The role of women doctors in South Africa

As a second consideration of women doctors in South Africa, we considered the roles which they fulfill in the medical profession. Again there is sexual stratification in the roles which men and women fulfill, and these will now be considered at various levels.

Fields of practice

Table 1 indicates

- Most women are involved in salaried employment. Possible reasons for this include: regular hours; easier to have a family life as well; greater security; women tend to be less ambitious than men.
- Proportionately more women are involved in part-time employment. Possible reasons include: having both a family and a professional life; convenient hours of work; salary need not be high, as women are not usually the breadwinners in a home.
- Proportionately less women in private practice than men. Reasons: men often are more ambitious than women; men usually are breadwinners in a household; women with families are unable to work the irregular hours of private practice.

In general therefore, women tend to select areas of employment where they can remain in the profession and raise a family, and where salary is not an important consideration when selecting a field of practice.

Women therefore tend to occupy areas of salaried, routine employment. They fulfill an essential role in this regard as men are unable or unwilling to work in environments such as this.

Geographical area of practice

A very important aspect to the current role of women medical practitioners is the geographical area in which they work and the population group they serve. Due to the unavailability of statistics on the number of male and female doctors in practice in rural or urban environments we will consider the areas in which students intend to practice as an indication of the relative populations of male and female doctors in these areas.

Table 2 indicates:

- Both males and females indicate a preference to practising in a White urban area.
- Women indicate a greater preference for Black areas (especially urban) than do men.

Reasons for wanting to practise in a White urban area will not be discussed since they would, most likely, apply to both males and females and to a large degree they would be obvious. However, the reasons proposed for the preference of Black areas by females include:

- Regular hours of work
- Women may feel that patients and doctors in these areas would demonstrate less "bias" against them
- Women often are not breadwinners
Women doctors

and therefore less dependent on a high income.
- Women have a greater sense of "social duty".

Fields of speciality

Of the 4 082 specialists listed in the SA Medical and Dental Council Register, 259 are female. This is a figure of 6.35%. It is obvious, therefore, that even though there is a very low percentage of women doctors, there is an even lower percentage of women specialists. Possible reasons for this include: hours of training-course - most courses require all day activity and some night-time work. This makes it difficult for a woman with a family life to specialise. (We will see later how this is reflected in the type of specialist course they pursue.) Length of course -Courses are generally long (3-6 years) and need be completed on a full time basis. Less financial ambition - as discussed previously women may be aware of a real or imaginary sexual bias at this new level and therefore fail to register for, or fail to continue such a course. (Interview of female specialists indicates that sexual bias very seldom exists.)

Table 3 shows an analysis of the fields of speciality.

<table>
<thead>
<tr>
<th>SPECIALITY</th>
<th>MALES</th>
<th>FEMALES</th>
<th>% WOMEN</th>
<th>% OF TOTAL WOMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthetics</td>
<td>452</td>
<td>53</td>
<td>10.5</td>
<td>20.5</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>229</td>
<td>41</td>
<td>15.0</td>
<td>15.2</td>
</tr>
<tr>
<td>Radiology</td>
<td>377</td>
<td>37</td>
<td>9.0</td>
<td>14.3</td>
</tr>
<tr>
<td>Pathology</td>
<td>272</td>
<td>30</td>
<td>10.0</td>
<td>11.6</td>
</tr>
<tr>
<td>Gynaecology/Obscts</td>
<td>413</td>
<td>24</td>
<td>5.5</td>
<td>9.3</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>174</td>
<td>24</td>
<td>12.0</td>
<td>9.3</td>
</tr>
<tr>
<td>Medicine</td>
<td>488</td>
<td>18</td>
<td>3.6</td>
<td>6.9</td>
</tr>
<tr>
<td>Dermatology</td>
<td>55</td>
<td>11</td>
<td>16.7</td>
<td>4.2</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>74</td>
<td>5</td>
<td>2.8</td>
<td>1.9</td>
</tr>
</tbody>
</table>

A number of factors have been implicated in the choice of speciality.

Character type

It has been proposed by Professor Tobias that certain character types are more suited to certain specialties. Clearly it was beyond the scope of this study to draw a steadfast conclusion. However, certain trends became obvious from the fifth year Wits medical students survey, when trends became obvious from the fifth year Wits medical students survey, when reasons for entering medical school were explored. It has been shown that early socialisation is the main determinant of the imbalance. Even inequalities encountered at medical school and post graduate training have arisen from this deep rooted socialisation process.

In view of the fact that socialisation is a slow, and on-going process it would be impractical to change society's attitude as a whole. We, therefore, propose rather to change the attitudes of the medical profession in order to encourage women to enter and remain in medicine. This would, therefore, provide an important contribution to the alleviation of the shortage of doctors in South Africa.

Our suggestions are the following:
- that women be given equal opportunity and encouragement to study scientific subjects at school
- All acceptance policy biases be done away with as in the example set by the University of the Witwatersrand.
- Part-time facilities be made available for women who wish to specialise.
- Equal fringe benefits should be made available at all provincial hospitals.

Striving for equal opportunity is not the end of the line. Instead special allowances should be made for the gender role of women and therefore special consideration is essential if we are to keep women in the profession.

References

3 Van Rooyen, J., 1982. Female career commitment (A life-span perspective) presented to the International Interdisciplinary Congress on Women (Haifa, Israel).