



Engendering an evidence-based culture among reproductive health clinicians in developing countries

Qualitative study of forty-one doctors establishes pathways to evidence-based care in India and Yemen

Summary

A new research study has been undertaken to describe the current realities for doctors working in reproductive health services in the developing world. The impact of lack of knowledge for medical practitioners is not simply a matter for academic concern. It has been estimated that of approximately 50 million people who died each year in the late 1980s, two thirds could have been saved through the application of existing but non-available knowledge. Typically, in the developing world medical libraries are equipped with a few worn books and dated journals. In contrast to this, evidence-based medicine is now the common currency of medical education and clinical practice in developed countries, and the concept, if not the reality is appreciated internationally.

The study, carried out in 2000, aimed to obtain primary descriptive data about access to and application of reproductive health related medical knowledge in India and Yemen. Using a qualitative design involving semi structured interviews, forty one doctors working in obstetrics, gynaecology, general practice and family planning services were studied.



In India, fieldwork was conducted in the Pune district, comprising a large industrial city with a rural hinterland in western India. In Yemen, the study sites were the cities of Sanaa and Aden. Rural locations were not accessible for the study in Yemen, but the Indian study included interviews with rural practitioners.

The interview schedule covered socio-demographic data followed by questions to investigate: the medical resources available; attitudes toward acquiring and using new knowledge; actual experiences of bringing about change; barriers encountered in implementing evidence into practice, whether on a personal or institutional level. Questions were open ended to encourage participants to divulge their own experiences. Interviews were tape recorded and transcribed verbatim and a theory-driven approach was taken to carry out a thematic analysis of the resulting texts.

Key findings

Libraries and information sources

- The respondents highlighted the difficulties they experienced in accessing libraries and the poor resources contained within them. Although journals and textbooks were a main source of information, there was an increasing trend and enthusiasm for using the internet. The internet was viewed as an efficient quick way to acquire the latest information, its main drawback being cost.
- Doctors reflected the absence of summaries of best practice condensed into clinical guidelines and protocols.
- Language was not perceived as a hindrance as they tended to read in the language that they were taught in medical school.
- Some western technology and research was thought to be irrelevant for local country settings, but there was a culture in which modification and adaptation could be carried out.
- Pharmaceutical company materials were not taken seriously as sources of information.

Courses and continuing education

- Although the importance of updating on knowledge and practice was acknowledged, this need was often not actualised due to financial constraints, restrictions on time and women doctors mobility.
- Difficulties in obtaining information about educational events was either due to passive obstruction in which individuals are unaware of training events, or active obstruction by a select few senior clinicians who often monopolised events.

- One of the strongest drivers for acquiring knowledge was teaching.

“If it wasn’t for my teaching commitments I most probably would never read”

Changing practice

- There was a positive attitude towards implementing evidence into practice and some successful examples were given.
- Poor infrastructure and lack of resources acted against trying to change practice, as well as de-motivation and lack of incentive on the part of some staff.
- There were examples where the hierarchy of seniority militated against change, sometimes described as the generation gap.

“Senior people in our department are not interested in introducing new things”

- Doctors expressed the view that they could not change practice when patients themselves were illiterate and unaware of health issues.

The results of this study highlight the importance that international donors should accord to channelling their funds to setting up, equipping and maintaining libraries with up to date books and journals. Research articles should be freely available on the web with full text options. While country and regional contexts vary, much of the developing world would also benefit from educational activities that fully engage practitioners in the early stages of their careers

Full reference: Geyoushi, B., Matthews, Z. and Stones, R.W. (2003) Pathways to evidence based reproductive healthcare in developing countries, *International Journal of Obstetrics and Gynaecology*, Vol 110, pp1-8

For more details or to receive a copy of this paper, please contact: Rosemary Lawrence, Opportunities and Choices, Division of Social Statistics, University of Southampton, Southampton, SO17 1BJ, UK. Tel: +44 (0)23 8059 5763 Fax: +44 (0)23 8059 3846; E-mail: rl@socsci.soton.ac.uk