APPENDIX-1 : CASE HISTORIES OF TEN RESPONDENTS

Name : Dr. (Mrs.) A
Age : 28
Designation : Sr. Resident
Hospital : Smt. Sucheta Kripalani Hospital, New Delhi

Dr. A's marriage is a professional non-professional marriage. Her case also depicts the newly married woman's wife role, who is exposed to the dilemma of keeping a balance between her dual roles: wife role and professional role.

She is Assamese and comes from a respectable family. Her father, now retired, was in a high administrative job in central government. Her mother is also a graduate but a housewife. She was the second child. Elder sister of Dr. A opted for Arts and is working as a lecturer. Her father motivated her in becoming a doctor. However, she influenced her younger brother to join medical college. She lived in Guwahati throughout her school and college days. She came to Chandigarh after her MBBS for post graduation. The motive behind the long journey was the loved one whom she wanted to
marry. He shifted to Delhi in the hope of establishing a business in computers. She and he were known to each other since eleventh class. They were also family friends as their fathers were in the same rank of high administrative jobs. As soon as she passed her MD, they got married.

At the time of marriage, she got Sr-Residency on ad hoc basis. She was caught in the heavy work schedules. She could not get leave for honeymoon. The husband also had to put lot of labour and time in his business. She being a junior professional has to work on shift duties. If she has a day duty she comes back home around 6 PM, relaxes for some time and prepares dinner. Husband comes back home around 8 to 9 P.M. By the time dinner is over, both are tired and exhausted. Being a Sr. Resident she has to reach hospital by 8.30 A.M. the next day. She gets up early in the morning around 5.30 A.M. and leaves home around 7.30 A.M. since she does not have a quarter in the campus. Meanwhile she completes her daily household and personal work. She is also liable to be put on emergency duty, night duty and labour room duty. What upsets them is that she has to work on Sundays and holidays too. Both husband and wife are short of time and tired from days long working hours.

She was not familiar with household chores. Initially, she hired a servant but he was not good at work, so she
dispensed with his services. She felt sorry for not keeping house in good shape. She blamed this on heavy hospital duties which put her under strain. However, she adjusts her domestic responsibilities according to hospital duties and by making a priority of allocations.

She does not stay with in-laws. She visited them twice as a daughter-in-law, though known to them since childhood. She has good relations with in-laws, but she narrated how strang she felt in in-laws' house? They were coming to Delhi and mother-in-law asked her husband about his choicest foods, prepared and packed them, but she did not ask Dr. A even once if she liked something.

In her leisure time, she prefers to read novels and listen to music.

On professional side, she is regularized in job and her sacrifices have brought her happiness. She has no publication so far, but wants to go higher in career. She is competent and committed towards work.
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<th>Name</th>
<th>Dr. (Mrs.) B</th>
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<tr>
<td>Age</td>
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<tr>
<td>Designation</td>
<td>Sr. Resident</td>
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<tr>
<td>Hospital</td>
<td>Safdarjung Hospital, New Delhi</td>
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Her case is a typical example of a daughter-in-law in a joint family system who has to adjust not only with her husband but a family and a new social environment. It also highlights the mental compatibility of physician-physician marriages and their range of coping with each other's problems.

Dr. B's father being a government official was transferred from one place to another. She also shifted with the family till 9th Standard. Thereafter she was based in Delhi. When she was in third year of MBBS at Maulana Azad Medical College, she lost her mother. She was extremely grieved and heartbroken. To her, it was the best solution to join hostel to fill the void created by the loss of her mother. She absorbed herself in studies completely. As a result she topped in the final year and was awarded the gold medal. When she was in school, she wanted to participate in activities like sports, painting and writing and wanted to study psychology. But her father wished all children to be
doctors. Elder sister was already in MBBS so she was forced to appear in CPMT (entrance test for medical education) and that is how she joined medicine. This has made her quite an introvert. She does not interfere in any matter. Also, she has to forgo all her extra-curricular activities. By the time she passed MBBS and was doing house job, her father settled a match for her and she got married. Two things happened together. First she got married and second, she got admission in MD. She was torn between two loyalties. On the social side, she was not given due consideration as a doctor. She was observed and criticised as an ordinary daughter-in-law. She was very upset when she found that it made no difference whether she was a doctor or a B.A. pass daughter-in-law. She stays with in-laws in the same house. She and her husband give their salary to her father-in-law. Household items are made available by mother-in-law. Mother-in-law prepares the menu for the week, festivals and on special occasions. Husband is consulted on important matters. She is mainly responsible for cooking which she adjusts according to duty schedules. If she is on emergency duty and is back by 10 O'clock in the day time, she prepares lunch without consideration of 24 hours duty and if she has night duty, she cooks in advance. However, other domestic activities are looked after by mother-in-law. They have maid also in the house.
A long history of denial and rejection has made her rigid in outlook. In the beginning, she was doing MD and later she wanted to join faculty position. Therefore, she did not want to produce a child unless she secured a good position in her career. These issues have posed a real conflict in her life. After MD she joined Safdarjang, whereas husband and in-laws wanted her to start private practice, so that she would be able to give more time to home. In the beginning, husband being a MD himself, was a great help to her. He also took leave at the time of thesis submission, but he is now reluctant to extend his support in case of writing papers, to give time for library work. He used to favour her in household affairs. As he is working in another hospital, he picks her up while returning home from the hospital. She does not get time in the hospital to further her career. She feels upset and sheds quiet tears all alone. Tension cropped up on the issue of child. The in-laws waited patiently as long as she was doing MD, but now they wanted that she should have one rather than follow her academic pursuits.

She worked tirelessly towards her goal and faced all challenges. At present she has achieved success by holding lecturership in university college of medical sciences, Delhi. Husband has also given up the idea of private
practice, instead he is also happy with her new academic role. They have negated the past and she is now happy and contented.

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<tr>
<th>Name</th>
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<tr>
<td>Age</td>
<td>36</td>
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<tr>
<td>Designation</td>
<td>Assistant Professor</td>
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<tr>
<td>Hospital</td>
<td>All India Institute of Medical Sciences, New Delhi</td>
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Dr. C's case is an illustration of a professional, who compromised greatly in her social roles in order to devote herself towards medical profession:

Dr. C originally belongs to Etawah, Uttar Pradesh, but she was educated in Lucknow, U.P. Her father, an advocate, migrated from Etawah and got settled in Lucknow. Therefore, her school, college and medical college days were spent in the same place. Although she is the third child, but was allowed to join medical college in Lucknow. Her two elder sisters remained in art disciplines. In fact, her eldest sister was married just after high-school. But her dream of becoming a doctor could not be thwarted by early marriage tradition or prohibition of co-educational education. However, she guided her younger brother to study medical education. When she completed medical education at the MD level, got job in Allahabad U.P. She joined as a lecturer
over there. While living in Allahabad, she was introduced through a common friend to a man with job in government service. They liked each other and decided to marry despite a difference in their profession. Her parents were confident of her choice and arranged her marriage.

After marriage, she got a job in the All India Institute of Medical Sciences, Delhi. A big question arose before them but her husband resolved it by allowing her to join AIIMS. As a result, they are living separately in two houses. Husband lives with his parents in Allahabad, while she owns a staff quarter on AIIMS campus. Later, she had her first child (son) born. At present she is living with her son and the maid in the house, whereas her husband frequently keeps coming to Delhi. They maintain regular contacts on phone. Although she is independent; yet she is so dependent on her husband. She plans everything according to his duration of stay in Delhi. Once he is in Delhi, he takes charge of everything including household matters and child care.

She comes from a traditional family where girls are taught stitching, knitting, cooking etc. as skills to be endowed with to prove a good housewife and mother. She too has orientation for such activities. In daily life, she is helped by full time servant and she is mainly responsible
for her child. She gets up early in the morning and takes care of child's necessities. She makes him ready to leave at the creche. She does not leave him on the maid, instead, prefers to send him to creche. She is one of those physicians who stress on necessity of early socialization of the child. She argued that early socialization should be imparted by mother herself. Older people show undue affection that spoils the child's attitude. However, true to her words, her son was observed to be honest and sincere as compared to other child, who was looked after by his grand mother. Both the children narrated a patient's condition as to how he was injured by sustaining bullet injuries.

When her son was born, both mothers, she and husband sides, offered to take him but she preferred to rear him up herself. At present she takes and brings him back home according to hospital duties. She comes home in lunch time too. She is worried about the child's care and faces problems esp. if he is sick, or has to be taken for admission etc. Much of the help is facilitated by her husband. However, she is planning to have another baby to complete the family. At the professional side, she is a member of a professional association and has published thirteen papers to her credit. She aspires for higher positions. At present, she is expecting a promotion in her job. Being an anaesthetist, she takes great interest in her
job and takes care of serious patients who are admitted for pre and post operations even if she is not on duty. She argued if she can go and see why not she should see them? It takes hardly 5 minutes to reach the hospital.

Dr. C's competence and commitment in work and compromises on the social side has filled her life with happiness. She is happily married and is professionally settled in her life.

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<th>Name</th>
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<td>Designation</td>
<td>Lecturer</td>
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She is a mother of a one and a half year old child. Therefore, Dr. D's case is an illustration of a mother combining her dual roles: mother and professional roles.

Dr. D was born and brought up in Bombay, Maharashtra. She spent her all school and college days in the same place. When she passed out BUMS from Maharashtra Dental College, Bombay, she came to Delhi in search of a job. She stayed with her elder sister, Asst. Professor at Jawaharlal Nehru University, New Delhi. On her own efforts, she got a Sr.
Residency's job at AIIMS. She developed a liking for Delhi as also for a permanent settlement. Meanwhile, she got lecturership in her parental Dental College, Bombay. She joined job with mixed expression of happiness and sorrow. She was happy on getting a good break in career, but her plans of settlement in Delhi seemed distant. She maintained the communication with AIIMS. To her luck, a post of lecturer was vacant there, which she joined later.

When success came her way, she confidently looked out for a suitable person to marry. Soon, she was introduced to a person with a Ph.D. degree and a job in National Council of Educational Research and Training, New Delhi. He later shifted to Jawaharlal Nehru University, New Delhi. They liked each other and decided to marry. Initially, family members were very upset because of a difference in religious and regional affiliations. She is a Shia, he a Sunni (another sect of Islam). Also she is a Gujarati and he is a Malayali. But their family backgrounds are identical. Fathers on both the sides were educated and in service. Mothers were educated only till middle level and were housewives. Their brothers were engineers and sisters were in academics. The family background helped them in getting married without facing unpleasant situations.
She was not trained as a house-keeper. Her father gave an equal treatment to his son and daughters. All three are highly placed in jobs. When she was trapped in household chores, she found a solution in the form of a fulltimer maid servant. She is still a great relief to her. She does all menial work. Dr. D engages herself in household management. Husband manages outside matters. She does not have any interest in stitching and embroidery. She finds it a waste of time doing such work. She purchases all sorts of readymade handicrafts. She believes in saving precious time. She argued that if she plays with her son, his happiness would be more than hers in making a sweater for him.

On the issue of child care, she is relaxed. Child is looked after by her mother, the maid and her husband. Also, she lives on the AIIMS campus, which is a five-minute walk. She comes in lunch hour too. She looks after child's general care, well-being and health.

She does not stay with in-laws. They are old and live in their hometown in Kerala. Dr. D and husband visit them in vacations. She rarely cooks in her house, but she cooks for the in-laws, serves them herself. She feels that she is there for ten days and if she makes the in-laws happy, in turn, husband would be happy. She keeps quiet on unpleasant issues with parents-in-law.
Dr. D being the youngest, was a pampered and protected child. She relies so much on her husband that she wants to go abroad for higher studies but with husband. She does not want to face outside world without support. Her husband, being academician, understands her professional constraints. Moreover, she is working in AIIMS and promotion is on academic work and not by seniority. Thus, they are planning to go abroad. Husband never insists on anything, instead helps her in all possible manner. She wants to do well in her career. To her own credit, she has published eleven papers and is a member of some professional associations.

Dr. D is progressive and finds solutions to the problems rather becoming a part of the problem. Much credit goes to her own in achieving success. Consequently, she is happy in her married and professional life.

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<td>Age</td>
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<tr>
<td>Designation</td>
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<tr>
<td>Hospital</td>
<td>Dr. Ram Manohar Lohia Hospital, New Delhi</td>
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Dr. E case is significant to study in two ways. First, she lives in a complex family setup including her family, parents, and brother and his family. They all live in a big
house and eat at the same place. Second, her marriage is an example of an intercaste marriage. She is from a higher caste, whereas husband is a scheduled caste. Their family backgrounds are also different. She belongs to a physician family where both father and mother are physicians. The husband's father is educated upto class V and mother has no formal education. The difference in caste, education and occupation provides a chance to understand how Dr. E faced a totally different environment and adjusted her nature to his and in-laws.

She is a Punjabi Hindu and hails from Amritsar. Her father is MBBS, MD, but mother could not do MD because children were born. She made it a point that her daughter should marry when she would complete her MD. However, her mother was nagged and criticised badly by relatives for this attitude but neither of them (Dr. E and mother) were discouraged and afraid. On the completion of MD, she got married which was arranged by parents. Soon after marriage, she and husband lived separately due to their respective jobs. He was (a doctor) in Asansole and she was in Raniganj. After one-and-a-half years, she got her first baby, and it became impossible for her to handle both, a newly born child and a hospital. Her mother was in service that time, so she came only for a short while.
Consequently, her husband and Dr. E decided to come to Delhi where both of them got jobs in Safdarjang Hospital. He is still in Safdarjang while she has shifted to Dr. Ram Manohar Lohia Hospital. Later when father and mother retired and came to Delhi. Her younger brother was already staying with her for his studies. As a result, they all gathered in one house.

Dr. E does not stay with in-laws. They are old and live in their hometown. Dr. E and Dr. husband visit them in vacations. She recalled how badly she was treated there. She was not given any consideration for being a doctor and worked like an ordinary daughter-in-law. She thought that probably because of her different social background, she behaved differently. She was criticized for small things. However, she faced things and never complained to her husband.

On the domestic side, she is homely. She has interest in stitching and knitting but she describes it as a necessity which every mother has to undergo. Although she is helped by a number of people, mainly she looks after her children. She gets up early in the morning. She does all washing, cleaning etc. She takes care of her two daughters. She sends them to school. Afterwards, she gets herself ready to come to the hospital. In the evening, she reaches home by
6.30 or 7 P.M. She involves herself in children's homework. Also children phone her as soon as they are back from the school by lunch time. Both the daughters visit hospital on every Saturday as it is a half day.

On the professional side, she is head of the unit in gynaecology department. Also she goes to see patients on every Wednesday and Saturday to CGHS situated at Pusa Road, Delhi. Academically, she has advanced her career. She has published 130 papers and is a member of more than two professional associations. She also attends seminar and conferences frequently. Her husband is a great help in these matters. Moreover, she is relaxed at social function as her parents are also a great help to her. She concluded her discussion with these words, "we are satisfied in our job, that is why we are happy in our social life too."

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<td>Age</td>
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<tr>
<td>Designation</td>
<td>Professor and Head of the Department</td>
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<tr>
<td>Hospital</td>
<td>Lok Nayak Jai Prakash Narain Hospital New Delhi</td>
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Dr. F has witnessed world war II, pre and post independence era and experienced the ups and downs of life. Her case is an example of a mother whose children are
college going and are trying to settle down, while she is about to retire from service.

She was born and brought up in Lahore, Pakistan. Her father, a government official, came to Delhi and later settled permanently after retirement. She did her schooling in Arya Samaji School and passed FSc. Although she was the second child, she was the first to go for higher education. Her elder sister could not study beyond "Hindi Bhushan" equivalent to VIII class because of orthodox tradition. However, political uprisings and resultant miseries in life made them believe in liberty and individual independence. She was permitted to join medical college but not a co-educational school. She joined Lady Hardinge Medical College. She influenced her younger brother and sister who also secured doctorate in social and exact sciences. When she passed her MBBS she joined Bombay Medical College for Diploma in child health (DCH). On the completion of DCH, she came back to Delhi and got admission in MD in Maulana Azad Medical College. After having passed MD, she was selected for lecturership in the same college. She has achieved success in LNJPH, where she has worked since MD. At present she is head of the department of pediatrics.

Once she worked as lecturer for three years, she decided to marry at the age of 34 years. Her husband was
working as General Manager with Transport Company of Haryana. When it was nationalized in 1971 he was upset and went to London. Since he had studied in London so he had green card. He stayed there for two years and called her over. She took leave but lived there only for two months. She did not like the hospitals in London. She assured her husband to run the family if he came back to India and did not get a job. He is now working with Haryana Conductors (electricity) as Senior Executive and is getting handsome salary. His wife's confidence in his education and knowledge brought him back to India.

From the date of marriage for five years, she was living separately from in-laws. There were two reasons. First, both were in Delhi and in-laws resided at their hometown in Punjab. Second, her marriage is an intercaste marriage causing in-laws to raise an eyebrow as she is brahmin, and husband a Sikh. When she had second child (a daughter) she called her mother-in-law. Her mother came for the first delivery, but she was not able to come the second time. However, mother-in-law gave up her anguish and came to Delhi. There was another reason for mother-in-law's readiness because her younger son was shifting to Bangalore from Jullundur to start his business and she was reluctant to go with him. Her daughter is married in Punjab.
Mother-in-law considered the whole situation and responded positively to Dr. F's request for help. She came and went nowhere till the delivery date. Dr. F recalls that both have tried their best to reconcile. Her children are very much attached to mother-in-law. Dr. F never answered back because of her husband's and her parents' instructions. Therefore, if mother-in-law was angry and shouted at servants she kept quiet. She prefers to avoid the situation. Despite servants, she does all sorts of household chores: washing, home management, cooking etc. Also she bathes her mother-in-law. In lunch time she goes home because mother-in-law keeps waiting for lunch.

On professional side, she has achieved merit. She is retiring from the post of headship. She has published approximately 50 papers in national and international journals and is a member of more than two professional associations. She is contented and happy with regard and prestige she earned on her own. Dr. F disclosed how she was deeply touched when she happened to go to faculty room and heard the conversation of colleagues. They praised her for not applying for an extension in service and for her prestige etc. She will start a consultancy service than running a clinic.
She does not interfere in children's matters. They are independent in their decisions. Both her son and daughter are studying social sciences. None chose to enter the medical profession. She thought that probably they had seen her hectic life and are disillusioned with a doctor's job.

Overall, her Arya Samaji schooling, good position in life have made her outlook towards things different from other physicians. She believes in higher education, job security, self reliance and quality of life.

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<tr>
<td>Hospital</td>
<td>Dr. Ram Manohar Lohia Hospital, New Delhi</td>
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Dr. G's case is an illustration of traditional value systems, where marriage of a daughter is more necessary than her education. She enters in-laws' house through marriage and she should be obedient to members of the family. No doubt she has witnessed all phases of life. At present her children are happily married and settled.
She was born in Lahore, Pakistan. But her childhood was spent in Africa. Her father (doctor) was an associate of Shaheed Bhagat Singh. On his execution, Dr. G's uncle, settled in Africa, forced him to leave Lahore. As a result her father went to Africa and got settled over there. She did her schooling and ISc. in Africa. Years passed by and she decided to come back to India. She got admission in MBBS in Lady Hardinge Medical College. Afterwards, she planned to go to London for MD course. She got a visa, ticket, luggage packed when her mother reached India. She stopped her and compelled her to marry first and then do whatever she wanted. She had discussions, fights but in vain. She married a doctor (known to her) of the same community.

She was determined to join MD. So she joined it in Lady Hardinge itself. Soon after marriage, she got her first child. She recalls that, that period was the most difficult one. Course was tough, she was pregnant and later with a small child had to adjust with a new social set-up. She faced that phase with strength and intelligence. But she could count on mother-in-law's support. She thought that maybe she was used to doctor's hectic duties as her father-in-law was a doctor himself. He preferred to live with her doctor son than going to other sons.
She always has strong social support. In the beginning, mother-in-law lived with her and at present, there is the daughter-in-law lives whose husband is in army. Both the times, a full timer servant was there to do menial work. She engages herself in household management. She used to go for shopping alone. At present, she goes with her husband. Since she has got pacemaker (a device to regulate heartbeats), she does not drive the car. She is strong and assertive and does not like anybody's interference in her personal matters or in major family issues. She believes in sorting out the problems than facing an uneasy calm in the relationship.

On professional side, she is head of the department and member of more than two professional associations. She has seven published papers to her credit. In her opinion if she would have done MD first, then she would have gone higher in profession. What she did not say in words was a career in academics. But she could not join faculty position because children were born, needs of marital life were higher, there was less room for personal gratification.

She is happy with the fact that her children are blissfully settled and married, but feels sad about her professional merits.
Dr. H's case is a typical example of a joint family system in which grandparents, parents, uncles and their families live in one big house and all is done and is expected to be done in a collective manner.

In her case, grandparents have died, but her parents, uncles and their families and one grand aunt (who was widowed at the age of eleven, remained at her parental house) lived in the same house. She lost her mother at the age of five but being the youngest among her own brothers and sisters, she did not feel the loss of mother until she was grown up. She fondly remembers the love of her grand aunt and sisters-in-law, how they used to coax and cajole her to send to school, and how they looked after her little needs. Dr. H's father was not much educated but allowed her to study medicine, whereas other brothers and sisters were educated till post-graduation. Also, for girls, getting married early was a tradition but she was permitted to clear her MBBS. However, on the completion of MBBS, she married a
doctor, approved by all the family members in a traditional way.

She came to Delhi along with her husband, and joined MD in Safdarjang Hospital. Meanwhile, husband got transferred from Delhi to Pondicherry. She had to stay back for her MD. As a result, she lived two years separately from her husband. She visited her husband for short durations. After two years, husband again came back to Delhi and is now working as a professor of orthopaedics at LNJPH, New Delhi. Later, she was appointed as GDMO II on the obtaining MD degree. She belongs to a traditional family. She is expert in domestic activities. She loves stitching, knitting etc. She also takes pain to clean the house from floor to ceiling herself. She is also a good cook and does not rely on servants. Servant is just to help her. She prefers to buy household items herself. She gives priority to home and husband. Husband takes care of payments of bills, house, car etc.

After having been married for twenty one years, she does not have children. She is not criticized by her husband who being a doctor understands the problem, she tries her level best to see husband happy. She prepares dishes for husband and takes care of every minute detail. In turn, he takes her for outing and visiting places. He being
a professor keeps going for conferences, seminars and for
taking exams etc. He fills her name in the column
"accompanying person" and informs her about various matters
at the dinner time. They have adjusted their temperaments
to each other. Her husband has a good family background.
His father was also a doctor and brother, a deputy
commissioner. Mother and sister were also educated.
Therefore she did not face any crisis in her marital life.

On professional side, she is not much satisfied with
her achievements. She was a topper, but could not rise her
career. She compares herself with no one else but husband.
He has been in all parts of India and abroad. He is a well
known professor in his field. This is so because, he is free
from household worries. He comes home from the hospital at
9 O'clock in the night. After classes he reads, writes
papers, carries out projects, but she cannot stay in the
hospital after 5 O'clock. She has no time to sit in the
library. During weekends and holidays, she has to attend to
guests and has to socialize in parties and with friends.

She has published eight papers and is a member of one
professional association. Now, she is planning to go abroad
for higher education. But she does not want to leave
husband alone in India. Husband is planning to get
sabbatical leave for higher studies. If he would do so, she
would go abroad. However, she is not dissatisfied with life because she could attain marital happiness.

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<td>Designation</td>
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<tr>
<td>Hospital</td>
<td>Lok Nayak Jai Prakash Narain Hospital, New Delhi</td>
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Dr. I's case is significant on account of her marital status. She remained a spinster in order to devote her life completely to medical profession. Also, she has been revolutionary in her outlook since childhood. As a result, she did not conform to tradition.

She was born and brought up in Bareilly, Uttar Pradesh. Her father was a reputed lawyer, but now he has left practice. He educated his three sons and three daughters equally. However daughters have gone ahead of their brothers. Apart from the doctor, other two daughters are Ph.Ds and are working in Universities. For this, credit goes to Dr. I, the eldest in the family. She was a tower of strength to her younger brothers and sisters. However, she was governed by her mother, who drilled into her mind, since childhood, to be a doctor. Her mother is a graduate and is an assertive lady. She herself wanted to go for professional education, but was trapped in marital life.
She joined King George Medical College, Lucknow, for MBBS. After MBBS, she was selected for Uttar Pradesh State Health Services, U.P. where she worked for five years. She was posted at Gorakhpur, Moradabad, and finally at Bareilly. She was disgusted with the poor working conditions in the hospitals and the attitude of men doctors towards unmarried women doctors. She left the job and started planning out other things. Meanwhile, she came to Delhi and applied for Central government Health Services, which she got and joined. She progressed in the job and never thought of going anywhere. She has worked almost in all government hospitals of Delhi like SJH, Dr. R.M.L.H., L.N.J.P.H. Deen Dayal Upadhaya Hospital. Once again, she is in LNJPH. When she was in Dr. RMLH, she passed her MD from the same hospital.

After the completion of MBBS and getting job, she was forced to consider matrimony by family members. However, she had been rebellious and used to feel insulted by male chauvinism. Apart from male attitude, she hated the dowry system which had assumed ugly proportions in her Kayastha community. Also, she was impressed by national movement and Gandhian philosophy. As a result, she could not choose from proposals suggested by family members and relations.
She faced with courage many ugly situations. She said that when a woman decides to remain single, she has to listen to lots of abuse and filth. Society never forgives that person. People are jealous of single woman's status, autonomy and independence. She has overcome the problem by staying with her two bothers and their families. She shuttles between Delhi and Bareilly to bring parents and take them back to their place. They are old and do not want to leave their house in Bareilly.

On domestic side, she is well aware of household chores. Her sister-in-law, a teacher in one college of Delhi University, is mainly in charge, but she consults Dr. I on day to day matters. There is nothing specifically allocated but household chores are divided on the understanding of the job. There is a collective economy and they are happily sharing. Usually, she, being eldest in the family, takes care of her parents and children in the family.

On professional side, she is a specialist and is a member of two professional associations. Academically, she is not active; she has no papers to her credit. Also, she was not keen to join faculty position. She derives great satisfaction in patient care and commands respect from the patients. She is humble, amiable and soft hearted. That is why she has devoted herself towards patient care.
Dr. J's life is an evidence of struggle and conflict. She faced challenges with courage and inner strength. Her case is also important to study as it is an illustration of a woman, who is finally forced to lead a solo life.

She was born and brought up in Sikandarabad, U.P. She did her schooling from the same place. Thereafter, she was admitted to Aligarh Muslim University. When she was in B.Sc.II year, she cleared entrance test at Lady Hardings Medical College, New Delhi. This was done in keeping with Muslim tradition of "purdah". Medical college in Aligarh was a co-educational institution and Lady Hardings was a women's Medical college. She completed her MBBS and DA (Diploma in Anaesthesia) from LHMC. On the completion of DA, she got married to an engineer. She selected the life partner, while ceremony was arranged by father in a traditional way.
She belongs to an affluent family. Her father was a mayor of his city. He owned a lot of land and property. But his affluence, position and power affected his family negatively. When Dr. J was about to be born, he got remarried. Thus, the family got divided into two houses. In one family grandparents (grandfather was a zamindar) her mother, brother and sisters lived, while father lived with the newly married wife in another house. After the turmoil, she was born. The second wife also delivered a baby girl in the same year. Therefore, two daughters were of same age-group. Dr. J's step-sister was very pretty, innocent, shy and attractive. Although they always lived and played together, Dr. J always told herself that she would prove that she was superior to her step-sister. At the tender age of 6-7, she worked hard and used to recite poems, religious passages and Qoranic verses on request by her father's friends. Later, her father realized her courage, intelligence and her interest in studies and decided to make her a doctor. Her two sisters could not study after high school because no college for women existed. In case of Dr. J, she was allowed to join Aligarh Muslim University.

The bitterness of her childhood made her sensitive and homely. Married to an engineer, she left her job at LHMC, New Delhi to follow her husband who was requested by his
parents to look after the property and farming. He also
left his job at IIT, New Delhi and they got settled in
Nagpur.

At Nagpur, she stayed with in-laws in the same house. Being a physician, she was given a special place in the
family. She also started taking care of her ailing mother-in-law that made for harmonious relationship with all in the
family. There were lots of servants and orderlies but she
used to help in cooking. She developed an interest in
stitching and used to spend lots of time on gardening.

Her husband, however, got bored with the feudal
lifestyle and said that though professionals, they were
living like villagers. They must live their own life. So, they came back to Delhi. She joined MD at LHMC, New Delhi
and he joined Ph.D. at IIT, New Delhi. But that was the end
of their happy marital life. Thereafter, tensions mounted,
conflicts persisted that ultimately led to divorce.

Earlier, when she was studying for MBBS, she was
introduced to an engineer who later proposed to her but as
he could not get a job in India, he decided to go to London,
where he started living with an Indian Hindu Bengali family
as a paying guest. While she had been waiting for him to
come back and marry her, news came about his involvement with the daughter of that Bengali family.

She advised him to marry that Bengali girl and to forget her for ever. Since she had seen her mother's dry eyes all through the years. She did not want to ruin another woman's life. However, while she was left alone to suffer mental anguish and torture she got introduced to another engineer whom she married.

When they started their jobs in Delhi, they were happy. One day, Dr. J received a phone from the previous engineer who came to India with his Bengali wife. She refused to meet him alone but she invited him for dinner. The husband who knew about the previous man. So he gave his consent. However, after the elaborate dinner that night the husband was quiet. She smelled the tension and offered her apologies if felt hurt. Next day he pretended that he was busy in research work, but she came to know that he was friendly with another girl and started coming late at night. Later he applied for a job in Bhopal and wanted her to leave her job and said that otherwise he would marry the girl with whom he was friendly. She refused to leave her job for the second time. There were two reasons, first, she was doing MD and second, her elder sister, a mother-like figure, came to Delhi in the last stage of breast cancer.

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The tragic end of her sister and sad happenings of her own life posed a great challenge to her. Finally he left her. She was heartbroken. However, she decided that she would not die for a man and absorbed herself in the treatment of the patients.

In her daily life she feels sad but, her outspoken and friendly nature helps her in carrying out a normal life. She owns a house, car etc. She is member of the Urdu Academy, and goes to see plays regularly as she resides close to a cultural complex in Delhi. Also, she spends more time in hospital compared to others every day. She does not intend marrying again. She did not have children, but she looks after her dead sister's children. They are grown up and will return back to their father.

Professionally she is not happy with the present status. Although she is an associate professor and is a member of a professional association, she could not publish more than two papers. She is now determined to take her career seriously. She regrets that she gave priority to home and husband over professional career and could not get either.

****
APPENDIX II: QUESTIONNAIRE

BIO-DATA OF THE RESPONDENT

<table>
<thead>
<tr>
<th>Age</th>
<th>Religion</th>
<th>Caste</th>
<th>Mother-tongue</th>
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</table>

Place of birth

State of Domicile

Order of birth

Type of Schooling

Marital Status

Type of family

Background of Family members

<table>
<thead>
<tr>
<th>Persons</th>
<th>Education</th>
<th>Occupation</th>
<th>Income</th>
<th>Religion</th>
<th>Caste</th>
<th>Mother-tongue</th>
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</table>

Father

Mother

First brother

Second brother

Third brother

First sister

Second sister

Third sister

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FOR MARRIED WOMEN PHYSICIANS

Background of the Family Members

(Attributes)

<table>
<thead>
<tr>
<th>Persons</th>
<th>Education</th>
<th>Occupation</th>
<th>Income</th>
<th>Religion</th>
<th>Caste</th>
<th>Mother tongue</th>
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<tbody>
<tr>
<td>Father-in-law</td>
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<td>Mother-in-law</td>
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<td>Husband</td>
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<td>First Brother-in-law</td>
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<td>First Sister-in-law</td>
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<td>First Son</td>
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<td>First Daughter</td>
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<td>Second Son</td>
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<td>Third Son</td>
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<td>Third Daughter</td>
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</tbody>
</table>

Status of Residential dwelling -- own/rented/provided by hospital/in-laws home/parental home

FOR UNMARRIED WOMEN PHYSICIANS

21. When do you plan to get married?

Very soon/after one year/do not know/never/depending upon circumstances.
22. In which profession your husband should be-

Medical profession/Engineering/Legal/Academics/
management/Cost Accountancy/Industrializing etc.

23. Do you think your profession is a hurdle in your marriage?

Yes/No

24. Do you think you have better prospects for marriage than women in other occupations?

Yes/No

SOCIAL ROLES

25.(a) At what age were you married ------------

(b) Was your marriage -

Self arranged ------ Arranged by parents -------

Arranged by others ----------

26. Has your husband shifted from one job to other since you married him?

Yes/No

If yes, please give details of previous profession/present profession

27. Do you give your salary to your husband?

Yes/No

If yes: then do you do it whole-heartedly/under compulsion

If no, then is it because -

i. Your husband gets handsome salary ----------

ii. Your husband has advised you to save your salary for future in the family ------------------------

iii. Common pool -----------------
iv. You manage the whole budget
v. Any other please specify

28. If you are not giving money to your husband, how do you spend the money:

   i. On household items
   ii. on yourself
   iii. on children
   iv. on occasions/Festivals
   v. in the time of crisis

29. Does your husband come up to the ideal image of a husband?

   Please elaborate your answer

30. How is the relationship between you and your husband?

   Very harmonious/harmonious/functional/not harmonious/conflictual.

31. Have you had any tensions with your husband on the sexual aspect of your family life?

   Always/frequently/occasionally/rarely/never.

32. Does your profession sometimes lead to marital discord?

   Yes/No

   If yes, is it because:

   i. you are often on night duty
   ii. you are tired after coming from the hospital
   iii. you do not like it at times
   iv. any other, please specify

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33. Do you and your husband plan outside programmes together
Always/frequently/occasionally/rarely/never

34. Does your profession prevent you from accompanying your husband in programmes outside the family?
Always/frequently/occasionally/rarely/never

35. If you are put in such a situation when both profession and husband need you at the same time, how do you feel?
tensed/very tensed/depressed/frustrated/apprehended/indifferent/not bothered.

36. How do you adjust in such a situation?
i. you accept your husband's need
ii. you accept your professional need
iii. you resolve it by manipulations
iv. you analyse the situation and react accordingly.
v. Any other

37. If your husband is very furious for your negligence towards his needs, how do you respond?
You apologise/you argue/you make him understand/listen to him patiently/just ignore him/do not brother.

38. Have you ever had differences on the question of having children?
Yes/No

If yes, is it because
i. you are committed to your profession
ii. you do not have time
iii. you do not want to produce
iv. you want/wanted to delay for certain period of time.

39. Does your working hours suit the family?
i. suit the whole family
ii. suit the children but do not suit the husband
iii. suit the husband, but not suit the children
iv. do not suit any one in the family.

40. Are you carrying all household work by yourself?
Yes/No
If Yes, why?
If no, because
i. you have maid servant
ii. your daughter helps you
iii. your mother helps you
iv. your husband helps you
v. any other help, specify

41. How often your husband helps you in carrying out your household work?
Always/daily/occasionally/rarely/never.

42. How happily have you been able to carry out your household duties?
very happily/happily/unhappily/very unhappily

43. How often have you been late in reaching the hospital because of your morning and evening household chores?
Always/daily occasionally/rarely/never.
44.a) Do you think you are playing your role as a wife well?
Yes/No

b) Does your husband normally understand your professional constraints and compulsions?
Always/sometimes/occasionally/rarely/never

45.a) Who looks after your children in your absence?
Mother/relatives/husband/maid servant/leave them in creche/leave them with toys and food/do not require attention/keep them with you.

b) Who looked after your children when they were young and needed attention?

46.a) Do you think children are a major source of conflict in your profession?
Yes/No
If yes, why ------------------------
If no, why ------------------------

b) How often you face marital conflict because of your children?

47. Do you take interest in various problems of your child/children?
Always/ frequently/occasionally/rarely/never.

48. Do you help him/them in their studies especially in exams?
Always/frequently/occasionally/rarely/never.
49. Do you think you ignore your children?
Always/frequently/occasionally/rarely/never.

50. Have you ever taken leave to attend to any problem of your children?
Yes/No
If yes, please give the reason: ----------------------

51. Do you feel happy in leaving your professional demands for the sake of your child/children?
Very happy/happy/sad/dressed/do not bother

52. If your child/children are sick but you are in the hospital, how do you adjust yourself?
i. pay much attention on child patients ----
ii. mind you job -----------------------
iii. tell everybody about the condition of your child/children
iv. you take leave and come back home -------

53. Do you go out with your child/children for their recreation?
Always/daily/occasionally/rarely/never.

54. Do you give money to your children?
Always/daily/occasionally/rarely/never.

55. Do you think that being a doctor you are giving good upbringing to your child/children?
Yes/No
56. Are you satisfied with your present position by playing two roles - social and professional roles?

Extremely satisfied/satisfied/not much satisfied/least satisfied/indifferent.

PROFESSIONAL ROLES

57. Please write your designation in the hospital

58. How many years have you completed in the same rank

59. What was your previous designation?

60. Do you think your rank in the hierarchy is higher/much higher/lower/much lower/OK

61. Why did you join this particular hospital?
   i. it is prestigious hospital
   ii. community oriented
   iii. easy entrance
   iv. not having good financial background to start of your own clinic

62. Who influenced you more in selecting medical profession?
   *Self/Mother/Father/brother/sister/uncle/mass media.
   * If self please strike off the reason for choosing medical profession
i. it was your aspiration since childhood ------
ii. you have planned like that ---------------
iii. you had no option ------------------

63. Do you think medical profession is
   i. lucrative profession -------------------
   ii. prestigious profession ---------------
   iii. it gives you a direct opportunity to serve the helpless people -----------------
   iv. it gives you a sense of power over others ------

64. What is your specialization? --------------

65. Why did you choose this particular specialization?
   -----------------------------------------------

66. Do you consult your colleagues in serious cases?
   Always/frequently/occasionally/rarely/never.

67. Are you consulted by your colleagues in serious cases?
   Always/frequently/occasionally/rarely/never

68. Do you accept if your patients offer you gifts sometimes?
   Yes/No
   Reasons for your reply ----------------------

69. Are you a member of professional Association?
   Yes/No
If yes, please state the name of the Association

-----------------------
Year of admission ------------------
Membership

70. Have you ever published paper?
Yes/No
If yes, please give details -
Number of publication  ------------
Type of publication  ------------
National  ----------------
International  ------------

71. Do you attend conference/seminar/symposia?
Always/frequently/occasionally/rarely/Never

72. Do you find it difficult to attend these conferences/seminars/symposia?
Yes/No
If yes, is it because
i. you do not have time  ------------
ii. you are not interested  ------------
iii. you do not find it useful for professional knowledge  ------------

73. If the condition of patient is very serious, do you take risk in prescribing the new medicines and injection?
Yes/No
74. If any patient insists for any particular medicine or injections, how do you react?

React angrily/explain/ignore

75.a) When you feel that a patient has died because of some inadequacy of hospital system. How do you feel?

sad/tense/very tense/depressed/frustrated

b) you cannot sleep for days and nights/restless/All right/do not bother

76. Do you feel happy or bored in treating the same kind of diseases every day?

Happy/very happy/bored/very bored/indifferent

77. Do you think young patients are more wise, understanding type, adaptable, show more patience, intelligent than the older patients?

Yes/No/ same

78. Who are more easy/painful to you?

Male patients/Female patients ------------
easier to handle ----------------------
difficult to handle ----------------------

79. Do you advise patients on -

i. family planning issues
ii. taking rest
iii. creative activities
iv. recreational activities
80. Are you happy with your present job?
   Yes /No
   If yes why -------------------
   If No why -------------------

81. If you are more qualified as compared to other physicians but you are not getting the due credit. How do you adjust yourself in that situation?
   i. You feel sad, but mind your work
   ii. you would like to leave the job
   iii. you do not bother
   iv. you think there is some mistake in your work
   v. you try to get it in the future.

82. What is your total salary?
   Please give in figures -------------------

83. Do you feel your salary is lesser than the one expected by you?
   Yes/No
   if yes why -----------
   if No why -----------

84. Do your hours of work keep changing?
   Yes/No

85. What is the frequency of change?
   Weekly/fortnightly/monthly/annually
86. How often you are called for emergency/call duty?
   daily/once in a week/twice in a week/once in fortnightly/twice in fortnightly

87. If you have some personal work. How do you adjust your emergency duty?
   i. adjust with your colleagues
   ii. request your incharge to change your duty
   iii. just leave your work
   iv. any other way

88. How far is your home from the hospital?
   1 Km/2 Km/3 Km/4 Km/5 Km/6 Km/More than six Kms.

89. What kind of conveyance you utilize in commuting between your home and hospital?
   DTC Bus/private Bus/scooter/Taxi/personal conveyance/provided by office/on foot/any other

90. Do you face any difficulty concerning your travel?
   Yes/ No
   If yes place write in space below -

91. Do you get tense/angry when you get late in reaching hospital on time?
   Yes/ No
   If yes, is it because -
   i. you feel that patients will be waiting for you,
   ii. you will have to work for more times,
   iii. your late arrival may cause death of a patient
   iv. you will be questioned by your officer-in-charge
92. How are your relationships at place of work with other members in the hospital?

<table>
<thead>
<tr>
<th>Persons</th>
<th>Good</th>
<th>Formal</th>
<th>Informal</th>
<th>Satisfactory</th>
<th>Other</th>
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</thead>
<tbody>
<tr>
<td>Male head of Dept.</td>
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<tr>
<td>Female head of Deptt.</td>
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<tr>
<td>Male Colleagues</td>
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<td>Female Colleagues</td>
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<td>Male Semi-professionals</td>
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