

Pregnancy and Motherhood Challenges during Postgraduate Training in Pakistan

Ammara Salam¹, Sana Shahid², Tayram Bint-e-Khalid², Sidra Waqar Qureshi², Maheen Rana² and Maria Ahmed²

¹Department of Surgery, Fazaia Ruth Pfau Medical College, Karachi, Pakistan

²Department of Surgery, Dow University of Health Sciences, Karachi, Pakistan

ABSTRACT

In Pakistan, women have outnumbered men in medicine and many women now choose to start a family earlier in their careers. A 24-question survey was electronically distributed over social media. Female postgraduate trainees and consultants who had experienced pregnancy and motherhood during their training were included. Questions were asked about their experiences of pregnancy, news breaking, attitudes of colleagues and supervisors, maternity leaves, and lactational issues. A total of 320 responses were received; Internal Medicine (19.1%), Gynaecology and Obstetrics (15.0%), Surgery 46 (14.4%), and Pediatrics (11.9%) were major specialities. One hundred and nineteen (37.2%) respondents feared they would be considered 'uncommitted' if the news of their pregnancy broke. Breastfeeding was important to 77.5% mothers, but only 40% of the mothers could breastfeed, and 86.2% reported that lactation facilities were inadequate. 50% mothers thought to strongly reconsider their speciality. Postgraduate training programs in Pakistan should be tailored to address the needs of trainee mothers.

Key Words: *Motherhood, Postgraduate training, Lactation, Pregnancy.*

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In Pakistan, women are outnumbering men in medical colleges for around three decades. As per the PMDC's statistics, 36,543 doctors registered for their MBBS degrees in 2016-2018, out of which 21,445 (58.68%) were women and 15,098 (41.31%) were men. Similarly, there is an increasing number of females in postgraduate training too. Along with this, there is a changing trend observed among women who now choose to start their families earlier, during their postgraduate training in contrast to the past decades when they used to delay it till their training was completed.

It gets harder to pursue postgraduate training for married female doctors because of several factors; the primacy of marriage and family, gender roles, lack of childcare facilities, joint family system, and a lot more. When a woman decides to pursue her medical career alongside family, apart from the societal pressures, pregnancy, and motherhood challenges make life more difficult for her. Starting from the anxiety of breaking the news, being judged as uncommitted towards training, and the negative attitude of colleagues and faculty about child-bearing; there is a long path to walk upon.

Unfortunately, the situation is nonetheless similar all over the world. According to a survey done in the US, it was found that 60% of the residency program directors believed that training is adversely affected by motherhood.¹

This study aims to highlight the experiences of women postgraduate trainees who have been pregnant during their training. As a responsible society, one needs to know the ground realities of motherhood challenges and offer solutions to them.

The study was conducted via 24 question survey, electronically distributed over social media platforms such as Facebook, WhatsApp, and Instagram from 1st April 2021 to 30th June 2021. Female postgraduate trainees and consultants who completed their postgraduate training in the last 10 years and experienced pregnancy and motherhood during their training were included.

A 5-point Likert scale was used to assess their experiences of working while pregnant, the response of their faculty to the news, maternity leaves, breastfeeding and lactation, and whether they were satisfied with their decision or not. The WHO Sample size calculator was used, with confidence interval 95%, anticipated population proportion 18.4%, absolute precision 0.05, sample size was calculated as 231, using Childcare support 18.4%.² SPSS version 21 was used to analyse and represent the data using X² for variables. Frequencies were calculated for qualitative variables. Confidence interval of 95% was set and p<0.05 was considered significant.

The study was conducted via an electronic questionnaire disseminated on social media platforms. A total of 320

Correspondence to: Dr. Ammara Salam, Department of Surgery, Fazaia Ruth Pfau Medical College, Karachi, Pakistan

E-mail: ammarasalam2012@gmail.com

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responses were received (sample size 231), of which Internal Medicine 61 (19.1%), Gynaecology and Obstetrics 48 (15.0%), Surgery 46 (14.4%), and Pediatrics 38 (11.9%) were the major specialities, as shown in Table I.

Table I: Distribution of specialities among postgraduate trainees.

Speciality	Frequency	Percentage
Internal medicine	61	19.1%
Gynaecology and obstetrics	48	15.0%
Surgery	46	14.4%
Paediatrics	38	11.9%
Radiology	29	9.1%
Family medicine	14	4.4%
Anesthesiology	11	3.4%
Ophthalmology	10	3.1%
Chest medicine	8	2.5%
Emergency medicine	7	2.2%
Plastic surgery	7	2.2%
Neurology	6	1.9%
Haematology	5	1.6%
Nephrology	5	1.6%
Cardiology	4	1.3%
Cardiac surgery	3	0.9%
ENT	3	0.9%
Gastroenterology	3	0.9%
Microbiology	3	0.9%
Oral and maxillofacial surgery	3	0.9%
Thoracic surgery	2	0.6%
Urology	2	0.6%
Neurosurgery	1	0.3%
Pediatric surgery	1	0.3%
Total	320	100.0%

Out of 320 respondents, 119 (37.18%) believed they would be considered 'uncommitted' if the news of their pregnancy broke, while 147 (45.93%) strongly agreed that they were worried that asking for a lighter schedule would result in resentment from their colleagues. A biased attitude from seniors/supervisors was experienced by 146 (45.62%) while 229 (71.56%) women felt that they were being judged more critically after motherhood as compared to their colleagues.

Breastfeeding was important to 248 (77.5%) mothers, but 192 (60%) did not breastfeed or stopped earlier because it was difficult to continue lactation with their training and 260 (81.25%) trainees reported that lactation facilities were inadequate at the workplace. Of the 320 participants, only 89 (27.8%) had the support of colleagues taking time to pump/breastfeed at work. In regard to the childcare facilities near workplace, only 13.4% of mothers had access to them.

On a positive side, 217 (67.8%) mothers got adequate maternity leave as per the CPSP (College of Physicians and Surgeons of Pakistan) policy without any major hindrance, although 155 (48.4%) felt their maternity leave was an additional burden to their colleagues. One hundred and nine (34.06%) participants took less maternity leave because they thought it would impact their training. Two hundred and eighty six (90.31%) feared being labelled as a "bad mom" because they were unable to give their baby enough time and attention. The experience of 159 (49.68%) mothers made them strongly reconsider their speciality.

A total of 320 female doctors participated in this nationwide survey conducted via the internet to identify the challenges and difficulties faced by the trainee residents seeking to start their families during their residencies. This survey demonstrated the degree of job satisfaction, attitude of colleagues and supervisors, guilt towards career/family, lactational issues, and maternity leave policies.

More than one-third (37.2%) of the participants felt that they were considered less interested or indifferent towards their training and almost half of the trainees believed that their colleagues would resent if they were given a lighter schedule. A study conducted in Lebanon by Attieh *et al.* reported that 46.6% of their participants felt that their workload increased due to a pregnant team member. They also found that almost half of them believed pregnant residents to be less productive. Nearly half of the participants felt they were discriminated and approximately three-quarters of them reported that they were judged at a higher standard than their fellows.³

This study found that although around 69% of the women received maternity leave as per the CPSP leave policy, more than half of them felt that this was an additional burden on their fellow residents. Ninety percent of the respondents feared being labelled as 'bad mom' because of the demanding nature of their training. Surprisingly more than half of the participants considered changing their career pathways. Similar findings were reported by Warde *et al.* where 85% of the female physicians wished to change their careers for their families.⁴

Almost four-fifths of the respondents wished to breastfeed but 60% had to either give up on it altogether or had to stop earlier than they wished to. This is in similitude to the findings of Rangel *et al.* reporting that due to inadequate time available for milk expression, half of their participants had to quit breastfeeding before they wished to.² Dixit *et al.*, observed that inability to achieve the goals of breastfeeding resulted in frustration and depression among trainee mothers.⁵ Ninety percent of this study participants reported that they felt guilty for not being good mothers and this in turn made them rethink their career choices.

The limitation to this study was the method of distribution of the questionnaire. The representation of different specialities was not controlled. We were not able to determine what percentage of participants were pregnant at the time of the survey.

In the past decade, there is a rising trend of female doctors pursuing postgraduate training in Pakistan. There is an immense need to offer more flexibility in training programs, and a tolerant attitude of the faculty and fellow trainees towards trainee mothers. Motherhood challenges cannot be denied or underestimated, nor could women be held back from excelling in their careers. Strong and effective measures need to be taken on a national basis to make things more favourable for women, specifically trainee mothers. Childcare and lactation facilities should be provided to working mothers at their workplaces. We also recommend the option of Less Than Full Time (LTFT)

training for those struggling to complete their training with responsibilities of family.

COMPETING INTEREST:

The authors declared no competing interest.

AUTHORS' CONTRIBUTION:

AS: Conception, design, of the work, final drafting.

SS: Acquisition of IRB approval, data analysis.

TBK: Data analysis.

SWQ: Manuscript writing.

MR: Data Collection.

MA: Drafting and revision.

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