OP-50 GENDERED MEDICINE: A STUDY AMONG MEDICAL EDUCATORS IN MAHARASHTRA

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Background Health is often predicated on social structures with prescriptive gender identities and associated power relations. Gender hierarchies create differences between men, women and transgender persons in terms of their exposure to health risk factors, access to health care, care received in facilities and consequences of ill health. Critiques of medical curricula in India have highlighted many lapses in the inclusion of social determinants of health in medical education. Medical education was found to be especially divorced from the gender perspective while at its worst, gender biases were actively promoted in medical textbooks used for teaching.

Methods A qualitative study on the status of medical education from a gender perspective was carried out in seven medical colleges in Maharashtra. In-depth interviews of 60 medical educators were undertaken. The selection of the study respondents was purposive: the respondents were faculty members from five departments viz. Forensic Medicine and Toxicology, Obstetrics and Gynaecology, Preventive and Social Medicine, Psychiatry and Medicine. Data analysis was done with the help of QDA software package Atlas.ti 6.2.

Findings The terms 'sex' and 'gender' were used interchangeably by the respondents. The articulations of the respondents regarding gender were centred on anatomical differences between men and women, sex-specific diseases and violence against women. There was also a consistent view among the educators that the topic of 'social determinants of health' belonged solely within the purview of the Preventive and Social Medicine syllabus. There was resistance to the inclusion of

social determinants in medicine. The linkages between medicine and social determinants were not clearly identified or articulated by the respondents.

The respondents held insensitive and prejudiced views with regard to issues related to sexual harassment, sexuality, gender-based discrimination and the gendered nature of medical institutions. For instance, psychiatry professors continued to use the term 'hysteria' to describe depressive or anxiety disorders among women. Gender stereotypes regarding patients were very common. Male patients were seen to be more forthcoming and more precise in their complaints than female patients.

The educators held many misconceptions and assumptions associated with the Medical Termination of Pregnancy (MTP) Act and Pre-conception and Pre-natal Diagnostic Techniques (PCPNDT) Act. In the educators view, abortion services were either conditional or simply to be denied to women with two daughters and to women in the second trimester of pregnancy. Conditions such as filing a medico-legal case or undergoing sterilisation found root in the doctors' fear that demand for abortion was a result of sex determination. Through conditional MTPs, the doctors safeguarded themselves from any liability under the PCPNDT Act. In protecting themselves from harm the doctors coerced women to one of the following: [a] continue with an unwanted pregnancy; [b] undergo sterilisation; [c] adopt an intra-uterine contraceptive device; or [d] file a medico-legal case.

Discussion The integration of gender in medical education is imperative in order to sensitise future health professionals to gender inequity and its interaction with health. The introduction of gender at different levels in the medical curriculum could pave the way for an opening up of medicine to social realities of how signifiers such as class, caste and gender have a bearing on health. This in turn could have far-reaching effects on how diagnosis and treatment is carried out in medical practice. This may also compel clinicians to acknowledge alternative ways of approaching health and medicine. The centrality of the biomedical approach in medicine could then undergo a much needed revision. Furthermore, a marked improvement in the doctor-patient relationship can be envisaged, wherein the doctor takes a multidimensional approach to understanding the concerns of the patient. In case s/he is unable to address a problem in its entirety, then s/he identifies mechanisms, institutions or other professionals who can be of assistance to the patient. This would allow for more frequent and improved interaction between departments in medical colleges and health facilities. Ultimately, a comprehensive/holistic approach, with greater gender sensitivity in dealing with health concerns, can be achieved through a deeper engagement with gender issues by medical educators and students.

No competing interest.