



ASSESS THE AWARENESS REGARDING GENDER DISCRIMINATION AMONG THE MEDICAL PROFESSIONALS WORKING IN HOSPITALS AND MEDICAL COLLEGES IN RURAL INDIA.

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Abstract

Discrimination against women has always existed in the world and, regrettably, still does in many forms. The denial of opportunity, equality, or both because of a person's gender is known as gender discrimination. There is no gender distinction in nature. However, discrimination against women has a global impact in terms of employment opportunities as well as social and political rights. Women in India are routinely discriminated against. Most women are unaware of their rights. There are many aspects of life where women are denied opportunities. This study is aimed at assessing awareness of gender discrimination in medical professionals working in hospitals and medical colleges in the district of Wardha, a rural area of India.

Aims and Objective:

1. To determine the awareness of society of gender inequality in medical professionals.
2. To evaluate the results using particular demographic factors.

Materials and Methods: 200 participants in the current descriptive study are drawn from the general population of Wardha using a non-probability convenience sampling technique. An attitude score regarding the awareness of gender discrimination in medical professionals was recorded. It was categorized as very low, low, average, good, and exceptional depending upon the score ranging from 0 to 100.

Results: The outcome revealed that none of them had a very low (0 to 20) or low(21 to 40) attitude score, an average attitude score (41 to 60) was recorded in 31 percent participants, a good attitude score between 61 to 80 was recorded in the majority 68.5 percent of participants , furthermore, none of the participants had an excellent attitude score. The mean score was $62.66 \pm 31.33\%$. In summary the average populace in rural areas is not entirely aware of gender discrimination amongst the medical professionals. It was shown that demographic factors had little bearing on the general public's awareness of gender discrimination.

INTRODUCTION

Sexual discrimination, a synonym for gender discrimination, is any practice that deliberately withholds opportunities, advantages, or rewards from an individual or group on the basis of that individual's gender.[1] Taking an individual's gender into account in giving privileges, employment or promoting is gender discrimination.[2] Gender discrimination also happens when someone's gender is taken into account while determining their eligibility for benefits or job opportunities. Even though most charges of discrimination state that women are discriminated more than men. However, men have occasionally claimed to be the targets of discrimination based on their gender. These circumstances are typically labeled as "reverse discrimination." [3]

Gender discrimination is common in medical professionals and is more prevailing in the department of medicine. Women in the medical profession are more likely to face sexual discrimination in the working environment which leads to poor job satisfaction . Carr PL et al. report 2.5 times higher rates of gender discrimination in healthcare professionals.[4] Similarly, I Najjar et al. reported that one third of medical students and physicians working at hospitals and general practitioners working in french-speaking Switzerland had experienced gender discrimination.[5] Gender discrimination leads to poor job satisfaction leading to resigning from institute. It also has mental and psychological effects like nervousness and depression. [6]. Literature review showed that discrimination on the basis of gender is prevalent in the medical profession and is more among nursing and allied health professionals. [7]

Over the years, court decisions have established that an employer's need to refrain from sex-based discrimination starts during hiring of an employee. Companies may face consequences if it is determined that screening for jobs in medical occupations is discriminatory. Furthermore, if applications include offensive questions meant to be used as a sex screening tool then the selection procedure is judged to be questionable. One of the main marks of sexual discrimination is in recruiting medical professionals. [8] A slight difference in credentials between a male and female candidate does not always reveal bias. On the contrary, a major gap in qualifications has almost always been indicative of gender prejudice and acknowledged by the judiciary as an unequivocal sign of gender discrimination. [9] For instance, bias was most likely present if a woman with a master's degree was denied an administrative position but a man who failed college and without appropriate qualification was selected instead.

Apart from hiring practices and other contexts, sexual harassment is a specific type of discrimination based on sexual orientation. This type of discrimination occurs when one employee is the target of

another's improper sexual remarks or acts. The behaviour in question needs to be both undesired and sexual in nature in order to qualify as harassment. [4] Two primary categories of sexual harassment have been identified by the U.S. legal system. The first is called "quid pro quo," or "this for that," and it occurs when one employee threatens to withhold an offer of employment or benefits from another employee in return for sexual favors. [10] The term "hostile work environment" refers to the second type of sexual harassment. These kinds of scenarios often involve an employee or group of employees making sexually suggestive comments or noises, making unwanted advances, or using sex in various ways to threaten or intimidate other employees. [10,11].

Materials and Methods

For this study, a non-experimental descriptive design was employed, using 200 samples drawn from the general community. In the rural region of the Wardha district, a non-probability convenience sampling technique was employed for the investigation. Inclusion standards had individuals between the ages of 25 and 45; those who are eager to take part in studies; and those with reading, writing, and speaking skills in Marathi and English. Those with chronic illnesses and those who have previously taken part in the similar studies were excluded.

Results:

Percentage wise distribution of samples with regards to selected demographic variables.

Table 1 shows the demographic traits of the participants.

N=200

Demographic variables	Frequency	Percentage
Age (in years)		
18-30	18	9%
31-40	42	21%
41-50	78	39%
Above 50	62	31%
Gender		
Male	119	59.5%
Female	81	40.5%
Education		
Primary education	90	45%
Secondary school education	77	38.5%
Post graduation	8	4%
Uneducated	25	12.5%
Occupation		
Daily wages	132	66%
Business	31	15.5%
Employee in private sector/government sector	7	3.5%
Unemployed	30	15%
Monthly income		
10000 Above	130	65%
80000 to 10000	53	26.5%
5000 to 80000	12	6%
Below 5000	5	2.5%
Residence		
Urban	0	0%
Rural	200	100%
Previous knowledge		
Surrounding people	159	79.5%
Newspaper	8	4%
Internet	1	0.5%
All of the above	32	16%

This section discusses the demographic features of the general population in Wardha district, broken down by percentage. 200 individuals were conveniently gathered from the Wardha district. The information gathered to characterize the sample's age, sex, education, occupation, monthly income, place of residence, and prior knowledge, in that order.

The bulk of participants' ages fell into three categories: 21% were over 40, 39% were between 41 and 50, and 31% were between 31 and 40. Nine percent of these belonged to the 18–30 age range. Gender analysis of the subjects shows that 40.5% were female and 59.5% were male. The large number of participants' approximately 45%, had primary education qualifications. 38.5% had completed secondary school, 4% had not graduated. The bulk of subjects' occupations show that 66% of them only received one day's pay, 15.5% had businesses, 3.5% had employees in the private sector, and 15% were unemployed. Based on their place of residence, the vast majority of subjects live entirely in rural areas. In most cases, 79.5% participants had prior knowledge of the subject from individuals in the immediate vicinity and 4% got aware due to newspapers and 0.5% from the internet. Furthermore, 16% had gained knowledge from all the sources.

Table No. 2: Attitude scores regarding the awareness of gender discrimination in medical professionals among the general population.

n=200

Level of attitude score	Score range	Percentage score	Level of attitude	
			Frequency	Percentage
Strongly Disagree	0-20	0-20%	0	0%
Disagree	21-40	21-40%	0	0 %
Neutral	41-60	41-60%	63	31.5 %
Agree	61-80	61-80 %	137	68.5 %
Strongly Agree	81-100	81-100%	0	0
Minimum score	42			
Maximum score	72			
Mean scores	62.66			
Mean %	31.33%			
Median	63.00			
Std. Deviation	5.020			

This section analyses the general population's attitude towards awareness of gender discrimination in medical professionals. The following categories are used to group the attitude levels of awareness of gender discrimination amongst medical professionals: very low, low, average, good, and exceptional. These attitude levels are respectively based on the score as Strongly Disagree 0-20, Disagree 21-40, Neutral 41-60, Agree 61-80, Strongly Agree 81-100. So a strongly disagree score between 0 to 20 is suggestive of a very low attitude level and a score between 81 to 100 is suggestive of exceptional attitude. Based on the collected data as presented in Table No. 2, none of the participants had a very low attitude score(0 %) or low attitude score (0 %), furthermore 31.5% of participants had an average attitude score and a majority of 68.5% had a good attitude, However, none of the participants had an excellent attitude. The average was $62.66 \pm 31.33\%$ which is a good attitude score.

DISCUSSION

The purpose of the current study is to evaluate public attitudes about gender discrimination awareness among the medical professionals working in hospitals and medical colleges in rural India. After thorough analysis of the literature the goal was to determine the general public's attitude towards gender discrimination awareness in particular to medical professionals working in rural areas of India focusing on Wardha district.[12,13]. The study's conclusions indicate that the average attitude score among the general population in Wardha district is 62.66. People have a mild positive attitude towards being aware of gender inequality.

According to Tewari S (2005), despite the right to equality being guaranteed by the constitution and other legislation, gender bias still exists in Indian society. The study examined the gender prejudice that exists in Allahabad, Uttar Pradesh's impoverished neighborhoods. The study's primary goal was to use the Gender Disparity Index to determine the gender gap. The findings showed that there was a significant gender bias in the way that children's needs were met, the labor that was given to them. [14]

The findings of this study have implications on medical professionals in terms of women research, administration, education, and practice. The current study has several effects on education practice. Education courses run by women like Physician assistant and Endoscopy Laparoscopy technologist in allied health and nursing staff in hospitals and community settings aid in the prevention and management of gender discrimination. Women in the medical profession use powerful teaching techniques that inspire individuals to participate in disease prevention and health promotion education activities. [15]

There are several ways to showcase medical information, including lectures, the media, booklets, and pamphlets. As such, women must establish themselves in the population. Therefore, women ought to be very interested in developing various community-appropriate training modalities.

EDUCATION

The emphasis should be made on medical curriculum development and it should provide women with health information through a variety of instructional strategies. Periodically, the teaching staff should be afforded the chance to refresh their knowledge. The research will assist the medical student in raising awareness of gender discrimination in the community. Health workers at the peripheral level and the community should be taught about gender discrimination by women educators. [16] Women ought to have access to opportunities in higher education and decision-making. To abolish gender discrimination in the workplace and education. When they achieve financial independence, they should be made aware of daily occurrences and given empowerment. [17,18,19] Establishing Women Associations in all significant areas would facilitate problem-solving discussions and assistance. [20,21].

WOMEN IN ADMINISTRATION

The administrators can utilize the study's results to inform the development of plans and policies for community education and better professional standards can be achieved. Additionally, a woman who is aware of gender discrimination may take on the roles of manager, supervisor, or observer. The study's conclusions can be utilized by administrators to develop plans and policies for educating women. It will support the administrator in organizing, planning, and providing community members with ongoing education regarding gender discrimination. Administrators can arrange service education and workshops to create awareness about gender discrimination.[22]. The health education planned teaching program and health camp can be arranged for the community people. Various policies and protocols can be formulated regarding gender discrimination programmed for community people. The findings of the study can be used by the administrator of Allied health sciences and Nursing practitioners to improve patient care.

WOMEN IN RESEARCH

A vital component of women in research is advanced nursing practice and allied health to establish new standards, and expand the corpus of knowledge. As a larger number of allied health practitioners specially Physician Assistant and Nursing practitioners are women. [23,24] The image and perception of women in allied health sciences in society are improved through research, which is critically needed for the profession's future. It encourages evidence-based practice as well.

RECOMMENDATIONS

1. To allow results to be more broadly applied to medical professionals, a comparable study could be carried out on a bigger population.
2. Comparative research can be conducted to evaluate different practices in different parts of the nation.

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