total demands for family planning among doctors were much lower compared to the nurses (35.8% vs 53.7%). 26.7% in the doctors' group gave fertility related reasons as the highest reason for not using contraception while 21% of nurses gave opposition to use. Lack of knowledge was given by 3% in the nurses group. **Conclusion:** Unmet need for family planning among female doctors was lower than female nurses, but comparable to the national value of 17%. The result of this study necessitates the need for health management to take into account the concept of reproductive health education.

Growing Teratoma Syndrome: Behaves Malignant but not always Malignant!!!

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ABSTRACT

Growing Teratoma Syndrome (GTS) was first described in 1976 as chemotherapeutic retroconversion. It is a very rare condition among men and women with appropriately treated germ cell tumours characterized by persistence or development of enlarging masses during or after adjuvant chemotherapy. There have only been less than 80 cases reported in literature thus far. Although the incidence of GTS after testicular non seminomatous germ cell tumours is 1.9 – 7.6%, the incidence after malignant germ cell tumours of the ovary is unknown. However due to increasing awareness regarding this condition, more cases have been reported. We would like to present 3 cases seen over the last year of Growing Teratoma Syndrome. All 3 cases had a fairly similar history. They were all young girls below 30's who presented with a complex ovarian mass suspicious of malignancy with raised tumour markers. They all underwent fertility sparing surgery which revealed an early stage germ cell tumour of an immature teratoma. However, during adjuvant therapy, 2 of them become symptomatic. Radiological imaging showed new pelvic and abdominal masses which were increasing in size. This was not in relation to the tumor markers which had normalized. Both girls were offered 2nd line chemotherapy or surgical intervention. Even on 2nd line chemotherapy the masses grew and caused compressive symptoms. Then they opted for debulking surgery. Optimal cytoreduction was achieved in both cases; however, the histopathology showed mature teratoma with no evidence of immature component. They were followed up closely and remain asymptomatic with no evidence of recurrence. The other girl is still under surveillance as she has decline surgery or chemotherapy. GTS is a rare entity but should be suspected when tumor masses persist or develop with normal tumor markers during or after adjuvant chemotherapy for non-seminomatous germ cell ovarian neoplasia. Familiarity with GTS may help avoid unnecessary chemotherapy and early intervention when it is still feasible for debulking reducing the risk of complications and morbidity. Optimal cytoreduction at surgery for GTS offers an opportunity for cure.