

PATIENTS' PREFERENCE FOR DOCTORS' GENDER IN NORTH-WESTERN, NIGERIA

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ABSTRACT:

Background: Cultural and religious beliefs affect the way people perceive illness and therapeutic interventions. These also affect the ability of patients and doctors to communicate freely.

Objectives: To determine patients' preference for doctors' gender among patients attending the antenatal and gynaecology clinics in Aminu Kano Teaching Hospital, Kano.

Methodology: This was a cross-sectional survey of 445 women attending the antenatal and gynaecology clinics of Aminu Kano Teaching Hospital. Informed consent was obtained from the patients.

Interviewer-administered questionnaires were used to obtain information about socio-demographic characteristics, preference for doctor's gender and factors associated with these preferences. The data obtained was analysed using the Statistical Software for Social Sciences (SPSS) version 16.0.

Results: Out of the 445 patients, 424 responded completely making the response rate to be 95.3%. Majority of the patients, 275 (64.9%) were aged between 20 to 25 years, 344 (81%) of the women were of Islamic faith and in 245 (57.8%) religion was found to be the most important factor affecting gender preference. A total of 192 participants (45.3%) believe that the doctor's gender does not matter to them, while 184 (43.4%) prefer the female gender and only 48 (11.3%) prefer the male gender. These associations between age, marital status and religion and gender preference are statistically significant ($p < 0.005$).

Conclusion: This study has shown that there is a strong preference of female patients for female doctors. Patients' age, marital status and religion are very strong factors for the preference of female doctors.

Keywords: patient's preference, doctor's gender, North-Western Nigeria.

INTRODUCTION

Cultural and religious beliefs affect the way people perceive illnesses and therapeutic interventions. These also affect the ability of patient and doctor to communicate freely. This is important in northern Nigeria with high proportion of Muslims and others of a conservative orientation. The pattern of health-seeking and doctors' gender preference by patients in this region may therefore differ from that of patients of the southern part of Nigeria.

Studies have shown that patients showed preference for physicians of same sex and this preference is

stronger among the female folks.^{1,2} The reasons for these preferences have also been explored by a number of studies. Patients gender preference may be influenced by the nature of clinical care they required^{1,2}, physician's communication technique^{3,4}

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and the patients' age.⁵ There are however, limited studies in Northern Nigeria that explored why these women preferred one doctors' gender to the other and the impact these may make in a male dominated specialty like obstetrics and gynaecology. This could possibly be one of the reasons why women delay in seeking healthcare and a possible contribution to high maternal mortality and morbidity.

This study assessed the preferences for doctors' gender among women attending the antenatal and gynaecology clinics in Northern Nigeria; and the correlation between their preferences and their socio demographic characteristics.

MATERIALS AND METHODS: This was a cross-sectional survey of women above the age of 15 years. Twenty medical students (males and females) were selected and offered one day training on how to administer the questionnaire. The questionnaire was pre-tested and administered to 445 consenting women. Information about socio demographic characteristics, preferences for doctors' gender and the factors associated with these preferences were obtained. The data obtained was analyzed using SPSS version 16.0 statistical software. Absolute numbers and simple percentages were used to describe categorical variables. Similarly, quantitative variables were described using measures of central tendency (mean, median) and measures of dispersion (range, standard deviation) as appropriate. Association between sociodemographic factors and patients preference for doctors' gender were tested using chi-square test and p-value <0.05 was considered statistically significant.

RESULTS

Out of 445 patients, 424 responded completely giving a response rate of 95.3%. As shown in the tables, Out of the 445 patients, 424 responded completely making the response rate to be

95.3%. Majority of the patients, 275 (64.9%) were aged between 20 to 25 years, 344 (81%) of the women were of Islamic faith. Among 192 participants (45.3%) there is a belief that the doctor's gender does not matter to them, while 184 (43.4%) prefer the female gender and only 48 (11.3%) prefer the male gender. In 245 (57.8%) religion was found to be the most important factor associated with preference for female doctors. For those who preferred the male gender their reasons in majority of cases was that of perception that the male gender was more caring.

DISCUSSION

Patients' gender preferences for medical care are a factor that exists yet some doctors especially gynaecologist prefer to ignore it in daily practice hoping that modern medicine is gender neutral. Although most of the women in the present study (45.3%) believed that the doctors' gender didn't matter to them, a significant proportion (43.4%) preferred the female gender. This preference for female doctors is similar to reports by Fennema et al¹ where 43% of women showed preference for female doctors. Similarly other series have shown that patients generally preferred to be seen by doctors of same sex.²

The present study has shown that age, marital status and religion are significantly associated with preference for doctor's gender. The younger a female patient is, the more her preference for a female doctor gender. Young patients prefer a female doctor more often than older patients do. Having a female doctor attending to them in specialties like obstetrics and gynaecology may help to reduce fear, embarrassment, and the negative feelings, and thoughts in patients in this environment. Those who are already married are less likely to mind the gender of the doctor who examines them. Religion is strongly associated with

preference for female gender. The association with educational status is weak. This compares with previous studies which reported that highly educated women prefer females and that young female patients more often prefer a female than a male doctor.^{11,12} Social and cultural background underlying physician patient communication is considerably different between Western and Muslim countries. Majority of the patients in our study were Muslims and were more conservative in sharing their medical problems with the male doctors especially those associated with physical examination and discussion of sensitive matters. This agrees with previous studies done in similar settings.^{13,14} Therefore in a Muslim-dominated culture, more female doctors are needed in the future.

The patients also had a perception of feeling free (13.3%) with the female gender. The husbands' preferences also assumed importance in patients' choice of the female gender (10.4%). Other series reported patients' main motives for preferring a female doctor to include that they felt more at ease during a physical examination, they talked more easily to a woman, and female doctors showed more personal interest, had more experience with female health problems and a better understanding of their problems in general.¹¹

Our study reported that genital examination was the most feared (73.6%), followed by general examination (10.4%), history taking (8.5%), and while 7.55% feared none. There have been reports that the nature of examination affects patients' doctor gender preference^{17,18}. Most female patients would prefer same sex when it comes to genital or anal examinations.¹⁶ Studies have shown that women are in extremely vulnerable situations during gynaecological examinations^{17,18} and pelvic examination can provoke negative feeling such as fear of illness, pain and embarrassment.¹⁸ These problems may well be solved if there is detailed

explanation of the procedure and female doctors have been shown from several studies to communicate better than their male counterparts.^{19,20} Studies have shown that patients of female physicians are more likely to receive preventive services, such as breast and pelvic examinations, Pap tests, mammograms, rectal examinations, and blood pressure measurements.²¹⁻²² The effect of doctor gender on prevention may be related to a number of factors some of which has been shown in the present study including age, marital status and religion. It may be easier for female doctors to perform cervical and breast screening examinations because there is gender concordance with their patients. It has also been suggested that female doctors may be more sensitive and attentive to female preventive services because of their own feelings of susceptibility to cancer.²⁴ Other studies, however, have been unable to identify any significant difference between gender-concordant and gender-discordant encounters in the performance of pelvic or breast examinations, flu shots, or cholesterol check.²⁷ Despite these conflicting results, it seems obvious that doctors' gender is an important component in the delivery of preventive services. Patient factors may also play an important role. For instance, in genital and rectal examinations, patients have been shown to prefer a doctor of the same gender.²⁹

This study has shown that there is a strong preference of female patients for female doctors. Patients' age, marital status and religion are very strong factors for the preference of female doctors. Although the proportion of female medical students has been increasing, there seems to be an aversion to specialize in Obstetrics/Gynaecology by the female medical doctors.

There is need to increase incentives to encourage women to pursue training in these fields. Also better working conditions, the possibility of

working part-time and provision of crèche for nursing mothers are likely to contribute to a higher participation of women in the profession.

Table 1: Distribution of sociodemographic characteristics of participants

| PARAMETER | FREQUENCY | PERCENTAGE | X ² | p-value |
|---------------------------|------------|---------------|----------------|---------|
| AGE | | | | |
| 15-20 | 4 | 0.94 | | |
| 21-26 | 275 | 64.90 | 30.72 | 0.000 |
| 27-30 | 99 | 23.35 | | |
| 31-35 | 24 | 5.70 | | |
| 36-40 | 17 | 4.00 | | |
| >40 | 5 | 1.54 | | |
| TOTAL | 424 | 100.00 | | |
| MARITAL STATUS | | | | |
| Married | 403 | 95.1 | | |
| Single | 10 | 2.36 | | |
| Widowed | 11 | 2.59 | 543.98 | 0.000 |
| TOTAL | 424 | 100.00 | | |
| EDUCATIONAL STATUS | | | | |
| None | 1 | 0.24 | | |
| Primary | 35 | 8.25 | | |
| Secondary | 168 | 39.60 | | |
| Postsecondary | 220 | 51.90 | 7.72 | 0.026 |
| TOTAL | 424 | 100.00 | | |
| RELIGION | | | | |
| Christianity | 78 | 18.40 | | |
| Islam | 344 | 81.10 | | |
| Traditional | 2 | 0.47 | 550.3 | 0.000 |
| TOTAL | 424 | 100.00 | | |

Table 2. Distribution of patients preference for doctors' gender

| Parameters | frequency | percentage | X ² | p-value |
|--------------------------------|------------|---------------|----------------|---------|
| PATIENTS PREFERENCE | | | | |
| Female Doctors | 184 | 43.40 | | |
| Male Doctors | 48 | 11.30 | 15.66 | 0.008 |
| Doesn't matter | 192 | 45.30 | | |
| PREFERENCE IN EMERGENCY | | | | |
| Male | 46 | 10.85 | | |
| Female | 50 | 11.79 | 1.74 | 0.187 |
| Most experienced | 328 | 77.36 | | |
| TOTAL | 424 | 100.00 | | |

Table 3. Distribution of reasons for doctors gender preference

| parameter | Frequency | percentage | X ² | p-value |
|---|------------|---------------|----------------|---------|
| REASONS FOR PREFERENCE OF FEMALE DOCTORS | | | | |
| Husband's preference | 44 | 10.40 | | |
| My choice | 30 | 7.10 | 1.70 | 0.2 |
| Same sex | 73 | 5.40 | | |
| TOTAL | 424 | 100.00 | | |
| REASONS FOR PREFERENCE OF MALE DOCTORS | | | | |
| More attentive | 62 | 14.6 | | |
| Husband's preference | 75 | 17.70 | | |
| More caring | 187 | 44.10 | 4.09 | 0.043 |
| Understands better | 50 | 11.80 | | |
| Tolerance | 50 | 11.80 | | |
| TOTAL | 424 | 100.00 | | |

Table 4. Distribution of areas of fears and trust of participants with doctors' gender

| parameter | frequency | percentage | X ² | p-value |
|---|------------|---------------|----------------|---------|
| AREA OF ASSESSMENT MOST FEARED BY PATIENTS | | | | |
| General Examination | 44 | 10.40 | | |
| Genital Examination | 312 | 73.60 | | |
| History taking | 36 | 8.50 | 541.9 | 0.000 |
| No fear | 32 | 7.55 | | |
| TOTAL | 424 | 100.00 | | |
| PATIENT'S TRUST | | | | |
| Both | 76 | 41.50 | | |
| Female doctors | 154 | 36.30 | 150.1 | 0.000 |
| Male doctors | 81 | 19.10 | | |
| Neither | 13 | 3.10 | | |
| TOTAL | 424 | 100.00 | | |

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