

Female gynecologist preference: A viewpoint based on two scenario survey from Pakistan.

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Abstract:

Child birth is one of the key moments in a women's life. Literature shows that most of conservative Muslim societies hold female gynecologist preference over male. Pakistan is not an exception with 95% women preferring female gynecologists and midwives. But the most alarming expect is that a very low percentage of 15% women are willing to consider male gynecologist in case of lower quality female staff. In this scenario 64% from remaining educated and 71% from uneducated group think husband and family will not allow considering higher educated; experienced male gynecologists, 23% and 21% due to religious believes; 9% and 5% due to societal values and norms; 4% and 3% owing to other reasons form educated and uneducated group respectively think will not consider male gynecologist. Although it's quite ok to consider female gynecologist under normal circumstances as it may raise patients comfort levels but not reasonable in case of lower quality female staff.

Keywords

Gender, Preferences; Women; Gynecologist; Child birth; Muslim

1. Introduction

Patient's preference's play key role in hospital setting [1]. A number of women have 'gender preferences' for gynecologists and midwives [2]. While patient gender preference is a universal fact is being ignored by most of medical staff in pursue of gender neutral medical field with different studies suggesting a preference level of "50%-70%" for female gynecologists and only 10%-15% for male gynecologists for child birth and gynecologist problems [3].

Over the years many studies have been conducted to analyze different aspects and dimensions of patient's preferences towards gender of hospital staff and gynecologists [4]; [5]; [6]; [7]; [8]. Some show preference towards female gynecologists [9]; [10];

[11]; [12] while others are indifferent or against the notion [13]; [14].

Few studies have focused towards women reaction in religiously vigorous or conservative societies [15]; [16]. Muslim countries or societies studies concluded most if not all Muslim women prefer female gynecologists and midwives for various medical specifically child-birth problems. A review conducted by Tackett, S., et al. [17] On obstacles to healthcare of Muslim women showed provider gender preference to be one of the obstacles. Aubrey, et al. [18] study on immigrant women in Alberta, Canada where 30 participants out of 36 were Muslim amazingly showed 100% of them preferred female provider over male during child birth. Israeli- Arab women 77.6% [19]; 79% of Iraqi women [20]; 96.8% of Emirati women [21]; turkey being the most secular of all above mentioned Muslim societies with 32.3% women [22] respectively preferred female gynecologists and midwives.

Contrary to usual approach which focuses on determinants and factors or magnitude of women preference for gynecologist gender across different groups of women for Muslim society with most if not all preferring female gynecologist. We have focused on the problem that whether or not Pakistani Muslim women are willing or able to consult male alternative when the quality of female gynecologist is low in terms of education; experience; behavior; reputation etc. while purposefully avoiding the question of non-availability of female staff which may yield obvious results. As a conservative Muslim society we may witness similar patterns of female gynecologist preference over male in Pakistan which would be nothing out of the blue or new for that matter. But the question which remains needed to be answered: if there exists a preference towards female gynecologist; Midwives etc. are women of Pakistan willing or can change their initial preference in case of obvious quality difference between staff from both genders which may be linked to the life of the mother and child. Will in the case of obvious discrepancy in quality of female gynecologists Pakistani females remain glued to their original preference or they are willing to sacrifice their initial preferences for their

own and child health and safety. The survey is divided in to two scenarios, starts with the usual approach of calculating original preferences in scenario one. In scenario two the environment for the child birth is changed where the quality of the female staff is lower than that of male child birth staff.

In this paper we have conducted a country wide survey across educated and uneducated groups of Pakistani females. Survey questions were carefully designed through literature review and with the help of focus groups. The rest of the paper is divided as: Section 2 is conceptual model; Section 3 contains results and in section 4 we have concluded our work.

2. Conceptual model

Findings from literature review were presented to three focus groups consisted of all female respondents, Married, Group size (n) =10 members each, aged between 20-40 years. According to focus group recommendations following survey questioner was developed:

- Scenario 1:
 - a. Does gender of the doctor or midwife matter to you during child-birth
 - b. If yes would you prefer Male or female staff?
- Scenario 2: *(where female gynecologist is preferred over male)*
 - c. What if your preferred gender staff is less trained; experienced than the opposite would you go for the other option or remained glued to initially preferred gender?
 - d. If yes what would be the reasons for not being able to change your initial preference even though low quality of female staff may put your own and child's life at risk?
 - Husband and family pressure
 - Religious beliefs
 - Societal values and norms
 - Others

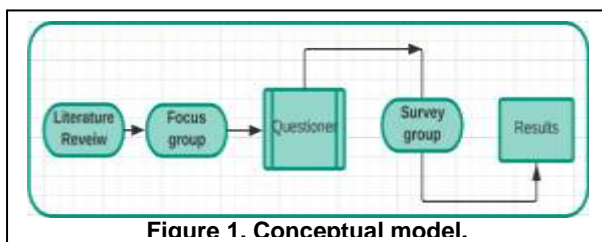


Figure 1. Conceptual model.

3. Data Collection

Questioner was provided to a total of 423 female correspondents across Pakistan. Out of these 50

females didn't replied. Remaining 373 were all married and Muslim. 69% (257) had children. 53% (198) were educated. Out of educated group 22% (44) were doing job or self-employed (including handicrafts and cottage industry). Only 3% (6) were students. Remaining 75% (148) were housewives. Questioner were dispatched with the help of fellow colleagues and friends to final destinations.

4. Results

Only 5% of all categories responded that gender of the gynecologist or midwives doesn't matter during child birth. One interesting fact was that all of them were educated. Remaining 95% described their concerns over the gender of the birth gynecologist. 100% of all remaining respondents replied to prefer female gynecologist over a male gynecologist. As for third question 15% preferred changing to male birth gynecologist if and only if there was an obvious discrepancy in training or experience of female gynecologists. Amazingly 100% of respondents who agreed to change their preference in case of risk to their own and child health due to lower quality of female gynecologists or midwives were from the educated group. Now 33% of the total from educated group which is almost 62% of the group and 47% of total which is 100% of uneducated group still preferred female staff over male. Which is alarmingly high ratio. Table 1. Contains the summary of the results

Table 1. Summarized results.

Item	Group		Total	% of last
	Educate d	Uneducat ed		
Total	198	175	373	NA
Scenario 1:	NA	NA	NA	NA
Gender preference matters	179	175	354	95%
Female gynecologist preferred	179	175	354	100%
Scenario 2:	NA	NA	NA	NA
Willing to change gynecologist in case of lower quality	53	0	53	15%

When asked for the reasons 71% from uneducated group and 64% form educated group think due to husband and family pressure they would not be able to consult more educated and experienced male gynecologist. Which is sad indeed because it's the

life of the woman at stake not of husband or of the family members. 21% of females from uneducated group and 23% from educated group said it's because of their own religious beliefs. Although there is relaxation in Islam when the life of the mother or baby is at risk. But due to lack of interest from Government and religious scholars on the topic this problem still exists. 5% from uneducated and 9% from educated group think due to societal norms and values they will not change female gynecologist preference. Remaining 3% of uneducated and 4% of educated blamed other reasons for their retained preferences. Table 2. Contains the summary of the results. Table 2. Contains Reasons details.

Table 2. Reasons for not considering male gynecologist.

Item	Group			
	Educated		Uneducated	
	Number	Percent	Number	Percent
Husband and family pressure	81	64%	124	71%
Religion	29	23%	37	21%
Societal values and norms	11	9%	9	5%
Others	5	4%	5	3%
Total	126	NA	175	NA

5. Conclusion

The purpose of this paper was two folded. First was to understand the level of gynecologist gender preference amongst female population during child birth. And secondly what if there is a disparity in service quality between female and male gynecologists would the respondents change their decision or remain glued to their original preferences.

Results show that only 5% of all participants have no gender preferences, all of them were from educated group. Remaining 100% of respondents say they will prefer female gynecologist. In case of lower quality of female gynecologist 15% of respondents were willing or should we say would be able to seek male gynecologist help again all were from educated group. Which also stress further benefits of women education. While it's ok to prefer female gynecologist in normal circumstances as it can

increase mothers comfort level and goes in line with teachings of Islam but when the life is at risk this practice should be avoided.

The most critical reason for not seeking male gynecologist help even when female gynecologists have quality issues with 64% from educated group and 71% from uneducated group think pressure from husband and family would become a hurdle for seeking help of more qualified male gynecologist. Followed by religious beliefs with 21% of females from uneducated group and 23% from educated group. 5% from uneducated and 9% from educated group think they will retain initial preference due to societal norms and values and 3% of uneducated and 4% of educated due to others.

First of all government should pay more attention towards women education in Pakistan which have multiple benefits. Government; Human right NGO's; educational institutions plus religious scholars should educate women specially their husband and family members. Finally laws should be amended to make it mandatory that only the would be mother have the ultimate say in choice of the gynecologist for child birth because it's her body and life which may suffer when she is not allowed to consult best option available irrespective of the gender.

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