Assessing Gender Awareness In Undergraduate Indian Medical Students: Prelude To Their Sensitization To Gender Integrated Community Medicine Topics

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Introduction:

Background:

Gender is an essential social determinant of health and illness and health related behaviors.

Gender Awareness

means gender is recognised and incorporated as an essential determinant of health and illness, contributes to equity in health. Lack of it leads to gender bias.

Gender Bias in medicine seen as *gender stereotyping*, *gender role ideology* and *gender blindness* reproduces gender inequalities and contribute to suboptimal patient care.

Gender-sensitive medical curriculum can prevent gender bias; is a prerequisite for gender-specific health care and a catalyst for reform towards social change.

Gender mainstreaming/Integration into undergraduate medical education has shown promising results in various medical schools globally and in India as well.

Objectives:

- To assess Gender Awareness in undergraduate medical students.
- 2. To sensitize them to Gender Integrated Community Medicine Topics

Methodology: **Study Design Cross Sectional Mixed- Methods Study single centre study Participants:** Undergraduate MBBS Students of 1st to 4th professional years Data collection was done Online through a form incorporating socio demographic variables, validated (Nijmegen Gender Awareness in Medicine Scale (N-GAMS) with 3 subscales: **Gender Role** Gender **Gender Role Ideology Towards Sensitivity Ideology Towards Doctors** (GS) **Patients** (GRID) (GRIP) Attitudes towards societal constructs of gender, safe abortion, sexuality were assessed Sensitization of students and interns conducted through **Small Group Discussions (SGD)**

Small Group Discussions (SGD)on gender as social determinant of health,

gender bias, gender inequality in health care, access to health services and

patients. Stories on the above theme pertaining to women throughout the

role of gender sensitive doctors in Addressing Gender Based Violence in

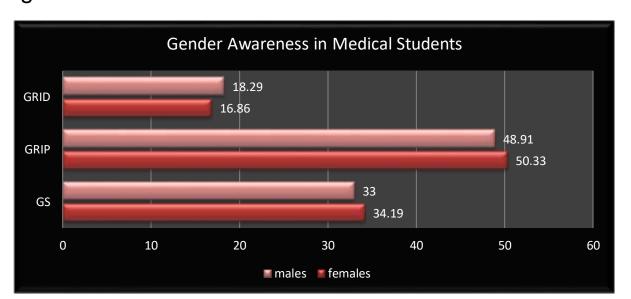
life course were portrayed followed by discussion

Results:

Overall response rate was **45.40%** with a total 227 participants, majority of respondents were in 3rd professional year (41.85%) students.

Median age of respondents was 21 years with 157(69.16%) females.

Mean gender sensitivity (GS) 34.19(±5.59) was insignificantly higher in females and gender role ideology towards patients (GRIP) scores 50.33(±15.67) and (GRID) scores were insignificantly higher in males indicative of a more stereotyped opinion toward patients among male students.



Majority of participants had favourable attitudes towards safe abortion. Male students agreed more with Societal constructs of gender; female students had more favourable attitudes toward sexual minorities. Gender sensitivity and ideology (GRIP) scores were positively correlated. (r=0.667).

A total of 180 students and 50 interns participated in the small group discussions (SGD) held for sensitization on gender integrated topics in Community Medicine and reaffirmed Relevance of Gender integrated medical education and .

Inclusion of gender integrated Community Medicine topics in has been proposed.

Conclusions:

Gender awareness (N-GAMS) scores provided an insight into students attitudes towards gender in medicine.

The scale can be used as a baseline and follow-up assessment tool for providing gender integrated health professions curricula.

Gender sensitivity was higher in female medical students.

Sensitization of students on gender was effective, students were interested in gender integrated topics; reaffirmed role of gender sensitive doctors.

Understanding influence of gender on health will aid in reducing gender bias and stereotypes in future health care professionals and improve clinical outcomes in future patients and equity in health.



The time is apt for Mainstreaming/Integration of gender throughout health professions education curriculum.

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