

Community pharmacists' roles in providing contraceptive services: views and experiences of adolescents in urban Khon Kaen, Northeast Thailand

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1Khon Kaen has a Thai Isan or Lao-like cultural background. Therefore, this study's findings cannot be fully extrapolated to adolescents of other cultural backgrounds who live in the capital city, Bangkok, Northern, the Southern region of Thailand or even other provinces in North-eastern Thailand, where there is Khmer and other cultural influences.

2In Thailand, compulsory education lasts 12 years, beginning at Grade 1 and ending at Grade 12. In Grade 9 (*Mattayom* 3), when students are 14–15 years old, they can choose to continue their education in an upper secondary school (*Mattayom* 4–6) or move to study in a vocational/technical college (to earn a vocational certificate, Years 1–3).

3A consultation was made with the Forum for Ethical Review Committees in Thailand (FERCIT) over parental consent when researching adolescents' behaviours or beliefs regarding sexuality, drug abuse and child violence in

Thailand. FERCIT, in line with the Council for International Organizations of Medical Sciences, which regulates exceptional cases according to the international ethics guidelines for biomedical research involving human subjects, advised, 'Some studies involve investigation of adolescents' beliefs and behaviour regarding sexuality or use of recreational drugs; other research addresses domestic violence or child abuse. For studies on these topics, ethical review committees may waive parental permission if, for example, parental knowledge of the subject matter may place the adolescents at some risk of questioning, or even intimidation by their parents'.^[16]

4The minimum wage in Thailand at the time of the research was 313–346 Baht/day. The Thailand Guide: All About Employment Laws, Taxes & Benefits.^[19]

ABSTRACT

Objectives Adolescent pregnancy is a national public health priority in Thailand. While contraceptive methods are available to prevent adolescent pregnancy, Thai adolescent contraceptive usage is low. Community pharmacists are likely the first health professionals to contact adolescents engaged in unprotected sex and needing emergency contraception. However, there is limited research on Thai pharmacists' roles in promoting sexual and reproductive health. This study examines Thai adolescents' perspectives on community pharmacists' roles in promoting contraceptives and preventing unwanted pregnancies.

Method This qualitative study recruited 38 adolescents aged 15–19 from one vocational school and one secondary school in Khon Kaen, Thailand. Data were collected from focus group discussions and in-depth interviews and analysed using thematic analysis.

Key findings Participants felt community pharmacists had potentially critical roles in promoting adolescent contraceptive use. Community pharmacists had relevant knowledge of effective contraceptive methods, the risks and benefits of each method, and the quality of different condoms available. Community pharmacists, at times, also provided emotional support to distressed adolescents who came to their store. However, participants reported pharmacists' age, gender, and non-empathetic and judgemental attitudes could be barriers to adolescents' ease of access to contraceptive services.

Conclusion This study highlights the potentially crucial role community pharmacists could play in providing contraceptive information for adolescents. It suggests the need for changes in government policies and education and training of community pharmacists to enhance their soft skills – empathetic and non-judgemental attitudes – and their roles in delivering youth-friendly sexual and reproductive health services.

Keywords: community pharmacist; sexual health; adolescents; contraception; Thailand

Introduction

Globally, pregnancy and its complications are the second leading cause of death in adolescent girls aged 15–19.^[1,2] In low- and middle-income countries, 16 million adolescents give birth yearly.^[2] Between 2010 and 2019, the adolescent pregnancy rate in Thailand decreased from 51 to 31 per 1000 but is still higher than the Thai national goal of <25 per 1000.^[3] The current rate of Thai adolescent pregnancies is underestimated, given that it excludes illegal

abortion data.^[4] Worldwide, in 2019, among 300 million women aged 15–19 years, approximately 30 million used contraception, and 15 million (or 5%) had an unmet need for family planning.^[5] Adolescents have the lowest level of contraceptive knowledge; because of this, they are at higher risk of unwanted pregnancy, unsafe abortion, STIs and inconsistent contraceptive usage.^[6] A study with unmarried adolescents >18 years found that 30–50% used some contraceptive methods, like combined oral contraceptives

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(COC), condoms, emergency contraceptive pills (ECs) and withdrawal, with the last two being the most frequently used.¹⁷ There has been a positive increase in condom use between 2014 and 2019 in male adolescents (65–78%) and female adolescents (64–80%).¹³ However, few studies have examined contraceptive usage in younger adolescents at a time when Thai adolescents are starting sexual activity earlier. In 2019, Thai male adolescents' mean age for a sexual debut was 15.2 years and 15.4 years for their female peers.¹³ ⁸ This study addresses the research gap in examining the contraceptive use of young Thai adolescents and how they access contraceptives from their community pharmacists.⁸

Community pharmacists have a potential central front-line role in preventing unwanted pregnancy and increasing contraceptive use.^{9–14} Health literacy, communication and interpersonal skills are critical for community pharmacists to deliver effective contraceptive services.¹⁵ For these reasons, community pharmacists could play a crucial role in the national public health initiative for reducing adolescent pregnancies.^{10, 12} Despite this, there has been little discussion on policy and training considerations for Thai community pharmacists' roles in preventing unwanted adolescent pregnancies. This study addressed the research gap on Thai community pharmacist roles in promoting contraceptive use from the perspectives of adolescent consumers.

Methods

A qualitative research design using focus group discussions (FGDs) and in-depth interviews (IDIs) was employed to investigate how Thai adolescents (15–19 years) access contraception in their community and their perception of social and cultural barriers to access.

Field research was conducted between October 2015 and February 2016 in Khon Kaen City, the provincial capital of Khon Kaen Province, Northeast Thailand.¹ An upper secondary school and a vocational college in the urban area agreed to participate in this study.² Potential urban schools were selected based on the second author's (SC) professional and close network connections. Three schools were initially identified, but only two of them agreed to participate. The school director in each school assigned a teacher to help with the participants' recruitment. The teacher asked SC to explain the research in the selected classes and invited questions from students. SC left her contact details and participant information sheets. The upper secondary high school (HS) students were very receptive to this study, and

16 consented to participate. Students from the vocational school (VS) initially hesitated and asked SC to choose the students, which SC declined. Unexpectedly, teachers then decided to select the VS students. However, SC reassured the students that their participation was voluntary before signing the consent form. There would be no negative consequences if they decided to withdraw their participation, which one student did. Twenty-two VS students agreed to participate. Thus, a total of 38 students aged 15–19³ participated; 18 self-identified as males, 1 transgender person, and 19 were females. All participating schools were co-educational.

A semi-structured interview guideline was developed for the in-depth interviews (IDIs) and focus group discussions (FGDs). This guideline was piloted twice before the field research. The first pilot was conducted with five Thai adolescents aged 14–16 from Thai communities in Auckland, New Zealand. The second pilot was conducted in Khon Kaen with five youths (aged 16–22) from the local Khon Kaen Youth Advisory group. Both pilots sought youth feedback on the guideline's relevance and cultural appropriateness. Two facilitators were recruited from the latter group to be trained and assist with the FGDs. Given the sensitive nature of discussing sexual relations with adolescents, a case vignette, 'opener' was developed as the FGD prompt. This vignette depicted the story of a young unmarried adolescent couple having a conversation about their sexual relationship and negotiating a contraceptive method to prevent unwanted pregnancies. Participants were initially asked for their reactions to the vignette as a less embarrassing entrée to discussing their sexual experiences.

The data collection was conducted in two stages, namely FGDs and IDIs. First, the second author [SC] conducted the FGDs with a youth facilitator's help in the local Thai-Issan dialect. SC was born, raised and spent most of her life in Northeast Thailand. She spoke fluent Thai, English and Lao-Khmer, and was a pharmacist in Thailand before furthering her public health study. SC was in her early 40s and had two adolescent daughters, aged 14 and 16.

Four FGDs were conducted with 29 participants. Two FGDs consisted of students from HS, and the other two had students from VS (Table 1). Each group discussion included 6–8 participants and lasted approximately 90 min. In addition to the verbal conversation, participants were encouraged to use other means of expression, such as drawing and mind mapping.

At the end of each FGD, all participants were invited for in-depth interviews at a time/place of their choice; of the 29, 11 agreed to be interviewed. Additionally, nine students who

Table 1 Demographic profile of the 29 participants in the focus group discussion

Discussion Group	MG1	MG2	FG1	FG2
Participant # Pseudonym	8 males: James, Allan, Gice, Boom, Orm, Ben, Noot, Baan	6 males: Koko, Kim, Fluk, Bass, Arom, Niwat	8 females: Fon, Tien, Num, Ney, Ying, Tey, Fern, Ice	7 females: Yim, Pew, Pang, Nug, Katang, Fang, Amie
Age (years)	16–19	17–18	17–18	17–18
Has ever used any contraceptives?	Yes (6), No (2)	No (6)	Yes (4), No (4)	Yes (1), No (6)
Schools	VS	HS	VS	HS
Recruitment	Teacher's selection	Voluntary	Teacher's selection	Voluntary
Materials used during discussions	Paper (Drawing)	None	Paper (Writing and drawing)	None

Abbreviations: MG, male group; FG, female group; VS, vocational school; HS, upper secondary high school.

were not available during the group discussion also agreed to an individual interview. As the case vignette ‘opener’ was not used with these nine students, SC built initial rapport with general questions about their lives, hobbies and social life in Khon Kaen. SC would then introduce the questions once participants were feeling comfortable and relaxed. Thus, a total of 20 students participated in the individual interviews. Each interview lasted for 45 min. Table 2 presents the details of students in the interviews.

To bridge the age gap between SC and the participants, SC dressed casually in jeans and a t-shirt and presented in an open-minded, non-judgemental manner. Most participants came to call her ‘auntie’ and appeared very comfortable in the interviews.

FGDs and IDIs were audio-recorded with participants’ consent. All audio-recording was initially transcribed verbatim in Thai by SC, and copies were sent to those participants who had requested a copy. Transcription was then translated into English by SC, who also worked as a casual translator for a translating company in New Zealand. The translations were cross-checked by the five Thai youths who initially assisted with piloting the interview guideline in New Zealand; they were fluent in both Thai and English.

Thematic analysis was used to code and organise transcript data into understandable, transparent and credible themes.^[17, 18] Following Braun and Clarke’s^[17] six steps of thematic analysis, transcriptions were read several times before the research team started to apply any codings. The first, second and third authors read a few transcriptions individually and applied trial codings. The second author [SC] had worked as

a Thai public health pharmacist for more than 10 years and provided insights on community pharmacist work. The other authors have worked in public health and sexual health education for young people in the Asia Pacific region. During the data analysis, the first three authors met fortnightly to discuss discrepancies in codes and themes. The process was repeated until no new themes emerged. All authors confirmed the final codings and themes.

This study was approved by the Ethics Committee of Auckland University of Technology, New Zealand (AUTECH# 15/225), the Forum for Ethical Review Committee Thailand (FERCIT) and the Ethics Committee of Sirindhorn College of Public Health, Khon Kaen, Thailand.

Results

The students’ interview and FGD data revealed commonly held Thai adult norms around adolescent sexuality – confirming a generational attitude gap. Parents considered any sexual relationship during adolescence was taboo, to be avoided and against social expectations. Parents and adults saw adolescents as too young to have sex. However, in distinct contrast to their parents, most participants perceived sex and premarital sexual relationships as normal, natural and personal.

The above background generational attitude gap needs to be borne in mind when reviewing the findings below. The following section focuses on access to condoms and ECPs at local pharmacies, choosing the right contraception, confidentiality and privacy, non-judgemental user-friendly services and the age and gender of the pharmacists.

Access to condoms and ECPs from local pharmacies

Male condoms and ECPs were the most common contraception methods sourced from community pharmacies. In Khon Kaen urban areas, adolescents also got free condoms from friends, school nursing units and school exhibitions. Free condoms were available at public health services, including community primary care units and hospitals. However, the mismatch between the opening hours of community healthcare services and school classes posed a significant barrier for adolescents accessing free condoms; hence they bought condoms at 24-h convenience stores or local pharmacists. Condoms sold at the pharmacies were cheaper than those from the 24/7 convenience stores. The most inexpensive condoms were those from the vending machines, though these are not widely available for adolescents as they are in bars and nightclubs.

ECPs and combined oral contraceptives (COC) were the second most common method used by the participants. COC and ECPs are legal, medical items that community pharmacists can dispense to adolescents without prescriptions and parental consent. However, selling these two contraceptives without a licensed community pharmacist in-store is illegal. COC costs vary widely from 5 to more than 100 baht, and ECP prices range between 45 and 75 baht (33 Baht converts to US\$1, 3 February 2022).⁴ The following section focuses on the adolescent students’ experiences/perceptions of community pharmacists’ actual versus expected roles in promoting contraception.

Engaging with community pharmacists in choosing effective contraception

Participants often learned from friends about choosing effective contraception. Some community pharmacists also

Table 2 Demographic profiles of 20 Participants in the in-depth interviews

Pseudonym	Gender	Age (years)	School type	Self-reported ever had used contraception	Participated in focus group discussions
Tey	Female	16	V	N/A	Y
James	Male	18	V	N	Y
Allan	Male	18	V	Y	Y
Ice	Female	17	V	Y	Y
Tien	Female	17	V	Y	Y
Fon	Female	18	V	Y	Y
Ben	Male	18	V	Y	Y
Noot	Male	18	V	Y	Y
Ney	Female	17	V	N/A	Y
Num	Female	17	V	Y	Y
Mawin	Male	18	S	N	N
Bee	Female	18	S	N	N
Bew	Female	18	S	Y	N
Honda	Gay	18	S	N	N
Tong	Female	18	S	N	N
Orm-am	Female	18	S	N	N
Ong	Male	18	S	Y	N
Max	Male	18	S	N	N
Nat	Male	17	S	N	N
Fluk	Male	18	S	N	Y

Abbreviations: Y, yes; N, no; N/A, not applicable; V, vocational college; S, upper secondary school.

helped the participants to choose effective contraception. A few participants were optimistic about the roles of community pharmacists in assisting adolescents in choosing effective contraception and understanding the negative consequences of ECPs on the girl's body. Noot, a sexually active boy, explained:

The pharmacist usually tells me about sex and how to prevent the dangers of unprotected sex. He gives me advice. He usually tells me to use condoms rather than emergency contraceptive pills. He said that emergency contraceptive pills also harm my girlfriend's health.

Noot, male, VS student, interview

Besides giving information about each contraceptive choice's risks and benefits, community pharmacists would also provide further details on various types of male condoms. Bew, a sexually active girl, explained:

On that day, I went to a pharmacy with a female friend. She had diarrhoea. It was late at night. My friend and I took a motorbike to a pharmacist near my friend's dormitory. While waiting for the pharmacist, I found many types of condoms on the shelf ... and noticed the different prices of condoms. I was wondering about them. The pharmacist ... was a young girl. I think she was very young. I asked the pharmacist about the different types of condoms. She told both of us the details of each kind of condom ... every type displayed on the shelf, such as condoms with fruity flavour and fragrances such as strawberry, banana, and smooth skin. Something like that.

Bew, female, HS student, interview

However, not all adolescents had positive dealings with community pharmacists.

On that day, my friend went to a pharmacist. She wanted some emergency contraceptive pills. She got to the drug store and started to pick up a pregnancy test kit. The pharmacist stared at her. My friend felt afraid and nervous, leaving the drug store without any pills she wanted. Then, she asked another friend to buy the pills for her. *Fang, female, HS student, FGD.*

Expecting community pharmacists to respect adolescents' confidentiality and privacy

The participants stressed that confidentiality, respectful practice and non-judgmental attitudes were essential in giving contraceptive advice to adolescents. Fang read on a website about a girl who went to a pharmacist to buy ECPs and was publicly humiliated by the pharmacist by shouting, cursing and condemning her sexual behaviour. Fang believed that community pharmacists' negative and judgemental attitudes would hinder Thai adolescents' access to ECPs.

Adolescents use various strategies to hide and protect their identities to avoid negativity from pharmacists. They may ask friends to buy contraception for them. A girl would usually ask her boyfriend. One girl reported that her female cousin had once asked a transgender person, 'ladyboy' (Thai term: *katoey*), to go to a local pharmacy for ECPs as this ladyboy friend had frequently gone to the pharmacy for hormonal pills. It was assumed that the

local pharmacy would not be antagonistic towards the ladyboy.

Participants asked friends to do pharmacy surveillance. They asked their friends to check on the pharmacy first, and they would then enter when there were few clients in the pharmacy. Some used a face mask or a helmet to conceal their identity when buying contraception. Participants generally knew many pharmacies as they rarely visited the same pharmacy within a short period. They would go to a new pharmacy for the next purchase. Others pretended to talk on the phone to avoid questions when getting ECPs. Participants utilised their friendship networks to access contraception from community pharmacies, underlining the roles of peer support, social networking and friends' trust in accessing contraception. Participants' friendship networks included school friends, friends they grew up with, including friends within their neighbourhood likely to be known to their parents.

Expecting community pharmacists to be non-judgemental and friendly

Many participants expected/hoped the community pharmacists would acknowledge sexuality and sexual desire as a normal and natural element in contemporary adolescents' lives and respect their needs for contraception. For practical adolescent contraceptive support, they felt community pharmacists should provide correct information about contraception and be respectful, polite, friendly and non-judgemental. Two non-sexually active adolescent girls (Fang and Amie) and one boy (Fluk) in this study shared a similar view:

Yes, pharmacists should give us information and ... not condemn or blame us. They should be a person who has the most understanding. A female teenager wrote on a website that she went to a pharmacist for emergency contraceptive pills. The pharmacist scolded her. *Fang, female, HS student, FGD.*

In an interview, Amie, a young girl from the upper secondary school, explained, 'Teenagers want to talk to a pharmacist who is polite and only using nice words. If the pharmacist speaks badly to us, we won't go there again'.

[Pharmacists] should give us information and encouragement. Kind of ... we make a mistake already. We want somebody to help us think and decide... we all want to do no harm and be a good person. I don't want to talk to the person who repeats my pain, my mistakes. *Fluk, male, HS student, interview.*

Pharmacists' age and gender

Participants commented on pharmacists' age and gender as enablers or barriers to adolescents' accessing contraceptives. Bass, a non-sexually active boy, raised the pharmacist's age as a factor that might affect young people's decision to access contraceptives. He believed that youth would prefer to talk to middle-aged pharmacists of the same gender and respect them as knowledgeable persons.

At a pharmacy, pharmacists should be middle-aged males ... better than females... or anybody who can give us advice. I don't want a female pharmacist. Male adolescents, in general, will be shy to talk to a female pharmacist.

Bass, male HS student, FGD.

Other boys in this FGD also noted that straight boys would feel unsafe discussing contraceptives with a transgender person or ladyboy (Thai term: *katoey*) pharmacist.

Discussion

This study confirms previous Thai findings^[9, 20] that the two most commonly used contraception by adolescents is condoms and ECPs. Findings also underline the importance of confidentiality, privacy protection and non-judgmental attitudes of health care professionals, in this case, community pharmacists, when working with adolescent clients. Pharmacists' age and gender were also considered important factors in providing contraceptive services for adolescents.

The potentially crucial role Thai community pharmacists could play in providing contraceptive information was highlighted throughout the current study and is consistent with previous research in other locations.^[9–11, 13, 14] Community pharmacists helped adolescents compare the risks and benefits of each contraceptive choice, for example, between condoms and ECPs. While pharmacists can refer clients to other service providers to access long-acting contraceptive methods, none of the study participants had ever been offered such referral, for example, to a doctor for long-acting contraceptive methods. Many teenagers felt hesitant about obtaining contraceptive services in pharmacies. They stressed the need to be treated respectfully and to have their privacy and confidentiality safeguarded, also in line with other research.^[20–22]

Participants identified some community pharmacists' qualities, such as having excellent interpersonal skills, non-judgmental communication skills and attitudes, being middle-aged and having the same gender as the adolescent clients, as critical and consistent with previous research.^[12, 14, 20–22] Overall, this study suggests adolescents see community pharmacists' potential contribution to reducing teenage pregnancy in Thailand as positive.

Strengths and limitations

This study was carried out with urban-dwelling secondary students in North-eastern (Isaan) Thailand. While these adolescents share unique social, cultural and ethnic traditions specific to the region, these findings may not reflect rural students' experiences, or needs, in smaller towns and villages with less access to community pharmacies. There was also potential bias from the teachers selecting the participants at the vocational schools. A strength is that it was the first qualitative study exploring the roles of community pharmacists in the sexual reproductive health of Thai young people. This study offers a platform to build similar investigations further probing Thai adolescents' experiences, attitudes and practices in different parts of Thailand.

Implications

This study highlights the potentially crucial role community pharmacists could play in providing contraceptive information for adolescents. It suggests the need for changes in government policies, training and education for pharmacists to enhance the roles and skills of community pharmacists in sexual and reproductive health services for young people.^[10, 12] Monitoring, evaluating on ECPs dispensary and education and information on ECPs are pivotal in the promotion of the sexual and reproductive health of young people.

Conclusion

This study suggests the need for changes in Thai government health service policies and the current curriculum in Pharmacy education and training to best support young people's sexual reproductive health needs. Relevant training and evaluation of the community pharmacists' potential role must be integrated into current services. The study findings show that adolescents can buy ECPs from any community pharmacy. Therefore, monitoring and evaluating the ECPs dispensary and appropriate guidelines for providing education and information regarding the use of and side effects of ECPs are crucial in promoting young people's sexual health and wellbeing. Future studies could include mixed-method designs involving diverse groups of adolescents, including school adolescents, the roles of community pharmacists and other relevant health professionals working to enhance effective and suitable sexual health and contraception services and reduce barriers to access.

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Data Availability Statement

All Authors state that they had complete access to the study data that support the publication.

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