

Presence of chaperones during pelvic examinations in southeast Nigeria: Women's opinions, attitude, and preferences

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Abstract

Objectives: To assess the opinions, attitude, and preferences of Nigerian women to the presence of chaperones during pelvic examinations.

Materials and Methods: A cross-sectional survey of first time gynecology clinic attendees on their opinions, attitudes, and preferences with respect to the presence of chaperones during their pelvic examinations. The interview was conducted with the aid of semi-structured, researcher-administered questionnaires.

Results: One hundred and nineteen (51.7%) of the respondents preferred female physicians for pelvic examination, 23 (10%) preferred male physicians and 88 (38.3%) had no gender preference. When the examining physician is a male, 124 (53.9%) respondents would like to have chaperones during pelvic examinations while 106 (46.1%) would not. Eighty-three percent of respondents preferred nurse chaperones. Age, level of education, and parity did not have any significant relationship with the attitude of the respondents toward the presence of chaperones ($P = 0.503, 0.525, \text{ and } 0.605$ respectively).

Conclusions: We conclude that most southeastern Nigerian women would prefer their pelvic examinations to be done by a female physician or to be attended by a nurse chaperone if the examining physician is a male. We recommend a routine offer of chaperones during such examinations while respecting the patients' right to refuse the offer.

Key words: Attitudes, chaperone, pelvic examination, preferences, southeast Nigeria

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Introduction

A chaperone is a woman who is present when a male physician examines a female patient or anyone present when a physician examines a patient of the opposite sex from the physician. It is also defined as any protein that is required for the proper folding or assembly of another protein or protein complex without being a component of the final structure.^[1] The first definition, also termed clinical chaperone, is the subject of this article.

The use of chaperone during intimate physical examination is recommended as a standard practice by many medical professional organizations and regulatory bodies.^[2-4] The presence of a chaperone for such examinations

is recommended in order to protect the patient from possible inappropriate behaviors from the physician including sexual exploitation and abuse.^[2-6] On the other hand, the patient, who often does not know the required extent of some intimate physical examinations, might falsely accuse the physician of boundary crossing even when the physician has conducted the examination within the recommended professional limit.^[2-4,7] The presence of a chaperone protects the physician from such false accusations. Pelvic examination of the female patient particularly by a male physician is one of the patient-physician encounters with the greatest

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potential for boundary violation and is therefore one of the examinations for which the use of chaperone is recommended.^[2-6] Reports from previous studies indicate that some women consider gynecological examination as embarrassing and stressful.^[4,8-10] Presence of a chaperone may mitigate these feelings and make the procedure more fulfilling for the woman.^[4] On the other hand, some other reports indicate varying rates of patients' refusal to be examined in the presence of a chaperone.^[10-12] Patients refuse chaperone during intimate physical examination mostly, because they believe that the presence of a chaperone interferes with the privacy and confidentiality that should ideally characterize medical consultations and examinations.^[4]

Despite their refusal of chaperone, it is reported that most patients appreciate the offer of chaperone, regarding the gesture as a sign of the physician's respect for them.^[13] The attitudes of patients to the presence of a chaperone during pelvic examination may vary from culture to culture.^[14] The practice environment may also have an effect on the use of chaperones during gynecological examinations. In some settings, the patient-physician ratio is very large, female health workers who could serve as chaperones are few^[14] and physicians' paternalism still exists. These may hamper the appropriate use of chaperones in such settings. The paternalistic attitude of physicians and the awe, with which physicians are held in these climes, make it difficult for patients to voice out their concerns and preferences with regard to the presence of chaperones during gynecological examinations. In these settings, most patients come to the hospital in the company of close relatives. Some of the patients may prefer the presence of their spouses or other close relatives during gynecological examinations. The concept of modern gynecological care encompasses the total experience of the woman during her gynecological care rather than the treatment of her disease alone. In line with this, it is important to review issues that affect a woman's experience during gynecological care, with a view to evaluating the processes that will improve a woman's gynecological care experience. A search of many medical databases including MEDLINE, reproductive health library, EMBASE, Google scholar, Scopus, and World Health Organization (WHO)'s Hinari, did not yield any previous report on the woman's perspective of chaperone use during gynecological examinations from the West African sub-region.

This study evaluates women's perspective of the use of chaperones during gynecological examinations in southeast Nigeria. It is hoped that findings from this study would become valuable tools for policy and guideline formulations, which will help to improve the overall gynecological care experience of women.

Materials and Methods

This cross-sectional survey was conducted between January 31 and December 31 2009 at the Gynecology Out-Patient Clinic of the University of Nigeria Teaching Hospital (UNTH), Ituku-Ozalla Enugu. Enugu, a state capital with four universities, two polytechnics, two colleges of education, and two schools of nursing and midwifery in addition to numerous other lower level formal and informal training institutions, is predominantly inhabited by civil servants and students. The UNTH is one of the oldest and biggest teaching hospitals in southeast Nigeria. Its patient population comes mostly from the seven states native to people of the Igbo ethnic origin as well as patients referred from other parts of Nigeria. The study population comprised women who came for initial gynecological clinic consultation on a preselected day of the week during the study period. Women aged 18 years and above of Igbo ethnic origin and who came for initial gynecological clinic consultation were randomly selected and interviewed by means of interviewer-administered structured pre-tested questionnaires. Those who were younger than 18 years old, those who were not of Igbo ethnic origin, those on return visit as well as those who needed urgent medical attention were excluded. All eligible subjects were solicited to participate in the study. The interviews were conducted just before the clinic consultation. This was to obtain their preexamination perception which represents the community perception and eliminates postconsultation bias. Trained research assistants conducted the interviews. The questionnaires contained close-ended questions, with provisions for responses not captured in the given options. Consent for participation was verbal. Ethical approval was obtained from the research ethics committee of the University of Nigeria Teaching Hospital, Enugu. Data management and analysis were done with SPSS statistical software version 15. Descriptive and inferential statistics were applied as appropriate with the level of statistical significance set at $P \leq 0.05$, 95% confidence interval (CI).

Results

A total of 230 respondents were recruited for the study. This number represented about 71% of the 324 women seen at the clinic over the study period. Although there were more respondents from Enugu state where the UNTH is located, Table 1 shows that all the seven Igbo speaking states of Nigeria were represented in the study.

The mean age of respondents was 30 ± 5.366 (18-56) years.

One hundred and ninety-nine (86.5%) of respondents had secondary or higher level education while 13 (5.7%) and 18 (7.8%) respondents had no formal education and primary level education, respectively.

Ninety six (41.7%) of respondents were nulliparous while the rest had parity ranging from 1 to 8. One hundred and ninety-three (83.9%) of respondents had previously had pelvic examination, while 37 (16.1%) had not. Of those who had previous pelvic examinations, 172 (89.1%) were examined by doctors and 21 (10.9%) were examined by nurses. Of the gender of the examining health workers, 124 (64.2%) were males while 69 (35.8%) were females.

Of the 193 respondents who have had a previous gynecological examination, 81 (42%) respondents felt nothing special, 15 (7.8%) expressed gratitude for the examination and 97 (50.2%) had some embarrassing feelings during the examination. One respondent (0.5%) felt sexually harassed [Table 2]. There was no significant association between feelings during intimate gynecological examination and age ($P = 0.682$), level of education ($P = 0.482$), parity ($P = 0.453$) or state of origin ($P = 0.926$). One

hundred and nineteen (51.7%) of the respondents preferred female health workers for pelvic examination, 23 (10%) preferred male health workers and 88 (38.3%) had no gender preference.

On their attitude to the presence of chaperones during pelvic examination performed by male physicians, 124 (53.9%) respondents would like to have chaperones during such examinations while 106 (46.1%) would not like to be examined in the presence of a chaperone. Age, state of origin, level of education, and parity did not have any significant relationship with the attitude of the respondents toward the presence of chaperones ($P = 0.503$, $P = 0.874$, 0.525 , and 0.605 respectively). About 60% of those who had not had previous vaginal examination would prefer to have a chaperone as against 53% among those who had previously had vaginal examination ($P = 0.462$). Of the latter group, 58% of those whose previous vaginal examination was done by a female health worker would prefer to have a chaperone compared to 50% of those whose previous vaginal examination was done by a male ($P = 0.432$). Table 3 shows the reasons why the respondents liked or did not like to be examined in the presence of a chaperone. For those who preferred to have chaperones, the major reason was that they felt more comfortable to be examined in the presence of fellow females. Those who did not want chaperones felt that the presence of a chaperone caused them embarrassment and interfered with their desired privacy and confidentiality.

The persons they preferred to serve as chaperones for them were nurses 103 (83.1%), patients' husbands 10 (8.1%), medical students 8 (6.5%), and patients' relations and friends 3 (2.4%).

Table 1: Distribution of respondents according to state of origin

State	Number of respondents (%)
Enugu	80 (34.8)
Anambra	42 (18.3)
Abia	35 (15.2)
Imo	31 (13.5)
Ebonyi	22 (9.6)
Rivers	11 (4.8)
Delta	9 (3.9)
Total	230 (100)

Table 2: Nigerian women's feelings during pelvic examination

Feelings during pelvic examination	Number (%)
Nothing special	81 (42)
Pain	69 (35.8)
Embarrassed	21 (10.9)
Grateful	15 (7.8)
Humiliated	6 (3.1)
Sexually harassed	1 (0.5)
Total	193 (100)

Table 3: Reasons for nigerian women's attitudes to chaperone

Reasons for wanting chaperones: N=124		Reasons for not wanting chaperones: N=106	
Reasons for wanting chaperone	Number (%)	Reasons for not wanting chapter one	Number (%)
I am more comfortable to be examined in the presence of a Fellow female	95 (76.6)	I need privacy	48 (45.3)
No special reason	26 (21)	Pelvic examination in the presence of chaperone is embarrassing	33 (31.1)
Legal reasons	2 (1.6)	Pelvic examination is supposed to be confidential	16 (15.1)
To avoid sexual harassment	1 (0.8)	I do not want to be used as a learning tool	6 (5.7)
Total	124 (100)	Pelvic examination in the presence of chaperone is humiliating	3 (2.8)
		Total	106 (100)

Discussions

The main findings of the study were that a small majority of women would prefer a female to perform pelvic examination on them (51.7%) or to have a chaperone if the examining physician is a male (54%). This pattern is similar to findings from other studies in the developed countries.^[8,15,16]

About 54% of the respondents would like to have chaperones during pelvic examination when the examining physician is a male as against 46% who would not like to have a chaperone. The rate of preference for chaperone is higher than those reported by most other studies.^[8,12,17] The most important reason for recommending chaperone during intimate physical examination is to prevent the actual occurrence or false accusations of sexual abuse during the examination process.^[2-4] Only one person out of 193 or 0.5% of those who had previously had pelvic examination reported feeling of sexual harassment during the examination and only 0.8% of those who preferred chaperones gave prevention of sexual harassment as a reason for their preference. Instead, about 98% of all those who preferred to be examined in the presence of chaperones did so either, because they felt more comfortable to be examined in the presence of a fellow female or stated no special reason.

A little less than half of the respondents in this study would not like to have a chaperone during pelvic examination. The needs for privacy and confidentiality as well as avoidance of embarrassment were some of their reasons for not wanting chaperones. These are strong personal reasons that should not be ignored. Many previous studies have reported varying rates of patients' refusal of chaperones for similar reasons.^[4,10-12] This suggests that the appropriate chaperone policy should be a routine offer of chaperone with the right to refuse. Also appropriate protective mechanisms for the physician against sexual harassments and allegations of such ought to be put in place for examination of women who decline the presence of a chaperone during gynecological examination. One such measure is to routinely document chaperone offers, including patients' acceptance or refusal of the offer.^[2,3,18]

Nurses (83.1%), the woman's husband (8.1%), medical students (6.5%), and family members or friends (2.4%) were the order of respondents' preferences for the persons to serve as chaperones for them. Nurses are the recommended persons to serve as chaperones but other certified health care professionals could perform the role.^[3,4] If it is appreciated that chaperoning includes providing professional support and comfort to the patient during a potentially uncomfortable examination,^[4] then the use of nonhealth care professionals, family members, and friends as chaperones should be the exception rather than the rule.^[2-4]

We conclude that most southeastern Nigerian women would prefer their gynecological examinations to be done by a female physician or to be attended by a nurse chaperone if the examining physician is a male. We recommend a routine offer of nurse chaperones during such examination while respecting the patients' right to refuse the offer.

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