

**OBSTACLES FACED BY MALE STUDENTS DURING OBSTETRICS AND
GYNECOLOGY COURSE STUDY IN MEDICAL COLLEGE IN DIYALA UNIVERSITY,
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Article Received on 10/06/2024

Article Revised on 30/06/2024

Article Accepted on 20/07/2024

ABSTRACT

Background: Obstetrics is a field of medicine that deals with pregnancy, childbirth and postpartum periods while Gynecology deals with the health of the female reproductive system and the breast. in the past gynecology occupied by male doctors but this field preference has changed. As moments of fact no discrimination is available in this vocation and male medical students enjoy equal rights of clinical practice over patients. **Patient and method:** A cross sectional descriptive study was conduct from 1st of August 2022 to third of January 2023 at Diyala University/ College of Medicine and AL-Batool Maternity Teaching Hospital/ Diyala/ Baquba. Participants were 136 male medical students in the last stages 4th, 5th and 6th. Also including 121 participants were randomly selected from outpatient, inpatient clinic, emergency and labor wards at department of obstetrics and gynecology in AL-Batool Maternity Teaching Hospital Diyala Baquba provided they were admitted from obstetrics and gynecology related condition. Data were collected using structured questionnaire for all participants. **Result:** Regarding the relationship between (age, Culture and Educational level) of the patients with visiting male gynecologist found there was statistically non-significant relation between them .The most common cause that make women's refuse going to male gynecologist was culture(customs and traditions) in incidence (71.60%) and relation between them was statically significant (value <0.0001) The major reason that make women's refuse medical examination by male students is gender and (40.50%) of students notice the gender has negatively effect on them and statically significant. **Conclusion:** Most common causes that make women's choice female gynecologist and refuse male gynecologist is culture(customs and traditions) .The male gender has negatively effect of medical students where most common cause that makes women's refuse examination is gender.

KEYWORDS: Obstetrics and Gynecology; female; male; gender; medical students.**INTRODUCTION**

As a matter of clarification, Obstetrics is a subspecialty that deals with pregnancy, childbirth and postpartum periods while Gynecology defined to deal with health of female reproductive system and the breast. Such description of this medicine filed rises level of gender discrimination during time of clinical practice on patients. Accordingly, it is of paramount importance to shed a light on this matter that considered being prevalent worldwide.^[1] It is a true that in the past gynecology occupied by male doctors but this field preference has changed. For instance, only 1 of 500 applicants proceeds with a vocation in obstetrics and gynecology; however, still the reason beyond this deselecting is under studied. Surprisingly, this preference among some group of patients has changed and adopted equity approach in accepting both gender in all life

aspects while others consist to have only female obstetricians /gynecologist.^[2,3] As moments of fact, no discrimination is available in this vocation, and male medical students enjoy equal rights of clinical practice over patients. Needless to mention that doctors, whatever their gender is, have same responsibility and commitments toward their patients.^[4] In fact, what currently being published in conducted research showed that female students obtain higher grade on finals than males and National Board of Medical Examiners of Obstetrics and Gynecology self-examination might see the variation between genders in final clinical evaluation based on one study research.^[5] We could not deny the fact that both genders got accepted to this field based on same academic records and achievements. However, hypothetically assumed that female students could have more background information on this field of study and

this is not proven yet.^[6] Moreover, it is conventionally disseminated among medical students that gender does have impact on obstetrics/gynecology vocation. For instance, females thought their experience are boosted positively as of their gender. Hence, those students reported to excellently perform in speculum examination, labor coaching, and independent deliveries than those with the negative gender effect.^[6,8] Doubtlessly, selecting of gynecologist/obstetrician has become affecting by the gender and the profession of the gynecologist also the religious beliefs of the patients.^[9] Great deal of studies have asserted how religious beliefs become decisive in women's health choices like abortion or taking contraceptives. It is true that gynecologist gender definitely affect the choice of gynecologist treatment, still communication and personal style take priority in selection. Similarly, refugee women have same perspectives regarding gynecologist in broader communities and still their choices affected by origin culture.^[10] It is of interest to clarify that based on patient's rights, they can easily decide by accepting or rejecting student's participation in providing care.^[11] Finally, this study aimed to show the impression and the obstacles routinely faced by male medical students through their study of obstetrics and gynecology field in addition to present how patients based gender selection affect their decision in choosing a gynecologist/obstetrician.

PATIENTS AND METHODS

Across sectional descriptive study was conduct from 1st of August 2022 to third of January 2023 at Diyala University/ College of Medicine and AL-Batool Maternity Teaching Hospital/ Diyala/ Baquba. Participant were 136 male medical students in the last stages 4th (Total 66 and participant were 58), 5th (Total were 44 and participant were 39), 6th (Total were 57 and participant were 39) who had obstetrics and gynecology in the their curriculum and excluded the first three stages from this study because they don't study obstetrics and gynecology it in these stages. This part of study was done at college with structured questionnaire including (If Obs&Gyne necessary to study for male medical students, Do you like it? Teaching method is a reason why it is not accepted by male students. Injustice with female to take information from male students, male students must deal with equal opportunity as female, causes if source of information other than patient, causes of rejection of male medical students in obstetrics and gynecology, validity of information that gave to male students in presence or not of relative and causes of

refuse medical exam by male students). Other part including 121 participants were randomly selected from outpatient, inpatient clinic, emergency and labor wards at department of obstetrics and gynecology in AL-Batool Maternity Teaching Hospital Diyala/ Baquba provided they were admitted from obstetrics and gynecology related condition, also data were collected using structured questionnaire including (visited male gynecologist according to different socio-demographic features - Age, Culture and Educational level- and causes of non-visiting male doctor gynecology and obstetrics exam-Husband if married, Culture, Parents if not married and Religious-). Statistical analysis of data conducted according to chi-square for independence test to detect significant relations between factors, and chi-square fitness of good test at equality classes P-value of 0.05 considered significant.

RESULTS

During the study period, 121 participants were recruited from the out-patient department of Ob-Gyn department of Al-Batool Maternity Teaching Hospital Diyala/ Baquba which provides clinical training for students and residents. At the same time study period involve 136 male medical students at Diyala University Faculty of Medicine. From 121 participants, 20% had visited male gynecologist at (29-39) age group while we found higher percentage do not visited male gynecologist in incidence (80%), 95.7% didn't visited male gynecologist at (18-28) age group, but only 4.3% had visited and according to (60 or >) age group the participants were 10 and all of them not visited male gynecologist yet and high percentage of them objected to visit male gynecologist in incidence (70%) and little percent not mind to visited. 47 participants at (18-28) age group, 63.8% had objected to visit male gynecologist, but 36.2% had no problem. 9% of urban who participated in this study and 16.3% of rural were visited male gynecologist, but 91% of urban and 83.7% of rural not visited yet. 59% of urban and 72.1% of rural had objected to visited male gynecologist, but 41% of urban and 27.9% of rural don't have any problem to visited male gynecologist. 23.5% of non-study and 16.7% of college had visited male gynecologist and 76.5% of non-study patient and 80% of high school study didn't visited male gynecologist. 58.8% of non-study patient and 40% of high school study had rejected to visit male gynecologist, but 60% of patient who done high school study and 25% of patient who done college didn't had problem to visited male gynecologist as shown in table 1.

Table 1: The patient feeling toward the male doctor obstetrical and gynecological exam according to different socio-demographic features.

Age	Have you ever visited male gynecologist?				Do you mind visited male gynecologist?			
	Yes number (%)	No number (%)	Total number (%)	P.value	Yes number (%)	No number (%)	Total number (%)	P.Value
(18-28)	2 (4.3%)	45 (95.7%)	47 (100%)	0.053	30 (63.8%)	17 (36.2%)	47 (100%)	0.992

(29-39)	8 (20.0%)	32 (80%)	40 (100%)	0.053	25 (62.5%)	15 (37.5%)	40 (100%)	0.992
(40-49)	2 (11.1%)	16 (88.9%)	18 (100%)	0.053	11 (61.1%)	7 (38.9%)	18 (100%)	0.992
(50-59)	2 (33.3%)	4 (66.7%)	6 (100%)	0.053	4 (66.7%)	2 (33.3%)	6 (100%)	0.992
(60or >60)	0 (0.0%)	10 (100%)	10 (100%)	0.053	7 (70%)	3 (30%)	10 (100%)	0.992
Culture								
Urban	7 (9.0%)	71 (91.0%)	78 (100%)	0.229	46 (59.0%)	32 (41.0%)	78 (100%)	0.151
Rural	7 (16.3%)	36 (83.7%)	43 (100%)	0.229	31 (72.1%)	12 (27.9%)	43 (100%)	0.151
Educational level								
Non study	4 (23.5%)	13 (76.5%)	17 (100%)	0.133	10 (58.8%)	7 (41.2%)	17 (100%)	0.478
Primary school	6 (11.1%)	48 (88.9%)	54 (100%)	0.133	35 (64.8%)	19 (35.2%)	54 (100%)	0.478
middle school	0 (0.0%)	28 (100%)	28 (100%)	0.133	19 (67.99%)	9 (32.1%)	28 (100%)	0.478
High school	2 (20.0%)	8 (80%)	10 (100%)	0.133	4 (40.0%)	6 (60.0%)	10 (100%)	0.478
College	2 (16.7%)	10 (83.3%)	12 (100%)	0.133	9 (75.0%)	3 (25.0%)	12 (100%)	0.478

Table 2 recorded that the most common cause of non-visiting male doctor for gynecological and obstetrics problems was culture 71.60% followed by husband

refuse if she was married, parents refuse if she was not married and religious 22.4%, 4.50% and 1.50% respectively.

Table 2: Causes of non-visiting male doctor for Gynecology and Obstetrics examination.

Causes	Number	(%)	P.value
Husband if married	15	22.40%	0.001
Parents if not married	3	4.50%	0.001
Culture	48	71.60%	0.001
Religious	1	1.50%	0.001
Total number	67	100%	

As shown in Table 3 (A, B and C) majority of the 4th stage male students thought that it was not necessary to study obstetrics and gynecology 53.4% which was highly significant p-value 0.001 while majority of 5th stage and 6th stage male student thought that yes it's necessary to study it 71.8% and 82.1% respectively which was also highly significant.

Regarding perception of male medical students whether they liked obstetrics and gynecology 70% of the 4th stage and 56.4% of the 6th stage like it while 64.1% not like it for 5th stage this was statistically non-significant p-value 0.247.

On the other hand male medical students' perception about teaching style that made it acceptable by male students or not it was found that higher percentage of the male student in the 4th, 5th and 6th stages thought that teaching methods not increase acceptability of obstetrics

and gynecology and was 52.7%, 53.8% and 51.3% respectively that was statistically significant p-value 0.02.

About opinion of male medical student that it was injustice with female to take advice from male 4th stage and 6th stage student thought that yes it was effected 51.7% and 64.1% respectively while most of student in the 5th stage said it was not affected 48.7% was yes and 51.3% that was statistically highly significant p-value 0.009.

Finally this study shows the thoughts of male medical students whether if they own the same opportunity as female all of the male students in 4th, 5th, and 6th stages answer with yes they had the same opportunity as females 55.2%, 51.3% and 71.8% respectively which was highly significant p-value 0.007.

Table 3 (A): Perception of male medical students to ward Obstetrics and Gynecology for 4th stage.

Thought of students	Yes number and (%)	No number and (%)	Total number (%)	P.value
1- Necessary to study for male medical	27 (46.6%)	31 (53.4%)	58 (100%)	0.001

students				
2-Do you like it?	41 (70.0%)	17 (29.3%)	58 (100%)	0.247
3-Teaching methods a cause of its un acceptable by male students	28 (48.3%)	30 (51.7%)	58 (100%)	0.02
4-Injustice with female to take advise from male	30 (51.7%)	28 (48.3%)	58 (100%)	0.009
5-Male students must deal with equal opportunity as female	32 (55.2%)	26 (44.8%)	58 (100%)	0.007
Table 3(B): Perception of male medical students to ward Obstetrics and Gynecology for 5th stage.				
Thought of students	Yes number	No number	Total number (%)	P.value
1- Necessary to study for male medical students	28 (71.8%)	11 (28.2%)	39 (100%)	0.001
2-Do you like it?	14 (35.9%)	25 (64.1%)	39 (100%)	0.247
3-Teaching methods a cause of its un acceptable by male students	18 (46.2%)	21 (53.8%)	39 (100%)	0.02
4-Injustice with female to take advise from male	19 (48.7%)	20 (51.3%)	39 (100%)	0.009
5-Male students must deal with equal opportunity as female	20 (51.3%)	19 (48.7%)	39 (100%)	0.007
Table 3 (C): Perception of male medical students to ward Obstetrics and Gynecology for 6th stage.				
Thought of students	Yes number	No number	Total number (%)	P.value
1- Necessary to study for male medical students	32 (82.1%)	7 (17.9%)	39 (100%)	0.001
2-Do you like it?	22 (56.4%)	17 (43.6%)	39 (100%)	0.247
3-Teaching methods a cause of its un acceptable by male students	19 (48.7%)	20 (51.3%)	39 (100%)	0.02
4-Injustice with female to take advise from male	25 (64.1%)	14 (35.9%)	39 (100%)	0.009
5-Male students must deal with equal opportunity as female	28 (71.8%)	11 (28.2%)	39 (100%)	0.007

In regards to difficulties that facing male medical students during history and exam from female patient we found the health condition of patient was the mean source of information that take from other than patient, patient refuse and husband refuse where 88.60%, 8.60% and 2.90% respectively.

While the cause of rejection of male medical student in OBS/GYNE was can culture, presence of husband, number of student and religious were 48%, 22.5%, 15.7% and 13, 7 % respectively.

At the same table we can see the validity of information that gave to male student was acceptable in 84,8% and unacceptable 15.20% in the presence of relative.

This study recorded the causes of refuse medical exam by male student were (because you are male, culture, religious and relative) (40.50%, 38.70%, 11.70% and 9 %) respectively, all of these findings were highly significant p-value 0.001 and this shown in table (4).

Table 4: Difficulty facing male medical students during history and exam from female patients.

Difficulties	Number	(%)	P.value
Causes if source of information other than patient			
1-Health condition of patient	31	88.60%	0.001
2-Husband refuse	1	2.90%	0.001
3-Patient refuse	3	8.60%	0.001
Number of valid answer	35	100%	0.001
Total number of cases	138		
Cause of rejection of male medical students in Obs/Gyne			
1-Religious	4	13.70%	0.001
2-Culture	49	48.00%	0.001
3-Presence of husband	23	22.50%	0.001
4-Number of students	16	15.70%	0.001

Number of valid answer	102	100%	
Total number of cases	138		
Validity of information that gave to male students			
1-Acceptable in the presence of relative	117	84.80%	0.001
2-Unacceptable in the presence of relative	21	15.20%	0.001
Number of valid answer	138	100%	
Total number of cases	138		
Causes of refuse medical exam by male students			
1-Religious	13	11.70%	0.001
2-Culture	43	38.70%	0.001
3-Relative	10	9.00%	0.001
4-Because you are a male	45	40.50%	0.001
Number of valid answer	111	100%	
Total number of cases	138		

DISCUSSION

By studying the relationship between age of female patients and visiting male gynecologist we found high percentage (95.7%) not visiting and was statistically non-significant in (18_28) age group and this agree with Bismah. R^[2], but this result disagrees with Masiv. B et al.^[12,13] where found that young female patient's prefer female gynecologist.

In this study 78 female patients are living in urban and 43 of them living in rural most of urban patients (91%) not visiting male gynecologist and this result was statistically non-significant.

Most female patients who not visiting male gynecologist according to educational level, who they are complete just primary school and was non-significant and this result observe in Bismah R.^[2] but it was statically significant and Adinarayana. M.^[3] Where they found the less educational women's prefer female gynecologist, but our result also disagree with result of J schmittsiel^[14] where found that high educational women prefer female provider.

This research was unique in showing that the main influencing factor that make women they don't visiting male gynecologist was culture(customs and traditions) and was significant, but this disagree with what observe in Diaa. E.^[15] research where most women prefer female gynecologist because of religious beliefs and sociocultural.

At this study we examine the thought of students about whether obs & gyne necessary to study for male students or not found the high percentage of male students considered it necessary to study and was statically significant (p. value<0.001), and also we notice a large number of them liked Obs & Gyne, but it was statically not significant.

This study clarified the relationship between teaching style and its effect on its acceptance by male students we found high percentage of them said (No) and significant.

Most of students during this study said there is injustice with female to take advice from male in Incidence (54.4%) and statically significant.

In this surveys we noted that the largest percentage of male students don't have the same opportunity as female students during clinical training in Obs & Gyne and was significant.

After analysis the difficulties that facing male medical students our study found the health conditions of female patients is major cause that make the source of information other than patients and statically significant.

This study demonstrated higher percentage of male medical students had rejected by female patients and the cause was attributed to Culture and relative and these results similar to results that observe in AQeel S. et al.^[4]

This survey show the validity of information that gave to male students was acceptable in high percentage in the presence of relative and was significant.

In our study we found the effect of gender is the main causes that make women's refuse examination by male students and was significant and this result similar to Juddy. C^[16] and Latasha. B et al^[7] in their research where reported male gender has negatively effect on medical students in their experience during the clerkship and was statically significant.

CONCLUSION

Most common causes that make women's choice female gynecologist and refuse male gynecologist is culture (customs and traditions). Also, most of medical student thought it's necessary to study obstetrics and gynecology for male, but high percentage of them thought that they don't have the same opportunity as female students have and there injustice with female to take advice from male. Most of them notice that the teaching method are not causes made Obs & Gyne unacceptable by male.

The male gender has negatively effect on medical students where most common cause that makes women's refuse examination is gender.

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