

## Women doctors have a rougher time – new association born



**Medicine in South Africa (SA) is replete with women doctors at an advanced stage of their careers who were actively dissuaded from specialising or baulked at the demands of registrarship combined with potential motherhood, while hundreds of their younger colleagues daily brave security threats and discrimination.**

These are among several reasons why a core group of some 50 women doctors, led by deputy health minister Gwen Ramakgopa, are in the final throes of forming a local Medical Women's Association to tackle such issues – and collectively help advance caring, effective healthcare delivery. Born of a query to Ramakgopa by a Nigerian colleague at the World Health Assembly

in Geneva early last year, the association will be formally launched in Pretoria on 9 August, National Women's Day. Dr Nono Simelela, who staunchly steered the national HIV/AIDS directorate through the dark political waters of AIDS denialism, is now Ramakgopa's 'right-hand woman'. She says the association's aim is to be all-inclusive, embracing, for example, women doctors in the construction and medical device industries, academics, non-practising doctors, and most vitally young interns and community service conscripts: 'We think everyone has some value to add.' She said that after four meetings, which began in March and were facilitated by the Foundation for Professional Development (FPD), a South African Medical Association (SAMA) body, concern emerged around

'what we can do to add value and improve/ contribute to the bigger social agenda of community, government, poverty and violence'. Five key areas were identified.

### Challenging and/or supporting health policy

Says Simelela: 'We can promote policy – and challenge it – and be accountable, not just to medical women, but to women overall. The human capital and network we can bring is significant.' The key areas, with provincial branches established using SAMA and FPD databases, will be Governance and Institutional Arrangements, Resource Mobilisation (including fund raising), a Programme of Action (including professional development, social issues and a mentorship programme, and involving all

eight (soon to be nine) medical schools), and Communication and Marketing Strategy.

The new SA body will join six other African countries already affiliated to the International Women's Medical Association (IWMA, founded in 1919 and one of the oldest professional bodies in the world), a non-political, non-sectarian and non-profit-making NGO representing women doctors from six continents. Besides actively working for gender equality and improving career and economic prospects for women, the IWMA, on which the prospective local body is modelled, promotes communication and co-operation between medical women, regardless of race, religion or political views. A corporate aim of the local body will be to 'mend fences' between the public and private sectors, where attitudes, perceptions and incomes are so often alienating and disparate. Asked to give examples of gender disparities during her own career, Simelela recalled helping perform a caesarean section on a patient 25 years ago, while she herself was pregnant, near the end of a 36-hour shift. 'I noticed blood on the floor and wondered how it got there ... then I realised my membranes had just ruptured and that I was in premature labour (at 30 weeks).

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'I delivered the patient's baby and left. In the change-rooms I realised I was in trouble. So I promptly switched roles from doctor to patient, and the next baby was mine – luckily Prof. Ephraim Mokgokong (now 80 and former head of the Nelson Mandela Medical School and former Medunsa Deputy Dean), was the senior on duty. He helped with the birth.' Today Rudzani is a top dancer with the Cape Academy of Performing Arts, and none the worse for her dramatic arrival.

### Following in the steps of business

Dr Nomonde Mabuya, a GP in private practice and veteran of the Businesswomen's Association of South Africa, a chapter of the International Women's Forum, singled out safety and security for women doctors in various institutions as her top issue.

'Women are getting raped and mugged – while it's not the fault of the institutions generally, they don't take responsibility and there's no real support.' She said her second priority was women 'making it' into certain specialties such as obstetrics and gynaecology, and surgery. 'During my time this was a very serious issue. I wanted to be an ophthalmologist. I couldn't get in because they asked how I'd handle giving birth while a registrar. We need to help women into all specialties. Check out gynaecology – you'll see that there are not that many women. It cannot be because they didn't want to study!' While she underwent six years of training, her modern-day equivalents did nine, 'and they're sent to rural areas without supervision – our younger girls badly need mentorship and coaching'. Mabuya said leadership was vital. On the international political stage only the Scandinavian countries had achieved true gender parity. 'We shouldn't have to explain why women have to be there. If leadership sets the tone, then everything cascades down to society' (15 of South Africa's 35 cabinet ministers and 17 of the 33 deputy ministers are women). Data supplied to *Izindaba* by the Health Professions Council of South Africa (HPCSA) showing gender trends among registered medical practitioners over the past nine years (December 2004 - December 2013) are interesting to read.

### More young women doctors, but overall progress slow

In their Community Service stint last year, women outnumbered men by nearly 8% (compared with 1.7% in 2004) and by 10.6% in their medical internship year (1.4% in 2004). Just how slow the overall gender rebalancing act has been is evident from the total pool of medical practitioners registered with the HPCSA last year (34 961) – men outnumber women by 30%, compared with 45% in 2004.

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One gender-unrelated pattern to emerge over the nine-year period is a consistently equal but dramatic 24% drop between the numbers of men *and* women registering for

their community service, and subsequently registering to enter full-time medical practice.

Women make up 52.0% of the population in SA, with 43.9% of working South Africans being women. They constitute 21.4% of all executive managers in the country, tallying as low as 17.1% of all directors. The 9.1% of women collectively working as CEOs (3.6%) and chairpersons (5.5%) in SA remain 'a minority within a minority'.

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Globally, SA leads Australia and Canada in terms of women directorships and is at comparable levels to Israel and the USA. Data extracted from the 2011 census report show that SA continues to have one of the highest numbers of women executive managers compared with its international counterparts. But if one looks at a breakdown of JSE-listed companies and state-owned enterprises, only half of the industries reflect increased percentages of women executive managers. Healthcare showed a significant increase at 16.6%, but all percentages are still below 30% (2009 census). Attempts by *Izindaba* to extract gender breakdowns for specific medical disciplines from the HPCSA proved unsuccessful.

Mabuya said that in her own experience discrimination was a 'big issue', adding 'we've learnt to be civil'. Career interruption in order to have a family was a thorny problem, 'because you get isolated from your family and career path'. She also appealed for more work to be done on 'closing the inter-generational gap between doctors – we need to understand the new challenges and bring more young medical students on board'.

Dr Gustaaf Wolfaardt, CEO of the FPD, said that with well over half of all medical school graduates now female, 'there is a serious need to rethink, especially in the public sector, how the healthcare system is geared to embrace this changing reality. We need to look at issues like good security, crèche facilities and job-sharing appointments.'

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