Chapter 16

Women in the Medical Field in India: A Developing Economy – A Dichotomous Picture

Monica Sivakumar
Apollo Gleneagles Hospitals, India

ABSTRACT

There is a vast difference in the status of women in the medical field in India as compared to the West. However, much progress has been made in the past two decades at least in the urban areas. There is a tremendous disparity in the rural and urban areas when it comes to the number of women who enter this field. The urban areas are almost on par with the western standards at present. Despite having so many women who are leaders in the field, the situation in rural India remains desolate. Many hopes are dashed and much talent is wasted as societal interference, early marriages, and poor socio-economic status make it extremely difficult for the women in the semi-urban and rural areas to enter this lengthy and endurance-testing field. The patriarchal nature of the society, ancient customs, and inability to adapt to modern times are some of the common reasons that so few women enter this field.

INTRODUCTION

Currently, India is considered the fastest developing economy in the world. With its high population, it has an abundance of human resource. The utilization of this bountiful human resource is however highly improper and mismanaged. It is well known that the development of any country is directly linked to the education of females in the country. Kofi Annan once said, “There is no tool for development more effective than the empowerment of women” (Annan, 2005). In this chapter, we take a look at the aspects of gender equality and quality of education and the treatment of females especially in the medical profession and where this country stands in comparison to its more developed western counterparts.

DOI: 10.4018/978-1-5225-9599-1.ch016
A DICHOTOMOUS PICTURE

When we speak of the education of females it is necessary that we understand the extremely dichotomous picture presented by this country. On one hand we have pioneers who have etched a name for themselves in the history books. Dr Kadambini Ganguly, wife of the renowned social reformer Dwarakanath Ganguly, the first woman physician of India, Dr SI Padmavati, the first woman Cardiologist of India, Dr Indrani Hinduja who has bought the Gamete Intrafallopian transfer technique (GIFT) to this country, which subsequently led to the birth of the first GIFT baby on January 1988 and (Chandramouli & General, 2011), Dr Jayashree Mondakar who was the founder of Asia’s first Human Milk Bank are some notable names. There are many more inspiring stories of parents encouraging their daughters to take up this noble profession and become free-thinking, independent, strong and holistic individuals. On the other hand, we have stories of crushed hopes and sacrifices. Let us start by taking a look at the statistics.

THE STATISTICS

For every 1000 males, there are 943 females in India. However, the gender ratio is not uniform in all the 28 states. States like Kerala and Tamil Nadu have a near 50:50 gender ratio whereas states like Haryana and Jharkhand have the lowest sex ratio averaging around 700 females for every 1000 males. Female infanticide and child marriage are still an on-going practice in many parts of these states. The gender ratio is an indicator of the attitude that the people have towards the female sex and is directly proportional to the higher educational standards of girls in the respective states.

More relevant to this chapter, the average female literacy in the world is currently around 79.7 per cent. Per the census 2011 report, the average female literacy in India is 65.46 percent (Chandramouli & General, 2011). These numbers obviously speak for itself. The rates of school dropouts amongst the adolescent females in India, particularly in the rural areas is staggering indeed. The National Commission for Protection of Child Rights reports that 39.4% of the girls aged 15-18 dropout of schools and colleges (Singh, 2018). Meanwhile, the percentage of boys not attending any educational institution in the same age group is 35 per cent quoted by the same study. According to an article By Nisha Bala written in 2014, the top three reasons for high dropout rates are expectations of domesticity, safety and infrastructure barriers (Bala, 2014).

A LOOK INTO THE PAST

Much of the progress in the medical field happened in the end of the 19th century and beginning of the 20th century, when India was a colony under the British Government. Cross-cultural exchanges between India and her colonial rulers laid the foundation for scientific allopathic medicine in this country as which was previously ruled by various indigenous systems like Ayurveda, Siddha and Unani. The emergence of females in the medical field also happened due to the colonial influence. The Countess of Dufferin Fund established in India during 1885 provided scholarships for medical education to women. Notably Dr Anandibai Joshi was India’s first female to qualify as a doctor in 1886, although she had a very untimely death. Two physicians, Dr Charlotte Ellaby and Dr Edith Peachy, British graduates, collaborated and established the first women only hospital in India in 1886. In 1883, Calcutta Medical college had the
Related Content

Incarcerated Students, the Technological Divide and the Challenges in Tertiary Education Delivery

The Impact of Diversity on Career Transitions over the Life Course
[www.igi-global.com/chapter/the-impact-of-diversity-on-career-transitions-over-the-life-course/182149?camid=4v1a](www.igi-global.com/chapter/the-impact-of-diversity-on-career-transitions-over-the-life-course/182149?camid=4v1a)

Implementing Effective Student Support Teams
Tricia Crosby-Cooper and Dina Pacis (2020). *Accessibility and Diversity in Education: Breakthroughs in Research and Practice* (pp. 163-178).
[www.igi-global.com/chapter/implementing-effective-student-support-teams/240978?camid=4v1a](www.igi-global.com/chapter/implementing-effective-student-support-teams/240978?camid=4v1a)

Revisiting Intercultural Competence: Small Culture Formation on the Go through Threads of Experience
Adrian Holliday (2016). *International Journal of Bias, Identity and Diversities in Education (pp. 1-14).*
[www.igi-global.com/article/revisiting-intercultural-competence/156494?camid=4v1a](www.igi-global.com/article/revisiting-intercultural-competence/156494?camid=4v1a)