

## In a Men's World: Women in the Medical Profession in Taiwan: 1950-1995.

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## The outline

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- An overview picture
- Historical background
- Two theoretical perspectives:
  - Institutional exclusion
  - Cultural inclusion of masculinity
- The medical education
- Choice of specialties
- Pyramid selection & Career promotion
- She needs a wife
- Organization & New Changes

## Women doctors in %

- 1926-1960: 6.9% (?)
  - Educated in Japanese women's medical colleges
  - Arriving from China after 1949
- 1968: 5.4%
  - Male doctors educated in military medical college (since 1950)
  - Few women graduated from medical colleges
- 1974: 4%
  - Over 1000 male doctors demobilized from military
- 1980: 4.3%
- 1990: 6%
- 2000: 12%

## Doctors in Taipei Metropolitan by Gender 1993

Generation (no.& %)	male (no.& %)	female (no.&%)	total (no.& %)
79- 60 years old	847(96%)	36(4%)	883 (100%)
59-40 years old	1660 (92%)	144 (8%)	1804 (100%)
39-20 years old	2883 (86.7%)	444 (13.3%)	3327 (100%)

## Historical background 1895-1945

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### Taiwan

No medical education for women

1926-1942 middle class women educated in Japan

- 101 Tokyo Women's Medical College
- 76 Imperial Women's Medical College
- 50 Toyo Women's Dental College

### China

Co-education in medical colleges

50% women graduates

## Two theoretical perspectives:

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- Institutional exclusion
  - exclusion in historical context: Japanese colonial period
  - Privileged class + women's education is less valued
  - women's quota in specialties
  - Pyramid selection
- Cultural inclusion of masculinity:
  - Masculinity as a norm in the profession patriarchal social value
  - 'sex-neutral' education
  - professional identity: specialties
  - She needs a wife



## Medical Education: gender, class, ethnicity

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- 1965: 61% from medical families,  
17% from rural areas.  
more local
- 1982: 46.7% from medical families.  
more local
- 1985: 47% middle class.  
4% of women against 22% men  
from lower class  
more local
- 1995: 6% from medical families  
70% civil servant & business  
families



## 'Sex-neutral' Medical Education (cultural inclusion)

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- Women constitute 30% of master & Ph.D.  
Less family burden. different from physics
- Educating women doctors to have less  
(negative) femininity and more (positive)  
masculinity which is associated with  
professionalism.
- gender bias in medical knowledge without  
challenge.



## Choice of Specialties (overview)

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- Major specialties vs. minor specialties
  - surgery, ob-gyn, pediatrics, internal medicine
  - The other specialties
- Gendered images of specialties
  - Before 1980s: Run a clinic with husband    ob-gyn or pediatrics
  - After 1980s: working in hospital  
less demanding specialties, ophthalmology, dermatology, radiology, rehabilitation.



## Women's quota in specialties (institutional exclusion)

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- Women graduates had to choose minor specialties. For major specialties, they had to wait for male classmates completed military service.
- Men after military service can apply for the 4 major specialties.
- Limited quota for women in some specialties, due to pregnancy.



## **Pyramid Residential training structure (institutional exclusion)**

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- Graduates prefer to stay in the medical centers for Residential training
- R1 (16)    R2 ( 10 )    R3 ( 5 )  
R4 ( 3 )    Chief resident (1)  
Visiting staff. Women are excluded at each level.



## **Career promotion (cultural inclusion)**

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- Studying abroad: men bring family abroad, women are tided down.
- Women 'as mother' can wait.
- Social networking: Men's 'brotherhood' (homosocial), women isolated or related to husband's net
- Heads of department are almost always male.



## She needs a wife (femininity)

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- Role as wife
  - Keep his face & being low key
- Mother's role slow down her professional development.
  - Learning & training
  - Conference gatherings
  - Studying abroad
  - The help of her mother or foreign domestic workers



## Organization & New Changes

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- Women Physicians Association
  - Established for 30 year:
    - Early period is for helping the poor
    - After 1990s, for networking
  - Not yet for structural & ideas challenge
- Younger women are influenced by the feminist movements (individual)
- 'Gender and medicine workshops' & STS — challenging the biased medical knowledge and practice. (trickling)



## Difficulties in Change & New Possibility

- Difficulties:
  - Privileged group resists changes
  - Medical education do not teaches critical thinking
  - Individual women doctors exhausted between career & family
- New possibility:
  - Gender Equity Education Act 2004
  - Feminist parliament members dictate the education & hospital evaluation policies— gender education is compulsory & women's friendly hospitals.
  - Challenges from the State via funding & evaluation system





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Thank you for your  
listening!

Looking forward to  
hearing your  
comments!!