



# Gender equity in gastroenterology practice: Lessons learnt and the way forward

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In recent times, there has been a rising attention on gender equity in the field of gastroenterology. An interesting article in the present issue of the *Journal* has addressed this in the Indian sub-continent and south Asian countries [1]. The focus of attention has been on the failure of women in gastroenterology specialty to achieve leadership posts and their poor representation in all forums of speciality [1].

## Equality versus equity

Gender equality infers that, irrespective of gender, every person gets an equal right and access to opportunities, services, resources and benefits in private and public spheres. Gender equity not only takes into account the concept of gender equality, but also recognizes the differences between genders and acknowledges their different needs, constraints and aspirations. Thus, it strives to create equal chances and ensures fair handling and equal consequences in the given field.

## Women in medical school and thereafter: Issues in choosing a speciality

Gender disparity persists across the world despite the fact that women are being increasingly represented in undergraduate training course. The reasons for dropouts after graduation (60% to 70%) are several. For many, a doctor's degree is good enough for fulfilling their self-esteem and family dreams. Others would get into private practice or join Civil/State/Central Government Service (permanent job with

pension) and settle down. To overcome this dropout, it is important that during medical school days, the pipeline is strengthened for young aspiring women doctors with necessary interventions. Career counselling by strong role models can support and nurture their inclinations and ambitions, thereby helping the young aspirants in being well aware of various opportunities in the field of medicine ahead of their completion.

Post-medical school, the low conversion rates from under graduation to higher speciality is ascribed to general gender expectations, implicit bias and limited mentorship opportunities. Higher female representations are in broad specialty such as internal medicine, pediatrics, oncology or in basic sciences for example immunology, pathology or other allied services such as nursing [2]. In the field of pediatrics and oncology, despite their higher numbers compared to other specialities, women are under represented [3, 4].

In the 1960s, T. S. Kanaka, a lady surgeon in the erstwhile Madras state, had to break the male bastion multiple times to succeed. Instead of a scalpel, she was welcomed with pinching words of her male chief doctor: "I will see that you do not become a surgeon". The same lady over the years rose to become the first female neurosurgeon of Asia under the mentorship of "male" neurosurgeons who nurtured her towards her goal and in fact even assisted her during surgery [5]. Even to this day, a very small percentage, around 10 per cent, pursue post-doctoral studies/super-specialization [6, 7], with fewer representations in male-dominated specialities that are procedure oriented, more hectic and technically demanding such as advanced therapeutic endoscopy, interventional radiology, neurosurgery and cardiothoracic surgery.

## Gender disparity at work place

There are differences in work performance, leadership appointment, salary and facilities for research work in corporate vs. public sector at least in the Indian sub-continent. In

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the corporate sector, the work is demanding and salary conversion rates are expected. There is often no hierarchy, each is a boss in his/her own right. Under these circumstances, a woman gastroenterologist has to excel on her own to show her skills (including endoscopy) and work performance so as to be appointed as a Director or a lead consultant in the organization.

In public/governmental sector, the system is diverse. Promotions are based on selection ranking by the institution or central or state medical commission; the number of years completed in that particular post (time-based promotion), seniority, academic performances and existence of vacancy. There is no gender disparity under these circumstances. In fact, women in these teaching organizations have occupied high chairs, academic ranking and are achievers in their own right receiving recognition at national and international forums. They have climbed up the ladder, having overcome many of the challenges in their career. Such top-most posts are often quite demanding and challenging, as one has to take charge of the administration, patient care, teaching and training as well as make contribution to research. The outcome and popularity of these women gastroenterologists in societies are based on the talent and capability of the lady chief. Grit and determination pave the way for success. These women can serve as role models for the severely deterred women fellows who have lame excuses for achieving their goals.

### Gender disparity at national and international forums

The women “achievers and leaders” whether in corporate or public sector face several challenges at regional, national and international forums and societies. Herein, when a woman gastroenterologist is on a par with her male counterpart, gender equity is seen at several levels. The gender ratio starts to go askew at mid and leadership level. Women are seldom given opportunities as task force leaders in nationwide surveys. Leadership roles in local organization and national gastroenterology societies or representation as speakers in conferences are also limited. Many deserving women fail to represent as forefront torchbearers and do not get elected as members of governing council of various societies. It is but true that “with men, there has always been a fundamental assumption that they have a right to be there representing the society; but with women it has been a spontaneous “why her?” [8].

Is this a problem of the attitude of men or the dismal numbers among women trainees/fellows in this field? One must remind oneself again and again that the insignificant representation in various forums is most likely to be to the lower percentage of women in this field.

In the west, a similar gender disparity exists in the field of gastroenterology. Less than 15% gastroenterology departments are headed by women. They have poor representation in gastroenterology societies and are poorly represented in governing councils of societies, a state that is no different in the Indian sub-continent and other south Asian countries [9]. However, several steps have been undertaken by the respective societies that have resulted in a slight decrease in the gender gap by about 3.3% [10, 11].

### Is gender disparity self-inflicted? Playing the devil’s advocate

With gastroenterology being a male-dominated field, women often do experience an exclusionary culture. The training is physically demanding, involves hectic training, with less flexible work hours and poor work-life balance [11]. It is suffice to mention here that women gastroenterologists should dispel such thought process of gender equity and move ahead, as perseverance and dedication are a must towards success.

Challenges in professional jobs are the norm. The path is laden with bolsters and boulders and not unique for women. Balancing personal and professional life is always a constant juggle and sorting this out is itself an art, trying to manage work-life integration effectively. Women in addition have unique challenging issues such as child bearing, patriarchy and higher risk of radiation exposure (can equally affect men as well) during child-bearing age that serve as hindrances to their profession. However, when an individual takes up gastroenterology as a profession/specialty, it is by choice and not by chance; it is imperative that one dedicates herself/himself towards the choice. Family circumstances and physical fitness should not come in the way.

Those interested in endoscopy need to understand and face the challenges, knowing fully well the pros and cons associated with endoscopy procedures. There should be no argument with the flaws in the “tools” or inherent problems related to radiation. One cannot resist but stating that learning and upskilling with the “learning together” aptitude in endoscopy can boost one’s career development. If therapeutic endoscopy is not one’s cup of tea, one can consider opting for the ramifications in the field of gastroenterology such as gastrointestinal motility, hepatology, genetic/immunology of gastrointestinal disorders or teaching as a profession.

The career path—be it for a man or a woman—is akin to learning to ride a bike. One is likely to get a few scrapes and bruises, but each wobble will teach something about staying upright. If one gets off the bike each time it wobbles, reaching heights is impossible!

## How can one dispense with gender disparity? The way forward

First and foremost, members of the gastroenterology societies should accept the existence of gender disparity in this field. There is a dire need to promote gender equity and eliminate bias. These societies should provide opportunities for women to be leaders or have reservations for women (for initial few years) in important positions in the national forums and allied specialities. It is important to provide them with all opportunities, which have been missing for a long time. A little “push” will help women become leaders and achievers in gastroenterology and in future will be on a par or prove to be even better than men folks. This change is happening across all disciplines (medical and non-medical professions). One cannot totally banish the fact that while the bias was more obvious in the early years, the gastroenterology society has adopted a subtle expression over the years with noticeable unequal opportunities at higher academic levels.

### Woman leader mentoring other women

Women in gastroenterology often hesitate to take risk in their career, preferring to remain in the comfort zone, instead of seizing opportunities. They should identify a mentor who genuinely invests in the growth and helps in leaving behind inhibitions. Having women mentors in organisations such as GI society can truly help those joining the profession to scale one’s career; their constant support and guidance will turn things around in the right direction. Workplaces such as the department and endoscopy suite itself have a crucial role to play in nurturing mentor-mentee relationship among women workforces. Thus the value of a woman leader mentoring other women for leadership role cannot be over emphasized.

Summarizing, to achieve an ambition of leadership and to be on a par with male counterparts, one needs to sacrifice/compensate/strike a work-life balance against all odds. Thomas Edison said: “Success is no accident. It is hard work, perseverance, learning, studying, sacrifice and most of all, love what you are doing or learning to do”. The challenges today in the field of gastroenterology lie not in realizing that women are less represented in this community, but encouraging their participation, so that in future, gastroenterology is also a lucrative practice to them. Challenges are there to strengthen and help us become a better version of ourselves.

## Is there a light at the end of the tunnel?

In the past few years, there has been an increased inclusion of women as chairpersons, moderators and judges for competitive sessions. What determines the inclusion? Is it the academic and/or research performance or the faculty position they are holding? This is not known. The Indian Society of Gastroenterology has taken up an initiative to introduce sessions on women in gastroenterology in its national meeting (hopefully not just a boardroom conversation topic). The society needs to focus on building a positive culture by having flexible working hours, provide child-care facilities, increase the allowances and mobilize more women role models in leadership positions. This is the beginning of a saga, but we have a long wait before the changes are discernible. We hope a time comes when no one talks about the need for equality but talking about sharing responsibility equally and gaining equal competency.

An ardent plea to all young women pursuing or planning to pursue a career in gastroenterology ensures that....

“I’m willing to be seen.

I’m willing to speak up.

I’m willing to keep going.

I’m willing to listen to what others have to say.

I’m willing to go to bed each night at peace with myself.

I’m willing to be my biggest, bestest most-powerful self.”

– Emma Watson

### Declarations

**Conflict of interest** MJ and JV declare that they have no conflict of interest.

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