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Uphill battle of female doctors

They surpass male peers in number, yet struggle against host of barriers

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After passing the civil service exam in 2015, young physician Nuzhat Islam* was excited about being posted at an upazila health complex in Tangail. The experiences that followed, however, were unpleasant enough to puncture the joy with which she joined work.

It began with having to bribe employees for documents from the civil surgeon and health complex to join her post and draw her salary for the first time.

Even after making several inquiries at the office, she still had no clue of her accommodation facilities, which prompted her to rent a house in Tangail Sadar upazila, an hour and half away through dilapidated roads.

As a single woman, she was in constant worry about her safety on the road and at workplace too.

Her life as a physician was tough as the hospital had no x-ray machine or lab facilities. Patients were forced to have diagnostic tests done from private facilities, while emergency patients were referred to other hospitals with minimal treatment.

“I soon realised that this job was impossible for me. I could not travel every day for three hours for this job and survive,” Nuzhat told The Daily Star recently.

In less than three months, she had to quit and is now working for a private hospital in Dhaka.

Like her, many women posted as doctors in rural areas find it difficult to continue their jobs. This is having serious policy implications, especially when the number of female physicians is now surpassing the males in Bangladesh, researchers said.

According to Bangladesh Medical and Dental Council, between 2006 and 2018, there were 25,739 registered male doctors (47 percent) and 28,425 female doctors (53 percent) in the country.

The trend is set to continue as there were 67 and 52 percent new female enrollees respectively in the private and public medical colleges during 2011-16, according to a study by James P Grant School of Public Health of Brac University, Dhaka.

“It’s great that more women are joining the health sector. Women are also better able to take care of patients,” said Prof Syed Masud Ahmed of the department. The Brac University study, published on January 11 in the US-based journal PLOS One, surveyed 315 final-year female medical students from four selected medical colleges -- two private and two public -- in Dhaka city and conducted 31 in-depth interviews with female students, in-service trainee physicians and two focus group discussions.

It found the most important factors motivating women to choose medical education were social respect, perceived opportunity to help people, serving a noble profession and fulfilling a childhood dream.

Other factors included social status, parental pressure, influence of relatives and willingness to contribute to society.

However, they face variety of social and familial challenges while working in rural areas. Some even leave the medical profession.

CHALLENGES

According to the study, female medical students face challenges from the society as well as the family. After marriage, their husbands and in-laws expect them to prioritise their families over their career.

“As most girls cannot maintain both career and family life equally, they have to compromise . . . the situation in Bangladesh is such that you have to give preference to marriage,” one respondent told researchers.

Most families do not want female physicians to work night shifts, the study found.

“Often it is seen that when a girl is on night duty, society asks a lot of questions, even when there is family support,” a female intern physician said.

Almost all female students said society considers female physicians less competent than male physicians though they are equally qualified, the study said. Gender disparity is prevalent in the case of promotions and their status as a physician.

Most students preferred to work in health centres in the urban and peri-urban areas, though they like public sector jobs, because of better opportunities for professional development and a lack of security in rural settings.

“Working in an urban area will be easier for me, even after marriage,” a public medical college student said.

Puspita Hossain, a researcher of the study, said the health system does not provide a suitable environment for female physicians in rural areas. “The administrative facilities are not up to the mark and security is of utmost concern.”

Prof Syed Masud Ahmed, another researcher, said a high dropout rate among female physicians has been reported in Bangladesh, or women who never enter the profession after graduation.

There is no data on this but both the families and state invest a lot in medical education. So, their dropouts also mean loss of money, he added.

He observed that male supervisors often are not sensitive to the familial, pregnancy or child-care related issues of female doctors.

Besides, the challenges faced by female physicians are also reflected in their speciality preference.

The study found obstetrics and gynaecology and surgery were female students’ most preferred subspecialties (27 percent), followed by medicine (20 percent) and paediatrics (15 percent). Very few female students (5 percent) preferred studying basic sciences, public health and clinical research.

“There are medical colleges where we don’t find teachers for basic science subjects whereas there are higher numbers of physicians on certain specialties,” said Prof Masud.

It is high time the authorities act pragmatically on policies to create female-friendly workplaces everywhere, he added.

Health Secretary Ashadul Islam said urban facilities are developing in the rural areas, while the government is upgrading upazila health complexes and doctors' residences. Therefore, physical infrastructure will not be a problem, he told The Daily Star on March 5.

He understands that women physicians have a sense of insecurity in rural settings, and the government is working on policies to mitigate those.

“Social or family aspects are present not only in the health sector. It will change with overall social development.”

*Name has been changed to protect privacy of the individual.