

# Knowledge, Attitudes and Practices of General Practitioners (GPs) in the City of Ouagadougou Concerning the Sexual and Reproductive Health of Obese Women

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## Abstract

**Introduction:** Obesity is an increasingly common problem, and general practitioners need to be involved in its management. This study aims to assess the knowledge, attitudes and practices of general practitioners in Ouagadougou, Burkina Faso. **Methodology:** The cross-sectional survey was carried out between September 16 and October 15, 2024, involving general practitioners registered with the Medical Council. A structured questionnaire, previously tested, was sent by email and re-sent to maximize participation. Data analysis was performed using SPSS software. **Results:** Of 424 physicians contacted, 121 participated. The vast majority (97.5%) of doctors recognized the influence of obesity on women's sexual and reproductive health, with 89.3% identifying potential disorders. However, only 28.1% actively sought to detect these disorders in their patients. Surprisingly, 96.6% of doctors referred their patients to specialists for sexual problems, mainly gynecologists. What's more, only 30.6% broach the subject of contraception. Reasons for this reluctance include the taboo nature of the subject and the lack of comfort in discussing it. **Conclusion:** The study reveals a good knowledge of the impact of obesity on sexual health, but there is a reluctance on the part of GPs to broach these subjects in consultation. Targeted training is essential to improve communication between doctors and obese patients.

## Keywords

Knowledge, Attitudes and Practices, Obesity, Sexual and Reproductive Health

## 1. Introduction

The body mass index (BMI), obtained by dividing weight in kilograms by the square of height in meters, is used to identify obesity. For adults, a BMI between 25.0 and 29.9 kg/m<sup>2</sup> is considered overweight, while a BMI of 30 kg/m<sup>2</sup> or more is classified as obese [1]. The prevalence of obesity has increased alarmingly worldwide in recent decades. According to the World Health Organization (WHO) [2], by 2022, more than 1.9 billion adults were considered overweight, of whom over 650 million were obese, representing around 13% of the world's adult population. In developed countries, the situation is particularly worrying. In the USA, for example, the prevalence of obesity reached 42.4% of the adult population in 2020, with higher rates among African-American women, and this trend continues to rise [3] [4]. In France, the prevalence of obesity was estimated at 17% in 2020 [5]. In Africa, the proportion of obese adults was estimated to range from 13.6% to 31% in 2022 [2]. Specifically in Burkina Faso, a study by Kaboré *et al.* in 2019 [6] showed that 13.74% of women were overweight and 6.24% obese nationwide. These figures rise to 24.46% overweight and 12.54% obese in urban areas. The increase in obesity in the country is estimated at around 5.6% per year, with projections indicating that 16% of adults could be obese within a decade [2]. Given its adverse health consequences, obesity is a major public health issue [1] [7]. Although its implications have been widely documented, its effects on sexual and reproductive health remain less explored despite their importance [7]. In addition to its association with chronic non-communicable diseases, obesity has a significant influence on sexual and reproductive health. In particular, it disrupts reproductive endocrine functions, leading to fertility problems in both men and women [8] [9]. Women can experience a variety of problems, such as sexual dysfunction, menstrual irregularities, increased risk of polycystic ovary syndrome (PCOS), hypofertility, spontaneous abortions, as well as complications during pregnancy for both mother and fetus [10].

Faced with this high and growing prevalence of obesity, especially in cities, it is necessary to raise awareness of its impact on health in general, as well as on sexual and reproductive health, which is often downplayed, especially among women. Given that general practitioners are the first point of contact for patients, we aim to study their knowledge, attitudes and practices regarding the sexual and reproductive health of obese female patients in the city of Ouagadougou.

## 2. Methodology

This was a cross-sectional descriptive study with prospective data collection that took place over a one-month period from September 16, 2024 to October 15, 2024. The target population consisted of general practitioners practicing in the public or private sector in Ouagadougou, who were registered with the Medical Council and had given their informed consent.

The sample size was calculated at 112 doctors, established using the Schwartz formula, taking into account a 7% proportion of GPs addressing sexual and

reproductive health issues in obese women, as reported in the study of Lavenat [11] [12]. Sampling was carried out using the simple random sampling method.

Study variables included sociodemographic variables, such as age, gender and level of education, as well as professional variables, including years of experience as a general practitioner, training in sexual and reproductive health, and training in human nutrition. Knowledge was assessed with regard to the general consequences of obesity and its impact on sexual and reproductive health. Attitudes towards the consequences of obesity on sexual and reproductive health and elements influencing the management of sexual and reproductive problems in obese women were also examined, as were diagnostic and therapeutic practices in the face of these consequences.

A structured questionnaire was devised to gather the necessary information for data collection. The validity and feasibility of the questionnaire were tested by a pre-test of 10 general practitioners. The data collection procedure involved sending the link to the online questionnaire by email to all identified GPs. This was followed by an email reminder one week later, reminding the survey process and duration aiming to maximize the participation rate.

Data entry and analysis were carried out using SPSS software, where quantitative variables were expressed as means and qualitative variables in terms of numbers and percentages. All participants signed an informed consent form before taking part in the study.

## 3. Results

### 3.1. Flow Chart

In the city of Ouagadougou, 424 doctors are listed by the Regional Medical Council as general practitioners. **Figure 1** shows the flow chart for the inclusion of GPs in the survey.

### 3.2. Characteristics of Physicians Surveyed

Of the 121 GPs surveyed, 84 were males and 37 females, giving a sex ratio of 2.27. The average age was  $31.99 \pm 5.70$  years, with a range of 25 to 65 years. **Table 1** shows the distribution of GPs by age.

### 3.3. Sexual and Reproductive Health Knowledge of the Obese Patient

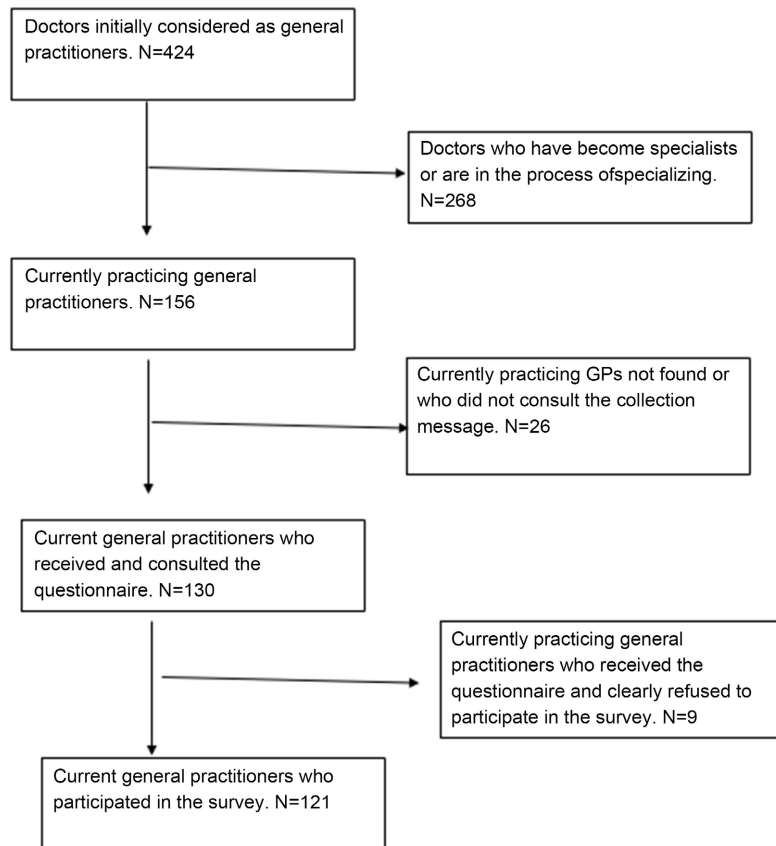
#### 3.3.1. Knowledge of the Consequences of Obesity

All GPs identify cardiovascular complications as one of the main consequences of obesity, followed by metabolic complications. In addition, they also recognize mechanical, respiratory, sexual, reproductive, digestive and renal complications as conditions that can be associated with obesity. **Figure 2** shows the distribution of GPs according to their knowledge of the consequences of obesity.

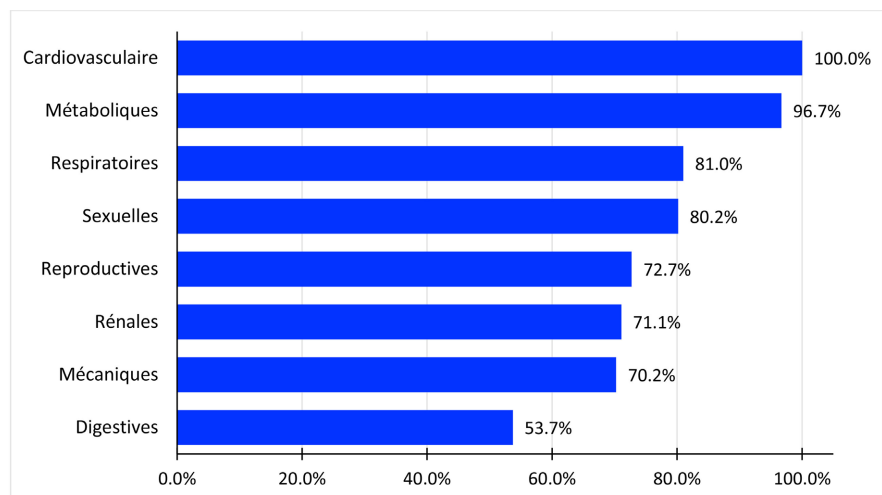
#### 3.3.2. Knowledge of the Impact of Obesity on Women's Sexual and Reproductive Health

Of the 121 GPs surveyed, 97.5% said that obesity can have an impact on women's

sexual and reproductive health. Furthermore, 89.3% recognized the possibility of sexual disorders in obese women, while 91.6% believed that obesity may be responsible for a decline in female fertility. In addition, 96.7% of doctors considered that obesity can lead to complications during pregnancy and childbirth. **Table 2** shows the number and proportions of doctors aware of the consequences of obesity on women’s sexual and reproductive health.



**Figure 1.** Study inclusion chart.



**Figure 2.** Percentages of GPs citing the type of health consequence of obesity (n = 121).

**Table 1.** Characteristics of GPs surveyed.

Characteristics	
• Age	
○ Mean ± standard deviation	31.99 ± 5.70 ans
○ [25 - 35[ years	91 (75.2)
○ [35 - 45[ years	22 (22.3)
○ [45 - 55[ years	2 (1.7)
○ [55 - 65[ years	1 (0.8)
• <b>Sexe:</b> n (%)	
○ Male	84 (69.4)
○ Female	37 (30.6)
• <b>Own structure</b> n (%)	
○ Public only	56 (46.3)
○ Private only	55 (45.5)
○ Public and private	10 (8.2)
• <b>Number of years practicing general medicine:</b> n (%)	
○ <1	15 (12.4)
○ [1 - 5[	66 (54.5)
○ [5 - 10[	34 (28.1)
○ [10 - 15[	6 (5.0)
• <b>Ongoing training:</b> n (%)	
○ Trained in sexual and reproductive health	51 (42.1)
○ Trained in nutrition	39 (32.2)

**Table 2.** Knowledge of the impact of obesity on women's sexual and reproductive health (n = 121).

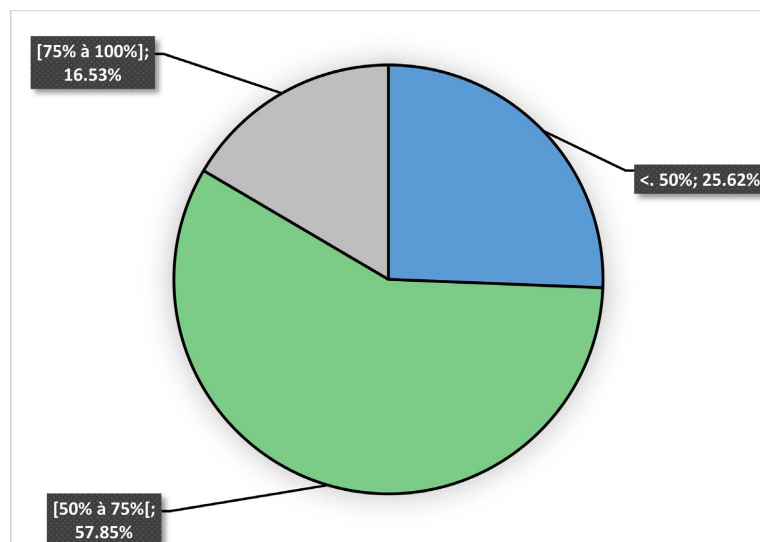
Knowledge of the impact of obesity on sexual and reproductive health	Number of doctors aware of impact	%
Obesity affects sexual and reproductive health	118	97.5
Weight loss can improve sexual problems in obese patients	114	94.2
Obesity can cause sexual problems in women	108	89.3
Obesity can lead to complications during pregnancy and childbirth	104	86.0
Weight loss can improve fertility problems in obese women	104	86.0
Obesity can lead to hypofertility or infertility in women	100	82.6
Obesity can cause cycle disorders and anovulation in women	91	75.2
Obesity may be responsible for polycystic ovary syndrome in women	84	69.4

### 3.4. Attitudes of General Practitioners Regarding the Sexual Health of Obese Women

#### 3.4.1. Discussion of the Impact of Obesity on Sexual Health

Discussing the consequences of obesity on sexual health was considered important

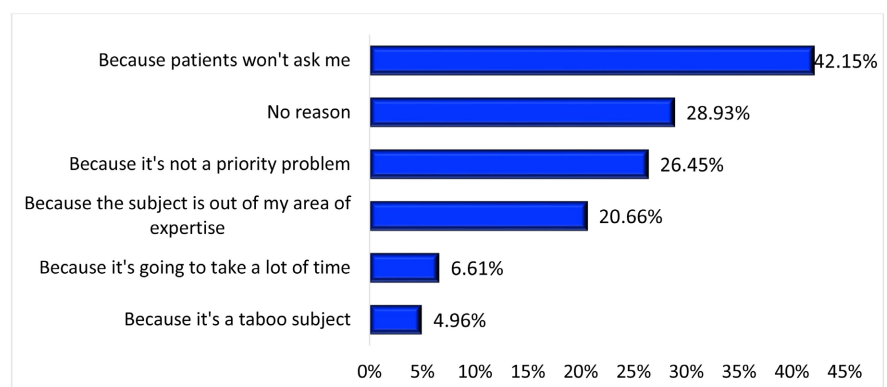
by 81.1% of the 121 GPs surveyed. However, only 24.8% felt that it was relevant to broach the subject of sexuality with their patients. Furthermore, 57.9% of GPs considered the impact of obesity on sexual and reproductive health to be moderate. Of the 121 GPs participating in the survey, 70, or 57.85%, rated the impact of obesity on sexual health as important, indicating a degree of impact of between 75% and 100%. **Figure 3** illustrates the GPs' assessment of the degree of impact of obesity on sexual health.



**Figure 3.** Distribution of GPs by degree of impact of obesity on sexual health (n = 121).

### 3.4.2. Reasons for Not Broaching the Subject of Obesity during Consultations

As for the reasons why GPs might avoid broaching the subject of sexuality with obese patients, 42.1% feel that the subject should only be raised when the request is made. A further 5% consider the subject to be taboo. **Figure 4** shows GPs' responses according to their attitudes to discussing the consequences of obesity on sexuality with their patients.



**Figure 4.** Distribution of GPs according to the reasons why they do not discuss sexuality with patients (n = 121).

### 3.5. Practices vis-à-vis the Impact of Obesity on Women's Sexual and Reproductive Health

#### 3.5.1. Searching for Sexual Disorders or Infertility

Of the 121 GPs surveyed, 100 (82.6%) said that they offer treatment for sexual or fertility problems in obese women. In addition, 34 doctors (28.1%) said they were actively looking for sexual or fertility problems in these women.

#### 3.5.2. Referral to a Specialist

In the event of sexual or fertility problems, 117 or 96.6% of GPs referred their patients to a specialist, and 69.4% referred them to a gynecologist (**Table 3**).

**Table 3.** Distribution of general practitioners by referral specialty.

Which specialist do you refer your obese patients to for treatment of sexual and fertility problems?	n	%
Gynecologist	84	69.4
Endocrinologist	33	27.3
Nutritionist	04	3.3
<b>Total</b>	<b>121</b>	<b>100.0</b>

#### 3.5.3. Discussion of Contraception

Regarding the question on contraception, of the 121 doctors, 37, or 30.6% of GPs, discussed the choice of contraceptive method with patients. On the other hand, 84 doctors, or 69.4%, did not. Of those doctors who did discuss contraception with their patients, 13.2% did so to avoid unsuitable methods and thus minimize risks, while 7.4% did so to better plan pregnancies.

## 4. Discussion

### 4.1. Limitations and Constraints

Our study has some limitations. Firstly, the online nature of the survey carried out via KoboCollect means that the results are based on declarative data, which may not accurately reflect reality. The specialized nature of the subject matter, which targets a specific population, could also influence GP participation, as some GPs see these issues as falling within the expertise of specialists. The question of sexuality may be perceived as a sensitive subject, which could dissuade some doctors from participating. We obtained the email addresses of general practitioners registered with the Ouagadougou's regional section of the Medical Council. It is important to note that participation in the questionnaire was voluntary and anonymous. Some doctors indicated that they were no longer practicing as general practitioners, which helped to reduce the participation rate.

The main strength of the study lies in its originality. Indeed, we found no previous data concerning the knowledge, attitudes and practices of general practitioners in the city of Ouagadougou with regard to the sexual and reproductive health of obese patients. Previous research on this topic has focused mainly on the general population. Despite limitations, we have obtained results that have been

discussed.

#### **4.2. GPs' Knowledge of the Impact of Obesity on Women's Sexual and Reproductive Health**

According to 97.5% of doctors surveyed, obesity has an impact on women's sexual and reproductive health, while 89.3% recognized the possibility of sexual disorders in obese women. Interestingly, 91.6% of GPs believe that obesity can lead to reduced fertility in women. Indeed, weight gain can affect sexual and reproductive life, especially when accompanied by physical and psychological discomfort or in the case of associated chronic illnesses [11]. What's more, 96.7% of doctors believe that obesity can lead to complications during pregnancy and childbirth. This frequency corroborates the data in the literature. Indeed, obesity-related maternal-fetal complications are much more frequent in obese women, which has also prompted numerous studies [13]-[15].

In our study, 90% of doctors felt that weight loss could have beneficial effects on sexual and reproductive health. This percentage is similar to that of Bocquier *et al.* in France, which was 90.2% [16]. The literature does indeed support this assertion, asserting that weight loss contributes overall to better health. According to Magkos *et al.*, even modest weight loss can produce significant health benefits for overweight and obese patients [17]. Weight loss in obese people is associated with improved quality of life, thanks to a reduction in the adverse effects of comorbidities such as cardiovascular disease and diabetes, but also with an improvement in psychological disorders, such as self-esteem and self-confidence [18].

#### **4.3. Attitudes towards the Impact of Obesity on Sexual and Reproductive Health**

The majority of GPs surveyed (81.1%) believe it is important to discuss the consequences of obesity on sexual health. However, only 24.8% were willing to actually discuss sexuality with their obese patients. This low percentage is similar to that observed by Baurain, who reported a rate of 32.26% [19]. Furthermore, 57.9% of GPs consider the impact of obesity on sexual and reproductive health to be moderate. This could be explained by an underestimation of the prevalence of sexual disorders in women, particularly those who are obese.

In our study, several attitudes were identified as being unfavorable to the initiation of a dialogue on sexuality. A significant proportion of GPs are only prepared to discuss sexuality when patients explicitly request it. So, as long as the request is not raised by obese patients, doctors avoid talking about it. Studies of GPs in the USA have also shown that the majority of them do not systematically screen for sexual disorders during routine consultations [20] [21]. Although most patients wish to discuss these subjects, embarrassment often prevents them from doing so, so their complaints are often masked; they usually mention a gynaecological symptom first. It is, therefore, incumbent on doctors to know how to direct the discussion towards sexuality during their questioning [11]. The lack of skills needed to deal with these issues was also highlighted by 20.66% of GPs. These

results are in line with numerous studies in the literature [11] [19] [22]. Women's sexual health is rarely addressed in medical studies. An American study of the way in which primary care physicians discuss sexuality with their patients also revealed that a lack of knowledge and available treatments represented an obstacle to this discussion [23]. Thus, targeted training in sexology could considerably improve their practices when it comes to sexuality and the management of sexual dysfunctions.

Lack of time is also a major obstacle to discussing certain subjects in consultation, with 6.61% of doctors reporting this constraint. Indeed, a general medical consultation lasts an average of 15 minutes, and obese patients often present several co-morbidities requiring special attention [24]. In this context, if the question of sexuality is not perceived as a crucial point in management, the doctor is unlikely to discuss it, given the many other aspects to be addressed. Moreover, the increasing number of patients in consultation often limits the length of interaction.

#### **4.4. Practices to Address the Impact of Obesity on Women's Sexual and Reproductive Health**

In our study, only 28.1% of GPs were interested in sexual or fertility disorders in obese female patients. Although disorders of female sexuality are common, they are rarely discussed in general medical consultations [25]. This low percentage can be explained by a number of reasons that hinder discussion of sexuality. It is therefore clear that, despite a satisfactory theoretical recognition of the existence of sexual or fertility disorders in obese women, general practitioners struggle to deal with these problems [25].

In the event of sexual or fertility problems, 96.6% of GPs refer their patients to a specialist. Sexual disorders in obese people can be seen as complications of chronic pathologies or an unfavorable psychological state, which warrants special attention when managing them, as they could conceal other health problems. This calls for a thorough examination and specialist advice. These findings are comparable to those of Lavenat in 2018 [11]. The gynecologist is considered the referral specialist by 69.4% of general practitioners. The latter represents the main referral for any health problem linked to sexuality. These observations are confirmed by Gavignet's study [25], which indicates that GPs consider the gynecologist to be the referral professional for sexual disorders, and it is this type of specialist to whom they mainly refer their patients. However, our results could also be explained by a lack of sexologists in our healthcare structures, or by a lack of awareness of the existence of these professionals.

On the question of contraception, only 30.6% of GPs engage in dialogue with their patients on this subject. This low rate can be explained by the fact that contraception is generally offered in family planning centers by midwives. Doctors who discuss contraception do so with the aim of avoiding the use of unsuitable methods, in order to reduce the risk of failure or complications in obese women. The choice of contraceptive method must take into account the specific

contraindications of each method. Obese women are at greater risk of developing chronic conditions such as high blood pressure, stroke or diabetes. The presence of these comorbidities, therefore limits the available contraceptive options. In addition, an inappropriate contraceptive method for obese women may lead to risks of failure, such as unwanted pregnancies, or aggravate obesity, which could lead to further complications [26].

## 5. Conclusion

This study described the knowledge, attitudes and practices of general practitioners in Ouagadougou regarding the sexual and reproductive health of obese patients. A majority of doctors recognized that obesity has a negative impact on women's sexual and reproductive health, particularly with regard to sexual disorders, fertility and complications during pregnancy. However, many of them feel uncomfortable broaching the subject of sexuality with their obese patients, often due to a lack of demand or specific training. In the event of problems, they generally refer their patients to specialists, such as gynecologists. The study highlights the fact that sexual and fertility disorders in obese women are rarely proactively addressed by these doctors.

## Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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