

Discussion and Debate

Women Doctors: Impact on the Health Services in the Sudan

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Throughout the history and in all societies women did not enjoy the same status and privileges as men did. Women were disadvantaged in terms of less income, power and personal freedom. However, this situation is in a process of gradual changing in the last forty years. In our country, although some old-fashioned social sectors pockets are trying to handicap the development of the working women, but still they share positively in the civil service. We are concerned in this article with the situation of the female doctors. The establishment of the first medical school in our country was proposed by Lord Kitchner (Governor-General of the Sudan 1898-99) on the occasion of his last visit to the Sudan in 1916 (shortly before his tragic death). The Kitchener School of Medicine (KSM), now Faculty of Medicine of Khartoum University, was opened in 1924 with an enrollment quota of ten male students. Within the academic regulations nothing bars the enrollment of women. But it took 22 years after the opening of KSM when the first two Sudanese women were enrolled, and thereafter to be the first women to practice medicine in Sudan. Then the number of woman in KSM increases slowly. Some girls, starting from the late 1950s went abroad (Egypt, Eastern Europe) to obtain medical degrees. At the end of the seventies the women constituted 15-20% of the total students in the three medical schools (Khartoum Gezira and Juba)⁽¹⁾. The decade of the 1990s was marked by the major turning point in the pathway of medical education in

the Sudan. In a few years the number of medical schools rose from three to more than twenty. And the annual intake of medical students increased from 300 to more than 1500. There was a dramatic increase in the intake of female students to medical schools to as high as 60% in the academic year 1997-1998⁽¹⁾. Although we could not get a definite figure from the concerned authorities but what we have showed that female constitutes 55% of the registered medical students at the present time. Thus we are confronted with excessively increasing number of female doctors in the medical profession, which was considered for a long time as male-dominated profession. Below we will discuss several career issues and problems of the Sudanese women doctors.

Does it matter for the patient?

Owing to the increasing number of women in the health service, it is crucial to know whether the relation between female doctors and their patients is different from that between men doctors and their patients. Women may be affected by their double socialization into medical and female roles⁽²⁾. Female values such as compassion, emotionality and sensitivity can be used positively to make special contribution⁽²⁾. But, unfortunately, the profession is still dictated by male values such as strength, silence and unemotionality where the doctor is distant, arrogant and patronizing. Our impression is that women patients prefer men doctors especially in the field of their special diseases (gynaecology). Few

women, from a religious view, see only women doctors.

What are the problem facing women doctors?

The main problems of women doctors are not due to their sex but due to their conflicting responsibilities: career/husband, career/children, and the reaction of seniors or employers (usually men) to these problems. A major pressure that restricts the opportunities of women in medicine is the traditional patterns in marriage and home-making that force them to take the full responsibilities at work, and at home! In particular, mothers of children below 5 years face many career problems and disadvantages. Finding adequate child care giver at home is expensive; day care centres lack flexibility (their defined hours can not be extended in emergencies). Moreover, our health settings at the present time lack any facilities for kid caring. Prejudice comes in when even the colleagues wrongly believes that a mother doctor is less dedicated and works shorter hours than men or unmarried women. This may create a source of discrimination against women, especially by non-medical employers when the privatization of health services ensues. Few women choose resolve the profession dilemmas by options such as delaying marriage or childbirth or even leaving the profession altogether. Provision of part-time jobs, at all levels may be beneficial especially at the early motherhood.

Should dual doctor marriage be a good option?

Doctor married to other doctor seem more likely to show empathy to each other as they understand the pressures of the medical profession. A financial secure mostly ensures with this marriage, especially when traveling abroad. All dual career marriages result in time pressures on partners leaving little room for a sick child or social relation (instead of a busy clinic or an important meeting)⁽³⁾. Medical marriages require much flexibility and an enlightened view of

the gender role. Men should realize that total devotion or obsession with work or status can not balance the loss of the family life and negligence of children and social life. Marital life based on sharing will also benefit the husband!

For the women doctor that join the teaching staff of a medical school the situation is worse. In addition to full responsibilities at home they face pressures of teaching, research, administration and patients care at hospitals. Even in the West women academic productivity is lagging behind⁽⁴⁾. In this field where almost no women had occupied a senior post the availability of a mentor or a role model is necessary.

Do women doctors avoid being part of certain specialties?

After spending the first 3-5 years in junior posts the doctor is to enter one of the medical specialties. Women usually refrain from the surgical posts. A serious deficit in such posts will show up when women form the majority of the graduates. Encouraging some of the distinguished women to enter the surgical specialties will serve as a role model or mentor for other women and so will be an encouraging step. Another problem of postgraduate training is that it necessitates more hours and night stays at hospital for at least three years. Thus many women with children fail to enter or complete the training courses. They may enter, against their wishes, into less demanding "unpopular branches". A system of part-time training may be useful.

Do we need to restrict women intake?

With the increase in numbers of women graduates and migration of men in Sudan, the total number of women doctors may reach two thirds or more of the total doctors in the coming 5-8 years. Women prefer to work in urban areas. This situation may leave the rural areas (65% of Sudan population) with few doctors. Health planners may need to modify the

work environment and accommodation facilities in the rural hospitals to suit female professionals at all levels. Women wish not to neglect their work or their children.

What questions need to be answered?

What to be remembered, at least, is that the status of women in the medical profession is rapidly changing and has not yet entered a steady state. We think that this issue is in bad need for extensive research to answer questions such as how patients and people think about female doctors? What is their attitude toward them? Do they have any reservation of being seen by a lady doctor?

References

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