explained by quarantine measures.

- the market for anthelmintic drugs in the Republic of Uzbekistan can be characterized as unstable.
- during the studied period, AHD from 11 countries were represented on the market, and at the same time, manufacturers from the following four countries left the market: Great Britain, Russia, Armenia and South Korea.

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SUMMARY

The article presents the results of the analysis of the dynamics of the assortment of anthelmintic drugs in the Republic of Uzbekistan according to DRUG AUDIT data for 2016-2022. The methodology of structural content analysis was used as a research method.

According to the results of the analysis of anthelmintic drugs on the pharmaceutical market of the Republic of Uzbekistan, it was found that the largest volume of drugs on the market was observed in 2019 - 2.6 million packages worth 3.7 million US dollars. In 2020, there is a sharp decrease in the volume of anthelmintic drugs, which is explained by quarantine measures. During the studied period, anthelmintic drugs from 11 countries were introduced to the market, while manufacturers from four countries left the market in 2020: Great Britain, Russia, Armenia, and South Korea.

Key words: pharmaceutical market, Republic of Uzbekistan, anthelmintic drugs, content analysis.

THE SOME FEATURES OF PHARMACISTS' PRIMARY HEALTH CARE ROLE OF USING HORMONAL CONTRACEPTION IN GENERAL

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РЕЗЮМЕ

Метою дослідження було вивчити та проаналізувати роль фармацевтів у первинній медичній допомозі щодо використання гормональної контрацепції загалом. Фармацевти мають можливість розширити доступ до контрацепції. У багатьох країнах фармацевти мають право призначати гормональні контрацептиви. Наразі в деяких країнах фармацевти можуть виписувати ліки через організації групової практики, але не можуть призначати або пропонувати гормональні контрацептиви без дозволу на рецепт. Розширення цього охоплення на фармацевтів, які призначають гормональні контрацептиви, могло б покращити доступ жінок до контрацепції та, таким чином, зменшити випадки небажаної вагітності. Були попередні дослідження інтересу громадських фармацевтів до призначення гормональної контрацепції. Крім того, жодна з попередніх літературних джерел не вивчала можливі відмінності у сприйнятті та підтримці призначення гормональних контрацептивів між громадськими та місцевими фармацевтами. Крім того, фармацевтична практика та культура відрізняються в багатьох країнах, особливо в різних географічних регіонах. Фармацевтам можуть бути надані освітні ресурси для усунення непорозумінь щодо гормональної контрацепції, особливо тому, що вони використовувалися, щоб стверджувати, що фармацевти завжди повинні пропонувати гормональну контрацепцію. По-друге, можна розглядати гормональну контрацепцію як надання фармацевтам можливості для етичної участі в суспільстві, яке, як стверджується, є дедалі більш моральним секвестром, і гормональна контрацепція є центром уваги, щоб допомогти розвинути усвідомлення етичних цінностей і сприяти дебатам.

Ключові слова: охорона здоров'я, первинна допомога, фармація, роль фармацевта, гормональна контрацепція.

Introduction. Pharmacies provide services such as immunizations, medication administration, medication packaging, medication reconciliation, point-of-care testing, and in some states where the law has been passed, hormonal contraception, opioid withdrawal, and smoking cessation services. There has been criticism that there is a lack of standard terminology for services such as medication synchronization and medication therapy management, their components and how they are delivered, making comparisons between studies difficult. One of the biggest challenges facing pharmacists in the United States is the lack of federal provider status. This means that pharmacists are not permitted to use existing fee-for-service health insurance billing codes to obtain reimbursement for unpaid services. Moreover, despite the existence of regulatory infrastructure in several states, the level of implementation of services is

either low or unknown. Research shows that pharmacists face many barriers to providing some of these services. Fragmentation of the state and the lack of a unified pharmaceutical organization and vision for the profession create additional problems [1-3].

Healthy People goals emphasize the need to reduce unintended pregnancy rates, reduce teen pregnancy rates, and increase contraceptive use.To increase access to contraception effective and subsequently reduce the rate of unintended pregnancies in the country, experts stressed the importance of increasing access to pharmaceuticals. participation. Pharmacists are easily accessible, can be seen without an appointment, and are reliable health care providers. A recent study identified the reasons for the role of pharmacists and pharmaceutical staff in reducing unintended pregnancies. It was highlighted that pharmacists can help ensure appropriate contraceptive use and compliance, as well as monitor side effects, and can provide information about over-the-counter contraceptives. In fact, condoms are the third most commonly used form of contraception, and many are purchased at pharmacies. Additionally, pharmacies are one of the largest providers of emergency contraception (EC) , which was recently approved as an over-the-counter product. product for women. of all ages.9 This highlights the importance of effective interventions. Advise pharmacists and pharmacy staff on the safe and appropriate use of contraceptives [4-5].

Italy's Supreme Council of Health argued that minors should be allowed to buy ulipristal acetate in pharmacies only with a doctor's prescription, arguing that the marketing of ulipristal acetate without a prescription could lead to a reduction in the use of hormonal and mechanical contraceptives that are used in the prevention of sexually transmitted diseases (STDs) are useful. The Council highlighted the main reason why the European Medicines Agency (EMA) authorized its marketing without a prescription in the first place: removing the need to obtain a doctor's prescription was seen as a way to speed up access to this medicine and so its to increase effectiveness. However, for the Italian High Council, this consideration did not apply to the Italian scenario, where the availability of medical advice is guaranteed free of charge and continuously [6-8].

Family medicine graduates are open to active collaboration with practicing pharmacists, but have certain reservations about sharing certain tasks. If the practice of collaboration changes, graduate perspectives should be documented after the practice begins. Collaborative practice is a partnership between a health care team and a client in a collaborative, cooperative and coordinated approach to shared decision-making on health and social issues. For many health conditions, this practice is considered a means of providing high-quality, efficient, and effective care that benefits patients, health care providers, and health organizations. The College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada, and the accrediting bodies of medical and pharmacy schools believe that interprofessional collaboration is an important skill that must be developed. Indeed, several training initiatives and collaborative experiences between doctors and pharmacists are mentioned in the literature [9-10].

Goal. Aim of the research was to study and analyze pharmacists' primary health

care role of using hormonal contraception in general.

Research materials and methods. The main question of this article was to research and analyses analyze pharmacists' primary health care role of using hormonal contraception in general. We have searched and analyzed PubMed, Web of Sciences, Clinical key, Tomson Routers and Google Scholar mostly, using search terms bases, including the words to research and analyses analyze pharmacists' primary health care role of using hormonal contraception in general. Then, each article was discussed and an abstract of the total information gathered during the process was provided, aiming at easy understanding of the public. To establish these outcomes, over hundred articles were investigated. We brought together all published data to comprehensively examine the effects in a systematic review, to define analyze pharmacists' primary health care role of using hormonal contraception in general.

Research results and discussion. Community pharmacists sought to maintain medication records to be able to track patients and monitor prescription drug use, initially using record cards. The department of health services wanted accurate and timely data on its drug program volumes and claims costs, and wholesalers wanted to track their customers' pharmacy orders. These two factors contributed to the computerization of community pharmacies earlier and more deeply than in other professional groups. All pharmacies in Ireland must have a consultation room, which must be maintained in order to accommodate consultations between pharmacist and patient in accordance with PSI rules and guidelines. and PSI inspectors' report. This has become valuable to pharmacists providing services. The HSE approves certain services for public patients targeting at-risk groups (eg vaccinations) or for patients eligible for high-cost specialist medicines who live in the community (eg HIV pre-exposure prophylaxis). Private patients pay for some services themselves (eg vaccinations, emergency hormonal contraception), and for other services the pharmacist decides whether to charge or not [11-12].

Health promotion is led by a division of the Department of Health as part of the Healthy Ireland Strategy. Health promotion strategies have been influenced by the large private patient segment in primary care, as well as policymakers' concerns that community pharmacies may be influenced by drug suppliers or screening tests. A consequence of this has been the HSE's reluctance to recommend that the public use community pharmacies. They are also concerned about the response of GP organizations as they are driven by members concerned about the potential loss of private patient consultations, as well as repeated proposals from pharmacist vested interests. Until recently this was clear in the Healthy Ireland and HSE documents and campaigns. However, a minor illness website has been developed to inform the public on how to look after themselves, particularly in relation to cough and cold symptoms, to reduce the inappropriate prescribing of antibiotics. This guidance was developed in consultation with the Irish Pharmaceutical Union and advises people to contact their pharmacist for certain concerns. Interestingly, some patient support groups and charities, such as the Irish Heart Foundation and the Irish Cancer Society, have collaborated with the Irish Pharmaceutical Union. . or with groups of pharmacy chains to carry out some of their promotions [13, 14, 54,55].

The psychological and physiological consequences of hormonal contraception may also develop over a longer period of time. Although the fear of an unwanted pregnancy may be alleviated immediately, the learning process by which greater sexual pleasure leads to more frequent sexual intercourse may take longer, as multiple experiences are often required to form strong, trusting associations that lead to changes in sexuality. Likewise, negative sexual side effects that may reduce the frequency of sexual intercourse may not occur immediately after starting hormonal contraception. In the small study of 48 women who started taking a low-dose oral contraceptive, sexual desire and frequency of intercourse did not decrease until 9 months after starting, but sexual pleasure decreased after only 3 months. Although it is unclear whether these results would hold after controlling for relationship duration, this suggests a possible lag in the decline of sexual pleasure leading to less frequent sexual behavior. If couples become accustomed over time to reducing contraceptive effort during sexual intercourse, there may be a short-term increase (due to reduced fear of pregnancy) but a long-term decrease in sexual frequency after starting contraception. hormonal contraception.

Fear of an unwanted pregnancy can be a particularly powerful barrier to commitment and enjoyment of sex. When women in the focus groups were asked about factors influencing their sexual arousal, they described fear of an unwanted pregnancy as a strong impediment to arousal. In an interview study, a group of mixed-class young women reported that protection against unwanted pregnancies was critical to their ability to fully enjoy sexual relations. Therefore, reducing the fear of an unwanted pregnancy could increase a woman's desire and/or willingness to have sex or encourage women to want to have sex, thus strengthening the couple's sexual relationship. Frequency of sexual relations. Additionally, such reduction in pregnancy-related anxiety may also increase the frequency of sexual intercourse through increased sexual pleasure [57-58].

Compared to external/male condoms, the second most common contraceptive method in the United States (United Nations, 2020) and third most common among American women ages 17 to 29. – hormonal methods are more effective in preventing pregnancy. They also require less advance planning and effort during sexual activities and do not involve a physical barrier that can affect sexual sensation and functioning (e.g., erection difficulties and increased vaginal dryness) in men and women. Sexually active couples who use condoms to prevent pregnancy may have sex more frequently after using a method that requires no effort during arousal. Couples who choose to use hormonal methods instead of condoms may have sex more frequently because they feel more pleasure and intimacy with their romantic partner. Therefore, starting a hormonal method can increase sexual frequency even if the couple previously used a non-hormonal method [31, 49, 57].

For both community pharmacies and primary care, the mixed public-private health care system results in increased costs, fragmented service delivery, and competition for private patients. At the system level, health care. Primary health care services are considered as a set of visits. services, and very little data is routinely collected to monitor the use of these services by private and public patients.

Community pharmacies are not included in system audits or data collection. As a result, because policymakers have an incomplete understanding of how patients perceive and respond to their health problems, and how they perceive and use medications, they are unable to begin to achieve Sláintecare's goal: comprehensive care that is appropriate, in the right place, and at the right time. right time. right time. The central focus of the Department and the HSE remains monitoring and accounting for the cost of medicines and the functioning of pharmaceutical programs, while community pharmacy is treated as a procurement service, and defects in the use of medicines remain undetected and undetected. The Government therefore views the use of medicines as a prescribing issue and has no plans to bring together stakeholders and services to formulate a national medicines policy for Ireland [15-18].

Community pharmacy pharmacists can also provide opportunities to expand access to hormonal contraceptives. Introduced a new model to improve access to hormonal contraceptives through pharmacists, called the pharmacy access model. Under this model, women can obtain hormonal contraceptives directly from pharmacists without first consulting their doctor. Community pharmacies in the Seattle area, where pharmacists screened, prescribed, and counseled women on hormonal contraceptives. At the end of the study, almost all women were satisfied with the services and felt comfortable receiving prescriptions for hormonal contraceptives from their pharmacist. Pharmacists also felt confident offering this service and believed it was important to expand access to contraceptives in pharmacies. Hormonal contraceptives can be offered without a prescription as part of a proposed new drug class by the FDA in 2012. It was proposed that this category of drugs be "for pharmacist's use only" and that drugs in this category require consultation with a pharmacist before being sold. The inclusion of hormonal contraceptives in this new category of medications will improve access to hormonal contraceptives for pharmacy users while preserving their safety [19-20].

Before proceeding with the implementation of a pharmacy access model for the provision of contraceptives in community pharmacies, it is important to understand what contraceptive services community pharmacies currently provide. Understanding the frequency of pharmacy visits and how young women characterize their pharmacy contraceptive use experiences is important information for determining what interventions are needed and whether they are feasible. Numerous studies in the United States and abroad have examined the provision of emergency contraceptive pills.However, little is known about other contraceptive services provided by community pharmacies, including the availability of condoms. and oral contraceptives, the availability of information on contraception, and the ability to prevent it. Pharmacists will advise you on how to prevent pregnancy. To provide services targeting women of childbearing age, it is also important to understand women's current experiences purchasing contraceptives in their community pharmacy and their comfort level in providing information about contraceptives available in their community pharmacies. Examined women's attitudes toward direct access to hormonal contraceptives in pharmacies and found that women wanted pharmacists to be involved in the dispensing and supply of hormonal contraceptives [21-22].

Pharmacists have the opportunity to increase access to contraception. In many countries, pharmacists are authorized to prescribe hormonal contraceptives. Currently, in some countries pharmacists can prescribe medications through group practice organizations, but cannot prescribe or offer hormonal contraceptives without a prescription authorization. Expanding this coverage to pharmacists prescribing hormonal contraceptives could improve women's access to contraception and thereby reduce the incidence of unintended pregnancies. There have been previous studies of community pharmacists' interest in prescribing hormonal contraception. Moreover, no previous literature has examined possible differences in perceptions and support for hormonal contraceptive prescribing between community and community pharmacists. Moreover, pharmaceutical practices and culture vary in many countries, especially across different geographical regions [23-24].

The most commonly prescribed form of contraception in the United States is oral contraception, and the most commonly prescribed oral method is the combined hormonal contraceptive pill. Combined hormonal contraceptives (CHCs) that contain both estrogen and progestin can cause serious side effects due to one or both components. An overview of the different contraceptive methods and hormonal components. Progestogens are associated with an increased risk of acne, hirsutism and breakthrough bleeding. These side effects are generally considered minor and can be mitigated by increasing or decreasing the progestin content of combined hormonal contraceptives, switching to combined hormonal contraceptives of varying androgenicity, or switching to non-hormonal contraceptives. Estrogens are associated with an increased risk of nausea, headaches, breakthrough bleeding and breast tenderness. Patients who experience minor estrogen-related side effects may benefit from changing (increasing or decreasing) the estrogen component of combined hormonal contraceptives, switching to a progestin-only contraceptive, or switching to a non-hormonal contraceptive [25-26].

Over the past four decades, the global prevalence of overweight and obesity has nearly tripled, leading to the so-called “obesity epidemic.” In the United States, nearly half of women of childbearing age report a height and weight that is characterized as “overweight” or “obese” based on body mass index (BMI) classification. Although obesity is not a universal definition, body weight status is most commonly assessed by calculating BMI, a weight-to-height ratio that defines “overweight” as BMI ≥ 25 kg/m2 and “obese” as BMI ≥ 30 kg/m2 classified. m2. In addition to being a known risk factor for a number of chronic diseases, higher BMI can also have a significant impact on reproductive health [27-28].

Women's sexual behavior does not appear to be influenced by body size, and although some studies suggest that women with higher BMI may experience reduced contraceptive effectiveness and increased rates of unintended pregnancy, most studies find that women with a higher BMI are not included in contraception. The existing literature on this topic is limited and shows some inconsistencies in results; However, there are pharmacokinetic data showing that some hormonal contraceptives, such as the transdermal patch and levonorgestrel emergency contraception (LNG), may have reduced effectiveness when used in women with a higher BMI. In addition, BMI ≥ 30

and use of combined oral contraceptives are risk factors for venous thromboembolism, leading to an increased risk in women with higher BMI who use combined oral contraceptives. The results of such studies formed the basis for the World Health Organization's medical eligibility criteria and various clinical guidelines for contraceptive use in North America and Europe [29-30].

The choice of contraceptive method should be based on individual factors, patient preferences, and the characteristics of the particular method. In this article, were explore the ability of the inpatient clinical pharmacist to provide assistance with contraceptive selection and counseling to hospitalized patients. The inpatient pharmacist has the opportunity to discuss different contraceptive methods with the patient and ensure that the appropriate method is used after discharge. This is especially important after contraceptive-related side effects or contraindications to certain contraceptive methods have occurred. Barriers such as Some restrictions, such as prescription restrictions, may limit the initiation of inpatient contraceptive therapy during hospitalization, but pharmacists can provide information about suitable alternatives. Inpatient clinical pharmacists can also provide contraceptive recommendations for special patient populations. It is critical to select appropriate therapy in patients with an underlying disease, such as those with active or preexisting breast cancer, a psychiatric disorder, or thrombophilia, as inappropriate therapy may result in an increased risk of harm. Pharmacists can help provide contraceptive counseling, evaluate drug interactions, and recommend the most appropriate therapy for specific patient populations [31-32].

Because the benefits of using contraceptives outweigh the risks of not using them, larger women should be counseled about all contraceptive methods so they can make the right choice. This is of particular importance in the context of bariatric surgery, as weight loss can improve fertility and the resulting nutritional deficiencies pose significant risks to maternal and fetal health. Pregnancy should be avoided for 1–2 years after surgery, therefore contraceptive counseling plays an important role in bariatric care for women of childbearing age [33-34]. Although contraceptive options should not be limited by weight alone, the research underlying weight-based contraceptive guidelines says little about the experiences of women with larger body sizes.

Women and people with female reproductive organs face many barriers to accessing affordable, safe and effective contraceptives. More than a million patients do not have adequate access to health centers offering various contraceptive methods. Worldwide, at least 220 million couples need contraceptives, 145 million women become pregnant unintentionally, and 56 million of these pregnancies end in abortion. Contraception gives people a choice between reproduction and sexual and emotional well-being. A wide range of contraceptive methods increases unintended pregnancy rates, user satisfaction, effectiveness, and continued use [35,42,56].

Community pharmacies can take advantage of this opportunity to expand their scope of practice and improve the quality and continuity of patient care. This includes creating standardized protocols, promoting the service using strategies such as pharmacy signage, and increasing pharmacist engagement. Given the barriers

identified even in pharmacies offering contraceptives, effective administrative support could also include scheduling replacement shifts for pharmacists and setting up private consultation rooms. These changes could potentially increase access to hormonal contraceptives and improve reproductive health [35-37].

Recently, community pharmacies have expanded their role in primary health care, and pharmacists have demonstrated their potential to improve population health. In addition to counseling patients about their medications, pharmacists provide a variety of preventive health services, such as vaccinations and screening for sexually transmitted infections.

Interestingly, our study found that participants who administered more hormonal contraception also received more over-the-counter medications. This finding may be explained by the fact that pharmacists who dispense more hormonal contraception on prescription are also likely to have more experience with hormonal contraception and therefore may be more willing to take responsibility for dispensing hormonal contraception without a prescription. Additionally, participants who receive frequent emergency contraception counseling are more likely to dispense hormonal contraception without a prescription, perhaps to avoid the need for emergency hormonal contraception through this practice [38-39].

The pharmacy profession is currently undergoing rapid change. Our study found that participants were interested in additional training on hormonal contraceptive service delivery, which is consistent with previous research. Although participants generally already indicated that they knew certain aspects, in this survey were also found some knowledge gaps, for example in choosing contraceptive methods or using depot injections. To the best of knowledge, these two subjects are not currently included in the curricula of pharmaceutical universities. Interestingly, young pharmacists feel better prepared due to their pharmaceutical research. A possible explanation could be the change in emergency contraception category a few years ago and the introduction of this subject into university curricula. As a result of these changes, younger pharmacists have likely become more knowledgeable not only about e-cigarettes, but also about reproductive technologies in general [40-41].

Prescribing hormonal contraception by pharmacists would be a major change for the healthcare system, and were have been identified some challenges. Resistance from doctors was considered the greatest. The majority of pharmacists surveyed support interprofessional collaboration (eg, regular case discussions and collaboration with physicians), which can lead to new opportunities and new work models. Pharmacists in urban areas were more interested in interprofessional models. Urban areas offer more opportunities for such collaboration and are likely to be less concerned about competing interests. In contrast, participants from rural areas were more likely to respond that hormonal contraceptive services in pharmacies were convenient for women, which could be explained by the limited availability of doctors/gynecologists in rural areas. In addition, increased knowledge of pharmacists may benefit women seeking advice by reducing physicians' workload and allowing them to focus on services that only they can provide. Participants feared that women would neglect gynecological examinations, which was also found in a survey of pharmacists.

Screening is a very important intervention for cancer prevention, but according to the literature, it does not significantly contribute to the safe and effective use of hormonal contraception and is not associated with hormonal contraception prescription [42-43].

Pharmacist has a great role in hormonal contraception offering, selling and deliver in India, hormonal contraception is issued without prescription, and the pharmacist's moral, ethical, cultural, religious attitude may increase or decrease the availability and sell of the emergency hormonal contraception, which is caused by the pharmacists ethical, cultural and religious attitudes to hormonal contraception, were managed 27 pharmacists interview in India and determine pharmacists attitude with hormonal contraception, were learned pharmacist new professional role in public health and family medicine, which is linked to the pharmacist's ethical, social and religious issues, the results were as follows: at hormonal contraception attitude pharmacists were divided into three classes: first class pharmacists who hold the offerring and selling hormonal contraception to the patients, the second who use offerring and selling some times, and a third class who will never make emergency hormonal contraception offerring and selling to the patients due to the religious - ethical opinions. Findings provide evidence pharmacists continuous education. Pharmacist culture, values, religious and professional responsibility influence to the public health, which is directly linked to the pharmacist continuous education [24,27,29,42, 44, 45].

Pharmacists ‘role in the sale and supply of hormonal contraception represents an opportunity to increase hormonal contraception availability and utilize pharmacists’ expertise but little is known about pharmacists’ attendant ethical concerns. Semi-structured qualitative interviews were undertaken with 27 Indian pharmacists to explore their views and ethical concerns about hormonal contraception.

This article considers the role of pharmacists in the sale and supply of hormonal contraception in the India and, in particular, explores the ethical, religious and factual beliefs of pharmacists and their potential effect upon the availability of hormonal contraception in India pharmacies. The findings of a qualitative study are presented and it is argued that although India pharmacy sales and supplies of hormonal contraception represent opportunities for pharmacists to contribute to public health and also engage in new professional challenges, a range of ethical, religious and knowledge concerns identified in the study may affect the availability of hormonal contraception for Indian female customers. In India, pharmacists have been involved in the dispensing of hormonal contraception many years, when it was originally a combined estrogen and progestogen formulation [46-47].

Hormonal contraception, which could be sold from pharmacies without a prescription, with the aim of were common and discussing ethical issues was difficult for most pharmacists. Religion informed non-selling pharmacists’ ethical decisions but other pharmacists prioritized professional responsibilities over their religion [39,41,46, 48,49].

Emergency contraception, ethics, pharmacists, religion improving timely access to hormonal contraception by women. Although the overall amount of hormonal contraception issued in India has remained relatively of hormonal contraception

supplies now occur from pharmacies, but almost some percent of women still report difficulty in obtaining hormonal contraception. These statistics, coupled with several popular press reports of pharmacists refusing to sell hormonal contraception and ongoing debates as to whether pharmacists may conscientiously object to hormonal contraception, mean that research is needed to explore issues surrounding ethics, religion and the availability of hormonal contraception for sale and supply in pharmacies. Pharmacy supply of hormonal contraception has prompted research and the experiences and attitudes of pharmacists have been explored but no studies have specifically explored pharmacist hormonal contraception supplies in an ethical or religious context. Occasional ethical concerns have been identified for example, reported moral objection to hormonal contraception sales in 5% of pharmacists, Pharmacists reported conscientious objection amongst one in five pharmacists whilst argued that ethical reasons did not appear to be a major factor that would affect pharmacists' ability to supply hormonal contraception. The objective of this article is to gain a greater understanding of the ethical, religious and practical issues surrounding hormonal contraception sales in India. Pharmacies may be influenced by ethical objection, religious beliefs and non-clinical factors but dispensing hormonal contraception was almost always ethically acceptable. Three categories of pharmacists emerged: a majority who found hormonal contraception sales unproblematic, those who sold contingently and a minority who were ethically and religiously opposed to selling hormonal contraception. Factual and terminological errors and a marked difficulty in discussing ethical issues were identified, necessitating further education. Sales and supply in India and in so doing help inform discussions amongst the media, academia and professions concerning pharmacists' involvement in this important area of health care [50-51].

The qualitative study reported on here involved semi structured interviews with 27 pharmacists, recruited from two cites, in India. The research was part of a larger study investigating the ethical problems encountered by Indian pharmacists and how such problems were dealt with. Recruitment, interviewing and analysis were undertaken by one of the authors. A semi-structured interview method was used to allow pharmacists to describe issues as fully as possible, valuing the richness and complexity of potential responses but also allowing the researcher to challenge and clarify responses. Sampling was purposive to obtain representation in terms of age, gender, ethnicity and employment status. In particular, the aim was to recruit pharmacists from a range of employers and a sample grid was produced to enable a systematic purposive approach. Pharmacists were approached by either an initial telephone call or introductory letter, and a follow-up telephone call was arranged a few weeks later. Participants were asked prior to interview to identify ethical issues they had experienced in their work and to be prepared to discuss them. Prompting was avoided where possible but the subject of hormonal contraception was raised if pharmacists did not mention it spontaneously and their views on conscientious objection were also solicited. Transcribed interviews were analyzed in two key ways. First, framework analysis involving an ethical decision-making model was used to gain an understanding of how community pharmacists identified ethical problems, reasoned

and acted. Second, the techniques of constant comparison and deviant case analysis were utilized in relation to the interview data and all emergent themes were coded. Analysis was performed by one researcher but with subsequent discussions with the other researchers [14, 27, 41, 44, 52, 53].

The number of ethical issues emerged amongst pharmacists, although it was apparent that many of the pharmacists found it difficult to discuss and describe ethical issues, values and attendant reasoning. Dispensing hormonal contraception was ethically unproblematic for all but one pharmacist but a range of concerns emerged in relation to selling hormonal contraception and three broad categories of pharmacist were identified: those who found selling hormonal contraception ethically unproblematic, those who were completely opposed to selling hormonal contraception and those who decided contingently and supplied hormonal contraception in some situations but not others. These three categories encompassed several more specific ethical, but also religious and practical, concerns and these are now described in more detail, illustrating a complex and occasionally conflicting range of beliefs and values about hormonal contraception [54-55]

The first category of pharmacist did not identify hormonal contraception as being ethically problematic and routinely sold and dispensed hormonal contraception in their community pharmacy work. This category included most of the pharmacists in the study, but although these pharmacists were usually prompted about hormonal contraception supplies during interviews, this did not mean that there was an absence of ethical concerns about hormonal contraception and three key issues emerged for these pharmacists. Several argued that it was important for a woman to be able to decide upon her treatment and such views appeared to involve implicit appeals to female customers' autonomy.

A second category of four pharmacists identified in this study sold hormonal contraception contingently, that is they believed there were only certain circumstances in which hormonal contraception sales were justified. Although this may be said of hormonal contraception generally wherein supplying pharmacists could take into account age, time of presentation and pregnancy as reasons not to supply, the pharmacists in this second category cited other factors that related more to the patients' circumstance and background than obvious and clinically relevant indications. First, the location of a pharmacy and hence type of customer frequenting a pharmacy was significant for several pharmacists, and appeared to involve concerns about the relative deprivation in a locality's population and also the customer's relative affluence. Many contingently selling pharmacists felt pharmacies were not the most appropriate place to obtain hormonal contraception and many favored the doctor and hence would routinely refer women to a doctor, except where this was not possible. In such circumstances – often evenings and weekends – such pharmacists argued that they would sell hormonal contraception. In contrast to the supplying pharmacists, some contingently selling pharmacists perceived hormonal contraception to have a negative value on the profession and again saw hormonal contraception instrumentally. Such pharmacists appeared to overlook the possible benefits to women and viewed hormonal contraception sales instrumentally in terms of its impact upon pharmacy more

generally and Indian health policy [17,21,39].

A third category of pharmacists identified in the interviews were completely opposed to the sale of hormonal contraception and such pharmacists often spontaneously identified hormonal contraception sales as an example of an ethical problem in their work. The decision to deregulate hormonal contraception, such pharmacists noted, had led to considerable ethical concern and anxiety for them since they believed it to be a form of abortion, and both ethically and also religiously wrong. Although hormonal contraception sales were ethically problematic for only a few pharmacists in this study, what was apparent was that requests by women to purchase hormonal contraception had led to considerable distress and ethical concern [42,48,52].

The life of a fetus and several non-supplying pharmacists referred to the word 'abortion' in relation to hormonal contraception. Although several respondents conceded that this was not accepted medical knowledge, the use of the word 'abortion' appeared to constitute a deliberate 'moral vocabulary' and hence an ethical resource that they believed could not be challenged any further – and arguably could be linked to the difficulty they had in discussing ethical issues and values. A number of implications for practice arise from this study and these concern pharmacists' knowledge base, ethical understanding and their responsibilities in the delivery of health care. First, the persistence of lay terminology and incorrect facts about hormonal contraception may be detrimental not only to customers (who may not fully understand the facts about hormonal contraception and hence need correct information from health care professionals) but also to the debate about pharmacists' role in hormonal contraception supply. Pharmacists must be provided with educational resources to address these misunderstandings about hormonal contraception, especially since they have been used to argue that pharmacists should always supply hormonal contraception. Second, it is possible to view hormonal contraception as providing pharmacists with an opportunity for ethical engagement, in what has been argued is an increasingly morally sequestrated society, and hormonal contraception represents a focus, to help develop ethical value awareness and promote debate. Research has indicated that pharmacists view ethical issues in a legalistic, self-interested way – which may explain their observed difficulty in articulating ethical issues in this study – and hormonal contraception offers opportunities to discuss ethical issues and reflect upon patients' and pharmacists' values. Third, some pharmacists' belief that doctors should routinely be consulted to obtain hormonal contraception, coupled with some pharmacists dispensing but not selling of hormonal contraception, lead to concerns about pharmacists' subordination to doctors and the abrogation of ethical and professional responsibility. If pharmacists do not develop ethical and professional responsibility and equip themselves with the necessary facts about hormonal contraception, then proposed developments such as the advance supply of hormonal contraception, could result in pharmacists' role in the sale and supply of hormonal contraception being undermined [6,18,39,48].

Dispensing hormonal contraception was ethically acceptable for almost all pharmacists but beliefs about selling hormonal contraception revealed three categories: pharmacists who sold hormonal contraception, respected women's autonomy and

peers' conscientious objection but feared the consequences of limited hormonal contraception availability; Pharmacists who believed doctors should be first choice for hormonal contraception supply but who occasionally supplied and were influenced by women's ages, affluence and genuineness; Pharmacists who believed hormonal contraception was abortion and who found selling hormonal contraception distressing and ethically problematic.

Pharmacists' ethical view some hormonal contraception and the influence of religion varied and, together with some pharmacists' reliance upon non-clinical factors, led to a potentially variable supply, which may threaten the romp availability of hormonal contraception. Misunderstandings about hormonal contraception perpetuated lay beliefs and potentially threatened correct advice. The influence of subordination pharmacists' dispensing hormonal contraception may also lead to variable supply and confusion amongst hormonal contraception and to develop pharmacists' ethical understanding and responsibility [27, 28, 46].

Pharmacies and pharmacists maintain public trust and effectively use digital technology to support their practices. However, community pharmacists have focused on providing services when and where they can and have failed to change the perception of them as medicine managers rather than health care providers. health. The approach of the health service and the pharmaceutical regulator has reinforced and perpetuated this view. The absence of a professional body independent of any commercial function has contributed to weakening the position of pharmacists. With community pharmacy revenues largely coming from drug supply programs and each government reducing this revenue, pharmacists must increase their volume and turnover to ensure the commercial viability of their practice, spending less time and resources for individual patient care and service development.

Because in many countries oral contraceptives are sold without a prescription in pharmacies, pharmacists have a professional responsibility to evaluate and educate patients about all aspects of taking these medications. The patient simulation method provides a new and reliable way to evaluate the professional performance of pharmacists. necessary to assess the consultative competence of community pharmacists. In this regard, the patient simulation method constitutes a new and reliable way to evaluate the professional performance of pharmacists. A simulated patient is a person assigned to visit a pharmacy according to a special scenario developed by scientists in order to evaluate the specific behavior of the pharmacist or pharmacy staff.

Conclusions. Pharmacists cab be provided with educational resources to address the misunderstandings about hormonal contraception, especially since they have been used to argue that pharmacists should always supply hormonal contraception. Second, it is possible to view hormonal contraception as providing pharmacists with an opportunity for ethical engagement, in what has been argued is an increasingly morally sequestrated society, and hormonal contraception represents a focus, to help develop ethical value awareness and promote debate. Research has indicated that pharmacists view ethical issues in a legalistic, self-interested way – which may explain their observed difficulty in articulating ethical issues in this study – and hormonal

contraception offers opportunities to discuss ethical issues and reflect upon patients and pharmacists' values.

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RESUME

Aim of the research was to study and analyze pharmacists' primary health care role of using hormonal contraception in general. Pharmacists have the opportunity to increase access to contraception. In many countries, pharmacists are authorized to prescribe hormonal contraceptives. Currently, in some countries pharmacists can prescribe medications through group practice organizations, but cannot prescribe or offer hormonal contraceptives without a prescription authorization. Expanding this coverage to pharmacists prescribing hormonal contraceptives could improve women's access to contraception and thereby reduce the incidence of unintended pregnancies. There have been previous studies of community pharmacists' interest in prescribing hormonal contraception. Moreover, no previous literature has examined possible differences in perceptions and support for hormonal contraceptive prescribing between community and community

pharmacists. Moreover, pharmaceutical practices and culture vary in many countries, especially across different geographical regions. Pharmacists cab be provided with educational resources to address the misunderstandings about hormonal contraception, especially since they have been used to argue that pharmacists should always supply hormonal contraception. Second, it is possible to view hormonal contraception as providing pharmacists with an opportunity for ethical engagement, in what has been argued is an increasingly morally sequestrated society, and hormonal contraception represents a focus, to help develop ethical value awareness and promote debate.

Key words: health care, primary care, pharmacy, pharmacist's role, hormonal contraception.

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ВИВЧЕННЯ РОЛІ БРЕНДУ АПТЕЧНОЇ МЕРЕЖІ ЯК СКЛАДОВОЇ ЇЇ КОНКУРЕНТОСПРОМОЖНОСТІ

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РЕЗЮМЕ

Мета даної роботи — вивчення ролі бренду аптечної мережі як складової її конкурентоспроможності на прикладі компанії «АНЦ».

У роботі висвітлені результати оцінки конкурентних позицій бренду аптечного підприємства на прикладі аптечної мережі «АНЦ» на основі опитування 127 споживачів з різних областей України. Проведено позиціонування ТОП-5 аптечних мереж на фармацевтичному ринку України за функціональними та емоційними вигодами споживачів, визначені конкурентні переваги компанії «АНЦ».

За результатами оцінки функціональних та емоційних вигід визначено розриви між бажаним позиціонуванням та сприйняттям споживачами бренду аптечної мережі «АНЦ». Розбіжності виявилися за вигодами «доступні ціни» та «соціальна відповідальність», які респонденти виділили при позиціонуванні, але ці показники отримали низькі середні оцінки. Проте аптечна мережа «АНЦ» має потужний сформований корпоративний бренд, який сприяє ефективному функціонуванню компанії у складних економіко-політичних умовах та надає низку конкурентних переваг.

Ключові слова: бренд, аптечна мережа, конкурентоспроможність, споживачі, фармацевтичний ринок.

Вступ. У сучасному економічному середовищі, конкурентоспроможність аптечних мереж значною мірою залежить від ефективності брендингу та побудови міцних довготривалих зв’язків зі споживачами. Все більше фахівців з маркетингу погоджуються, що побудова сильних брендів є найважливішим конкурентним фактором на фармацевтичному ринку [8]. Ефективна комунікація