



Original Research

Pharmacists' counseling on oral contraceptives: A theory informed analysis

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Abstract

Background: Providing correct and complete counseling on the use of oral contraceptives (OCs) is central to securing the autonomy of women in child-bearing age and is a powerful, proven tool of social change. Pharmacists in many developing countries such as Egypt are involved in dispensing and at times prescribing pharmaceuticals, including oral contraceptives that are readily available without a prescription.

Objectives: To predict Egyptian community pharmacists' counseling on oral contraceptives while utilizing a theoretical framework guided by the Theory of Planned Behavior (TPB).

Methods: A cross-sectional, self-administered survey was completed by a random sample of community pharmacists in Alexandria, Egypt to determine their attitudes and behaviors regarding counseling on OCs. Multiple regression was used to predict self-reported counseling on oral contraceptives as a function of the TPB-related constructs and six other factors – “perceived importance of profit from dispensing OCs on pharmacy revenue,” “number of hours worked,” “age,” “gender,” “pharmacy practice degree” and “marital status” of the pharmacist.

Results: Of the 181 pharmacists invited to complete the survey, 168 (93%) participated. Pharmacists indicated they talked to a slightly higher proportion of women about the importance of taking OCs at the same time daily than about topics such as which day to start taking OCs, side effects and what to do when a dose of OCs was missed. Pharmacists' reported counseling on oral contraceptives was positively associated with their perception that women welcomed pharmacist initiated OC counseling ($\beta = 0.315$, $P < 0.001$), perceived adequacy of time available to counsel women on OCs ($\beta = 0.290$, $P = 0.003$) and the perceived number of women who asked for their help in selecting an OC without providing a prescription in the past week ($\beta = 0.160$, $P = 0.018$). Pharmacists reported that women's welcoming pharmacists initiating OC counseling was associated with the pharmacists' reported percent who asked pharmacists for OC advice out of the last 5 women seeking OC ($r = 0.45$; $P < 0.0001$). Male pharmacists were less likely than female pharmacists to report that women welcomed pharmacist initiated OC counseling ($r = -0.27$; $P = 0.0005$).

Conclusions: The TPB appears to help predict pharmacists' OC counseling. There is a need to prepare pharmacists who are frequently requested to assist women with the selection of an oral contraceptive. Interventions that would facilitate women's requests for information may be valuable to increase pharmacists' counseling on oral contraceptives. Future qualitative and observational studies are needed

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to assess complexities in counseling on oral contraceptives in developing countries.

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Introduction

Background

Oral contraceptives (OCs) are highly effective when used properly. Providing correct and complete counseling on the use of oral contraceptives is central to securing the autonomy of women in child-bearing age and has been proven to be a powerful tool of social change. In recent decades, Egypt, the most populous country in the Middle East and the third most populous country in Africa, has witnessed a considerable expansion of family planning use that was associated with an increased awareness of family planning methods.¹

Pharmacists in many developing countries such as Egypt dispense, select and at times prescribe pharmaceuticals including OCs, which are readily available without a prescription. They have a significant potential to ensure the safe use of OCs where family planning is a national priority. The 2014 Egypt Demographic and Health Survey (EDHS), the latest in a series of nationally representative population and health surveys conducted in Egypt, shows that pharmacies were the principal source for OCs.¹ However, it also shows that women obtaining their OCs from pharmacies were much less likely than women obtaining their OCs from other health facilities to have received information, especially about side effects, necessary to make an informed choice.¹

While most of the literature focused on pharmacists' attitudes and practices related to emergency contraception,^{2–9} a few studies examined community pharmacists' counseling on the more commonly used low dose OCs.^{7,10–12} Studies that used simulated patrons to evaluate the quality of counseling provided to patrons indicate that a small percentage of pharmacists provided counseling on OCs and that even when counseling was provided, it was missing key information.^{7,12} Sattari et al's findings indicate that at times pharmacists were not providing information to patrons even when pharmacists possessed the correct knowledge.¹⁰ While these few studies suggest pharmacists' counseling behavior is limited, there is little information on factors associated

with the provision of counseling to women on OCs.

Theoretical framework

The Theory of Planned Behavior (TPB) implies that individuals carefully consider the available information before acting.¹³ According to TPB, attitudes (feelings about a behavior), subjective norms (perception of whether important people perform and approve the behavior or not) and perceived behavioral control (perception of the difficulty of performing a behavior) determine the individual's behavioral intention (plan to perform behavior) and consequently determine the likelihood of the individual carrying out that specific behavior. A measure of perceived moral obligation (personal feelings of responsibility to perform, or refuse to perform, a certain behavior)¹⁴ could add predictive power to the models predicting pharmacists' intentions to carry out behaviors.^{15,16} As seen in Fig. 1, this study uses constructs derived from TPB and adapted to the research question following pre-testing. Consistent with TPB, pharmacists' counseling is assumed to be under their volitional control. Perceived Welcome of Counseling (PWC), derived from the subjective norm construct, is defined as the pharmacist's perception of the proportion of women who would welcome the pharmacist initiation of a conversation on topics related to oral contraceptive use. The Perceived Knowledge of Women (PKW), derived from the attitude construct, is defined as a pharmacist's perception of the proportion of women who possess adequate knowledge regarding OCs. Perceived Responsibility for Notification (PRN), derived from the perceived moral obligation construct, is defined as the pharmacist's perception of responsibility to notify women about four key topics related to OCs. Finally, two measures related to the perceived behavioral control construct were used. These included the level of confidence in one's therapeutic knowledge regarding OCs and perceived adequacy of time available to counsel women on OCs.

Consistent with TPB higher rates of counseling on OCs should be associated with higher rates of

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