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Challenges for Women in Gastroenterology- A Reflection of their Societal Status!

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Gender equity in gastroenterology seems to be the buzz word currently. There has been a rise in publications regarding women in gastroenterology and the challenges they face in this field. In India, women gastroenterologists form less than 10% of workforce in gastroenterology and are under-represented in national bodies. Significant attention is being given to this “leak in academic pipeline” and it seems prudent to assess whether this phenomenon is unique to gastroenterology or just a manifestation of status of women in the society.

Lower Representation of Women in Healthcare: A Reflection of our Society

The statistics of women representatives in both houses of Indian Parliament are disheartening. Currently, 15% of members of Lok Sabha and 13% members of Rajya Sabha are women[1]. Women occupy 14% of ministerial berths and 7% of cabinet posts[2]. Currently, around 12% of the total workforce in organised manufacturing sector are women while in the unorganised agriculture sector, their number rises threefold[3]. Indian healthcare industry is no different. It has been reported that 9.3 million people are employed in healthcare sector in India with 85% being in private set up. Female doctors and nurses form 29% and 80% of the workforce in their respective categories. Hundred percent of Accredited Social Health Activists (ASHAs) are females. Only 18% of females are in leadership roles in this sector and women earn 34% less than their male counterparts. Fields like gynaecology and pathology have higher female representation in doctors and even sales personnel[4]. The reasons for poor representation include traditional gender expectations, implicit biases and limited mentorship opportunities. Numerous factors hinder entry, retention and advancement of females in the industry. Women remain at lower levels in the healthcare hierarchy and only a few are in a position to bring about major administrative changes.

Access to Healthcare among Women in India and their Preferences

It has been noted that access to healthcare facilities is dismally low for Indian women, more so for tribals. Women face several challenges in accessing healthcare in our setting. Apart from paucity of money, lack of health insurance and poor transportation facilities, womenfolk feel that there is lack of female healthcare staff at majority of centres and there is no separate space for sitting / breastfeeding making it embarrassing for them. While the female:male ratio in population is 1.09:1, in hospital records the sex ratio among patients is around 1.69:1. Healthcare visits for females are mainly in reproductive age group and more difficult in extremes of age groups[5,6]. In a study done among liver transplant recipients and donors in southern India, we noted that out of 676 patients registered for transplantation, only 26.2% were females. However, among donors, 68% were females.

This highlights the fact that there are deep seated cultural prejudices, societal pressure and viewing females as "givers" that lead to this disparity[7].

It has been documented that in the West, females prefer female endoscopists for colonoscopy and female gastroenterologist for regular follow-up[8]. Even in India, females and rural patients prefer same-sex staff during endoscopy[9].

Women in Medicine: Current Scenario and Challenges

Women are increasingly being represented in undergraduate training. However, many females drop out after graduation. Few get into practice and still smaller numbers pursue post-graduation and post-doctoral studies/ super-specialisation[10,11]. It has been noted that women who pursue postdoctoral courses in science, technology, engineering and Math (STEM) face an array of unique challenges that lead to leak from the academic pipeline. These challenges are practical as well as psychological. They face higher career uncertainty; gender based challenges, mental health distress and exacerbated lack of work-life balance. Post-doctoral period is a critical time for both personal life and career development. Women may benefit from better institutional policies on marriage and maternity and this may also improve their sense of belonging[12].

The probable reasons for this drop out/leaky pipe in medical field include- societal expectations, clashing of biological clock and academic achievements, lack of flexible training or academic options and issues of safety, travelling and hygiene especially in rural areas and public hospitals[13]. Women tend to feel more comfortable in branches where there are more female healthcare workers. It has been noted that there tend to be a higher percentage of female faculty members (39%) when departments are headed by women rather than men(19%)[14].

The expertise and clinical acumen of female physicians has been displayed in a landmark study which showed that patients treated by female physicians had a lower mortality and readmissions were lower when compared to patients treated by male physicians. The reasons highlighted were probably greater time spent with patients and more humane approach[15]. So, women are at par, or even better than men at job but face challenges to progress further in academic fields especially medicine.

Women in Gastroenterology: Current Status and Challenges

Recent data suggests that half of students attaining top ranks in post graduate entrance exams in India are new preferring to take Medicine/ Radiology in view of higher chances of super-specialisation and better monetary gains. Most doctors do not prefer surgery and gynaecology as they are more hectic and demanding. Moreover, time to attain sufficient experience and expertise varies significantly[16]. Gastroenterology has been a male dominated branch with longer training, less flexible work hours, physically demanding and having poor work-life balance[17]. So the challenge today lies not in realising that women are less represented in gastroenterology community, but in encouraging their participation in future by making gastroenterology a more lucrative option for them. Females are under-represented nationally across speciality fields, even in those where their numbers are much higher than gastroenterology eg. Paediatrics and oncology[18,19].

They should be provided leadership roles in institutions, local organisation and national gastroenterology societies. Opportunities like being a task force leader on a project, organising and moderating meetings would provide them a chance to grow their network[20]. Flexible training opportunities in other specialised fields like neurogastroenterology and hepatology should be created and offered to female gastroenterologists who wish to pursue them. Even in therapeutic endoscopy, female mentorship should come up in a big way in India.

In the west, less than 15% departments are headed by women. They have poor representation in gastroenterology societies and are poorly represented in governing councils of societies and even as speakers at national meetings[21]. The situation is similarly grim in our national societies and meetings. Indian Society of Gastroenterology has started with sessions on women in gastroenterology over the last few years in its national meeting but changes at ground level would take a long time.

Suggested Solutions

It is imperative that the gastroenterology community acknowledges gender disparity and concrete steps are taken to eliminate bias. Strategies to mitigate gender disparity can be undertaken at individual, peer and community levels. Teachers should express belief in female students and help them realise their full potential. Peers can extend a helping hand, celebrate their success and reduce feeling of isolation. Flexible training opportunities and encouragement of female mentorship programs is needed. Women should be given leadership roles in organising meetings and task forces. In the current setting, reservations in important positions in national bodies like governing councils may be appropriate. This little push will help women become achievers and leaders in the gastroenterology community. A female friendly environment in the gastroenterology community would surely encourage females to look at gastroenterology as a preferred super specialisation.

Conclusion

As Indra Nooyi pointed out “You can’t have it all”- seems appropriate to highlight the dilemma women face in gastroenterology. They are in medical schools and have the talent to drive the wheels of healthcare economy, but they are also nurturers and caregivers. They need support at home in the form of supportive spouse and families. They need a balanced, welcoming and flexible work environment at work place to contribute effectively. They need encouragement and better participation at local and national level to make a difference. The obligation is on us, the males and senior female colleagues, to help them rise and soar higher.

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