第 103 回日本精神神経学会総会

シンポジウム

Women Psychiatrists—Indian Impetus

Syeda Ruksheda N
（M.B.B.S, D.P.M, F.I.PS., Consultant Psychiatrist : Trellis Family Centre, Mumbai, India）

Incredible India is a multicultural, multilingual, multifaceted, country of contradictions, where the women mental health professionals are participating in substantially increasing numbers. Evolving social, cultural and economical factors have facilitated the empowerment of women which is reflected in the health services. The contemporary Indian Woman Medical Professional is liberated, articulate and free. Remunerative employment has decreased economic vulnerability and dependence on men. Her decisions though, from choosing medicine as a vocation, opting for psychiatry, to specializing in a particular field are all coloured by class, caste, sex, region and religion.

Cultural expectations and influences set norms for all in a society, dictating the behaviour and attitude of colleagues, superiors, patients, family and that of the psychiatrist herself. Egalitarianism, while on the rise, the long tradition of social hierarchies replicates themselves in professional arenas. An ever increasing number, women are still less than 10% of all Indian psychiatrists. Women psychiatrists continue to be underrepresented as policy makers in most psychiatric organizations and institutes. This article will discuss some of the experiences of the young Indian woman psychiatrist influencing her life architecture.

＜**Key words**: Indian women psychiatrist, social and cultural impact, career graph＞

Indian Demographic Portrait

India, home to 1.1 billion people[1], with 1/6th of the world population and 2.4% of its land mass is adjusting culturally, socially and economically. A country of ancient civilizations, it has over many centuries successfully integrated various communities and its ethos. This cultural pluralism of over 2000 ethnic groups is reflected in India's vernacular with more than 216 languages out of which 22 are official national languages[2]. Religious diversity is another unique aspect of this country with the majority (80%) belonging to the Hindu, 13.4% Muslim, 2.3% Christian, 1.93% Sikh and 0.77% Buddhist community. The Schedule Caste (16.2%), Schedule Tribe (8.2%) constitutes another important part of the populace[3]. 70% of Indians reside in its 550,000 villages and agricultural is the main occupation[4].

Women Doctors—Socio-cultural impact

In recent years an impetus is seen in the number of women doctors globally and this is paralleled in India. The data providing an exact figure indicating this phenomenon is unavailable, so

information is gathered from more general sources. With urbanization, increasing awareness, improving literacy rate, economic growth and exposure to global media, a more anti-discriminative attitude towards the education of girls and women is changing the Indian scenario. Funding facilities for medical education is now easier and available to a larger section of the society. Shifting ethno dynamics and sociodynamics are creating a tension between tradition and change in a way that some values remain the same, though the reasoning behind them may have undergone alterations. "A woman doctor is eminently more marriageable". A daughter's marriage is a huge social and personal responsibility for Indian parents and finding a 'suitable' match is their privilege and life goal. Increasing urbanization, media driven consumeristic lifestyle, has made double income households a commonity. Doctors bring in more disposable income and parents are willing to invest in the education of girls to 'safe guard' their future. "Women are best suited as healers or teachers". Traditional view points based on social acceptability and religious dicta deem these professions desirable as these women a prestigious addition to the family tree. In some communities it is looked down upon if the daughter or daughter-in-law is a working woman as it may imply that the men or the family cannot provide for all financial needs adequately. As the healing and teaching professions are considered 'noble' and a service to the society, involvement in such occupations is not only acceptable but also honorable.

Psychiatry Training

Each year 17000 students in India enter medical school, which is the largest number of doctors in training, in the world[4]. After studying for 4 and a half years plus a year of internship, the students compete for postgraduate placements. 1954 saw its first psychiatric training centre in Bangalore (NIMHANS) for DPM (diploma course for 2 years). Currently there are around 300 training posts for psychiatry (including 51 centers for MD and 28 for DPM), low considering the demand and requirement of such a large population[5]. Like other specialties, psychiatric training spans over 3-year residency system with an exit exam. Though standards of training vary across institutes all residents imbibe the essentials of psychiatric evaluation, diagnosis, treatment formulation and implementation. Regular lectures, seminars and workshops are designed for the residents by the department and other organizations (at local, zonal and national levels). Participation in research and presentations at all levels is encouraged. During these 3 years each trainee has to complete a thesis which involves a research project executed and written under the guidance of a supervisor. One of the major concern remains that the hours are not regulated (though MCI regulations apply) and on call duty frequency is subject to number of residents in each department. There are no on call duty compensatory leave or pay. Women residents especially those who are married find that an ordinary day is a juggling act. Balancing work, family and personal demands is a stress inducing factor. The male doctors are at an advantage as they can spend more time in academic and clinical pursuits and don't have as many family obligations.

Opting for Psychiatry

Over the last few years the stigma attached to psychiatric illnesses has seen a gradual decline

due to the combined effort from all avenues. Media with its omnipresence and its judicious use by some pioneering mental health professionals has aided this progress a great deal. This less pejorative attitude in the common man and the professionals alike has brought to light the opportunities in this profession attracting young doctors to join psychiatry.

Marriage is one of the most important mile stones in an Indian woman's life. As most marriages are still arranged by the family, the 'marriageable age' for women is the mid-twenties, by which time most doctors complete their graduate studies and are at the point in their careers where they need to opt for specialties. This phase of the Indian women doctors' personal and professional life is filled with weighing a lot of options while decision making so as to please her family (which by now may include a fiancé or husband and in-laws) as well as pursue her ambitions. Family approval is important as a mark of respect and their cooperation eases the burden of balancing home and work. Undertaking postgraduate studies is expensive and such an important financial decision that cannot be taken without the 'guidance' and 'permission' of the family.

"Psychiatric residency is less demanding than other specialties". There are no documented studies but a common myth that prevails among the medical professionals is that the residency program for psychiatry allows for less demanding work load and better working hours. This allows the women doctors to pay attention to personal and family obligations. Pragmatic issues of family care including cooking, house work and child rearing are still a woman's purview and have to be their priority. The male doctors on the other hand don't require to assist in the house hold chores and are not the primary care givers for the children.

"A psychiatrist has more time to devote to her family". A woman psychiatrist has more regular hours and can adjust them to suit the needs of the family especially the children. Unlike a surgeon, or an obstetrician who are always 'on call' this job comes with less uncertainties. In case of an emergency at night hours, the husband will have to accompany the doctor to the hospital as it isn't proper or even safe to go out alone which is a rarity with psychiatrists. If a doctor wishes to work in the private sector, it requires an initial investment far lower than for another medical professional as psychiatric treatment is not technology intensive.

Not Opting for Psychiatry

Unfavourable attitudes toward psychiatry or psychiatric illnesses are not found to be the cause for low recruitment in this field. Assumption that it is a financially unrewarding career and less exposure to the subject[6] are the main reasons for choosing alternate medical specialties.

Career Choices

Sub-specialties in psychiatry are not yet developed (except in one of the central institute) and many professionals develop their own areas of special interest during and after training. "Child psychiatry—the obvious solution". Children, women and families perceive women psychiatrists to be more compassionate, better able to understand them and be more effective. Women are more comfortable sharing intimacies with a female rather than a male psychiatrist as they can identify with them. This perception is advantageous and many women psychiatrists put it to good use in

intersectoral efforts with schools and special groups. Fields like substance, exposes one to ugly truths and aren't 'safe'. Care givers of patients with psychosis are less embarrassed and concerned with a male psychiatrist when the patient may be abusive, disinhibited or violent. A young psychiatrist has a lot of options upon completion of the training period. Some go overseas for further training or experience, some choose research. The majority have an option between government jobs and the private sector. The preference for placements in government institutes, is due to the prestige , security and stability it offers. As government institutes are often teaching centers, this is another attraction for women psychiatrists. Academic and research opportunities are better. Fixed, regular incomes with fixed hours are some other considerations. Competition is high as there are limited vacancies, psychiatry being a low priority compared to other specialties and pressing issues in the health care system of a developing country. "Private practice isn't her cup of tea". Work in the private sector is time consuming, capricious and provides a lees structured environment. This view is slowly changing as more women find, being their own boss and flexible hours a superior choice. 50% of all Indian psychiatrists work in the private sector and more than 10.5% of these are women doctors[7]. During child rearing years a woman psychiatrist has to prioritize home over career which is expected and accepted by all. This temporary 'slow down' in the career graph challenges adjustment and coping skills. Dissonance between personal growth and societal norms is reduced as more women now, seek professional help for temporary difficulties. Women are more ready to accept situational support and in most cases family members aid in providing care for the children.

Conclusion

The increasing number of women doctors choosing to specialize in psychiatry are the cause and effect of the changing socio-cultural paradigms. Some of the issues faced by Indian women psychiatrists are mirrored elsewhere in Asia. Culturally rooted expectations of family and society, impacts career choices of women psychiatrists every day. Systemic issues of traditional framework affects the personal and professional trajectories of more women than men. The increment in the numbers of women in the field will bring to focus the long, unaddressed issues. Equalizing the power imbalance and introspection by the women psychiatrists will lessen conflicting career and life goals.

References

1) Census of India 2001, Office of Registrar General, India

2) Mother tongues of India : Census of India 2001

3) The first report on religion : Census of India 2001

4) India Ministry of Health and Family Welfare report 2003 (http://www.mohfw.nic.in) Kulhara P., Chakraborti S., Postgraduate Training in India—Current Status & Future Directions

5) Mental Health : An Indian perspective : 1946-2003 Agarwal A.K., Katiyar M., Status of Psychiatric Education in India at Postgraduate level

6) John-Alexander, P., et al. : India Journal of Psychiatry 1993 ; 35

7) Kala A.K. : Mental Health ; An Indian Perspective (1946—2003), Private Sector Psychiatry : Phenomenal Growth & Persistent Myths