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

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### The outline

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

### Women doctors in %

- o 1926-1960: 6.9% (?)
  - Educated in Japanese women's medical colleges
  - Arriving from China after 1949
- 0 1968: 5.4%
  - Male doctors educated in military medical college (since 1950)
  - Few women graduated from medical colleges
- o 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	total (no.&
	%)	(no.&%)	%)
79- 60 years old	847(96%)	36(4%)	883 (100%)
59-40	1660	144 (8%)	1804
years old	(92%)		(100%)
39-20	2883	444	3327
years old	(86.7%)	(13.3%)	(100%)

### Historical background 1895-1945

#### **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:

- 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

1965: 61% from medical families,
 17% from rural areas.

more local

1982: 46.7% from medical families.

more local

o 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)

- 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)

- 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)

- 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)

- 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)**

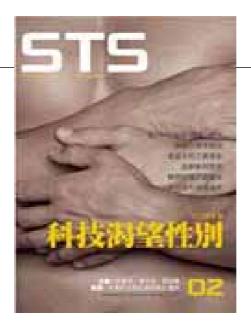
- Studying abroad: men bring family abroad, women are tided down.
- o Women 'as mother' can wait.
- Social networking: Men's 'brotherhood' (homosocial), women isolated or related to husband's net
- Heads of department are almost always male.

### She needs a wife (femininity)

- o 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

- Women Physicians Association
  - Established for 30 year:
    - o Early period is for helping the poor
    - o 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**

- o 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

Thank you for your listening!

Looking forward to hearing your comments!!