

Gender: Mainstreaming it in Medical Education

An Interview with Dr. Sundari Ravindran

Dr Sundari Ravindran is presently associated with Achutha Menon Centre for Health Science Studies. Her areas of interest are Sexual and reproductive health and rights, Gender and Health, Health Systems and Health Financing, Health Policy and Advocacy.

In this interview, Dr. Ravindran discusses the present status of our healthcare system and focuses the importance of gender sensitive medical services. She also discusses about her own experience and highlights the gaps in understandings among medical professionals in regard to gender issues in medicine.

Tell us about your own journey and association the GME project?

Gender in medical education project has a longer history, than 2-3 yrs. In 1999-00, Cehat and Achutha Menon Centre for Health Science Studies collaborated for bringing gender sensitivity in medical education. Thus the GME project started long back in 1999-2000 in Achutha Menon Centre for Health Science Studies. During that period I developed a 2 weeks training programme module for the medical professionals on gender sensitivity and implemented it in 2002-03. Cehat took an active part in the project in terms of teaching and training the participants. But the project was stopped due to the lack of availability of funds.

After different discussions with the stakeholders, in 2012-13, Cehat resumed the project with help from UNFPA. I became a part of this project as she was associated with the actual project.

What is the present state of our healthcare system concerning the provision of gender sensitive?

Indian healthcare system is not yet fully gender sensitive but it is progressing but the present scenario in medical environment seems to be changing. We a slightly moved towards gender sensitivity. Now a days medical professionals talk about the importance of gender sensitivity but how to integrate it is still a big question. Initially it was believed that a woman's health and domestic issues are not interlinked and a healthcare provider has no role in improving a woman's well-being if she is not treated well at home. Medical professionals are now more gender sensitive than before.

According to you, what are the existing facilitators and barriers regarding the provision of gender sensitive healthcare?

In Indian society there are various gender based biases, which directly or indirectly affects a woman's health status. Thus urgent reform is needed in the medical environment regarding gender sensitivity. Till date sexism and misogyny exists in all medical colleges. There is a sexism culture entrenched in medical education which is one of the most significant barrier today for integrating gender sensitivity in medical education. Until we tackle these fences, we cannot have a gender sensitive medical health services.

Moreover no government policies have much impact on the private institutes; they do not come under government purview. Lack of humanisation, as medical education today has become more of a business. Increasing consumerism in the society which has given rise to dowry and resulted in gender inequality in Indian society, these are some other important barrier.

Although there are more barriers than facilitators, but the recent movements and awareness among the mass about the gender based violence has really brought a big transformation in the Indian society. Now the people are more and more aware and sensitive about gender issues. Even the medical professionals have started recognising their role in the cases of domestic violence and gender based violence.

Share with us any experience where you have witnessed progress in our medical system towards gender sensitivity. Or does gender insensitivity still exists.

There are lot of examples of gender insensitivity in our healthcare settings but one of the most prominent one is how the women are treated in the labour rooms. Earlier women were blamed who use to come for abortion, for not using contraceptives.

Another interesting experience can be, once a gynaecologist said to me why should they bother, a patient is a patients, and they are not concerned about the patient's gender. She could not realise that due to gender issues a patient might not comply with the treatment.

Now-a-days healthcare providers have recognised the need of treating a woman with dignity. I can tell you small small changes that can be identify as gender sensitivity here, like use of a screen while doing the pelvic examination or covering a woman's body while examining here.

Do you think counselling a woman about issues like reproductive rights, safe abortion, and contraceptive is a part of a medical professional job?

Providing necessary counselling to a patient on these issues is certainly a very significant part of a medical professional's job. I do not know about the present situation in private institutes but in Government hospitals this is regularly done by the healthcare providers. Moreover people doing for treatment now a days are themselves in hurry. Most of the times, they themselves don't like to sit in the hospitals for longer period.

What do you think is there any role of a healthcare provider in domestic violence cases?

Counselling about domestic violence or taking action against it, is till date a question of 'should we or should not we' among the doctors. It is a dilemma for the healthcare provider even today that weather issues like domestic violence comes under their responsibility areas. Many maltreated women do not contact advocacy organizations or police until the cruelty has become quite serious and life-threatening. Women often continue to seek emergency and routine medical care for themselves and their children. Health care professionals can thus provide needed assistance to women who may not seek other types of help, or may be able to intervene earlier than can advocates or agencies. I truly believe in this regard we have to work a bit more and train them to make more sensitive and aware.

What motivated you to start working in this area?

Very early on I was exposed to the conditions of women in the rural areas of Tamil Nadu. I realised that there was a lack of knowledge and awareness among the women regarding their reproductive rights and health issues. The gender norms of our society also act as a barrier to the women, when it comes to access healthcare services. It was during the post emergency period, when family planning program was forcefully implemented and women were treated as an object. All these factors motivated me towards working for women's healthcare issues.

Can a project like GME help in changing the present scenario of our healthcare system?

Certainly, I can already see the change taking place. Although it will take some time to completely bring this change but projects like GME is a very good initiative in the regard. At present we are focusing mainly in Maharashtra, but once it successes here, I feel this project should extend its outreach. Many of my students, who are not a part of this project, say that they did not know how important place gender holds in medicine. But it is only after they attended few gender sensitive workshops, they started recognising the significance of mainstreaming gender in medical education. So I definitely believe that GME is doing a very great job and it is going bring a larger impact on the medical community.