

## Assessing attitudes of community pharmacists towards adolescent-friendly sexual and reproductive healthcare services in Ghana.

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### ABSTRACT

**Background:** Adolescents in Ghana face significant barriers to accessing sexual and reproductive health services (SRHS), and community pharmacists can play a key role in providing these services. However, their attitudes towards adolescent-friendly SRHS (AFSRHS) may influence service delivery.

**Objectives:** This study assessed the attitudes of community pharmacists in four regions of Ghana towards providing AFSRHS.

**Methods:** An analytical cross-sectional study was conducted among 357 licensed community pharmacists in the Bono, Bono East, Ahafo, and Ashanti regions. A census approach was used, and data were collected using a structured questionnaire covering pharmacists' norms, personal beliefs, attitudes towards adolescent SRHS, and perceptions of the clinical and policy environment. Data were analyzed using Stata version 16, and Bloom's classification was applied to categorize attitudes, with scores > 90% indicating a positive attitude.

**Results:** Of the 357 pharmacists contacted, 192 responded (53.8 %). Most pharmacists (53.1 %) exhibited poor attitudes towards AFSRHS, while 46.9 % had positive attitudes. While 66.7 % supported equal confidentiality for adolescents and adults in SRH services, 37.5 % believed unmarried adolescents should be advised to abstain from contraceptive use. Comparison with other studies indicated that pharmacists in different settings tend to display more positive attitudes toward SRHS provision.

**Conclusion:** The study revealed that many pharmacists in Ghana hold unfavorable attitudes towards AFSRHS, which may hinder adolescents' access to essential SRH services. Training programs and policy reforms are recommended to improve attitudes and create a more inclusive environment for adolescent healthcare.

**Keywords:** Adolescent-friendly services, Sexual and reproductive health, Community pharmacists, Ghana, Attitudes, Healthcare access.

## Évaluation des attitudes des pharmaciens communautaires à l'égard des services de santé sexuelle et reproductive adaptés aux adolescents au Ghana.

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### RÉSUMÉ

**Contexte:** Au Ghana, les adolescents sont confrontés à d'importants obstacles quant à l'accès aux services de santé sexuelle et reproductive (SSR), et les pharmaciens communautaires peuvent jouer un rôle clé dans la prestation de ces services. Cependant, leurs attitudes à l'égard des services de santé sexuelle et reproductive adaptés aux adolescents (SSRAJ) peuvent influencer la prestation de ces services.

**Objectif:** Cette étude a évalué les attitudes des pharmaciens communautaires de quatre régions du Ghana à l'égard de la fourniture de services de santé sexuelle et reproductive adaptés aux adolescents.

**Méthodes:** Une étude transversale analytique a été menée auprès de 357 pharmaciens communautaires agréés dans les régions de Bono, Bono East, Ahafo et Ashanti. Une approche de recensement a été utilisée et les données ont été collectées à l'aide d'un questionnaire structuré portant sur les normes des pharmaciens, leurs croyances personnelles, leurs attitudes à l'égard de la santé sexuelle et reproductive des adolescents et leurs perceptions de l'environnement clinique et politique. Les données ont été analysées à l'aide de Stata version 16 et la classification de Bloom a été appliquée pour catégoriser les attitudes, les scores > 90% indiquant une attitude positive.

**Résultats:** Sur les 357 pharmaciens contactés, 192 ont répondu (53,8%). La plupart des pharmaciens (53,1%) ont affiché une attitude négative à l'égard des services de santé sexuelle et reproductive, tandis que 46,9% avaient une attitude positive. Alors que 66,7% étaient favorables à une confidentialité égale pour les adolescents et les adultes dans les services de santé sexuelle et reproductive, 37,5% estimaient qu'il fallait conseiller aux adolescents célibataires de s'abstenir d'utiliser des contraceptifs. La comparaison avec d'autres études a montré que les pharmaciens dans différents contextes ont tendance à afficher des attitudes plus positives à l'égard de la prestation de services de santé sexuelle et reproductive.

**Conclusion:** L'étude a révélé que de nombreux pharmaciens au Ghana ont des attitudes défavorables à l'égard des services de santé sexuelle et reproductive des adolescents, ce qui peut entraver l'accès des adolescents aux services essentiels de santé sexuelle et reproductive. Des programmes de formation et des réformes politiques sont recommandés pour améliorer les attitudes et créer un environnement plus inclusif pour les soins de santé des adolescents.

**Mots clés:** Services adaptés aux adolescents, Santé sexuelle et reproductive, Pharmaciens communautaires, Ghana, Attitudes, Accès aux soins de santé.

## INTRODUCTION

Adolescence marks a critical period of transition characterized by physical, emotional, and social changes, including the exploration of sexual and reproductive health (SRH) issues.<sup>1,2</sup> Adolescents often engage in risky behaviors that can significantly interfere with their health.<sup>3,4</sup> Therefore, it is important to provide adolescent-friendly healthcare services that are accessible, acceptable, equitable, appropriate, and effective.<sup>2,5</sup> These services aim to address the unique needs and challenges faced by adolescents in navigating their sexual and reproductive health journey.<sup>6</sup> Provision of comprehensive and supportive healthcare services, can promote the well-being and healthy development of adolescents during this critical period of their lives.<sup>5</sup>

Access to comprehensive SRH services is vital for adolescents to make informed decisions about their reproductive health, prevent unintended pregnancies, protect against sexually transmitted infections (STIs), and promote overall well-being.<sup>7,8</sup> However, adolescents often encounter barriers when seeking SRH services, including stigma, discrimination, lack of confidentiality, and limited access to youth-friendly healthcare providers.<sup>4,9,10</sup> Frontline health professionals, including community pharmacists, play a crucial role in bridging these gaps and ensuring adolescents receive the care they need.<sup>11</sup>

Community pharmacists serve as accessible and trusted sources of healthcare, offering a wide range of services beyond dispensing medications, including counseling, health education, and referrals.<sup>12</sup> In many low- and middle-income countries, including Ghana, community pharmacies serve as the first point of contact for individuals seeking healthcare services, particularly in underserved areas where access to formal healthcare facilities may be limited.<sup>12,13</sup> As such, community pharmacists are well-positioned to provide adolescent-friendly SRH services and contribute to improving adolescents' SRH outcomes.

Despite their potential role in adolescent SRH care, little is known about community pharmacists' attitudes towards providing such services, particularly in the Ghanaian context. Attitudes, defined as individuals' evaluations, feelings, and behavioral tendencies towards a particular object or issue, can significantly influence their willingness and ability to provide quality care.<sup>14,15</sup> Understanding community pharmacists' attitudes towards adolescent-friendly SRH services is essential for

identifying potential barriers and facilitators to service provision and developing targeted interventions to enhance service delivery.<sup>16,17</sup> This study aimed to assess the attitudes of Ghanaian community pharmacists towards adolescent-friendly sexual and reproductive healthcare services.

## METHODS

### Study design

This study employed an analytical cross-sectional design to assess community pharmacists' attitudes towards providing adolescent-friendly sexual and reproductive health services in the Bono, Bono East, Ahafo, and Ashanti regions of Ghana. The study explored pharmacists' attitudes across multiple domains, including norms, personal beliefs, attitudes towards sexual and reproductive services information, services provided to adolescents, and perceptions of the clinical and policy delivery environment.

### Study population

The target population for the study consisted of all 357 (Table I) licensed community pharmacists practicing in the specified regions. A census approach was employed, where all pharmacists were contacted to participate in the survey.

### Sampling approach

A census approach was used, targeting all 357 community pharmacists practicing within the regions at the time of data collection. This approach was selected to ensure inclusivity, given the relatively manageable size of the population and the homogeneity of the group. Data collection was facilitated through the CPPA's electronic platform over a 12-week period, from January 9th to March 31st, 2023.

### Data collection

Data were collected using an adapted questionnaire from a similar study in Jordan.<sup>18</sup> The questionnaire was pretested to ensure clarity, relevance, and reliability of the items. Following the pretest, the internal consistency of the instrument was assessed using Cronbach's alpha, yielding a value of 0.72. This indicates an acceptable level of reliability, ensuring that the items in the questionnaire were sufficiently correlated and measured the intended constructs consistently.<sup>19</sup> Participation in the study was voluntary, and informed consent was obtained from all respondents prior to completing the questionnaire.

### Inclusion criteria

Pharmacists eligible to participate in the study were licensed professionals practicing in community pharmacies within the Bono, Bono East, Ahafo, and Ashanti regions at the time of the survey. Only those who provided informed consent were included in the analysis. Ethical Considerations.

Ethical approval for the study was granted by the Committee for Human Research and Ethics (CHRE/AP/0117/023) at the University of Energy and Natural Resources. In addition, permission was sought from the Community Practice Pharmacists Association to

engage its members. All participants consented to the use of their data for research purposes, and their responses were anonymized to protect their privacy. Informed consent was obtained from all participants through a consent mechanism integrated into the study's information sheet, which was presented at the beginning of the electronic questionnaire. Before proceeding to the survey questions, participants were required to read the information sheet detailing the purpose of the study, their rights, and the voluntary nature of participation. Consent was considered granted when participants proceeded to answer the questionnaire, as they were prompted to agree before continuing.

**Table 1:** Regional distribution of community pharmacists in Ashanti, Bono, Bono East and Ahafo regions.

Region	Total number of Community Pharmacists
1. Ashanti Region	295
2. Bono, Bono East and Ahafo	62
<b>Regions</b>	
<b>Total</b>	<b>357</b>

### Data analysis

Since the study aimed to include the entire population all 357 licensed community pharmacists practicing in the Bono, Bono East, Ahafo, and Ashanti regions of Ghana using a census approach, no sample size calculation was performed. The collected questionnaire data underwent thorough processing in Excel, which involved meticulous cleaning, validation, and subsequent analysis utilizing the statistical software STATA version 16. The quantitative data were examined using descriptive statistics, comprising percentages, frequencies, means, and standard deviations. Attitude classification was based on a modified Bloom's framework, with a criterion set at  $\geq 90\%$  for satisfactory Attitude, as observed in previous studies.<sup>20-22</sup> The attitude section of the questionnaire consisted of 15 questions, each employing a 5-point Likert scale (ranging from strongly agree to strongly disagree), scored between one and five. Consequently, the cumulative score for the attitude

component ranged from 15 to 75, with a higher score indicative of a more favorable disposition towards Adolescent-Friendly Sexual and Reproductive Health Services (AFSRHS). Negatively worded questions were recoded prior to data analysis.

### RESULTS

Out of the 357 community pharmacists who received the questionnaires across the four regions, a total of 192 pharmacists responded, yielding a response rate of 53.8 %. While the study initially aimed to survey all pharmacists (census), the final data collection represented the pharmacists who voluntarily responded. The socio-demographic profile of the respondents is summarized in Table 3. Key characteristics, including age, gender, experience, marital status, geographic distribution, and educational background, are detailed in the table for reference.

**Table 2:** Socio-demographic characteristics of respondents (n = 192)

<b>Variables</b>	<b>Frequency</b>	<b>Percent (%)</b>
Age (years)		
≤ 24	6	3.1
25-34	86	44.8
35-44	46	24.0
45-54	28	14.6
55-64	17	8.9
65-74	6	3.1
≥75	3	1.6
Years of Experience in Community Pharmacy Practice		
Less than 1 year/Newly qualified	7	3.7
1-5 years	76	39.6
6-10 years	43	22.4
11-15 years	28	14.6
16-20 years	16	8.3
More than 20	22	11.5
Sex		
Male	120	62.5
Female	72	37.5
Marital status		
Married	108	56.3
Single	80	41.7
Divorced	3	1.6
Widowed	1	0.5
Region		
Bono	28	14.6
Bono East	17	8.9
Ashanti	143	74.5
Ahafo	4	2.1
Educational level		
Bachelor of pharmacy	74	38.5
Doctor of pharmacy	44	22.9
Master's degree	51	26.6
Specialization with Ghana college of pharmacy	15	7.8
PhD	5	2.6
Other higher qualifications	3	1.6

### Attitudes towards Sexual Reproductive Health information and services offered to adolescents.

Table 3 illustrates community pharmacists' attitudes in this regard. A majority of respondents (71.4 %, 137/192) strongly agreed that "women and men of all ages should be welcomed into the clinic for sexual and reproductive health services if they seek them." Conversely, 66.7 %

(128/192) strongly disagreed and 31.3 % (60/192) disagreed that "discussing sexual intercourse with unmarried individuals is shameful." Furthermore, 54.2 % (104/192) strongly disagreed and 34.4 % (66/192) disagreed that "they would reprimand an unmarried adolescent for requesting contraceptives."

**Table 3:** Attitudes towards SRH information and services offered to adolescents

Variables	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Unmarried adolescents seeking sexual and reproductive health services should be told to abstain when they ask for contraceptives	10(5.2)	24(12.5)	18(9.4)	72(37.5)	68(35.4)
Discussing sexual intercourse with unmarried women and men is shameful	1(0.5)	1(0.5)	2(1.0)	60(31.3)	128(66.7)
Will scold an unmarried adolescent if he or she asks for contraceptives	2(1.0)	1(0.5)	5(2.6)	74(38.5)	110(57.3)
Will refuse to provide contraceptives for adolescents before marriage	3(1.6)	6(3.1)	13(6.8)	66(34.4)	104(54.2)
Women and men of all ages should be welcomed into the clinic for sexual and reproductive health services if they seek them	137(71.4)	33(17.2)	2(1.0)	5(2.6)	15(7.8)

### Norms and personal beliefs

Table 4 presents data regarding the norms and personal beliefs of community pharmacists involved in the study. A considerable portion of respondents (34.9 %, 67/192) strongly disagreed that "their personal beliefs influence their provision of health services to adolescents," while 21.4 % (41/192) agreed. The majority (62.0 %, 119/192)

strongly disagreed with the statement "boys cannot be victims of sexual assault by definition." Furthermore, more than half of the respondents (58.3 %, 112/192) strongly disagreed and 37.0 % (71/192) disagreed that "educating youth on reproductive health topics leads to sexual immorality."

**Table 4:** Norms and personal beliefs

Variables	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Only girls should be given information about sexual and reproductive health	0(0.0)	0(0.0)	2(1.0)	70(36.5)	120(62.5)
By definition, boys cannot be the victims of sexual assault	2(1.0)	1(0.5)	3(1.6)	67(34.9)	119(62.0)
Educating youth on reproductive health topics leads to sexual immorality	0(0.0)	2(1.0)	7(3.7)	71(37.0)	112(58.3)
If a boy or a girl has a genital ulcer, it is because he or she is promiscuous	1(0.5)	9(4.7)	15(7.8)	88(45.8)	79(41.2)

#### Attitudes towards the clinical and policy delivery environment

The majority of respondents (68.8 %, 132/192) strongly endorsed the notion that "health workers play a vital role in mitigating sexual and reproductive health issues among pre-marital adolescents." Additionally, 66.7 % (128/192) strongly agreed that "Youth should be entitled

to the same level of confidentiality as adults when receiving sexual and reproductive health services." Sixty-five percent (125/192) of participants strongly advocated for governmental attention to sexual and gender-based violence among youth as a significant social issue (refer to Table V).

**Table 5:** Attitudes towards the clinical and policy delivery environment

Variables	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Same level of confidentiality for Youth and adults	128(66.7)	56(29.2)	2(1.0)	4(2.1)	2(1.0)
Role of Health workers in AFSRHS	132(68.6)	55(28.7)	3(1.6)	1(0.5)	1(0.5)
Sexual and gender-based violence among youth should receive governmental attention as a significant social issue	125(65.1)	62(32.3)	5(2.6)	0(0.0)	0(0.0)
Ensuring adequate privacy when providing SRHS for youth	97(50.5)	78(40.6)	9(4.7)	4(2.1)	4(2.1)

#### Overall attitude of community pharmacists towards adolescent-friendly sexual and reproductive health services

The study found that 46.9 % (90/192) of respondents exhibited overall positive attitude towards adolescent-friendly sexual and reproductive health services shown in table VI below.

**Table 5:** Overall Attitude of community pharmacists towards adolescent-friendly sexual and reproductive health services

Overall attitude	Frequency	Percent (%)
Poor attitude	102	53.1
Good attitude	90	46.9

## DISCUSSION

The aim of this study was to assess the attitudes of community pharmacists towards providing adolescent-friendly sexual and reproductive health services (AFSRHS) in four regions of Ghana. Our findings reveal attitudes that reflect a mixture of supportive and inhibitive perspectives towards adolescent access to friendly sexual and reproductive health (SRH) services. The findings have implications for public health policy, pharmacy practice, and adolescent health outcomes in Ghana.

### Interpretation of Findings

The study's results demonstrate that while a portion of community pharmacists (46.9 %) showed positive attitudes towards providing AFSRHS, the majority (53.1%) displayed overall poor attitudes. This is particularly concerning given the important role that pharmacists can play in improving access to SRH services, particularly for adolescents, who often face significant barriers to accessing healthcare services in many parts of Ghana.<sup>23</sup> The finding that more than half of the pharmacists held negative attitudes towards providing such services may stem from cultural, religious, or personal beliefs, as has been observed in previous research.<sup>24-26</sup>

Nevertheless, there were promising signs. For instance, the majority of pharmacists strongly agreed that adolescents should be afforded the same level of confidentiality as adults, which aligns with ethical healthcare practices regarding patient privacy and confidentiality. Furthermore, 68.8 % of pharmacists recognized the critical role of healthcare workers in addressing SRH issues among unmarried adolescents, indicating some level of professional awareness about their potential impact in this field. These supportive attitudes, while not universal, suggest that some pharmacists are willing to take a proactive approach to adolescent healthcare, which could be harnessed through targeted interventions aimed at improving attitudes and increasing the provision of services.<sup>27,28</sup>

### Comparison with existing literature

The overall poor attitude observed in this study contrasts with findings from research conducted in other settings, where community pharmacists have generally demonstrated more positive attitudes towards providing SRH services across various populations. Some earlier and recent studies reported that pharmacists often place a high value on providing SRH counseling and are willing to offer services such as contraception and health education to adolescents.<sup>29,30</sup> These studies highlighted that pharmacists view themselves as integral players in promoting SRH and improving access to these services, which stands in contrast to the attitudes observed among pharmacists in this study.

Additionally, the negative attitudes towards adolescents seeking SRH services in Ghana, as observed in this study, are consistent with the findings of other researchers, who noted that healthcare providers often hold personal, cultural, and spiritual beliefs that negatively impact their approach to SRH for adolescents.<sup>23,31,32</sup> This suggests that while pharmacists in other contexts may be more open to providing SRH services, the sociocultural context in Ghana may present additional barriers to fully embracing adolescent-friendly SRH services.

### Implications for practice and policy

The observed poor attitudes towards AFSRHS among the pharmacists in this study have serious implications for adolescent health outcomes. Negative attitudes can create an unwelcoming environment for adolescents, thereby reducing their likelihood of seeking out SRH services, which could exacerbate issues such as unintended pregnancies, sexually transmitted infections (STIs), and unsafe sexual practices.<sup>29,33,34</sup> A lack of trust and rapport between healthcare providers and young people can further alienate adolescents from seeking the care they need.<sup>35</sup>



The findings call for targeted interventions to improve pharmacists' attitudes toward adolescent SRH services. Continuing education programs, sensitization workshops, and the inclusion of SRH training in pharmacy curricula could help address the attitudinal barriers identified in this study. Furthermore, public health policies should emphasize the role of community pharmacists in providing comprehensive and non-judgmental SRH services to adolescents, thereby fostering a more inclusive healthcare environment. Interventions must be sensitive to the cultural and personal beliefs of pharmacists while emphasizing professional ethics and the importance of evidence-based practices in SRH.

### Limitations

Despite its strengths, this study has several limitations that must be considered. First, while the study used a census approach to survey all licensed pharmacists in the four regions, the response rate was 53.8 %, which introduces the possibility of response bias. Non-responding pharmacists may have had different attitudes than those who participated, which could have impacted the overall findings. Additionally, the study focused solely on community pharmacists in four regions, limiting the generalizability of the results to pharmacists in other parts of Ghana or those working in other healthcare settings.

### Future research directions

Further research is needed to explore the underlying factors contributing to the poor attitudes observed among pharmacists in this study. Qualitative research methods, such as interviews or focus group discussions, could provide deeper insights into how personal, cultural, and institutional factors influence pharmacists' attitudes towards AFSRHS. Moreover, longitudinal studies could assess the impact of targeted interventions, such as training programs or policy changes, on improving pharmacists' attitudes and practices in relation to adolescent SRH services.

### CONCLUSION

In conclusion, this study reveals a mixed landscape of attitudes among community pharmacists towards providing adolescent-friendly sexual and reproductive health services in Ghana. While some pharmacists are supportive of adolescent access to SRH services, the majority display poor attitudes that could hinder adolescents' ability to seek and receive adequate care. Addressing these attitudinal barriers through education,

policy reforms, and ongoing professional development is essential to improving SRH outcomes for adolescents in Ghana. The findings emphasize the need for targeted interventions that promote positive attitudes and ensure that all healthcare providers are equipped to offer non-judgmental and confidential SRH services to adolescents.

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### Conflict of interest

The authors assert that there are no conflicts of interest related to this manuscript. We confirm that we do not have any financial, personal, or professional affiliations that might influence or prejudice the research and its findings.

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