

WOMEN

IN

PROFESSION

**A THESIS SUBMITTED TO THE
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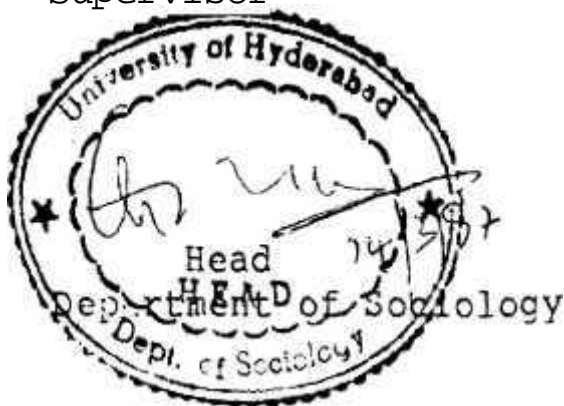


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To Beloved Mother Krishna Bai

A C K N O W L E D G E M E N T

* * * * *

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WOMEN IN PROFESSION

Introduction : Large and complex organisations in modern societies are generally managed by professionals. In India, although women play a major role in the labour force, they are largely under represented in professional organisations. This is because of the social cultural basis of gender differences, the socialization pattern and the patriarchal ideology.

Behaviors associated with the exercise of power, the structure of interpersonal relationships and culture in professional organisations differ from what women learn as a result of their primary socialization. These differences demand that women undergo a two stage socialization process, first to their ascribed and then to their achieved status, that is, professional status. This two stage process consists of different processes for women's access to labour force and their entry into professional organisations. Many women now a days aspire to become professionals. Aspiring alone is not sufficient. Having a middle class social and economic background facilitates their entry into professional training. Besides, at the personal level it also requires role restructuring and confrontation with the incompatible

normative system. A kind of socialization which differs from the general pattern of socialization of women in India. The role restructuring is necessary for professional women but it also gives rise to a couple of serious problems. The most important being conflict between the role requirement and the set of existing norms, values, expectations and obligations of the society in general. Since the norms and values form a connection between role and system, and because the norms and values always emerge after the system has been in operation for a while, it is obvious that there is always a lag between the two. If there are changes in the systems and the roles, one needs to have corresponding changes in the norms and values too, to connect the roles with each other and also to the system to which they belong. For the new working women in India at present, value crises have developed since the modern women have to wait until the links develop to connect new role with the modified new system. This has often confronted her with incompatible situations where she is not able to decide between her role conflict.

A perusal of literature on the position of women right from primitive to modern societies reveals that, in those societies where any section of population is in a servile position, the position of women is correspondingly low with regard to the male sex and especially at the married stage.

Survey of Literature in the area of womens studies suggests that there is a dearth of information on women in profession in India. Information regarding women in profession is" largely derived from journalistic write ups which only touches the fringe of the problem, some studies and articals published in this regard are by Sangeeta, Manohar (1972) Vohra, Meera (1969) who have studied women lawyers and have gained information on their career graphs and problems of survival in the "man's world". Kalhan, Promilla (1970) Vishwanath, Prema (1978) have studied women teachers and have pointed out that teaching Jobs suit married women ideally because of the nature of the job and the timings. Das, Anusuya (1969), Pandya, S.K. (1969) have focused their attention on women doctors, throwing light on the specialization they opt for, reasons and the kind of problems they face because of their sex.

Gupta M (1979) has studied job satisfaction among women workers and has found that need attainment and need aspiration for the four occupational groups - teachers, doctors, nurses and clerks are low. About 66% of women had job satisfaction, 25% of them were undecided and the rest were not satisfied. According to Mednick M.T. etal (1975) the entry of women in the labour market on the whole depends on the family situation and the age of the last child.

Women in Law and Administration have been studied by Everett, Jana (1984) which is a comparative study of women lawyers and administrators regarding the position and privileges enjoyed by them in general. Women in Medicine is studied by Lebra, Joyce (1984) who points out that women doctors employed in the rural areas face problems of inadequate living facilities and security. The conflicting demand of career and family make many women doctors discontinue their service.

Thus, few studies regarding women professionals have been conducted, they focus on one or two aspects of their lives but no single comprehensive study regarding them has yet been done in India.

In any society economic and social changes often bring changes in economic roles of sexes which in turn bring change in family and social life affecting the whole society.

The effect of economic development on women differ according to the nature and stage of development of the society. While studying women in society it is important to assess such factors as, i.) the way in which boys and girls are valued by the family and society, ii.) the control which women are able to exercise over their own lives, those of others and also to the extent to which their lives are controlled by others,

iii.) the decision making power of women in various roles they play, namely, mother, daughter, daughter in law, wife widow, servant etc., is necessary to understand the relative status of women within a society. This is of vital importance because decisions made within the household on such matters as the organisation of work, the allocation of income, arrangement of marriages shape the lives of individuals, both men and women.

In consideration to decision making, the Value system of the society is very important. We need to know not only who is making decisions but also the criteria by which they are made. As in the case of the Indian "matriarch" who might exercise a great power within the family, especially if she is a widow, but she would usually act in accordance with the concepts of patriarchal ideology when it comes to the world outside.

In traditional societies which follow the economic system characterized by a sharp division of labour between sexes, women's primary responsibilities get restricted to child care, the preparation of food and the general household tasks. Women of the upper and middle classes in traditional India work outside the home very little or not at all. Even in those regions where they do so, their work tends to be of a secondary nature. Women in general live in a state of economic dependence on man. For a long time in India

unorthodox ideas, rarely emerged in the main stream of traditional thought, the assumption of female inferiority, implicit in the whole social and political system, went unchallenged. It was only after the political independence of the country that initiation of emancipation of women took place. Although, women are still a long way from economic equality with men, at least in terms of law a fundamental change has taken place in so far as women now have complete legal equality with men. In the economic sphere they can earn and receive money as individuals and as the last resort, support themselves in order to preserve their independence.

This study "Women in Profession" is conducted on the basis of my observation and interaction with working women, especially professional women and the realization of the fact that they are passing through strenuous period of adjustment between work at home and profession. In order to get to the root of the problem it seemed necessary to study women in their social relations at work and to discover the processes whereby their social relations have changed over time. It was also thought important to understand how women were serving and challenging men's domination in culture, ideology of the family, defining woman's primary role as the home maker and the ideology of femininity.

This study is also interested in knowing how a woman placed

in highly specialized careers reconciles the differing beliefs, standards, values and perceptions of her two roles - namely, -working woman as well-as a housewife?-How-is a woman viewing expansion in her set of roles? what problems are encountered by her at the work place as well as at home? what are the ways in which forces of tradition and modernity are being reconciled? How is she managing her time? How well is she faring as a professional ? How is she striking a balance between the two worlds which are highly demanding and compromising. An understanding of the kinds of problems faced by them is intended.

The Indian woman, especially the professional woman, who is standing at the cross roads of social evolution, faced with contradictory values, perceptions and expectations needs to be understood as an emerging social reality.

As we shall discuss in detail the attributes of a professional it would become clear that the ideological basis of a professional and that of traditional women are contradictory. Chief differences between the two are as follows:-

i) A professional occupies a definite status, autonomy, power and authority and she achieves a status which is open to all members of the society, whereas, the status of a traditional woman is ascribed, and she is subordinated to the power and authority of men.

ii) The power and authority a traditional women enjoys among the members of her own sex changes with change in her role - status, from wife, mother, daughter in law to mother in law, grand mother in law etc. Power and authority relation change with the progression in status. The disparity in status between the daughter in law and mother in law is culturally given, daughters in law are subordinate to mothers in law. Role in the house is culturally defined and adherence to traditionally set pattern is appreciated, whereas, members of professional group are at par with each other and no obvious discrimination is encouraged.

iii) In the professional culture innovation is encouraged and there is a general interest in the scholarly advancement through competition within the profession in direct contrast to the traditional interest in the retention or adherence to the already set cultural norms and disturbance of traditional role and status is not appreciated. There is no disparity in status on grounds of sex whereas in society at large sex discrimination is felt.

Traditional maintenance of Law and order was the business of the council of elders and with regard to the household to the elder females of the house. Tackling of medical problems of minor dimensions were the concern of the vaid and priest. With advancement in technology and modernization we find

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today that law and medicine have shifted outside the traditional domain to the professional institutions.

This study is conducted to know what is happening to women who are entering professions dominated by men and how they are coming out of the dominance - subordinate relationships prevalent at home. Women are entering professions as a minority group legally and in terms of innate mental faculties equal to men. Yet as a minority they suffer certain inherent discrimination. How far has there been a redefinition of power equations between men and women and the women and the other individuals in the family and the work place? When a modern woman is employed to satisfy her individual aspirations she might not be impelled by traditional notions of sacrifice and duty at home. The employed woman has an expanded set of roles that make it impossible for her to adequately fulfill traditional duties. Given the unevenness of change, various role players face inconsistent or conflicting expectations from others, and experience strain. Knowledge of such strains and contradictions in a given society provides clues about the possibility of change. It will help us understand whether the acceptance of modern and progressive ideologies are resulting in linear form of social and cultural change or are they resulting in the traditionalizing of apparently 'modern', innovations.

Women in India

In India male sex is considered superior and a birth of a son considered auspicious leading to sex differentiation in the socialization process. The girl in India from time immemorial is brought up under the assumption that goal of her life is to marry and settle in family life. Marriage is best for future security, subsistence and livelihood. It is the duty of a woman to shoulder the responsibility of bearing and rearing children. Woman in rural India is also expected to contribute her labour in the fields as agricultural laborer. However, her contribution of work at home and outside is never valued in economic terms.

The status, role and position of Women in India has varied during different periods in history. It has ranged from considerable authority and freedom to one of equally considerable subservience. From historical records, the Rig Veda (1500 - 900 B C) and the other religious Shastras (ie, holy texts) we come to know that during the vedic period (2500 B.C. - 1500 B C) and the upanishad period, (1500 B.C.- 500 B.C.) which together form the ancient period, women enjoyed considerable freedom and liberty. The wife and husband were considered as equal halves of one substance and were equal in every respect. Women in this period were free to participate in education and politics on equal terms.

was the custom of dowry which led to the girls being considered economic liabilities. Only by giving birth to a son did a women redeem herself in the patriarchal system (Joyce Lebra, etal, 1984). The appearance of Buddhism in the sixth century B.C. acted as temporary check on the decline in the status of women. The Buddhist reacted against the caste system and the sacrificial rituals of Brahminism (Hinduism). Women were admitted to the Buddhist orders. The order (Sangha) offered women an alternative to subjugation to husbands and to the patriarchy. The Jain religion, also offered women this alternative to the traditional wife/mother role.

The Buddhist influence however, did not last long, Brahmins gradually reasserted their authority. The Gupta period was a renaissance of the Hindu culture, the great Hindu epics, the Mahabharata and the Ramayana were revived and appeared in written form, incorporating both popular lore and vedic ideas, evolved prior to the Gupta period. In these epics we encounter two feminine archetypes which have influenced all later generations of Indian women. They demonstrated to the Indian women the value of mute submission and bearing oppression of man without protest (Joyce Lebra etal, 1984).

Following the epic literature, the code of Manu (religious scholar) in the early Christian era, prescribed

three dependencies for women – first on father while young, then on husband in adulthood and lastly on son in the old age. Manu laid down-unfavorable-laws-for-women restricting their personal freedom and liberty. He confined them to a life of domestic drudgery and oppression. According to him women in order to be cared and respected by the men of the house should inculcate qualities of self denial subordination and unquestionable acceptance of familial authority.

In the overall context of man woman relationship, man was culturally ascribed to occupy powerful and dominant positions. In socio religious and economic spheres and in matters of reward and opportunity man was supreme. Scripturally and culturally the woman was denied any growth of intellectual, ethical or emotional faculties thus establishing a base for a patriarchal society. Harm's ascription of inferior status to woman and his social codes and sanctions left their permanent mark on the future status and role of woman in India. Domestic seclusion of women and subordination was further perpetuated by various foreign invasions of the country.

Arab invasions beginning in 712 A.D. introduced Islam to India. By the thirteenth century. North India was under the rule of the Delhi Sultans. Hindu and Muslim attitudes towards women were complementary, thus reinforcing the restrictive aspects of upper class female status. This reinforced many

social evils, such as seclusion of women, system of purdah (totally covering the body and face), child marriages and the performance of sati (burning of widow on the funeral pyre of the husband). Lack of education and social exposure led to further deterioration of woman's status. (Khanna and Verghese 1938).

By eighteenth century onwards changes started taking place in the Indian society. Various social reform movements and politico-economic developments started changing the attitudes and behaviors of people with regard to woman. Numerous educational institutions were started by missionaries for both boys and girls injecting western values and ideologies among them. This in turn led to the development of a sub-culture of westernization leading to a new kind of behavioral mode breaking the traditional culture, customs and expectations. Western education brought a sense of rationality, secularism, individuality, freedom and liberty making educated sections among India aware of their suppression and oppression. This led to the struggle for freedom encouraging not only men but also women to depart from cultural tradition of mute submission.

The momentum of change with regard to the position of women started taking place only after the independence of the country. Political freedom of the country led to the

formation of the new constitution. For improving the position of women various acts enshrining legal rights were legislated;—chief among them were the Special—Marriage Act, 1954, Hindu Marriage Act, 1955; Hindu Succession Act, 1956; Dowry Prohibition Act, 1971; Article XIV, XV, XVI, of the constitution of India imparted equality to men and Women before the law. (Article XIV) prohibited discrimination on grounds of religion, race, caste, sex or place of birth. Article XVI granted equality of opportunity in matters of public employment. Thus legally there emerged a new socio—legal pattern initiating change in the status and role of women.

The establishment of educational institutions with the government providing free and compulsory primary education for both boys and girls has brought a change in attitudes towards girls education. The general awareness of the value of female education began to be recognized in the Indian middle classes. However, even till today the general education is preferred for women to professional education. Since, there is a widely accepted belief that women's place is at home and even the educated women is no exception in this regard. Increasingly however, we do find larger number of women taking to professional education leading to professional careers. We have selected to study women in profession because already we have numerous studies on women

in general - their status and role, employment and exploitation of women in the unorganized sector etc.

Women and **Work** : basic issues

Traditional societies:- In the traditional societies it was not considered appropriate for women to work outside the home for wages. This normative value must be taken into consideration when assessing the participation of women in the work force. The wage rates for women of India are especially low even when they perform the same kind of work as men. In the traditional village in India, among some castes, women played more active productive roles. They made distinctive contributions to cultivation, crafts, menial services and to the marketing of agricultural products and handicrafts. Among hill tribes and scheduled castes of India the production and marketing of handicrafts are still a female province. In most parts of the country there is a taboo on women ploughing, but throughout all the regions of India they take part in other aspects of agricultural production such as weeding, transplanting, winnowing and harvesting.

In Indian sociological tradition social mobility is dealt with almost exclusively in terms of inter-generational caste mobility. Social class is usually measured with fathers occupation along with son's education and Job employment.

Gender and caste were primary determinants of occupational mobility. There is a critical difference in the socialization pattern of men and women. As already noted women in India from time immemorial are socialized to occupy a family role, an ascribed status (Linton, 1936, Spitz and Waite 1980). Men on the other hand learn both economic and family roles or achieved as well as ascribed statuses. Despite recent advances in education and outlook woman's place is still thought of to be at home. Woman's social status is more contingent on whom they marry than on what they achieve. Their role as wives and mothers are given top priority. Their roles are not only time consuming but often leave very little time for achievement in other fields. If a woman is employed elsewhere other than her home then she has to pass through painful periods of stress and extra burden of work in order to fulfill her dual roles.

A perusal of the literature related with the problem revealed that there is no uniformity in the extent to which women like to participate in gainful activity. Several explanations have been given as to why some women want to work outside their homes. Firstly, it is taken for granted that man is the natural bread winner and women usually work only to augment the family income. Secondly, higher "female labour - force - participation - rate", has been observed in low income groups. Thus it is not surprising to note that

such factors have given rise to the tendency to explain the cause of women's employment in terms of the economic necessity of the family.

Some authors say that married women's participation in "gainful" activities is related to their family life cycle. Married women with large families or those who have young children to take care of, enter the labour market less often. On the whole, it seems, that family situation and age of the last child have little bearing on women's decision to opt for the paid work or withdraw from it (Mednick, M T et al, 1975) The most important and largest segment of employed women is found in the unorganized sector which employees 94% of women workers. This sector includes landless agricultural labourers, workers in traditional village and cottage industries, migrants to the cities in domestic service, day labourers, street vendors etc.

Research Design

This study 'Women in Profession', is designed to assess the social position, problems and prospects of women doctors and women lawyers. Research in this area is divided into three parts. In the first part, data on the factors responsible for the entry of women in their respective professions, their socio economic background with regard to age, religion, type of residence, marital status, educational qualifications, choice of life partners have been collected. This was thought

necessary because the background of the respondents to a large extent determine accessibility to professional training and the likelihood of success. What section of population is engaged in the service professions was thought important to understand the problem of the study.

The second part of the study has concentrated on the professional culture ie., the culture of the court/hospitals in terms of time management, working hours, collegial relations, problems with patients/clients, facilities available, promotion and discrimination on grounds of sex, occupational mobility, career aspiration, professional productivity, the professional infrastructure, the organizational set up and the problems of interaction with the system and the strategies of overcoming them. Attention is given to the individual's definition of the situation with reference to the conditions of work, their perceptions regarding their role in profession and the autonomy enjoyed by them, the problems and inhibitions of the respondents affecting their performance and professional position. An analysis is made of the respondents role commitment, focus is made on their pre-entry motivation, present consistency, ie, level of professional efficiency and ability to meet challenges at work place.

The third part of the study has concentrated on the domestic

culture of the women doctors and lawyers. Efforts have been made to study the home atmosphere in order to know how conducive it is for persuasion of professional careers. Focus is made on the problems faced by them and the management of the dual roles. Attention has also been given to study the conjugal relations, parental relations, sibling relations, kinship relations and social adjustment with the broader society. How the multiple roles played by only a small section of women employed in intellectual organisations effecting their over all personality and adjustment.

Coverages— To study women doctors Gandhi Hospital in the city of Hyderabad was selected. This hospital was selected because the maximum number of lady doctors are employed here. Initially this hospital was established in the year 1851, A.D. to take care of maternity and general cases, but gradually it improved and various specialities were included. A huge building was constructed and on 20th December 1917 it was named "King Edward-VII Memorial Hospital", with a bed strength of ninety five.

In the year 1958 it became teaching hospital and was named as "Gandhi Hospital". This hospital started growing in all fields of specialities and from 400 bed strength in 1960,

it has increased to 1012 bed strength. At present the hospital has forty four departments; the average percentage of bed occupancy is 76%, total number of patients admitted are 46,422 and the total number of outpatients are 819042 with the daily average of 3244 outpatients. The average duration of stay in the hospital by patients are 6 days. The total budget allotted to the hospital is Rs.19,48000,00 and the budget incurred is Rs.35,22,540,00 In this hospital ninety two doctors are employed out of which twenty eight are lady doctors. (Hospital Record, Gandhi Hospital, 1993).

To study lady Lawyers:- In Hyderabad city where the study is conducted there is an High Court at the apex. According to the Constitution the hierarchy of subordinate courts in the metropolitan cities like Hyderabad are the Metropolitan Session Court, Assistant Session Court and Metropolitan Magistrate. These courts are concerned with the criminal cases. The Metropolitan Session Court could not be selected for data collection because very few lady Lawyers are practicing here. There is a separate court for trying civil cases called the City Civil Court, Chief Judge Small Cases Division, Additional Judge Small Cases Division and Rent Controllers. All these are established in one huge building at Purani Haveli, in the old city area of Hyderabad city.

Data Collection :- About forty case studies, twenty each of doctors and lawyers were collected. More number of case-studies-could not be-collected because-the-maximum number of lady doctors employed in the selected hospital were twenty eight. About three doctors were on leave and four doctors were posted to the medical college which is located at the different area in the city.

In the case of lawyers we have also collected twenty case studies in order to maintain the uniformity. Besides, in order to retain interest in the study twenty was thought to be an ideal member and it was also found to be sufficiently representative.

The court at Purani Haveli, in the old city area of Hyderabad city was selected for research purpose because maximum number of lady Lawyers practice here. About seventy to eighty lady Lawyers were regular visitors and among them twenty to twenty five of them stayed for long hours in the court. These lawyers were regular visitors to the lady's room at noon time or whenever they were free. We choose to select these lady Lawyers because of the following reasons:-

1) They were well distributed in age and experience. 2) were regular to the court. 3) were willing to give time

for the study. The other lady lawyers who practiced in these courts could not be selected because they stayed in the court for very little time and did not want to be disturbed at their home or office. They refused to give time for the present study. They were also not sure in which court they will be the next day. Sometimes their cases were represented by the other office members.

Methodology :- Case study method was used to collect data because it emphasizes the total situation or combination of factors, the description of the process or consequences of events in which behavior occurs. This method enables the study of individual behavior in the total setting and the analysis and comparison of cases. This study makes possible a careful observation of a person's situation or institution and also know the relationship of various factors. It enables an in-depth understanding of the social unit under study in all its aspects. In the case study method a unit is the representative of a type and it is studied as a type rather than as an individual unit. This assumption involves that if the units are the same and there is no difference in studying one particular unit, as a result of study of one unit we can apply its results to other units.

Case study method help us gain knowledge about the

peculiarities and characteristics of individuals and group, the various factors that influence and determine the behavior of an individual . By this method it is possible to classify the individuals into different strata or groups on the basis of their Characteristics.

This method enables the scope of analysis to be both quantitative and qualitative. Lazarsfeld, P.F. (1970), sort to Unite the two methods by clarifying the unique functions of each and their potential support for one another leading to proper systematization. It enables valid generalizations and hence this method was thought to be ideal for the present study. The limitations of the Case Study Methods given below were less as compared to the advantages of this method, hence this method was selected for the present study.

Limitations and difficulties of Case Study Method:- Case Study Method has certain limitations and difficulties. These limitations and difficulties are:-

i) Difficulties in collection of history or data about the history of the case - This method is based on the history or historical data about the case under study. This task in itself is very difficult one because respondents may have tendency to conceal information regarding a personal

life. If the investigator tries to do anything in this regard he is likely to lose co-operation.

People generally do not have clear memory about different aspects or events belonging to different aspects of their life. The record that is secured on the basis of memory is likely to be independable.

People generally suffer from prejudices and baisses and because of this reason they may give incorrect information.

The investigator may have particular Knowledge regarding his study. Once the answers that is being given by the respondents is not to his expectations he may not readily accept it. This may lead to biased recording of the data.

Through this method it is not possible to cover a large area for study. It is limited to a particular unit for detailed and deep study of that unit. It is not possible to collect information beyond that particular unit which is the subject of the study. It means that the area of the study is limited. As compared to the area of study their is involvement of heavy expenditure in terms of time, money and energy.

Results:- The case studies collected for the purpose of

this study are presented in the appendix . The general discussion and results, section wise are presented focusing on the three aspects of the study and general impression of the study is also made to have a clear picture in the concluding Chapter.

Arrangement of the Chapters in the Thesis :

Chapter II - Discussion and Definition of the Concepts

The present study could not be proceeded without the use of the following concepts which were discussed and explained in detail-Profession, Patriarchy, Exploitation and oppression, family, the concept of role and social role.

Chapter III:- Theoretical Orientations.

The present study falls under two fields -Sociology of professions and sociology of women. An understanding of both these fields were required hence attention is paid to explain what these two areas of study are.

An attempt is also made to study women from different human cultures because knowledge of women of different societies help guide us the position of our women and

know what stage of development we have reached which is important for the present study. A complete exercise is made on gaining theoretical understanding of woman from different perspectives-Anthropological literature, sociological literature, the feminist literature and the women's liberation movement.

Chapter IV - Medicine and Law in India.

In this chapter both medical and legal system in India and the Courts/Hospitals in Hyderabad are described to gain an understanding of the system in which the Lawyers/Doctors work.

Chapter V - Discussion and Findings of the Study - Women Doctors. in this chapter tables are presented in terms of simple Averages/Percentages where ever it was thought necessary for clear discussion and understanding with regard to women doctors.

Chapter VI - Discussion and Findings of the Study - Women Lawyers. In this chapter tables are presented in terms of simple Average/Percentages where ever it was thought necessary for clear discussion and understanding with regard to women lawyers.

Chapter-VII Conclusion

Appendix - The case studies of the doctors and lawyers is
presented. In order to keep the identity of the
respondents confidential, the original names have been
changed.

DISCUSSION AND DEFINITION OF THE CONCEPTS

1. PROFESSION:

The question as to what constitutes the essential characteristics of a profession has become complex by the claims put forth in recent times by different occupational groups, for professional status. The clamour for professional status and recognition on the part of many occupational groups, serve to highlight the fact that professions command great prestige in contemporary society and that professional status is a highly sought after value.

In general profession denotes an occupation which profess to develop a knowledge system in the special problem area such as religion, health and disease or law and justice. The special access to a specific area of knowledge, gives them the right to claim that they know better than the rest of the general population. The common people must therefore, accept their advice in their area of competence, without much argument. But this explanation is beyond the scope of any empirical operational definition. To make the concept more clear, sociologists have attempted to explain the term

profession in various ways. The most common way is to derive an ideal type of a definition mostly based on the examples of established professions such as law and medicine. Millerson, G(1964), in a survey of the work of twenty one such writers points out that they list twenty three different elements between them. Among the most frequently mentioned traits are : (i) Skill based on theoretical knowledge; (ii) The provision of Training and test of entry prior to entry into the occupation; (iii) Tests of competence of members; (iv) Professional Organisation; adherence to a professional code of Conduct; (v) altruistic service (Millerson, 1978).

In addition to this a perusal of sociological literature available on the concept of profession identify the following core Characteristics of profession, which are mostly accepted throughout the world (Sheffer' 1968).

1. Research and continuous in-service updating of specialized knowledge; (7) Intellectual activity; (8) Social necessity (9) Recognition by public and status in society (10) Standardised terminology (11) Code of ethics for the practitioners (12) Autonomy of the profession and (13) Authority of the practitioners. Two facts emerge clearly from the various attempts to elucidate the meaning of profession - Firstly profession applies to a body of theoretical knowledge, to be acquired through a prescribed course of intellectual training, Secondly. Professions are tightly

organized bodies, which among other things, set the standards of proficiency, regulate entry into their own organisation, grant licences for practice of their specialized skills and thus secure monopoly over their practice, and prescribe a code of conduct for the members in their dealings with one another as well as with the clients.

III. PATRIARCHY :-

In general the term patriarchy is used to describe a particular form of household organisation in which the father dominated other members of an extended kinship network and controlled the economic production of the household. According to feminists patriarchy is a term used to describe the organizing principle of male dominance. (Maria Mies, 1977)

IV- EXPLOITATION AND OPPRESSION :-

The women's movement for the first time brought into focus the existence of oppression as distinct from exploitation. Exploitation is rooted in the economic reality. It manifests itself in the class structure of the capitalist society. All those who work for wages have to face exploitation whether they be men or women. "Exploitative social relations," says Maria Mies, (1977) exist when non-producers used the services of actual producers. Oppression is basically associated with the use of force in order to repress the will of a living being.

The family is the locus for the continuation of women's oppression not only because of its part in socializing women to their roles in life, but also because of the psychological domination of men within that institution. The primary burden of women within the family is their continued responsibility for extensive household labour, which plays a central role in maintaining the capitalist social order.

The specific form the family takes within the capitalist mode of production serves as the primary locus for the regeneration of a sexist ideology and the perpetuation of women's oppression. This has serious repercussions on women's exploitation in the work sphere. It gives credence to the belief that the male wage-earner is the primary bread winner for the family. Evidence of the lag between this belief and reality is, however, glaring. In reality, the earnings of other family members, besides the male head are crucial to the maintenance of the household.

The household is an area in which the members share certain mutually accepted responsibilities associated with living together in the traditional household the division of tasks is fairly rigid. Women are primarily responsible for domestic work and childcare which is inclusive of servicing all members of the family and long hours of fatiguing labour

and intensive work. This work is undertaken by women in a relationship of financial dependence upon and hence subordination to the men. Since most households are dominated by patriarchal values, it appears to the objective observers as an area which the woman is systematically made dependent upon and unequal in relation to the man. In the context of existential reality a man's domestic work therefore is seen as an expression of the fundamental inequality of the marriage contract (Lalitha K & Kalpana K , 1984).

VI THE CONCEPT OF 'ROLE'

The term social role refers to the expected kind of social behavior associated with a particular social position. Thus the position of a 'teacher' is associated with a role which includes all the activities of teaching and a number of other expected forms of behavior. Social status refers to the position in a hierarchy. At the same time social status does not, primarily, refer to a placing in a graded order of power or rank but to the social position. Every status has a certain set of activities associated with it. Which constitute its roles. The roles are, again, associated with the rights and duties of a status. Status and role, are concepts serving to connect the culturally defined expectations with patterned behavior and relationships which

comprise the social structure. Each person in society occupies, inevitably, multiple statuses and for each of these statuses there is "an associated-role". A particular social status involves, not a single associated role but an array of associated roles. This is a basic characteristic of social structure. "This fact of structure can be referred by a distinctive term "role-set" by which is meant that complement of role relationships which persons have by virtue of occupying a particular social role." (Merton 1957)

The concepts of role-set and of status-set are structural and refer to the parts of the social structure at a particular time.

Norms are standards of conduct that should or should not be followed. Social norms are defined either as evaluations or as sanctions. Evaluations are statements about what should and should not do, while sanctions refer to punishments attached to particular behavior. Social values are generally defined as shared conceptions of the desirable or shared conceptions of desirable goals (Lakovizsanford - 1977).

Both norms and values are important elements in the organisation of human society because these provide order, stability and predictability in interpersonal relationships. Both function as mechanisms of social control. Thus social roles are in accordance with the social values, ideals and

patterns. These ideals, values and norms do not change easily in any society and thus it becomes difficult for change-to-occur-fast in-society. Even if the status changes with employment, as in the case of the modern women, her traditional role expectations remain the same.

VII. SOCIAL ROLE :-

The social role is also termed as "personal role " which includes specific and general social work. The specific role of the profession refers to specialization in certain domain of knowledge and their general social role is what they perform as members of certain group. Every social role presupposes that there is a common bond between "social person and "social circle' (Mishra L.S. 1984).

CHAPTER III

THEORETICAL ORIENTATIONS

Sociology of professions

Sociology of Professions in India as a field of enquiry is a relatively recent phenomena. It is a new concept in the fields of social sciences as such except for a few case studies of doctors, lawyers and paramedicals, the entire emerging field of this branch of sociology is to be defined explored and analyzed.

In a wider sense, sociology of profession should deal with any calling or occupation by which a person habitually earns his living. In a restricted sense however, the profession is considered to be a vocation in which a professed knowledge of some department of learning is used in its application or an art founded upon it. In the medieval Europe the three learned professions of divinity, law and medicine were identified. With the passage of time more and more persons and groups got engaged in varieties of learned or skilled professions and these specialized professional groups earn their livelihood by practicing specialized knowledge and skill and interact with the public with their specialized roles.

With the accelerated professionalisation and complexity in

specialization it has become imperative for the social scientists to identify the sociological implication of the varied professions and study these from sociological perspectives. It is unfortunate, however, that social scientists have not taken the challenge seriously to study the sociological implications of these professions. A comprehensive survey, made by Danesh, A.Chekki in his book "The sociology of Contemporary India ", reveals that out of 5226 studies conducted between 1947-1972, are categorised under 27 items in which sociology of profession is conspicuously absent, of late however, a few sociologists and scholars of social work have made initial attempts to identify the professional groups particularly, doctors, nurses, lawyers, teachers etc.

To conclude then the main methodological issue in the study of professional groups is the selection of the units of study. It has to be handled carefully in the light of the objectives of the study. The units of the study have to be manageable. It is suggested that in some cases the anthropological approach of micro-study may prove to be useful. The organisations, the institutions and the professional groups have to be studied in a holistic and integrated manner. For example a holistic study of hospital/court. Where the professionals, clients/patients, administrators and the public interact and work in a system

will provide an integrated though a Micro picture of the professional organisation as well as of different interacting groups. The study of network of relationship within such an institution where several professional groups work and interact will be quite rewarding, in so far as one would be able to see the processes where by structures function can alter in the context of their changing environments.(Vidhyarthi L.P. 1984.)

II WOMEN'S STUDIES MID THE SOCIOLOGY OF WOMEN

The emergence of women's studies as an academic pursuit developed with the growth of the women's movement in the west. The women's movement over the decades created an awareness among women and the realisation to formulate a theoretical perspective that would be in congruence with the growth of the women's movement. However, the difference between this and other academic pursuits is important. Women's study is very closely interlinked with and depends upon the movement itself. The interdependence between theory i.e., women's studies and practice, i.e.. the women's movement is inseparable. Otherwise there is a danger of research becoming a substitute for trying to change the present and the studys can easily get divorced from the original impulse which is radical. Thus women's studies do not mean the exploration of the role played by exceptional women in history or even the political aspect of women's

movement or part played by women into study of the labour movement. At the same time one cannot abstract a category called "Woman" either, and isolate it from the material conditions of women in each historical epoch. There is a danger here of creating an unchanging eternal ahistoric entity. Women studies should contextualise women in their social relations and at work, and also recognize that their social relations have changed over time (Lalitha.K. & Kalpana K., 1984).

Marx's thinking about history and his understanding about the significance of class conflict as a crucial factor in historical transformation, is significant. Marx's view of history was primarily concerned with the social consequences of class antagonist and not the conflict between men and women. This is not to deny marx's contribution to social-historical analysis. It does open up the possibility of bringing the mass of women within its scope and enables us to understand how women have only occasionally and sporadically been able to challenge male domination in culture-but, the specific oppression of women remains implicit. This is where the need is felt for a feminist perspective.

The situation of women was not the same all through history – according to the change in material conditions, their social relations have also changed. But where history looks at

women, it only does so through the situation of men. Now the focus has to be shifted, we have to look at women from a different angle to disentangle ourselves from total identification of the norm with the specific predicament of men. But as specific feminist consciousness is necessary to develop a critique of this male culture.

The women's Movement has made important theoretically contribution in terms of developing concepts like Patriarchy as a power system. So far the social relations in society have been understood in terms of class and for the first time the existence of oppression as distinct from exploitation has been brought into focus. To understand oppression of sex, caste and race, the mere analysis of the class system is not enough. One has to look at how power relations operate between women and men.

Patriarchal thinking, which installs the idea of male superiority, permeates all the institutions of our society. Policies which reflect paternalistic, patriarchal and sexist attitudes and beliefs are being implemented every where around us. The vast majority of women are subtly coerced into "femininity", that is, into subordinate, dependent docile persons who fit this sex - role stereo type. This is often coupled with "neutrality" and value - free nature of these institutions and policies, what is not immediately evident is that this is part of the myth that every political system

uses to perpetuate and justify its way of life.

It is difficult to adopt a value neutral stance in the area of women's studies and use the quantitative Method of analysis because the consciousness of women as women operates at two different levels. The "false consciousness** is reflected in her "normal* day to day life and this is the consciousness that will surface in response to quantitative modes of investigation. What needs to be taken account of therefore in the study of women is their expressions, the structure of these expressions, their experiences, their behavior, their subjective states and feelings and their reactions in periods of stress and crises. It is only an approach of this nature that will reflect the true consciousness of these women and help draw a distinction between myth and reality. (Lalita.K & Kalpana K, 1984)

XXX. The Feminist Literature - The question of subordination of woman, regardless of the fact about the adequacy with which scholars have dealt with it are important concerns of modern feminism. Feminists have also tried to apply the principles of historical materialism to achieve an understanding of the question of female subordination.

Shulasmith Firestore in " The Dialectic of Sex", (1972) argues that, unlike economic class, sex class sprang directly from a biological reality, men and women were created

different and not equally privileged. Because women bear children they were dependent on men for their survival. Dependence on men produced unequal power relationships and power psychology 'which formed the basis for all future stratification systems. Men derived pleasure from their power over women which led to power psychology*, the desire to dominate others. Thus stratification is based ultimately on biology rather than economics. The sexual division of labour and the 'sexual class system" predates and is more basic than the specialized division of labour which differentiates all members of society and the economic class system, which divides both males and females.

Firestone Gough (1972):- Gough explains that originally the sexual division of labour was 'natural' although it involved some degree of subordination of women because of women's relative immobility and their lesser physical capability and when changes in the productive forces took place, their role involved their confinement in the family while men pursued the important political and economic tasks. However the technological means have now become available to release them from this confinement. But even Gough does not ask why women still subordinate.

Simone de Beauvoir, (1972), in the 'second sex', using historical and ethnographic data accepts Engels argument

connecting the position of women with the institution of private property, the advent of private dethroned woman and she was bound up with private property for centuries and her history in large part is bound up with that of the patrimony. Dunbar (1970) analysis women by explaining that sexism lies at the root of civilization as a result of women's reproductive capacity. Women were required to lead a sedentary life and it was females who developed communities. Man were transient and peripheral moving in and out depending on their hunting activities. As a result of this pattern woman developed food production and animal domestication to the point of self sufficiency. It was than, that, since it served his interest, man settled down within communities. The male intrusion into the communities involved a disruption of the female principle which governed cooperative communal living, males began to dominate it by imposing their set of values on it, she argues that the male's ability to achieve this take over was based on the prior existence of secret societies which were formed in reaction to female control of the community, males were able to dominate it and enslave women. Dunber concludes her analysis by saying that in contemporary capitalist society the family, and the women in it, now performs functions for the capitalist class. However, this class consists only of men and it is their interest which is being served by the institution of the family. At this point in history while working class men

will fight for nothing except for values associated with the Masculine ideology, the ideology of the ruling class family, house, property, country Male supremacy and white supremacy.

Thus various explanations are given of the change from communal society to patriarchy.

IV . Women's Liberation Movement in India. In India the period of late 19th and early 20th century witnessed maximum social change. The associational politics to gain the freedom of the country also simultaneously worked for the freedom of women. This was a period of many religious and social reforms, men such as Ishwar chandra Vidyasagar and Beharamji Kalahari formed associations largely of men, wrote pamphlets and worked for legal abolition of repressive social practices affecting women while laws were passed on abolition of child marriages and widow remarriage.

The next stage in the efforts to improve the status of women were women's associations started by men active in Hindu reform associations. The Brahmo Samaj in Bengal and the Prarthana Samaj in Bombay, were started with female relatives of the male members.

In 1866 the Brahmo Samaj formed by Raja Ram Mohan Roy split into two groups one group was led by Keshab Chandra Sen and other was led by Debendranath Tagore. K.C Sen's sponsored the

Arya Nari Samaj which was revivalist in spirit, as its purpose was to promote Hindu ideals of womanhood through discussions on women in ancient Hindu society they did not favour higher education for women and the curriculum at their schools included subjects like domestic economy, needlework and propounded Hindu ideals of womanhood. In contrast* the Brahma Samaj of Tagore was reformist in spirit, as its purpose was to promote modern ideals for women in encouraging among them interaction with men, thus women were appointed as officers of the educational and welfare organizations. They were also encourage to go in for higher education. The more radical group the Adi Brahma Samaj was devoted to the all round improvement of the status of women (JoyuLebra etal,1984).

The Arya Samaj, the Ramakrishna Mission, the Theosophical society, all urged their women to apply broader and more humane religious ideals to social problems, including the degradation and oppression of women. The Arya Samaj called for a return to vedic practices and promoted women's education on this basis. Thus the revivalist ideology provided an alternative rationale for improving the status of women.

After 1886, many women missionaries,wives of British officials and non-conformist western women also became involved in the improvement of women's status and the Indian nationalist movement. (Elizabeth Wilson, 1925)

V.1 The anthropological literature :

Analysis of women has been made right *from* primitive to •modern societies Making use of different perspectives. According to the theoretical writers of the Victorian era – Herbert Spencer (1885) for example, Women in. primitive societies are property to be bought and sold and are treated as slaves or even animals, enjoying neither sympathy nor respect. Hobhouse, Wheeler and Ginsberg (1915) in their Material Culture and Social Institutions of the Simple People use a great variety of criteria but attach most weight to the kind of rights secured by women by custom and law, such as whether the husband has the right of chastisement, whether the wife is protected by law or by her kinsfolk. The general conclusion reached by them is that, on the whole the position of women in the simple societies is unfavorable and "in this respect", says Evans Pritchard (1980) "there is no great difference between hunter, agriculturalists and pastoralists". The in-depth understanding of primitive societies by Evan Prichard (1980) says that at the primitive woman is well socialized in her culture and she does not desire things to be other than what they are and it would greatly puzzle her if she knew that there are societies in

which women choose to be unmarried and childless. In such societies and many other oriental societies sexes do not intrude on one another all the time as they might tend to do so in modern societies, especially among spouses. The sense of companionship between man and woman is not so strong as in advanced western societies. One reason why sexes do not display intimate interrelationship is that there is a relatively clearer division among the primitive communities between the sexes than found in the present day western societies .

In simple societies a married couple has a family life together with children in its home, but outside the home the man and to a lesser extend the women has an independent social life and goes about such affairs as concern him or her, as man or women, in the absence of the sex not concerned with them(Evan Pritcard 1980).

From the point of view of modern thinking primitive women may be missing a refinement of modern life, but here again she does not think that she is missing anything. Moreover she accepts culture as 'given' and does not expect it to be other than what it is and therefore, suffers fewer disappointments. While looking at the social position of primitive women, one might say that she has an inferior position, but primitive woman does not see herself as belonging to an under privileged class against a class of men

with whom she seeks to gain social equality. Women have never heard of social equality and they do not want to be like men. In primitive societies the spheres of activities of the sexes are clearly demarcated where one sex does not intrude into the domain of activities of the other sex. If this demarcation is for primitive societies a restriction it is also a protection.

Evan Pritchard's field researches and readings reveal that in societies where any section of the population is in a servile position, the position of woman is correspondingly low with regard to the male sex and especially in the married state. This is often very evident in those societies in which the mass of population are subject to and exploited by a ruling class.

Anthropologists Lionel Tiger and Robin Fox (1972) explain sexual division of labour in terms of genetically based programme which predisposes mankind to behave in certain ways, this they call human 'biogrammer'. These predispositions are inherited from man's primate ancestors, in part they have developed during man's existence in hunting and gathering bands. These predispositions are not the same as instincts since they can be considerably modified by culture but they remain basic influences on human behavior. Although the 'biogrammings' of men and women are similar in

many respects, there are important differences between them.

They argue that compared to women, men are more aggressive and dominant. These differences are because of different male and female hormones. These differences are due partly to genetic inheritance from man's primate ancestors, partly to a genetic adaptation to a hunting way of life. Tiger and Fox (1972) argue that the basic family unit consists of mother and child. By comparison women are programmed by their biogrammar to reproduce and care for children. In other words, 'Nature intended mother and child to be together*. It does not particularly matter how this basic unit is supported and protected. It can be by the addition of a single male, as in the case of the nuclear family or by the impersonal services of the welfare state. Tiger and Fox (1972) maintain that the mother and child bond is essential to the well being of the child.

In short, they argue that male and female biogrammars are adopted to a sexual division of labour in a hunting society. Compared to cultural change, genetic change is slow. Thus the stale female biograamars of a hunting existence continue in modern industrial society. From this it follows that attempts to abolish gender roles and replace them with unisex roles, however desirable this may be, will go against nature.

George Peter Murdock, (1949) also sees biological

differences between men and women as the basis of the sexual division of labour in society. He suggests that biological differences, such as the greater physical strength of men and the fact that women bear children, lead to gender roles out of their practicality.

Ernestine Friedle (1972):- She explains sexual division of labour in terms of cultural conditioning. She says that jobs which are in one society assigned to women are found to be men's in another. For example she observes that in some societies, activities such as weaving, pottery making and tailoring are thought to be 'naturally' men's tasks, in others, women's. However it is significant that in societies where such tasks are defined as male roles, they generally carry higher prestige than in societies where they are assigned to women.

VI The Sociological Literature:

Sociological approach has explained the hierarchical division between the sexes, in terms of biological determinism. Durkheim (1947) propounded the view that men and women in primitive societies are fairly similar in strength and economically independent. However he also said, that with progress of morality, women became weaker and their brains smaller. This led to their increased dependence on men and cementing of the conjugal bond through the division of labour.

Similar arguments are advanced to account for the role of women in industrial society by Talcott Parsons (1951). In his opinion, the fundamental explanation for the allocation of the inferior role of women lies in the fact that child bearing and their early nursing establish a strong presumptive primacy of the relation of the mother to the small child and this in turn establishes a presumption that the man who is exempted from these biological functions, should specialize in the alternative instrumental directions. According to Parsons (1951) the family today serves two functions : The first is to socialize children into society's normative value system and the second is to inculcate appropriate status expectations and to provide a stable environment that will cushion the worker from the psychological damage of the alienating occupational world. The term 'worker' refers to the male worker. Another assumption is made about wife's primary role being rooted in the household of the family. Her role is expressive and by implication she is a non worker. His theory is very much a part of the patriarchal mode of thinking.

Sherry B. Ortner (1991) Claims that it is not the biology as such that ascribes women to their status in society but the way in which every culture defines and evaluates female biology. Thus if this universal evaluation changed, then the basis for female subordination would be removed. She says

that in every society a higher value is placed on the culture than on nature. Culture is the means by which man controls and regulates nature. By invention and technology man has gained power over nature and therefore is seen as superior in nature. The universal evaluation of culture as superior to nature is the basic reason for the devaluation of women. Women are seen as closer to nature than men and therefore as inferior. Ortner (1991) argues that women are universally defined as closer to nature because their bodies and physiological functions are more concerned with the natural processes surrounding the reproduction of the species. Since the Mother role is linked to the family, the family itself is regarded as closer to nature as compared to the activities and institutions outside the family. Since men are engaged in politics and warfare and other economic activities they are seen closer to culture. Since culture is superior to nature 'Women's psyche is devalued. She says that the subordination of women owes to the cultural evaluation of Women's biological make up.

Sociological literature, especially, associated with functional school of thought shows a preoccupation with what "is" and not "what ought to be", as a result existing social arrangements and relationships are believed to be positively, functional for the maintenance of solidarity, harmony and integration in the system. This preoccupation with the

integrative renders invisible the maladies that exist with change in role relationship within the broader arrangements and relationship between sexes.

The situation of women has not remained static in history, complex changes are taking place with technological and social evolutions especially of the last century or so. Sociological analysis is still confined to studying formal and conventional appearances, the need is to study the relative changing positions of sexes in society. Transitory conditions and a variety of forms of role relationships in specific historical circumstances too need to be explained.

Sociologist have not dwelt satisfactorily into the problem of the relative positions of the sexes in societies which are undergoing considerable and probably lasting alterations in most of the human societies.

The transitional phase which has given rise to social and psychological maladjustments in family life, which in the absence of functioning kinship ties, has made women to bear too heavy an emotional load, the uncertainty of status has given rise to friction, confusion and drudgery for women – We may come to the conclusion that taking everything into consideration and on balance, women certainly do not enjoy favourable or equal position in society. Where history looks at women, it does so only through the situation of man, the

understanding and categorization of women's experiences in male term has a crucial consequence. A large part of women's lives that men do not share are totality disregarded in sociological analysis. The need is therefore to shift the focus and disentangle ourselves from the total identification of the norm with the specific predicament of men. It is time that sociologists start recognizing that social relations have changed overtime between men and women and attempt to understand women's lives as dual role player - their social relations at work as well as at home.

CHAPTER - IV

MEDICINE AND LAW IN INDIA

Both Medicine and Law are the oldest and true models of professions. They acquired professional status in India under an act of the legislature and therefore their respective professional bodies in India, the Indian Medical Council (I.M.C) and the Indian Bar Council (I.B.C) enjoy statutory recognition. Both I.M.C and the I.B.C are responsible for prescribing and enforcing certain minimum standards in their respective fields. They prescribe certain code of conduct for its members, the infringement of which can lead to expulsion from the profession.

There is one important difference between the legal and Medical profession, unlike the medical education, the legal education in India has been in a most chaotic and anarchical condition. Most law colleges in the country are part-time evening colleges with hardly any full time or permanent teaching faculty. There is apparently no limit to the intake of students. The result has been the phenomenal mushrooming of the sub-standard institutions and the quality of education imparted in such institutions can easily be imagined. In sharp contrast to the Bar council, the policy of the Indian Medical Council has been to strictly restrict entry into the

profession and prevent its indiscriminate growth. They Maintain high educational standards and . training.

X. The Legal System in India

The Legal system in Modern India has almost entirely displaced the systems of traditional law . The modern legal system is a part of the colonial legacy handed in 1947.

The rise of the legal profession, both in numbers and status, followed a range of legal developments, especially in the second half of the nineteenth century. The enactment of the codes, the founding of the high courts in 1861, and the grants of the right to employ pleaders in civil and criminal suits led to a transformation of the legal system in India .

The growing volume and complexity of legal regulations and the increase in litigation, particularly over land were chiefly responsible for the rapid growth of the legal profession. By 1866 a young educated native aspired for two occupations, either he wanted to join government service or the native bar (Hegde Sasheej, 1984).

The training of lawyers along the western lines and the knowledge of English gave them the opportunity to win a share in the practice of the high courts. By 1886 Indian had succeeded in getting a large share of the practice in Bombay, Calcutta and to a lesser extent in Madras. This essentially

meant an increase in the standing of lawyers and a corresponding increase in incomes.

By the end of the nineteenth century there was an imposition of More stringent educational standards by the high court and government. Qualification rose, lawyers began to view themselves as a group with specialist needs and privileges. At this level the legal profession appeared as a spokesmen of the newly emerging social classes, especially in the urban areas, which evolved in the British society during the British rule (Desai, A.R. 1976 :176) As the leading representative of a numerous and influential middle class of professionals, the legal profession strove to maintain the prosperity of the professional classes. In august 1947 British rule came to an end and power was transferred to two independent Dominions, India and Pakistan. The Constituent Assembly (1947-49) of India retained the existing legal system, with new powers granted to the judiciary and its independence was enhanced by elaborate protections. The constitution not only endorsed the prevailing legal system but also necessarily widened the role of law and lawyers in India. (Hegde Sasheej, 1984).

There is a supreme court in New Delhi and the high court at the state level, below them are trial court, (sessions and district courts) and magistrates. The subordinate Judges

belong to each state judicial services (class X and II). High court and supreme court judges are appointed by the president of India after receiving recommendation from judges and political leaders . After passing 12th class or obtaining a Bachelors Degree (L.L.B) a student can obtain a legal degree, pass the bar exam and join the professional group of lawyers- During the British period there was a distinction in status between the More prestigious "barrister" trained in England and the Indian trained "vakil" few Indian could afford the expense of legal studies in England . In the Bombay, Calcutta and Madras High courts there was also a dual system of legal practitioners on the original side (These three high courts have original jurisdiction in addition to being appeal courts) clients would go to "solicitors" who would draft the necessary documents and prepare the briefs and then hire an "advocate" to represent the client in court. The solicitors had served apprenticeship and had passed a specialized examination. Recently this dual system has been abolished , there is now only one class of legal practitioners in India (Extracts from The Advocate Act, 1961).

In the nineteenth century British law prohibited women from entering the bar (in England or India), nevertheless, a parti Christian, Cornelia Sorabji, studied for the Bachelor of civil law at oxford in 1892 and became the first Indian women

to earn a law degree. She was appointed as a legal advisor to the women's court of wards in Calcutta by the Governor of Bengal. In response to an agitation by women, the government of India passed the legal practitioners (women) Act in 1923 removing the ban on women practicing law. Some women did obtain law degrees, but few practiced as it was not generally considered respectable among high status families for women to be employed. One lady lawyer by name of Mithun Lam, who was a daughter of women's right activist, Hirabai Tata, was called to the Bar from Lincolns Inn in 1923 and practiced before the Bombay high court. She also participated in the women's movement for suffrage and personal law reform. Later she founded the Indian Federation of women lawyers. Most women lawyers did not start practicing until after Independence. (Joyce Lehra, et al, 1964)

There is small but growing number of women in law, but few have gained prestigious judicial appointments. In 1960 less than one in one hundred law students were female to be on the supreme court, and only eight women ever appointed to the High court. In 1961 one of the three hundred and fifty one High court judges was a woman, most of the appointments of women to the high court have been made since International woman's year. One of the first women high court judges was Anna chandy born in 1905. Appointed in 1967 to the kerala high court. (Extracts from the Advocates Act, 1961)

The City of Hyderabad where the study is conducted, the High Court was established in 1956. In the year 1989 about 3121 advocates enrolled in the Bar Council of Andhra Pradesh. Out of 3121 advocates 1700 are women advocates. Out of which 500-600 women advocates are practicing in the Courts of Hyderabad. (Extracts from the Advocate Act, 1961).

II Medical System in India :

The practice of Medicine in India is of ancient origins. One can trace it back to the Vedic age and to the prescriptions in the Artharva Veda, which gave rise to a body of practices known as Ayurvedic. Ayurvedic medicines is integrally related to a cosmology of five elements - space, air, energy, water and earth, all of which are essential to life and must be kept in balance to assure good health. Illness is conceived as caused by an imbalance in these elements, treatment involves administering the herbs necessary to restore the proper balance and thus cure the illness. (Joyce Lehra, 1984)

Two other systems of Medicine probably unknown in England and America are also practiced in India; Unani and Homeopathy medicine. Unani medicine is of ancient Greek Origin. Its practice today is restricted largely to Muslim patients (a small community) and it is often practiced by hakims. Homeopathy medicine is of more recent origins, having been founded in Germany at the end of the nineteenth century by a

German physician familiar with Sanskrit and ayurvedic medicine. Homeopathy and Ayurvedic doctors are trained at certified medical schools, but the training period for both is shorter than for allopathic doctors.

The most popular system of medicine in India is Allopathy. Modern or western medicine and medical education in India were introduced by the English during the colonial rule. A large number of missionaries came to India to improve the medical care.

In 1877 the London School of Medicine and Royal Free Hospital were opened in India, which provided impetus for the first English women doctors and nurses to appear in India. Indian were trained informally in Nursing by western doctors to assist them.

Ida scudder, came as a missionary from U.S. in 1869-70, to India and saw a woman dying in childbirth, without medical care. She returned to the United States to enter medical school, and came back in India opened a nursing and medical school for woman in Velore, the Christian Medical College. Before the opening of the Medical Colleges in India, the first few Indian Women doctors studied in Western Countries. (Joyce Lebra, 1984).

In India recognition and assistance were given to the goal of training Women doctors and nurses by the creation of the Lady

Dufferin Fund in 1885 to provide medical aid to women by training women doctors. A number of Dufferin Hospitals were opened, and women physicians were trained on scholarships from the Dufferin Fund. Women were admitted to Bombay University Medical classes for the first time in 1883, and in 1885 Calcutta Medical College opened its doors to women. The first medical school was opened in Ludhiana in 1905, followed by the Lady Hardinge Medical College in Delhi in 1916. The graduates from these colleges staffed the hospitals for women opened through the Dufferin fund. Women also staffed the maternity and child Welfare Centres opened in cities and smaller towns throughout the country. An early problem in attracting women students to these schools was that the teaching was done by man, and the families were reluctant to allow their daughters to attend such schools. (Elibeth Wilson, 1925).

A variety of other private agencies and individuals followed the example of the Dufferin Fund in providing voluntary financial assistance to improve health care and to train medical practitioners.

Missionaries led the way also in opening hospitals staffed by women and thus accessible to women. In 1927 there were 183 hospitals staffed by women, 93 of these managed by medical missionaries, 25 by members of the women's medical service,

and 62 , by other women in the employment of the local government or states. Medical missionaries provided in hospital training for women and began to standardize the training and examination of nurses. Since the independence of the country, 1947, the number of medical colleges has increased in the country. In 1946 there were fifteen medical colleges with an annual enrollment of 1,200 students. By 1963 there were 75 colleges with the admission capacity of over 10,000 students, and by 1909 there were £9 colleges with 33,000 students, 23,800 man and 8,000 women. In Andhra Pradesh there are 105 medical colleges with the admission capacity of 12,000 students. In the city of Hyderabad where the study is conducted there are three Medical Colleges, Osmania Medical College with the admission capacity of 250 students, Gandhi Medical College with the admission capacity of 150 students and Deccan Medical college with the admission capacity of 100 students.

The curriculum and system in Medical Colleges generally follows the British pattern, reflecting the influence of early efforts of missionaries to initiate the formal training of doctors and Nurses. The minimum age for admission to medical college is 17 years; after four years in college a student enters a year's internship. If the student wishes to specialize, there follows an additional three years post graduation course.

After Independence scholarships and seats in Medical Colleges were reserved for Women, as in more recent years they have been for the backward and scheduled castes. Today Most states prescribe that a third of all seats in Medical colleges be reserved for schedule castes / tribes and also for the backward classes. Reservation in professional colleges has been made to give a fair chance to all sections of the population.

Medical education in India is highly competitive. To enter professional colleges a student should not only have good academic record but he should pass an entrance test which is conducted at all India level. The proportion of seats to the population is fractional and there is a large number of students aspiring to enter medical education because, not only the profession is lucrative but also because of the value of treating the sick and needy held in high esteem by the general populace.

CHAPTER- V

WOMEN DOCTORS

Table No.1

Case Study Numbers	No.of In Family	Members Parental	father's Education Type)	Mother's Education	Sibling's Education
1	ii		Graduate	8tn class	7-Graduate +
2	8		Graduate	Schooling	4-Graduate 1-Schooling
3	7		Optometrician	Middle School	5-Graduate +
4	4		Advocate	Doctor	1-Graduate +
5	6		Metriculate	Metriculate	3-Graduate +
6	7		M.A.D.Litt	Post Graduate	4-Graduate +
7	7		Graduate	--	4-Graduate +
8	5		M.tech	Graduate	2-Graduate +
9	7		Doctor	Middle School	4-Graduate +
10	7		Vetenarian	Metriculate	2-Graduate + 2 Studying
11	6		Doctor M.S.	Illiterate	3-Graduate +
12	9		12th Class	Illiterate	3-No data 2-12 Class 1-Graduate +
13	6		12th Class	12th Class	3-Graduate +
14	6		Engineer	Illiterate	3-Graduate +
15	8		Engineer	Schooling	5-Graduate +
16	6		Advocate	7th Class	3-Graduate +
17	4		Engineer	12th Class	1-Graduate +
18	6		Matriculate	6th Class	1-12 Class 2-Graduate +
19	8		--	--	4-Graduate +
20	5		1 -No data 4th		Class 1-Graduate + 1-12 Class

Average: $130/20=6.5$ $G=14 \times 100/20=70\%$ $G=3 \times 100/20=15\%$ $G=62 \times 100/73=84.9\%$
 Graduate= G

WOMFN DOCTORS

Table No.2

Case Study Number	Reasons for Selecting Medical Studies	Age Groups (in Years)	Personal (In Rupees per Month)	Education Qualification
1	Better career opportunities	46-50	6500	MBBS. MD.
2	Mother's wish	41-45	18000	MBBS. DM.
3	Sister's influence	41-45	-	MBBS. DGO.
4	Mother role model	41-45	9000	MBBS. MD.
5	Unplanned	36-40	6000	MBBS. MD.
6	Had aptitude	46-50	5000	MBBS. MD.
7	Father's wish	46-50	5200	MBBS. DGO.
8	Childhood dream	26-30	5000	MBBS. --
9	Father Encouraged	26-30	3600	MBBS. DCP.
10	Father Encouraged	26-30	2500	MBBS. DCP.
11	Father & Brother Encouraged	26-30	-	MBBS. --
12	Influence of Family Doctor	51-55	7000	MBBS. RMO.
13	Had aptitude	26-30	2500	MBBS. MD.
14	Self interest	36-40	3400	MBBS. DGO.
15	Family friend was role model	31-35	5000	MBBS. MD.
16	Inspired by classmate	46-50	1500	MBBS. DGO.
17	Uncle & Cousins were role model	31-35	2600	MBBS. MD.
18	Unplanned	41-45	7000	MBBS. MD.
19	Influence by Brother & Sister	31-35	3600	MBBS. MD.
20	Encouraged by Uncle	36-40	10000	MBBS. DGO.

Average: for persual

26-30=5x100/20=25% 103400x MBBS.DIP-10 = 50%

100/18= DIP=DGO&DCP

31-35=3x100/20=15% (5.780) MBBS ,MD-9 = 45%

36-40=3x100/20=15% MBBS.DM-1=5%

41-45=4x100/20=20%

46-50=4x100/20=20%

50+= 1x100/20=5%

DISCUSSIONS AND FINDINGS OF THE STUDY – WOMEN DOCTORS

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SOCIO ECONOMIC PROFILE OF THE DOCTORS: The family background of the doctors revealed that they hail from large families about an average of six members and the members are all educated except the mothers who were generally very little educated because in India, girls education became compulsory only after the independence.

Educational Qualification of the doctors revealed that fifty percent of them were graduates with diplomas, forty five percent had post graduate degrees and five percent of them had done super-specialization (cardiology). The average income of the doctors was Rs.5,780 (with the maximum of income being Rs.18,000) monthly.

Different reasons were given by the doctors for selecting medical profession. Most of them had their fathers, uncles, or other doctors as role models, in childhood or they inspired and encouraged them to take up medical profession (Case Study number 6,7,9,10,11,15 & 16). Some of them had aptitude and interest in medical studies hence worked hard and entered the profession (Case Study number 5,6,8,13 & 14). The other secondary reasons given by them were that they

WOMEN DOCTORS

Table No.3

Case Study Numbers	Religion/Caste of Respondent	Religion/Caste Of Husband	Husband's Profession	Position/ Rank of (Doctors)
1	Hindu/Vaishnava	Hindu/Patnaik	Scientist (Phd)	C.S/Prof.
2	Hindu/Kamma	Hindu/Kamma	Engineer (BE,ME)	C.S/Prof.
3	Hindu/Punjabi	Hindu/Punjabi	Army Officer	C.A.S/Adm.
4	Hindu	Hindu/	Manager (MBA)	C.A.S
5	Hindu/Nair	Hindu/		Asst.Prof.
6	Hindu/Brahmin	Hindu/Brahmin	Doctor	C.S/Prof.
7	Hindu/Brahmin	Hindu/Brahmin	Doctor	C.A.S/Prof.
8	Hindu/Kamma	Hindu/Reddy		Asst. Prof.
9	Hindu/Brahmin	Hindu/Brahmin	Business Man	Civil Asst.
10	Hindu/Yadav	Hindu/Yadav	Engineer	CivilAsst.
11	Hindu/Brahmin	Hindu/Brahmin	Doctor	CivilAsst
12	Hindu/Yadava	Hindu/Yadava	Doctor	C.S/RMO
13	Hindu	Hindu/		Civil Asst.
14	Hindu	Hindu/		C.S/Adm.
15	Hindu	Hindu/	Doctor	C.A.S
16	Hindu/Brahmin	Hindu/Brahmin	Lawyer	C.S/Prof.
17	Hindu	Hindu/	Doctor	Civil Asst.
18	Hindu	Hindu/	Graduate	Asst. Prof.
19	Hindu	Hindu/		C.A.S
20	Hindu	Hindu/	Doctor	C.A.S

Average:Hindu-100%

10% Caste (C.S.
Variation No.8)

Prof.-5=25%
Asst.Prof -4=20%
C.S.+C.A.S. -7=35%
Adm.Post-4=20%

WOMEN DOCTORS

Table No . 4

Study Numbers	Marital	Residential Pattern (Family Type)
1	Married	Nuclear
2	Married	Nuclear
3	Married	Joint
	Married	Nuclear
5	Unmarried	Nuclear
6	Married	Nuclear
7	Married	Nuclear
8	Married	Joint
9	Married	Nuclear
10	Married	Joint
11	Married	Joint
12	Married	Joint
13	Married	Nuclear
14	Married	Nuclear
15	Married	Nuclear
16	Married	Nuclear
17	Married	Parents House
18		Nuclear
19	Unmarried	Parents House

Average : Married 18 Nuclear-13=65%
 = 90% Joint-5=25%
 U. Married-2 Parents House-2
 = 10% = 10%

wanted to serve people, there was prestige and good career opportunities in the profession etc.

The doctors were well distributed in ages. There were twenty five percent in the age group of twenty six to thirty years, fifteen percent each in the age group of thirty one to thirty five and thirty six to forty years respectively. About twenty percent each in the age group of forty one to forty five years and forty six to fifty years each respectively. About five percent were above fifty years.

Similarly, the position and rank of the doctors under study were well distributed. There were about twenty five percent in the rank of Professors, twenty percent were Assistant Professors and thirty five percent were Civil & Assistant Surgeons and twenty percent were in the administrative post. Most of the doctors worked the whole day except for little break in the afternoon.

Regarding the religion of doctors, hundred percent of them were Hindus and they were all married to the person of the same religion with ten percent of them who married persons of same religion but with slight caste variation. This indicates the traditionality of choosing life partners on religion and caste grounds. Since all married persons of the same religious background adjustment in terms of religion was not required. About ninety five percent of the doctors were

Married and marriage seem to be a universal phenomena. About sixty five percent of them resided in nuclear families, twenty five percent in the Joint families and ten percent of them stayed with their parents. The choice of life partners in terms of education, it was found that seventy percent of the doctors married doctors and twenty percent of them married professionals from either fields and ten percent of them married non professionals. Indicating that professionals prefer professionals probably for better mental compatibility and understanding.

WORK PLACE CULTURE:

In order to study the Lady doctors of Gandhi Medical Hospital certain formalities had to be completed. A letter of introduction was secured from the Hospital Superintendent who directed me to meet the Resident Medical Officer (R.M.O.) who formed an important link between the medical departments and the administration. The resident medical officer introduced me to the unit chiefs of all the medical departments and requested them to help me in gathering data from their lady staff members.

In almost all the departments there were thirty percent of the lady doctors and in some departments like Gynaecology and Pathology there were all Lady doctors except one male doctor. All the departments extended their cooperation and especially

departments which were headed by ladies gave excellent response. One of the unit chief's who had an excellent academic record herself was especially interested in my work. Her husband was a Scientist and she herself felt that social science research might help her in better management of her own department. She wanted me to keep in touch with her and show her the completed work. Since the nature of the study made me a regular visitor to their departments I found that they were not only hospitable to me but also included me into their fun and frolic. Once being unaware of their departments programme I entered the room and found that they were having a party. I was embarrassed to disturb them but they did not mind my presence and included me in the party. I observed that each "departmental unit" was a tightly knit group with undivided loyalty to the unit chief. They cracked jokes regarding hospital politics, discussed the working of the other units, in between the unit chief asked of her juniors about the cases they were handling. The unit chief expressed that since there was scarcity of doctors the patient load was heavy. Being a Gynaecology department it was difficult to predict emergencies. On a typical day they conducted four to five deliveries which was very tiring, besides they also had to attend to the already admitted "inpatient" and also had to attend the "outpatient". It was also observed that in no ward the patients who were seriously ill were neglected, infact

the chief herself would attend such cases along with her juniors. I enquired the reason for not letting the juniors handle complicated cases eventhough they appeared capable of handling then. The unit chief replied, "the error on the part of the doctor leading to mortality can be rectified and tolerated but no chief would like mortality. It is a black mark on the unit and it also gets listed in the hospital. Even though some cases are hopeless and where death is inevitable we still try to do our best to save life." It was the practice of all the units to discuss in detail the pros and cons of the cases where death had occured. I chanced upon a unit chief losing temper in a case where she felt that life of a patient could have been prolonged had there been better care on part of her staff. It was like a "Court Martial" and all were very serious in such meetings.

All the doctors were extremely busy and in cases where the unit chief's themselves were interested relieved their juniors to give the time for the study. All the doctors respected research work and the researcher, they were polite and adjusting.

Demographically the doctors selected for the study were well distributed regarding their position and rank in the hospital. There were twenty percent professors, twenty percent were civil assistant surgeons, and twenty percent were in the administrative post (R.M.O. etc).

As already mentioned the hospital had forty four departments with different kinds of specialities and super-specialities. The administration formed an important part of the working of these departments because all the amenities and funds were channelized by them. When ever a fresh case came it was referred to the casualty where it was examined and directed to the respective department. Sometimes a particular case would require attention of two or more departments, in such cases it was observed that there were arguments regarding the department the patient should be admitted. If the case was of interest to any two departments then they would argue to admit the patient and usually in such situations the seniority of the doctors involved was considered and the decision was made. Sometimes a case would be of no interest or would be a hopeless case than no department wanted to admit the patient. In such situations the patients would go to the department directed by the hospital superintendent. This fact indicate how the doctors are facing unique situations and resolving the related problems while protecting their professional interest.

Until recently the hospital had no separate department for treating Cardiac cases. Whenever patients with Cardiac problems, they were either admitted in the general medical ward or referred outside. But recently a new cardiology department was started which was in the process of

development. The doctors of the general medicine department and Cardiology department were not in consensus regarding the admission of such patients. They could not come to an understanding regarding the stage at which the patient having cardiac problems should be demarcated. The physicians felt that they were best judge in such cases whereas the cardiologist felt the other way as Dr. Sheetal remarked, "physician admit cardiology cases instead of referring them to the Cardiology unit." (Case Study Number 4) One of the reasons for the above remark could be that patients were required by the Cardiology units in order to sustain the department.

HOSPITAL ADMINISTRATION AND THE DEPARTMENTS:

The working of the administration is an important deciding factor reflecting the functioning of the hospital. The administration is the centre which is responsible for providing the material and personnel required by the Service departments (i.e., medical departments). Thus it is important to know the relationship between the two. Various aspects highlighting the relationship between the administration and the service department came to light. According to Dr.Meera, "in the hospital there is lack of coordination among the medical departments and administration. The Resident Medical Officer who is incharge of administration and providing

amenities to the hospital is not qualified and unable to understand the practical problems of the departments. There is lot of political interference and the resident medical officer and the senior doctors are always under pressure which is affecting service to the general patients. The drugs are not sufficient and when you ask them to provide them there is no budget. Generally during the end of the budget year that is, in the month of January and February there is shortage of not only drugs but 'X'-Ray films, laboratory chemical etc. The budget get exhausted , patient care gets affected. The paramedicals are moody, they have their own problems and get agitated at slightest pretext." (Case Study Number 3) . Similarly Dr.Rana said, "no matter how much you ask the administration to look into the requirements of the department it falls on deaf ears." According to her the administrative machinery is not very sensitive, to the needs of the department and she has problem getting the papers moved for securing the material and the required drugs for the department. Mostly the patients who come to the hospital are of poor socio-economic background and sometimes shortage of drugs affects treatment. (Case Study number 5 & 15)

"Handling of complicated cases is affected for want of required facilities and hence morbidity and mortality is on higher side. This is the most distressing situation pulling down the institutional standards." (Case Study Number 2)

"The problem of gathering cooperation from the administration is difficult for want of time. Hospital funds are not distributed fairly. There is no cooperative support to run the administration effectively from the medical college section which is committed to teaching. Groupism and nepotism are big hurdles for professional perfections even at the highest executive levels." (Case Study number 1)

Thus the above mentioned indicates the doctors are not satisfied with the amenities and their departments require better working conditions. According to Dr.Parimala,"there is large inflow of patients and many emergency cases, doctors are always on toes, they hardly have time to have lunch added to patient pressure they have to face administrative and financial problems to fulfill their requirements." Mentioning about the high demand of her speciality she said, " as far as our speciality is concerned there is great demand and as senior consultants we have to maintain the standards of professional efficacy. We have to be in touch with the latest techniques and equipments. We fall short of material and drugs and have constantly to remind the officer incharge to give attention to our needs." (Case Study number 16)

All these facts indicate that shortage of material in the wards is affecting patient care and the shortage of personnel affecting cooperation among different departments and also

administration. Had there been more number of doctors employed, there would be less work pressure on doctors relieving then to attend to problems of organization and administration. This also reflect on the doctors who are trying to adjust to the prevalent conditions at work.

Inner departmental atmosphere revealed that the doctors who came to the hospital did their work and moved on. There was a general lack of interest in the development of the department. On probing it was discovered that doctors were in service for cure of fixed salary and pension on retirement as what they got monitarily was hardly anything. Hence everybody was busy "making money" from the private practice in the evening. Another reason was no encouragement was given from the department for the intellectual endeavors, no financial aid given to publish papers, attend conferences or organize workshops. In the meetings of the department only the patients were discussed with no discussion on the improvement of the department (Case Study number 3). Another reason was the frequent transfers of the doctors (Case Study number 2). According to Dr.Lekha, "Colleagues are not interested in the development of the department, they are upsetting the professional competency by collaborating with the top executives who are either corrupt or politically under pressure"(Case Study number 1). Dr.Meera says the general atmosphere is just tolerable but not inspiring (Case Study

number 3). In order to understand more clearly the functional aspects of the organization the relation among the colleagues were studied. As far as possible all the doctors tried to maintain good and cordial relations with their colleagues. They tried to be cooperative with them, but this was at the superficial level, long term observation and deeper probe revealed that they had problems of egoism, groupism and professional rivalries. One of the doctors, said that "colleagues are very dominating and self centered" (Case Study number 1). It was observed that this doctor was trying to seek cooperation from other unit chiefs for conducting inter-unit seminars for the intellectual development of the students. Most of the unit chiefs were reluctant as they were not in favour of spending time other than what was required by the hospital. Regarding this issue one of the unit chiefs tried to contact over the telephone the chiefs of other units who probably belonged to her group and dissuaded them from extending support.

According to Dr.Meera, "females are females enemies, men don't create problems. Females always want to prove that they are superior to others. They are always keeping track of other colleagues". She said that while working in the hospital she takes advice from senior doctors when complication occurs while in practice she calls doctors from outside (Case Study number 3). As opposed to the above

Mentioned case where the department was dominated by women where rivalries and jealousies among women were focused. Let me mention the study of another department which had altogether a different environment. This department had men and women working together. One of the doctors said, "male colleagues find it difficult to accept the promotions of female colleagues with whom they worked at one time as equals. Since they cannot stop such promotions they try to avoid working together if it can be helped" (Case Study number 1). Few doctors said that they try to maintain good relations with the colleagues but sometimes, there are problems of professional jealousies regarding efficiency of work (Case Study number 5 & 16). Here one can find that in the relation between the male and female professionals bias does enter and men try to maintain their superiority (Case Study number 1). As far as the inter departmental relations were seen it was found that once a doctor entered her unit she hardly had time to bother about anything but her own work. One of the doctors said that when she was young she was more mobile and social but now due to fatigue she is not able to move around much (Case Study number 2). Thus one can say that doctors are working purely on career lines.

It would be appropriate to mention here the views of the doctors regarding the patients. According to Dr. Vara, patients are of two types, "on the one side sometimes patients

WOMEN DOCTORS

Table No.5

Case Study Number	No.of Working Hours (DOCTORS)	Experience Discrimination (Doctors)
1	9.00a.m.- 3.00p.m.	Yes for Promotions
2	8.30a.m. - 2.00p.m.	
	4.00p.m.- 8.00p.m.	
3	8.30a.m.- 2.00p.m.	No
4	8.00a.m.- 2.00p.m.	No
5		Female Domination
6	8.00a.m.- 2.00p.m.& 6.00p.m.- 8.00p.m.	No
7	9.00a.m.- 2.00p.m.	No
8	9.20a.m.- 4.00p.m.	No
9		No
10		
11	9.00a.m.- 4.00p.m.	
12 .	9.00a.m.- 2.00p.m.	No
13		No
14		
15	9.00a.m.- 4.00p.m.	No
16	9.00a.m.- 9.00p.m.	
17	9.00a.m.- 2.00p.m.	
18	9.00a.m.- 4.00p.m.	
19		
20	9.00a.m.- 9.00p.m.	
	for persual	for persual

are ignorant because of illiteracy and create problems for professionals as well as for themselves and on the other, the awareness of health is increasing and people are becoming more knowledgeable , doctors have to be careful while dealing with complicated cases" (Case Study number 2 & 17). Problems which Dr.Shama faces with the patients are that they do not understand the gravity of situation and there is risk of AIDS and physical threat when complication occurs. Majority of patients who come to the hospital are of poor socio-economic background and it is very difficult to make them follow the given treatment (Case Study number 4) .

Majority of the doctors were capable of handling complicated cases but to rule out any possibility of missing any diagnosis they generally consult their seniors. But Dr.Rana said that she was very confident of her abilities and rarely did she consult her seniors (Case Study number 5) . Similarly Dr.Sheetal said neither does she consulted any one regarding her patients nor does she interfered with the work of her colleagues (Case Study number 2) . They both said that since they were always emergencies they were active and alert.

When the doctors were asked if they faced any discrimination at the work place between them and their male colleagues, they said that there was no discrimination and Dr.Lata said,"women work with more devotion than man,"(Case Study

number 9) "women do better than men" (Case study number 11) and "women does more work than their male colleagues" (Case study number 15).

An important aspect of the study consisted in finding about the problems affecting the occupational mobility of the doctors related to their sex. The following paragraphs voiced by the doctors themselves will clearly highlight the dimension of the problem.

Dr.Preeti,"I am very much behind because I married early even before completing my final year and my first pregnancy interfered with my studies and therefore I never got to continue my studies or do post graduation". In her case her promotion is affected because she does not have a post graduate degree and promotion on the basis of seniority will take time (Case Study number 8). Similarly many other doctors mentioned responsibility of children affecting career (Case Study number 2,3,6,7 & 10). One might think that children would affect work, why do these doctors have children as soon as they get married. On this issue one of the doctors (who did not wanted to be mentioned) said "professional training takes long time and by the time we marry we are quite old and if we postpone having children then there is risk of medical problems cropping up. The best years of child bearing would pass and later create problems." Dr.Lata focused our attention on how her marriage affected her career. She had to

quit M.D. Pediatrics at Rajasthan and come down to settle at Hyderabad where her husband's family lived. At Hyderabad she could not secure a seat in Pediatrics so she had to do her post graduation in pathology. Later when she secured a lucrative job which required working at districts she was again denied the opportunity for the reason of living only with her family at Hyderabad. When asked about her progress in career she said, "my male colleagues put more effort and more working hours, are more dedicated than me. Since I have my family to look after I don't spend extra time at work as required." If given a choice Dr. Lata said that she would want to have her residence close to her work place (Case Study number 9).

Almost all the doctors had to do household work which was affecting their occupational mobility. Dr. Sheetal said that her progress in career is affected compared to her male colleagues. She said that since men are more free and mobile they earn more than women. Household responsibilities restricts women from devoting more time to their practice (Case Study number 2). "I am mentally and physically divided between home and my career. There is a lack of dedication to my career" (Case Study number 13).

The difference in the case of Dr. Rekha who also had to do household work can better be understood in her own words, "my

case is a little different from the*, they adjust their work according to their convenience but I have to work according to my in-laws, the routine set by them,—cater to their needs, there is lot of obligation on my part, I have to get involved in their problems give the required attention to the*. It is a cost benefit relationship" (Case Study number 11). Last but not least, one very important factor affecting the occupational mobility of the women doctors is the frequent transfers. Dr.Vara who was posted to a district had to go on leave till she was posted back to the city (Case Study number 17). Dr.Jaya pointed out that Lady doctors dread rural postings because there is no proper public transport to the area where the health centre is located and no security is provided to women (Case Study number 19). Dr.Lekha pointed out that transfers of husband and wife in professional spheres disturb the family unit and cause set back to the continuity of professional work (Case Study number 1). Closely related to the problem of occupational mobility was the problem of the career aspirations and achievements of the doctors. Dr.Veena wishes, "to get the latest knowledge in my subject and to put in practice, I foresee difficulties due to my aging, I feel changes have come and I can't run about as I used to do earlier" (Case Study number 6).

Dr.Rekha aspires to do super-specialization but she has her own problem in achieving her aim, "not in this state"

(meaning her joint *family* atmosphere), I should stay away from my home to do it (Case Study number 11).

The best method suited to understand the professional productivity, i.e.*. of the doctors in their field they were asked if they subscribed to any Journals and have written/published articals or presented papers at the conferences. About fifty percent of the doctors are members of the professional bodies, thirty five percent of them have published articals in the journals and fifteen percent of then have presented papers at the conferences.

The doctors had a very hectic routine and majority of them worked for five to six hours at the hospital and those who had clinic, in the evening again worked for three to four hours. The number of night duties the doctor did depended upon the post in the hospital hierarchy. Various methods were resorted by them in order to manage their time. Dr.Preeti said,"I manage things by preplanning, being swift and active" (Case Study number 8). "I have to time table my life" and also by commuting by autorickshaws(Case Study number 3). Dr.Shama manages her work by "jingling and curbing social activities" (Case Study number 4). Dr.Parimala vehemently said, hospital timings are not suitable they are lengthy and exhausting (Case Study number 16).

DOMESTIC CULTURE:

The family is the basic institution around which all the activities of the individual revolves. It is important to understand the position and role of the group under study. In this section the domestic life of the lady doctors is studied. How are they coping with work at home and striking a balance between the domestic and professional pressures.

The lady doctors relied heavily on paid servants. The servants in most of the cases were not regular, punctual or trust worthy. Since there were no alternative arrangements like creches and home for the aged to take care of children and aged, they had to tolerate the kind of service the servants gave. (Case Study number 1,2,3,4,7 & 10)

Almost in ninety percent of the cases the husbands were not concerned with the domestic problems and the care of the children. The management of the household was the concern of the lady of the house and rarely did they get any help from the husbands. Sometimes the husbands wanted to help but for reasons of social constraints refrained from it. Many doctors believed that certain jobs at home would be conducted only by woman as men are not trained to manage house and children (Case study number 6,7,3,2). Dr.Sunita expressed that her progress is hampered because of her aged in Laws who are very orthodox and impose restrictions on her going out and

working. They hardly understand the requirements of the working women, they demand too much of attention from her (Case Study number 10).

Majority of those living in joint families have non-cooperation from other members. They have the burden of living up to the expectations of the other family members. One of the doctors said " we are scared of those sitting at home ideal. They expect us to be perfect cooks, be polite and take care of them (meaning older members) excellently.** (Case Study number 3) Dr.Preeti said, "I suppose they don't mind me doing post graduation but they have absolutely no intention of helping me or making it easy for me" (Case Study number 8). One of the doctors who did not want to be mentioned said, "The professional training is of long duration,the best years to bear and rear children are passed in securing the basic degree. Me marry late and cannot postpone having children because the chances of medical problems cropping up in late age are many. As soon as we marry, we start our families leading to additional problems. Firstly because the time is still not suitable for diversion from the profession, secondly begetting and managing the children is a new experience for us, for getting control of the situation we go through trial and error method, here again we pass through many frustrations because of our divided interests. Age is advancing the required amount of energy for proper

functioning of both the fields is not there. "

In most of the cases Majority of the doctors took help in the Management of infant children from their Bother or sisters, some of them would leave their children before going to work at their Mother or sister's house and then again in the evening would collect them after hospital work while going home (Case Study number 2,10).

Majority of them would finish the household work and leave for office and when back home the domestic work would be again on their shoulder. They admitted conflict between family and career responsibilities.

Almost all the respondent said that they have somehow tried to strike a balance between household work and profession but during the times of emergencies like ill health of the family members or arrival of guest it becomes difficult to manage (Case Study number 6,7). Majority of them are always under time constraint, burden of work leading to physical and mental stress. As one of the doctors said, " at young age we have the appearance of being old, we are more prone to hypertension and diabetes (for no fault of ours) than our counter parts who are not working." (Case Study number 3).

In most of the cases where husbands and wives were doctors, the husbands wanted to dedicate themselves totally to the profession and they expected their wives to take the

responsibilities of Managing family matters and other concerns except the profession (Case Study number 15). They are critical of then and expect them to be at par with other housewives. While entertaining guests and during parties they even want then to surpass the ordinary housewives in food preparation and entertainment (Case Study number 3) .

Performing dual roles is causing emotional problems to some, as one of the respondent said," inspite of time tabling our lives, working like machines, we have to bear the brunt of dissatisfaction from people both at home for being away from it, and at work for not paying complete and undivided attention. This way we tend to neglect both home and work.

Most of the respondents were making great personal sacrifice by sincerely serving their home and profession, yet it was found that they were harboring many guilt feelings. Majority of them said, "when we concentrate on one field, the feeling of neglecting the other is always nagging us affecting our health and happiness ; the burden of work is increasing day by day both at home as well as at profession, compared to our efforts and strain we undergo, the returns are very little".

Most of the respondents reported that their professional practice is affected because of the responsibilities at home

to accommodate the demands of professional work and family they have opened their clinics/offices at home. One fact clearly emerged from this study is that doctors—are—always under time constraint and they have great difficulty in striking the balance while playing their dual roles. Dr.Preeti strikes the balance by concentrating on what ever work is on hand. She says "I have made it a point not to brood over my home problems at work place or worry about hospital work at hone" (Case Study number 8). Dr.Lata said, "sometimes I manage, sometimes I can't, when I can't I get upset." The guilt feeling passes off when she gets some rewards. (Case Study number 9) Dr.Maneka is first not able to strike the balance between routine at hone as well as work place, she says, "I hardly manage " (Case Study number 15).

The opinion regarding the life of working women in India in general was sought from the doctors as it was thought that by way of self-reflection the doctors may come out with their own problems which they could not openly discuss} secondly, it was thought necessary because such opinions may throw light on certain dimensions of the problem of working women of which the researcher may be unaware. The following were important opinions given by the doctors regarding the life of a working women in India. What is inferred by such opinions will be discussed in the concluding chapter.

Regarding her opinion about working women Dr.Lekha says, "women can do wonders provided she gets cooperation and encouragement from all important quarters" (Case-Study number 1) .

"It is not smooth sailing, one has to maintain strict time table and discipline" (Case Study number 2) .

"Working women has to face many stresses and tensions and are more prone to diseases like hypertension and diabetes. If we have a family history of diseases we are more prone to get then earlier. I have no alternative solution to my problem hence I have to bear. What cannot be cured has to be endured" (Case Study number 3) .

"The life of a working woman is a continuous struggle unless she has a very cooperative and understanding husband. Her career and ambition usually takes a second place as children's interest come first. To achieve her ambition the homelife has to be sacrificed or else ambition is to be sacrificed. If the home front is peaceful a working women can achieve everything in life to her satisfaction" (Case Study number 4) .

"If single they can work and live better than those married. In India one not only gets married to a man but to his whole kith and kin" (Case Study number 5) .

"Working women in India pass through a difficult period when children are small because even today there are no

reliable and standard creche. Though one relies heavily on servants, they are also not trust worthy. Since the care of children is the job of the mothers which makes her responsible for their well being she has to make some arrangement to see that the children are safe when she goes for work. The father may not take interest in such matters. He may be immune to problems concerning the nurturing of children. Men may understand the problem of the working ladies but if they do not come forward to help or to cooperate, mere understanding would not help" (Case Study number 6). According to Dr.Pushpa, "traditional expectations from women remain the same and there is no compromise regarding her duties" (Case Study number 7).

"Alternative arrangements for the care of the child and aged is badly required in India. With education and exposure a woman in India has come to realise that the goal of her life is just not being a good house wife but also 'realization of self* and interacting with the wider society and making valuable contributions " (Case Study number 10)•

According to Dr.Rekha those women who are working are under constant physical and mental pressure. Those who are not working have lot of leisure and are better off than those working. "In my opinion the conditions in India for working women is still not ripe, they have a long way to go to reap the harvest" (Case Study number 11).

"Mostly women with young children have important responsibilities which they have to handle even at the cost of their career. Child care is very important and unavoidable task" (Case Study number 13 & 16).

"In India people expect too much from educated Ladies, they expect excellence in all fields including household work. They don't realise that, even though they are capable of good work, they have too much physical and mental strain. Even if they want to do, they have their own limitations" (Case Study number 14).

"It is individual ability how to manage work at two places. It depends on the conditions in which a particular woman is placed and the type of career she pursues" (Case Study number 15).

"Women should never feel inferior to men but indeed should gain confidence to lead life at par with them to make a better and healthy society" (Case Study number 17).

"It all depends on the people and environment" (Case Study number 18).

Regarding her views on problems which working women face. Dr. Jaya says, " They have plenty of problems with children, servants, in laws and so on, that is what we hear " (Case Study number 19).

Women in India are still trying to live up to the traditional expectations of looking after the children, old members.

husband and household chores because they feel that the time is not ripe for them to avoid such responsibilities as there are no other alternatives. As one of the respondents said "for the general-population in India there is no other career role for women except that of a housewife."

CHAPTER - VI

WOMEN LAWYERS

Table No.1

Case Study Number	No Of Members in Parental Family	Reasons for selecting Law Studies
1	6	Had aptitude
2	6	Father's wish
3	6	Unplanned
4	4	Father Encouraged
5	6	Unplanned
6	5	To help People
7	6	Father was role model
8	4	Father was role model
9	5	Uncle was role model
10	6	Unplanned
11	6	Unplanned
12	8	Had aptitude
13	3	Had Father & Uncle in the Profession
14	10	Brother Encouraged
15	8	Had aptitude
16	4	Unplanned
17	5	Inspired by Family members
18	7	Influence by Family members
19	6	influence by Telugu Movie
20	8	Father & Husband Encoureged
Average:	$119/20=5.95-6$	for persual

DISCUSSIONS AND FINDINGS OF THE STUDY - WOMEN LAWYERS

SOCIO ECONOMIC PROFILE OF LAWYERS :

The social background of the lawyers is not much different from the doctors. They hail from large families with an average of six members. The family members are all educated consisting of professionals. The education of the mother is not very high. In most of the cases the mothers were illiterate or had studied very little.

Host of the lawyers had Joined the legal profession because they were encouraged by their fathers, brothers or uncles (Case Study number 7,8,9,12,14,18 & 20). The presence of a lawyer in the family formed the role model for them. Miss Prema said that her father was her "role model" and his honesty, dedication and hard work had influenced her to join this profession (Case Study number 7). After watching her uncle during her formative years, Miss Bina was influenced by his success and aptitude for the subject and his genuine desire to help people in need. He influenced her to join this profession. She desires to contribute as much as she can by virtue of her knowledge, training and skill to the needy litigant (Case Study number 9). Miss Geeta entered legal

WOMEN LAWYERS

Table No.2

Case Study Numbers	Father's Education Type)	Mother's Education •	Sibling's Education
1	Graduate	Graduate	2-Graduate +
2	Graduate	12th Class	2-Graduate + 1-10 Class
3	Graduate	12th Class	3-Graduate +
4	Graduate	Metriculate	1-12 Class
5	Doctor	Graduate	3-Graduate +
6	Post Graduate	Schooling	2-Graduate +
7	Lawyer	Graduate	3-Graduate +
8	Lawyer	Graduate	1-Graduate +
9	Doctor	Post Graduate	1-Graduate + 1-Studying
10	Graduate	—	2-Graduate + 1-studying
11	Doctor	Graduate	3-Graduate +
12	Graduate	—	5-Graduate +
13	Lawyer	Post Graduate	—
14	Graduate	—	4-Graduate + 3-10 Class
15	12th Class	7th Class	5-Graduate +
16	Doctor	—	1-Graduate +
17	Engineer	Matriculate	2-Graduate +
18	Lawyer	Lawyer	3-Graduate + 1-No Data
19	Engineer	House wife	3-Graduate +
20	Engineer	7th Class	S-Graduate +

Average: $19 \times 100 / 20 = 95\%$ $G = 8 \times 100 / 20 = 40\%$ $G = 50 \times 100 / 59 = 84.7\%$
Graduate = G

WOMEN LAWYERS

Table No.3

Case Study-Numbers	Age Groups (in Years)	Personal income (In Rs/Month)	Position Rank of Lawyers	Education Qualification Lawyers
1	36-40	25000	Private Practice	Graduate
2	51-55	5000	Govt. Pleader	Graduate
3	26-30	1000	Asst. Advocate	Graduate
4	26-30	2000	Apprentice	Graduate
5	31-35	2500	Private Practice	Graduate
6	26-30	1500	Private Practice	Graduate
7	20-25	1000	Jr. Advacate	Graduate
8	36-40	—	Private Practice	Post Graduate
9	26-30	2000	Private Practice	Post Graduate
10	31-35	4000	Private Practice	Graduate
11	26-30	500	Apprentice	Graduate
12	20-25	—	Private Practice	Post Graduate
13	26-30	500	Apprentice	Post Graduate
14	26-30	2500	Private Practice	Graduate
15	26-30	1000	Apprentice	Graduate
16	20-25	500	Jr. Lawyer	Graduate
17	31-35	1000	Private Practice	Graduate
18	36-40	2500	Private Practice	Graduate
19	20-25		Apprentice	Graduate
20	41-45	1500	Work at Law Firm	Graduate

Average: 20-25=20% 54000/17 =
 Postgra- 26-30=40% 3176
 duate=PG 31-35= 15%
 Graduate 36-40=15%
 = G

for persual

P.G=4=20%
 G -16=80%

profession because her brother encouraged her to do so because of its prestige (Case Study number 14). Advocate Gowri—entered the profession because she was influenced by Telugu movies (Case Study number 19). Other reasons cited by the advocates for choosing legal studies was that they had an aptitude for the subject, had good career opportunities in the field, it was sore prestigious, gave job satisfaction and above all they had desire to help people (Case Study number 1,2,3,6,12,15 & 17). Some of the Lawyer's entry in the legal profession was quite unplanned (Case Study number 10,11 & 16).

The sample profile shows that Demographically the lawyers are well distributed in terms of age. There are twenty percent in the age group of twenty to twenty five years, forty percent in the age group of twenty Six to thirty years, fifteen percent each in the age group of thirty one to thirty five 36-40 years respectively. About five percent each in the age group of forty one to forty five years and fifty years and above respectively.

The average income of the lawyers Rs.3,176 which is half the average income of doctors. Regarding their position and rank about fifteen percent of then are in government service, twenty five percent have their own consultancies and about sixty percent of them work as junior apprentice under senior lawyers.

WOMEN LAWYERS

Table No.4

Case Study numbers	Marital Status	Residential {Pattern Family Type)	Religion/ Caste of Respondent	Religion/ Caste of Husband
	Married	Nuclear	Hindu/Brahmin	Hindu/Brahmin
	Married	Nuclear	Hindu/Brahmin	Hindu/Brahmin
	Married	Nuclear	Hindu/Brahmin	Hindu/Brahmin
	Married	Nuclear	Hindu/Brahmin	Hindu/Brahmin
	Widow	Parents House	Hindu/Brahmin	_____
	Unmarried	Parents House	Hindu/Brahmin	_____
	Unmarried	Parents House	Hindu	_____
	Married	Nuclear	Hindu/Reddy	Hindu/Reddy
	Unmarried	Parents House	Hindu	Hindu
	Married	Nuclear	Hindu/Reddy	Hindu/Velma
	Married	Nuclear	Hindu	Hindu
	Married	Joint	Muslim	Muslim
	Married	Parents House	Muslim	Muslim
	Unmarried	Parents House	Hindu	_____
	Unmarried	Parents House	Hindu	_____
	Unmarried	Parents House	Hindu	—
	Married	Nuclear	Hindu	Hindu
	Married	Nuclear	Hindu/Brahmin	Hindu/Brahmin
	Married	Nuclear	Hindu/Reddy	Hindu/Reddy
	Married	Nuclear	Hindu/Reddy	Hindu/Reddy
Average:	20-25=20%	M =65%	N = 55%	for persual
	26-30=40%	U.M=30%	P.H. = 40%	for persual
	31-35=15%	W = 5%	Joint = 5%	
	36-40=15%			
	41-45=5%			
	46-50=0%			
	51-55=5%			

WOMEN LAWYERS
Table No.5

Case Study Numbers	Husband's Profession
1	Post Graduate
2	Lawyer
3	Lawyer
4	Engineer
5	---
6	---
7	---
8	Lawyer
9	---
10	Lawyer
11	Lawyer
12	Translator
13	Lawyer
14	---
15	---
16	---
17	Engineer
18	Lawyer
19	Post Graduate
20	Graduate
for persual	

The lawyers have a very exhausting day they work hard the whole day, when they are not busy with the office work they do house hold work. Regarding the educational qualification of the lawyers about eighty percent of them are graduates and twenty percent of them are post graduates.

The residential patterns of the lawyers are as follows:- fifty five percent of then stay in nuclear families and forty five percent of then stay in their parents house. This is because many of the lawyers are young and unmarried. Among the lawyers about sixty five percent of them are married, out of which five percent each of them Are widows and divorcees respectively. Corresponding to their stay in nuclear families.

The lawyers tend to marry person of their own caste and religion. Regarding the choice of partners in terms of qualification, about sixty five percent of the lawyers marry lawyers, twenty five percent professionals and ten percent from other fields. This fact indicates that like the doctors the lawyers also marry professionals or those suitably qualified.

Introduction to Lady Lawyers :-

I met the lady lawyers for the first time at the City Civil Court in the ladies recreation room. I was introduced to them by a very senior advocate who is a friend of Mine. After the introduction I told them the purpose of my study and asked them if they would help me in my venture. They agreed and daily I would visit them where ever and when ever they were free. Sometimes I would Just observe things of my research interest without disturbing them. Daily dairies were maintained to note down the detail of the study.

The Lawyers are very friendly and Cooperative. Regarding their profession majority of the Lawyers feel that there was tough competition in the field and they try to give maximum time to their profession.

They take guidance from their senior advocates, referred to books, briefs, and journals and would consult their friends in complicated cases. (Case Study number 3,5,6,9,15,18,20) But advocate Geeta feels that she is very competent and has the capacity to handle any case or situation. Her senior is also well aware of the same and does not hesitate to entrust any difficult or complicated case to her (Case Study number 14).

The Lawyers seen to be quite ambitious, Mrs. Siva is in the legal profession since fourteen years and she aspires to continue to be recognised as a good, dependable and hard working advocate and to establish an identity in the top most courts of India. Her major difficulty in achieving her aims and ambitions is her family constraints (Case Study number 1,17). Mrs.Jayanthi, Mrs.Pani, Mrs.Neena and Mrs.Tina aspired to become Judicial officers. According to Mrs.Pani the major obstacle is that influence and Money count in such Matters, hence it is a problem (Case Study number 3,5,11 & 12). Mrs.Veera wants to excel in the field, but says, "the only difficulty is that, with scruples in the profession going down one with positive cultural background cannot stoop low" (Case Study number 8 & 9). Miss Nima has a problem which reflects the Indian Cultural grounding, she says, that she aspires to make a good name in the field but she is not sure if this will be possible because she is not sure if she will be allowed to continue her practice after her marriage (Case Study number 16).

Professional interest and progress was assessed by asking the lawyers if they were members of any professional organizations, subscribed to Journals and had written/published articles or presented papers at the conferences. About fifty percent of the lawyers were members of professional bodies and fifteen percent of them had

published articles in the journals or had presented papers at conferences.

It would be appropriate to discuss here the conditions under which the lawyers are working. The general atmosphere at the work place is described by this comment by a lady lawyer, "to make a mark in the profession a lady has to remember that she is a lady and has to put at least double the effort a male in her position would be required to do to be noticed. Thrice the effort put in by the male to be recognised and at least four times the effort to sustain herself. But while moving in public, interacting with others in the profession and executing her professional job she should forget that she is a lady" (Case Study number 1,15 & 16). This points to the fact that women have to work more than men. Mrs.Siva tries to manage her work with the assistance of the juniors and the cooperation of the judicial officers. Mrs.Uma has many problems in this field because she feels that the general attitude of the people regarding women in this field is that people feel that women join legal profession only for glamour and there is no seriousness involved. Ladies have to prove their mettle and thus work hard (Case Study number 2). The general belief is that advocacy is meant only for men and not for women. Though women are given opportunity to work, not much chance is given to them to prove themselves as an eminent lawyer in the field of their qualification (Case

Study number 4). Being a lady professional at times she has to face criticism which is most often negative. The atmosphere at the work place is good but she has to struggle to make a mark in the field. Since she comes from the family of professionals she is directly or indirectly groomed for work in this field and is all set to meet professional challenges. She does not approve of the Government's thirty percent reservation of seats for women in professional colleges and for jobs (Case Study number 8). Regarding the seniors Mrs. Shaheen says that they are hypocrites and never realize or acknowledge the juniors contribution. The risk in this profession is of saving the reputation if they come across a bad characterized senior or mix a lot with male colleagues. The general atmosphere is quite contrary to her nature. She tries to adjust. She feels that inspite of working the whole day the returns are not worth it. they have financial and conveyance problem (Case Study number 13 & 15).

Many lawyers pointed out how being women is affecting their occupational mobility. According to Mrs. Jayanti, "men in this field fair better than women because this profession requires wide contacts with public which cannot be maintained by a female, similiarly unless there is some protection to a lady advocate by her senior or husband it is very difficult to shine in the profession " (Case Study number 3). " Men have an edge over, because they are more

mobile, have no time restrictions, can entertain people/clients and get work, which a lady cannot do because she may get a bad name and be labelled as loose character person." According to Mrs.Pani because of her sex her occupational mobility is affected as there is no security for her if she travels out of station. Going out with clients and coming home late is not socially approved. She wishes to have a vehicle of her own in order to save time and money is commuting (Case study number 5 & 20). Similarly Mrs.Veera said, " it is a challenging profession. Though woman are more committed, it is male dominated, it is easy to overcome challenges provided one is committed" (Case Study number 8,14). Being a lady professional at times Mrs.Veera has to face criticism which is most often negative. The atmosphere at the work place is good but she has to struggle to make a mark in the field (Case Study number 8). Mrs.Anita is not satisfied with the rewards she get in this profession and feels that her progress in career is not similar to her male colleagues and unmarried female colleagues because compared to them the time at her disposal is not the same because of the household responsibilities. She aspires to become a successful lawyer but the difficulty is with the changing trend in the society and also in the amount of time and energy to be invested which has to be at the cost of the family (Case Study number 17,12,6,14,18,19 & 20). Miss Geeta

feels that as far as her profession is concerned her sex is not affecting her occupational nobility in any way. She says, "our professional duties should be discharged with Jeweller's care. A slightest negligence may result in heavy loss to the client, may be wealth or even life sometimes " (Case Study number 14)- She feels that she is working hard and does almost everything that is required professionally and her career is progressing at a good pace. Sometimes she experiences discrimination in the delegation of difficult and challenging task by her superiors between her and her male colleagues. In a way her occupational Mobility is affected because of her sex (Case Study number 16 & 6) .

All the above said can be well summed up in the words of advocate Mrs.Neena, "The hardship a lady professional has to undergo to make a mark is basically to establish contacts with others to get briefs, and to maintain a circle. The time factor is very important, lack of time makes difficult to move about and establish social contacts" (Case Study number 11 & 14) .

There are other problems which these advocates face in their profession. According to Miss Bina, "to get cases, accessibility to the general public is difficult in cities. Even though she has contacts in the districts to get cases is difficult because of the fact that she is a lady. There is also communication gap with them on account of language.

Furthermore she is unable to adopt unethical practices and procedures that are rampant in this profession. She does not believe in short cut methods to rise to the top " (Case Study number 9 & 10). The lady advocates also face the problem of prejudices and "stealing of clients" by men, she feels that unless one comes to terms with the existing system with all its prejudices one cannot survive. It is a question of going ahead by either adopting the practices or rejecting them following ones own principles. If it is the former the success is easier, if not the climb to the top is laborious but satisfying (Case Study number 9). Mrs.Vikki had a tough time with her lady boss in her previous office because of her egoism and her frustrations. She was unmarried and was not able to understand the problems of married women (Case Study number 4). As a junior lady professional Mrs Tina faces a lot of problems, being a junior is the greatest of the great problems. The other problems concerns with the competition in the field which is tough (Case Study number 12). Miss Shaheen and Mrs.Vikki had many problems in selecting a good senior advocate for apprenticeship (Case Study number 13 & 4). With regards to the hardship a lady professional has to undergo Miss Geeta says, for a lady professional to make a mark is a very difficult task. The profession demands dedication, maximum time devotion extensive social contacts etc. Which are mostly not possible with women especially

when she is married. A married women has more social obligations and family responsibilities, ignoring which is impossible. Unless there is encouragement and-understanding in the family it is difficult to achieve her goal in the profession. " Nature gifted woman with abundant love, affection and capacity to handle the difficult but delicate task of managing the family and her home. Care should be taken that she does not cause injustice to her primary duty, while building up her career" (Case Study number 14). Miss Rita feels that the working hours are not suitable and there is not a single holiday in a week. She feels that her working hours are effecting her career because she find very little time for research work (Case Study number 15). Similiarly long working hours makes it difficult for the married lawyers to concentrate on their family responsibilities leading to the problem of time management (Case Study number 7 & 14).

The problems of interaction between different courts and administration is glaring. The administrative clerks do not do the work on time, sometimes when the work is urgent then the lawyers have to bribe them (Case Study number 2,3,4,6 & 14). "Procedural delays and corruption in the department of administration make it difficult to retain client's confidence. Great individual efforts are required to retain clientele" (Case Study number 9). "There are many faults in the administrative system. Clerks and other non gazetted

officers do not co-operate with lady advocates, there is delay in communication, corruption, disobedience and insubordination and procedural deficiencies. To get the work done one has to struggle a lot" (Case Study number 10). Miss Geeta refused to comment on the problems of interaction with the legal system or with different administrative departments, different courts etc (Case Study number 14). According to Mrs.Meena as far as the legal infrastructure is concerned the gap between the bar and the bench is widening day by day (Case Study number 18).

As far as the colleague relations are concerned majority of the lawyers try to be friendly and cooperative. They do not have any serious problem with then (Case Study number 5,6,8,10,11,13,15,16,17,18 & 19). But some of the lady lawyers feel that male colleagues are quite high handed in their behaviour and are dominating. regarding female colleagues, Mrs.Tina says, "Jealousy reigns them". In spite of all this she is friendly with the colleagues (Case Study number 12). Similarly Mrs.Siva says that colleagues are friendly but men are not very helpful. There is a communication gap between her male colleagues and seniors.

As a lady professional there is a professional rivalry on the part of some male colleagues resulting in personal nuisance like obscene telephone calls (Case Study number 1). Regarding her colleagues Miss Bina says that men are more competitive

WOMEN LAWYERS

TABLE NO. 6

Case Study Number	No. of Working (Lawyers)	Experience Discrimination (Lawyers)
1	9.00 a.m. - 9.00 p.m.	
2	10.00 a.m. - 9.00 p.m.	No
3	9.30 a.m. - 4.30 p.m. & 7 00 p.m. - 9.00 p.m.	No
A	10.00 a.m. - 5 00 p.m. & 7.00 p.m. - 10.00 p.m.	Yes in her Office
5	9.00 a.m. - 9.00 p.m.	
6	9.00 a.m. - 9.00 p.m.	No
7		
8		Has to face criticism
9	8.00 a.m. - 8.00 p.m.	No
10	9.00 a.m. - 7.30 p.m.	Yes
11	9.30 a.m. - 5.00 p.m.	
12	10.00 a.m. - 6.00 p.m.	Yes
13	10.00 a.m. - 3.00 p.m. & 8.00 p.m. - 11.00 p.m.	No
14	10.00 a.m. - 9.00 p.m.	No
15	8.00 a.m. - 10.00 p.m.	Yes
16	10.00 a.m. - 7.30 p.m.	Yes
17	9.30 a.m. - 7.00 p.m.	Yes
18	9.00 a.m. - 6.30 p.m.	
19	9.00 a.m. - 5.00 p.m.	
20	9.30 a.m. - 4.00 p.m.	

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and competent, most of the ladies do not take their career seriously and come to court to pass their time lightly. Most of the problems with her colleagues are work related and are best handled by concentrating on her job and avoiding unpleasantness (Case Study number 9).

Regarding sex discrimination various opinions were given by the lawyers. According to Mrs. Jayanti, "there is no sex discrimination in this profession. Delegation of work by the superiors depends upon the ability and sincerity of the person to whom it is entrusted. When once the senior thinks that the person is sincere and honest, certainly he will entrust any work without discrimination" (Case Study number 3). Contradicting the above Mrs. Tina voiced, "there is discrimination in appointing advocates for commissions. Judges do discriminate between male and females^{*4}. The problem she faces is that there is no equality of opportunity between male and female advocates. Women are made to do clerical work and are made to run from office to court and from court to office (Case Study number 12). Similarly Miss Rita experiences a lot of discrimination in the delegation of task by her seniors between her and her male colleagues. In her profession especially on criminal side, there is a lot of discrimination because it is difficult for a lady to visit a police station and on the civil side to the registrars office (Case Study number 15 & 16).

This study would not be complete without understanding the client relationship. Majority of the lawyers had good relationship with their clients but they had Certain problems regarding then. According to Mrs.Siva, "Inspite of my best efforts certain matters get delayed in courts, making client suspect collusion with the other party and if instigated by professional rivals, may make them file a complaint before the Bar Council" (Case Study number 1). According to advocate Vikki and Meena, "satisfying the clients is a tough job." Miss Prema says, "the major problem is trying to make them understand the legal point involved in the case" (Case Study number 4,11 & 7). Mrs.Tina vehemently says that the clients underestimate the capacity of women. "Clients do not easily trust and have confidence in lady advocates even if they are good professionally. It takes time to win their confidence. They are not willing to pay the amount of fees as they would pay the male advocates. The major problem with clients are regarding collection of fees. They do not pay on time** (Case Study number 3,12,16,7). Almost all the advocates felt that clients lacked patience.

DOMESTIC CULTURE:

The domestic life of the lawyers was closely related to their martial status. About thirty five percent of them were unmarried and had no domestic responsibilities. The care

of the house was the concern of their mothers and they hardly had any work pressure at home. Infact they had congenial atmosphere at home. Their family members extended support and cooperation. They encouraged and helped them to contribute on their profession. The only time they had to adjust their working hours were when there were festivals or arrival of guests at home. The only dissatisfaction they faced from people at home were that their family members missed their presence at home because of their long working hours (Case Study number 4,5,6,7,8,9,11,15 & 16).

In contrast to the unmarried lawyers the married lawyers had many domestic problems. Most of the lawyers finished their household duties and reported for work and again in the evening they had responsibility of house, children and other domestic chores. According to Mrs.Siva domestic life is not very easy. She tries to restrict office timings after 9 'o' clock in order to be at home. On holidays she makes it a point to be with her family (Case Study number 1). Mrs.Uma says that when there is work at home she has to postpone her office work or give the juniors to do it (Case Study number 2).

Majority of the lawyers manage the household work with the help of the paid servants. The servants are important functionaries in the management of the house and children. According to Mrs.Gowri, adjustment of timings is totally

dependant on her maid servant. If the servants comes late for work, she is late or if she is absent then she has to absent herself from office (Case Study number 19). Unlike the doctors, sixty percent of the lawyers get help from their husbands (Case Study number 4,10,11,12,17 & 18). About forty percent of the lawyers said that, although their husbands understood their problem they rarely helped them. It could be due to cultural constraints (Case Study number 1,2,8,12 &13). Mrs.Siva feels that both home and profession are demanding and leading to many emotional problems for which there is no cure. According to Mrs.Siva, "professional ambition and emotional problems are inseparable partners, what cannot be cured has to be endured" (Case Study number 1). Similarly Mrs.Tina is most of the time emotionally upset because her inlaws are not very helpful due to their own personal reasons and this depresses her (Case Study number 12 & 20). According to Mrs.Mona performing dual role at times upsets her causing emotional imbalance and physical strain. She tries to solve the problem by relaxing and taking a holiday (Case Study number 10 & 11). Other lawyers said that they solved their emotional problem by going for a movie (Case Study number 1 & 4).

Majority of the lawyers have time constraint and are not able to do Justice to their profession and household duties (Case Study number 1,4,10,11,13,17,18 & 19). The lawyers are having

tough time Managing children. Mrs.Vikki leaves her small daughter at her mother's house and rarely sees her. She feels that household work is really demanding and takes of Major part of her time (Case Study number 4) . Mrs.Jayanti has electronic gadgets in addition to servants which help her save time. Her career is not much affected because she does not have children and dependents (Case Study number 3) . The excessive work pressure is also leading to personal problems between the couples. Mrs.Gowri said that because of heavy work they are losing patience and having fights with each other (Case Study number 19) . Mrs.Shaheen says that, "domestic work is not effecting her career but the profession is affecting the care and education of her children (Case Study number 13) .

The following are important opinions given by the lawyers regarding the life of a working women in India. What is inferred by such opinions will be discussed in the concluding chapter.

Regarding her opinion about working woman in modern India, she opined, "talent and education is meant to be used first for one's own satisfaction and then for the benefit of others. Women have to work but they also have to play their role in the family, both are equally important and essential* When one chooses both, life is exactly what it should be. the

right amount of pain to balance joy"(Case Study number 1).

"Those who are working cannot be sure that their husband's will-help because culturally they are not expected to do so. Even if they want to help they are scared of criticism. Maid servants are not punctual and reliable. Educated ladies inspite of knowing that they will have to work double are still prepared to work for their various personal reasons. Best way to adjust to the situation is to take to spiritualism. It will give more courage to face life and also give contentment" (Case Study number 2).

"A working women is playing a crucial role in the family as well as in the society. Now a days, a working women is sharing problems equally with that of her husband she is also contributing monetarily to the family mite. A women working is burdened with additional work. She has to reach office on time, finish work both at home and office on time, she has to give time to her children and manage their studies. For which she has to face mental and physical strain. Sometimes she may have to neglect her health. Inspite of all this tome of the working women are facing torture from their inlaws and husbands. When we compart the sacrifice, the working women of today makes us find that the returns are very little. Now a days some of the working ladies are taking the responsibilities of their parents apart from their inlaws, for which she has to struggle a lot (especially those who are from middle classes!. If the family members, husband and

office friends are cooperative and understanding the life of a working woman would be good, otherwise it would be difficult" (Case Study number 3). "Need of the hour—demand financial independence of women** (Case Study number 51. "Today woman has dual role to play, one of a wife, Bother and the other of a career woman. She has to allot her time in a very careful manner to her various duties" (Case Study number 6). "Times are changing, inspite of so many difficulties a lady is able to make a mark in whatever profession she is involved with. She hopes to see a lot more developments for the total emancipation of women in future " (Case Study number 7>. "If attitudes are positive everything works on fine" (Case Study number 8). "To combine the home sphere and professional life is a supersonic job which requires tremendous will power, determination and undertanding. Will power to combact all the professional hassels, determination to go ahead despite several odds. Despite several challenges, however,if a working women is mentally strong there is no stopping her and she can handle everything provided their is co-operation from the family members. In profession one should adhere to good principles, combine with hard work and sincerity there is no end to successful results" (Case Study number 9). "It all depends on attitudes of women and their determination and commitment to work, their ability to compete with male counterparts. If women

doss not come up to their expectations because of personal social factor it is Miserable" (Case Study number 10). " Life of a working woman today is highly challenging. A-working woman has to play a dual role". "I basically feel that if a working woman is sincere, hardworking and optimistic she can get over to all the problems and she can expect a successful and bright career. Only thing is she should take her profession seriously and feel that work is worship, ofcourse good cooperation, encouragement, and moral support of the family members at home is an essential feature for a woman to be successful at home as well as in profession" (Case Study number 11). "The life of a working women today is only a bed of thorns. She has to do the daily chores, attend children, look after her husband, take care if any guests come to the house. She has to live in a male dominated society. She has to undergo the trauma and agony both in the house as well as her office" (Case Study number 12). "Women have to face lots of problems. They face non co-operation from spouses and inlaws. They have to work very hard at home as well as at work place. The responsbility of taking care of all the family members is on the lady of the house which becomes very streneous if she is working. It is difficult for them to meet the basic requirements of life. It is a life of constant struggle** (Case Study number 13). "It is like an artist playing two roles. Neither can be ignored nor given less importance. If you can not justify both better choose

one. But once you choose to work do it with all sincerity, dedication and efficiency" (Case Study number 14). "The life of a working women is definately better than just housewife. A working woman is playing a dual role and infact is more responsible in every aspect of life, infact she is ready to meet any type of situation in life,(financially, Mentally and physically). She is definately a wore confident person" (Case Study number 15). "I don't think I can say much on this but in a nutshell, it is not that easy too, what with the responsibility on all the fronts-husband, children, household chores and last but not last occupational work" (Case Study number 16). "Every women has to work but at the same time should not neglect hone and it must be given first priority instead of coming home frustrated and fatigued. The profession must only be of secondary importance to a woman and not to be at the cost of the family. The essence of life is to have a happy home, for which one works. There should be peace of mind and the pleasure of living to the full** (Case Study number 17). "All the family members should co-operate more and not make the working woman feel guilty for being out of the house for a long time. Naturally when the lady of the house is out the whole day, there is burden on them" (Case Study number 18). "I don't think I can say much on this but in a nutshell, it is not that easy too, what with the responsibility on all the fronts-husband, children, household

chores and last but not last occupational work" (Case Study number 19).

CONCLUSION

The study 'Women in Profession' focused on three aspects of the life of women professionals. The first part focused on the Socio-economic background of the doctors and lawyers to understand the accessibility and the likelihood of their success. The second part focused on the work place culture in order to know their problems and prospects and the third part focused on domestic culture ie, how conducive is the home environment for careers in professions.

The socio-economic background revealed that both the doctors and lawyers came from upper middle classes, they came from large families with majority of the educated members. There was also presence of some professional members in their families. As far as the selection of the profession was concerned they were well groomed for careers in their respective professions. They received cooperation and encouragement from their parents and other family members. Their social background was quite suitable for professional careers.

There was a traditional approach in the selection of life partners. They all married persons of same caste and religion. This traditional pattern had an important bearing

on the future life of these doctors.

The 'work culture', of these professionals revealed that both the lawyers and doctors find their male colleague to accept women's progress difficult. There is professional Jealousy regarding efficiency of work. Even though, sometimes, women performed better than men they tried to Maintain their superiority. One of the advocate's said that she is receiving obscene telephone calls from men.

Women professional working with greater devotion and at a higher cost yet they are experiencing sex discrimination. The lawyers are experiencing discrimination in the delegation of difficult and challenging tasks. In the appointment of legal commissions men are given priority. The general belief that legal profession is meant for men and not women. Women join legal profession for glamour and that there is no seriousness involved on their part. Clients have less faith and are not willing to pay the same amount of fees to the lady advocate as they would pay men. In the medical field also until recently surgery was thought to the male domain and women were rarely selected for this specialization. At work place, especially the lawyers are facing more problems than doctors because of their sex. Though women are given opportunity to work not much chance is given to them to prove themselves as an eminent lawyer in the field of their

qualification. In spite of working double the amount and being sore regular than their Male counter parts they have to face criticism which is more often negative. The general atmosphere is quite contrary to their nature. They try to adjust but feel that in spite of working the whole day the returns are not worth the effort. Their work is not recognized by their seniors. They are paid less and have financial and conveyance problem.

On scrutiny of the problem of these professionals, one fact clearly emerged that doctors, as compared to lawyers, were in good control of their professional work and were at par with men in their organisation and sometimes performed better than the male doctors. The difference could be because of the late entry of women in law field. Another difference is doctors have longer period of institutional training and more intense curriculum than the lawyers.

As far as the role commitment is concerned it is good among the lawyers and doctors. They are postponing household work in favour of professional duties.

Regarding professional productivity ninety percent of both doctors and lawyers subscribe to professional literature, many of them have written, published and presented papers at the conferences, and majority of them are also members of professional bodies.

This study clearly revealed that the value system of the society has an important bearing on the life and working of the doctors and the lawyers. The expanded set of roles is placing them under excessive stress and strain leading to many problems. Those women who are Married are suffering from inconsistent and conflicting expectations from family Members. Their family responsibilities and lack of alternative arrangements to relieve them from the drudgery of household work was affecting their work performance. As the case of the lawyers indicated that those lawyers who are not married and had not much domestic responsibilities had better work performance and achievement. Since they were staying with their parents and had conducive home environment they were undergoing less physical and mental strain. Those married were subjected to extra work pressure and even mental torture as the case of Dr.Devi would indicate. Her son while playing had fallen down and was injured in her absence. After giving medical treatment within few days he recovered. Taking the pretext of this incident her family members made her a victim of taunts and displeasure. (Case Study Number 18)

The traditional expectation of woman with regard to duties at home remained unchanged. The man of the house in majority of the cases remained indifferent and aloof. They did not seem to understand the seriousness required for persuasion of professional careers. The in-laws wanted them to live in a

pre-cast would set by them. They did not try to Make things easy for them. They were still trying to control them by the ideology of femininity. They expected them to personally attend to household chores. Majority of the women did the household work and left for work and later in the evening they again resumed household duties. Most of the* were making great personal sacrifice by sincerely serving their home and profession, yet it was discovered that these women professionals were harbouring many guilt feelings of neglecting work which was affecting their well being. They were having problems of time constraints and were enjoying no social life leading to many emotional problems. When they were emotionally upset many of the respondents said that they resorted to drugs for getting sleep and were seeking refuge in spiritualism.

The education and employment of women has placed them in vulnerable position because change with regard to personal emancipation of women has occurred but corresponding change with regard to norms, values and expectations have not much occurred. There is a lag between the two affecting professional women adversely. One of the lady doctor's said that because of excessive tensions and work pressures, at young age they are having appearance of old and are more prone to diseases than their counter parts who do not work outside home (Case Study number 3).

As far as the role commitment on the part of the doctors and lawyers was seen it was excellent. They were trying their best to fulfill their double responsibility at the cost of their health and leisure. Their role as wife and mother was given top priority agreeing with Parsons (1951) that the important role of the lady of the house is the socialization of the young into the normative pattern of the society.

The obvious question which arises is, why are these professional women bowing down to the wishes of those at home. Why should they submit to the unreasonable demands and bear the brunt of excessive work pressure. Although these women were aware of their painful plight yet they were not protesting because they said that the time was not ripe as majority of the population are drowned deep in the patriarchal ideology and the feminine ideology of sacrifice and self denial. These professionals form a small section of alienated group with the development of the consciousness different from the general population and their variant behaviour may not be well received by the society at large. As the professionals themselves said that what cannot be cured has to be endured.

There is excessive compliance behaviour on their part because of the cultural tradition of society and the socialization of women who inspite of being excellent professionals are

compromising housewives. They are still dressed in the cultural garb of womanhood. Few of the doctors and lawyers believed that women are basically weak and long hours of work and journey affect their work performance, and that domestic roles of women are important and should be given top priority (agreeing with some of the anthropological theories mentioned earlier). But here if the conditions of work of men and women are analyzed we will realize that, first of all, men were concentrating only on their careers, secondly, their domestic needs were taken care of by the women of their house. Thirdly, they had their own conveyance which was absent in the case of these professional women.

The general analysis of the opinion given by the professionals regarding the life of the working woman in India revealed that their life is of continuous struggle as they said it is not the bed of roses but of thorns. Another important need felt by them was that they all craved for cooperation and encouragement from important quarters - meaning their family members and those at work place. Regarding the broader society they said that people expect too much from educated ladies. They expect excellence in all fields including household work. They hardly realize that even though they are capable of good work practically it is not possible (Dr. Remma - Case study number 14).

Thus it could be concluded by saying that women professionals are patiently serving heart and soul at work place as well as at home.

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APPENDIX I

THE DOCTORS CASE STUDY NUMBER 1

Dr. Lekha (M.D; D.G.D) aged between 45-50 years is Hindu Vaishnava married to a Hindu Patnaik. Her husband is a scientist (H.SC; PHD.) and she lives in a nuclear family. Her personal income is Rs 6500 per Month and her total family income is Rs. 13000 per Month.

There are eleven members in her parents house. Her father is a graduate (6 A) and her Mother has studied up to eighth class. Her two sisters are commerce graduates (B.COM) and her third sister is a Medical doctor (M B B S). Her three brothers are engineers (B E) and one brother is a physician (M.B.B.S.M.D.) and another is a lecturer (PHD).

She was guided by her parents to take up Medical studies for the following reasons, there are better career opportunities in medical field, it is More flexible and suits ladies and it is More prestigious. She has been employed since twenty five years and her position and rank in the employment scale is that of a civil surgeon. Her working hours are from 9 am to 3 pm and later there are emergency calls. Her working hours are quite convenient for her. She has to forego many promotions and rewards because of hospital politics. She experienced discrimination in official posting under the same rules and

procedures. Her occupational Mobility is affected because of delay in communications and taking necessary contracting steps. "Regular principal post is lying vacant since one and a half years and for some unknown reasons it is not filled though eligible professors are waiting for it." She complained.

In the department where she is working colleagues are very dominating and are self centered. They are not interested in the development of the department. In collaboration with the top executives who are either corrupt or under political pressure they are upsetting the professional competency. Handling of complicated cases is affected for want of required facilities and hence mobility and mortality is on higher side. This is most distressing situation pulling down the institutional standards.

The problem of the gathering the cooperation from the administration is also difficult for want of time. Hospital funds are not distributed fairly. There is no cooperative support to run the administration effectively from medical college section which are committed to teaching. Groupism and nepotisms are big hurdles tor professional perfections even at the highest executive levels. Political interventions in scientific and technical fields is also a set back, resulting in frequent strikes at work place. Her ambition is to do full justice to teaching career in the ideal surroundings. She

has published about ten articles in journals and is a member of the Indian Society for Obstetrics and Gynecology. She takes great interest in her students and encourage them for academic pursuits. She is a unit chief and all the members of her unit seems to be happy working with her. On observation it was noticed that she was very competent and believed in healthy competition. She had a good professional grounding and seemed interested in the development of the department. In most of the meeting with her it was noticed that she was trying to seek cooperation from other unit chiefs for conducting inter-unit seminars for the intellectual development of the students. Most of the unit chiefs were reluctant as they did not wanted to spend time other than what was required by the hospital.

Regarding her environment at home she says that her husband is very cooperative, understanding and helping. Frequent transfers of husband and wife in professional spheres disturb the family unit and cause set back to continuity of professional skills.

All her children are grown up but she had difficult time when they were small. They were looked after by servants up to the school

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age. She feels that career does get affected by household responsibilities. She has an old mother with her who requires constant attention taking much of her time.

As far as social life is concerned she hardly has time to interact with people other than those present at the hospital. She does not have time to attend social functions and gatherings.

Regarding her opinion about working women she says, "women can do wonders provided she gets cooperation and encouragement from all important quarters**.

CASE STUDY NUHBER 2

Dr. Sheetal is aged between 41-45 years. She is a Hindu Kamma Married to a Hindu Kmi. She is M.B.B.S, M.D, D.M Cardiology and her husband is S.E. H.E. She is a Professor of Cardiology and is the chief Cardiologist in the hospital. Her personal income is Rs 18,000 and her total family income is Rs.28,000.

HER family of origin consisted of tight members. Her father was a graduate and was in State Civil Services And her mother had done her schooling. Her first sister has done her schooling and is an ex-member of parliment from Andhra Pradesh. Her second sister is a science graduate and was AN housewife and her third sister is a post graduate and is a LECTURER and the fourth sister is a SCIENCE graduate and is a Bank employee. She has one brother who is Also A science graduate and a Bank employee.

There are no other family members in this profession and since

it was her mother's wish that she should become a doctor she joined the profession. Her husband comes from the family of medical doctors who are all settled in United States of America.

She is employed since twenty four years and her Major problem is transfers from place to place. Her working hours are 8.30 A.M. to 2.00 P.M. and in the evening she has clinic from 4.00 P.M. to 8 P.M. These working hours though convenient to her but she feels that because of the work at home her progress in career is affected comparatively with her male
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colleagues. Since they are more free and mobile they earn more than her. She feels that her household responsibilities does not let her devote more time to her private practice.

As far as the amenities at the hospital are concerned she says," at present government hospitals are not well equipped, in another few months we are getting equipment**. The department of hospital administration cooperates with them because of their speciality.

Her relations with her colleagues is good. Male colleagues find it difficult to accept the promotion of female colleague with whom they worked at one time at equals. Since they cannot stop such promotions they try to avoid working together if it can be helped. Every colleague in her department is competent and try to be in touch with the latest literature and

technology because their speciality not only concerns the vital organ but they also have to teach.

It is a tension job and there are always emergencies, one has to be alert and active. Since Cardiology is a team work all the colleagues try to be Cooperative.

As far her academic progress is concerned, she has published three articles in Indian Journal of Paediatrics and in Cardiology.

She is a member of Indian Academy of Paediatrics and Cardiological Society of India. She subscribes to two Journals concerning her field.

Regarding her patients at her clinic she asks those who can afford it to go to a diagnostic centre and get the test done and to those who cannot she *refers* them to the government hospital. If she has time she conducts the tests on her patients herself at the diagnostic centre to which she is attached otherwise refer them to her colleagues.

In the hospital where she works she says that physician admit cardiology cases instead of referring them to the cardiology unit. As far as complicated cases are concerned she is quite capable of handling them. She does not interfere with the work of her colleagues. When there is no work she sits in room reading medical literature. She feels when she

was young she was more Mobile and social, but now due to fatigue she does not move around much.

As far as her home environment is concerned, she says, that, "it is not difficult for hospital work but it is difficult to move for work outside hospital", that is, she cannot go for calls, leaving her work at home. Though she manages the house with the help of servants. They are with her for limited time to do the routine work. In the beginning when her children were young she had very tough time managing them, she had full time servant to take care of them but on night duties she had to leave them with her sisters. Her husband is very indifferent to domestic responsibilities. Sometimes if he feels like he cooks what he likes. When she is at home people come and disturb her to take Medical treatment, she refuses because they are no cases to be attend by a Cardiologist. She obliges only one neighbour who keeps the key of her house. who is her next door neighbour. Most of her relations trouble her to attend to their medical problems. She obliges them but when she realises that they are also consulting some other doctor then she withdraws without saying no to them.

Regarding her opinion about working women she says that "it is not smooth sailing, one has to maintain strict time table and discipline,"

CASE STUDY NUMBER 3

Dr. Meera aged 41-45 years lives in a Joint family and is married to an army officer who is an engineer. She is a civil assistant surgeon and has a total family income of Rs.15000. She hails from a family of seven numbers and her father was an optometrician and her mother had studied till middle school. They are three sisters and all are doctors and she has two brothers who are optomethicians and look after father's business. Her sisters influenced her to take up medical studies and during childhood would rag her if she would not study saying that, "We would be needing servants in future for household work we'll call you for that". This made her study seriously for medicine. She has been employed since 17 years and her working hours are 8.30 to 2.30 P.M. As far as colleagues relations are concerned she is satisfied with the male colleagues and says that females are female enemies, men don't create problems. Female colleagues always want to prove that they are superior to others. They are always keeping track of other colleagues. She says that she has problems with colleagues at it is in any other place. She tries her best to adjust. In complicated cases at hospital she takes advice from her seniors who ever is on duty but in private practice she calls doctors from places other than the hospital where she is working. She is a gynecologist and there is lot of demand of doctors in this field and since this area is dominated

by female doctors there are rivalries and jealousies among female colleagues. Seniors have a superiority complex and they are very dominating. The general atmosphere is tolerable. There is no time for improvement of the department because everybody is busy making money. In the department meetings they are only able to discuss patients and no effort is made for improvement of the facilities. The institution does not encourage intellectual endeavor. If they want to attend conferences, publish papers, "one should bear one's own expenditure. It is a costly affair and difficult to indulge". She is a member of Indian medical association and Indian gynaecology association. She subscribes to two medical journals.

In the hospital there is lack of coordination among the medical departments and administration. The Resident Medical Officer who is incharge of administration and providing amenities to the hospital is not qualified and unable to understand practical problems of the departments. There is too much of political interference and the resident medical officer and the senior doctors are always under pressure which is affecting service to the general patients. The drugs are not sufficient and when you ask them to provide them there is no budget. Generally during the end of the budget year that is in the month of January and February there is shortage of not only drugs but

take better care of them. In reality, she says, that they don't want to spend money on them. Since there is a financial constraint she avoid going to conferences. She aspires to go abroad but can't go because of the responsibility of the aged at home.

Home environment is not very conducive as there is lot of work pressure. The servants are not reliable and are absent from work. She tries to strike the balance between the routine at home as well as at work place by trying to finish the work before going to the office. If the old ladies at the house are sick or there is a festival or increased household work then she has to take casual or even earned leave.

Her husband does not really cooperate with household work, he always comments and believes in Male and female separate spheres. "What ever independence I have, I had to fight for it. Even spending money on autos is not liked by him. He wants me to go by bus which is not practical because of the loss of time. If I have to travel by buses then I'll not be able to attend cases on time. As it is I have no time. I have to time table my life and in young age I have appearance of the old. I hardly have time for recreation. Those sitting at home ideal, we are scared of them (meaning her aged in laws) thinking what comments they would pass. They expect me to cook full five course meal and also keep the house in perfect condition. They want me to be polite even when they are unreasonable. There is

constant irritation at home because of the presence of the three relation they are. My husband has retired and is doing some business. He wants me to spend Money on Items like Geezers which got spoilt recently and replace it- He thinks that I earn a lot. He has never inquired into ay financial position. Miscellaneous expenditure of the house. Medical Bills and my personal expenditure is taken care of by me. Sometimes I have very few cases and the income falls. They take me for granted.

Inspite of electronic gadgets we can't take full advantage of them because of the unscheduled power cut.

" Working women has to face Many stress and tensions and are more prone to diseases like hypertension and diabetics. If we have a family history of diseases we are sort prone to get them earlier. I have no alternative solution to my problem hence i have to bear, what cannot be cured has to he endured".

CASE STUDY NUMBER 4

Dr. Shama (M.D.D.G.O.) is aged between 41-50 years of age and is a Hindu Married to Senior Personal manager (M.B.A.) and stays in a nuclear family. She is Civil Assistant Surgeon and has a personal income of Rs. 9,000 and her total family income Rs. 15,000.

She hails from a family of four members. Her father is an

advocate and mother is a doctor. Her brother is also a doctor.

Her mother was her "role Model" during her childhood and has influenced her to take career in Medicine. She has been employed since seventeen years and her Major problem is frequent night duties. Her working hours in the hospital is from 8 A.M. to 2 P.M. She is not satisfied with the amenities and reward she gets at the hospital. "There is lot of work pressure on doctors, there is heavy patient load since it is a free government hospital. Travelling alone at nights is a Major problem for women doctors. 'Her field demands total dedication leading to few difficulties like feeling of guilt of neglecting the children and being unable to spend time at home .

The Major problem she has with her patients are that they do not understand the gravity of situation and there is a risk of AIDS and physical threat when complication occurs. Majority of the patients who COM to the hospital are of poor socio-economic background and it is very difficult to make them follow the treatment given. The follow up response is poor. She handles complicated cases with the help of the colleagues in other fields and also her seniors. Her male colleagues are very cooperative and good and she maintains cordial relations with female colleagues.

She is a member of Indian Medical Council and Federation of

Obstetrics and Gynaecology. She subscribe to Indian Medical journal.

The general atmosphere at work place is pleasant and she tries to Manage time by, "juggling and curbing social activities.

Her domestic life is equally hectic she has a maid servant to take care of the children and the general household work as done by her alone. Her husband sometimes shares the work and he feels that she is neglecting her home and children. Her people at home are dissatisfied because they feel that she is spending less time at home. She has also started a clinic at home so that she would be able to be at home as well as practice in the evenings. She only tries to attend few necessary and unavoidable functions. She has no time for publishing papers and for academic work. She has to undergo lot of emotional strain when she has to leave sick children and attend to work in the hospital.

Regarding her opinion about working woman she says, "the life of a working woman is a continuous struggle unless she has a very cooperative and understanding husband. Her career and ambitions usually takes a second place at children's interest come first. To achieve her ambition the homelife has to be sacrificed or else ambition is to be sacrificed. If the home front is peaceful a working women can achieve everything in life

to her satisfaction."

CASE STUDY NUMBER 5

Dr. Rana is aged between 36-40 years and is MD,DGO and belongs to Hindu Nair community. She is unmarried and earns Rs.6000 Monthly. She comes from a family of educated parents who are matriculate. Her father is a Retired Air Force Officer and her Mother is an housewife. She has three Sisters who are all working and are professionally qualified.

Her entry into medical profession was unplanned even though one of her sisters is in medical profession. Her sister did not influence her or was her role model as far as her decision to take medical studies were concerned. She is in the department of Gynacology . Teaching medical students gives her greatest satisfaction. She holds the post of Assistant professor and is in service since ten years. She works from 9 am to 2 p.m. and has night duty once in fortnight. She has no private clinic and evening are spent at home reading, she feels that as far as her progress in career is concerned it is similar to that of her male colleagues who are only two, she feels that since it is a female dominated department there are sometimes problems with lady colleagues. But she tries to adjust and maintain good relations with everyone. She tries her best to handle complicated cases, rarely does she call her seniors, she

is very confident of her work but as far as patient care is concerned good treatment is hampered because of lack of amenities at the hospital. She says that the administrative machinery is not very sensitive to the needs of the departments she has problems in getting the papers moved and for securing the material and the required drugs for the department. Patients generally have to bear the expenditure and she says that, "no matter how much you ask the administration to look into the requirements of the department it falls on deaf ears". Mostly the patients who come to the hospital are of poor socio economic background and sometimes shortages of drugs affects treatment.

She is a member of the Obstetrics and Gynaecology Society of India and has published one article in a journal. Dr. Rana does not have many responsibilities at home because her mother is quite active and takes care of the domestic responsibilities, she does not have any contact with the neighbours but her friends come to her house. She attends social functions and move in the company of her liking she has all the time to devote to her profession she likes the life she is leading.

Regarding the life of working women she says that, "if single they can work and live better than those married. In India one not only gets married to a man but to his whole kit and kin.**

CASE STUDY NUMBER 6

Dr.Veena is a Hindu Brahmin married to a person from the same

Community She is in the age group of 40-50 years and is a civil Assistant surgeon. Her personal income is Rs.5000 per Month, her total family income is Rs,20,000 per Month. She is qualified as M.B.B.S., D.G.O., M.D. She hails from a literate family of seven members. Her father is a retired Sanskrit scholar with M.A., D.Litt. Her Mother is a post graduate and is a House wife. She has one sister who has done graduation in Architecture. Out of three brothers one is a doctorate in electronics and is a professor in Engineering college. Her second brother is a science post graduate and the third brother is a graduate in engineering.

She is married to private Medical practitioner who encouraged her to do post graduation in Medicine. She choose Medical studies as she felt that she had an aptitude for this profession and also because she wanted to help people and this profession gave her an opportunity to do so.

She has been employed for twenty years and her timings are 8 a.m. to 2 p.m. at the government hospital and in the evenings she has a private practice from 6 to 8 p.m. She is quite satisfied with the amenities provided at the hospital and the

rewards she gets out of work is very satisfactory.

As far as her career aspirations and mobility are concerned she says that, "To get latest knowledge in my subject and put in practice, I foresee difficulties due to my aging, I feel changes have come and I can't run about as I used to do earlier". She says that her occupational Mobility is affected because she has to look after children and home. She is a member of Indian Medical Association, All India Medical Society and International Society of obstetrics and Gynaecology and subscribes to Indian Journal of Obstetrics Gynaecology. She has published her dissertation on Colposcopic Study in Correlation with Histopathology on Cervical Condition."

As far as her family background is concerned she feels that her early socialization has helped her get groomed in professional culture and imbibe the professional value and ethics. At present her husband is very understanding and encouraging. According to her that certain jobs at home has to be conducted by women because men are still not trained for management of the house and children. She strikes a balance between the routine at home as well as at work place with a help of maid servants and she is able to do all the work at home. Since she has her own car mobility is free and she is able to do her work well. But she says that, "Routine work is alright but

some emergencies like ill health of family members (including her old mother-in-law), arrival of guests etc, increase the work which becomes strenuous at times. Since children are now grown up, they help me but I had gone through tough time when they were young.**

"Working women in India pass through a difficult period when children are small because even today there are no reliable and standard Cheches. Though one relies heavily on servants, they are also not trust worthy. Since the care of children is the job of the mother, which makes her responsible for their well being she has to make some arrangement to see that the children are safe when she goes for work. The father may not take interest in such matters. He may be immune to problems concerning the nurturing of children. Men may understand the problem of the working ladies but if they do not come forward to help or to cooperate, mere understanding would not help."

CASE STUDY NUMBER 7

Dr.Pushpa, aged between 45-50 years is a Hindu Brahmin married to a doctor who is also a Hindu Brahmin. She holds the post of civil assistant surgeon and earns Rs.5.200 per month. Her total family income is Rs.10,000 per month. She hails from * family of seven members. She has three sisters, two of them are post graduates in social sciences and one sister is a

graduate and is a teacher in a school. Her brother is M.Tech. and is an assistant executive engineer in a government organisation. Her father was B.A.(Hons) and retired as head of the department of oriental languages in a government college. Her father and her paternal uncle desired that she should become a doctor and groomed her for studies in Medicine. Slowly she developed interest in the medical studies and out of the . desire to help people she joined medical profession. She has been in government service since twenty years and feels that the working hours 9 a.m to 2 p.m are very convenient to her. She maintains cordial relations with her colleagues and is quite satisfied with the amenities at the hospital. She has not experienced any discrimination in the delegation of difficult and challenging task by her superiors between her and her male colleagues.

Being a lady she finds difficult to go to remote place when transferred and hence her occupational mobility is effected. Her career aspirations are to become doctor in the real sense of the word, by this she means that she has to give people medical help as and when required.

At home she manages work with the help of her husband. She is managing well for the present as she has no night duties. She says that if she has night duty then she will have a problem because it is difficult for the men of the house to look after

children, cooking and do other house hold work. Her routine is to complete her cooking by 7 a.m, then get her son ready for his school and leaves him in his school and then go to hospital by 9 a.m. In the hospital she has her duty till 2 p.m. after which she picks her son from school and goes home, later help him with his studies. In the evening she has to prepare tea followed by dinner. If any guest arrives then there is added work for her and finds difficult to entertain them. She has a very tight schedule and no work of hers can be postponed for the next day. There is too much work pressure on her and feels that because of the household responsibilities her academic progress is hampered. Her preparation for the next day hospital work is minimum because of the time constraints. Her social life is affected largely and she hardly has time for herself.

According to her traditional expectations of women remains the same and there is no compromise regarding her duties.

Dr.Preeti, aged 26-30 years is a tutor in physiology in the medical college who, at present is posted to x-ray department at the hospital. She stays with her in-laws in a Joint family. She is a Hindu Kamma married to a Hindu Reddy. Hers is an intercaste marriage and she is a graduate of medicine. She earns Rs-5000 p.m. and her total family income is Rs.10,000. She hails from a family of five members and her father is a scientist in I.D.P.L. Laboratory and is B.Sc, B.Tech., M.Tech. and her mother is B.A., B.Ed., and is a teacher in I.D.P.L. school. Her elder brother is an M.S. Electronics and is working at U.S.A. as senior sales executive in Toshiba California. Her second brother B.E. Electronics(I A M) and is a senior sales executive in WIPRO, Bangalore in India. She had no role model and no other family member is engaged in medical profession but it was her childhood dream to become a doctor and she always worked hard to enter the profession. It gives her great satisfaction in teaching and she enjoys her work thoroughly. She is employed from almost three years and her working hours are from 9.20 a.m. to 4 p.m. Her working hours are very convenient to her.

She could not progress much in her career at the says. . "I am very much behind because I married early even before completing my final year and my first pregnancy interfered with studies and thereafter I never got to continue my studies or

do post graduation." She says that as far as professional field is concerned she has not felt any discrimination on grounds of being women. Her promotion is affected because she has not done post graduation and promotion on the basis of seniority will take time. She would like to do post graduation but is not able to work out "how", because she has two snail children and there is no help from any one. In spite of being busy, whenever she has time she is trying to prepare for her next post graduation entrance exam.

She feels that her home environment is not very conducive. Her in-laws and co-sisters are not very co-operative and encouraging. She says "I suppose they wouldn't mind me doing post graduation but they have absolutely no intention of helping me or making it easy for me. She strike the balance between the routine at home as well as at work place by concentrating on what ever work is on hand. She says, "I have made it a point not to brood over my home problems at my work place or worry about hospital work at my home."

As regards working women she says, "I think the working women has this colossal responsibility to satisfy her family at home and also her boss at her working place which is double the burden compared to a house-wife. She has to live up to her husband's expectations as a willing house wife and satisfy her children just as non working mothers do which is a strain to her.**. She says that she is very busy at home and has no time

to study. When ever she is studying she suddenly becomes busy with something. Since there are no other professionals at her in-law's house it is difficult for them to understand the seriousness required in the Medical profession. She Manages things by pre-planning, being swift and active.

CASE STUDY NUMBER 9

Dr.Lata is aged between 26-30 years and is staying in the same house as her in-laws with separate kitchen. She is a Brahmin married to a brahmin. Her husband is a business man and total family income is not fixed.

Her parental family consist of 7 members. Her father has retired as a doctor from the Indian Army. Her mother has studied till middle school and is a housewife. She has two sisters one is a teacher (B.A., B.Ed.) and the other sister is a doctor employed in the state civil services. She has two brothers one is a doctor in the Indian Army and is at present doing super specialization and her other brother is an engineer ••mployed in Indian Navy.

Her father influenced her a lot and encouraged her to take up medical studies. He believes that, "All women should be on their own and more so in this noble profession where one gets good respect**". During her childhood her father and brother were her role model. Seeing her brother work hard she also tried to work hard and wanted to establish herself and prove her worth. She choose this profession because it was more prestigious, she wanted to help people and this profession enabled her to do so, there are better career opportunities in this field and above all it gives her satisfaction. She feels that marriage does affect career. She had to quit her M.D. paediatrics

Rajasthan because it did not suit her family life, had to come to Hyderabad where she could not secure a seat in paediatrics so she had to do post graduation in pathology. Her progress in career is not as much as her Male colleagues because she says, "My male colleagues put more effort and more working hours, are more dedicated than me, since I have my family to look after I don't spend extra time at work as required. When asked whether she experienced any discrimination in the delegation of difficult and challenging task by her superiors between her and her male colleagues she said the following, "No, infact some give more consideration to us as we work with greater devotion and at higher cost." She says that because of her sex her occupational nobility is affected. She had to give up state service job which required going to districts. She was expected to be with the rest of the family. She feels that she can be more successful in her career if get a job which suits her family life. By this she means that her residence should be close to her work place, have proper help to do domestic work and help her children with studies.

At present she has no hinderance to pursue her work except that she is not able to divide time at both places. She is not able to strike a balance between the routine at home as well as work place, she says "sometimes I manage. sometimes I can't, when I can't I get upset. I personally feel that the problems are more from within than outside. I have the

responsibility of bringing up my two kids, at the same time I want to do well in my career. Sometimes there is guilt feeling but it passes off when we get some reward at work."

CASE STUDY NO 10

Dr. Sunita aged 26–30 years lives in a joint family at her in-laws house. She is a Hindu Yadav Married to a person of the same community. She is a graduate of Medicine (M.B.B.S) and her personal income is 2,500 and has a total family income of 6000 P.M. She hails from a family of seven members. Her father is a retired veterinarian and mother has studied tenth class. Her eldest sister is a commerce graduate and is employed in Government service and her second sister is a commerce graduate and her third sister and brother are studying. Her father encouraged her to do medical studies and helped her prepare for the examinations and supported her financially all through out her career. Besides she took up medical studies because she had an aptitude for it, she wanted to help people and the thought that this professions will help her do so, and because there are better career opportunities in this field. She is employed since one year and she feels that her career is being affected because she has a child of two years and she is finding it difficult to cope with the professional work and also house hold duties. She is not a member of any Professional Organisation or subscribes to any journals because of financial constraints. Regarding her colleagues she finds them cooperative. Her working

hours are 9 A.M. to 4 P.M. which she finds it very convenient. Since she is posted at pathology department she has no night duties but long working hours during the day. Her husband is working in a near by district and she is endowed with family responsibilities and care of his parents. Her progress is largely being hampered by her aged in-laws who are very orthodox. They impose restriction on her going out and working. They don't seem to understand the requirements of a working women, they demand too much of attention from her. When she goes for work she has to leave her child at her mother's house and pick him up when she returns. They hardly try to make things easy for her.

Regarding her opinion about working women in India she says that alternative arrangements for the care of the child and aged is badly required in India. With education and exposure a woman in India has come to realise that the goal of her life is Just not being a good house wife but also "realization of self" and interacting with the wider society and making valuable contributions.

CASE STUDY NUMBER 11

Dr. Rekha aged between 26-30 years is married to a doctor of her own Brahmin Community. She lives in her in-laws house and their total family income is Rs.10,000.

Her family of origin consists of six members. Her father is a surgeon (M.S) and her mother is an illiterate and is a housewife. Her two sisters are science graduates (BSC) and are housewives. Her two brothers are post graduates in Medicine. One brother is a surgeon and the other brother is an Anesthetist.

Her entry into medical profession was largely because of the encouragement from her father and brothers.

She is employed in the hospital since three years and her timing are 9 a.m. to 4 p.m. as she is in the department of pathology. The timing are suitable to her as she has no private practice in the evening. Her relationship with her colleagues is good and she says that "as far as delegation of work is concerned we have not experienced any discrimination on grounds of sex, we sometimes do better than men". "Pathology is an ideal field for ladies, it does not involve lot of running around".

Her career mobility is to a large extent affected because of her personal problems. She has to complete her household duties before coming to the hospital which makes her tired. When Dr. Rekha was told that most of the other colleagues also do household work and come. She replied, "my case is a little different from them, they adjust their work according to their convenience, but I have to work according to my in laws, the

routine set by them, cater to their needs, there is lot of obligation on my part, I have to get involve in their problem, give the required attention to them. It is a cost benefit relationship." Although her in-laws extent their full cooperation and support to her she is not totally free to do what she wishes to do. There is lot of disturbance and interference which is impeding her progress. Her ambition is to do superspecialition but she foresees difficulty in achieving her aim, "not in this state", she says, " I should stay away from my home to do it".

Her home environment is not very conducive for her progress in profession. She has double responsibility of doing the job as well as coming home and helping with the household work. There are many moments when she would like to be left alone which is not possible in the joint family atmosphere.

She is restricted to buy things she fancies in consideration of others at home. "I am earning, what about them", she says that her pocket does not permit her to buy things for everyone at home. In spite of trying her best to do full justice to her work at both places she still has guilt conscious of neglecting work at home and the hospital.

She socializes a lot because of the joint family obligations. There is a constant inflow of guests and a major part of her evening is spent in that.

In her opinion those women who are working are under constant physical and mental pressure. Those who are not working have a lot of leisure and are better off than those working. "In my opinion the conditions in India for working women is still not ripe, they have a long way to go to reap the harvest".

Dr. Payal (M.B.B.S) is aged more than fifty years and is a Hindu Yadava married to Hindu Yadava doctor. She is Civil Surgeon Resident Medical Doctor. She stays in a Joint Family. Her total family income is Rs.14000 per month.

Her father (S.S.L.C) was an Inspector of police and her Mother was a housewife. Her two sisters are housewives and one sister has expired and other one is a Head Mistress of a school. Her two brothers have studied up to 12th class and one brother is superintendent at the Tirupati temple and the other brother is Income Tax Officer. Her younger brother (M.A.) is Lecturer in a college.

She joined Medical profession by getting influenced by her family doctor. She likes her profession because it is core flexible and suits her requirements. It gives her pleasure to serve the people at the hospital. She is employed since thirty three years and feels that promotion was not given to her earlier as per the rules. Her working hours are from 9 A.M. to 2 P.M. and for twenty four hours she is on call duty. She has received the award for being first in Mahaboobnagar district for conducting maximum family planning operations. She feels that being a woman has not affected her occupational mobility in any case. She does not aspire for any more promotions and is

satisfied with what she has achieved till now in her career.

~~She is not a member of any medical bodies. She does not~~
subscribes to any journal. She is not interested in academic pursuits.

As far as her home environment is concerned she is very happy. She lives in a joint family and have the cooperation from all the members. They take care of the house and she is free to do her service. She is staying at the quarters at the hospital and finds that she can manage the hospital work well.

Regarding her opinion on working women she did not say anything. She looks quite content with the life and the work she was doing at the hospital. She enjoys administrative work and the post she is holding is giving her job satisfaction.

CASE STUDY NUMBER 13

Dr.Seema aged 26-30 has a nuclear family and is married to a person of the same community.Her total family income is Rs.7,000, she hails from the family of six members. Both her parents are 12th pass and her father is a manager in a private firm she has one sister and brother in medicine and another brother is a graduate. She is the eldest in the family and joined the profession because she had an aptitude for it and

also because she wanted to serve people. She inspired her younger-brother and sister to join the profession. She is in the Microbiology department. She works from 9 A.M. to 4 P.M.

As far as her career is concerned she feels that there is no difference between men and women doctors "all depends upon ones capabilities" and her relation with the colleagues is quite satisfactory.

Her occupational mobility is affected because "I am mentally and physically divided between home and career. There is lack of total dedication to my career".

Her career aspirations are to carve a niche in the field. She is member of academy of medical microbiology and subscribe to Indian Journal of Medical Microbiology.

Her husband is quite co-operative and the is able to do work at home. She is free in the evening as she has no private practice she enjoys social life and visits friends on week end.

Regarding her opinion about working woman in India she says that, "mostly women with young children have important responsibilities which they have to handle even at the cost of their career. Child care is very important and unavoidable task".

CASE STUDY NUMBER 14

Dr. Remma aged 36–40 years has a nuclear family and is a Hindu married to Hindu. She is a Civil Assistant Surgeon (D.G.O) Her personal income Rs.3400 and her total family income of Rs.12000 per month. Her paternal family members consists of six persons. Her father is a Mechanical Engineer. Her mother is an illiterate and her sister is a draftsmen (Rly) (B.Com). Her brother is mechanical engineer(B.C.) employed in Railways and her second brother too is an engineer (B.E.) electronics employed in a private firm. No family member is engaged in the

*

medical profession. She wanted to become a doctor so she choose medical studies. She feels that her working hours are not convenient to her and she feels that she does more work than male colleagues. The amenities provided are not sufficient. As far as work is concerned there is no discrimination and the is given more responsibility in the hospital. Her sex comes in no way to her occupational mobility. She does not see any difficulties in achieving her aims and ambition.

Dr. Remma is not a member of any professional organisation, she does not subscribe to any journals, there is no intellectual endeavor.

As far as her home environment is concerned there is no problem but she cannot manage her personal work. She says that it is difficult. She is not able to do household work

satisfactorily. She strike the balance between the routine at home as well as at work place by trying to do one thing at a time. she is unable to do full justice to household work because she postpones house work in favour of professional work. She cuts all her social meetings and parties.

She says, "in India people expect too much from educated Ladies, they expect excellence in all fields including household work. They don't realise that, even though they are capable of good work, they have too much physical and Mental strain. Even if they want to do, they have their own limitations."

CASE STUDY NUMBER 15

Dr. Maneka (M.D) is aged between 31-35 years and is a Hindu married to a Hindu doctor (M.S. opth.) She lives in a nuclear family and has a Monthly income of Rs.5000 and her total family income is Rs.10000 She hails from a family of eight members. Her father was an engineer (B.E.) and her mother is a housewife and has done her schooling. Her eldest sister (B.SC.) is a housewife, second sister (M.Com) is a bank officer and her third sister (B.E.) is an engineer at Voltas India Limited. Her elder brother (B.E. M.B.A) is working in Indian Drugs and Pharmaceutical Company and the younger brother (B.tech. M.B.A) has his own business agency.

She has no family members engaged in Medical profession and her role model during childhood who has influenced her selection of Medical career was her close family friend who was a doctor.

She has been employed since nine years and holds a post of Civil Assistant Surgeon. Her working hours are from 9 a.m. to 4 p.m. According to her the working hours are convenient to her as she has no practice in the evening. She feels that her progress in career is similar to that of her male colleagues and she did not forego any promotions or rewards because of her present employment. Her sex is not affecting her occupational mobility in any way.

At hospital she is satisfied with the conditions of work and her department is well equipped with their requirements, only during the end of the budget that they fall short of certain amenities. She has a good collegial relation and it happy to work with them.

She has not achieved much academically because she still have to concentrate on work at the hospital she feels that she has, "all the time on earth to concentrate on research work". She subscribes to one journal of her field.

Regarding her home environment she says "they cooperate".

She is still not able to strike a balance between routine at home as well as work place, she says, "I hardly manage". Her husband is very busy pursuing his own career and hardly give her a helping hand.

Her opinion about working women in India is, "it is individual ability how to manage work at two places. It depends on the conditions in which a particular women is placed and the type of career she pursues".

CASE STUDY NUMBER 16

Dr. Parimala (M.D. D.G.O) fifty one years and is married to Lawyer (B.A. L.L.B) and stays in a nuclear family. Both husband and wife are Hindu Brahmins and she is a professor and hold* the post of Civil Surgeon. She is in the obstetrics and gynaecology department and her personal income is Rs.15,000 and her total family income is Rs.25,000.

Her family of origin consist of six members. Her father (B.A. L.L.B) is a retired advocate and her mother (7th class) is a housewife. Her sister (M.A. D.H.M.S) is a Homeopathy Practitioner. Her elder brother (B.A. L.L.B) is an advocate and her younger brother (B.A.) is a medical representative.

In Medical profession she has no family member she was inspired by her classmate to join the profession because it is more prestigious. She also has an aptitude for medical studies and her parents encouraged her.

She has been employed since twenty eight years and her timings are 9 A.M. to 2 P.M. in the hospital. She visits Nursing Hoses from 2 to 6 P.M. attending her private cases and conducting operations from 7 P.M. onwards she is in her private clinic at home. Her routine is very hectic and tiring.

As far as her conditions of work is concerned at the hospital she is not satisfied with the amenities and her department badly requires better working conditions. There is large inflow of patients and in her field there are many emergency cases. Doctors on duty are always on toes. They hardly have time to have Lunch. They have administrative and financial problems to fulfill their requirements. "As far as our speciality is concerned there is great demand and as senior consultants we have to maintain the standards of professional eticacy. We have to be in touch with latest techniques and equipments. We fall short of material and drugs and nave constantly to remind the officer incharge to give attention to our needs".

As far as her relations with colleagues is concerned she

says, "Our speciality at hospital is a female dominated, there are no male colleagues. With the fellow lady doctors I try to maintain good relations, have a positive attitude but sometimes there may be professional jealousy regarding efficiency and work*¹. Regarding her career she says, "I could achieve all the possible positions in service and future promotions depend on availability of the posts. As I am not prepared to go out of Hyderabad city if transferred, may have to quit the job".

Her major problem in employment is frequent transfers. Earlier she was transferred out of the city, could not go due to family reasons so had to go on leave till posted back to the city. She finds that the hospital timings are not very suitable to her, they are very lengthy and exhaustive.

She is a member of Indian Medical Association and F.I.A.M.S. and life member of A.P.C.A.S.A. She subscribes to one Journal of Gynaecology and obstetrics of India and has published three papers in Journals.

As far as her home environment it concerned for persuasion of professional career it is quite good. She strikes the balance between the routine at home as well as at work place with the cooperation from family members. She has good reliable servants helping her in the house and clinic. Her husband is very encouraging and understanding.

In her opinion the general problems of working women in India are those concerning support of the family members. There are problems of child care and education.

CASE STUDY NUMBER 17

Dr. Vara (M.D) is aged between 31-35 years and is a Hindu carried to an Hindu doctor (M.S. ENT) and stays in her parents house. Her personal income is Rs. 3600 and her total family income is Rs. 7800.

Her parental family consists of four members. Her father is an engineer working in Telecommunications, Hyderabad. Her mother (12th Class) is a Housewife. Her sister is a pott graduate in Computers and is Computer Programmer in a Private *Firm*. Her brother (Ph.D. Cambridge, U.K.) is doing research in United Kingdom.

During childhood her uncles and cousins who were already in medical profession were her role models. She also got encouragement, cooperation to the fullest extent to enter medical profession from her parents. Till today everyone in the family bear with her, help her against all odds and make her pursue her career comfortably. She has been employed since two

and a half years and her working hours are from 9 A.M. to 2 P.M. She feels that these working hours are quite convenient to her and her progress in career is similar to that of her male colleagues. Her relation with her colleagues is good. She is satisfied with the amenities at the hospital and feels the atmosphere in her department is congenial for progressive work.

Although she is not a member of any professional organisation or subscribe to any journal she has presented a paper in A.P.I- Conference for which prize was won.

She was posted to rural area and she did not go because it required remote travelling. For this reason she had to go on leave till she was posted back to the city. This affected her occupational mobility. She says "there is no security for women in rural areas".

Regarding her work at the hospital she says "on the one side sometimes patients are ignorant because of illiteracy and create problems for professionals as well as for themselves and on the other, the awareness of health is increasing and people are becoming more knowledgeable, doctors have to be careful while dealing with complicated cases." She tries to handle complicated cases by all possible means.

Regarding the hospital organization she says "there is lack of coordination between administration and different departments."

She does not have private practice in the evening so she utilizes time for reading.

As far as her domestic life is concerned she does not have many responsibilities. Her Mother, father and sometimes her husband take care of the house. She does not have any children or dependents to take care off. Her husband is very understanding and cooperates with her. She plans everything ahead and execute work properly. Her domestic responsibility is not affecting her career in any way.

Sometimes she has emotional and physical strain because coordination between professional and personal life is difficult but she tries to adjust as it is a necessity.

Regarding socializing with friends and relations she rarely dots so as she does not have much time.

Regarding working women in India she says that, "women should never feel inferior to men but indeed should gain confidence to lead lift at par with them to make a better and healthy society".

CASE STUDY NUMBER 18

Dr. Devi (M.D. D.G.O) is aged between 41-50 years and is a Hindu Married to a Hindu. Her husband is a science graduate and works in a bank. She is Assistant Professor and her monthly income is Rs. 7000.

Her father (Xth pass) is a Joint Registrar of State Cooperative Society and her Mother (6th pass) is a housewife. Her elder sister is 12th class pass and her younger sister is (B.Sc. B.ED.) and is a teacher. Her brother (M.tech.) is a Area Manager in a Company. There are no other family members engaged in' her profession and her entry into Medical profession was quite unplanned.

She has been employed since fifteen years and her working hours are from 9 A.M, to 4 P.M. She does not have a private practice in the evening and these working hours are quite convenient to her.

Her relations with her colleagues is quite good and she feels that her progress in Career is very good and better than her Male colleagues. Regarding the facilities in the hospital she feels that they are good, only at the end of the year there is shortage of supply of Chemicals to her department. She does not aspires to achieve anything more in her career. She is not a member of any professional body nor does she subscribe to any journal. She does not have any practice in the evening so she takes journals and books from the library and reads them at

home.

Since she does not have any night duties she is able to concentrate on reading at night. Regarding her work in the hospital, she says, "it is exhaustive". As far as her domestic life is concerned she is not very happy. Her husband and mother-in-law criticize her work a lot and harass her a lot. She related an incident when her son had fallen from a wall he had climbed. At that time she was away in the hospital and they got her son to her. In the hospital he was treated *promptly* and within few days he become alright., But taking the pretext of the incident they taunt her telling that had she been there at home her son would have not fallen. But she says that even though her mother-in-law was at home then why did he fall. She said such things may happen with children because their behaviour is unpredictable. She has scarified her Career for home by not having a private practice in the evening. Although she looked quite sincere and hard working the sadness of not having a peaceful home environment prevailed on her face. she said that once she enters her house she remains indoors till rural day morning and does not know her next door neighbors.

Regarding her opinion about working women in India, she said, "it all depends on the people and environment".

CASE STUDY NO 19

Dr. Jaya aged between 31-35 years is a Civil Assistant Surgeon. Her personal income is Rs. 3,600 and her total *family* income of Rs. 9000. Her paternal family consists of eight members. She has two sisters one is a doctor and the other one is a house wife and three brothers out of which one is doctor, two are engineers. Her brother and sister who were already in the field of Medicine influenced her to take up this profession. She is employed since five years and had to face many *problems* in employment. As a drawing officer junior in service and unmarried, she had plenty of problems when posted at districts. Ultimately she tried hard to get transferred to the city. While in districts there was no security to women doctors and it was remote area where one could not get tea, coffee, or milk. It was crime infected area and suddenly in the middle of the night some times patients would come and demand attention even from doctors who were not on duty. They would just go to the place where they were residing wake them up and ask them to pay attention to them. If they refused they would threaten them with their life.

There was no direct public transport to the hospital where she was working. She had to walk for three to four kilometers to reach her destination. Since the hospital was in the remote area very few patients would come and there was not much work for doctors. Because there were no proper facilities they generally *referred* the patients to the city hospital. Regarding her

ambition she says that her goal is to excel in her field. She is very satisfied and happy and she feels that her career progress is similar to that of her Male colleagues. She is working hard to achieve her goal (of excelling in Medicine). She has already written and published two articles and is a *member* of Indian Medical Association and also subscribe to two Medical journals. She finds it difficult to manage the home and the career. She says that she relies heavily on servants for her household work and they give plenty of problems to her, they do not follow instructions and are absent Most of the time. They take advantage of her absence *from home*. She says " it is tough to do both things at a time. Sometimes it is difficult, but try to over cote them with the help of my husband".

As far as social life is concerned she attend or visit those people whom she can not avoid other wise there is no time for social life, and recreation. Host of the time she *is* tired and does not wish to go out, only if it *is* necessary.

Regarding her views on problems which working women face, she says, " They have plenty of problems with children, servants, in laws and so on, that is what we hear ".

Dr. Janaki (M.B.B.S. D.G.O) is aged between 36-40 years and is a Hindu Gouda married to a person of the same community. Her husband is also a doctor (M.B.B.S.). Her total family income is Rs.18,000 and her personal income is Rs.10,000 per month.

She hails from a family of four aethers. Her Mother is an housewife and is fourth class pass and her sister is a Law graduate and is an officer in the Bank. Her brother has studied up till 12th class and is working in a private firm.

She joined this profession because she was encouraged by her uncle since childhood. She works for twelve hours. In the morning she goes to the hospital and rest of the time is devoted to her private practice. She subscribe to few medical journals and is a *member* of one professional organization. About 90% of her clients come from the city and she feels that she it quite capable of handling complicated cases.

The major problem she faces is this profession is satisfying patients in hopeless cases.

As far as her domestic life is concerned she has her mother in law and servants to help her with the household work. Managing children when they were small was a major problem for her. When they attained school going age she admitted them in the boarding school.

Her husband is very understanding and cooperative but he does not share the household work. Major social functions are attended by her husband because he has more free time.

Her Career is affecting her domestic life. It causes inconvenience to people at home because whenever cases come she has to go to attend them and leave the work at home pending. Her people at home miss her presence very badly. She is physically exhausted by the end of the day and rarely is in a mood to give time to her family members. She is more **strained** because her patients problems affects **her**. **When ever** she is emotionally upset her husband help her get over the problem.

She is an sincere and honest worker, she says that since she cannot neglect her patients her family life is **neglected** and **this upsets her**.

According to her "Life of a working woman in India is tough. But a working women is more confident and self made *which* helps face difficult situations in life better than non working women".

APPENDIX XX
THE LAWYERS
CASE STUDY NUMBER 1

Mrs. Siva is aged between 36-40 years and is Hindu Brahmin married to a person of her own caste. She is qualified as B.Sc., L.L.B., D.P.M. and her husband is a M-COM (post graduate in commerce) and has also done diploma in management. She lives in a nuclear family and has a total family income of Rs. 40,000 and her personal income of Rs. 23,000 per month. The reason for entering legal profession was because of her aptitude for legal studies and good career opportunities in this field. She feels that it is a prestigious profession and gives job satisfaction.

Mrs. Siva hails from a high socio-economic background. Her parental family consisted of six members. Her father was an officer in the Railways and her mother was a school teacher. Her sister has done double pott graduation (M.A), her elder brother is an officer in a Government concern (ECIL) and has done model diploma for technicians. Her second brother is an agriculture graduate and is working as sales executive in a private concern.

Regarding her profession she revealed that the general atmosphere at the work place is alright."to make a mark in the profession a lady has to remember that she is a lady and

has to put atleast double the effort a male in her position would be required to do to be noticed. Thrice the effort put in by the male to be recognised and at least four times the effort to sustain herself. But while moving in public, interacting with others in the profession and executing her professional job she should forget that she is a lady."

As far as competition in the field is concerned, she says that "it is very tough". Her working hours are from 9 A.M. to 9 P.M. Though the working hours are not very convenient to her she tries to give time to her profession in order to fight competition. She is in the legal profession since fourteen years and aspires to continue to be recognized as a good, dependable and hard working advocate and to establish an identity in the top most courts of India. Her major difficulty in achieving her aims and ambitions is her family constraints. She tries to manage work with the assistance of juniors and the co-operation of the judicial officers.

Regarding her relations with colleagues she says, "they are friendly but men are not very helpful." There is a communication gap between her male colleagues and seniors. As a lady professional there is a professional rivalry on the part of some male colleagues resulting in personal nuisance like obscene telephone calls.

Most of her clients comes to her because of her mane and

experience in the field. About ninety percent of them are from the city and ten percent of them are from districts. she handles all the cases, even the complicated ones on her own and feels that she is quite competent.

According to her the Major problem in the profession is that, "inspite of best efforts certain Matters get delayed in courts, Making client suspect collusion with the other party and if instigated by professional rivals, may make them file a complaint before the bar council."

Mrs. Siva is a members of the Bar Associations of Andhra Pradesh High Court, City Civil Court, Hyderabad and Secunderabad Metropolitan Criminal Courts of Ranga Reddy Districts courts.

She subscribes to four journals concerning her profession. They are All India Reporter, Andhra pradesh Law Journal, Andhra Law Times and The Supreme Court weekly.

Thus as far as her profession is concerned we can say that she is a well groomed professional.

For Mrs. Siva her domestic life is also not very easy. She has no one to help her with household activities. After sending her children to school she attends to her legal work. In the evening, again, after completing household task

she restates her office work. Her husband rarely helps her in the management of the housework. Work at home drains her energy and she is physically exhausted which is affecting her health and career. Her family members complain of missing her presence at home in the evenings and for this reasons she tries to restrict her office timings after nine O'clock. On holidays she makes it a point to spend time with her family. Both her home and professional domain are demanding which is leading to many emotional problems for which she says there is no cure.

According to her. " professional ambition and emotional problems are inseparable partners, what cannot be cured has to be endured."

Regarding her opinion about working woman in modern India, she opined, "talent and education is meant to be used first for one's own satisfaction and then for the benefit of others. Women have to work but they also have to play their role in the family, both are equally important and essential. when one chooses both, life is exactly what it should be, the right amount of pain to balance joy."

CASE STUDY NUMBER 2

Mrs. Uma is in the age group of 50-53 years and is a Hindu Brahmin married to a Hindu Brahmin, she has no children but, has many responsibilities of her husband's sisters and their families. She is B.SC. L.L.B and her husband is also B.SC. L.L.B who is a standing council for four Banks and was principal Government, pleader for three years in the City Civil Court. Her gross Monthly income is Rs. 5,000 monthly and her total family income is Rs. 30,000.

She hails from a family of six members. Her father is a graduate who is a founder member of Hyderabad Stock Exchange and was the president of the stock exchange for two terms. He is doing business at present. Her mother has studied up to 12th class and her elder sister is a doctor (peadiatryan) and is working in London. Her second sister has studied up to tenth class and is at home. Her brother is a graduate and is doing business in shares.

None of her family members are in this profession. Her father wanted her to become economically independent, so he made her choose legal profession. He made her choose this profession because he thought there are better career opportunities in it. She works privately and is in this profession since thirty years. She is the first lady advocate to be appointed as Notary and also Government.

Pleader in the City Civil Court.

She had many problems in this field because she feels that the general attitude of the people regarding woman in this field is that they feel that women Join legal profession only for glamour and there is no seriousness involved. Ladies have to prove their mettle and thus work hard.

Her working hours are from 10 A.M. to 3 P.M- in the court and in the evening from 7 to 9 P.M. in her office. When they are important cases she works from 4.30 A.M. to 6 A.M. in the morning. She says that she is quite used to the routine. She feels that her progress in the field is similar to any of her male colleagues. Her sex has in no way come in her occupational mobility. According to her, she has achieve the maximum in her career and her office is considered to be leading office in the city.

Though she is working with her husband, she manages the complicated case also all alone. She feels that her clients are educated and has no problem with them. They come to her because of her name and experience.

Regarding her male colleagues she says that it depends on how one behaves with them, generally they are cooperative.

Regarding lady colleagues she says that they are cooperative

and she has a healthy competition with them. She feels that her senior has always helped her.

she is a member of the Bar association and subscribes to almost all the law Journals (6).

The problems of interaction between different courts and administration is glaring. The administrative clerks do not do the work on time, sometimes when the work is urgent then one has to bribe them.

At the home front she has cooks and servant to manage work. Though she has no children her niece and nephew are staying with her and are studying law. She got her two sister-in-laws and one brother in law married. They stay in different cities. They all give their full support and cooperation to her.

Her husband does not share the household work but understands her problem. She has to look after her old mother-in-law and supervise the household work. She gives priority to work at home. When there is work at home she postpones office work or ask her juniors to see the work.

Her main problem in the beginning was running around different courts, though her senior used to pay for it. Her husband was reluctant to let her allow to practice but since her father encouraged her and motivated her to practice law she did so.

As far as social life is concerned she has no time. She has no time for spiritual persuasion which she loves. When she loses a good case she is emotionally upset and tries to improve in future. To get over the emotional upheaval she reads mythological books or do more puja (prayers). Sometimes she goes to her friends or relations house. Only when the condition is worse she discusses her problem with her office staff.

Regarding working women in India, she says that, they cannot avoid household duties and they have to work double shifts which is affecting their health. Those who are not working are better off. " Those who are working cannot be sure that their husband's will help because culturally they are not expected to do so. Even if they want to help they are scared of criticism. Maid servants are not punctual and reliable. Educated ladies inspite of knowing that they w*ll have to work double are still prepared to work for their various personal reasons. Best way to adjust to the situation is to take to spiritualism. It will give more courage to face life and also give contentment."

CASE STUDY NUMBER 3

Mrs. Jayanti aged between 26-30 years lives in a nuclear family. She is a Hindu Brahmin married to Hindu

Vaishya. She is B.COM,B.L. married to M.A.L.L.B. Both husband and wife are advocates. She earns Rs-1000 per month and the total family income is Rs,6000.

Her parent's family consist of six members. Her father is a graduate and is a retired school teacher and her mother is a house wife and has studied up to 12th class. Her elder sister is a B.COM, B.L. and is a Tax Consultant and her second sister is a graduate and is a typist. Her brother is a graduate and is a stenographer, he is also doing legal studies.

None of her parental *family* members are in legal field. Her entry into the profession was quite unplanned, it is more prestigious. She is working since six years and her timings are 9.30 A.M. to 4.30 P.M. and 7 P.M. to 9 P.M. she feels that men in field fair better than women because this profession requires wide contacts with public which cannot be maintained by a female, similarly unless there is some protection to a lady advocate by her senior or husband it is very difficult to shine in the profession.

Regarding sex discrimination she says, "there is no sex discrimination in this profession. Delegation of work by the superiors depends upon the ability and sincerity of the person to whom it is entrusted. When once the senior thinks that the person is sincere and honest, certainly he will

entrust any work without discrimination."

She aspires to become a Judicial officer and so far she has not faced any difficulty in achieving her aim. She is a *member* of City Civil Court and the Bar Association, she subscribes to one legal journal. About 90% of her clients come from the city and are of high socio economic group. The problems she has with her clients is that they do not appear in the courts when their presence is required. They do not give fees in time.

If there is any complicated case then she takes guidance from her senior advocates and have discussion with her friends. As far as her colleagues are concerned she has no problem with them. The major problem she has in this profession is attending two three courts a day.

As far as the management of the household work is concerned her husband shares the work and cooperates with her. She also has a servant to help her with domestic chores. She possesses many electronic gadgets which help her time. Since she has no children and dependents her career is not much affected.

She is able to devote more time to her profession because her office is at her residence. It saves travelling time and as soon as she is free from work at home she sit in her office.

She care a lot for her friends and whenever she *needs*

to meet then she manages to take time off for them. She overcomes her emotional problems by going to a movie. Regarding working women she says, "A working women is playing a crucial role in the family as well as in the society. Now a days, a working women is sharing problems equally with that of her husband she is also contributing monetarily to the family mite. A women working is burdened with additional work. She has to reach office on time, finish work both at home and office on time, she has to give time to her children and manage their studies. For which she has to face mental and physical strain. Sometimes she may have to neglect her health. Inspite of all this some of the working women are facing torture from their in-laws and husbands. When we compare the sacrifice, the working women of today makes, we find that the returns are very little. Now

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a days some of the working ladies are taking the responsibilities of their parents apart from their in-laws, for which she has to struggle a lot (especially those who are from middle classes). If the family members, husband and office friends are cooperative and understanding the life of a working woman would be good. otherwise it would be difficult."

CASE STUDY NUMBER 4

Mrs. Vikki is aged between 26-30 years and lives in a

nuclear family and is a Hindu Brahmin married to an Hindu Brahmin. She is B.A.L.L.B. and her husband is B.E.M.B.A., Diploma in computers and is employed in Electricity department of the state. Her personal income is Rs.2000/- and her total family income is Rs.8000/-.

She hails from a family of four members. Her father was working as postal assistant and her mother has studied up to tenth class and is a housewife and her sister has discontinued graduation and is a house wife.

Her father in law is also an advocate and encouraged her to practice as a junior counsel. She joined the profession because she had an aptitude for it and he wanted to help people and this profession helps her do so.

Her working hours are 10 A.M. to 5 P.M. and 7 P.M. to 10 P.M. She had a tough time with her lady boss in her previous office because of her egoism and her frustrations. She was unmarried and was not able to understand the problems of married women.

She says that women are basically physically weak and the long hours of journey and house hold duties makes them tired and this affects their work performance. She aspires to become an eminent lawyer. There are some problems at the present stage of her career. She feels that there is discrimination about men and women in her office. At the courts judges feel that she is incompetent in representing

the matter, though they encourage her. Her seniors and colleagues are encouraging though some of them are Jealous, There is a problem of interaction with the legal system in the administration bribing the staff of the courts for every small work is a problem. Not much opportunity is given to her because the seniors are not confident of her ability. The general atmosphere at the work place is alright, but a lady professional has to face many hardships. The general belief is that advocacy is meant only for men and not for women. Though women are given opportunity to work, not much

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chance is given to them to prove themselves as an eminent lawyer in the field of their qualification.

All types of clients come to her office and most of them come because of professional references or because of their specialization. Some of them are mild, some of them are aggressive. Satisfying the client is a very tough job.

She manages her household work with the help of her husband. He cooks the food in the evening before she reaches home. She leaves her small daughter at her mother's house and rarely sees her. She feels that household work is really demanding and it takes major part of her time. In the beginning she had problems with her lady boss in her previous office which affected her badly. Now she has changed her office and has overcome depression. With proper planning she manages time occasionally. She attends social functions.

When she is emotionally upset she goes for a movie and when she is physically strained she sleeps with a help of a sleeping pill. The life Of working women is not a bed of roses, she says, in fact they have to struggle a lot for to achieve anything. It's not a cake walk.

CASE STUDY NUMBER 5

Mrs. Pani aged between 31-35 years is B.A.L.L.B,L.L.M. is a Hindu Brahmin, widow. Her husband was also a Hindu Brahmin who was B.A.L.L.B and D.E.I.M.(ie, Diploma in Export Import Management.) At present she is practicing advocate with her total income being Rs.2,500 per month.

Her family of orientation consist of six members. Her father is M.B.B.S, L.L.M., L.D.M.C. who has retired as an Army Lt. Colonel, who is presently working as a private medical practioner. Her mother is a graduate and is a house wife. Her sister is B.Sc, M.B.A., L.L.B and is working in marketing division is Avon products in U.S.A. Her elder brother is B.Sc , D.B.M. honours in System Analysis from a reputed Institute in India and is a programmer in Pennar Steel (1) Ltd. Her second brother is B.Sc. M.B.B.S. and is presently doing her post graduation in medicine. This indicates that Mrs.Pani comes from a family of prefessionals.

None of her family members are practicing legal profession

and her entry into the profession was quite unplanned. She is practicing this profession since three and a half years and her working hours are from 9 A.M. to 9 P.M. at present the working hours are quite convenient to her, since she is staying with her parents and major household work is managed by her Bother. She is able to dedicate herself fully to her profession because she has full cooperation from her parental family members. They encourage her to concentrate on her profession.

'As far as her progress in career, is concerned she says that, "men have an edge over, because they are more mobile, have no time restrictions, can entertain people/clients and get work, which a lady cannot do because she may get a bad name and be labeled as loose character person.** According to her because of her sex her occupational Mobility is affected at there is no security for her if she travels out of station. Going out with clients and coming home late it not socially approved. She wishes to have a vehicle of her own in order to save time and money is commuting.

The general atmosphere at the place she work is of congenial, friendly and relaxed. As far as her male colleagues are concerned she finds *them* helpful and encouraging.

Her lady colleagues admire and appreciate her sincerity, knowledge and also approach her for discussions. She has won

the faith and confidence of her seniors and colleagues by hard work and sincerity. Her ambition is to be the top lawyer in name and fame and would like to elevate to the High Court bench. But she foresees difficulty in this because professionally she may be quite capable but to reach her goal money and influence count which is difficult for her. She used to subscribe to Journals but with changed circumstances ie, with the death of her husband she cannot afford it. All her clients come to her directly because she is a panel advocate for Andhra Pradesh Legal Aid Board and State Briefs. She has successfully won many cases and now her clients come from all income groups. About ninety percent of her clients are from the city and the rest are from the districts and other cities. In matters of complicated case* she takes guidance of senior counsels specialising in the concerned field.

According to her clients do not easily trust and have confidence in lady advocates even If they are good professionally. It takes time to win their confidence. They are not willing to pay the amount of fees as they would pay the male advocates. The major problem with clients are regarding collection of fees. They do not pay on time.

In her profession. she finds that the major obstacle to professional progress is the administrative constraints. In

the administration of courts the staff do not cooperate well with lady advocates because they are highly corrupt and are hesitant to ask for bribes for moving the papers. This results in delays, tension and worries as the work is withheld. Still she finds that this profession has ample scope for new entrants.

The home environment of Mrs. Pani is enviable and the total household responsibilities are on her parents. Since she does not have any children or dependents to look after she is free to pursue her career.

Since this profession demands, running from pillar to post, she supplements physical loss of energy by multivitamins and good and proper diet. When she is emotionally upset she turns to god almighty, friends and tries to fight the odd*.

She expressed her opinion about working women in the following way " need of the hour demand financial independence of women". The sense of independence which working women have is great. But at home many problems are faced by working women in India. She is trust with double duty and is burdened with household work, fulfilling the need of the husband and children in addition to managing the stress and strain of profession. Generally in India according to tradition the women is not expected to take *help* from her spouse for domestic work and if she does so, the husband may be restrained from doing so *because* of the social

constraint. This leads to additional work load for working women leading to exhaustion and fatigue. She feels that inspite of dual roles a working women is able to tackle problems in better Manner than a non working woman because she is tore organized, confident and self sufficient.

CASE STUDY NUMBER 6

Mrs. Rina is aged between 26-30 years and stays with her parents. She is a Hindu Brahmin and has done her B.A.L.L.B and earns a monthly income of Rs.1500 and her total family income is Rs.50000. Her father, B.COM, M.B.A. (Mantanchetter) was a Deputy Director Marketing TISCO, her mother has done schooling and is a house wife. Her sister is studying lor her business management and her brother is B.COM, Diploma in Computer software and is an executive at TISCO. &he joined legal profession because she wanted to help people and this profession helps her do so. She is working presently since two years and her timings are from 9 A.M. to 7 p.m. She feels that her progress in career is not similar to her male colleagues because she is unable to put in the same amount of hour. Since men are more mobile sometimes they are entrusted with difficult and challenging task. She feels that this profession offers equal chance to all to progress

and the sky is the limit, it is the individual ability. the time and efforts that counts for rewards. Her male colleagues are very helpful and co-operative and female colleagues are supportive. She is a member of Andhra Pradesh Bar Association (High Court) and Janta Mazdoor Farum. She subscribes to four journals.

Most of the clients are from the city and about twenty percent of them are from the districts. About forty percent of them are from high socio-economic group and twenty percent from the middle economic status and thirty five from the low economic group. Till now she has not faced any problems with her clients. But life itself is at risk in this profession. In order to get the work done one has to spend money.

The atmosphere at work place is very congenial. She is highly cosseted and respected. All her colleagues and seniors are very helpful and guide her. It's a pleasure for her to work with them. She is learning a loll

Regarding the domestic responsibilities. the has none, total management and responsibility of the house falls on her mother. In the evening she is free after 7 P.M. and does devote time for friends and relations, she does not have many emotional problems only she is physically strained and rest rectifies it.

Regarding the life of a working woman she says

that,"today woaan has dual role to play, one of a wife,mother and the other of a career woman. She has to allot her time in a very careful manner to her various duties." she should make sure that she is well supported by her family and receive help at the time of crises. Take every opportunity and do justice to the work at hand. Rest follows. there is not a slightest doubt about it.

CASE STUDY NUMBER 7

Miss Prena is aged between 20-25 years and is residing in her parents house. Her monthly income is Rs.1000 and the total family income is Rs.50,000.

Her father (L.L.B.) is an advocate and her mother is a graduate. Her sister is a doctor (B.D.S.). Her elder brother is Bachelor of Engineering and is doing his own business and the younger brother is studying Master of business Management. Her father was her "role model" and his honesty, dedication and hard work has influenced her to join this profession. She has been employed since 3 years as junior advocate. She intend to become the legal advisor of any prestigious company, she wants to be admired as a brilliant, intelligent, dedicated and honest lawyer.

About 75% of her clients is from districts and they generally come with professional referrals. The major problem with them is in trying to make them understand the legal

point involved in the case. When the case is complicated she takes the help of seniors, read the concerned books and briefs thoroughly until she understands the legal point involved.

As a lady professional she faces the following problems :

1) Clients look down on lady advocates and don't give the due respect.

2) The long working hours makes it difficult to concentrate on household work, children and family and also have no time to socialize.

3> Different courts are situated at places and it becomes a problem commuting from one court to another.

The general atmosphere at work place is good and men colleagues give due respect to her and the lady colleagues are kind hearted, co-operative and understanding.

Regarding her domestic and personal life she says that she has no household responsibility what so ever. Her parents take full care. In the beginning she had problem of adjusting to long working hours which she has gradually get used to.

On Sundays which is a holiday she finishes pending work. She has very limited time for social interaction. What ever

social life she enjoys is connected with her legal profession. With great difficulty she tries to take some time off for her friends. She enjoys a lot of affection and understanding with her friends.

By the end of the day she is physically exhausted and there is lot of strain and sometimes she is depressed while dealing with the problems and different realities of the people.

Regarding her opinion about the working women she says, "times are changing, inspite of so many difficulties a lady is able to make a mark in whatever profession she is involved with. She hopes to see a lot more developments for the total emancipation of women in future."

CASE STUDY NUMBER 8

Mrs. Veera is aged between 36-40 years and is a Hindu Reddy married to man of the same cast and community. She is M.A.L.L.B. and her husband is M.A.B.L. Both husband and wife are practicing lawyers.

Mrs. Veera comes from a FAMILY of professionals her father is an advocate and her sister is a medical doctor. Her mother is a graduate and a housewife. Her father was her role model and since there were already some family members

in the legal profession she choose to pursue career in this field.

She works privately and has her working hours flexible. She has her own office. Regarding her profession she says that, "it is a challenging profession. Though woman are more committed, it is male dominated, it is easy to overcome challenges provided one is committed."

She aspires to excel in the field but says, "the only difficulty is that, with scruples in the profession going down one with positive cultural background cannot stoop low."

As far as her relations with colleagues are concerned she finds that lady colleagues are good and the men are co-opertive. She handles complicated cases with the help of seniors and by good preparation.

Being a lady professional at times she has to face criticism which is most often negative. The atmosphere at the work place is good but she has to struggle to make a mark in the field. Since she comes from the family of professionals she is directly or indirectly groomed for work in this field and is all set to meet professional challenges. She does not approve of the Governments 30% reservation of seats for women in professional colleges and for jobs.

As far as clients are concerned they come to her office because they know her personally, most of her clients are from the middle income group and about fifty percent of them come from districts and another fifty percent comes from the city. She subscribes to some journals and use her fathers library for studying cases.

As far as her domestic life is concerned, she works in terms of priority of the day. She has her mother and servants to help in the house hold work. Her husband does not share the work but there is also no need for it. As far as social life is concerned she has to adjust time. She does not feel such of physical strain and rarely she is emotionally upset.

Regarding the life of a working women she feels that, "If attitudes are positive everything works on fine."

CASE STUDY NUMBER 9

Miss Bina is aged between 26-30 years, she is unmarried and stays with her parents. She is B.SC., L.L.M. and earn a monthly income of Rs.2000 and the total family income is Rs.15,000. Her father a medical doctor is M.B.B.S.DCM, FAAP, FIAP (VSP) and her mother is M.A.. B.ED, and her sister is B.A.HMCT(P.G.D) and is a manager in a five star Hotel and her brother is a student in school.

In the legal profession she already has her uncle, cousins as practicing lawyers. Her uncle was her "role model", after watching him during her formative years, she was influenced by his success and aptitude for the subject and his genuine desire to help people in need. He influenced her to join this profession. She desires to contribute as much as she can by virtue of her knowledge, training and skill to the needy litigant.

Miss Bina has her own practice as well as is attached to the office of a senior advocate since three years. Her working hours are from 8 a.m. to 8 p.m. In her office she faces no difficulty or discrimination in the delegation of any challenging tasks because her senior has utmost faith in her. Most of the cases are dealt with her senior, assisted by her. But there is no active encouragement from her senior.

To get cases, accessibility to the general public is difficult in cities. Even though she has contacts in the districts to get cases is difficult because of the fact that she is a lady. There is also communication gap with them on account of language. Furthermore she is unable to adopt unethical practices and procedures that are rampant in this profession. She does not behave in short cut methods to rise to the top.

She aspires to reach the pinnacle of her profession both

in terms of knowledge and success. The difficulties being that women's ambitions are not taken seriously, especially in this profession because work in this field is becoming unethical and unhealthy that women hardly stand any chance unless they join the "band wagon" too.

The lady advocates also face the problem of prejudices and "stealing of clients" by men, she feels that unless one coses to terns with the existing system with all its prejudices one cannot survive. It is a question of going ahead by either adopting the practices or rejecting them following ones own principles. If it is the former the success is easier, if not the climb to the top is laborious but satisfying.

Regarding her colleagues she says that men are more competitive and competent and most of the ladies do not take their carrier seriously and COME to court to pass their time lightly.

Most of the problems with her colleagues are work related and are best handled by concentrating on her job and avoiding unpleasantness.

As far as her clieants are concerned most of them come to nor from districts (90%) and come to her *with the* help of friends and relations. The major problems she has with them

is of language. She is able to handle complicated cases with the help of seniors and by referring to law books and journals. Procedural delays and corruption in the department of administration make it difficult to retain clients confidence. Great individual efforts are required to retain clientele.

In order to know her professional productivity she was asked if she has written any articles and books. She has written four articles in law journals and presented two papers at conferences. She is a member of Andhra Pradesh Bar Association, member of council of Andhra Pradesh and legal council to a school. She subscribes to three journals All India Reporter, Service law report and Andhra Pradesh law journal.

As far as her domestic life is concerned she does not have much responsibilities at home. Her parents manage the house. She get total support from home and is encouraged to concentrate on profession. The only dissatisfaction she has is that she is unable to spend time at home because of her tight schedule. She hardly socializes and if she has to attend some function or visit any one she has to arrange in advance. Still she can only go out after 6 P.M. on holidays and weekends. She is occupied with cases she represents individually. She feels that her people at home are

understanding and co-operative.

In her opinion life of a working women is "Hectic". "To combine the home sphere and professional life is a supersonic job which requires tremendous will power, determination and understanding. Will power to combat all the professional hassles, determination to go ahead despite several odds. Despite several challenges, however, if a working women is mentally strong there is no stopping her and she can handle everything provided there is co-operation from the family members. In profession one should adhere to good principle, combine with hard work and sincerity there is no end to successful results."

CASE STUDY NUMBER 10

Mrs. Mona is aged between 31-35 year and is a Hindu Reddy married to Hindu Velma and lives in a nuclear family. Both husband and wife are advocates (B.Sc..L.L.B.) and is a Government pleader. Her monthly income is Rs.4000 and her total family income is Rs.10000.

Her father is a graduate and her sister is M.S. computers and is employed in some firm in U.S.A. Her brother is a post graduate and is a civil servant and her younger brother is doing his graduate studies.

Mrs. Mona's entry into the profession is quite unplanned and she is presently having her private practice. She works from 9.30 A.M. to 7.30 P.M. She feels that being women at times affects occupational mobility and in this profession it is survival of the fittest. There is degrading moral values in this profession and if one has scruples and principles it becomes very difficult to survive. She subscribes to two journals . All India Reporters and Andhra Law Times.

Most of her clients are from Middle and low income groups. Her clients are impatient and expects quick results. There is always the risk of loosing clients in this profession. There are many faults in the administrative system. Clerks and other non gazetted officers do not co-operate with lady advocates, there is delay in communication, corruption, disobedience and insubordination and procedural deficiencies. To get the work done one has to struggle a lot.

At work place she finds her colleagues co-operative and good and the atmosphere is quite congenial. She tries to see that there is not much interference in each others work. She makes a conscious effort to be friendly with everyone.

Regarding her domestic life she has great household responsibility which does not permit her to spend the required time for profession. There is a time constraint and is not able to do justice to her profession and household duties. She manages the work at home and children by the co-

operation of her husband and servant. Her husband is very co-operative, helpful, understanding and responsible.

According to Mrs. Mona performing dual roles at times upsets her causing emotional imbalance and physical strain. She tries to solve the problem by relaxing and taking holiday.

Her social life is restricted, only when she cannot avoid certain meetings and functions she attends them at the cost of the packed routine.

About the life of a working women in India she says, "it all depends on attitudes of women and their determination and commitment to work, their ability to compete with male counterparts. If women does not come up to their expectations because of personal social factor it is miserable."

CASE STUDY NUMBER 11

Mrs. Neena is aged between 26-30 years and resides in a nuclear family. She is a Hindu married to a Hindu. She is B.com, B.L. and her huaband it also in the law field and he is in assistant judge of Secunderabad court. Her gross monthly income is Rs. 500/- and her total family income It is 4500/-. Her father is a doctor (M.B.B.S, D.O) and her

mother is a graduate (B.A.). Her brother is also a doctor (M.B.B.S) two of her sisters are lawyers (B.Sc, L.L.B, and B.A., L.L.B).

Mrs. Neena's entry into legal profession was quite unplanned but she finds great satisfaction in legal field. She is working under a senior lawyer since one year and her working hours are from 9.30 a.m, to 5.00 p.m. She is a member of the Bar Association of Andhra Pradesh High Court and member of the Bar Council of Andhra Pradesh High Court.

The atmosphere at her office is good and her relation with the colleagues are also good and she finds the* friendly and cooperative. The hardship a lady professional has to undergo to make a mark is basically to establish contacts with others to get briefs, and to maintain a circle. The time factor is very important, lack of time makes it difficult to move about and establish social contacts.

Most of her clients are from city and they come to her with the help of relations and friends. The problem she has with clients are that they are too anxious and expect things to be done within hours. Convincing them is a very difficult task, so far she has not handled difficult and TOUGH CASES. She is a young and upcoming advocate.

She aspires to settle down in a good dignified job. She sees many difficulties in achieving her aims and AMBITIONS.

Chief among them are of having influence and contact.

As far as her domestic life is concerned her husband helps her in the management of household work and is very cooperative. She has a maid servant to look after her son. She feels that household responsibilities does not permit her to devote the required time for profession. But people at home feel that she is not spending much time with them either. Her husband understands her problem and extends full cooperation and moral support to her. She is trying to set her time table. At the moment she is not able to adjust her time for home and career.

As far as social life is concerned she has absolutely no time. There is lot of physical strain on her and sometimes certain things disturb her and make her emotionally upset affecting her health. Her opinion about working women in India is as follows, " Lift of a working woaan today It highly challenging. A working woaan has to play a dual role*.

"I basically feel that if a working woman is sincere, hardworking and *optimistic* she can get over to all the problems and she can expect a successful and bright career. Only thing is she should take her profession seriously and feel that work is worship, of course good cooperation, encouragement, and moral support of the family members at home is an ESSENTIAL feature for a woman to be successful at

home as well as in profession."

CASE STUDY NUMBER 12

Mrs. Tina aged between 20-25 years is an Indian muslim married to an Indian muslim she is a M.A.L.L.B. and her husband is M.A.(M.PHIL). Her husband is a senior translator for Indian Air Force. She lives in a joint family. Her paternal family consist of eight members. Her father is a graduate and her mother is a housewife. Her first sister is a graduate and is a teacher and second sister is a post graduate and a housewife and her third sister is doing Medical studies. Her two brothers are commerce graduate and one is employed in the Gulf and another is doing business in India.

None of her family members are in the profession she joined the profession because she had an aptitude for it and she get satisfaction practicing this profession. She has been practicing law since five months. She works from morning 10 O'clock to evening 6 O'clock. Though these working hours are not convenient to her she has to work hard to make a mark in her field. She aspires to join judicial service and there is 30% reservation quota for women and thus she does not face any difficulty in it. She feels that people always underestimate the powers of women. That is why women have less clientele. There is discrimination in appointing

advocates for commissions. Judges do discriminate between male and female. Being women is affecting her occupational mobility. She has not yet joined any legal organisation or subscribes to any journal. She gets clients with a help of friends. She feels that her male colleagues are quite high handed in their behaviour and are dominating.

Regarding female colleagues, she says, "Jealousy reigns" them. In spite of all this she is friendly with her colleagues. Regarding clients she says that the common problem is that they do not pay them adequately and on time.

The problem she faces is that there is no equality of opportunity between male and female advocates. Women are made to do clerical work and are made to run from office to court and from court to office.

As a junior lady professional she faces a lot of problems, being a junior is the greatest of the great problems. The other problems concerns with the competition in the field which is tough.

As far as her domestic work is concerned she does her work on her own, sometimes her co-sister in law helps her. Although her husband understands her problem he seldom helps her she finishes her household work in the morning and devotes entire day to her profession. There is irritation on the part of people at home when work at home is incomplete.

As far as social life is concerned she rarely goes out and she attends parties only when it is important and cannot be avoided. Although she cares a lot for her friends, relations and community members she has not much time for then.

Most of the time she is emotionally upset because her in-laws are not very helpful due to their own personal reasons and this depresses her.

Regarding the life of a working women she says that. "The life of a working women today is only a bed of thorns. She has to do the daily chores, attend children, look after her husband, take care if any guests come to the house She has to live in a male dominated society. She has to undergo the trauma and agony both in the house as well as her office."

CASE STUDY NUMBER 13

Mrs. Shaheen is aged between 26-30 years and IS a muslim married to a muslim. She is B.SC. L.L.M. and her husband is B.E. She is an apprentice and is earning Rs.500 and HER total family income is Rs.8000.

She hails from the family of three members and HER father was

an advocate and her mother was M.Sc. and was a lecturer in college.

She entered the profession because her father and uncles were already in this profession. Her mother was very particular that she should become a doctor but she wanted to become a lawyer. She joined the profession because it gives her satisfaction and also because it is more prestigious. She has no monetary interest in this profession. She only expects dignity and respect she has been working since two years as a Junior advocate. She has Many problems in selecting a good senior.

Her working hours are 10 a.m. to 3 p.m. then 8 to 11 P.M. These hours are not very suitable to her. she feels that in this profession Men progress faster than women because they have no household responsibilities as they are free to Move wherever they like and are More self sufficient.

Women in India are not socialized to be independent. While going to the office she has to depend on her husband because he has to drop her and pick her up *from* office.

Conveyance is the main problem. She finds that it is difficult for a lady to achieve success, they have less time at their disposal. She is a member of the Bar Association and does not subscribe to any journals because she has her father's library at her disposal.

About 50% of the clients *come from* the city and 25% of *these*

come from districts they are of middle income group and 40% of them are low income group. The kind of problems they have with their clients are , clients have lack of patience. In complicated cases she does lot of reference and reading. Her male colleagues are co-operative and her female colleagues are friendly. Regarding the seniors she says that they are hypocrites and never realize or acknowledge the juniors contribution. The risk in this profession is of saving the reputation if they come across a bad characterized senior or mix a lot with male colleagues. The problems of interaction with the legal system ie, different courts and administration is of local language.

As far as the courts are concerned there is no discrimination at all. The general atmosphere is quite contrary to her nature. She tries to adjust. She feels that inspite of working the whole day the returns are not worth it, they have financial and conveyance problem. Her work is not recognised by her senior. She has to spend lot of money from her husband's pocket. There is lot of physical strain and she has absolutely no time for her children.

As far as her home atmosphere is concerned it is very good. She stays in a joint family. Her mother-in-law and sisters-in-law help her a lot with household work. They manage the house totally and do not disturb her. Her husband does not share household work and infact he is very much dependent on

her for his work. The family members encourage her to concentrate on her profession. She feels that her domestic work is not affecting her career but her profession is affecting the care and education of her children. Because of her profession she is physically and emotionally strained and she is not able to give time to her children. She has time for social life during weekends only.

As regards working women in India she says that women have to face lot of problems. They face non co-operation from spouses and in-laws. They have to work very hard at home as well as at work place. The responsibility of taking care of all the family Members is on the lady of the house which becomes very strenuous if she is working. it is difficult for them to meet the basic requirements of life. It is a life of constant struggle.

CASE STUDY NUMBER 14

Miss Geeta is aged between 26-30 years and is unmarried and resides in her parents house. She is M.Com,L.L.B,PGDCMP. Her personal income is Rs.2500 per month and her total family income is Rs.5000 per month. There are ten members in her house. Her father is graduate, a retired state government servant and her mother is a housewife. Her three sisters are graduates and another three sisters are

matriculate. Her brother has done his graduation and is doing business.

She entered legal profession because her brother encouraged her to do so because of its prestige. she is practicing since six years under a guidance of a senior advocate.

She works from 10 A.M. to 9 P.M. and these working hours causes inconvenience to her as she is not able to pay the required attention to her aged parents and especially her toother who is sick.

As far as her career is concerned she feels that where efficiency and sincerity in discharging duty are concerned it is same but in building up career opportunities are much more for a male than female.

She feels that she is very competent and has the capacity to handle any case or a situation. Her senior (supervisor) is well aware of the same and does not hesitate to entrust any difficult or complicated case to her. Her sex is not affecting her occupational mobility. She aspires to be recognised as an efficient and successful advocate. She is a member of Women Lawyer's Association. She subscribes Km two law journals.

About 90% of her clients come from the city and 40% of them are from high socio economic group and 60% are from

middle economic group. As far as clients are concerned she has no problems with them. As far as her profession is concerned she says that, "Our professional duties should be discharged with Jeweller's care. A slightest negligence may result in heavy loss to the client, may be wealth or even life sometimes."

She refused to comment on the problems of interaction with the legal system or with different administrative departments, different courts etc.

As far as her relation with female colleagues are concerned she has absolutely no problem and she finds them understanding, co-operative and friendly. She denotes most of her time to profession and domestic work is managed with the help of servants.

With regards to the hardship a lady professional has to undergo she says, for a lady professional to make a mark is a very difficult task. The profession demands dedication, maximum time devotion extensive social contacts etc. Which are mostly not possible with women especially when she is married. A married women has more social obligations and family responsibilities, ignoring which is impossible. Unless there is encouragement and understanding in the family it is difficult to achieve her goal in the profession. " Nature gifted woman with abundant love, affection and capacity to

handle the difficult but delicate task of managing the family and her home. Care should be taken that she does not cause injustice to her primary duty, while building up her career."

As far as domestic work is concerned she manages with the help of servants and rest of the time her old parents are there to supervise. she does not have any conflict of work responsibilities. Her family members give her all the encouragement required in her profession. In the morning around 9.30 a.m. she finishes her work at home and then leave for office/court, thereafter rest of the time is devoted for her profession. As far as social life is concerned she gives time only when necessary and when it does not disturb her work. Though there is lot of physical strain in this profession, but rest at the weekend compensates for it.

Her opinion about working women of today is, "it is like an artist playing two roles. Neither can be Ignored nor given less importance. If you can not justify both better choose one. But once you choose to work do It with all sincerity, dedication and efficiency."

For a woman to be a successful working woman her family, her employer, her surroundings and the society have to co-operate. At the same time she should be bold enough, tactful and independent thinking to with stand the humiliation caused by the narrow minded male dominated

society.

CASE STUDY NUMBER 15

Hiss. Rita is aged between 26-30 years and is unmarried and resides in her parents house, she is B.Sc, B.Ed, L.L.B., L.L.M. Her total family income is Rs. 10,000 and her personal income is Rs. 1000. She hails from a family of eight members and her father is a business man who has studied up till twelfth class. Her mother has studied till seventh class and is a house wife. Her eldest sister is a graduate and is Managing a construction company, and her three sisters are post graduates and are house wives. Her fifth sister is a lawyer, working in a law firm in U.S.A. Her brother is an advocate.

She joined the legal profession because she had an aptitude for it. She is working at an apprentice with a senior advocate since four years. Her working hours are from 8 a.m. to 10 p.m. which she finds it inconvenient. She feels that her working hours are affecting her career because she finds very little time for research work. She is not satisfied with the rewards she gets. She experiences a lot of discrimination in the delegation of task by her superiors between her and her male colleagues. In her profession especially in criminal side, there is a lot of discrimination because it is difficult for a lady to visit a police station and in the civil side to the registrars office. She manages

to see that being women does not affect her occupational mobility. She feels that her future is bright. She has written and published two articles in journals. She is a member of the Bar Council of India and the Bar Council of Andhra Pradesh and the member of the City Civil Bar Association.

All the clients come to her office are from the city and they come to there because they try both civil and criminal cases. About 50% of them from from the high socio economic group and the rest are from the middle economic status.

The clients whose cases are civil and matrimonial matters give trouble because such cases take time and they want the judgement to be given fast. She handles complicated cases with the help of her senior or by doing research.

About the colleagues she says that the men are good and encouraging and the lady colleagues are friendly, hard working and very patient. As a lady professional she feels that the working hours are not suitable and there is not a single holiday in a week.

The distance between the courts is a major problem of interaction with the system and also one should know the local language. She feels that in the court there is total equality and the senior lawyers encourage the lady

advocates. Her major problem is time management. As far as the general atmosphere at the work place is concerned, it is alright because there are lot of woman in the profession since two years, but to become more recognised a lady lawyer has to come more regularly to the court than the male advocates.

Her home enviroment is very good and she does not have many household responsibilities. Her parents and brother take care and manage the house. Only sometimes she has to adjust her working hours if there are guests or festivals. She feels that the people at home are dissatisfied with her profession because compared to the number of hours she spends the returns are very minimum.

In the beginning when she was coming home late after work at courts and then the office work. She was worried that her parents may not like it but to her surprise they encouraged her because they were mentally prepared and were used to because her elder sister was already in the field.

As far at her social life is concerned it is difficult for her to spend time. If there it any function she calls them and wish them, very rarely if she is free in the evenings she goes out. She is physically strained and emotionally upset sometimes regarding the cases and the results.

Regarding her opinion on working woman today she says

"the life of a working women is definitely better than just housewife. A working woman is playing a dual role and infact is more responsible in every aspect of life, infact she is ready to meet any type of situation in life,(financially, mentally and physically). She is definitely a more confident person."

CASE STUDY NUMBER 16

Miss. Nima aged between 20-23 years lives in a Joint family and is unmarried. She is B.A.L.L.B. and is a Junior advocate, earning Rs.500 per month. Her father is a medical practitioner and her brother is a graduate who is a businessman. She does not have a mother.

Her entry into the profession was quite unplanned and is presently working as an apprentice since one and a half years. Her working hours are from 10.00 a.m. to 7.30 p.m. and these working hours are quite convenient to her. She feels that she is working hard and does almost everything that is required professionally and her career is progressing, at a good pace. Sometimes she experiences discrimination the delegation of difficult and challenging task by her Superiors between her and her male colleagues. In a way her occupational mobility is affected because of her sex. She

aspires to *make* a good name in the field but she is not same if this will be possible because she is not sure if she will be allowed to continue with her practice after her marriage. To her office, all the clients COM from the local city and some of them find difficult to accept a lady advocate in the office. As far as the colleagues relation are concerned she finds them very understanding and helpful and so far she has had no problems with them. The general atmosphere at her work place is good she says, "As far as my office is concerned, it is Just like a second home to me and in courts I mind my own business without bothering about atmosphere or people around me and maintaining distance,ie, I am Just careful.

As far as cases Arm concerned all the directions are given by my senior and the complicated cases are handled try the senior colleagues. Though I am very confident and competent to try cases on my own. In this profession one hardly gets time for one self and I manage time with great difficulty. It is not problematic being a professional but it is tough for people to accept you as a professional mare so if you are young.

not have to shoulder much responsibilities because she stays

in a joint, family where elders take care. The only dissatisfaction she has to face from people at home is they are not happy with her working hours. As far as social life is concerned she goes out only on holidays and visits or attend social functions of only close relations and friends. She cares a lot for her friends because she feels that they always stood by her and they are always there when needed. There is no emotional strain but physically she is strained a lot and her health is being affected and she is managing with great difficulty.

Regarding her opinion about working women today she says,"I don't think I can say much on this but in a nutshell, it is not that easy too, what with the responsibility on all the fronts-husband, children, household chores and last but not least occupational work."

CASE STUDY NUMBER 17

Mrs. Anita lives in a nuclear family she is M.A.,L.L.B and is a Hindu married to an engineer who is employed in Public Works Department. Her personal income is Rs.1000 and her total family income is Rs.7,500/-(31-35 y)

Her parents family consists of five members. Her father is an engineer and also a law graduate. He is a General

Manager of an construction company. Her mother is tenth passed and is a housewife. Her sister is an M.Sc, M.B.A and is a sales executive. Her brother is a B.Com, M.B.A and is a marketing Manager.

She has no family members in legal profession but they inspired her to pursue career in this profession. She Joined this profession because she has an aptitude for it and also because it gives her satisfaction.

She has been working since two and a half years as an advocate and her timings are 9.30 a.m. to 7.00 p.m. Her working hours are quite convenient to her. She is not satisfied with the rewards she get in this profession and feels that her progress in career is not similar to her male colleagues and unmarried female colleagues because compared to them the time at her disposal is not the same because of the household responsibilities. She aspires to become a successful lawyer but the difficulty is with the changeing trend in the society and also in the amount of time and energy to be invented which has to be at the cost of the family. She does not subscribe to any journal nor is she a member of any professional organisation or society.

Her clients come to her because they know her personally or sometimes with professional referrals, They do not pose any problems to her. In complicated cases she studies the case hard and tries to find a solution to it.

As far as her relation with colleagues is concerned she says that they are friendly and she has no problem with them. As a lady professional she finds that it is difficult to give the required time to her profession because of other responsibilities and the problem of fatigue. There is a disparity of equality of opportunity. A lady professional has to be extremely professional to make a mark because of the general belief that ladies are not very serious.

As far as her domestic life is concerned the general atmosphere at home is good. In the beginning she used to hurry up with work and now the routine is set and she is quite used to the situation. In the morning she finishes the household work and go for work and then again in the evening she comes back and does her work. Her husband helps her with the work and her children are semi independent.

As far as social life it concerned there is no time and rarely does she go out or attend functions. She say that being a lady she is physically exhausted by the end of the day and her major problem is fatigue.

About working women today, she opined honestly. "every women has to work but at the same time should not neglect home and it must be given first priority instead of coming home frustrated and fatigued. The profession must only be of secondary importance to a woman and not to be at the cost of

the family. The essence of life is to have a happy home, for which one works. there should be peace of mind and the pleasure of living to the full".

CASE STUDY NUMBER 18

Mrs. Meena aged between 36-40 lives in a nuclear family and is a Hindu Brahmin married to a man of her own caste. She it B.SC L.L.B. and her husband is also of the same qualification and both are practicing lawyers. Her personal income is Rs.2500 and her total family income is Rs.10,000. Her parental family consisted of seven members.

Her father is B.A.L.L.B and is a practicing lawyer. her mother is M.A.L.L.B and is a solicitor, her sister is B.A.L.L.B who is in service and her another sister is B.COM L.L.B and is a housewife. Her brother is B.COM L.L.B an4 is a solicitor. She is born and brought up in a family of lawyers she was greatly influenced by them to join the law professionals. She also wanted to help the poor and needy and she thought that this profession would help her do so. She has been working individually since ten years and her working hours are from 9.00 a.m. to 6.30 p.m. SHE feels that because of the family responsibilities of the house and children she cannot devote fully to the profession as her

male colleagues can. She is a panel advocate of bank of Maharashtra. She subscribes to two journals concerning her profession. Most of her patients come to her with professional referrals. About 30% of them are from* social high economic status, 40% of them from middle economic group and 30% of them from low economic group. She handles difficult cases with the help of seniors and law books and journals. As far as colleague relations are concerned she finds them friendly and co-operative. As a lady professional she has less time to devote to her profession because of the household responsibilities. As far as the legal infrastructure is concerned she feels that the gap between the bar and the bench is widening day by day. The general atmosphere at the work place is very friendly the only regret is that she is still not able to manage time properly.

As far as domestic responsibilities are concerned she manages with the help of maid servants. Though her husband understands her problem he shares the work only to certain extent. She is not able to progress professionally at the required pace. In the beginning there were problems when children were small now since children are grown up she has, less tension of looking after them. But she makes it a point to spend time at home after 6 p.m. As far as social life is concerned she says, "it is absolutely nil". She cares a lot for her friends and relations because she feels that they are

always with her.

She is emotionally satisfied if she does her work well but

Regarding her opinion about working women today she says, "all the family members should co-operate and not make the working woman feel guilty for being out of the house for a long time. Naturally when the lady of the house is out the whole day, there is burden on them."

CASE STUDY NUMBER 19

Mrs. Gowri is aged between 20-25 years and she lives in a nuclear family. She is a Hindu Reddy married to Hindu Reddy she is B.SC.L.L.B and her husband has done M.B.A and has his own business in computers. She does not have any personal income and is only assisting a lawyer as an apprentice. Her total family income is Rs.8000. She hails from a family of six members. Her father is an engineer and mother is a housewife. Her two sisters are graduates and her brother is a computer engineer.

Sue entered the profession because she was influenced by Telugu movies. She has been working under a senior advocate since seven months and she works for 8 hours in a day she feels that her career is not progressing in the similar way as her male colleagues because of constraint of time. Her

relation with her male colleagues is good and she finds them very co-operative, she aspires to be become a successful advocate and help the poor people without charging them any fees. She is working very hard to achieve her goal, all the clients who come to her office are from the city and all the important cases are handled by her senior colleagues. She feels that this profession requires full time attention which is not possible for a lady professional. In order to get the work done from the legal administration her office has a clerk who is very efficient and hence they don't have to do the "running around".

Her husband co-operates with her and he drops her to her office and picks her up in the evening.

She manages the household work with the help of maid servants. Her children and dependents are looked after by maid servants at home. Her husband is very understanding and shares the work with her, she is busy with her profession and work at home is suffering. She is totally dependent on her maid servant to take care of her son. Her adjustment. of timings is totally dependent on her maid servant, if the maid servant comes late she is late, if she is absent then she has to be absent to her office.

As far as social life is concerned she makes it a point to take leave from her boss and attend social functions. She cares a lot for her friends, relations and community members

and bakes it a point to be in touch with them. She says that being working woman she has more confidence and can earn more money and share the financial problem with her husband. But the disadvantage is that because of the work pressure they are loosing patience and having fights with each other.

CASE STUDY NUMBER 20

Mrs. Usha is aged between 41-45 years and lives in a nuclear family and is a Hindu reddy married to a Hindu reddy. She is B.A., L.L.B and her husband is a graduate in agriculture doing business. She earns Rs.1500 per month and her husband earns Rs.12,000 per month.

She hails from the family of eight members and her father is B.A., L.L.B an advocate and her mother has studied upto 7th class and is a housewife. Her first sister is M.A. (Postgraduate) and is an housewife. Her second sister is B.A. (Graduate) and has her own tailoring business and her third sister is B.A. (Graduate) and is residing in U.S.A. Her elder brother is a B.E. Electronics and is self employed in (Chicago) U.S.A. Her second brother is M.B.B.S., M.D. and is a ophomologist in an Hospital in Hyderabad.

She entered legal profession because her father and husband encouraged her, because there are better career opportunities in

this field.

She has been employed Since 5 years and her working hours are 9.30 a.m. to 4.00 p.m. About 90% of her clients are from the city and she subscribes to two law journals. In order to deal with complicated cases she consults her seniors, colleagues and refer to law books. Regarding her female colleagues she finds them friendly and ambitious. Regarding male colleagues she did not say anything. Most of her clients come because her office is approachable and also because of her senior's name. Mostly they are from middle income group. As far as her career is concerned she is not able to give the required time because of the children and home responsibilities. She divides her time between profession and home. She finishes office work between 9 a.m. to 4 p.m. and rest of the time is devoted to the family and children.

She manages household work with the help of the servants. Her husband understands her problem and cooperates but he does not share the work because he does not have the practice of doing household work.

She care a lot for her friends and relations and sees that she has time for them.

Regarding working women she says that because of the double responsibilities, men in profession have an edge over women. They do better because they are free from other responsibilities and they are socialised to shoulder economic responsibilities.

With the advent of Aryans in India, the life of the aborigines underwent drastic change the whole social order was disrupted Aryan Society was patriarchal. Out of the Aryan desire for superiority over the Dravidians (Natives) There grew restrictions and beliefs connected with ritual pollutions which came to be associated with distinctions that produced the caste system – hierarchically dividing its members into gender and occupational groups. During later periods restrictions on the behavior of women were most rigid particularly at the top of the caste hierarchy, for example among the Brahmins or priestly castes. The castes, lower in the social hierarchy, who wished to increase their respectability tended to adopt more rigid mores of the Brahmins, this process has been referred to, by the noted Indian sociologist Srinivas M.N.(1952), as Sanskritization.

By the sixth century B.C. the privilege of studying vedas and performing the sacred ceremonies came to be reserved for the Brahmin males. Sons came to be viewed as essential for performing sacrifices to the family ancestors. Daughters were considered useless for this function since they left their natal families to enter the families of their husbands. Their function was to produce sons. Restrictions on female behavior ensured the legitimacy of sons. women were also debarred from ritual functions by virtue of being subject to menstrual pollution. Added to these disabilities,