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## ATTITUDES TOWARDS THE PRACTICING WOMEN DOCTORS IN RELIGIOUS MINDED CONSERVATIVE PEOPLE DOMINATED CITY: A STUDY IN WOMEN DOCTORS IN SYLHET CITY

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**Abstract:**-Sometimes service providers become the subject of reservation in service seekers mind irrespective of qualities. Women doctors of different specializations other than gynecology, obstetrics and female sexual diseases of Sylhet City are facing such problems. This paper examines the awareness, preferences, and causes of preferences of women doctors in different specialization. As a descriptive analytical research, the researchers collected data from 180 men and 120 women of different professions like businessmen, employment, students and housewives by a structured questionnaire. The data were processed by Excel 07 and SPSS 19. The outputs were analyzed through the frequency distributions, percentages and logical analysis of researchers. The findings indicate besides cultural and religious bindings due to behavioral problems and lack of seriousness the patients hold the reservation about female doctors except in the case of reproduction and sexual problems. But the patients showed confidence about the quality of female doctors, so the level of seriousness and empathic behavior should be increased to win the hearts of patients in other specializations. This is important to minimize the reservation about service providers in the mind of service seekers.

**Keywords:**Practicing Women Doctors, Religious Minded, Reservations, Sylhet, Open & Secret diseases.

### INTRODUCTION

Patients have to take the suggestions, help of doctors in their distresses. Doctors and patients may be male or female. Patient whether male or female should go to the male or female doctors according to their necessity. In the age of specialization, doctors are specialized in problems of different types: medicine, ENT, orthopedics, cardiology, neurology, surgery, psychiatry, arthritis and others. Patients must search the doctors of specific problem and have to take the treatment of him/her. Many women doctors are now available in different specialization besides male doctors. According to the directorate of medical Education, the female students are outnumbered the male students in government colleges. They make up around 60% of the enrolled students and they are also outscored the male counterpart (New age, April 14, 2014). Out of 61 medical colleges, 43 are privately owned where female students are studying in a proportionate numbers. Besides, there are special women medical colleges to provide sufficient numbers of women doctors in different specialization. So, patients are free to choose their required doctors as per their need. But the religious minded people of Bangladesh have reservation in mixing (talking, touching etc.) with opposite sex. Doctors have to know the patient by conversation, touching the different parts of patient body to know the present status. The conservative patient may have disliking in it and prevent themselves to go to the doctors of opposite sex. Sylhet is a muslim dominated area and called as spiritual capital of Bangladesh as 360 companies of Hazrat Shahjalal (R.) have spread Islam in this land. So women patients of this land have disliking going to male doctors. Similarly the male patients have reservation for female doctors. But necessity knows no law. So sometimes they are bound to take the services of doctors of opposite sex. As the patients are not used to do free mixing with

female and may have different misconceptions about them. Not only for religious reasons, have patients' also doubt about their skill, seriousness, patience in listening, and sympathy etc. Doctor-patient relationship may be termed as biopsychosocial model ( Saha, 2007). The doctors must know the patient medical status and also the psychology and socio-cultural condition to give proper treatment. The doctors' seriousness and behavior is very critical to know the patient condition in all respects. Not only that Doctors- Patient relationship may use different models, like active-passive model( when patients are unconscious, immobilized, or delirious); teacher-students model (physician's dominance is emphasized); mutual participation model (equality between doctor & patient) according to the demand to provide proper & accurate counseling (Saha, 2007). The main objectives of all these models are to establish rapport. Rapport includes, establishing ease, finding pain and uttering empathy, becoming a friend, showing expertise, establishing physicians' authority and balancing between roles of listener, expert and authority (Othmer, 1994). Failure to establishing rapport leads to ineffectiveness in counseling. Failure to understand patient belief, language, & attitudes influence the doctors' diagnosis. So, failure in establishing the rapport between doctors and patients leads to inaccurate diagnosis and it may happen between opposite gender doctors and patients. Patients feel their inability to express themselves freely to the female doctors, so they may avoid women doctors for service. In that case, emotion breeds counter-emotion. The preference of doctors of specific gender depends on the awareness of availability and on the preference of specific gender doctors. That preference depends on the perception on efficiency, seriousness and behavior. But behavior of some women doctors reported as questionable. 20 % Women victims finds their female doctors' behaviors as good and the rest 80% as discourteous and oppressed (Mia, 2013). The diseases can be broadly categorized into three major categories; Not to be disclosed openly (Reproduction, Sexual and other not to be disclosed diseases), Can be disclosed openly (Medicine, ENT, Orthopedics, Cardiology, Neurology, Psychiatrics, Pediatrics and others) and Surgical. For not to be disclosed openly diseases there must be strict reservation about intra-gender counseling, For the diseased discussed openly the patients bear no strict reservation in intra-gender counseling and for surgical cases the skill and efficiency of doctors is preferred most except caesarian problem for baby birth.

**Objectives:** Main objective of this study is to examine the awareness and attitudes of patients towards the practicing women doctors in religious minded conservative people dominated Sylhet city. To fulfill the objective, the specific objectives of this study are:

- a. To know the awareness level of people of sylhet city about availability of female doctors in different specializations
- b. To examine the preference of female doctors in general & open diseases (Medicine, ENT, Cardiology, Neurology & others), Reproduction & Sexual disease and Surgery.
- c. And to examine the reason for preferences like seriousness, behavior and efficiency of female doctors.

**Research Methodology: Research design:** The research is to study preference, choice, availability, reason for unwillingness to choice and dissatisfaction with women doctors. so it is the research of descriptive nature.

**Sampling design:** To take the opinion of patients of different problems, genders, levels, the researchers have to depend on stratified type of probabilistic sampling to ensure the reliability of data.

**Data collection:** The primary data was collected from the randomly selected respondents from different strata of patients and their guides through questionnaire and interview. The secondary data have to collect from the brochures, websites, newspapers, journals, and recorded data of the managing authority etc.

**Interpretation of data:** The data was processed by SPSS 19 and Microsoft Excel 2007 to get the insights and interpreted by the output of SPSS and excel. Some recommendations are made through the interpretation and logical viewpoints of the researchers

**The profiles of the respondents are as follows:**

Items	Description	Number	Percent
Total Respondent		300	100%
	Male	180	60%
	Female	120	40%
Professionals	Businessmen	55	18.33%
	Employees	80	26.67%
	Students	95	31.67%
	Housewives	70	23.33%

**FINDINGS:**

Awareness about Number of Female Doctors Availability in Sylhet: Prior to taking any service, consumers must aware of the availability of that service. So, the researchers want to know the awareness level of availability of female doctors in the city. The respondents' alertness level is presented in table 1.

**Table 1: Awareness about Number of Female Doctors Availability in Sylhet:**

Number of Doctors	General & Open Diseases		Reproduction, Sexual & Secret Disease		Surgery	
	Frequency	Percent	Frequency	Percent	Frequency	Out Percent
Valid 0	1	.3	67	22.3	231	77.0
1-5	148	49.3	130	43.3	68	22.7
6-10	115	38.3	98	32.7	1	.3
11-15	31	10.3	2	.7		
21-25	4	1.3	2	.7		
26-30	1	.3	1	.3		
Total	300	100.0	300	100.0	300	100.0

The 49.3% of respondents are aware about 1-5 doctors in medicine, 43.3% about the same number in reproduction and sexual disease but 77% about no female doctors in surgery. These are followed by 38.3% about 6-10 doctors in medicine, 32.7% about same numbers of doctors in reproduction and sexual disease and 22.7% about 1-5 numbers of female doctors in surgery. 22.7% of respondents aware about no doctors in reproduction and sexual disease because they may treat the sexual disease as male sexual disease and female doctors are not available in these special problems.

Preference of Female Doctors: Whether consumers are taking the services of female doctors or not, depends on mainly awareness about availability and then the preference of consumers in taking that service. To study about female doctors' service, the researchers examined the patients preference on female doctors and the result is presented in Table 2.

**Table 2: Preference of Female Doctors**

		General Physician		Reproduction & Sexual Disease		Surgery	
		Frequency	Percent	Frequency	Percent	Frequency	Percent
Valid	Preferred	125	41.7	191	63.7	48	16.0
	Not preferred	175	58.3	109	36.3	252	84.0
	Total	300	100.0	300	100.0	300	100.0

The 63.7% respondents preferred female doctors in the problem of reproduction & sexual disease as no chance of male become such type of patients, so it is natural that, the patients prefer female doctors in such problem. But 58.3% of patient not prefer female doctors in general disease and 84% of them in the case of surgery. In case of surgery and general disease the patients are not sure about the skill, seriousness of female doctors as the male doctors in these fields are comparatively more available and the goodwill of the male doctors is well known by the patients.

Perception about Seriousness of Female Doctors: In the time of disease, patients search for doctors who are serious about their patient like other services. Clients search serious advocates, students search serious teachers. Actually the patient search for the solution of their problems and the probability of solving the problem in the hand of serious doctors is very good. But the seriousness of female doctors is questionable to some patients. The status of seriousness of female doctors in the minds of patients is given at table 3.

**Table 3: Seriousness of female doctors**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very unserious	22	7.3	7.3	7.3
	Unserious	75	25.0	25.0	32.3
	Average	82	27.3	27.3	59.7
	Serious	121	40.3	40.3	100.0
	Total	300	100.0	100.0	

In this table the perception of female doctors as very serious is totally absent in patients' mind, but 40.3% of them perceive the female doctors as serious about their patient, 25% of them as not serious and 7.3% as very unserious. That is 60% thought women doctors as not serious above the average limit.

Manner of Female Doctors: Establishing good rapport with patient is very important to know the problem properly and suggest accordingly. The prime role to establish such rapport lies on doctors. So the doctors' manners and behavior should be friendly and sympathetic to know the patient accurately. Disliking a patient is very ineffective in dealing with him or her. Refection, facilitation, silence, confrontation, clarification, interpretation, summation and explanation etc. are necessary to deal with the patient. Regarding the female doctors behavior the respondents' perception is presented in table 4.

**Table 4: Perception of Behavior of Women Doctors:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very bad	99	33.0	33.0	33.0
	Bad	178	59.3	59.3	92.3
	Average	2	.7	.7	93.0
	Good	20	6.7	6.7	99.7
	Very Good	1	.3	.3	100.0
	Total	300	100.0	100.0	

This table shows that 92.3% of the respondents have negative perceptions about behavior of women doctors. Of them 33% marked that behavior as very bad. It is due to the reasons that women doctors cannot make

proper balance of their work and family life. The speed up interview cannot satisfy the patients. So it is a great challenge in developing the career of women doctors.

**Perception of Efficiency of Women Doctors:** Patient search for the most efficient doctors to take the service in recovering from illness rapidly. Efficiency depends on the reporting, diagnosing and prescribing skill of doctors. The perception of respondents about the skill of female doctors is expressed in Table 5.

**Table 5: Efficiency of Female Doctor**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Average	135	45.0	45.0	45.0
Skilled	78	26.0	26.0	71.0
Very Skilled	87	29.0	29.0	100.0
Total	300	100.0	100.0	

This table shows that 100% respondent perceive that female doctors are efficient in average and above average level. 55% of respondents perceived they are above average efficient. Respondents may separate the efficiency from rapport skill and answered about the diagnosing and prescribing skill and they bear good opinion about their efficiency in diagnosis and in giving prescription. There is a good prospect of development of female doctors' career if they develop the rapport skill.

**RESULT AND DISCUSSION:**

It is observed that awareness level of people about female doctors is very low though available female doctors in different fields are around threefold more, in reproduction and other not to be disclosed diseases it is fivefold more than the perception of mass people. Only in surgery there are three female doctors working in Sylhet but 77% knows about zero number of female doctors (Table 1 & Observation of Researchers). Preference of female doctors is prioritized only for reproduction, sexual and secret diseases but for other diseases female doctors are not prioritized and in case of surgery majority of the patients' do not prefer female doctors even the female patients as the respondents are 40% female (Table 2). The reason for such preference can be explained by the perception of behavior, seriousness and efficiency of female doctors. In the eye of patients, the seriousness of 32% of women doctors are below average and 40% are above average, so the seriousness level of female doctors is to be improved (Table 3). In case of another reason of preference is behavior. The majority of respondents marked the behavior of female doctor as bad (59.3%) and very bad (33%), where only 7% marked it at above average. So the behavior of female patients must be friendly, sympathetic and cooperative (Table 4). But the perception about efficiency level of female doctors is very high. All the respondents marked it as average and above average. 55% of them perceived it as above average and 45% as average (Table 5). So the perception about efficiency is not a challenge for popularity of female doctors but the seriousness and specially the behavior must be improved to get better preference among patients of Sylhet city. 20% of the male respondents informed that they would not go to female doctors in any case but they prefer female doctors in all diseases of women. This is due to the religious reasons. But others showed no strong reservation for female doctors except the male sexual problems. 25% female patients prefer only female doctors in every case but they are ready to go to the male doctors for specialization if needed. But 55% have strong reservation to go to the male doctors for reproduction and female genital problems.

In summary it can be said the practices of female doctors will be spread among patients if the female doctors are cautious about the behavior and seriousness to the patients. The conservative attitudes of the people of that region may impede the practice of female doctors in all specializations other than reproduction and female diseases. But the popularity and acceptability in gynecology, obstetrics and other female disease will cover the limitations due to conservative attitude of people.

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**Appendix:**

Name: .....Age: .....Profession:.....

1.Do you know availability of female doctor in your city in the following field:

Problem	Number	Problem	Number	Problem	Number
Stomach		Child		Arthritis	
Eye		Gynae		Orthopedics	
ENT		Baby Birth		Nervous	
Heart		Skin & Sex		Surgical	
Psychiatric		Physical medicine			

2.For which of the following problems would you prefer women doctor to consult irrespective of professional qualification:

Problem	Prefer	Do not prefer	Problem	Prefer	Do not prefer	Problem	Prefer	Do not prefer
Stomach			Child			Arthritis		
Eye			Gynae			Orthopedics		
ENT			Baby Birth			Nervous		
Heart			Skin & Sex			Surgical		
Psychiatric			Physical medicine					

3.With same professional qualification mark you preference to the doctors of both gender:

Problem	Male	Female	Problem	Male	Female	Problem	Male	Female
Stomach			Child			Arthritis		
Eye			Gynae			Orthopedics		
ENT			Baby Birth			Nervous		
Heart			Skin & Sex			Surgical		
Psychiatric			Physical medicine					

4.Comment on the attitude of available women doctors : Very serious= 5, Serious=4, Average=3, lenient=2, most lenient=1

5.Are you confident performance of on the female doctors:

6.Mark the reasons for choosing female doctor for consultation: rank 7-1

- a.Serious about the patient
- b.Skilled in consultation
- c.Patient in listening
- d.Sympathize to the patient
- e.Not hungry for money
- f.Good manner & behavior
- g.Other (please mention)

7.Mark the reasons for dissatisfaction with female doctors: rank 7-1

- a.Serious about the patient
- b.Skilled in consultation
- c.Patient in listening



- d.Sympathize to the patient
- e.Not hungry for money
- f.Good manner & behavior
- g.Other (please mention)
- h.Observations:
- i.Available women doctors in your city

Problem	Number of Doctors					
	MBBS	Higher Degree	Lecturer	Assistant professor	Associate	Professor
Stomach	5	2	0	2	0	0
Eye	25	8	0	5	3	2
ENT	25	10	0	6	3	1
Heart	40	18	0	12	7	4
Psychiatric	10	6	0	4	2	0
Arthritis	8	3	0	2	0	0
Orthopedics	40	18	0	10	4	0
Nervous	27	12	0	8	4	1
Surgical	45	19	0	12	5	0
Child	35	17	0	12	5	2
Gynie	65	35	0	25	15	8
Baby Birth	40	19	0	12	7	3
Skin & Sex	15	7	0	2	0	0

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