

Women in the Medical Profession the Role and Importance

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Abstract

Women's contribution in many professions over the years achieves a quick development in many societies. The feminist writings, constitutional amendments, programmes for empowerment in many countries no doubt helped women to explore themselves in various fields like education law, politics, media, literature, drama and cinema. bearing in mind women in different fields there is underrepresentation of women in some fields even today leading to wider gender gap. One such field is the medical profession. Therefore this article tries to examine the role of women in medical profession in India through the ages and present trends. Through the review of studies and articles published an effort is made to examine women's representation in medical profession and identify the causes for their underrepresentation and find the reasons for such wide gender inequality. There is not only gender inequality even those who have opted with all obstacles have been experiencing a glass ceiling in their profession. The women in this profession have to face lot of hurdles as they have to work round the clock which some time leads to overburden and may cause role conflict.

Key Concepts: Women, Feminism, Medical Occupation, Gender Inequality and Role Conflict.

Introduction:

Women's participation in many professions over the years achieved a rapid progress in many societies. The Feminists writing, Constitutional amendments, programmes for empowerment of women in many countries no doubt helped women to explore themselves in various fields like education, politics, engineering, business, law, media and literature, art, music, drama and cinema. Considering women in various fields there is underrepresentation of women in some fields even today leading to wider gender gap. One such field is the medical profession that looks for a lay person to have more women working in hospitals and in actuality the number of women doctors worldwide is less in number and India is no exception to it as the very profession is said to be male dominate field. This article tries to examine the position of women in medical profession in India through the ages and present trend. By reviewing the literature available in the form of published articles effort is made to examine women's representation in various posts and positions in the medical field.

Objectives of The Study

1. To identify the historical background of women in the Medical Profession.
2. To understand and find out why there is underrepresentation of women in Medical field leading to wide gender gap and also to identify the present status.

Scope And Limitations of The Study

The research article is mainly based on secondary source of information. The available numbers of scholarly books and research articles published by researchers have been reviewed in order to understand the conceptual background of medical field. Medical Sociology's subject matter surrounds around medical profession, doctor, nursing, paramedical professionals and a host of others who focus their attention on patients, disease and service procedures in hospitals and clinics. Lot of research studies have been carried out to understand the hospital administration, doctor-patient relationships, nurses and their role, but sociologically not many studies have been undertaken to understand the gender inequality in medical profession in India. Therefore in this article an effort is made through the limited secondary resources available to find out the

reasons for few women doctors and other service providers in medical profession. The limitation of the study is that due to the paucity of time empirical study could not be carried out as a result only available secondary data has helped in conceptualizing the issues and reasons for understanding of underrepresentation of women in medical profession.

Discussion And Analysis

Women throughout the world face discrimination at all ages and at various circumstances. They face many barriers in pursuing any high status in education, politics, economy, social and medical field is no exception. In many parts of the world women's participation in medicine was restricted for a very long time.

Ancient Period-Women in Medical field: In the early civilization women's role in medical field has been recorded no doubt in the writings and inscription but their representation limited to very few. Homes a legendary author of ancient Greek is said to have cited Agamede as ancient Greece healer in pre-Trojan War healer. Merit Ptah as an early chief Physician and Agnadika as first female physician to practice legally in 4th C. Athens Metrodora were considered as first physician medical writer who wrote on the diseases and cures of women. Egyptian records also show that women studied at the royal medical school at Heliopolis as early as 1500 BC. Illustrations of women performing surgery were common on tombs and temples throughout Egypt, suggesting that female physicians were widely accepted by the general population. Female physicians in ancient Rome, called *medicae*, managed practices and were on equal footing with male physicians. Medical science declined when Roman Empire disintegrated by invading barbarian tribes. The practice of healing fell to women at home and within the holy orders. A few holy women like St Bridget practiced medicine and midwifery in Ireland and St Scholastica aided her brother St Benedict during the plague. As the medieval period progressed, the education of women in medicine declined as the church stressed the inferiority of women. In ancient India medicinal practices are found through Vedic period from four Vedas and its divisions Brahmanas, Aranyakas and Upanishads.

The priests were said to be healers who possessed power to appease gods and through their mantras would heal the ailments of the human body. The knowledge of vedic period enables us to understand that there is huge amount of knowledge available about mantras, herbal plants used as medicine, various other materials like water, soil, cow's milk, rock salt and other magico-religious and rituals to cure various disease but with regard to who used to perform or administer all this, only names of male priests or vaidyas are mentioned. This means there were no female vaidyas. The only female name mentioned is Rusa whose work on Ayurveda got translated to Arabic.

Medieval Period-Women in Medical field:

In the medieval Europe Abbess Holdegard is considered as Germans first physician who wrote on scientific subjects like medicine, botony and natural history. During medieval period women worked as midwives, surgeons, barbar-surgeons and nurses. The names of 24 women surgeons are discribed in Naples bewteen 1273 to 1410 and there is also reference of 15 Jewish women practitioners in Frankfurt in 1387 to 1497. The number of references to women in medicine during medieval age shows that women were not inclusive extensively in medical education in this period there were guilds of various trade similarly surgeons also had an organised form of guilds that sometimes allowed women to take up membership especially after the man's death. Midwives who assisted pregnant women through childbirth included only women. Men did not involve in this type of medical care and also women did not involve in men's health care. Women physicians whose names are mentioned in writings of middle Europe are Dorotea Bucca, Abello (1380), Jacqueline Felice De Almanian (1322), Arlessanda Gilian (1307-1326), Rebecca Guarna, Mercuriadde (14th C) all physicians belonging to Italy.

13th to 18th century women had been edged out of the medical profession and had lost access to formal medical education. In England and France, the passage of licensure laws and the formation of guilds in the 13th century further prohibited women from the practice of medicine. Even midwifery, previously a woman's field, was dominated by men by the 17th century. Women were excluded from practicing in a professional capacity, though they continued to

practice medicine in the domestic setting as nurses and midwives, who were considered subordinate to male physicians. It is said that Victorian debate and Egalitarian writers such as John Stuart Mill and Havelock Ellis writings helped women's enter into medicine.

Modern Period-Women in Medical field:

The efforts of several enterprising women in 19th century helped in reclaiming the place in medicine. The view were that women were unsuited for the profession of medicine. In 1873 Harriet Hunt, is considered as the first woman physician in early 19th-century America. She represented the initial group of women physicians who, like her, trained in irregular apprenticeships and were largely ignored by the medical establishment. Elizabeth Blackwell achieved the next milestone by gaining admission to the Geneva Medical College and becoming the first woman to receive a medical degree in the United States. France and Switzerland opened their doors to female doctors, drawing women from across Europe to study, something that historian Neville Bonner has called the "biggest professional migration" in the 19th century. The names of Florance Nightengale and Jex Blake are very popular in the medical field though in the beginning Florance Nightengale herself was not in favour of women entering medical field. In her published work she suggested that women would be better advised to aim at being first rate nurses than third rate doctors. But later she changed her argument in favour of women entering medical profession. The struggle for medical qualification was adopted by feminists' movement and Jex Blake through her publicity campaign and legal struggles found medical school for women in Edinburgh. Flora and Louisa Stevenson cousins of the novelist Robert Stevenson supported in the creating women doctors through their wider campaign to prove women's equality. Over a period of time there was lot of struggle for women to establish themselves in medical field. Due to limited financial resources there was a sharp decline during the early 20th century in the opening of number of medical schools. Flexner report believed that the declining numbers of women was due either to their lack of desire to be physicians or lack of demand for female physicians, as opposed to diminished opportunities. By 1914 it is said that only 4% of medical students were women. There

was small increase during World War I and World War II, as there were fewer men to fill medical school slots but still female enrolment remained very low.

In India it was the Portuguese who introduced modern western medicine in 16th C. East India Company started promoting medical staff to troops and employees in 1775. In 1785 they set up medical departments in Bengal, Madras and Bombay. After Sepoy Mutiny in 1857 and the dissolution of East India Company the British government organised Indian Medical services to improve the public health they appointed public health commission to the Government of India. In 1869 the medical departments in three presidencies were amalgamated into the Indian Medical services for which competitive examination to recruit people to Indian medical service was conducted in London which had huge financial implication on British Government. It was then that they decided to establish medical education system in India and to recruit local staff. But by then in 1822 Native Medical Institution that was established in Calcutta was providing training to Indian students. John Tyler an orientalist was the first superintendent of Native Medical Institution. Charles Traveyan wanted easterns to get education in science of west. It was then Lord Willam Bentinck appointed a committee to look into the state of medical education in Bengal. The committee led by John Grant criticised the medical training institution as there was no practical anatomy instruction. From then on gradually many medical colleges got established in India. But the major question here is the enrolment of women in medical colleges. Among the first generation medical woman with a degree recognised on a par with male doctors, Ellaby, Edith Pechey, one of Britain's first women doctors later collaborated themselves in India. Anandibai Gopalrao Joshi (1865-1887) was the first Indian and South Asian woman to obtain a degree in Western medicine in 1886. She is also believed to be the first Hindu woman to set foot on American soil. **Kadambani** Ganguly (1861-1923) was one of the first female graduates in the country. Battling stereotypes and refusing to fall into the norm of marriage and family-rearing, she opted, instead, to pursue medicine at the Calcutta Medical College. Earning her degree in 1886, she became the second

female Indian doctor who qualified to practise western medicine. Rakhmabai, a social reformer, went on to become the first practising female doctor in India. Dr Sivaramakrishna Iyer Padmavati is the first female Cardiologist of India. At 96, she is still active and treating her patients, much like when she started 60 years ago. Born in Burma, Padmavati studied her MBBS at Rangoon Medical College. Dr. Muthulakshmi Reddy (1886-1968) was an eminent medical practitioner, social reformer and Padma Bhushan awardee in India. She was the first women legislator in India Muthulakshmi Reddy, was appointed to the Madras Legislative Council in 1927. For her, this nomination marked the beginning of her life long effort to "correct the balance" for women by removing social abuses and working for equality in moral standards. The ratio of male and female in medical profession shows a wide gender gap in India inspite of improvement and motivation to encourage women to join many professional areas. According to Association of American Medical Colleges (AAMC) 2012 Physician Specialty Data Book the statistics about the male and female ratio of physicians if one goes by the specializations there is wide gender gap in the medical profession as such the representation of women is comparatively very low, the specialization based statistics provide evidence that the women in various medical departments are comparatively less. The department or specialization wise statistics mentioned below show the amount of gender gap in medical field- Allergy & immunology- Male physicians (69.8 percent), Anatomic/clinical pathology- Male physicians (66.2 percent), Anesthesiology -Male physicians (77 percent), Cardiovascular disease- Male physicians (89.2 percent), Dermatology -Male physicians (58.7 percent), Emergency medicine- Male physicians (76.5 percent) , General surgery- Male physicians (84.6 percent), Hematology and oncology -Male physicians (72.6 percent), Nephrology -Male physicians,(76.5 percent) ,Neurological surgery - Male physicians (93.5 percent), Ophthalmology - Male physicians: 14,342 (80 percent) , Orthopedic surgery -Male physicians (96percent) this shows not only gender gap but as women physicians move up the ranking in profeseion there is always a glass ceiling in higher positions.

The above discussion on the historical development of medical field and the participation of women professionals one can identify very less percentage of female participation. The present scenairo is no different form the past when we consider a huge demographic dividnet where equal participation of both male and female is expected in the entire professional field.

The causes for the gender gap in medical education can be traced to the following: firstly there are different kinds of career opportunities that take less number of years than medical education. So many parents as well as the aspirant individuals think that choosing non-medical profession would lead them to early settlment in life as medical education takes 5-6 years for graduation and another few years for specialization. Secondly in India still the male patriarchy is prevalent. In the medical profession doctors are expected to work round the clock. It requiries lot of sacrifice of time, leisure and personal entertainment if not it may lead to role conflict as women are expected to play mulitple role. Finally even if more number of candidates wanted to take up medical profession the problem is limited seats inspite of shortage of doctors in health care in the country. The doctor population ratio in the country at present is 1:1000 less than what is prescribed by World Health Organization.

Conclusion and Suggestions

In a country like India which is witnessing a rapid demographic changes and becoming the capital of many life style diseases needs more number of doctors and encourging women to participate more would be the need of the hour. The state of health affairs in both urban as well as rural is very pathetic but more so in rural society as they lack even the basic primary health services. In order to promote medical services in these areas the country needs to equip itself to fill the gender gap in the posts and positions of medical doctors both in urban and rural society. The medical colleges have increased over a period of time since independence. There are nearly 350 colleges admitting 45,000 students approximately, but it is not adequate to the growing population. Therefore encourgment should be given to women's enrolments that will inreturn result in reducing gender gap and discrimination. Apart from

that government also should recruit women medical doctors from time to time by paying attractive emolumants in government hospitals.

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