CHAPTER – I
INTRODUCTION

1.1 Status and Role of Kashmiri Women in Traditional Society

Women in the traditional Kashmiri society have been characterized by dependency, inferior social status and suffering. They have faced systematic discrimination and institutional exploitation at the hands of the male members. In the past, at the personal plane women were victims of widespread illiteracy, segregation, polygamy, marriage with improper match and complete denial of individuality. Economically, women were prey to economic dependence, heavy domestic work-load, absence of career and mobility and non-recognition of their economic contribution, and they were allocated degrading activities. Socially, women suffered from the denial of freedom in their own house and repression, unequal and inferior status. Thus women in the traditional Kashmiri society were recognized as weak and emotionally dependent on men. The studies clearly reveal that women were not considered equal to men at the social level and were not allowed to become active partners in the social life. In Kashmir, women participated to some extent in social and cultural fields and were economically active. They were secluded, denied important rights like decision-making and inheritance rights in the family. The common view was that women were the child bearing and child rearing machines and besides they were assumed to be housekeepers, and nurturant supporters of their husbands who were active in the world beyond the home. Women in the traditional Kashmiri society were always considered subordinate to the male authority i.e. they remained dependent on male members of the family and could not develop their individual personality\(^1\), or be independent within or outside their families.

In the past, the women in the traditional Kashmiri society were in a paradoxical situation while their social role was projected as minimal, they participated actively in social, economic and other activities. In urban areas while the women of Sayyid and Hojja families were completely confined to their homes and were not allowed to perform
any manual labour outside home. The occupations of women furnish a subject of much interest and importance. Women belonging to various occupational groups worked with their men both within and outside their homes for a livelihood. Generally, the Kashmiri women from time immemorial were professionally restricted to agriculture, spinning, weaving and latter confined to work in handicraft sectors with no formal education and social roles to be played by them in this male dominated society. Besides preparing food, women’s most laborious work was that of husking and grinding grain. It was a healthy work which produced a fine physical development. The role played by the women in the families of artisan class supplemented their husbands’ work. The role played by these women reflected crucial role. In the rural areas, all women worked side by side with their family members in the agricultural fields. Thus the Kashmiri women in urban as well as in rural areas worked in and out of their homes and were socially and economically productive. But this had not given them complete economic independence and higher social status.

The educational position of Kashmiri woman was backward. The education imparted to them was largely of religious character. Education in the valley was restricted to the upper classes and was meant for the boys only. In every 1000 of its female population, only one was literate in 1901 and three in 1921. The overall position of education among Kashmiri women was not at all encouraging. There were, in fact, some special causes (social and economic) working against the quicker and greater progress in education of woman. Firstly, the pardah system was a great impediment in the way of female education. It debarred women, particularly in the adolescent age, from attending the schools. Secondly, the reason for reluctance on the part of parents to send their daughters to school was that they were required to work in the house and help their mothers especially if there was a large family to look after and also, the parents reluctance was seen when they took away their daughters from the schools as soon as the later reached a certain age. This tendency was encouraged by the custom of early marriage. Thirdly, the most important factor was the conservative attitude of the people and their general indifference to the education of females. It was the women of Kashmir,
who more than the men, hindered progress on account of their ignorance and superstition. They were much more under the influence of the materialist and ignorant priests than the men. The economic reason in the way of women’s education, included, the poverty of parents. Parents could not afford to spend on their children’s education and when they had to choose between the education of their sons and that of their daughters, they preferred to spend on the education of their sons rather than daughters which they considered more important from the economic point of view. Parents thought that a boy was required to earn for the family and therefore, it was necessary to educate him. On the other hand the girl was not required to earn for her living, as her function in life was to marry, set up a home and bring up a family.

Parents were against education of girl and did not think that education was necessary for a girl in order that she may fulfill her function as a wife and a mother as well. Such domestic education she was supposed to get at home from her mother.

1.2 Changes among the Kashmiri Women

The position of women continued to remain the same for centuries. It is believed that the conditions in Kashmir in general and the Kashmiri women in particular started undergoing change from the early decades of the 20th century. Open challenges to improve the position of women due to exposure to various broader perspectives and overall modernization of societies began to change the situation. Two major sets of factors were mainly responsible for the initiation of this broader and deeper change. First, at the endogeneous level, the society was changing due to the emerging political consciousness, expanding modern education, spreading of cultural awareness, deteriorating economic conditions and large scale social awakening created a situation in which women felt concerned about their position, especially their role and status in and out of family. Second, at the exogenous level, there was a strong impact of the process of Neubremenization which refers to the process of impact of the outside/alien cultures and other developments on the inhabitants of Kashmir. In addition to these two sets of factors,
political, social and economic developments also had positive influence on the overall situation in Kashmir.

Basically, the western society encouraged women to come out of their homes to earn like men. Kashmiri women, like women in other places, too were being affected by these changes. The mass change among Kashmiri women started from early twentieth century, especially from early 1930’s when the freedom movement started in the state. The women in the valley in general participated in that movement against the feudal rule of the Maharaja dynasty and their men put no restriction on them. That was the first time in history of Kashmir when women in large numbers came out of their homes, and participated in a socio-political movement. It was essentially in the context of that movement that women in Kashmir were provided equal rights. In that changing context, while the upper class women responded early and fully to the changing processes, other women, belonging to lower socio-economic groups/classes responded to change very late.

Till recently, women were treated on a different foothold, depriving them of their rights, but reminding them of their duties. But with the changing times, the role of women changed from only a child bearing and rearing machine to the bread earner too. Due to the rapid growth of industrialization and modernization, urbanization, development in the field of transport and communication, improvement in science and technology, not only new roles for the women emerged, but also new social norms and values developed. The women started getting education and showed interest in the political and professional fields. Besides, the other areas of social living, they began to come out of the domestic spheres and took professional roles outside their homes. This helped them to realize their potentialities, broaden their outlook and create a new meaning for themselves. The traditional role of a housewife gradually evolved into the dual and more fulfilling role of professional working wife and thus housewife, at the same time.

The change can be seen in terms of improvement in status, development, mobility and achievement, all of which point towards the emancipation of women. The women
have gone a significant degree of change in the fields of education, profession, nutrition and health. Education including technical and professional education is being provided to the women from primary to university level. They are increasingly being employed in services, establishment, offices and professional and technical occupations. They are now entering into occupations and professions formerly practiced and dominated by men. Consequently, more and more women have not only stepped out of their traditional roles to slip into the world of work but have silently and surely made sizeable inroads into the traditional male bastion. Besides, the women have begun moving away from their traditional behaviour patterns and attained relatively new roles. Education, economic liberalization has thrown open a new world of market opportunities for women which has played a great role in bringing the women of Kashmir, to adopt Medical Profession for the last more than two decades. There is virtually no field of enterprise that women cannot enter, although there are fewer restrictions and pressures. Today like never before women can do any job they set their minds to. Now women are awakened to their talents and realize the social responsibilities. Women are aware of the new trends and their own rights. The important reasons for her adopting the medical profession are, her desire for higher status, economic self sufficiency utilization of her individual talent, secure equality of status, self confidence, satisfaction, development of potential and personality. Besides, the educational status of parents has motivated the women to adopt medical profession. The changes in their positions and roles have brought along with them changing attitudes, changing behaviour patterns and the emerging problems related to medical profession. It is mostly through women’s own talent, scientific knowledge and attitude, highly excellent academic records and women’s inclination and interest in modern professions including Medical Profession, that the women of today have reached the present climax.
1.3 Profession

Socially approved professions means occupations that the practitioners possess a sense of responsibility which not only implies the pride in their craft but also a moral obligation to perform their occupational tasks at maximum efficiency.

Oxford English Dictionary defines a profession as “a vocation in which professed knowledge of some department of learning or science used in its application to affairs of others or in the practice of an art founded on it”.

Sociologically Professions are “those occupations which involve the use of knowledge and techniques by a practitioner directly upon, or on behalf of, a client in order to maintain or induce in the client a culturally determined and socially approved state of well being”. In sociological terms, “professionalism is one that views a profession as an organized group which is constantly interacting with society that forms its matrix, which performs its social functions through a network of formal and informal relationships and which creates its own sub-culture requiring adjustment to it as a pre-requisite for career success".

However professions are distinguished from other occupations by several characteristics. First, the skill of professionals is based on systematic, theoretical knowledge, not merely on training in particular techniques. Second, professionals have considerable autonomy over their work. Their clients are presumed to be incompetent to make judgement about the problems with which the profession is concerned. You can give instructions to your hairdresser or tailor but cannot advise a doctor or lawyer on matters of medicine or law. Third, professionals form associations that regulate the conduct of their members and even have the right to strip members of their professional credentials. Fourth, admission to a profession is carefully controlled by the existing members. Any one can claim to be a sales person or a carpenter, but someone who claims to be a surgeon or a professor without having the necessary credentials is an imposter. The process of becoming a professional involves taking an examination, receiving a license, and acquiring a title which is usually regulated by the professional association.
concerned. Fifth, professions have a code of ethics that all their members are expected to adhere to; the penalty for a breach of this code may be expulsion from the Profession\(^\text{12}\). 

1.3.1 Views of Different Sociologists about Professions

Profession has been treated by sociologists almost as a sacred category. The knowledge and skills acquired as a part of long drawn training, stand in good stead in providing care to the affairs of clients.

**Flexner**, has considered professions as morally superior to other occupations and according to him, a profession would involve intellectual activities based on science and learning for tackling or solving problems\(^\text{13}\).

**Talcott Parsons** who is the pioneer of the structuralist approach to the study of profession defines that “profession is a cluster of ‘occupational’ roles, that is roles in which the incumbents perform certain functions valued in the society in general and by these activities typically ‘earn a living’ at a full time job”. Usually by a formally organized educational ‘socialization’, only those with the proper training are considered qualified to practice the profession. The professional will be concerned largely with the ‘practical application’ to a variety of situations where it can be useful to others. The professional man is thus ‘technical expert’ of some order by virtue of his mastery of the traditions and the skills of its use. Profession thus, includes expertise in relation to a cultural tradition as a criterion of a professional role”\(^\text{14}\).

**Carr-Saunders** has observed that a profession emerges when “a number of persons are found to be practicing a definite technique founded upon a specialized training”. According to him, profession may be defined as an occupation based upon specialized intellectual study and training, the purpose of which is to supply skilled service or advice to others. The emergence of professions is closely associated with the rise of modern science and technology and was a direct response to the demand for specialization”\(^\text{15}\).
Huges defines profession “as a social role defined by the nature of relationship between the professional and his client.” Huges perceives autonomy and authority of the professional to be maintained by the fact that on the one hand the client is ignorant and incompetent to understand what has been mastered by the professional and has no option but to trust him. The professional on the other hand keeps his knowledge secret and mystifies his practice16.

Greenwood, shares the view that difference between professions and non-professions is a matter of degree and not quality. He has attempted to construct an ideal type of professions in terms of five elements. These five elements include systematic theory, authority, community sanction, ethical codes and culture17. Greenwood has an observed that what distinguishes a profession from other occupations is the fact that the former implies a career and a career is essentially a calling, a life devoted to “good works”.

To Mac Iver, the essential characteristics of professions are, the ideal of service, ethical code and the welfare of society18.

1.3.2 Traditional professions

Teaching: The only profession where women have opportunity for training and easy access is the teaching profession. It was the only one that was considered suitable and respectable profession. It is generally admitted by educationists in all countries that women are better fitted by nature, aptitude and interest to teach young children and to guide adolescent girls. Women are biologically fitted for the care of the young and in teaching, they are able to transfer their maternal instincts to children. There is no disagreement regarding the view that the education of young children both boys and girls should be entrusted to women who, by nature, are endowed with the three major qualities essential for teaching viz., “The desire to teach, something to teach and sympathy with the young”.

Nursing: It has a great future for women. Opportunities for training have expanded fairly rapidly. The tendency to treat nursing as not quite respectable as a profession has, up to recent times in India, been a great obstacle to women of the better classes adopting this career. This outlook has changed and today nursing is the most honourable of professions.

The Legal Profession: Besides, teaching, medicine and nursing there is yet another profession which is growing in popularity with women. The profession of law. Women were interested in law even in very early days. About four hundred years ago, women had made a study of this subject and in the fifteenth century well known women made valuable contributions to this field.

Journalism: This profession has become quite popular among women and there were one or two enterprising women doing journalistic work at the beginning of the century. A journalist deals in words, using her pen to share information with others and let the reading public know what is good and bad about the development around us and shape the perceptions. Journalists provide coverage’s of various events to people, happening in various parts of the country.

Electronic Media: In the field of broadcasting and telecasting, there are number of qualified and talented women in dramatics, music and script-writing. Some of the women have made mark in this profession. We can see most of the women news readers and reporters on the television and in radio presenting the report of the fresh and latest happenings around the country and abroad.

Aviation: Aviation profession is the profession in which brave and intellectually sound women are involved. Numerous young women have found lucrative and useful careers as air hostesses not only on national flights but also on planes operated by foreign aviation
industries and companies. This is a kind of “glamour” career towards which young women from all strata of life are attracted.

These are various traditional professions where women have entered. They should be encouraged to follow suitable occupations that are healthier and more remunerative. Experts should find out ways and means of giving proper education and training to women about every profession.

The women constitute almost half of the population. The tremendous progress in the field of science and technology has drastically changed the living environment. Now women take upon themselves more constructive role along with their male counterparts to make the world much better place for the humans to live in\textsuperscript{19}. New thinking started that women can ably perform certain vital functions which hitherto were performed almost exclusively by the male members of the society. Now women boldly accept strenous jobs which demand among other things more physical power and metal strength.

The fast pace of life has changed the way we work and the kind of jobs that are increasingly being created. Ten years ago, 80\% of jobs were in the area of manufacturing, while today the majority are in the service sector. This roller coaster environment in the job market makes it both exciting and confusing for young women. Never before have there been as many career options as there are today, nor as much information as there is available today\textsuperscript{20}.

\subsection{1.3.3 The Hot Professions of Today}

**Information Technology:** Information technology offers a huge area of opportunity and a wide variety of jobs. Imagine life without e-mails or internet, or computerized booking of any number of facilities. It is an area of technology where the more fastidious young ladies do not need to get their hands dirtied. Sitting at a computer console in an air-conditioned environment is one that has attracted many a young minds. Many young and logical minded women with good numerical skills and conversant with core technologies have achieved the mark in this new area. At present women get IT enabled jobs in Call
Centres, Business Process Outsourcing (BPO’s) and Medical Transcription. IT covers the service area such as Banking, Financial services and Insurance etc.

**Telecom:** It is another fast growing field in the country today. The top jobs now are in the area of marketing of different telecom services. This requires management or sales and marketing degree. Apart from this networking, telecom-protocols and wireless protocols provide employment to a large section of young women.

**Bio-Technology and Bio-Informatics:** Biotechnology is not a simple discipline, but weaves in several other technologies including medical, agriculture and marine. With the increasing demand for medicine and health care, for high yielding food crops, and the need for environmental protection, biotechnology is a big global growth area. Thus there are plenty of jobs provided to women in the development of health care products, in agricultural research for developing new varieties of high yielding and disease resistant crops, in technologies for environment control and protection and in the paper and pulp processing industry. In addition to this, various pharmaceutical companies and research laboratories government and private accommodate various young research minded women. Bio-informatics is another new area using software to utilize information from the vast biological data base. Gene sequencing throws up a huge quantities of data that needs to be processed. This brings it within the ambit of IT. So biotechnology and bio-informatics are areas that provide many opportunities for young and talented women.

**Education:** Little recognized, and certainly not on the list of options for the high achievers, education is one of the areas where new jobs are being created. Never before has education become as relevant as it is today. As the demand for better educational facilities and professional and skills training institutes increases, many corporates are looking at the financial viability of setting up schools, colleges and institutes of higher learning. With this demand for more educational institutions comes that of trained manpower to provide training to aspirants at all levels. And as the demand for good trainers grows along with increased remuneration, there are many more, even from the corporate
environment looking at avenues in teaching and academics. Many young trained and skilled women are attracted to the huge unorganized coaching and tutorial industry which has spawned an entire parallel education service. In addition to academics there is a whole new area of educational marketing which looks promising for those with the right aptitudes.

**Insurance:** Insurance is another area providing jobs for professionals in marketing and sales and MBAs and for insurance agents, surveyors and loss Assessors. Women are generally good at marketing insurance schemes. They get easier access to homes, can talk to families and are also sensitive to the needs of consumers. The area is particularly the area of customer relations involving good interpersonal and communication skills in which the women are at best.

**Private Health Care:** Private Health Care joined the ranks of hot spot profession as more and more corporates set up hospitals and clinics across the country. Today health care services market is now in the hands of private sector. Large companies like Apollo, Wockhardt, Max, Fortis, Tata and Duncans started setting up hospitals and clinics across the country. This private health care sector provide the opportunities not only to doctors, nurses and technicians but to managers and administrators also. This increased focus on health and well being has greatly benefited the personal care and fitness industry too. There is growing demand for beauticians, in smaller cities and towns. Hair styling, beauty treatment, skin care and fitness has opened vast opportunities for young women.

To sum up, while working conditions have been slow to accept women, today more and more women are coming into jobs that were dominated by males and in many cases, performing better than men. Today in areas such as Journalism, Television, Hoteliering, Media and Entertainment and even Construction Industry (Designing), there are more women than men, and recruitment trends show that young and talented women are preferred. The armed forces has been opening its doors wider and wider to accept women officers. Although women have been traditionally recruited in the armed forces
only in the medical and nursing corps, today the army offers a satisfying career for women in most non-combatant areas including the army service corps, education corps, signals and the army intelligence corps. The Navy recruits women in the logistics, air traffic and law branches, while the air force has openings for women even in the flying branch. Another ‘high-flying’ career for women is as a commercial pilot with a civil airline. In the corporate set up too, it has been observed to a large extent that there is marked acceptance of women as leaders. Indian women are seen to be judicious and responsible in the use of their authority. Women as managers have been better handlers of human emotions and their non aggressive attitude are their biggest plus points.

In India, there is immense pressure on women to take up a job, which is seen as a stop gap until marriage, rather than plan for a career which is for a life time. Some of the most successful women in India have families. They have nurtured and cared for while working on their careers. A woman can therefore move into a career of choice and stay with it irrespective of her domestic situation. Each individual has talents, interests and aspirations, and while monetary considerations are still very important, the weightage of factors like emotional satisfaction, personal needs, and a sense of fulfillment, is important when considering a carer decision. The career of an individual should match to his or her potential and interest rather than be decided upon based on one’s whims and fancies and dictates of parents, peers and the available norms. Thus it is necessary to understand that individual need is to identify and then develop traits of personality, which are absolutely necessary irrespective of one’s profession.

1.4 Medical Profession

Medical profession means a technical profession in which an individual practices a particular role. However as a matter of fact Medical Profession defines a career which means a life devoted to good works i.e. an ideal service with ethical code aimed for welfare of society. The knowledge and skills acquired as a part of long drawn training stand in good stead in providing care to the ailments of affairs of clients. Occupational
competence, in that sense, may become an important attribute of a profession. Medical profession is superior to other occupations which involves intellectual activities based on science and learning for solving problems related to diseases.

The ideological expectation from medical profession is that of altruism. The professionals are expected to contribute to the well being of society over and above the return for their own gratification.

The skill and technical knowledge achieved through a rigorous training of many years based on scientific development by an individual from a Medical Institution after which an individual is licensed to practice the profession on the sick and ailing people is termed as Medical Profession. An ailing individual is treated and is made normal through the application of medicines based on the knowledge achieved by a medic. In modern times, the medical profession is the profession where the use of medical equipment, for treatment of various diseases suffered by the people is practiced by an individual specially trained and then authorized and certified by the competent agency to practice or apply it.

This is the age of modern technology and scientific development. The professional specialists are trained for this profession in which the every new developed equipment is used for the treatment of ill and sick persons of society. There are three types of medical professionals one who is a medical graduate and is certified to practice is known Bachelor Of Medicine and Bachelor Of Surgery (M.B;B.S). The second is the medic who has been trained for a particular general Specialty where upon he is being trained for a further period of three years as a postgraduate student and three years as a Resident in the particular specialty after obtaining Postgraduate degree are called specialists or Senior Residents. These professionals apply the knowledge and skills to treat the disease of a patient concerning to particular Speciality. The third professional is the one who for a further period of three years after Postgraduation and/or after three years, Residency in a Medical Institution is trained for super-specialization of a specialization (branch) of Medical Science called Doctorous Medicinous (DM) or Master of Churargie (M.Ch). Thus this profession signifies that the skill and knowledge is applied to ailing/suffering
persons through the application of modern procedures for the treatment for which the Medical Professional is rigorously trained. The authority and license coupled with the enthusiastic approach of such a trained individual is termed as medical professional and application of knowledge by the professional is known as treatment.

The medical profession must satisfy the requirements of providing continuous maximum satisfaction of the needs of the members of the society. Thus the profession, as one of the supporting agents, necessitates a certain amount of connection with the needs of society for greater satisfaction of the wants of the society.

“Rationality” is the term which appears frequently in professional service. It describes the process of formulating policies for the health care delivery system by keeping in mind the goals with which policies are intended to achieve. Thus the medical profession is often held to represent the professional ideal in modern society. It ranks high in social prestige and financial remuneration and it performs essential services within the community backed by specialized knowledge and expertise.

The role of a medic is quite in proportion to the continuum of increasingly high levels of technical competence required for the performance. The ‘ideology’ of the profession lays great emphasis on the obligation of the physicians to put ‘welfare of the patient’ above his personal interest.

The medic is expected to treat an objective problem in objective scientifically justifiable terms. The primary responsibility of medic is to do everything possible to forward competence and early painless recovery of patient. The profit motive is excluded and also nature of duties cannot be encompassed with the office hours. The values governing the medic’s self image relate to his self-education, responsibilities, sense of autonomy, specialized education, moral character and advanced medical knowledge. The great medical professionals recognize that patient must be seen as a whole, including his interpersonal relations and his social environment. Many medic’s continue to regard the patient as a case of sickness rather than a person.

Thus the medic’s occupy a higher status in the society not only because of high professionalization but also because they deal with health and life of human beings.
Therefore, it becomes necessary that medics possess high moral character and maintain high professional ethics, (see the text of Hippocratic Oath on the following page).
Hippocratic Oath

I swear by Apollo physician and Asclepius and Hygieia and Panacea and all the Gods and Goddesses making them my witness, that I will fulfill according to my ability and judgement this oath and this covenant.

To whom him who has taught me this art as equal to my parents and to live my life in partnership with him, and if he is in need of money to give a share of mine and to regard his offspring as equal to my brothers in male lineage and to teach them this art, if they desire to learn it – without fee and covenant; to give a share of precepts and oral instruction and all the other learning to my sons and to the sons of him who has instructed me and to pupils who have signed the covenant and have taken an oath according to the medical law, but no one else.

I will apply dietetic measures for the benefit of the sick according to my ability and judgement, I will keep from harm and injustice.

I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect. Similarly I will not give to a woman an abortive remedy, in purity and holiness I will guard my life and my art.

I will not use the knife, not even on sufferers from stone, but will withdraw in favour of such men as are engaged in this work.

Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons, be they free or slaves.

What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, I will keep to myself, holding such things shameful to be spoken about.

If I fulfill this oath and do not violate it, may it be granted to me to enjoy life and art, being honoured with fame among all men for all time to come; if I transgress it and swear falsely, may the opposite of all this be my lot.
1.4.1 Motivation of women for the Entry in Medical Profession

For a person to enter in any field there should be considerable motivation either from within or from others close to him or her\(^{25}\). Without motivation one cannot achieve anything especially entry into medical profession, which involves person’s interest, hard work, and “a parent’s right approach towards girl child.”

Education played a decisive role in bringing the women of the valley to adopt medical profession. They were awakened to their talents and made to realize their social responsibilities. They got aware of the new trends and their own rights. They wanted to be recognized as independent personalities and not just the extension of their male identity\(^{26}\). Thus, education is one of the motivational factor for the women of the Kashmir to get entry into medical profession.

In the ancient times, education in the Kashmir was restricted to the upper classes and was meant for the males only. Gradually, it spread to the lower classes. After independence, the professional education was started in the Kashmir, which was generally meant for boys. Girls were encouraged to receive religious and general education and it was stated that the women were suitable for better performance of their domestic roles. This tendency changed altogether and consequently women received education in increasing number. The women of Kashmir developed an interest in medical subjects and thus acquired knowledge and finally got encouragement to get entry in medical profession. In fact, it was also the educational and economic status of the parents which motivated the women of Kashmir to choose the medical profession. The other reasons cited by women were that the image of Medical Profession and the opportunity to earn a large income in the Medical Profession motivated them towards it. Besides, utilization of the individual talent, aspirations for upward social mobility and the potential and desire to sense of competence were the other reasons which motivated the women of Kashmir to enter into Medical Profession.

One of the important factors in motivating the women towards the medical profession was the fact that Medical Professionals were being respected and taken with
the reverence by the Kashmiri society. Second the general awareness of the need of the health care for general women of the society made one feel to encourage the Kashmiri women towards the Medical Profession the educational awareness among women led them understand their responsibilities towards society. Lately through media and other advertising agencies led the women of Kashmiri society towards the Medical Profession. The parents began to think on the modern trends of professions also contributed to change their mind set and pulled them out of the traditional rigidity of keeping the women indoors and thus allowed their girl child to go for medical profession in and outside the state and also outside the country to achieve the medical degrees even higher degrees as well. Thus presently a favourable atmosphere of training the women for Medical Profession has been created. On the other hand the sense of responsibility among the women towards society has developed an economic awareness. The sense of being respected by the society is felt by the women medics at present.

1.5 Women in the Medical Profession At Global Level

During the seventeenth century, woman’s role in medicine was to be either a mid-wife or a nurse. Throughout the eighteenth and early nineteenth centuries, their position got extended, as they were formally inducted as doctors rather than mere mid-wives and nurses. But there were still many problems for women in the medical field to face. These included low status, low salary and denial of directorship as compared to their male counterparts. These problems together with ancient social restrictions and lack of concrete infrastructure lead to meager number of women entering the medical profession during early nineteenth century. This situation began to change only in 1847, when Elizabeth Blackwell entered Geneva Medical College in Upstate New York. She became the first woman to graduate from Medical school. From that point on, women fought their way into the medical profession. Female medical students and health care providers tend to be more person and less science oriented than their male counterparts which influences their choice of medical specialties and the way in which they practice medicine. The
number of women in the medical profession has increased substantially since, 1965. The percentage of women applicants to medical school increase steadily from 7.3% in the academic year 1965-66 to 40.3% in 1990-91\textsuperscript{27}.

In an article published in British Medical Journal in April 2004, the number of female medical students has increased in a cumulative manner in USA and some European countries\textsuperscript{28}. Marita Inglehart, Donald R. Brown and Oksana Malanchuk have reviewed the literature concerning these problems. Empirical research shows that female medical students and professionals face significant amounts of sexual harassment and that female physicians in male dominated specialities such as surgery still face considerable hostility. Analysis in the various fields of specialization and in the leading positions in medical school organizations show that women are more likely to be found in less prestigious and lower income specialties such as Pediatrics, Obstetrics and Gynecology, Psychiatry, Pathology and family practice and to be under represented in the top position in medical organizations and medical school facilities\textsuperscript{29}. Women in medicine encounter prejudicial attitudes and discriminatory behaviour i.e. they face sexism. One concrete indicator of sexism towards female physicians is the fact that in 1985, the average annual income of female physicians in the United States was 30% lower than that of their male counterparts, regardless of age, speciality, number of hours worked, or numbers of patients seen.

The time of the entry of female medical students up to the point at which they are fully and finally established in their profession provides an interesting picture of the situation that women face in the medical profession. Inglehart, Brown and Malanchuk describes from the longitudinal study conducted at the university of Michigan Medical School that women when entering medical school, typically tend to emphasize helping and person oriented goals whereas men tend to emphasize financial and political goals. Women also cite person related reasons for entering the field of medicine more often than men do; men tend to cite the status of medicine and the opportunity to earn a large income as reasons for entering the field. Psychologist Marjorie A. Brownman has shown that women who enter medical school are generally outgoing, independent and well
adjusted and that they have excellent academic records that are comparable to those of
their male counterparts. She indicates, however, that the stress placed on women during
medical training and in their professional lives takes a toll on these women. Inglehart,
Brown, and Malanchuk have observed that women in their study years tend to practice
less prestigious specialities than men do, women seem to advance somewhat more slowly
than men do, and they were more like to hold salaried positions than men were. The lack
of power and authority in the medical establishment is one major source of stress for
female health care providers. Another source of stress is role strain. Role strain can be
defined as the conflict caused by having to choose among demands made by different
roles. Research shows that married female professionals are often responsible not only
for their professional duties but also for all the housework and child care in their families.
These responsibilities are major source of stress. A third potential source of stress for
women physicians is that they tend to spend more time with each patient and to be more
sensitive to personal issues. Such a sensitivity to the personal and inter personal aspects
of diseases and the ways in which diseases, death and dying affect the patient and his or
her family can drain a physician emotionally.

1.6 Women in the Medical Profession in India

Certain occupations and professions are best suited to women. The home need not
be a prison to them nor the outside world alone a home\(^{30}\). In our male dominated society,
it is not easy for women to succeed. It is taken for granted that women have to work
twice as hard as men to be grudgingly recognized, be twice as obedient and twice as
disciplined to be accepted. The inherent biological and basic characteristics of a woman
make her an ideal choice for the medical profession which requires a great deal of
compassion along with devotion, dedication, sincerity and integrity. The traditional
stigmata attached to the girl child reduce the opportunities in her youth to realize her
potential, if she becomes a working women or a professional quite often she succeeds in
surpassing her male colleagues\(^{31}\).
With the rapid spread of women’s education, such a need for professional women, particularly in the fields of education and medicine was felt, that professional colleges sprang up all over the country, and young women rushed to these institutions to qualify themselves in education and medicine. Professional education normally marks an important stage in the development of general education and the entrance of women into the field signifies not only their elevated status but the economic freedom that they have attained.

Medical education for women in India began more as a necessity than as a natural development. The beginnings of modern medicine in India antedated the emergence of Indian practitioners of it and bear the characteristic marks of colonialism. The first allopathic doctors came from the west in the sixteenth century. They were accompanied by Christian missionaries both from England, America and Civil and Military Officers of Western Colonial powers or were themselves missionaries pioneered in introducing medical services to Indian women. The zeal of Lady Dufferin, an early Vicerene 1885, during this early period is especially noteworthy. The activities of missionaries were, to begin with, confined to certain places on the west and east coasts in India. The Portuguese were the pioneers in the medical field. They set up the first modern hospital in Goa on the western coast of India, south of Bombay, soon after the conquest in 1510 A.D. Later, the French and the British took over the mission of mercy and carried modern medicine to the far corners of the country.

The first qualified medical women to arrive in India goes to Miss Clara Swain, MD (Penn.), from Unites States Of America. A decade after the arrival of the American doctors, British medical women began to come to India. The honour of sending out the first qualified medical woman from England belongs to the church of England Zenana Missionary society. The chief of that society was Fanny Butler. The reports and writings of early medical missionaries make it clear that it was primarily their interest in the new knowledge that they had acquired in the field of medicine, which they wanted to practice as well as impart to others, that made them venture into distant lands across the seas. There was also the aim to popularize christianity, for the mission hospital was at that time
regarded as an adjunct to mission work. Similar work among men doctors had proved that mission hospitals were a powerful weapon in breaking down prejudice and animosity. The seclusion of women particularly that of high caste women, the ignorance of Indian languages on the part of missionaries and the small number of Indian girls attending schools made it very difficult for missionary women to meet Indian women. Thus medical relief work and hospitals became a means of contacting these women. It was the sympathy of the women medical missionaries, for the women were suffering on account of their social conventions, particularly that of Purdah, that brought about vigorous medical activity in India. The hardships that women bravely underwent before they became qualified to practice medicine were innumerable. Indian women medical pioneers along with the western medical missionaries laid the foundation for the medical profession for women in India. Along with this, other efforts were made for women’s medical education. Indian women had hardly begun going to colleges of general education when attempts were made to start medical classes for them.

Medical education for women was sought as early as the seventies and eighties of the last century, not so much to provide women with a medical career but to afford relief to the ailing women who would not consult men doctors. Dr. Balfour, the General Surgeon of Madras, advocated medical education for women of Indian in 1872. He proposed two courses, first a two year training programme at the women’s and children’s hospital, and secondly a separate class for girls at the men’s Medical College. In 1875, four women students of European and Anglo-Indian descent, for the first time in the history of India, were admitted to a men’s medical college. Thus Madras became a pioneer in the medical education of women. Strangely enough Bengal has been backward in medical education, although in women’s general education the province was in the forefront. However private attempts were made for women to be admitted into men’s medical colleges as early as 1876 and again in 1879 and 1882. Therefore women students from Bengal joined the Madras Medical College. Lady Bose from Bengal, wife of the celebrated scientist and plant physiologist Sir Jagdish Chandra Bose, was one of the first women students to join the College. After great agitation women were admitted into the
Calcutta Medical College in 1885. In the presidency of Bombay there had been no struggle concerning the admission of women into men’s colleges. Since 1883, Grant Medical College for men in Bombay had been admitting girls and in that year it had seventeen woman students. Attempts were made by the University of Punjab for the education of Indian women in medicine and surgery. They started separate classes for girls in the men’s medical school. In the mean while medical missionaries, including Dr. A. Humphrey seeing other pioneers at work in the field also began to realize the need for opening medical classes for girls and thus started a class for training women at National in 1869.

By the last decade of the nineteenth century there were women medical students in Madras, Calcutta, Bombay, Agra and Lahore, but the conditions for women students, particularly in the last two places, were far from satisfactory. As the number of medical women began to increase and the women’s medical profession to expand, many limitations were noticed. Pioneer medical women, as well as men doctors interested in the cause tried ways and means of improving things and the best remedy seemed to be separate medical schools for girls and work it out seriously was Dr. Edith Brown of the Baptirt Mission at Polwal, a small station in the vicinity of Delhi. The north Indian school of Medicine for christain women was started in Ludhaina in the Punjab. Twenty two years after the opening of the Medical school at Ludhiana for women, the Lady Hardinge Medical College was established at Delhi in 1916, the largest and the leading women’s Medical College. Today it is a co-educational college. It began its career as a full fledged college for the Bachelor of Medicine and Science degree. Two years later, in 1918, the Vellore Medical School was founded by Dr. Ida Scudder, a young American woman. Before her arrival in Vellore, Dr. Lousia Hart, one of the first medical women missionaries in south India and Dr. Rajamayakan, a graduate from the Madras Medical School were doing pioneering work. Under these three young women and with the help of Dr. Ida Scudders, an American family of doctors, medical work progressed rapidly.34

All through recorded history, the Medical Profession–baring nursing and midwifery has been the monopoly of men. But who were the pioneers in this field? Will
Durant, one of the greatest historians of the 20\textsuperscript{th} century, who magnum opus, the II-volume *Story Of Civilization* is a delightful read, says:

“……… probably the first doctors were women, not only because they were the natural nurses of the men, not merely because they made midwifery, rather than vanality, the Oldest profession, but because their close connection with the soil gave them a superior knowledge of plants, and enabled them to develop the art of medicine as distinct from the magic mongering of the priests.”\textsuperscript{35}

The Caveat ‘probably’ is apparently the caution of a historian, since the actual position is lost in the mists of pre-history.

But are there any vestiges left of the fact that women were the first physicians? Yes, in the form of Two Greco-Roman goddesses, Hygieia (health) and Panacea (all heal or cure all). The Latin saying *mens sana in corpore sano* is the preventive aspect of medicine; ‘panacea’ symbolizes the belief that proper kinds of substances derived from plants and animals of the earth can cure ailments i.e. the curative aspects of medicine we still use the word ‘panacea’ for what is touted as a cure all for all-ills. After the emergence of patriarchal society, the two goddesses were made, by a sort of *syncretic legerdemain*, into daughters of the God Ascelapius. The word ‘physician’ itself comes from the root word ‘Bheu’ meaning nature itself, which emerged after various transformations into ‘Physis’ in Greek meaning medicine in general (and the related word ‘Physics’ for the study of nature).

It is accepted on all hands that the woman originated agriculture while men went off hunting for food. It was also women who domesticated animals when men realized the infinite superiority of agriculture and animal husbandary over the gamble of the chase, they pushed women aside to emerge as shepherds and farmers. With the zeal of those who acquire possession by force or fraud, they kept women out of bounds in both the activities! But yet, women could not be kept out completely as may be seen from the fact that folk medicine (which is now coming into its own as an alternative system of medicine) is the province of woman as also evidenced by the phrase ‘grandmother’s remedies’.
It was only after thousands of years and many a battle that women could reclaim their position in the medical profession. This took place in the mid-nineteenth century, when Elizabeth Blackwell, after being refused admission to various medical schools, secured admission in New York and graduated in 1847. She went on to found a women’s medical college in 1868. In India the pioneer was an English woman, Mary Ann Dacombe Scharlieb, who saw the crying need for women doctors and secured admission to Madras Medical College in 1875. But the sort of reception she got from her male teachers can be gauged from the declaration of one of the professors: “I cannot prevent you from walking round the wards, but I will not teach you”, yet she managed to graduate and went on to practice in India, catering especially to the needs of women and children. Later, she went to England and graduated as the first woman doctor from the Royal London school of medicine. She returned to India and set up a hospital for women in Madras, now known as the Kasturba Hospital. The first Indian woman was Abala Das, who passed out of the Madras Medical College in 1884

In the beginning few girls joined the medical school of the country. But with increasing demand for vocational and technical education more medical institutions were opened. Gradually more and more girls made use of the available facilities so that we now have a fair number of women in the medical profession. Some of them have obtained high academic distinctions and some acquired great professional efficiency and reputation. At present, overall situation reveals that the male female ratio among junior doctors and consultants is 6:1 and 10:1 respectively. However in the department of Obstetrics and Gynaecology, the male female ratio among junior doctors is 1:2 and 1:1 among consultants. The exponential increase, in the number of female medics and their compulsive working in the specialities other than Obstetrics and Gynaecology, has lead to an increased number of problems to be faced by the female medics when they settle in life. They find it easier to work professionally if they do not marry. As married women, the position is generally satisfactory only if the husband and wife are both in the medical profession. The family life of a couple in which the wife alone practices is generally not
successful and happy. It is obviously a waste if a women medic gets married, settles down to home life and does not utilize her training for the services of society. In professional career, women have the disadvantage of competing with men. They have to struggle to get the top spot in any department since no efforts are spared to keep them out. The medical profession was frowned by orthodox parents and it was regarded as a dishonourable profession for women. But now many women study medicine because it is not only an honourable profession but also paying.

It cannot be forgotten that for ages men have fulfilled the functions of doctors. It can not be denied that physician’s work do come into conflict because of children and women’s natural vocation i.e. motherhood. In a sense women physicians are worse off than persons in any other profession or industry, for they have no fixed hours of work. They have to be ready to attend a call at any hour of day and night. Meals and sleep even have to be sacrificed at times. This continued work and uncertainty cut right across the work of a mother. Not the greatest genius among women can perform the Herculean task for fulfilling her duties both as a physician and as a mother. The claims of the patient and the child unfortunately clash, and the one or the other in consequence suffers. For a long time, opportunities for women in fields other than teaching were restricted. The legal and political professions did not open their doors easily to women. But after the dawn of independence women have entered into various professions. And today women are coming forward to bear the burden of work along with their fellow-men in every profession. The professions and occupations, instead of adversely affecting married life would surely better economic position of the home. Men have established an eight hour labour day and in case women desire to safeguard their status as wives, and mothers, they should try to organize their time well.

1.7 Evolution of medical profession and Kashmiri women

The highest mountain ranges around Kashmir have until recent times greatly isolated it from rest of the world. This isolation has at all times exercised a decisive
influence, not only on the history and people of Kashmir, but their traditions, day to day living with minimal effect from the outside world\textsuperscript{42}. But with the passage of time, the communication with outside world improved and with many invasions from outside world i.e. from north, south and west of Kashmir, the traditions too started changing in Kashmir and so was its impact on thinking of people and life style, etc.

Many historians from ancient times have tried to write the history of Kashmir. The famous historian Kalhana in \textit{Raj Tarangini} does not only write about the kings of Kashmir but also about those of its neighboring countries. Alas, most history books write only about the kings and their courts, no historian has written about the people, their struggles, aspirations and successes. So if we were to look for the evolution of medical practice in Kashmir over the ages, we have just to be content with occasional references in a few books mainly in travelogues of Chinese, Central Asian and European travelers to Kashmir.

\subsection{1.7.1 Medical Profession in Ancient Times}

Like in many parts of the world, the medical practice in Kashmir has undergone a sea change over the ages. Owing to rich flora and fauna in the valley, a number of traditional systems of medicine like Ayurveda, Siddha, Yoga and Naturopathy were practiced in ancient times. Rigveda is the celebrated treatise, mentioning the use of some medicinal plants. During the vedic period only vegetables were used. In pre-Buddhist period, Agnivesha and Susruta wrote their treatise on medicine and surgery, which were recast by Charaka and Nagarjuna respectively. In puranic period, Drdhuvala improved and enlarged Charak’s edition. According to Prof. Sylvan Levi, Charak of Charak Samhita was a Kashmiri pandit. Drdhuvala was a native of Pancanadapura, a town of Kashmir (Hoerule’s 1907)\textsuperscript{43}.

According to Kalhana, Vasunanda, a king of Kashmir wrote a book on erotics. Ratrirahsy, a scientific book dealing with problems of sex was written by a Kashmiri

1.7.2 Medical Profession in Medieval Times

Islam came to Kashmir in the year 1320-23 AD under the rule of its first Muslim king Rinchin. With Islam came the Unani and Tibb system of medicine. Thus, in medieval times 1339-1879, these systems were practiced in Kashmir along with Ayurveda. The names of only two pandit physicians, Shreya Bhat and Yavaneshwar have been mentioned by the historians. Shreya Bhat was the court physician of Sultan Zain-ul-Abidin. This great physician cured the king and when king asked him to name the reward, Shreya Bhat – the humane man only wanted all the restrictions imposed on Kashmiri pandits by Sikandar, to be removed. In Zain-ul-Abidins times, there were many hospitals in Srinagar and large towns of Kashmir. Another physicians, Yavaneshwar, in the year 1484 AD, who was respected and honoured by all Kashmiris was killed by Sayyids, when they conquered Kashmir (Dutta, 1993).

In Kashmir, the practice of medicine was “usually a hereditary profession.” Writing about the practice of hikmat in the Srinagar city, Bates remarks : “The son succeeds the father in his practice. The medical knowledge of vaids and hakims was based on herbs, ayurveda and scraping acquaintance with the Greek system of medicine, or of a few nostrums that are handed down from Sire to Son."

The agriculturists were acquainted with medical properties of many herbs, which they used to cure certain diseases. There was also a class of men and women who eked out their existence by applying leeches. The women generally presumed to know great many effective remedies, which they shared with their neighbours. The people of Kashmir had ‘considerable confidence in Hakims, who had great influence with even opulent and educated people (Lawrence, 1895). The knowledge of surgery was well nigh non-existent and barbers were traditionally doing the excision of boils, carbuncles etc.
Kashmir has had recurrent epidemics of cholera, small pox, measles, plague, typhoid etc. in the medieval periods causing the death to thousands of people at a time. The cause of these epidemics was the neglect and extreme poverty of people, due to loot and arson by invaders and the dirt and filth in which people lived. Surgeon Col. Harvey who visited Kashmir during the epidemics of Cholera in 1892 writes “it is not too much to see the inhabitants eat filth, drink filth, breath filth.” Also one has to realize that the valley is surrounded by high mountains and there were practically no roads, no proper drainage system or sanitation in the valley. According to Lawrence 1895, one had to walk deep in the stinking slush when snow melted in spring to cross the roads. Due to cold climate, the incidence of infection is less, but once infection occurred, it took the shape of epidemics. Apart from these local factors, the attitude of the people was unhelpful. The Kashmiri people being very traditional, had a deep hold over all kinds of superstitious beliefs. The spread of any disease was normally ascribed to the will of God; so instead of obtaining any medical aid and recourse to any preventive measure, the people generally went to priests and holy men who gave them charms and amulets to be tied on arms or washed with water and taken orally. Hindus felt elated when small pox came to their families, thinking Goddess ‘Shetla’ had visited their families and performed Pujas as remedial measures. Till late into 20th century, many Kashmiris were hesitant to get vaccinations done.

1.7.3 Medical Profession in Modern Times

In the beginning of nineteenth century, Kashmir was ruled by Sikhs followed by Dogras from the year 1846. The western education and allopathic medical knowledge began to trickle in the valley after Christian missionaries came to Kashmir. People began to leave superstition and came to know about preventive medicine and opted for treatment by trained doctors rather than by holy men. Still for a long time, illiterate village folks remained submerged in superstition. The western medical practice was brought to the valley in the year 1864 by Dr. Elmslie, but there being no hospital
in the valley at that time, he worked in the open and operated under trees. After his death, came Dr. Theodore Maxwell in 1872, who got land for hospital at Rustam Ghari at the foot hills of Shankracharya hill. The famous Neve Brothers, the British missionary doctors worked in this hospital and became a legend in their time. It was due to these two brothers Dr. Arther and Dr. Ernest F. Neve who brought modern surgery to the valley. It was the effect of Dr. Elmslies’ appeal for medical missions which roused the spirit of service in the women of England to help their sisters. It was because of his appeal that Miss Fanny Butler, MD qualified women from England in 1887 came to Kashmir and started to work among women in Kashmir. She was the member of Church of England Zanana Missionary Society. She worked successfully for nine years at Srinagar and then died in 1889\textsuperscript{46}. In the year 1890 Dr. E. Neve started the Leper hospital for the Government on the shores of Dal Lake and managed it for the state. By the year 1882-84, there was a Sadar Hospital in Srinagar, dispensaries at Maharaj Gang and Rainawari and branch dispensaries in all districts. Diamond Jubilee Zanana Hospital for women at Nawakadal was started by 1897 and Cottage Hospital for European people at the foot hills of Shankaracharya Hill by 1891. Church of England Zanana Missionary Society Hospital exclusively for women was established at Rainawari in 1908 and at Anantnag in the year 1909. Among the lady missionaries whose dedication to the cause of women’s health earned approbation were, Miss Butler, a lady doctor, Miss Irene Petrie and Miss Robinson, trained nurses, “who laid down their lives on duty in the valley.” Miss Kate Knowles was yet another noble doctor who earned deep affectedion for her services to the women of Srinagar\textsuperscript{47}.

The other prominent European and Indian doctors working in Kashmir were Dr. A Mitra from Bengal, who was first Chief Medical Officer of Sadar Hospital in Srinagar. It was his untiring efforts, which helped in opening of the other hospitals in the state. Later on col. Dhuni Chand was the CMO. A state of art X-ray plant was installed in Sadar Hospital by the year 1913-14 and a dental wing was opened in January 1930, a sanatorium for T.B. patients was started in Tangmarg by 1929\textsuperscript{48}. 
The year 1940 was notable in the history of the Medical department of the State Government. Several important schemes to provide better health care facilities to the people of State were introduced. These schemes included construction of two large hospitals one each in Jammu and Srinagar comparable with best Medical Institution elsewhere. The laying of foundation stone ceremony of the Srinagar hospital was laid by Marquis of Linlithgrow, the then Viceroy of India on October 15, 1940 and finally opened by another Viceroy Lord Wavell on 11th of October 1945.

After the independence of India, the medical practice in Kashmir is practically totally being manned by Allopathic doctors. The influence of modern education, increase in literacy and standard of living of people, and better communication contributed a lot towards it. The first Medical College in the state had its beginning in the year 1959. The first Medical College building was situated at Hazuri Bagh on the Banks of river Jhelum (The present LD Hospital). The first Principle of the Institution was Dr. G.V.S. Murti whose office was situated here as well. The basic Science Departments of the College were Anatomy, Physiology and Biochemistry were also situated here.

Like many other Social Institutions, the institution of Medicine has not always existed in every society. In early times, many tasks that are now accomplished by other social institutions took place within the family. Education, work and leisure were primarily the responsibility of one’s family. Like wise, medical care was provided at home, usually by the females. A family usually kept a supply of items to be used for medical purposes. In his book (the social transformation of American Medicine 1982), the Sociologist Paul Starr refers to this as the practice of “domestic medicine” which was part of the women’s role in the home49.

The abilities of the medical profession to cure disease, alleviate pain and improve health grew tremendously. The expectation of these abilities have grown even more. Medical professionals are now often cast in the role of gate keepers, able to control access to an enormous variety of services by their diagnosis of what constitutes eligibility through medical need. The duties of the Medical Profession will continue to expand as long as clear definitions of health, disease and illness are not established. Unless it can be
agreed what constitutes health and the lack of health, the genuine skills of health care professionals will be wasted. It must also be established whether the role of the health care system is to eliminate disease or to promote health. In the past, people have turned to the medical profession in times of crises, when illness was obviously present. If health is more than just the absence of disease, a health care system must do more than simply cure illnesses of the people. As the concept of health changes, so will the assignment of responsibilities both to the health care system, and to those who make use of it.

In Kashmir valley, for a women to enter into medical profession was a distant dream. Some foreign medicos were coming to Kashmir for practicing their profession in some of the hospitals of the valley. Generally, the number of Kashmiri women medics was nil. For one or two decades since the inception of Medical College, a little number of Kashmiri women entered into medical profession. The women practitioners were less, and the women patients had to rely upon the male physicians / surgeons for treatment of their disease. In early 1980’s the female medics always would choose Obstetrics and Gynaecology as their career. However after 1985, as a result of change in Government policy, the number of students admitted to various medical colleges of Jammu and Kashmir State included 50% male and 50% females. This resulted in female medics opting for specialties other than Obstetrics and Gynaecology.

The present building of Government Medical College Srinagar was inaugurated by Mr. Bakshi Ghulam Mohammad Prime Minister of J&K, on August 25, 1959, at Karan Nagar, which ultimately started functioning as full fledged Medical College and has produced thousands of medics till date. Not only medics with M.B;B.S degrees but also every district hospital has postgraduate medics manning the various specialities. The first batch of students admitted in the college was 67, sixty from J&K state and 7 from other states. The first batch of graduate students came out in 1964. The first women medics who qualified from Government Medical College Srinagar were Dr. Nayeema Akhter and Dr. Parveez Chesti. At present the Government Medical College Srinagar admits 103 M.B;B.S students annually. The number of postgraduate students who passed from Government Medical College Srinagar was 351 upto 1985. At present 70-80 students are
admitted for PG courses annually. Thus Government Medical College Srinagar has so far generated 4097 M.B;B.S doctors, 855 PG doctors and 57 Diploma holders. In additions to it the SKIMS has generated 450 number of PG doctors, 50 number of diploma holders. Besides, it sister institution, the SKIMS Medical College at Bemina has generated 1047 number of M.B;B.S doctors with annual admission of 60 students.

The Postgraduate Institute named as Sher-e-Kashmir Institute of Medical Sciences (SKIMS) in the year 1980 has added specialists and super-specialists in this profession which ultimately provided efficient and modern up to date medical practice in Kashmir.

Prior to the establishment of the GMC Srinagar the state was undergoing a heavy expense in deputing 40-50 candidates to other medical colleges in India and grant heavy loans to them.

1.7.4 Pioneer Kashmiri Women Achievers in the Medical Profession

In our male dominated society, things have changed enormously. There is a technological revolution in the medical field. The number, the quality and the skill of women doctors have increased in leaps and bounds, so that today, there are women doctors in every facet of medicine.

Myriads of women have served with distinction in the medical profession. Women doctors have become great administrators and academicians. They have excelled in Medical Research, Surgery, Gynaecology and Obstetrics, Forensic Medicine and also in the Social and Preventive Medicine. Women doctors are contributing excellent service to the society. Tracing the history of women doctors, we have to look back when there were no medical women in Kashmir. Missionary Women doctors from U.K. were the first to come and train the local women. Among them were Miss Fanny Butler member of
Church of England Zanana Missionary Society, Miss Irene Petrie and Miss Robinson, trained nurses contributed enormously for the betterment of the health of women and children. Later Miss Kate Knowles, a noble doctor came and earned deep affection for her services to the women of Srinagar.

Along with men, the Kashmiri pandit ladies too started going for medical studies in late 40’s. One of the first trained lady doctors is probably Dr. Prabha Labroo LMP followed by Dr. Sheela Razdan M.B;B.S 1948, Dr. Shanta Wazir Bhargava 1949, Prof. Dr. Gauri Bazaz Malik M.B;B.S, MD 1950, Dr. Prabha Ganju M.B;B.S 1952, Dr. Durga Kaul Gariju M.B;B.S, 1954 and Dr. Shanta Raina. Most of these doctors were manning the Obstetrical part of the women folk and some of them performed minor gynae surgery as well. Inspite of less number of women doctors these pioneers have really looked after the women of Kashmir till better trained gynaecologists and obstetricians took over place of position in the Government Medical College, Srinagar. Dr. Shanta Wazir Bhargava and Dr. Gauri Bazaz Malik were both Pathologists who worked in Delhi only.

Some of the pioneer women medics who have made the name in the medical profession were:

Dr. Parveen Chisti (Pathology HOD)
Dr. Nayeema Akhtar (Pathology HOD)
Dr. Vimla Dhar (Pharma)
Dr. Nirmal Raina (Pharma)
Dr. Z. Jeelani (Pharmacology JVC Pr.)
Dr. Amla Joined Radiology
Dr. Hamida Buch (ENT / Ophthal)
Dr. Mahmooda Khan (Surgery)
Dr. Pratiba Hak (Physiology HOD)
Dr. Leela Choudhary
Dr. Sheela Kachroo (Gynae – HOD)
Dr. J. A. Naqashbandhi (Gynae and Obs)
Dr. G. Dhar (Gynae and Obs) Pr.
Dr. Wazira Khanam (Gynae and Obs) Pr.
Dr. Bilques (Gynae and Obs) pr.
Dr. Phoola Koul (Anaesthesiology) Pr.
Dr. Chuni Mazzine (Anaesthesiology)
Dr. H. Bingri became the Director of Health Service Kashmir
Dr. Sumagla Bhan (Paediatrician)
Dr. Jyoti
In Academics, undergraduate teaching have been excellent and we have produced outstanding students from this college, who are not only national but international academic personalities\(^1\).

1.7.4 (i) Prof. Dr. Girija Dhar M.B.;B.S, DRCOG, FRCS

Professor Girija Dhar has been one of the pioneers in the Gynaecology speciality who has been a British trained doctor. She did her M.B.;B.S in the year 1956 from K.G.M.C. Kucknow, followed by DRCOG London 1962, FRCS (Edin.) 1964. She joined the department of Obstetrics and Gynaecology in the Government Medical College Srinagar in the 1964 as Assistant Professor and then was HoD till the year 1985. She was Dean and Principal of Government Medical College Srinagar till her retirement in 1992. After her retirement from the Medical College Srinagar, Dr. Girija Dhar was member State Public Service Commission (PSC) for three years, Chairperson Social Welfare, Advisory Board for one year and elevated as Chairperson State Commission for women.

One of the very polished and poised women, Dr. Dhar has been instrumental in running the Gynae. and Obstetrics services in the valley. She was an excellent teacher and clinician and by training postgraduate doctors in the speciality has provided excellent
The main diseases like high BP of pregnancy (Eclampsia), antepartum Hemorrhage, abortion, anemia, rupture uterus etc. were the main causes of maternal mortality in the valley and thus have been greatly reduced by her special talent, and skill in the specialization.

1.7.4 (ii) Prof. Dr. Mahmooda Khan, MBBS, FRCS

Prof. Mahmooda Khan was the outgoing student in Gynaecology/Obstetrics but her interest in surgery surprised her father Dr. Col. G. A. Khan and the then HoD of Gynaecology. She did her MBBS in the year 1956 from Lady Harding Medical College New Delhi followed by speciality training in Surgery at Temple University Philadelphia (USA) then FRCS London and Edinburgh (UK) till 1967.

After her graduation from Lady Harding Medical College New Delhi, she joined the same college and did House Job and Registrar-ship in Surgery till 1960. After her specialists training outside the country she returned in 1969 and joined at Government Medical College Srinagar as Associate Professor. She became Professor the Surgery Department in 1974 and then was Head of the Department of Surgery from 1982 till her retirement in the year 1993. During her career she wrote many articles which published in National and International Journals and arranged many seminars and conferences on Surgery. She was interested in all the sub-specialities of surgery but was always fascinated by Pediatric, Plastic, Endocrine and Vascular Surgeries.

One of the much disciplined women was destined to be a surgeon. A female amongst a male dominated fraternity. Dr. Mahmooda Khan proved instrumental in running the Department of Surgery. She was an excellent teacher and clinician and trained many postgraduate doctors, some of them have become most capable recognized surgeons. She stressed on quality medical education rather than quantity. She advocated that there should be a regulation to avoid mushrooming of medical colleges. She was against the emigration of young doctors and said that same could be prevented by certain
measures like increasing pay benefits, promotion prospects, higher speciality education etc. (JK-Practitioner P. 176 Vol. 6, No. 2; April-June 1999).

1.7.4 (iii) Prof. Dr. Arifa Khan, F.Sc., MBBS, FGR

Prof. Arifa Khan was born in Kashmir. She qualified her F.Sc from Government Women’s College, 1959 and later got MBBS degree from Government Medical College Srinagar in 1964. After completion of her graduate medical degree she left Kashmir and did her rotating Internship from Barbaton Citizens Hospital, OHIO in 1966. She then did her Residency in Radiology from Long Island Jewish Medical Centre Albert Einstein College of Medicine from 1967-1970. In the year 1971 she did her fellowship in General Radiology from LIJMC. After her fellowship she became Instructor of Radiology SUNY, Stony Brook, New York in the year 1972. She later became Assistant Professor of Radiology in the same medical establishment from 1972-80. She again joined Albert Einstein College of Medicine as Associate Professor of Radiology from 1980-1989 and later became Professor of Radiology in the same medical college from 1989 to present. She was the member of American College of Radiology.
1.7.4 (iv) Prof. Dr. Asif Rukhsana, MBBS.; M.D.

Prof. Asif Rukhsana has been one among the pioneers of the medical profession. She joined Government Medical College Srinagar in the year 1976 as a Demonstrator in the Department of Pathology. She did her M.B;B.S. from Kil-Pank Medical college Madras (University of Madras) in 1973, and did her Residency in Gynaecology and Obstetrics.

She completed her postgraduation in Pathology and Microbiology in the year 1984 from University of Kashmir. She worked on various faculty positions in Government Medical College, Srinagar and later became the Head of the Department of Microbiology. She single handedly upgraded the Microbiology Department in Academics and Laboratory services to the highest standards in the valley. During her services she remained actively involved in teaching and guidance of technical, undergraduate and postgraduate students. Her humble nature and her dedicated efforts as a sincere teacher as well as professional medic are commendable. She retired on superannuation leaving the department with seven qualified and effective female Microbiologists.

Her main research study, besides other studies has been on infertility and endometrial tuberculosis in Kashmiri women.
1.8 Hypothesis of the Study

In the broader theoretical and situational context, we were in a position to develop certain appropriate and realistic sociological hypothesis regarding the topic of research that was a sociological study of the Kashmiri women in Medical Profession. We have been given to understand by the study that the women of the valley are in high profile status with men and are busy with the professions which in the past were dominated and practised by men only. The increasing number of women in the medical profession can be seen in the context of the changing role and status of women in Kashmir. Women and men have been entering professional colleges in equal numbers. At the level of professional postgraduate achievement, the proportion of women drops even more, with women being under-represented in certain top positions in medical organizations. The women medics still face difficulties in certain male-dominated specialities such as Surgery, Cardiology and Nephrology etc. Although they face various kinds of hardships in their profession, yet they prove equal substitute for men in medical profession. The idea with regard to the frailty and weakness of women does not make any sense and has not any substance as per the study. The women as a whole, if provided an opportunity will prove an asset for the development of medical profession in the valley. Analyzing the way that women entered the medical profession and the gap that still exists between men and women in the field might contribute to a better understanding of the factors that keep women from living up to their potential and succeeding at the same rate as that achieved by men. Women’s relative progress in the Medical Profession must be examined in the context of gender based filtering process. There may be a shortage of qualified women medics in the specialities that could be disadvantageous for the medical authorities. The attitude of women medics towards staff will look satisfactory and if the patients come for treatment, their interest is in immediate treatment. There is lesser psychological strain faced by women medics because their view is that they are meant for the treatment of the sick.
1.9 Relevance of the Study

The study entitled “A sociological study of the Kashmiri women in Medical Profession” was a relevant study as it reveals the overall existing situation of Kashmiri women in Medical Profession as medical professionals. This study being sociological in nature, highlighted the broader sociological variables viz. Medical education at undergraduate and postgraduate levels, academic medicine, professional satisfaction, relationship with colleague community, referrals for private practice and reciprocity, differentiation and private practice, impact of occupational morbidity and the problems concerned with the women in Medical Profession.

The Kashmiri women like other women, have come out of the traditional framework. In the contemporary Kashmiri society the women achieved general, higher and professional education, economic independence and authority and decision making power in and outside the family. The aim of this study was to uncover various sociological aspects, so that the future generation of women medics can know each and every thing about medical profession. The present study fulfills the specific purposes relating to adoption and acceptance of new professional role and tries to explore all the hardships, social events and happenings in medical profession.

It was in this sense that it became indispensable for a social researcher to know about the impacts of medical profession on different social institutions. In this broader context, this sociological study was chosen mainly because: This is the first of its kind in Kashmir valley which focused on the various sociological aspects of medical profession. No such study has been carried out in the state on such subject and no published work is available. Thus it was in this situation there emerges the highest degree of urgency and relevance of a study like this one.
1.10 Focus of the Study

The present study focused to see various sociological aspects of Kashmiri women in medical profession. This study seriously intended to know about the changing status and role of Kashmiri women concerned with medical profession. The study was carried out through a sociological frame work and the main focus was to see as to how women perform and face the various situations in medical profession. This assessment of women in medical profession had been studied through important sociological variables like, medical education, academic medicine, professional satisfaction, relationship with colleague community, referrals and reciprocity, differentiation, private practice, impact of occupational mobility and problems.

By making assessment of sociological aspects, within the frame work of above variables, women medics feel guilty of providing accurate and appropriate service at family level due to lack of time.

1.11 Objectives of the Study

In the light of the above focus the present investigation aims at achieving the following objectives mentioned below:

1) to study the socio-economic background of women in medical profession.
2) to study the motivational forces and factors that influenced women to choose medical profession.
3) to analyse sociologically the aspects and performance of women in medical profession.
4) to enquire into the general and specific problems faced by women in medical profession.
5) to suggest a frame work for the increase of women in medical profession.
1.12 Notes and References

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