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Pharmacists' Perception and Practices on Sexual and Reproductive Health and Family Planning: A Quantitative Study in Bangladesh

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Abstract

Background: In Bangladesh, Pharmacists have an advantage over other healthcare professionals as they have easier and more frequent access to the public.

Objective: This study aims to address this knowledge gap and provide valuable insights to guide future interventions.

Methods: The study was conducted through cross-sectional quantitative methods in purposively selected eight districts from October 2020 to December 2020. A structured questionnaire was distributed among a sample of pharmacists, and the collected data was analysed using statistical methods. The ethical clearance of the study was taken before data collection. Sixteen trained data collectors collected 627 data through face-to-face interviews with the Pharmacists using a pretested structured questionnaire. Descriptive analysis was performed, and quality control and risk management were performed strictly for maintaining the accuracy of the data.

Results: The study found that about 70% (n=438) pharmacies were found registered, and above 77% (n=483) pharmacies were owned by Pharmacists themselves. About 85.5% (n=536) had knowledge on counselling of patients in pharmacy but only 62% (n=389) had knowledge on SRH-related counselling. The highest duration of counselling of patients by Pharmacists was 1-5 minutes, 66.2% (n=355). Only 48.5% (n=304) had knowledge on complications and 69.7% (n=437) had knowledge on the side effect of SRH medicines. About 64.6% (n=405) of Pharmacists reported hearing the SRH-related issues from patients before selling medicine. About 80% (n=501) of Pharmacists reported having knowledge on menstrual hygiene, 49.4% (n=310) had knowledge of post-abortion care, and 56.8% (n=356) had knowledge of Postpartum family planning. About 76.6% (n=480) Pharmacists had knowledge of maternal complications, where 75.8% (n=475) mentioned haemorrhage and 71.1% (n=446) mentioned eclampsia as maternal complications. About 90.6% (n=568) of pharmacists mentioned that they required training on dispensing SRH-related medicine.

Conclusions: Though A grade (Graduate Pharmacist) and B grade (Diploma Pharmacist) Pharmacists had little knowledge of SRH medicine dispensing but C grade (Pharmacy Technician) had no proper knowledge and practices regarding SRH-related medicine dispensing. Most of the Pharmacists were in C grade, so their training on SRH-related medicine dispensing is very much essential. The findings contribute to evidence-based strategies for enhancing pharmacists' involvement in promoting SRH and FP services in Bangladesh.

Keywords: Pharmacists; Sexual and Reproductive Health; Family Planning; Bangladesh

Background

Pharmacists constitute an important source of medicines and healthcare for the population in low- and middle-income countries (LMICs) where licensed healthcare professionals are often scarce particularly in rural and hard-to-reach areas [1].

Medicine shops are the usual first point of contact for most of the population in LMICs including Bangladesh [2]. Evidence shows that sexual and reproductive health (SRH) services constitute a major portion of a pharmacy worker's daily practice, especially in rural, hard-to-reach and poor urban settings. The pharmacists or medicine sellers have the potential to educate the public on sexual/reproductive health issues as well as contribute to offering proper treatment [3].

Retail medicine shops are often the first and only source of healthcare outside home for most patients in LMICs such as Bangladesh. In Bangladesh approximately 1,03,451 licensed retail medicine shops are now in operation [4, 5]. The Management Science for Health (MSH)-led program supports ensuring access to essential services for maternal and child health (MCH), family planning (FP) and reproductive health [6].

The Government of Bangladesh (GOB) has introduced Model Pharmacy in 2016 to ensure quality patient care services by Pharmacists, improve patients' adherence to medications, and build efficiencies in pharmacy operations [7].

A major barrier is the non-availability of qualified Pharmacists, poor knowledge, attitude, and practice regarding client counselling, communication, and complying with the standards. A survey among 777 randomly selected Pharmacists found that about 97% of pharmacists sold medications intended for Menstrual Regulation (MR); however, only 19% of them knew the correct misoprostol-only MR regimen [8, 9].

Irrational use of medicines such as overprescribing, multi-medicine prescribing, using unnecessarily expensive medicines, dispensing medicines without a prescription, and overusing antibiotics and injections have been the most common problems found with retail practices for a long time. Pharmacists that are based on an accreditation and regulation model are feasible, improve access to medicines, and can be scaled up [10].

Pharmacists, as accessible healthcare providers, have the potential to significantly impact SRH and FP services [6, 10]. However, limited research has been conducted to examine the perception and practices of pharmacists in Bangladesh concerning these essential areas.

The actual knowledge, perception, attitude, and practices of the Pharmacists regarding the dispensing of SRH-related medicines must be elicited to formulate effective strategies to strengthen their capacity in this regard and increase access to improved SRH services for the poor people.

The objective of the study is to explore the status of knowledge, attitude, and practices (KAP) of Pharmacists on dispensing patterns of and counselling on SRH medicines and to determine harmful practices, if any during the selling medicine. By assessing the knowledge, attitudes, and behaviours of pharmacists in these areas, the research seeks to identify potential gaps and areas for improvement.

Methods

A quantitative cross-sectional research design was employed, utilizing a structured questionnaire as the primary data collection instrument. The questionnaire consisted of multiple-choice and Likert scale questions, covering various aspects related to pharmacists' knowledge, attitudes, and behaviors regarding SRH and FP.

A purposive sampling technique was used to recruit a representative sample of pharmacists from different regions of Bangladesh. Data analysis was conducted using appropriate statistical methods, including descriptive statistics and inferential analysis. All primary data was collected at medicine shops with Pharmacists' disaggregation by type of pharmacy, category of pharmacy workers, locations, etc.

The study was conducted purposively selected in eight districts. The districts were Dhaka, Khulna, Bagerhat and Jhalokathi, Sunamganj, Moulvibazar, Kurigram and Rangpur and Jhalokathi. Five upazilas from each district were selected randomly considering Sadar in all districts. The pharmacists (grade A, B, C) were selected randomly from eight study districts.

The data collection tools that were used in the study were finalized by researchers and pretested before field data collection. This questionnaire collected data on socio- demographic information, knowledge, attitude and practice of Pharmacists on SRH issues. The basic socio-economic, demographic information and indicators for SRH related outcome behaviours were assessed by the questionnaire.

Field personnel included Research Coordinator, Supervisors, and data collectors (pharmacists). All these field personnel were recruited following the standard recruitment procedure. A three days training was provided for all the 16 data collectors (pharmacists). The training covered the issues on interview techniques, the format of questionnaires as well as data collection and record keeping procedure. Issues regarding privacy and confidentiality were covered in the training.

Data was collected through face-to-face interviews utilizing a structured questionnaire. Eligible respondents/ Pharmacists were identified through visits at the medicine shop and detailed interviews took place at the medicine shops. The data collectors used the Redcap software system to enter the data at the medicine shop level.

The sample size was calculated using the formula of the cross-sectional survey. The sample size calculated was 627 cconsidering the prevalence of duration of Pharmacists- works for 5-10 years was 22%, found in a survey in Bangladesh. Total 627 interviews were conducted with the pharmacy workers from 8 districts. Among them 29 (4.6%) were grade A, 175 (27.9%) were grade B and 423 (67.5%) were grade C pharmacy workers [Table 1].

District	*Grade A*	*Grade B*	*Grade C*	*Total*
Dhaka	19	24	50	93
Khulna	1	23	51	75
Bagerhat	1	3	72	76
Jhalokathi	2	15	58	75
Sunamganj	-	14	62	76
Moulvibazar	-	32	38	70
Kurigram	1	17	57	75
Rangpur	5	47	35	87
Total - 8	**29**	**175**	**423**	**627**

Table 1: Grade wise distribution of the Pharmacists by districts.

To implement the fieldwork for pharmacy-based study, eight teams were employed. Each team consisted of two interviewers under the supervision of a supervisor. Quality control checking was undertaken both in 'presence' and 'absence' of the interviewing team. Data was uploaded by data collector after completion of each interview.

A tabulation plan was prepared containing dummy tables as per the study objectives. The plan was submitted to lead researcher for review and approval, if needed. The actual tables were constructed according to the dummy tables with modifications as and where necessary. SPSS data analysis programme was used to produce different tables to address the study objectives. The data analysis was performed descriptively following the guideline of quantitative descriptive analysis [11].

This study used only structured questionnaire to interview the respondent based on written consent of each respondent. A consent form was developed and utilized for each interview. Written consent was taken from the respondents. The ethical clearance for the study was obtained from the Ethical Review committee. The data collectors-maintained confidentiality of such information and never disclose to any other person beyond the study team. Respondents were assured about the confidentiality of the information they are providing to the team.

Results

The study's findings present a comprehensive analysis of pharmacists' perception and practices regarding SRH and FP in Bangladesh. The results highlight their current knowledge level, attitudes towards SRH and FP services, and the extent of their involvement in promoting these services. It will also explore potential barriers and facilitators that influence pharmacists' engagement in SRH and FP initiatives.

General Information

General information of the Pharmacists included the socio-demographic characteristics of the Pharmacists, status of pharmacies where they worked, their knowledge on counselling, and time duration of pharmacy opened etc.

The grade C Pharmacists were found 67.5% (n=423) highest. About 28% (n=175) were grade B and 4.6% (n=29) grade A. Among the age range of the Pharmacists the highest percentage were 31-40 years (n=233, 37.2%) and about 26% (n=162) was at the age range of 41-50 years. The lowest percentage (n=7, 1.1) was at 18-20 years of age. According to the educational category the highest, 38.4% (n=241) percentage were found completed the XII grade of education and 38.3% (n=240) Pharmacist was found completed above XVI grade of education. About 70% (n=438) pharmacies were found registered, 98.4% (n=616) had trade licence and 97.1% (n=608) had medicine licence. About 77.2% (n=483) of pharmacies were owned by Pharmacists.

Pharmacist has knowledge on pharmacy counselling

Among 627 Pharmacists 536 (85.5%) had knowledge on counselling of patients in pharmacy. The highest duration of counselling of patients by Pharmacists was 1-5 minutes the percentage of which was 66.2% (n=355). About 31.7% (n=170) Pharmacists provided counselling for 6-15 minutes. The lowest percentage was found 21-30 min counselling, the percentage of which was 0.6% (n=3).

Duration of providing services by pharmacists

The duration of days pharmacies opened per week and duration of hours pharmacies opened per day related information was collected. It was found that 94.6% (n=593) pharmacies remained open for 7 days per week. Forty seven percent (n=295) pharmacies opened for 9-12 hours and 42.1% opened for 13-18 hours per day. The highest duration (21.1%, n=132) Pharmacists were in business for 11-15 years. Maximum pharmacies were found with one person working (35.1%, n=220) and 29.5% (n=185) pharmacies were found with 02 persons.

Services at the Medicine Shops

It was found that 29.5% (n=185) patients to the medicine shops came from government facilities. 46.5% (291) patients came by themselves, 11.6% (n=73) from private hospitals and 12.4% (n=78) from private chamber. Tt was found that 66% (n=169) Pharmacists mentioned that 1-10 patients came at pharmacy daily with prescription. It was also found that distance from nearest hospital for 75.1% (n=471) pharmacies was less than an hour walk, for 15.5% (n=97) pharmacies it was half an hour to an hour walk, and for 75.1% pharmacies it was more than an hour walk.

Availability of services in the pharmacy

Beside dispensing medicine there were availability of other services in the pharmacy provided by Pharmacists. About 62% (n=388) pharmacies had injection administer services, 13.9% (n=87) had services of diagnosis of disease, 53.4% (n=335) had vaccination services, 36.5% (n=229) had dressing facility and 27.8% (n=174) had facility of advising the family planning methods.

Status of Record keeping

The study found that 20.6% (n=129) pharmacies kept the record of medicine sold and 19.5% (n=122) maintained the medicine stock record.

Status of expired medicines

About 89.6% (n=562) pharmacies returned the expired medicine to the suppliers. It was also found that 2.2% (n=14) pharmacies threw down expired medicines to the drain or channels, 2.2% (n=14) were buried/ burned, and 5.3% (n=33) were accumulated separately.

Referral of the patients from pharmacy by Pharmacists

It was found that 83.4% Pharmacists referred the patients from pharmacy to the referral centre. About 3% (n=15) pharmacies referred more than 500 patients in last three months. The place of referral included mostly the district Sadar Hospital 48.8% (n=255), Medical College Hospital 45.3% (237), upazila Health Complex 59.3% (310), private hospital / clinic 33.8% (177) and MBBS Doctor's Private Chamber 48.9% (n=256) [Table 2].

SRH medicine dispensing information.

About 85.3% (n=535) Pharmacists reported that they had knowledge about sexual and reproductive health, 82.9% (n=520) reported to have knowledge on sexual and reproductive health related medicines, 62.5% (n=392) reported to have knowledge on sexual and reproductive health related counselling, 82.3% (n=516) reported to have knowledge on essential logistics / products related to sexual and reproductive health.

Knowledge on dispensing SRH medicine

The sources of knowledge of Pharmacists from MBBS doctors (33.3%, n=178), Medical Representatives (56.1%, n= 300) and training (70.5%, n=377). It was found that 95.5% (n=599) Pharmacists had knowledge of OTC medicine, 82.6% (n=518) had knowledge of SRH medication use, 69.7% (n=437) knowledge of side effects of SRH medicine, 48.5% (n=304) had knowledge about the complications of SRH medicine [Figure 1].

Indicator		***Total (n=627) n (%)***
Either referred from pharmacy		523 (83.4)
Referral in last three months		Total (n=523)
Number of patients referred	1-50.	297 (56.8)
	51-100	81 (15.5)
	101-200	67 (12.8)
	201-500	63 (12.0)
	>500	15 (2.9)
Place of referral	Medical College Hospital	237 (45.3)
	District Sadar Hospital	255 (48.8)
	Maternal and Child Health Centre	84 (16.1)
	Upazila Health Complex	310 (59.3)
	Union Health and Family Welfare Centre / Union Sub Centre / RD	29 (5.5)
	Community Clinic	20 (3.8)
	Satellite Clinic / EPI Centre	2 (0.4)
	NGO Health Centre	1 (0.2)
	Private hospital / clinic	177 (33.8)
	MBBS Doctor's Chamber (Private)	256 (48.9)
	Paramedic / Medical Assistant / SACMO's chamber	7(1.3)
	Village doctor's Chamber	9 (1.7)

Table 2: Referral of the patients from pharmacy by Pharmacists.

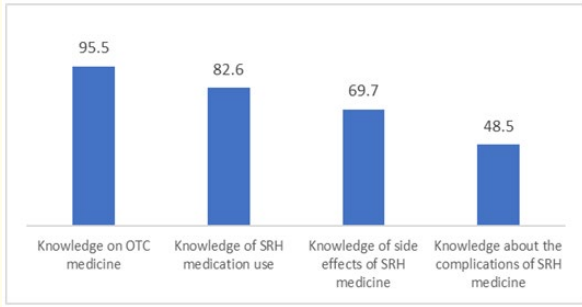

Figure 1: SRH-related medicine dispensing knowledge.

Practices on SRH related medicine dispensing

The SRH-related medicine dispensing by the Pharmacists where 64.6% (n=405) of Pharmacists reported to hear SRH-related issues from patients before selling medicine. Above 69% (n=280) Pharmacists reported spending only 1-5 minutes for counselling per patient and only 3.5% (n=14) reported to spend time from 16-30 minutes for counselling. 88.6% (n=359) Pharmacists reported to deal 1-10 patients with common SRH problems every day. Only 2.5% (n=10) Pharmacists reported to deal more than 30 patients with common SRH problems every day. It was found that 94.1% (n=590) Pharmacists dispensing the sanitary napkin, 92.2% (n=578)

dispensing tablet Iron foliate [Table 3].

Indicator		***Total n (%)***
Either hear the SRH related issues from patients before selling medicine(n=627)		405 (64.6)
How much time do you spend counselling per person? (n=405)	1-5 min	280 (69.1)
	6-10 min	81 (20.0)
	11-15 min	30 (7.4)
	16- 30 min	14 (3.5)
How many patients with common SRH problems dealt every day? (n=405)	1-10	359 (88.6)
	11-20.	22 (5.4)
	21-30	14 (3.5)
	>30	10 (2.5)
Types of SRH medicine dispensing (n=627)	Anti-inflammatory	320 (51.0)
	Antibiotics	314 (50.1)
	Iron folate	578 (92.2)
	Calcium tablets	561 (89.5)
	Vitamin tablets	534 (85.2)
	Misoprostol	289 (46.1)
	Inj. Oxytocin	207 (33.0)
	Inj. / Infusion. Magnesium sulphate (MgSO4)	112 (17.9)
	Antifungal / Metronidazole	276 (44.0)
	Sanitary napkins	590 (94.1)
	Contraceptives	525 (83.7)

Table 3: SRH-related medicine dispensing by Pharmacists.

Knowledge on family planning methods

The study found that 90.7% (n=569) Pharmacists had knowledge about protected sexual behaviour, 74.3% (n=466) offered advice on side effects before taking the medicine, 84.7% (n=531) knew about family planning methods, 56.0% (n=351) provided advice/ treatment for family planning problems [Table 4].

Indicator	***Total (n=627)***
	n (%)
Whether you have knowledge about protected sexual behaviour	569 (90.7)
Do you offer advice on side effects before taking the medicine?	466 (74.3)
Do you know about family planning methods?	531 (84.7)
Do you provide advice / treatment for family planning problems?	351 (56.0)

Table 4: Knowledge on family planning methods by Pharmacists

Practices on family planning issues

The Pharmacists reported to provide advice mainly about condoms (98.9%, n=620) and contraceptive pill (86%, n=539). Some also reported providing advice on injectable contraceptives (7.8%, n=49) and Copper-T (7%, n=44). About 80% (n=501) Pharmacists reported to have knowledge on menstrual hygiene, 49.4% (n=310) had knowledge of post-abortion care and 56.8% (n=356) had knowledge of Postpartum family planning [Table 5].

Advise on types of Family planning methods (multiple responses)	***Total (n=627)***
	n (%)
Condom	620 (98.9)
Contraceptive pill	539 (86.0)
Injectable contraceptive	49 (7.8)
Copper-T	44 (7.0)
Ligation	37 (5.9)
Vasectomy	32 (5.1)
Knowledge on Menstrual hygiene	501 (79.9)
Knowledge on Post-abortion care	310 (49.4)
Knowledge on Postpartum family planning	356 (56.8)

Table 5: Family planning related issues practiced by Pharmacists.

Knowledge of maternal health-related issues

The study was found that 76.6% (n=480) Pharmacists had knowledge on maternal complication, 75.8% (n=475) mentioned haemorrhage and 71.1% (n=446) mentioned eclampsia as maternal complication. About 39% (n= 244) Pharmacist had knowledge on cervical cancer and 64.1% (n= 402) Knew on gender inequality. 55.8% (n=350) Pharmacists mentioned that women reported their SRH problems directly and 97.8% (n=613) mentioned maintaining the privacy of women [Table 6].

Indicator	***Total (n=627)***
	n (%)
Knowledge on Maternal complication	480 (76.6)
Knowledge on types of maternal complication	Total (n=480)
Haemorrhage	475 (75.8)
Eclampsia	446 (71.1)
Prolonged labour	331 (52.8)
Obstructed labour	300 (47.8)
Abortion	390 (62.2)
Indicator	Total (n=627)
Knowledge on cervical cancer	244 (38.9)
Knowledge on gender inequality	402 (64.1)
Whether women report their problems directly	350 (55.8)
Whether privacy of women maintained	613 (97.8)

Table 6: Knowledge of maternal health related issues among Pharmacists.

Knowledge of Pharmacists on SRH medicines

The highest percentage of Pharmacists reported to have knowledge on calcium tablet dispensing (97.1%, n=609) and lowest percentage reported to dispensing injection oxytocin (34.1% (n=214). The highest percentage of Pharmacists reported to know about iron folate as SRH tablet 85.3% (n=535) and lowest reported to know about Inj. / Inf. Magnesium sulphate (MgSO4) as SRH medicine (21.5%, n=135). Only 25.7% (n=161) reported to know the indication of inj. Oxytocin and 25.5% (n=160) knew indication of inj. / Inf. MgSO4. The lowest percentage of Pharmacists reported to have knowledge about side effect of Inj. / Inf. Magnesium sulphate MgSO4 (20.3%, n=127) and contraindication of inj. Oxytocin (6.5%, n=41) [Table 7].

Indicator	*Whether dispensing*	*Whether SRH medicine*	*Indication*	*Dosage*	*Side effects*	*Contra-indication*
Anti-inflammatory	504 (80.4)	283(45.1)	412 (65.7)	460 (73.4)	358 (57.1)	180 (28.7)
Antibiotics	533 (85.0)	269 (42.9)	418 (66.7)	497 (79.3)	414 (66.0)	211 (33.7)
Iron folate	595 (94.9)	535 (85.3)	496 (79.1)	542 (86.4)	381 (60.8)	203 (32.4)
Calcium tablets	609 (97.1)	505 (80.5)	487 (77.7)	569 (90.7)	383 (61.1)	217 (34.6)
Vitamin tablets	589 (93.9)	472 (75.3)	493 (78.6)	561 (89.5)	362 (57.7)	218 (34.8)
Misoprostol	293 (46.7)	283 (45.1)	238 (38.0)	247 (39.4)	214 (34.1)	89 (14.2)
Inj. Oxytocin	214 (34.1)	200 (31.9)	161 (25.7)	166 (26.5)	138 (22.0)	41 (6.5)
Inj. / Infusion Magnesium sulphate	227 (36.2)	135 (21.5)	160 (25.5)	173 (27.6)	127 (20.3)	57 (9.1)
Uterine discharge antifungal / Metronidazole	399 (63.6)	280 (44.7)	307 (49.0)	359 (57.3)	256 (40.8)	128 (20.4)
Sanitary napkins	586 (93.5)	489 (78.0)	459 (73.2)	328 (52.3)	275 (43.9)	200 (31.9)
Contraceptives	505 (80.5)	512 (81.7)	436 (69.5)	457 (72.9)	375 (59.8)	222 (35.4)

Table 7: Knowledge of Pharmacists on types of SRH medicines (n=627).

Practices on Dispensing SRH medicine without prescription

The study found that 58.5 % (n=367) Pharmacists reported to practice dispensing SRH medicine without a prescription, and 27.1% (n=170) dispensing antibiotics without a prescription. 69.5% (n=436) Pharmacists informed that the pharmacy had a proper medicine storage system.

Necessity of training on SRH medicine dispensing

It was found that 90.6% (n=568) of Pharmacists mentioned that they required training on dispensing SRH-related medicine. They preferred the upazila health complex (58.8%, n=334) and district hospital (23.1%, n=131) to receive such training. Most Pharmacists preferred to receive training for 1-7 days (42.4%, n=241) and 20.6% (n=117) preferred to receive training from 8-15 days.

Discussions

The major findings of the study include that pharmacists' knowledge, attitude, and practices on SRH, and family planning- medicine dispensing were found low. This finding is supported by other country-level studies on this topic. For example, in Uganda, Kitutu et al report that private medicine shops are the first point of care for most of the fever cases [3].

This research also found that proper listings of Pharmacists need to be updated regularly. The practice of dispensing medicines without prescription should be prohibited. One review study reported that in African countries the percentage of caregivers turning to private medicine retailers as the point of seeking care for the treatment of childhood illnesses varied from 10 to 82% with a median of 50% [2].

In this study the pharmacists are interested to receive training on SRH medicine-related counselling and dispensing. Another published article also supported this study findings where only a small proportion of the surveyed shops-maintained sales and stock records [12].

The study also revealed that the record-keeping system of medicine dispensing needs to be updated. A substantial proportion (38%) received dispensing training from the representatives of the pharmaceutical companies [12].

Our research also found that the pharmacies were attended mostly by a single dispenser (69%), of whom nearly half (49%) did not receive any training as a pharmacist, although the law (Ordinance 13, rule 2) requires the presence of at least a grade C pharmacist in a shop [13].

Among the professional dispensers were 91% grade C (certificate) pharmacists, 7% grade B (diploma) pharmacists, and 2% grade A (graduate) pharmacists in this studied medicine shops. A study conducted in two rural and one urban site in Bangladesh revealed that both men and women seek care from informal providers- most of them were Pharmacists, for their sexual and reproductive healthcare symptoms [7].

The non-pharmacists had learned the trade by working as an apprentice either with someone who had an MBBS degree (10%) or a village doctor (16%), or they inherited the trade as a family business (18%). Other than selling medicines, the medicine shops provided additional services such as pushing injections (60%), basic diagnostic services (63%), burn and wound dressings (63%), and vaccinations (31%), all of which are not sanctioned by the medicine license [4].

A majority (68%) of the clients visiting the medicine shops came by self-referral and without a prescription was found in this study. Dispensing medicines based on a patient's request (83%), or a patient's symptoms of illness (59%) was quite common [14].

The women's self-reported symptoms usually were white discharge, menstrual problems, burning sensation during urination, prolapse, and infertility among others. In rural areas, the reason for seeking care from medicine-sellers was the geographic and social proximity and absence of class differences between the buyer and the seller. For women with poor socio-economic conditions, payment was usually flexible, and they did not have to travel long distances to seek care, which made local medicine-sellers more affordable and accessible [15, 16].

Private medicine shops help in enhancing access to medicines, and improving quality of service and incorporating this healthcare delivery component are imperative to ensure providing quality health care services to population [16, 17]. The initiatives typically include offering training to staffing medicine shops to enable them to provide appropriate care, linking medicine shops to established supply chains to ensure the quality of medicines, enhancing compliance to existing regulations, putting in place information systems to monitor supplies and medicine dispensing patterns as well as making changes to laws, regulations and standards to enable non-pharmacists to prescribe certain categories of prescription medicines [3].

In Bangladesh despite the medicine shops play an important role in enabling access to SRH and family planning related medicines dispensing, and among the poorest segment of the population, these have not yet been thought to be an integral component of the healthcare delivery system.

Conclusions

The research outcomes contribute valuable insights into the status of pharmacists' perceptions and practices regarding SRH and FP in Bangladesh. The findings help to identify areas that require intervention, such as education and training programs for pharmacists, to enhance their knowledge and engagement in promoting SRH and FP services. All the Pharmacists should be considered for a comprehensive training package on the proper dispensing of SRH related medicines. The findings of this study will contribute to generating new knowledge on the gaps, how such mechanisms work, and the factors motivating the pharmacist towards improving their perception and practices. Ultimately, the study findings can be utilized to improve the quality and accessibility of SRH and FP services in Bangladesh by leveraging the role of pharmacists as crucial healthcare providers.

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