

# OBSTACLES FACED BY FEMALE DOCTORS IN PURSUING THEIR CAREERS

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## ABSTRACT

### Objective:

To determine the cultural and social hurdles faced by female doctors and to recognize the possible obstacles in pursuing their careers.

### Subjects and Method:

**Study Design:** Cross-sectional

**Place:** Five hospitals in Karachi, viz. Jinnah Postgraduate Medical Centre, Civil Hospital, Aga Khan University Hospital, Ziauddin Medical University Hospital and Baqai Medical University Hospital.

**Duration of study:** 10<sup>th</sup> August 2008 to 30<sup>th</sup> December 2008.

**Sample size:** 200 Female House Officers and RMOs

**Sampling Technique:** Simple Convenient Method

**Inclusion Criterion:** All the junior female doctors of these hospitals who consented to participate were included in the study.

### Results:

A total of 200 female doctors participated of which 74 (37%) were married and 126 (63%) unmarried. The majority of the study subjects believed that though the number of women coming into the field of medicine was growing, they still encounter certain obstacles in achieving their career goals mainly related to domestic responsibilities, cultural constraints and gender discrimination. Many female doctors had to face harassment by male patients/attendants and also by male colleagues/seniors. They do not get suitable match or even are left unmarried while running behind their postgraduate studies.

### Conclusion:

There is still a multiplicity of problems that the women perceive as hurdles in the advancement of their career. Initiatives are required to be taken by the government as well as the institutions to improve the conditions for career-oriented Women

### Keywords:

Female doctor, medicine, obstacles, career, problems.

## INTRODUCTION:

Medicine as a career option continues to be desirable to women the world over. The number of women practicing medicine in Pakistan has undergone a massive growth over the last several years. According to Pakistan Medical and Dental Council, as on 31st May 2010, the total number of medical doctors registered with the PMDC is 142792, of which 55834 (39.1%) are female<sup>1</sup>. But there are numerous obstacles faced by female doctors in pursuing their careers. Among the many obstacles is the lack of familial support network and sexist behavior of male patients in a male dominated society and harassment by male colleagues. Once married, there is the additional concern over possible conflict arising regarding the balance between their work and family life. In our part of the world, women everywhere continue to

struggle for equality, for legal rights or equal opportunity and for social advancement. This path is often fraught with difficulty as the verbal commitments to gender equality are not matched by concrete strategies for its realization<sup>2</sup>.

The main objective of this study is to determine the multitude of obstacles and the associated problems faced by the female doctors of both public and private sector hospitals of Karachi, that need to be tackled; and to evaluate the extent of prevailing gender-biased attitudes towards female doctors prevailing in the society.

### METHODOLOGY:

This study was a cross-sectional where convenient sampling technique was used to collect data from 200 female House Officers (HOs) and Resident Medical Officers (RMOs) of five hospitals in Karachi; namely Jinnah Postgraduate Medical Centre (n=85), Civil Hospital (n=54), Aga Khan University Hospital (n=29), Ziauddin Medical University Hospital (n=20) and Baqai Medical University Hospital (n=12). The study was conducted from 10<sup>th</sup> August 2008 to 30<sup>th</sup> December 2008. The information was collected from those HOs and RMOs who consented to the participant; and those who did not agree, were excluded. The informed consent was taken from all the study participants.

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## RESULTS:

A total of 200 female doctors with mean age of 26+2 years participated in the study, of which 37% (74) were married and 63% (126) unmarried.

When asked about the choice, 80% (160) of the respondents stated medicine as their first career choice. Among these study subjects 16% (32) were being criticized from their communities, while 11% (22) though were working as doctors, yet they had to face total disapproval from their in-laws; and 52% (104) told that their social lives were adversely affected by their career activities. According to 18% (36), they were satisfied with all sorts of duties, while the remaining 82% (164) were disturbed because of their duty schedule especially for night duties due to the reasons of security, transport, family and spousal restrictions. Among these female doctors 23% (46) had full family support in all their future career related endeavors; and 9% (18) of the participants were allowed to take part in outdoor campaigns and voluntary work.

Posting /duty in far flung areas also created a number of problems for 51% (102) females. These included family restrictions, accommodation, transport and security concerns.

Regarding salary packages only 3% (6) were satisfied, while 97% (194) proposed a need for substantial increments. Among these respondents, 71% (142) believed that working women were not being accepted by the society, and they had face difficulties in their lives, due to social and cultural values and norms and wrong interpretation of religion. There was a complaint of harassment by male patients/attendants from 58% (116); and by male colleagues/seniors from 69% (138) young female doctors.

Among these study participants, 17% (34) were not sure to continue their professional career; and 47% (94) were suspicious about their in-laws that in future they could create a problem in their career. According to 84% (168) of the respondents, domestic problems particularly child care were the main hurdles in their career. Among them 25% (50) were of the view that three months maternity leave was enough, while the rest 75% (150) wanted 1 to 2 years leave for pregnant and lactating mothers. As stated by 89% (178) of the study participants, many female doctors do not get suitable match or even are left unmarried while running behind their postgraduate studies.

These obstacles faced by female doctors in pursuing their careers are shown in table 1.

**TABLE 1: OBSTACLES FACED BY FEMALE DOCTORS IN PURSUING THEIR CAREERS**

OBSTACLE	No. of Respondents
Criticism from the Communities	16% (32)
Disapproval from the In-Laws	11% (22)
Social Lives Adversely Affected	52% (104)
Problem of Duty Schedule/Night Duties (Security, Transport, Family / Spousal)	82% (164)
Distant Duty/ Posting problems (Family Restrictions, Accommodation, Transport, Security)	51% (102)
Insufficient Salary Packages	97% (194)

Non-Acceptance of Working Women by the Society	71% (142)
Harassment by Male Patients/ Attendants	58% (116)
Harassment by Male Colleagues/ Seniors)	69% (138)
Not Sure to continue their Professional Career	17% (34)
Problem in Future Career by In-Laws	47% (94)
Hindrance in Career due to Domestic Problems	84% (168)
Wanted 1 to 2 Years Leave for Pregnant and Lactating Mothers	75% (150)
Suitable Match/ Marriage Problem due to Postgraduate Studies	89% (178)

## DISCUSSION:

The structure of Pakistani society is such where clearly demarcated gender roles and large gender differentials in access to resources of a type's exist<sup>3</sup>. At the macro-level, a feudal socio-political system, rooted in inequitable land and resource distribution, supported by a strong Islamic ideology, produces rigid class and gender hierarchies. At the micro-level, men are socially constructed as providers and women as dependents and homemakers<sup>4</sup>. Gender, relatively is unimportant while a student, but becomes far more important when it comes to employment. "Do you plan to have children?" "Do you plan to get married?" are among the questions women must deal with in interviews, and the wrong answers can mean otherwise qualified women won't get the job<sup>5</sup>.

Despite the ever-growing improvement in the numbers of women in medical schools, it cannot be argued that there is still presence of what has been called "sex stereotypes"<sup>6</sup> and gender biased attitudes in our society at large, with many people still having trouble accepting women working. This was also the belief of vast majority (71%) of the study participants that society had not yet accepted working women.

The female doctors working at several hospitals across the country alleged suffering from "gender discrimination" in their work environment, with their male counterparts reaping the most benefits<sup>7</sup>. The harassment was also experienced in our study by female doctors at the hands of patients/attendants (58%) and male colleagues/seniors (69%). Harassment whether at the hands of co-workers or patients/attendants is also of great concern to a working female physician<sup>8</sup> and can be a cause of immense anxiety and stress<sup>9</sup>.

Restricted mobility for women, affects their education and work/job opportunities; this adds to the already fewer educational facilities for women. It is socially degrading for a husband to move residence to accommodate his wife's work. As a result, several women reported being forced to make a choice between their jobs and their family<sup>11</sup>. In our study, distant duty/ posting also was recognized a big issue by 51% respondents.

The women, because of their domestic responsibilities, are compelled to choose family or career. The family issues were also noted as obstacles in their career by 84%. Medicine, and society as a whole, will benefit from institutional policies that value family and childbearing<sup>12</sup>.

## CONCLUSION:

Though there is a gradual acceptance of working women by the society, the general prevalence of gender biased attitude tends to pose hurdles for genuinely ambitious

female doctors who come across discrimination and harassment. Initiatives should be taken by the government as well as the institutions to improve the conditions for women in medicine.

#### **LIMITATION OF STUDY:**

As the study was conducted at five hospitals of Karachi, a metropolitan city, the respondent selection could lead to an under estimation of the obstacles and problems faced by female doctors in small towns and rural areas. The results, therefore, cannot be generalized.

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