

Gender of Provider—Barrier to Immigrant Women's Obstetrical Care: A Narrative Review



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Abstract

Objective: To explore the preference for female obstetrician/gynaecologists among immigrant women, and providers' understandings of these preferences, to identify challenges and potential solutions.

Methods: Five databases (Medline, Embase, CINAHL, Global Health, and Scopus) were searched using combinations of search terms related to immigrant, refugee, or Muslim women and obstetrics or gynaecological provider gender preference.

Study Selection: Peer reviewed, English-language articles were included if they discussed either patient or provider perspectives of women's preference for female obstetrics or gynaecological care provider among immigrant women in Western and non-western settings. After screening, 54 met inclusion criteria and were reviewed.

Data Extraction: Studies were divided first into those specifically focusing on gender of provider, and those in which it was one variable addressed. Each category was then divided into those describing immigrant women, and those conducted in a non-Western settings. The research question, study population, methods, results, and reasons given for preferences in each article were then examined and recorded.

Conclusion: Preference for female obstetricians/gynaecologists was demonstrated. Although many will accept a male provider, psychological stress, delays, or avoidance in seeking care may result. Providers' views were captured in only eight articles, with conflicting perspectives on responding to preferences and the health system impact.

Résumé

Objectifs : Étudier la préférence des immigrantes pour les obstétriciennes et les gynécologues de sexe féminin et la

compréhension qu'en ont les fournisseurs de soins, relever les défis et proposer des solutions.

Source des données : Nous avons interrogé cinq bases de données (Medline, Embase, CINAHL, Global Health et Scopus) au moyen de combinaisons de termes liés à « immigrant », « refugee », « Muslim women » et « obstetrics or gynaecological provider gender preference ».

Sélection des études : Nous avons sélectionné les articles de langue anglaise évalués par les pairs abordant le point de vue des patientes ou des fournisseurs de soins sur la préférence des immigrantes pour les obstétriciennes ou les gynécologues de sexe féminin dans les milieux occidentaux et non occidentaux. Nous avons retenu et analysé 54 études répondant aux critères d'inclusion.

Extraction des données : Nous avons d'abord divisé les études en deux catégories, soit celles axées sur le genre du fournisseur de soins et celles ne faisant qu'aborder le sujet. Nous avons ensuite subdivisé ces catégories en deux : les études portant sur des immigrantes et celles menées dans des milieux non occidentaux. Pour chaque article, nous avons examiné la question de recherche, la population étudiée, les méthodes, les résultats et les raisons de la préférence, et avons consigné les données recueillies.

Conclusions : Nous avons observé une préférence pour les obstétriciennes et les gynécologues de sexe féminin. Même si bon nombre de patientes acceptent d'être soignées par un homme, cette situation peut être à l'origine de stress psychologique et de report ou d'évitement des soins. L'opinion des fournisseurs de soins n'était étudiée que dans huit articles; ceux-ci avaient des points de vue divergents sur la façon de faire face à ces préférences et les effets de cette situation sur le système de santé.

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INTRODUCTION

Gender of the provider has been a contentious issue in obstetrics and gynaecology since the medicalization of childbirth.¹ Historically, childbirth was a woman's domain.² The term “midwife,” which originated in old English, literally means “with woman.”³ It was only after

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the 1700s, when a more technological approach to child-birth gained momentum in Europe and North America, that males in the medical profession became involved.⁴ A male's presence at childbirth, however, remains contested with a majority of women worldwide, who continually state a preference for a female obstetrician/gynaecologist.³ For women originating from religio-cultural environments in which seclusion and separation of genders are societal norms, preference for female providers holds even greater importance.^{5,6}

With increasing movement of populations from the Middle East, Africa, and South Asia to Europe and North America, the issue of the gender of provider is gaining significance. In general, immigrant women have been shown to be at an increased risk of adverse obstetrical outcomes.^{7–12} It is therefore imperative to understand and address existing barriers related to the gender of the provider and how this may influence the seeking and receipt of services.

Clinical guidance for providers on how to respond to such requests is contradictory. A patient's refusal of care on the basis of gender could be interpreted as gender discrimination.¹³ In the United Kingdom, Makam et al. called for clear clinical guidelines in both medical schools and the Royal College of Obstetricians and Gynaecologists to "prevent discrimination against men."¹³ In Canada, the Canadian Medical Protective Association advises "making reasonable efforts to accommodate a patient's request, based on cultural or religious grounds, to be treated by another physician."¹⁴ In contrast, the SOGC asserts that, to provide the best care for all women, "provision of [time sensitive, or urgent] services cannot and should not ever be based on gender, race, sexual orientation, age, practice patterns or religious affiliations of either the patient or the provider."¹⁵

Acknowledging the rights of both patient and provider, especially in the acute obstetrical setting, often presents a dilemma. This narrative review aimed to broadly explore and synthesize current evidence surrounding women's preference for female physicians in obstetrics and gynaecology and providers' understandings—specifically identifying reasons for preferences, challenges in negotiation, and potential solutions to providing equitable care. An effort was made to focus on women migrating from conservative religio-cultural environments to Europe and North America.

METHODS

From August 2015 to January 2016, a comprehensive search was performed of peer-reviewed literature describing

gender preferences for obstetric/gynaecological providers held by non-Western women or women from non-Western countries. Five databases (Medline, Embase, CINAHL, Global Health, and Scopus) were searched using combinations of search terms related to immigrant, refugee, or Muslim women and obstetrics or gynaecological provider gender preference. Bibliographies of relevant articles were also reviewed. The first and second rounds of screening involved reviewing titles and abstracts to identify potentially relevant studies. The third level of screening consisted of a full review of remaining articles to ascertain relevance in relation to the inclusion criteria (Figure 1).

Because the focus was to examine this issue among women migrating from significantly different religio-cultural environments, eligible articles included peer-reviewed publications (qualitative, quantitative, or review articles) that met the following criteria: (1) discussed either the patient or provider perspective of women's preference for a female obstetrics or gynaecological care provider among immigrant women in Western settings and non-Western settings in which seclusion and separation of genders are societal norms; and (2) English language. No limitations were placed on the date of publication.

RESULTS

A total of 572 records were identified, and after duplicates were removed, 407 records were screened in the first round, assessing titles and abstracts. A total of 126 articles were kept and assessed in the second round for eligibility, and 54 met the inclusion criteria (Figure 1). These included 29 qualitative studies reporting findings from interviews and focus groups, 20 cross-sectional studies reporting results of structured questionnaires, three mixed-methods studies, one systematic review, and one meta-ethnography. Only 10 articles focused specifically on the gender of the provider. Three of these discussed physician gender preference among immigrant women (Table 1), whereas the other seven explored physician gender preference in non-Western settings (Table 2). All 10 were cross-sectional surveys, eight of which explored reasons for women's preference for female physicians. The remaining 44 articles explored women's preferences for female providers as one variable among a range of experiences, expectations, and barriers to accessing reproductive health services. These studies were divided again into those that discussed patient preference for provider gender specifically in the context of immigrant populations ($n = 34$) and those that explored it in non-Western settings ($n = 11$). Although an objective of this review was to describe provider perspectives of patients'

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