

ATTITUDE OF PRIMARY HEALTH CARE PHYSICIANS ABOUT REPRODUCTIVE HEALTH IN BAGHDAD 2022

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ABSTRACT

Background: Reproductive health is a challenging issue in the Middle East. It was attracted relatively little academic attention. Knowledge of health care practitioners plays a crucial role in achieving universal coverage of SRH services. They are indispensable stakeholders in healthcare delivery. Publishing on reproductive health is scarce, therefore this study was carried. Objectives: To assess the attitude and beliefs of physicians about reproductive health in primary health care centers (PHCCs). **Methods:** This study was conducted for the period 1st March 2022 to the 30th of August 2022. Data of 218 physicians at PHCCs were collected by google form questionnaire. Effect of independent variables on the attitude and beliefs (dependent variables) on sexual and reproductive health was tested by Chi square test. P value of less than 0.05 was considered as statistically significant. **Results:** The study involved participants with an average age of 34.4 years, predominantly male. A significant 84% of physicians exhibited a positive attitude towards discussing sexual health, with 60% believing that family physicians are best suited for these discussions. Additionally, 47% felt the need for more training in sexual health topics. A strong majority, 91%, supported managing patients' reproductive health, with positive attitudes notably higher among those with postgraduate training in sexual and reproductive health. **Conclusion:** Positive attitude towards reproductive health was dominant in primary health care centers. RSH was a belief among primary health care physicians. Female physicians were more than males in PHCCs. Reproductive and sexual health was a belief among primary health care physicians.

KEYWORDS: Attitude of Primary Health Care Physicians about Reproductive Health in Baghdad 2022.

INTRODUCTION

Reproductive health encompasses complete physical, mental, and social well-being, extending beyond the absence of disease, to address issues related to the reproductive system, its functions, and processes.^[1] It includes access to accurate reproductive health information, hygienic menstrual management, intimate partner violence prevention, and affordable, effective contraception.^[2,3] Sexual health, closely related to reproductive health, refers to well-being in relation to sexuality and involves the prevention and management of sexually transmitted infections, psychosexual counseling, and treatment for sexual dysfunction.^[4,5] Both are integral to health and human rights, yet sexual and reproductive health (SRH) remains understudied and challenging, particularly in the Middle East, where cultural sensitivities and barriers affect access.^[6,7] The World Health Organization (WHO) advocates for integrating SRH into primary healthcare to enhance

access, as outlined in the National Prevention Strategy and Healthy People 2020^[8,9] However, evidence indicates that sexual health is often poorly managed within primary care, partly due to cultural, religious, and organizational barriers affecting health practitioners' attitudes and beliefs.^[10,11] Health professionals are vital in SRH promotion, yet their approaches often reflect personal biases and comfort levels, impacting the quality of care provided, particularly for marginalized groups.^[12,13] Healthcare providers' knowledge and training in SRH, as well as personal beliefs, play critical roles in service provision and patient engagement.^[14,15] There are significant barriers in healthcare settings, especially regarding SRH for adolescents, the elderly, and LGBTQ + populations. Adolescents often lack access to SRH services due to cultural taboos and limited support from health workers, educators, and parents.^[16,17] For older adults, sexual health is commonly overlooked, as providers often lack training and feel uncomfortable

discussing it.^[27-29] LGBTQ + populations face substantial barriers due to discrimination, limited provider cultural competence, and stigmatization in healthcare, affecting their access to quality care^[18] Improving healthcare providers' attitudes and knowledge about SRH across these diverse groups is essential for equitable and inclusive healthcare.

AIM: To report on attitude and believes of physicians about reproductive health in primary health care centers.

METHOD: This cross-sectional study was conducted at primary health care centers (PHCCs) in Baghdad from March 1 to August 30, 2022. The study aimed to explore physicians' attitudes and beliefs regarding sexual and reproductive health in primary care. The study population included all physicians working in PHCCs in Baghdad, with inclusion criteria being all primary health care physicians in the city. A simple random sampling technique was employed to select one PHCC from each district within the AlKarkh and AlRusafa health directorates. Data collection was conducted using an online questionnaire, which was distributed via Google Forms to the physicians' WhatsApp groups, following administrative approval. Physicians were invited to participate by completing the validated Sexualidad en Atención Primaria (SEX-AP) questionnaire, which has been previously tested for reliability and validity.^[19] The data collection period spanned three consecutive months. The questionnaire collected information in three main areas: (1) socio-demographic data (age, gender, marital status, parental status, job title, years of experience, and

postgraduate training in reproductive health); (2) attitudes toward discussing sexual and reproductive health topics with different patient groups (including comfort and confidence levels with various demographics); and (3) beliefs about the importance and appropriateness of discussing sexual and reproductive health in clinical practice. Responses were rated on a five-point Likert scale from "strongly disagree" to "strongly agree," with reverse scoring for negatively framed questions. A total score of 50% or less was classified as poor, while scores above 50% were considered good. Statistical analysis was performed using the Chi-square test to examine the association between independent variables and attitudes and beliefs about reproductive health. A p-value of less than 0.05 was regarded as statistically significant. Ethical approval was obtained from the Ministry of Health and the scientific committee of the Family and Community Medicine department. All data were anonymized and handled confidentially, solely for research purposes. The study was planned over six months, encompassing data collection, data entry and analysis, interpretation of results, and drafting of the research report.

RESULTS: A total of 218 physicians were participated in the study with mean age 34.4 ± 5.2 years; and male to female ratio of 0.14:1. GP were 14 (6.4%), FM resident were 137 (62.8%), FM consultant was only one (0.5%), and FM specialist were 66 (30.3%). Seventy (32.1%) participants have postgraduate courses, workshop, or conferences about reproductive health, 174 (79.8%) were married, and 163 (74.8%) have children (Table 1).

Table (1): Characteristic of studied physicians.

Characteristic of physicians	No.	%	
Age group	< 40 years	181	83.0
	≥40 years	37	17.0
Gender	Male	27	12.4
	Female	191	87.6
Occupation/ Job title	GP	14	6.4
	FM resident	137	62.8
	FM specialist	66	30.3
	FM consultant	1	0.5
Courses, workshops, conferences about reproductive health	70	32.1	
Years of professional experience	≤10 years	182	83.5
	>10 years	36	16.5
Marital status	Single	35	16.1
	Married	174	79.8
	Divorced/widow	9	4.1
Have children	163	74.8	
Total	218	100.0	

Positive Attitude towards managing the reproductive health of patients during visits in primary care centers

was dominant among physicians, 183 (83.9%) as shown in figure (1).

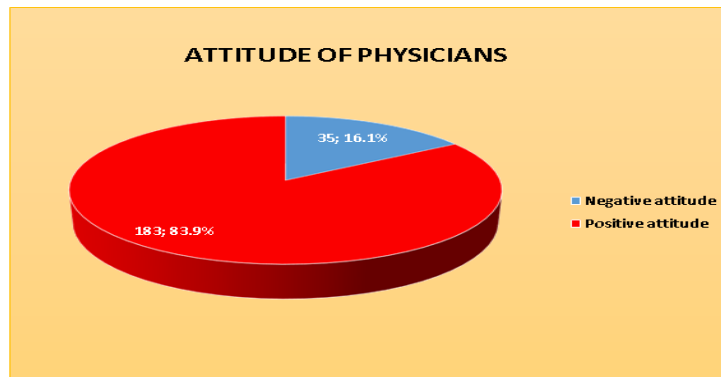


Figure (1): Attitude of physicians toward managing the reproductive health of patients.

Out of the total, 130 (59.60%) participants believe that family physician is the most appropriate to discuss sexual health topics with patients, while 71 (32.60%)

believes that all physicians are appropriate to discuss sexual health topics with patients (Table 2).

Table (2): Most appropriate health professional to discuss sexual health topics with patients.

Health profession	No.	%
Family physician	130	59.60
GP	3	1.40
Other physician(s)	11	5.00
All the above	71	32.60
None of the above	3	1.40

One hundred (51.4%) physicians believe that adolescent is the most needed preventive sexual health education, and 95 (43.6%) physicians believes that elderly is the least age group needing preventive sexual health (Table

3). Most of physicians 198 (90.8%) believes in managing the reproductive health of patients during visits in primary care centers.

Table (3): Most and least age group needing preventive sexual health education.

Beliefs	Adolescent		Adults		Elderly		All the above		None of the above	
	No.	%	No.	%	No.	%	No.	%	No.	%
Age group most needing preventive sexual health education is	112	51.4	21	9.6	3	1.4	77	35.3	5	2.3
Age group least needing Preventive sexual health education is	10	4.6	6	2.8	95	43.6	13	6	94	43.1

Table (4) showed the distribution of physicians' characteristic according to their attitude and revealed that the positive attitude was significantly higher among

physicians having postgraduate courses about reproductive health, P=0.048.

Table (4): Distribution of physicians' characteristic according to their attitude.

Variables	Negative Attitude		Positive Attitude		P* value	
	No.	%	No.	%		
Age group	< 40 years	32	17.7	149	82.3	0.21
	≥40 years	3	8.1	34	91.9	
Gender	Male	2	7.4	25	92.6	0.26
	Female	33	17.3	158	82.7	
Occupation/ Job title	GP	3	21.4	11	78.6	0.14
	FM resident	27	19.7	110	80.3	
	FM specialist	5	7.6	61	92.4	
	FM consultant	0	0.0	1	100	
Have postgraduate	Yes	6	8.6	64	91.4	

courses, workshop, or conferences about reproductive health	No	29	19.6	119	80.4	0.048
Years of professional experience	≤10 years	30	16.5	152	83.5	0.81
	>10 years	5	13.9	31	86.1	
Marital status	Single	6	17.1	29	82.9	0.41
	Married	29	16.7	145	83.3	
	Divorced/widow	0	0.0	9	100	
Do you have children	Yes	27	16.6	136	83.4	0.83
	No	8	14.5	47	85.5	

*Chi2 Test

Table (5) showed the distribution of physicians' characteristic according to their beliefs. No significant

difference was found between physicians' characteristic and their beliefs, P>0.05.

Table (3.7): Distribution of physicians' characteristic according to their beliefs.

Variables		Believes		Not believes		P* value
		No.	%	No.	%	
Age group	< 40 years	17	9.4	164	90.6	1
	≥40 years	3	8.1	34	91.9	
Gender	Male	1	3.7	26	96.3	0.48
	Female	19	9.9	172	90.1	
Occupation/ Job title	GP	1	7.1	13	92.9	0.94
	FM resident	12	8.8	125	91.2	
	FM specialist	7	10.6	59	89.4	
	FM consultant	0	0.0	1	100	
Have postgraduate courses about reproductive health	Yes	4	5.7	66	94.3	0.31
	No	16	10.8	132	89.2	
Years of professional experience	≤10 years	17	9.3	165	90.7	1
	>10 years	3	8.3	33	91.7	
Marital status	Single	2	5.7	33	94.3	0.42
	Married	18	10.3	156	89.7	
	Divorced/widow	0	0.0	9	100	
Do you have children	Yes	15	9.2	148	90.8	1
	No	5	9.1	50	90.9	

*Chi2 Test

Physicians with positive beliefs have significant positive attitude (P<0.001), as shown in table (6).

Table (6): Distribution of physicians' attitude according to their beliefs of physicians.

Beliefs	Attitude				P* value
	Negative		Positive		
	No.	%	No.	%	
Not believes	10	50.0	10	50.0	<0.001
Believes	25	12.6	173	87.4	

*Chi2 Test

DISCUSSION

Sexual and reproductive health (SRH) services are recognized as basic human rights and are integral to achieving the Sustainable Development Goals by 2030, which aim to ensure universal access to SRH services.^[1] The World Health Organization (WHO) emphasizes sexual health as a fundamental component of well-being, advocating for policy integration, education, and healthcare system inclusion.^[20] However, SRH remains a challenge, particularly for women in low- and middle-income countries and in humanitarian settings.^[21,22] This

study conducted in Baghdad's primary health centers revealed that 83.9% of physicians had a positive attitude towards managing reproductive health, aligning with findings from Egypt.^[23] Addressing SRH within primary care facilities supports continuity in managing reproductive issues identified during pregnancy and may prevent complications. Among the physicians, 30.7% found discussing sexual health with female patients relatively comfortable, potentially due to shared gender; however, only 4.6% were comfortable discussing such topics with LGBTIQ patients, likely due to cultural and

religious factors in Iraq, along with unfamiliarity with LGBTIQ issues. Interestingly, 90.8% of physicians believed SRH should be managed during primary care visits, differing from studies in Spain, potentially due to cultural disparities.^[19] Additionally, 51.4% of physicians believed adolescents needed the most preventive sexual health education, although some feared discussing sexual health might encourage risky behavior in youth, which conflicts with cultural norms.^[24] Nevertheless, adolescent SRH education is crucial for establishing healthy habits that mitigate risks into adulthood. Almost half (47.2%) of the participants expressed a need for additional training to competently address sexual health topics, a figure lower than that in Spain, which could be attributed to differing cultural perceptions regarding extramarital sexual behavior.^[19] Positive attitudes were more prevalent among physicians with postgraduate SRH training ($p=0.048$), a finding supported by studies in Jordan and Ethiopia, which indicated improved attitudes among trained providers.^[25] However, age and gender showed no significant association with attitudes or beliefs about SRH ($p=0.2$, $p=0.26$, respectively), consistent with findings in other studies.^[25] Finally, this study highlights that positive beliefs significantly influence positive attitudes toward SRH ($P<0.001$), emphasizing the role of beliefs in shaping professional attitudes. Fishbein and Middlestadt's research supports this notion, indicating that beliefs and associated evaluations form the basis of attitudes.^[26] As the first study of its kind in Iraq, these findings offer valuable insights for future SRH research and training in the region.

CONCLUSION

The predominant attitude is positive among the PHCCs. Reproduction and sexual health issues were the perceived domain of the primary health care providers. Doctors with postgraduate degree were managing such items. Positive attitude goes with positive perception.

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