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ORIGINAL RESEARCH

Attitude of 100 Saudi Female Doctors Towards Their Health

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Abstract

Objective: To assess the overall health status, lifestyle behavior, and attitude towards menopause, hormonal replacement therapy (HRT) and human papilloma virus (HPV) vaccination among female Saudi doctors.

Materials and methods: This is a cross-sectional study that was conducted over a period of 2 months (November and December 2011). The study population was comprised of Saudi female physicians that are actively working. Ethics approval was obtained prior to conducting the study. A structured self-administered questionnaire was answered by the subjects. Inclusion criteria were any female physician who was willing to participate and was actively practicing at time of the study.

Results: One hundred responses were received. Forty-six subjects were <30 years and 31 subjects were >40 years of age. Obesity was defined as a body mass index (BMI) of >25 and morbid obesity as a BMI >30. Eight subjects had a normal BMI, 27 subjects were overweight, and 16 were morbidly obese. Six subjects were smokers and 13 had chronic illnesses such as diabetes. Only five of the subjects performed regular breast self-examination, and 40 subjects have a breast examination done by a physician. Pap smear was done at least once on only 17% of the subjects. Forty-eight subjects were willing to prescribe HRT to their patients. Sixty-five subjects were willing to administer the HPV vaccination to patients.

Conclusion: The overall health status, lifestyle, and attitude of Saudi female physicians towards their own health is suboptimal. This study shows that even physicians need to improve their lifestyle behavior and attitude towards their own health.

Keywords: Saudi Arabia, health care providers, lifestyle, health status

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Introduction

Health care providers, and physicians in particular, should be role models for their patients. Their behavior in terms of a healthy lifestyle may serve as a standard that their patients may follow.

Obesity has an effect on the health status of any individual, which leads to reduced life expectancy and increased health problems. Obesity is an excessive accumulation of body fat and is a real threat to health.[1] Ideal body weight is essential to prevent the development of chronic illnesses such as diabetes, hypertension, and cardiovascular disease.[2,3]

Physicians' smoking habits appear to vary from one country to another. The prevalence of smoking among physicians is not low worldwide. It is vital that this prevalence rate declines among medical professionals in future years so that physicians can continue running anti-smoking programs and set a good example for the public.[4,6]

Maintaining physical fitness and overall health is achieved by regular exercise and physical activity. This strengthens the body muscles, maintains cardiovascular health, and helps in weight loss.[2,3]

Pap smear is the best screening tool for precancerous and cancerous cervical lesions. Developed countries have intensive screening programs for cervical cancer implemented. Cervical cancer screening and human papilloma virus (HPV) vaccination programs have yet to be implemented in Saudi Arabia.[7]

The use of hormonal replacement therapy (HRT) has declined worldwide following the Women's Health Initiative study. In Saudi Arabia we do not know how physicians feel about prescribing HRT to patients.

Maintaining health and living a healthy lifestyle depends on maintaining normal body weight, avoiding smoking, engaging in regular exercise, and performing routine screening tests such as mammography and pap smears. The aim of our study is to assess the health characteristics, lifestyle, and attitudes towards physicians' own health, HRT administration, and vaccination against HPV among female Saudi doctors.

Materials and Methods

The study design is cross-sectional. It was conducted in Jeddah, the second largest city in Saudi Arabia. The study population consists of female physicians that are actively working in different hospitals. Ethics approval was obtained prior to conducting the study. The study was done over a period of 2 months (November and December 2011).

A structured questionnaire was sent to the all-female physicians that are actively working in four different hospitals. One hundred responses were received. The questions involved age, level of education, employment status, marital status, parity, smoking, contraceptive use, weight, regular exercise, history of chronic illnesses such as diabetes and whether the subject knows whether they underwent routine pap smears. The questionnaire also tested the subjects' knowledge about menopause and cervical cancer, and whether they are comfortable prescribing HRT and HPV vaccinations to their patients.

The self-administered questionnaire was written in English. The reliability of the questionnaire was tested in a sample of 50 subjects and demonstrated a high level of reliability. Inclusion criteria were any female physician who was willing to participate and was actively practicing at the time of the study.

Statistical analysis

Data analysis was done using the Statistical Package for the Social Sciences 15 (SPSS Inc., Chicago, IL, USA) version 2006. The data is presented in a quantitative manner.

Results

One hundred questionnaires were answered out of the 125 distributed, presenting a response rate of 80%. The seniority level of subjects was as follows: 15 consultants, 29 specialists, 25 residents, 2 family physicians, and 18 interns. Most of the health care providers were obstetrician-gynecologists, internal medicine physicians, and pediatricians. The age range for the subjects was as follows: 46 subjects $<$ 30 years; 22 subjects were 30–39 years; and 31 subjects were $>$40 years of age. Fifty-three subjects are married and 47 are single. Eighteen subjects have 3 children or less and 22 have more than 3 children. Only 22 subjects have ever used any form of contraception. Using the standard body mass index (BMI) scale, 8 subjects had a BMI $<$ 18.5, 43 subjects had a normal BMI (18.5–24), 27 were overweight (BMI 24.1–29), and 16 were morbidly obese (BMI $>$ 29) (Table 1). More than one quarter (27%) of the responders stated that they were on some sort of weight loss diet

Table 1. Demographic characteristics of the studied group (n = 100).

	%
Age	
20–29	46
30–39	22
40–49	18
>50	12
Job	
Consultant	15
Specialist	29
Resident	35
GP	2
Intern	18
Specialty	
OB—GYN	50
Internal medicine	28
Pediatrics	14
Others	8
Social status	
Married	53
Single	47
BMI	
<18.5	8
18.5–24.9	43
25–29.9	27
>30	16
Diet	
On diet	27
Not on diet	73

Abbreviations: %, Percentage; GP, General Practitioner; OB-GYN, Obstetrician; BMI, Body Mass Index.

during the study period. Regarding smoking, 6 of the responders smoked regularly. In terms of other life-style factors, 48 of the respondents do not engage in regular sport activities; 13. Thirteen respondents have a chronic illness, the most common of which is diabetes. Only 5 respondents perform regular breast self-examination, and 40 subjects have ever had a breast examination performed by a physician. A total of 20 of the 30 respondents who are over the age of 40 (67%) reported ever having a mammography.

Pap smear examination has been performed at least once by only 17 of the respondents. Forty-eight physicians expressed a positive opinion about the importance of using HRT and they intended to administer HRT to their patients. Only 2 of 15 post-menopausal physicians actually take HRT themselves. The attitude towards HPV vaccination was positive in 65 respondents, but only 15 administered the HPV vaccine to their own daughters (Table 2).

Table 2. Practice of the female physicians regarding their health.

	%
Smoking	6
No exercise	48
H/O diseases (unhealthy)	13
Screening	
Yes	74
No	26
CBC and chemistry	12
Self- breast examination	5
Clinical breast examination	40
Mammogram	20
Pap. smear	
Yes	17
No	83
Attitude to word vaccination against HPV	
+ve	48
–ve	52
Attitude to word HRT	
+ve	56
–ve	44

Note: *The question is not mutually exclusive.
Abbreviations: CBC, Complete Blood Count; RBS, Random Blood Sugar; HPV, Human Papilloma Virus; HRT, Hormonal Replacement Therapy.

Discussion

Health care providers should be role models for patients, family, and friends. In our study, 43 health care providers were either overweight or morbidly obese. Only 27 were on a diet to reduce weight, and only 52 were involved in exercise. Overweight doctors may be less likely than other physicians to discuss diet and exercise with patients and less likely to make a diagnosis of obesity. Only 37% of overweight physicians strongly believe that they are competent enough to offer advice about eating and exercise, compared with 53% of normal-weight physicians.[2]

Most physicians are aware of the health effects of obesity and that normal weight is vital to the health of patients. Beliefs, attitudes, and practices differed significantly based on the physicians' sex, weight, and years in practice.[3]

A study about being overweight and obese conducted at the King Saud University in Saudi Arabia found that the prevalence of those who are overweight and obese was higher amongst married women than single women.[1]

Moreover, smoking prevalence has been increasing in developing countries, but in our study only

six physicians were smokers, which is less than the general population. This can be explained by the fact that that female doctors are aware of the risks and health hazards of smoking.

In 1963, a study found that 15.6% of female doctors and male doctors' wives were smokers. However, in 2006 a study showed that quitting smoking among doctors and nurses has increased, and around 90% of younger doctors have never been smokers.[5,6]

The Pap smear is the best screening tool for precancerous and cancerous cervical lesions. An intensive screening program is not well established in Saudi Arabia despite the availability of the Pap smear. The number of cases of cervical cancer has been increasing over the past two decades in Saudi Arabia. In a study done in Saudi Arabia regarding cervical cancer and its screening, 16.8% of females had had a Pap smear done. Many factors lead to reduced participation by women in cervical screening programs. These factors include as poor awareness, lack of knowledge, fear of cancer or pain, anxiety, poor understanding, and the need for additional information.[7]

The knowledge that HPV is an etiological agent for cervical cancer was expressed by 14.4% of the general population. In our study, 48 female physicians were aware of this fact. In spite of their knowledge, only 14 were willing to give the HPV vaccine to their own daughters. Despite the fact that 67 of the respondents are aware of the Pap smear, only 16 have had the test. The main reason for not having taken the Pap smear test was lack of awareness.

In the United Kingdom, most female doctors have reported the use of HRT for improving quality of life. The rate of HRT usage varies significantly in different countries, ranging from 10% to 20%.[8,9] In the western region of Saudi Arabia, about 5% of postmenopausal women currently use HRT.[10] In our study, 65 physicians hold a positive attitude towards HRT and are aware of the benefits of this form of therapy; only 2 of the 15 post-menopausal doctors are actually using it.

Conclusion

In Saudi Arabia, the health characteristics, lifestyle, and attitudes of female physicians towards their own health are suboptimal. The rate of positive attitudes toward HRT and HPV vaccination is greater than 50 percent, but the practice of administering either the HRT or the HPV vaccination is rare. Overall, even doctors need to change their lifestyle and attitudes towards their own health.

Author Contributions

Conceived and designed the experiments: MK. MS. Analysed the data: OR. Wrote the first draft of the manuscript: OR. Contributed to the writing of the manuscript: SK. Agree with manuscript results and conclusions: HA. Jointly developed the structure and arguments for the paper: HA. Made critical revisions and approved final version: HA. All authors reviewed and approved of the final manuscript.

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References

1. Al-Malki JS, Al-Jaser MH, Warsy AS. Overweight and obesity in Saudi females of childbearing age. *Int J Obesity Relat Metab Disord*. 2003;27: 134–9.
2. Egger G. Obesity, chronic disease, and economic growth: a case for "big picture" prevention. *Adv Prev Med*. 2011;149–58.
3. Price JH, Desmond SM, Krol RA, Snyder FF, O'Connell JK. Family practice physicians' beliefs, attitudes, and practices regarding obesity. *Am J Prev Med*. 1987;3(6):339–45.

4. Bleich SN, Bennett WL, Gudzune KA, Cooper LA. Impact of physician BMI on obesity care and beliefs. *Obesity*. 2012;20(5):999–1005.
5. Smith D, Leggat P. An international review of tobacco smoking in the medical profession: 1974–2004. *BMC Public Health.* 2007;7(1):115. doi: 10.1186/1471-2458-7-115.
6. Edwards R, Bowler T, Atkinson J, Wilson N. Low and declining cigarette smoking rates among doctors and nurses: 2006 New Zealand Census data. *N Z Med J*. Oct 17, 2008;121(1284):43–51.
7. Sait K. Attitudes, knowledge, and practices in relation to cervical cancer and its screening among women in Saudi Arabia. *Saudi Med J*. Nov 2011;32(11): 1155–60.
8. Isaacs AJ, Britton AR, McPherson K. Utilization of hormonal replacement therapy by women doctors. *BMJ*. 1995;311:1399–401.
9. Hamrick I, Steinweg KK, Cummings DM, Whetstone LM. Health care disparities in postmenopausal women referred for DXA screening. *Fam Med*. 2006;38(4):265–9.
10. Bakarman MA, Abu Ahmed HA. Awareness of hormonal replacement therapy among females attending primary health care centers in Western Saudi Arabia. *Saudi Med J*. May 2003;24(5):488–92.