Women's gender preferences for their obstetrician and gynaecologist at the University of Maiduguri Teaching Hospital, Maiduguri, Nigeria

Original Article

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ABSTRACT

Background: There has been a reported increase in women's desires to be attended to by female obstetricians and gynaecologists during consultations.
Objective: This study was conducted to find out if women have a gender preference in selecting their obstetricians and gynaecologists and the factors associated with their preferences.
Methodology: A descriptive and cross-sectional hospital based study using a questionnaire administered face to face in the Department of Obstetrics and Gynaecology, University of Maiduguri Teaching Hospital Maiduguri, Borno State, North-East Nigeria, recruiting 325 women who attended the Obstetrics and Gynaecology Out-patient Clinic over a 1-month period in 2009.
Results: Two hundred and one women (67%) showed gender bias for the attending doctor with 36.7% (110) in favour of female obstetricians and gynaecologists and 30.3% (91) in favour of males, while 99 (33.0%) were indifferent to the gender. Female preference was significantly associated with age (25-34years $p=0.000$), ethnic group (Kanuri/Shuwa $p=0.000$), occupation (housewife $p=0.001$), marital status (married women $p=0.002$) and religion (Islam $p=0.002$). Male preference was, however, significantly associated with higher educational status ($p=0.000$). Women who preferred male obstetricians and gynaecologists argued several different points, that male doctors have more sympathy, experience, dedication, availability, amongst others. Those who preferred female doctors rated religion, culture and tradition as more important.
Conclusion: Most of the women were gender biased for the attending obstetrician and gynaecologist, with a female preponderance. However, the present study suggests that for many women, their preferences were not based on gender alone, but also religious, cultural and traditional beliefs of the community.

Keywords: *Ethnic group, female, literacy, marital status, religion*

INTRODUCTION

Modern medicine is assumed to be gender neutral, meaning that providers, nurses and assistants are equally able to offer their services to all corners no matter the genders involved. It is a tenet of our training.[1] The matter of the preference of the gynaecologist based on sex does not have only an academic interest, but also a practical one for the

medical community, since it affects the decision for the doctor's specialty.[1] The relationship between the gynaecologist and the female patient tends to be a long term one. This doctor-patient session constitutes a kind of social relationship during which the sex of the two parties often plays an important role, especially if the doctor examines the patient's genitals.[2,3] Gender has become a topic of concern for obstetrics and gynaecology (OB/GYN) physicians because of the decreasing number of male physicians. The number of men who wish to become gynecologists worldwide in the last two decades is decreasing steadily, especially in the USA, where it decreased from 53.5% in 1990 to 24% in 2005.[4] In Nigeria, however, the number of female gynecologists is still small and although there are no known figures, more females appear to be enrolling for medicine.[5,6]

Evidence shows that, in recent years, there has been an exponential increase in female OB/GYN residents worldwide, as well.[4] This is the case in the University of Maiduguri Teaching Hospital (UMTH), where this study was carried out, in the recent past, and where at present, 62.5% of the residents in OB/GYN are female (personal experience). Previous studies found that female patients, in general, have a preference for a doctor of their own sex and this is even stronger when female patients are seeking help for intimate health problem including gynaecological and obstetrical care.[7,8] The literature suggests that, 15-25% of the women consider the sex of the doctor to be an important factor in choosing their gynaecologist; about half of the women do not care about their gynecologist's sex.[4] In nearly all studies, at least 50% of women prefer female OB/GYN care whereas only a small percentage, ranging from 1.2 to 6%, would choose a male gynaecologist.[9] The American College of Obstetricians and Gynaecologists (ACOG) recorded that 47% of patients preferred a female gynaecologist, 37% did not have a preference and a mere 15% preferred men.[10] There are previous studies about patients and gender preferences for doctors both in the developed world and recently, in Nigeria in which the latter revealed that male doctors were more favoured by gender biased patients.[2,4,5,9,10] However, in Iraq, 79% female clients had a strong preference for a female OB/GYN, 8% preferred a males and 18% had no gender preference.[11]

Women's preference for female OB/GYN physicians has been attributed to a variety of factors. Most women believe that men are incompetent and would not be able to perform examinations as thoroughly as women.[10] Data show that patients were more physically and emotionally comfortable with female OB/GYN physicians because they believed the females are more "emphatic, understanding, and more gentle with their examination techniques." Preference also emanates from women that believe that female physicians, who have dealt with similar issues, have a better understanding of the problem or condition.[4,10] Furthermore, gender could make a significant difference in the type of services offered.[10] Similarly, the younger the woman, the clearer is the preference for female providers.

On the other hand, older women are used to consulting male gynaecologists and some are reluctant to admit that they prefer women.[2,4,10] Also, religious factors sometimes play into a woman's choice of gender in choosing an OB/GYN doctor. Deeply religious Jews, Muslims and Christians are often led to choose a female in an effort to preserve modesty. More subtle, psychological factors can also play into a gender choice of an OB/GYN.[4,9,10] In case of stabilization of the preference of the female population to female gynaecologists, those percentages could change. The purpose of this study was,

therefore, to investigate the preferences of women as regards to the sex of their gynaecologist, as well as the factors related to that preference. The information obtained may be useful for doctors, in meeting women's emotional needs and respecting their wishes.

METHODOLOGY

A cross-sectional sample of 325 consecutive women attending Obstetrics and Gynaecology Clinic of the University of Maiduguri Teaching Hospital (UMTH), Maiduguri, were recruited between 1st and 31th December, 2009. They were asked to complete a structured 14-item survey questionnaire. The self-administered questionnaire dealt with the woman's reproductive and demographic characteristics, her opinion on whether she would wish to be seen by a female or male OB/GYN, or has no preference. It, as well, contained questions regarding the reasons for the stated preferences.

Potential participants were identified as adult women of reproductive age (15years and above) who attended the UMTH Obstetrics and Gynaecological Clinic during the study period. Sampling was done by convenience sampling through approaching all eligible women who presented to the Gynaecological Out-patient Department. The women, as well as the clinic staff who assisted in data collection, were informed regarding the purpose of the study. All participants were given a full briefing on the methodology and purpose of the study and assurance of confidentiality. Participants were also assured that their participation in the study was voluntary and that they could refuse to participate at any time during the interview. No personal identifying information was collected.

The questionnaires were handed out to the women who gave verbal consent and were interested in participating. Both conceptual and written help were offered especially to those who could not write well. The questionnaires were completed in the waiting area, and in the presence of the clinic staff, to which the participants could ask explanatory questions if the need arose. Completed questionnaires were collected by the staff before consulting the doctor.

A minimum sample size was calculated using a standard formula for known population size for a cross sectional study (Yamane Formula), and was found to be 315.[11] However, to cover for attrition, 10 extra questionnaires were distributed, and this brought the sample size to 325 participants. After collection, data was verified, coded and transferred into an IBM compatible personal computer and analyzed, using Statistical Package for Social Sciences (SPSS version 16 Inc; Chicago, USA 2006). Only questionnaires with complete responses were included in the analysis. Initially, a descriptive statistical analysis was conducted.

The X^2 test was used on the qualitative variables and the t-test on the quantitative variables. A *p-value* <0.05 was considered significant. From the total of the examined variables, the ones that presented a significant statistical correlation with the choice of the sex of the gynaecologist were identified. The choice of the sex (male-female) was considered as a dual variable and we entered the variables that statistically correlated with the choice of the sex into a logistic regression model. The results were presented by simple statistical tables. The study was approved by the local Research and Ethical Committee of the hospital.

RESULTS

A total of 300 questionnaires were analyzed, giving a response rate of 92.3%. Table 1 shows the socio-demographic and reproductive characteristics of the study population. Most

of the women (54.7%) were aged 25-34years, mean age was 27± 5.9years with a range of 15-45years.

Table 1. Socio-demographic and reproductive characteristics of the study population

Characteristics	No.	%
1. Age (years)		
≤15	2	0.7
15-24	97	32.3
25-34	164	54.7
35-44	34	11.3
≥45	3	1.0
Total	**300**	**100**
	p =0.000	
2. Parity		
0	100	33.3
1-4	162	54.0
5 and above	38	12.7
Total	**300**	**100**
	p =0.146	
3. Ethnicity		
Kanuri/Shuwa	86	28.7
Hausa/Fulani	56	18.7
Yoruba	9	3.0
Igbo	60	20.0
Others	89	29.6
Total	**300**	**100**
	p =0.000	
4.Religion		
Islam	187	62.3
Christianity	113	37.7
Total	**300**	**100**
	p =0.002	
5. Education		
None	41	13.7
Primary	21	7.0
Secondary	99	33.0
Tertiary	136	45.3
Others	3	1.0
Total	**300**	**100**
	p =0.000	
6. Marital status		
Single	7	2.3
Married	282	94.0
Divorced	5	1.7
Widowed	6	2.0
Total	**300**	**100**
	p =0.002	
7. Occupation		
Civil service	74	24.7
Business	46	15.3
Housewife	99	33.0
Others	81	27.0
Total	**300**	**100**
	p =0.001	

Majority (94%) were married, 66.7% were multiparas with a mean parity of 2; 33.3% had never been pregnant, 33% were housewives and 45.3% had tertiary education. About 62.3% were Muslims and the Kanuri/Shuwa constituted the highest (28.7%) ethnic group amongst the various ethnic groups studied. Female preference was significantly associated with age (25-34years, $X^2=60.62$; $df=8$; $p=0.000$), ethnic group (Kanuri/Shuwa, $X^2=40.34$; $df=12$; $p=0.000$), occupation (housewife, $X^2=33.82$; $df=12$; $p=0.001$), marital

status (married women, $X^2=20.64; df=6; p=0.002$) and religion (Islam, $X^2=12.98; df=2; p=0.002$). Male preference was, however, significantly associated with higher educational status of the women ($X^2=34.17; df=8; p=0.000$). On the other hand, parity did not significantly influenced the choice of the gender of a provider ($X^2=6.81; df=4; p=0.146$).

Table 2. Women's gender preferences for obstetrics and gynaecological doctor

Gender preference	Number	%
Female	110	36.7
Male	91	30.3
Indifferent	99	33.0

X^2 =29.70; df; 4, p = 0.000

Table 2 shows women's gender preferences for OB/GYN doctor. Two hundred and one women (67.0%) showed gender bias for the attending doctor with 36.7% (110) in favour of female OB/GYN and 30.3% (91) in favour of males while 99 (33.0%) were indifferent to the gender of the attending doctor. A significant difference was observed between the percentage of patients preferring females and those who either preferred a male or for whom gender did not matter ($X^2 =29.70; df =4; p=0.000$).

Of the patients who preferred female providers, 36% ranked religion as the most important factor in the choice of a female OB/GYN, while 20.0% reported that culture/tradition was the most important issue (Table 3).

Only a few variables (ethnic group *p=0.012* and religion *p=0.034*) were significantly statistically correlated with the choice of the sex of the OB/GYN doctor. The women who were Kanuri/Shuwa and practice Islam were by average 2.5 and 2.1 times more likely to choose a female gynecologist than their male counterpart respectively.

Table 3. Reasons for the women's gender preferences

Gender	Reasons	%
Female	Religion	36
	Culture/tradition	20
	Same gender	16
	Know women problems better	9.3
	More accommodating	7.8
	Privacy during intimate examinations	5.5
	No reasons	5.4
Male	Sympathy and more experience	40.1
	More caring/gentle/dedication	38.2
	Personal/availability/bedside manners	21.7
Indifferent	Both sexes qualified / Professionals/same	69.0
	No reasons	22.3
	Health care	8.7

DISCUSSION

Physician gender is an important factor in health care delivery and can influence many aspects of medical care, such as patient health seeking behaviour, satisfaction, patient compliance and health care outcomes, especially in OB/GYN.[7] Several studies have investigated sex preferences of physicians among female patients; however, results in these studies vary. It was seen that women in our study showed a higher degree (67%) of gender preference based on the sex of their gynaecologist, with 36% of them choosing a female gynaecologist.

However, it was observed that one third of the women ignored the physician's gender; and that of the women who chose their OB/GYN by gender, as much as 30% of our respondents preferred males. This contradicts the much lower reported figure for male preferences in the literature and the general belief that female OB/GYN doctors are more widely preferred than their male counterpart.[7-10, 12, 13]

Besides, it is a tradition in our centre that male obstetricians be accompanied by female

nurse–midwives or by a chaperon during professional practice and this eliminates the difficulty which might be experienced by women during physical examinations by a male OB/GYN. Similarly, the higher educational status (45%), recorded in our study population might have been responsible for the significant association with male preference.

The finding of male preference in our study is however; half of what was reported in a recent study by Howell, *et al*, which demonstrated that majority (58%) of their patients did prefer a male obstetricians but agrees well with the 34% preferring female obstetricians reported in the same study.[13] Despite the Howell study's small sample size and their unique subject enrollment techniques (i.e. selecting only from obstetric patients who had recent positive experiences with their physicians), their findings concurred with those of Adudu in Nigeria, in that both studies found that male doctors were more favoured by gender biased patients.[5]

We also observed that in our population, 33% of patients surveyed had no gender preference, which fairly agrees with the ACOG finding, but higher than the value reported in a study from Iran.[10,12] Our finding is however, lower than the finding of some previously reported studies.[14,15,16] However, the large sample size and heterogeneity of racial distributions in Lund's study and racial diversity in Chandler's and Irena's studies might have explained the variance from our results.[14,15,16]

Women who prefer male gynecologists argue several different points viz. that male OB/GYN doctors have more sympathy, experience, dedication, availability and good manners. Some even say that men are completely more gentle and capable of sympathizing with their female patients and that just because an OB/GYN is a female does not automatically mean she will be understanding or compassionate. Similar findings were reported by Irena *et al*.[16] One third of women in our study did not take physician's gender into consideration when choosing their OB/GYN because up to 69% of them felt that, so long as the doctor has the qualification and professional kills, these are more important than the gender; as was similarly reported by Irena, *et al*.[16] For women who preferred female OB/GYN, they rated religion, culture and tradition more important, as was the case in some previous studies.[4, 9, 10, 12]

The present study suggests that for many women, their preference is not based on gender alone, rather religious belief, culture and tradition of the community among others, play some roles. Ethnic influences and religious faith were among the most important socio-demographic factors cited in our study after controlling for other confounders to have affected the choice of female OB/GYN. This is not surprising since majority of patients in our study group comprised of native Kanuri/Shuwa with most of them having a lower level of education, age and all of them practice Islam; as such they may likely be guided by people like husband, mother-in-law or even neighbours. It was reported that Jewish, Muslims or Christian women with strong religious beliefs may prefer female OB/GYN in order to preserve modesty and as much as 89% of Muslims were reported to have preferred a female provider in one study; and this was the case in our study.[4,9,10]

The external validity of our study is limited by the fact that the population was drawn from a single tertiary health facility and included only women of reproductive age group, and therefore, may not be generalized to the general population. In addition, the results might also be sensitive to other variables not studied or only inferred. Despite these limitations, we believe that our results have some potentially important implications in identifying subgroups

of patients with higher female preference rates in an attempt to optimize patient satisfaction.

A further study to include post-menopausal women and possibly a community based study to determine the characteristics prioritized by women in their choices of OB/GYN doctors are recommended. This may contribute to a better understanding of the topic. It is also recommended that such study should be extended to other different medical specialties to uncover the choices of women's physicians for a better, effective and efficient health care delivery.

CONCLUSION

Although most of the respondents preferred female obstetricians and gynaecologists, the preference was not just about gender but also influenced by religion, culture and tradition. In compliance with patient autonomy, the opinion of those who are gender biased should be respected when the circumstance permits.

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