

**Exploring the phenomenon of bride doctors: from local  
perception to socio cultural barriers: A case study of twin  
cities**



**By**

**Naila Ali**

**Department of Anthropology**

**Quaid-I-Azam University**

**Islamabad Pakistan**

**2022**

**Exploring the phenomenon of bride doctors: from local  
perception to socio cultural barriers: A case study of twin cities**

**By**

**Naila Ali**

Thesis submitted to the Department of Anthropology, Quaid-I-Azam University,  
Islamabad, in partial fulfillment of the degree of Masters of Philosophy in Anthropology

**Department of Anthropology**

**Quaid-i-Azam University**

**Islamabad Pakistan**

**2022**

## **FORMAL DECLARATION**

I hereby, declare that I have produced the present work by myself and without any aid other than those mentioned herein. Any ideas taken directly or indirectly from third party sources are indicated as such.

I am solely responsible for the content of this thesis and I own the sole copyrights of it.

Year 2022

**Naila Ali**

DRSML QAU

**Quaid-i-Azam University, Islamabad**

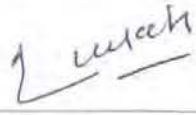
(Department of Anthropology)

**Final Approval of Thesis**

This is to certify that we have read the thesis submitted by Ms. Naila Ali. It is our judgment that this thesis is of sufficient standard to warrant its acceptance by the Quaid-i-Azam University, Islamabad for the award of the Degree of M.Phil in Anthropology.

**Committee:**

1. Dr. Inam Ullah Leghari  
Supervisor



---

2. Dr. Rabia Ali  
External Examiner



---

3. Dr. Aneela Sultana  
In-charge  
Department of Anthropology



---

## ACKNOWLEDGMENT

First and foremost, praises and thanks to Allah for his shower of blessings throughout my degree and thesis.

I would like thank my respondents and key informant who trusted in me and agreed to share their life stories. I express my deepest gratitude to them for making my research possible, hence making it enjoyable and memorable.

Next, I would like to acknowledge role of supervisor Dr.Inam Ullah leghari. I am grateful to him for all the guidance, patience and encouragement. Thank you for believing in me and making my research possible.

I am also thankful to my parents for prayers, love and support throughout the journey of thesis.

I also owe a heartfelt gratitude to my Quaidian friend Azmeena Mustafa for motivating me and helping me during stress and difficult times your presence and friendship made this journey enjoyable.

Finally I would like to thank everyone who supported me in difficult times and helped me complete my thesis.

Thank you everyone.

## **DEDICATED TO**

In the memory of my beloved late father Farman Ali who supported me dearly over the years for my education and intellectual development

## ABSTRACT

The study aims to explore sociocultural barriers Bride doctors face while perusing Professional degree and after getting married. It also attempts to find out the reasons behind female doctors giving up on medical career after getting married. The study incorporates local perceptions to explore the importance of medical degree in Pakistan. The research employs qualitative research methods such as in depth interviews and semi structured interviews from a sample of 28 respondents which includes 10 Bride doctors, 8 parents and 10 medical students. The sample was selected using purposive and convenient sampling technique.

While the percentage of female students in medical schools in Pakistan is as high as 80–85 per cent, the percentage of female doctors in the medical workforce remains below 50 per cent. The findings show the reasons behind the gap between female medical students and female medical professionals is multifaceted

The study suggests that the problem of female doctors dropping out of the medical workforce is because of the interplay of social, organizational and individual factors, which are tied together by social norms. The research also suggest to implement strict policies towards admission criteria and also making hospitals and health organizations more flexible for women so that their needs could be a starting point for policymakers to overcome the gender gap in the medical profession, it also suggests to impose legislation towards doctors to serve hospitals for at least five years after graduation.

**Keywords:** Bride Doctors, sociocultural barriers, local perspective, student's perceptions, Twin cities.

# Table of Content

<b>ABSTRACT</b> .....	iii
<b>1. INTRODUCTION</b> .....	<b>iii</b>
1.1 Statement of the Problem .....	2
1.2 Objectives .....	3
1.3 Definitions of Key Terms.....	3
1.3.1 Bride doctors.....	3
1.3.2 Local perception.....	3
1.3.3 Sociocultural Barriers.....	3
1.4 Significance of the Study.....	4
1.5 Thesis Outline.....	5
<b>2. THEMATIC REVIEW OF LITERATURE</b> .....	<b>6</b>
2.1 Statistics and Women Participation in labor Market.....	6
2.1.1 Gender role and profession .....	6
2.2 Education and Marriage.....	7
2.3 Work & Family Conflicts.....	8
2.4 Sociocultural Barriers.....	9
2.5 Preference for Female Doctors in Pakistan .....	12
<b>3. RESEARCH SETTING AND METHODOLOGY</b> .....	<b>14</b>
3.1 Locale of study .....	14
Map of Islamabad and Rawalpindi.....	15
3.1.1 Al hafeez medical college.....	15
3.1.2 Fouji Foundation .....	15
3.1.3 Riphah Medical University .....	16
3.1.4 Shifa Medical College.....	16
3.2 Research Methodology.....	16
3.2.1 Qualitative Research Methods.....	17
3.2.2 Interview Guide.....	17
3.2.3 Choosing Research Site .....	17
3.2.4 Selection of Respondents .....	18
3.2.5 Key Informants.....	18
3.2.6 Rapport Building .....	19
3.2.7 Sampling Techniques and Sample Size .....	19



3.2.8 Data Collecting Methods.....	20
3.2.9 Ethical Considerations.....	22
3.3 Analysis of Data.....	24
<b>4. SOCIOCULTURAL BARRIERS FACED BY BRIDE DOCTORS IN TWIN CITIES.....</b>	<b>25</b>
4.1 In laws expectations.....	25
4.1.2 Parent’s pressure and societal expectations .....	26
4.1.3 Patriarchal structure .....	30
4.1.4 Balancing between Work and domestication.....	32
4.1.5 Inflexible working hours: .....	33
4.1.6 Migration: .....	33
4.1.7 Lack of passion and unawareness:.....	34
4.1.8 Safety Net:.....	35
4.1.8 Increasing prospects for Marriage .....	39
<b>5. PARENTS AND STUDENTS PERCEPTIONS ABOUT BRIDE DOCTORS AND REASONS FOR OPTING MEDICAL.....</b>	<b>41</b>
5.1.1 Reasons for opting medical.....	41
5.1.2 Influence .....	41
5.1.3 Safety Net.....	41
5.1.4 Medical: Most desirable and valuable field.....	43
5.1.5 Passion .....	45
5.1.6 Future Plans to continue medical as profession.....	47
5.1.8 Perceptions of Students about Bride doctors.....	48
5.1.9 Students suggestions overcome phenomenon of Bride Doctors .....	50
5.2.1 Preference for medicine .....	53
5.2.2 Perceptions regarding Bride doctors .....	55
<b>6. SUMMARY AND CONCLUSION.....</b>	<b>58</b>
<b>7. BIBLOGRAPHY.....</b>	<b>62</b>
<b>8. ANNEXURE.....</b>	<b>67</b>

# 1. INTRODUCTION

The number of women entering the medical and healthcare workforce globally has increased in the past several decades. Women have many roles and positions in healthcare organizations, hospitals and healthcare education settings. Although there has been an increase in the number of women, female workers continue to face many workplace challenges.

The number of women entering the medical and healthcare workforce globally has increased over the past several decades. In Australia, 79% of people employed in the healthcare and social assistance workforce are women, while in the United States (US) 78.4% of workers in the healthcare and social assistance workforce are women. Female healthcare professionals are distributed unequally across different clinical professions such as medicine, nursing and physiotherapy. For example, in the United Kingdom (UK) more than 89.4% of the nursing and midwifery workforce is female, and 93% of nurses in the US are female, while in Canada it is reported that 41% of physicians are female and just over one-third of Australian doctors are women (ALobaid et al, 2020).

Ratio of Pakistani women in medicine is increasing since past decades. In medical universities approximately 80% of students are women but out of which only 27 % medical specialist are women which leads to shortage of female physicians in Pakistan. In Pakistan, failure of women to continue medical degree is seen as a major problem because of wastage of country resources as medical colleges are subsidized by government. In 2014, the Pakistan Medical and Dental Council (PMDC), the governing body of medical colleges reduced female quota to 50% which means limited amount of seats would be available for females to be admitted in colleges (Ibid, 2020).

In Pakistan medical degree is seen as ticket for female to attain marriage proposals. and females having no real desire for their profession because of which there are only few female physicians in Pakistan, the same issue came into debate when first time Rafia Zakaria mentioned the term bride doctors in her blog and published it on Dawn news website; it means “to have a daughter in law who is a doctor” (Mohsin & Syed, 2020).

The term bride doctor came into debate and further explained by bloggers and authors in their articles such as Khurram mentioned bride doctors in his article as ‘doctor brides’ originates as it refers to female doctors getting married and quitting practice in favor of a fulltime role in the family (Khurram, 2021).

The study aims to unpack the phenomenon bride doctors and will bring out the true meaning of the term with the help of respondents (bride doctors and medical students) from twin cities Rawalpindi and Islamabad.

Further, it explore reasons behind females giving up on their career right after marriage and true reasons behind high preference for female doctors in our society which includes Twin cities Rawalpindi and Islamabad.

## **1.1 Statement of the Problem**

Currently 70% of women are enrolled in medicine, from which only 50% are practicing their field wasting huge amount of national resources. This problem persist everywhere in Pakistan including capital Islamabad and Rawalpindi (Moazzam, 2018).

The study attempts to explore the sociocultural barriers which bride doctors face while perusing medical degree and the reasons behind giving up on their career after getting married, the study will also find out local perceptions (students and parents) about bride doctors and medicine

## **1.2 Objectives**

1. To explore sociocultural barriers bride doctors face while perusing Professional degree and after getting married.
2. To identify local perceptions of medical students and parents about bride doctors and reasons to opting for medical field.

## **1.3 Definitions of Key Terms**

There are three key terms in this research that carries out throughout research. The operationalization of these terms is given below.

### **1.3.1 Bride doctors**

The term 'Doctor Brides', which refers to females who train as doctors to make a good marital match and then give up the medical profession to take the roles of mothers and wives (Qazi, 2021).

Bride doctors means particularly those female doctors who peruse medicine degree as a profession and get married right after completion of the degree

### **1.3.2 Local perception**

In the current study, I will be exploring about the perception of medical students who are residing in Rawalpindi and Islamabad and the perceptions of parents about bride doctors and medical

### **1.3.3 Sociocultural Barriers**

Sociocultural barriers are man-made constructs originating from social norms and cultural values. They have mainly an adverse impact on information seeking by restricting access to information sources and giving rise to negative emotions (Savolainen, 2016).

Social and cultural issues which bride doctors face while perusing their medicine degree. Social barriers include social prestige of medicine in our society and cultural barriers include fulfilling gender roles after marriage.

## **1.4 Significance of the Study**

The study brings out the hindrances which bride doctors face while perusing medical profession. The study adds new data to the existing literature regarding bride doctors. This data may be helpful for policy makers as how to save national resources (human & economical) as lots of female lady doctors give up their professions after getting married.

The study provides insights into the role of society and culture in the profession of bride doctors in Pakistan. It also highlights the importance of choosing career paths based on individuals own skills and passion so that our country's resources can be saved in future.

It gives an awareness of how entrenched gender roles and cultural values deters women participation in medical field and how these obstacles can be solved to enhance further participation of women in medical field.

The current research through its data, provides empirical evidence about how through phenomena of bride doctors national resources and human capital are being wasted. The findings of the study may be helpful for relevant government bodies, health practioners parents and other relevant stakeholders for future interventions in Pakistan. It also provides suggestions to change policies regarding entry requirements in medical colleges and change in medical organizations structure to make flexible environment for female doctors so that females can continue their career in medicine career.

On personal level the study will help me for the partial fulfilment of the degree of Masters in Philosophy in Anthropology.

Last but not the least, the current research will provide valuable addition and data on Phenomena of bride doctors.

## **1.5 Thesis Outline**

The first chapter introduces the topic of the research. It mentions the problem statement, the objectives of the study as well as understanding of the important key terms that are utilized throughout the research and thesis. The first chapter also highlights the significance and future scope of the study. The second chapter of the study deals with review of relevant literature which is an important part of the study. The third chapter of the study deals with research Setting and Methodology. The fourth chapters introduces deals with first objective of the study which is to explore sociocultural barriers bride doctors face after completing medical degree.

The fifth chapter highlights second objective of the study which is to find out local perceptions (students and parents) about bride doctors and reasons to opt for medical.

Sixth chapter deals with summary and recommendations relevant with the study.

## **2. REVIEW OF RELEVANT LITERATURE**

This chapter provides relevant literature that was built to understand sociocultural barriers faced by bride doctors, reasons to quit medical profession and factors contributing to high preference of female doctors in Pakistan. They have medical degree but they are not pursuing on their degree or profession after marriage. There are some themes in literature which concern is all about the female doctors and socio-cultural barriers.

### **2.1 Statistics and Women Participation in labor Market**

The participation rate for working women in Pakistan is relatively low as compared to other countries. Overall labor forced participation of females is 25%. There are number of reasons which hinders women participation in labor market which includes taking care of kids, cooking, household work, child rearing and caregiving. These activities are considered as primary role for women in Pakistan, according to bureau of statistics 40% women who do not work are not permitted by their male members from household. Women are not allowed to make their decisions independently but rather they have to take permission from their partners or parents (Khurram, 2021).

#### **2.1.1 Gender role and profession**

Green et al. (2004) have stated that a major issue in the workplace is still gender Owing to the impact of gender stereotypes on the decision making. And according to Broad bridge (2007) satisfaction with career is straight with practicing male norms, because obstacles often hinder women's career paths more than men's (Madsen and Blide, 1992).

According Yasmeen (2005) owing to the cultural and traditional practices even educated women are unable to receive equal rights in traditional society of Pakistan. She (Yasmeen) has exponent for an awareness campaign on harmful traditional practices in

society such as inferiority or superiority, stereotyped roles of gender, social and cultural attitudes of men and women in Pakistan.

Bickel and Clark (2000) have noted that women receive incompetent mentoring and commendation in their career development as compare to the men. Men are more used to business relation and hierarchy, which is the tendency to view relationships in professional, educational and/or workplace context.

## **2.2 Education and Marriage**

Education is important for marriage. It is linked with spousal selection in Pakistani societies because education is associated with earning (Rose, 2004). Now in dual-earner societies where both husband and wife earn. So, these women education is more important thing to participation in labor market. In the traditional societies, where gender role exists very strictly, they support women education but without changes in domestic works. The role of gender is clearly defined. If women are educated and married, they have to manage the workplace and family at a time (Samari, 2017).

There are evidence that shows the importance of education for women for marriage in today's societies. Expectations of workplace decisions and households work balance in associated with women. If she works as professional, she has to manage the domestic works also (Stone, 2007).

In Pakistan, female literacy rate is low and women are in under presented in all fields (PCRT, 2013). The number of women has passed out in field of medicine in past decades (PM & DC, 2017). Unfortunately, rising strength in medicine and medical of women, they are graduated but not go in practice field (Arif, 2011).



Instead of economic market, where most of the decisions are taken by the individuals, family is the basic unit in marriage market. Because society not only measures the standing in society by personal agreements but also at the cultural level (Carter, 1973). Every effort is made to arrange and continue marriage that belongs to the cultural status or level. There are cultural standards like fairness, well educated, English speaking, a good suitable caste, and a good reputation in society and family members that should be in power and dominant in society (Fischer, 1991).

### **2.3 Work & Family Conflicts**

Large number of females are employed but due to gender stereotypical roles they have to maintain a balance between family and work, whereas men are not expected to perform household tasks after coming back from office. Women are expected to maintain a role of a home maker even if they are involved in their career (Masood, 2019). There are organizational factors which contributes in women quitting their careers such as long working hours and double shifts. Female doctors are expected to fulfil their professional roles regardless of gender although working hours should be flexible for women during pregnancy, they must be given maternal leave. Female also face sexual harassment, when they are in medical colleges their interaction with men is very limited as they remain busy studying all the time but when they come to workplace they are bound to interact with opposite where they sometimes face harassment especially those belonging to conservative areas like Quetta, Peshawar and Swat (Ibid,2019).

According to Stone (2007) the women despite having desire of a career and a family still have to quit their jobs for many reasons. Negating the idea that women opt out, a question arises, why mothers/wives leave palmy careers. The writer describes the answers in three themes. According to her the three overarching themes causing women to leave highly successful careers: Family, children, and husbands. For many women personal choice (Blair-Loy, 2009) and availability of alternate work (Wilhoit, 2014) are often seen as potential reasons for individuals to consciously quit their existing careers.

The Family factors that influence women career includes children and husbands which pull women home. The needs of children, desire to be a potent figure in the child's life, sickness, husband's income, and the husband's agreement for the woman to stay home factor into the family side of the position. In Addition, the workforce pushes women home (Stone, 2007). Moreover, the conflict between motherhood and professional career is being an integral part in women's life, stay-at-home moms struggle to satisfy the void previously held by a successful career.

## **2.4 Sociocultural Barriers**

Female domestication appears to be one of the sociocultural reasons behind lack of female professionals in medicine, it is a notion that female employments belong to family. Ideology behind female domesticity is women belongs inside the house. Women suffer from socially defined gender roles and gender equalities in work and career decisions. Marriage is one of the important factor which influence women's career because family is given prior importance and career is considered as a secondary role whereas career of men is considered more important. (Mohsin & Syed, 2020).

The factors influences in Career development of Pakistani lady doctors is sociopolitical, cultural, contextual, and personal variables. According to Arif (2011) the background variables, socioeconomic status, and relocation with family strongly influenced the sense of self and career motivation. Moreover, the family, cultural and social norms were also potent in women's career. Bano (2005) has identified the source of stress for lady doctors in Pakistan, which tends to multiply, occupational stress into family stress.

Culture values, religion and caste system of Pakistan also contributes in discouraging women participation in workforce, according to some religious extremist women who work with male colleagues is considered as haram. Women also face challenges in workplace for example Sometimes male bosses and colleagues harass or treat them inferior therefore mostly females has to face security issues in workplace in Pakistan (Ibid,2005).

There are multiple factors which influence female career plans in dentistry, as Pakistan is a complex country with very complex gender norms and values, these factors contribute in becoming an obstacle for women while pursuing their education, however there are other factors playing a role in dentist female career, these are; socioeconomic influences and individual motivation. Particularly highlighting socioeconomic factor, financial gains is one of the strongest factors for motivation to opt for dentistry amongst females whereas passion and motivations are secondary factors influencing career choice (Mumtaz *et al* 2018).

In Pakistan, status and prestige are critical for marriage market, as people have different standings in the society that is counted in terms of personal achievements and cultural capital that comes from the connections a family has. Thus, marriages are seen as transactions to improve social status. It works in a way that the socioeconomic classes try to arrange marriages that would increase their chances of promoting to the classes upper to them. In fact a marriage is not just a connection of two individuals but it combines two families in these societies. In this context a girl with greater social, economic and cultural value would increase the standing of the groom and his connections. Therefore, a doctor bride is considered a great deal in terms of addressing all of the aspects of marriage discussed above (Masood, 2019).

13 consultants from National Health Service studied about behavior of patients towards male and female doctors. The consultants identified that patients were more open to female doctors because they find females are more communicative, empathetic, and supportive on the other hand male doctors were more dominating. Female doctors were also concerned about how others perceive them that's why females were more reluctant and less confident. Sense of gendered culture existed in medical profession women were more likely to face gender discrimination, unpredictable working hours and unequal pay. Study reports that women faced harassment, inequalities and inflexible working environment (Qazi, 2021).

According to DOW medical college study, half of the students want to pursue their post graduate education from abroad, another study of department of gynecology 2015 finds out that half of the females want to migrate for better post graduate education as there are more economic prospects abroad this indicates that Pakistan is already lacking female surgeons and physicians due to females giving up on medical degree after graduation, and fewer females who actually wish to continue their career end up going abroad for further studies and wish to work abroad and stay their lifetime. However, females migrating abroad results in brain drain which is highly disadvantageous for the whole country due to wastage of economic resources (Sheikh, 2018).

Women have always their own role in the development, they made contributions to their nation by participating in different activities. But when it comes to the Asian Sociocultural norms the assumption is different. In this part of the region majority of females face the social problem (Bano, 2005). Similar issues are faced by doctors (female doctors) that are not pursue surgery as their carrier. The prominent reason revealed was that most of the female doctors decline this career after getting married for their families. Secondly they do not have female role model in this field (Sanfey et al., 2006). Moreover some other barriers include sexual harassment at workplace, disrespect from male colleagues, lack of sensitivity to women's gender, and family work conflict Etc (Mumtaz et al., 2003).

Motherhood is also another barrier creating hindrance in career plans; however, child rearing schools are available for mothers in Pakistan but there is lack of flexibility in hospitals because giving long maternal leaves would affect performance and efficacy of work and sufferance for patients. (Mumtaz et al, 2018). Motherhood is one of the sociocultural barrier which creates problems for females to keep a balance between childcare and professional work.

In Pakistan, female literacy rate is low and women are under represented in all fields (PCRT, 2013). The number of women has passed out in field of medicine in past decades (PM & DC, 2017). Unfortunately, rising strength in medicine and medical of women, they are graduated but not go in practice field. (Arif, 2011).

There is shortage of doctors in Pakistan, PM & DC made a quota on gender base in september2014, and limited the number of female doctors at 50%. But still, it is a debate on going in Pakistan regarding women doctor's career choices and their marriage (Wiquar, 2014).

## **2.5 Preference for Female Doctors in Pakistan**

According to (Moazzam & Shekhani, 2018) Pakistani parents convince their daughters to peruse medical degree as they consider medical as the most respectable field. In traditional societies like Pakistan, there is a high influence of in laws and husband on female's professional life. Mostly female have to take permission from their in laws or husband to work. Parents also perceive medical degree as a safety net, because they think that having a medical degree will secure her financially and she will get marriage proposals.

Most female respondents in college face conflict between their roles as a home maker, mothers and their career in their medicine, and also postgraduate training systems are unfriendly providing deterrents for women who wish to work, so these are the popular reasons there is a shortage of female physician in Pakistan. Despite all this, the problem arises when male graduates migrate abroad to study and for better training and financial prospects.

In Pakistan to a great extent where one out of three families are looking for a doctor bride. The root cause for this phenomenon is identified as the choosy and picky behavior of the society while making martial decisions. For instance, the girls opting for a career based on her passion is less likely to be picked for "*Bahu*" compared with a girl with a degree in medicine. In fact the higher tendency of households to seek doctor brides can

be linked with the impression of a doctor as a hard working girl with proven potential of acquiring a demanding degree. These traits are deemed ideal for a girl in Pakistan but unfortunately this hard work and knowledge counts to nothing as many doctor brides are kept at home to do house hold chores only the society itself abuses the doctor brides. It is disgraceful that in practical majority households prefer a doctor Bahu but they are also called ‘hot tickets’ for having great chances of ideal proposals. Another common term used for doctor brides is ‘Trophy wives’; the pretty and knowledgeable but that counts for nothing in real. The perception of doctor brides is analogous to decorative objects in Pakistani society that is disrespectful in many ways (Zia, 2021).

Mostly in Pakistan Parents do not pay much for fee and their daughter gets higher chances of getting marriage proposals upon completion of the degree. However, the flip side of the coin suggests loss of national resources, as the purpose of the government is to meet the pressing demand of physicians in the country. Likewise, the girls do not gain any economic benefit out of the expensive asset they acquired. The loss of resources and opportunity for deserving male students is also felt and usually highlighted by teachers in the classrooms of medicine. The teachers indicate that girls not practicing medicine are robbing male students who could practice it as a profession and contribute towards both the health sector and their families. Despite of these factual realities, the society still gives more weightage to perception of others and encourages girls to pursue a degree in medicine to get a good marriage proposal (Ibid, 2021)

According to Masood (2019), the major groups that are somehow connected with the medicine in Pakistan. The outcomes of this research reveal five major reasons for the importance of the medical education in the country. The foremost factor is that a doctor is considered prestigious and has become a mark of status. This is particularly more imposing in the society because a doctor is seen a ‘Maseeha’, someone who helps people in desperate times. Doctors are seen as respectable people of the society.

### **3. RESEARCH SETTING AND METHODOLOGY**

This chapter includes detailed description about research setting and research methods that were employed for data collection while conducting research in Twin cities of Pakistan. The first part of the chapter deals with the locale of study, the second part discusses the applied research methodology for the purpose of data collection. The third and last part deals with the sampling method and tools or techniques utilized for targeting, sorting, categorizing or analysis of data. The researcher adopted combination of purposive and convenient sampling techniques to find out sociocultural barriers bride doctors face and the perceptions of local people. In depth and semi-structured interviews have been utilized for data collection and analysis.

#### **3.1 Locale of study**

Rawalpindi and Islamabad were selected as locale of the study. Students studying in Medical institutions were interviewed. The hospitals include, Al-Hafeez medical college, SHIFA medical College, Riphah medical College and Fauji foundation.

Islamabad is the capital of Pakistan and is federally ministered as Islamabad Capital territory. According to CDA, it has population of around 3.1 million people. Islamabad is known for its high living standards, security and greenery.

Rawalpindi also known as Rawalpindi is the capital and largest city of the Rawalpindi Division. It is found in Pakistan's Punjab province. According to article Published in History Pak, Rawalpindi is Pakistan's fourth largest city. Source :

## Map of Islamabad and Rawalpindi



Source: [www.google.com](http://www.google.com)

### 3.1.1 Hafeez medical college

Hafeez medical sciences was established in 2007. The institute was primarily built in Khyber Pakhtunkhwa but it has a branch in Islamabad as well. It was the first Medical College to be introduced paramedical programs in Province. Its aim of the institute is to give standard medical education to students. It was registered with security and exchange commission under health care organization. The institute is located in F-15 Islamabad. ([www. Hims.edu.pk](http://www.Hims.edu.pk))

### 3.1.2 Fouji Foundation

The Fouji foundation medical system started in Rawalpindi in 1959 with the opening of 50 bed TB hospital. Fouji foundation also offers medical education system. It was established in October 2002 under federal charter. It is ranked amongst one of the top medical universities in Pakistan. It offers 58 percent of the welfare budget on health care. It is located in DHA phase 1 Islamabad. ([www.fui.edu.pk](http://www.fui.edu.pk))



### **3.1.3 Riphah Medical University**

It is also known as Islamic medical college (IIMC). The college was established in 1996 with aim to provide health care and education. With accordance with Supreme Court and PMDC admission policy is centralized and implemented in Islamic medical college for MBBS. The institute provides private medical education in dentistry. It is located in G-4 Islamabad. ( [www.Ripha.edu.pk](http://www.Ripha.edu.pk) )

### **3.1.4 Shifa Medical College**

Shifa offers both healthcare and education facilities. The hospital was first established in September 20, 1987. First it was a public limited company but later converted private limited. The students studying in Shifa have to pay their own fee to study. The hospital is located in H-8/4 Islamabad. ([www.stmu.edu.pk](http://www.stmu.edu.pk))

## **3.2 Research Methodology**

Research is a process to collect, analyze, and understand the topic research phenomenon (Creswell, 2003). At the same time, it depends on methods, that through which method a researcher is going to uncover the phenomenon. It allows the reader to critically evaluate a study's overall validity and reliability (Neuman, 2014). In that case, a research methodology is a systematic and scientific process to collecting data from the field and then analyzing it.

A methodology has different ways of conducting research which includes; interviews, case studies, surveys, observation, analysis of data, interpretation of data, and other research techniques. According to Bernard (2007), a research method depends on the nature of the research topic and choice of techniques, whether to get face-to-face data or use alternatives such as the internet, cell phone.

### **3.2.1 Qualitative Research Methods**

In Anthropology, the qualitative study approach is reasoned as the backbone of effective research, as it is more descriptive in nature. The current study emphasizes the qualitative research methodology to get a clear understanding of the topic. As an anthropologist's focus on that assumption that reality is out there and needs to study holistically through direct observation. Qualitative methodology allows for a more in-depth understanding of a phenomenon. Descriptions are an easy way of generating new concepts and ideas (Neuman, 2014).

Qualitative method is chosen for this particular topic because sociocultural barrier which bride doctors face is subjective. There are many subjective reasons behind bride doctors quitting career. To explore the reasons in depth qualitative research method was most suitable research method tool collect data.

### **3.2.2 Interview Guide**

An interview guide is a tool of research used before getting into the field by the researcher. As it helps to direct the discussion toward the issues or the main topic of the study. There are different forms of the interview guide, and it may be open-ended and may contain some themes with some relevant questions. It includes a list of themes regarding the topic to be covered, also known as semi-structured, as it is changeable and flexible. The interview guide was just for guidance for the researcher about what to do next (Kennedy, 2006).

In-depth interviews were conducted from 10 bride doctors, 10 students and 8 parents. The questions were open ended. The responses of the respondents were written down on a notebook

### **3.2.3 Choosing Research Site**

Choosing a research locale to execute fieldwork is one of the crucial steps in research.

The researcher must be aware of difficulties entering into a particular setting, and the most considerable condition is financial cost (Marvasti, 2004).

The purpose was to figure out problems face by bride doctors after their marriage which includes social and cultural barriers. Many bride doctors discontinue their jobs after getting married due to not having permission from their in laws. Islamabad and Rawalpindi was seen as ideal place to identify the Bride doctor issues in a multi ethnic community. Researcher interviewed bride doctors from different ethnic background residing over here in these two cities.

### **3.2.4 Selection of Respondents**

The next step is choosing the research respondents; it includes the person who is suitable to interview according to the topic. Identifying concerned people is a very tricky step. It involves keen observation to identify the person. My topic, "Bride doctors" itself defines the nature of the study and the respondent. So, researcher interviewed the doctors who skipped their jobs after getting married. In order to gain a more in-depth insight, I conducted interviews with other doctors in order to gain a better grasp. According to Marvasti (2004), the selection of respondents includes observation (to whom interviewed), the context (of the study), and the time.

### **3.2.5 Key Informants**

In a Qualitative study, an essential informant approach is used to access the accurate data and information from the locale. As Peltó & Peltó (1978, p.72) explains, the key informants are the people who are informative to the research; a researcher feels comfortable discussing the study's objectives, and they are willing to give information regarding the concerned topic. The qualities of key-informant include; native to the area, a person with high knowledge, experience, and willingness to help the researcher.

The key-informant is a keen observer known as a 'natural observer' and a good one who always understands the sense of the study. They are always influential as they carry a position (not necessarily a high one) in society which is achieved individually but not ascribed (Marshall, 1996). The researcher found three key informants.

### **3.2.6 Rapport Building**

Rapport building is the basic step of fieldwork. Entering into the field, the researcher has to make rapport. Otherwise, it is challenging to get information from people. That is why it is a challenging task. Moreover, it's important to have a good relationship with members of society for accurate data (Neuman, 2014). To build a good rapport, a researcher must follow some important points as a researcher has to adopt certain cultural aspects such as being dressed according to the culture, command on language; otherwise, there will be a language barrier, self-disclose is very important to a researcher and participating in local events and activities so not to feel them as an outsider (Marvasti, 2004).

For the rapport building, smooth communication was created between researcher and respondent before interview. It was a friendly/open face to face talk with respondents. Through communication respondents were made confident that the answers will not be revealed to third party. The respondents were made aware about the purpose of research and the name of institution through which research is conducted.

### **3.2.7 Sampling Techniques and Sample Size**

Sampling is a technique used to select the units from the population, and the sample is considered a small section of the population (Etikan, Musa, & Alkassim, 2016). The total sample size in this study is 30, concentrated on my research objectives. Ten (10) in-depth interviews with bride doctors, 10 interviews from 10 medical students and 8 from parents were conducted.

#### **3.2.7.1 Purposive Sampling Technique**

Purposive sampling is a non-probability sampling technique mostly used in qualitative studies. The researcher's judgment chooses the sample as the researcher consciously chooses the respondents. According to (Bernard, 2007) for in-depth studies of cases, this technique is applicable. In this research, this technique was used to interview respondents. Ten bride doctors were chosen purposely as it was compulsory to interview only them according to my first objective, 'barriers of bride doctors'.

### **3.2.7.2 Snowball Sampling**

Snowball sampling is another sampling technique that deals in the chain, so it is also called the Chain-Referral method. It is used in the case of the hard-to-find specific population, so it is like getting specific respondents with the help of other respondents. In snowball sampling, the researcher can get respondents with suggestions of key informants or by respondents (Bernard, 2007)

Snowball sampling was used because mostly bride doctors whom researcher interviewed had friends, classmates and relatives who also skipped career after marriage. Contact numbers and social media links of other respondents was provided to researcher. In this way it was feasible for researcher to target respondents. The sampling technique was also used on medical students. Students suggested their classmates, relatives and friends who are currently enrolled as medical students.

### **3.2.8 Data Collecting Methods**

The data collecting methods include different tools and techniques used by researchers with respect to the topic. In qualitative research approach, it regards various research tools such as in this research, in-depth interviews and case studies were taken from the respondents with participant observation.

#### **3.2.8.1 In-depth Interview Method**

An in-depth interview is an important qualitative research method. The researcher has access to first-hand data from the field through face-to-face interaction with community members. The interview is considered as goal-oriented (Showkat & Parveen, 2017). Furthermore, this method is considered an effective way to get first-hand data; it includes asking questions, listening, recording, probing, observing expressions, and tone of voice.

In this research, I conducted 10 interviews with bride doctors, 18 with medical students and parents. In-depth interviews helped me to get a closer look at respondents. With informed consent, I recorded all the interviews that I took from respondents, and in some cases, I noted them down in my diary as well.

### **3.2.8.2 Case Study Method**

Case studies are based on real-life situations. According to Brown (2008) case study is a tool or phenomenon which is complex in nature with the holistic and humanistic view. It is a descriptive analysis of real situations of people, groups, and events with rich information.

In the current study, many case studies were taken from the bride doctors and medical students. The case study helped the researcher to collect data in a more subjective way.

### **3.2.8.3 Participant Observation and Field Notes**

In participant observation, a researcher also functions as a keen observer, which involves; behavior of people, gestures, events, customs, local festivals, and daily activities of individuals. It includes a new environment, language, and most importantly, experiencing local life from a native's perspective. It is like absorbing all the information like a sponge that is available to the researcher.

During data collection, I keenly observed my field and participated in activities. I spent four months in the field, during which I interviewed respondents and did participant observation. Moreover, field notes are also helpful to a researcher keeping a daily record (Neuman, 2014). I noted my experiences during my field work after keenly observing the respondents.

### **3.2.8.4 Audio Recording**

Audio recording means recording of sound. It is done for the purpose of data collection. It can be recorded through many devices like tape recorders, cell phone recorders and other recorder devices. With the advancement of technology, it is a development in qualitative research methods for the ease of researcher. It was replaced by researcher's handwriting during the field. Researchers are expected to record related information, but only for the purpose of research and with the consent of the respondent. It should be done with great care. During fieldwork, it was hard to convince females for audio recordings as they felt unsafe. When researcher asked them about their insecurities, a female replied that she was afraid of revealing data on social media, so it was cleared with all purpose of the study and gained her confidence.

### **3.2.8.5 Photography**

Photographs are verbalized statements of the located events. It helps researchers to analyze data and interpret it. Photography is also a method of communication between research data, researcher and research locale. Photographs provide data that is insight that might be missed during the fieldwork. Photography is another way to capture visual data. In the current research, I did Photography of my field location as well as my respondents with their consent. In the era of social media, people do not feel safe giving their pictures to strangers, during the research, I captured many photos but with the consent of people.

### **3.2.8.6 Telephonic interviewing**

Telephonic method is also a data collection research method, where a researcher takes interviews via phone rather than emails. It is the method used to collect data from a specific population to gather data. And contacted people will be included in the sample size (Kumar, 2018). So during the data collection the 4<sup>th</sup> wave of Covid started. Four interviews were conducted telephonically.

The method used in this study for data analysis is thematic analysis interviews were conducted in Urdu and transcribed them in English. Further, under the observation of the research, objective themes were made. Depending on the themes, the data is analyzed. The quotes of respondents were also used in the study.

### **3.2.9 Ethical Considerations**

Before conducting research, every researcher must consider some mandatory ethics. It involves respecting culture, not hurting local's sentiments, beliefs, religion, customs, etc. Moreover, doing any activity during research, informed consent must be considered. It is essential to get permission from the community's locals or the respondents. Sometimes, respondents want to be anonymous in the research, so it is the researcher's responsibility to maintain the privacy of their respondents and use pseudo names. A researcher should always avoid things that may harm the respondents, such as real names, identities, addresses, etc.

Basically, ethics are codes of conduct that are morally good or bad. Its approving or not approving conducts are moral or brutal (Neuman, 2014). In current study researcher followed some ethical concerns including rapport building, informed consent and anonymity to carry my research and for rich and truthful data.

#### **3.2.9.1 Informed consent**

Informed consent is a very important ethic. A researcher should take consent from the respondents. Researchers tell the respondents what they are doing. It made clear to all the respondents that participating in an interview is voluntary and they can withdraw researchers at any time on any stage (Neuman, 2014).

It was communicated to all respondents about the purpose of the research and the information will never be misused. The information was collected with the consent of respondents.

#### **3.2.9.2 Anonymity**

Anonymity is now for anyone including the researcher. That researcher should keep secret the names of respondents and information (Bernard, 2007). During the field permission was taken from all respondents capture photos, audio recording and video recording. Majority of respondent permitted researcher to mention the names except few. In the data analysis section names will be mentioned with consent and approval from respondents.

#### **3.2.9.3 Confidentiality**

Confidentiality is a bit different from anonymity. It means that their locales and sites can be traced and identified so this ethics means to keep secret and confident of all their information. And it should not be revealed outside the research purpose (Bernard, 2007). So as an anthropologist, the researcher will not reveal the information and will keep it a secret throughout his entire life. The researcher is obliged to fulfil this ethic in the research.



### **3.2.10 Problems Faced During Research**

As the research was conducted during Covid 19, some of the respondents were unreachable, as they travelled to different cities or villages on holidays. Some of the respondents felt reluctant when face to face interview was conducted. All Covid 19 precautions were taken successfully. Keeping distance and using hand sanitizer.

Safety precautions were also used to travel in UBER and Careem. As many customers travel in these vehicles so it was possible that the researcher also transmit the virus. Therefore researcher had to be extra careful while travelling.

### **3.3 Analysis of Data**

Interviews were conducted either in Urdu, English or Burushaski. Burushaski is local language of Hunza, Gilgit Baltistan. The responses were later translated into English. After data collection the data was categorized into two main themes based on objectives of the research. Thematic analysis technique was used to analyze the data collected. Individual's quotes are also mentioned.

## **4. Sociocultural barriers faced by bride doctors in twin cities**

This chapter deals with the analysis of sociocultural barriers faced by female doctors in twin cities, the sociocultural barriers particularly includes, workload stress, in laws expectations, keeping a balance between family and work, Spouse dominance, parents pressure, childcare, inflexible working hours, Safety net, economic reasons, unawareness, lack of passion and Marriage seen as ticket for marriage and migration.

### **4.1 In laws expectations**

Laws expectations are those unrealistic expectations which daughter in law has to fulfill after marriage. In traditional societies like Pakistan, a perfect daughter in law is the one who is good at practicing household duties such as cooking, cleaning, looking after kids and taking care of husband and his family members.

One of the respondent Muneeba who got married right after completing her MBBS and was in the middle of doing her specialization in Gynecology was pressurized by her in laws to stop continuing her career, she said;

*“my mother in law taunted me for not helping her out in kitchen after coming back from work but when her son used to come back from office she prepared dinner for him “.*

These kind of gender stereotypes are inhibited in majority of Pakistani families, women are expected to look after children and do household chores even after coming back from work.

Even educated men in our society fails to understand that household work is not a gender role rather, both genders have to work equally so that workload can be divided. It is very surprising that in Pakistan parents prefer their son to marry a doctor, and later they persuade their daughter in law to skip her career so that she can give appropriately nurture their grandchildren, this seems like a selfish motive because they want to show off to the society that their son got married to a doctor but in reality they want a maid but a daughter in law.

#### 4.1.2 Parent's pressure and societal expectations

Parent's pressure and societal expectations is another reason why female doctors fail to practice occupation after marriage. Mostly parents pressurize daughter to opt for medicine. As a result they skip career after marriage. Because they previously opted for medicine without passion. On the other hand society also pressurize females to choose medicine. Medicine is seen as one of the respectable field for females.

Mehreen is the student of Riphah medical college according to her she wanted to join NCA after completing her intermediate but she was pressurized by her family to join medical. Mehreen said;

*"I was so extraordinary at sketching since childhood that people always get inspired by my skills in arts, but sadly because it was my father's dream see me as doctor in future, I had to sacrifice my career for him"*

Basically in Pakistan students are not allowed to utilize their skills, doctor is such a desirable field in our society that parents fails to understand that each human being is born with different kind of skills and those skills needs to be utilized appropriately.

Shahana got married right after completing her MBBS, according to her she always had the strong passion to become a doctor and help others, but as soon as after getting married she was unable to continue her dream of helping patients.

*"I completed my MBBS degree when I turned 25, Relatives and parents forced me to get married because according them I was too old to stay single and I would not get marriage proposals as I get older "*

Another problem in our society is that people have set a standard age for women to get married, if girls exceed that age they rarely or never get marriage proposals, but as for men they can get married at any age as far as they are financially strong, therefore women have to get married when career is on the peak, and it gets difficult for them to continue career with same rhythm once they get married.

Society expects women to get married before 30 and for men they find a partner at any age, Pakistan is considered as one of the top country's to face gender equality, therefore women suffers from age shame as well.

Another sociocultural barrier which women face is that some people in our society consider medical as most respectable field for women, according to them private sector agencies and NGO'S gives unnecessary freedom to women and also they have to interact with male counterparts fields together.

Anusha who is studying in Al-hafeez medical college Rawalpindi belongs to a conservative family, since childhood her parents convinced her to become a doctor or a teacher because they think these two fields are considered as most respectable fields for women in our society, therefore she chose medical and got admission in an Islamic all girls medical college, Anusha has a passion to become a doctor and help patients but still she never got an opportunity to explore her inner talent because it was inhibited in her mind that she has to choose between only two fields.

#### **Case study of Uzma Meer**

Uzma who belongs to Hunza Gilgit Baltistan is currently living in Islamabad and is 31 years old doctor. Uzma always had the passion to become a doctor since childhood as she was inspired by her own father who is also a doctor working as a child specialist, she followed her father footsteps and completed her MBBS in 2018 from King Edward medical University Lahore, and started with house job with further wishing to work as child specialist just like her father, Uzma started to get marriage proposals while training in house job and rejected all marriage proposals as she knew it would disturb her career. Her parents supported her and didn't force her to accept the proposals but a few months' later relatives and family friends started instigating her parents that she is getting old and it's not appropriate for a single girl to go out alone for a work. According to Uzma her relatives when they visit her home used to question her when she grabbed an UBER to go out for house job training, they would add sarcastic comments like;

*“ itni raat ko akele kahan se ati ho ” translation in English : “ from where do you come home so late ”.*

Uzma's parents got embarrassed when her relatives started passing such comments, she tried to convince her parents that relatives should not interfere in her personal life, and they are getting jealous of her success but eventually her parents got fed up of people taunting them and decided accept a marriage proposal, Uzma was helpless and accepted parents decision. She got married to an Army officer. Her husband supported her decision to continue her medical career but she got pregnant within an year after getting married, she was not able to continue her work during pregnant within an year after marriage and finally in 2019 she gave birth to baby girl, uzma is living alone with her husband is there is no one to look after her baby, her husband is strictly against caretakers and Uzma has to look after baby all the time and she never gets time to go out and work, she can't handover her baby to a caretaker because her husband is strictly against caretakers. Uzma is thinking of continuing her specialization when her baby gets older but according to her it would be difficult for her because Army officers has to move from one place to another and she has no idea what to do next because her wish to practice medicine is not fulfilled yet. According to Uzma she doesn't blame parents for destroying her career because it's our society that force our parents to take such steps, people in Pakistan have a bad habit of interfering in personal lives, she hopes that these gender stereotypes vanish with time so that women can live their lives independently and happily.

Currently Uzma is discussing about her career with husband and they are finding a solution to it, but because she took a 2 years gap after house job, she lost all the rhythm and doesn't feel energetic like before.

### **Case study of Purnoor Ateeq**

Purnoor belongs to Hunza Gilgit Baltistan, she is 34 years old and still single. Purnoor always had the passion to become a doctor since young age and currently she is doing her specialization in gynecology. Purnoor was always passionate about helping females because she thinks women are born biologically sensitive and they have to undergo many painful sufferings, she observed women suffering while giving birth

According to Purnoor, people always point at her for not getting married until this age, but her parents are very supportive and liberal, they never pressurized her to get married rather they persuaded her to continue her career and not let the marriage factor interrupt her career.

When people ask her why she is still single, she responds to all of them by saying

She has seen many female doctors suffering after marriage, they have to work day and night in hospitals and when they go back home they are expected to perform household duties as well, unfortunately we live in a society where in laws still expects us to perform house duties, no matter how tired we are after work

According to Purnoor her mother plays a big role in her career, her mother used to get along with other aged women who had sons and got them married to lady doctors, but those female doctors were not able to fulfil all their expectations because of heavy work load and those aunts were dissatisfied for not helping them at household activities, as a result they gossip about daughter in laws with other people. Purnoor mother realized that same would happen to her daughter as well and she never pressurized her to get married. Although many people in her surroundings make false assumptions about Purnoor that she is still unmarried because she was heartbroken by someone from her past, and few assume that she is unmarried because of some biological problems, but Purnoor doesn't care about what others think rather she says ;

“I laugh at the baseless false accusations people make about me, in Pakistan people have nothing to do except poking their nose in others personal life matter.”

Recently, she was proposed by an engineer working abroad in United States, she decided to accept the proposal on terms that she in laws and husband should let her work after marriage.

Purnoor is thinking of considering this marriage proposal because her husband will be living apart from his own family after marriage as her in laws would be living in Pakistan, she will be able to continue her career after marriage as well.

According to Purnoor she made a very right decision by not rushing into getting married at an early age, if she did, her career would be destroyed. She waited for the right man to come into her life who truly understands her.

She advice other girls to not let the marriage factor interrupt their studies or career, every girl needs to stay patients and must prioritize career over choosing a partner because the right man will come on the right time. Girls get married at an early age because they fear what others will think about them for staying single.

Purnoor case is one the best examples of how women should empower themselves and not let people downgrade them. Women need to be strong enough to handle negativity coming from society, we need more females in our country like Purnoor and same supportive parents.

#### **4.1.3 Patriarchal structure**

Patriarchy as seen as one of the major issues in Pakistan. Women are also not allowed to work after marriage because majority of people in Pakistan have a conservative mind set, most of the men do not allow their wife to go out and work with male colleagues.

Shaheera who lives in Rawalpindi quoted;

*“My husband works in civil services and we are financially very sound, but my in laws are very religious and conservative, I was in the middle of my medical studies and parents got me married, I continued my studies and completed MBBS degree after marriage as I was studying in all girls university but husband didn’t allow me to continue with the career because I had to interact with male colleagues at workplace”*

It is evident from shaheera’s response that Pakistan has a very patriarchal social structure, not only female doctors but all working females suffer from male dominancy, mostly females have to take permission from spouse to go out of the house and work.

## **Case Study of Saliha Toufeeq**

Saliha belongs to Sargodha but currently living in Rawalpindi Pakistan, she is 40 years old and completed her MBBS from Fatima Jinnah medical University Lahore in 2004. She got married to a doctor, her husband is an eye specialist and he has his own clinic in Rawalpindi. Saliha lives with her in-laws which includes her mother and father in law and 2 younger brothers of her husband. Her mother in law has a joint disease and she is paralyzed whereas her father in law is an army retired officer and he can take care of himself. Her husband hired a maid to look after his mother but there is no one at home to do household chores. Saliha used to work in Quaid-e-Azam medical hospital as a skin specialist, she continued working for only for 3 years after marriage, but when she gave birth to twin babies her in laws expected her to stay home and quit her career, and also she had to look after her paralyzed mother in law because maids were not reliable and trustworthy. Saliha had to sacrifice her career for her in law and quit her job.

Saliha quoted;

She got indirectly taunted by mother in law with words like selfish and carefree whenever the babies would cry and get sick, she was held responsible for all the problems arose at home. Eventually she got depressed and upset that finally she decided to quit the job and stay home, now her babies are grown up and she is still a housewife because her mother in law's condition is getting worst day by day and husband can't keep her at the hands of untrustworthy maids.

Saliha is now a housewife looking after kids and in laws, according to her staying home is the worst decision any women would take because it is not good for mental health, she suffered from depression because she used to be a workaholic women before marriage but now her life has changed drastically. According to her she thought that her husband would always support her in career because he is also a doctor, but men are always selfish when it comes to their own family, Pakistani men are still very dominating with a patriarchal mindset even though they are educated but because they have been raised in such a society since childhood that these gender stereotypes have been infused into their minds.



Saliha's husband promised to support in her career but later he started prioritizing his own family over her. According to Saliha, her father is also sick and there is no one to look after him because her mother passed away and her siblings got married and they live in different cities, she wants to stay at father's home looking after her father but her husband wants her to stay home and take care of mother in law. He thinks it's my brother's duty to take care of my father.

#### **4.1.4 Balancing between Work and domestication**

Most of females finds it very difficult to keep a balance between household duties and professional work. Mostly female doctors end up quitting career because they find it very difficult to carry out multiple tasks at the same time which includes night duties, long working hours, cooking, cleaning and looking after children. One of the respondent had to give up on her medical profession because she recently gave birth to twin babies and it was difficult for her to look after kids while working in hospitals.

*“ I tried to continue my profession even after giving birth, I hired a child taker to look after babies but when I used to work in hospital, I received hundreds of calls from Maid that babies are crying and I should get back to home as soon as possible “*

In Pakistan Mother is seen as more important in nurturing babies, husband is considered as a bread winner therefore women is solely responsible for taking care of child alone. Another respondent Rida who belongs to Hunza Gilgit got married in 2019 she states in Burushaski language:

*“ Terman duro mebila k ayayar e time api “* translation in English : I don't even get time to sleep.

Response gives an evidence that females are suffering from lack of sleep due to heavy workload.

#### **4.1.5 Inflexible working hours:**

Another reason for female doctors giving on career is inflexible working hours. For majority of the respondents night duty was one of the reason they had to quit working. One of the respondent who works in Quid-e Azam medical hospital states:

*“I am working as a physician since last 15 years and now with age when I turned 50 I don't have energy to work for long hours, I am suffering from sleep deprivation and I hardly sleep for 4-5 hours, my husband is suggesting me to quit this job because it is effecting me mentally and physically, my husband is also a doctor aged 60 but he is mentally and physically strong and he wants to continue doing work in future”*

Females are considered as biologically weaker as compared to men, therefore with growing age they can't handle long working hours.

#### **4.1.6 Migration:**

Migration is moving from one city or country to another. In the current study migration is also highlighted as one of the reasons female doctors skip career.

One of the respondent graduate from Bahria medical college Karachi currently living in Islamabad chose to discontinue her degree because she and her husband are planning to shift abroad after few months because her husband found a job in Australia, when asked about Amna's further plans about her medical degree she responded ;

*“I haven't decided about my career yet because right now we are focusing on my husband's career and plans to live abroad forever”*

Migration is one of the factors why some lady doctors do not continue working after marriage. Sometimes female doctors either get married to Army officers or someone who is living abroad. Females married to army officers have to frequently migrate from one place to another, and others migrate abroad which results as a problem of brain drain.

One of the respondent living in Rawalpindi graduated from Sindh medical college is migrating to a far flung area of Punjab because her husband is an Army officer she states:

*“I was working in PIMS medical hospital Islamabad, but now I have to leave my job because we have to shift to another place, and after few months we might shift to another place from there, frequent migration is creating disturbance for my Career”*

Another respondent who recently got married is doing her house job and waiting for her Visa approval as her husband is living abroad so she has to leave her job and shift abroad soon.

It can be analyzed from the above responses that some female doctors are helpless because they have to migrate to another city or country.

#### **4.1.7 Lack of passion and unawareness:**

In Pakistan, medicine and engineering is considered is most valuable fields. People are mostly unaware about the other fields. As a result majority opt for these fields without any passion. The students never get an opportunity to explore the inner talent.

One of the respondent who studied from Army medical College opted for medical because since she was in School her teachers would appreciate those students who wanted to become a doctor when they grow up, her teachers would never talk about other fields, she only knew about Doctor and Engineer. Not only her teachers but her family, relatives and peers would also value doctor so she thought that Doctor is the only desirable field in our country, therefore she pursued her career in medicine but she was unable to continue her career. Ayesha quoted;

*“I studied day and nights to enter medical college, but now when I got married right after completing my MBBS, I feel like I should have opted for another field because I have teaching skills and I want to teach in schools”*

Ayesha's response is an example of how students are not independent in choosing their own fields and they never get an opportunity to explore their own skills.

#### **4.1.8 Safety Net:**

Relating to the literature review above it can be analyzed that mostly parents and students choose medical degree to secure their future, as once a person becomes doctor Pakistan is suffering from lack of employment opportunities and poverty, people desperately want to secure themselves financially thus they opt for fields which ensures a decent income after graduation. However poverty is not the only reason to opt for medicine, other people who are financially stable also opt for medicine. One of the respondent Graduated from Fatima Medical College Lahore is currently residing in Islamabad opted for medicine because she wanted to support her parents financially after becoming a doctor she states ;

*“For me medical was the only pathway to support my siblings and parents financially, when I was young it was in my knowledge that once a person becomes a doctor he/she can earn lots of money “*

In Pakistan other fields do not guarantee employment opportunities, as a result majority of people opt for medicine to earn money and live a decent life.

Case study of Ruqqaiya Pirzadah gives a thorough explanation of why people choose medicine for financial security.

#### **Case Study of Ruqqaiya Pirzadah**

Ruqqaiya is a resident of Rawalpindi and a recent graduate of Rawalpindi medical university. She is 35 years old and got married to a Pilot officer. When asked about why she discontinued her medical career, Ruqqaiya was honest with her response, she belongs to Sindh Sukkher which is a very backward area, her family faced financial crises since

she was a child and her father worked as a painter, therefore it was difficult for him to pay his daughter's school fee. Ruqqaiya always remained concerned about how her father manages household expenditure his father's hard work, her father would get emotional sometimes and persuade Ruqqaiyya to work hard and become a doctor in future because she was the eldest and the only intelligent and hardworking child amongst all siblings. According to Ruqqaiyya they were *so poor* that she always dreamt of becoming a doctor and support family when she grows up, doctor was the only promising field for her to earn money

She studied day and night to fulfil her father's dream and finally got admission in Jinnah Sindh medical college. While studying in medical college it was very difficult for her to pay for food and hostel, Ruqqaiya applied for need based scholarship and got 100% reduction in fee. Finally she graduated in 2010 and started with house job training and finally started her specialization in radiology in 2012. During the first year of her specialization she paid for her youngest sibling's fee and now all of her siblings are earning themselves and whole family is financially stable during specialization Ruqqaiya got a marriage proposal from a distant relative who is a pilot, according to her, her husband's family considered as one of the wealthiest families amongst their caste and they financially supported Ruqqaiya's family in difficult times. When Ruqqaiya became a doctor, they sent a marriage proposal to her, her father happily accepted the marriage proposal and she finally got married in 2014. After getting married to a rich man Ruqqaiya doesn't feel a need to continue her career because right now she want to focus on her family. Her husband is very concerned about kids grooming and he wants Ruqqaiya to stay home and look after children.

When asked about future plans of Ruqqaiya she stated;

She always had this desire to come out of poverty and help her father, now they are financially sound so she doesn't feel the need to work but she is aware of the fact that

women should also work and stay independent but for her helping father was the first goal

Right now Ruqaiya is focusing on her children's grooming and studies, she doesn't want them to suffer the way she did since childhood and soon she will start her career when her kids grow up and become independent.

Another case of Rubab Shah also gives an insight to how medical is seen as safety net for females in Pakistan

### **Case study of Rubab Shah**

Rubab belongs to Mardan Pakistan. She is 34 years old and currently living with her husband in Banigala Islamabad. She got married right after completing her MBBS degree and got married to a civil servant who is 10 years older than her. Her parents accepted his proposal because he was financially very stable.

According to Rubab it's been almost 9 years since she is at home serving children and husband as a housewife, she doesn't remember a single word from MBBS degree, now when people ask her about medical terms she realizes that she has forgotten everything

When asked about if Rubab regrets not continuing her career she replied;

She doesn't regret not working after marriage because she has been raised in a society where people think it is compulsory for a girl to get married at an early age to a financially sound partner, career is secondary for girls in Mardan

Rubab's father is a Rich businessman and he has 6 daughters, her father always had this fear that his daughters will not get marriage proposals if they do not study well, because Rubab's eldest sister is still single at the age of 40, she is uneducated. With this fear in mind her father insisted Rubab to pursue medical degree to attain a good rishta (proposal) and secure her future.

Rubab also had this fear that she will always remain single just like her sister, therefore she studied hard and got admission in Peshawar medical college.

In Rubab's culture it is considered as a shame for women to not get married after the age of 25, people bully those women if they cross that certain age. In Pakistan people belonging to Khyber Pakhtoon are very conservative and close minded, they do not let their daughters study in coeducation and they are not allowed to go out without "purdah"

According to Rubab her father warned her not to interact with males during her studies and never ruin his respect and dignity. When she was in her last semester father would call her to congratulate her and said; I am proud of you for keeping your respect and dignity throughout your educational journey and prayed that his daughter finds a suitable partner as soon as possible

It can be analyzed from Rubab case that medical is seen as a safety net for most parents and students themselves, because doctors are paid high income not only in Pakistan but globally.

In other fields there is lack of certainty for people to secure themselves financially after graduating; for example people who study arts or social sciences might not find a job right after graduating because Pakistan is undergoing an issue of unemployment since the last few decades, hence medicine is the only promising field which ensures financial security after graduation. Economic reasons motivate people to opt for medicine, for instance if unemployment was not prevalent in the country, people would be assured enough to opt for other field.

However we can't blame people to use medicine as a safety net because Pakistan is suffering from unemployment and poverty crisis, everyone has the desire to secure their future

#### **4.1.8 Increasing prospects for Marriage**

Females in Pakistan opt for medicine because it is considered as a ticket for marriage proposals, mostly females quit their job because they don't feel a need to continue doing a job because their husband earn enough to give them a luxurious lifestyle.

One of the respondent Hifza studying in Al-Hafeez medical college said;

*I'm engaged to a business man who earns millions per month, he is insisting me to get married and quit my studies"*

As discussed above in literature review, marriage is seen as a "hot ticket" to gain marriage proposal because there is a high demand for "Doctor Bahu" in Pakistan. As a result of high demand for Doctor Daughter in law parents force their daughters to opt for medicine.

One of the respondent graduated from Sindh medical College currently residing in Islamabad states:

*"My eldest sibling got married to a clerk, because she was uneducated. My mother remains worried about her because she is unhappy due to financial crisis, because of this fear mother pressurized me to become a doctor and get married to a financially stable man"*

Parents fear that if their daughters would marry a poor man or stay single for lifetime. Because the population of females is higher than males in Pakistan. Females find it very difficult to find a partner. When they cross the age limit of 25, society questions them for still being single, as a result they opt for medical to avoid getting taunted by society.



Another respondent states:

*“My mother wanted me to become a doctor and marry a doctor “*

It can be analyzed from the above responses that Parents want their daughters to get married to someone who is financially sound. As a result they pressurize daughters to opt for medical so that they get more marriage proposals. As mentioned above medical is considered as hot ticket to get marriage proposals and how parents wish to bring a doctor in law is discussed in detail in the fifth chapter. We can't blame all parents because some parents do this to overcome poverty. It is difficult to live in a country like Pakistan where government do not facilitate poor people. The only way to get out of poverty is education. Even education doesn't guarantee them a job except medical.

Medical is not only demanding in Pakistan but in the overall world, due to high paid salaries. But in developing countries like Pakistan, one has to opt for medical to come out of poverty.

## **5. Local perceptions of students and parents about bride doctors and reasons for opting medicine**

This chapter explores perception of local medical students Rawalpindi and Islamabad towards bride doctors, problems faced during studies, Reasons to opt for medicine and future plans about Medical career.

### **5.1.1 Reasons to opt for medicine**

There are many reason why medical students of Rawalpindi and Islamabad opt for medicine. Majority of them seems to have a high passion whereas some of them were either pressurized by family or they were influenced by peers. Some students considers medical as the most valuable and desirable field whereas few thinks it is one of the promising field to secure future financially.

### **5.1.2 Influence**

Motivation is one of the factor why some students chose medical profession. Students were either influenced their peers or relatives who were also opting for medical profession. One of the medical student Hiba studying in Shifa medical college opted for medical because her cousin also got admission in medicine and she was inspired by her. Another student opted for medicine because her friends also opted for medicine.

### **5.1.3 Safety Net**

When asked about why doctor is considered as one of the desirable field, for majority of the students it is considered as a safety net for everyone, few students replied by saying it is one of the respectable field and it gives a great opportunity to help others. One of the respondent Menahil studying in Al-hafeez medical college Rawalpindi replied by saying; *“Being a doctor is an achievement because the studies are tough and doctors deserve to get high salary because they work day and night treating patients “*

According to majority of the students, doctors deserve to get high salaries because they work very hard. It takes a lot of effort to become a doctor. Even after becoming a doctor one has to work day and night to treat patients. Also being doctor is also a risky field, they have to deal with sensitive cases specially surgeons. If the patients do not survive mostly doctor is blamed for wrong treatment, therefore doctors deserves the highest salaries.

Students also says that Pakistan is suffering from poverty crisis and unemployment. People do not get jobs in other fields. We can take example of students who opt for social sciences. After graduating they mostly join NGO's. These organizations do not guarantee them a permanent Job. On the other hand government sector employs only few candidates. As a result half of the students stay home unemployed which leads to depression and ultimately suicide.

One of the student Hifza Quoted :

*“My sister has done her Master’s degree in Social sciences in 2018, she has not found a permanent job yet. Except few internships which offers maximum 20,000 Rupees. She went into depression lately. By looking at her life, I am glad that I have opted for medical”*

Other than passion, students in Pakistan opt for medical because they are aware that if they opt for other fields, it is unlikely that they will get a permanent job after graduation, so they consider medical as a Safety net. Parents also prefer their children to opt for medical so that when they become doctors, parents would get financial support.

One of the student opted for medical because her parents are expecting that once she become a doctor she will earn money and help her family financially. She says:

*My father motivated me to opt for medicine because I have 6 more siblings, all younger than, father is getting retired from his government Job, he is expecting that I will help my other siblings in education once I become a doctor”*

In Pakistan, it is evident from the above responses that Safety net is one the strongest factor why students opt for medical. By connecting to the topic of the study it can be

analyzed that females opt for medical because they consider it a Safety net. When these students get married to a rich spouse, they give up on profession becoming bride doctors.

#### **5.1.4 Medical: Most desirable and valuable field**

One of the strongest reason to opt for medicine in our country is that, people perceive medical as the only valuable field. Some students think medical is valuable because it takes a lot of time and effort to become a doctor. Whereas some think that not every other person can become a doctor as it takes a lot of patience. To become a doctor one has be intelligent and hardworking.

One of the student Mehwish studying in Fouji foundation medical says;

*Doctors have a high value in this society because they are the only people working hard, from night shifts to taking care of family “*

For some students medicine is one of the desirable field because doctors have a tough job and they deserve high salaries. People practicing other fields have comfortable jobs as compared to doctors. One of the respondent Areeba studying in Ripha medical college states:

*“Doctors deserves to be respected because not every other person can become a doctor, for that one needs to have patience, stamina to study, empathy for patients and confident. Treating patients is not an easy task, one needs to have a big heart specially those who are involved in surgery”.*

Most of the respondents thinks that doctor is the most valuable field because of hard work, in order to become a doctor one has to study hard and work in hospitals day and night. It is true that it is not an easy job to become a doctor but other fields are not useless either. Students are aware that other fields are also valuable and we must not degrade those who opt for other fields.

#### 5.1.4 Family Pressure

Family pressure is another reason why students opt for medicine. Some of the students opted for medical because parents forced them to become a doctor. The parents never appreciated other fields, rather they mentioned medical as the most desirable field. Students think that parents never gave them an opportunity to explore their own skills. They never gave independence to choose their own career. One of the student Rida says :

*“I was pressurized by my parents to opt for medical. I always had the dream to get admission in NCA because I am very good at arts. But my father rejected the idea, he thinks that Arts has no scope in our country”*

Another student states:

*“Since I was a child my parents always wished to see me as a doctor in future. When I completed FSC my parents didn't let me explore other fields”*

It can be analyzed from the above responses in Pakistan parents do not allow their children to explore other fields rather they bound them to know about medical field only. In Pakistan many students are very talented, but they never get an opportunity to explore their inner talent.

As mentioned above medical is consider as one of the desirable field because it guarantees them a financial security. Because of this greed parents pressurize their children to become doctors. There are only few or rare cases where parents give independence to children in choosing career path.

As mentioned above, in Pakistan family pressure is one the strongest factor why students opt for medical. Parents in Pakistan are highly influenced by medical field. Not only uneducated parents but even educated parents wish to see their children as doctor. The problem of parental pressure will be discussed below

### **5.1.5 Passion**

Students were asked about how passionate they are towards medical. The reason was to find out if currently enrolled students will continue medical career in future. Some student opt for medicine either because of family pressure or just to show off society that they have become a doctor, to get marriage proposals and to use medicine as a safety net. However there are other students who are genuinely confident that they will continue career even after getting married. Some students waited for years to get admission for example one of the respondent's states;

“I waited three years to get admission in Army medical college, in the first two years I went into depression because I failed two times, but my family motivated me not to give up on my dream unfortunately I got admission in the third attempt”

Some students are highly passionate to become a doctor because they have a tendency to help patients. These students since young age wanted to become a doctor. They were never influenced by external factors such as family pressure and importance of medical in our society rather they always had that inner motivation to opt for medical. Mahoor shah case is one of the example of true passion

#### **Case study of Mahnoor Shah**

Mahnoor is 21 years old, she belongs to Ghizer Gilgit Baltistan and just got admission in Army medical college Rawalpindi. Her father is an army officer and mother is a housewife. Since young age, her father never forced her to opt for medicine, rather he motivated her to choose her career choice independently. Mahnoor opted for medicine because she saw her grandmother suffering from cancer, when Mahnoor was 9 years old her grandmother was diagnosed with lung cancer, Mahnoor was so attached to her grandmother, she nurtured her since she was born, she loved her even more than her parents did, but when was diagnosed with cancer she was devastated, she could not see her suffer every single day, she saw her getting thin day by day, lost her hair and in the end she was paralyzed as her cancer was spread to her bones. She was so much in pain that finally Rubab prayed to God to take away her life and she passed away.

The reason for being passionate about being a doctor is her grandmother. After death she realized cancer is a deadly disease. She also says that;

“Finally after her death, I went through emotional breakdown and realized how cancer patients suffers from unbearable pain and there’s nothing to manage the pain and that was the day I was decided to become a doctor and specialize in Oncology”

Mahnoor studied hard to get admission in medical university and finally got admission in one of the renowned medical college in Rawalpindi. She also studied about oncology since after her grandmother’s death, she used to read success stories of cancer survivors and articles about pain management techniques for cancer patients. She also read books about cancer.

Mahnoor always remains worried about why there is still no treatment for Cancer and she is studying hard to help cancer patients in future.

Mahnoor case is the ultimate proof that in Pakistan there are female students who are truly passionate about becoming a doctor, these students are example of most deserving students who are beneficial for the state while others who opt for medicine just to get marriage proposals or use medicine as a safety net are a huge disadvantage for our state, these bride doctors and students are not aware about the fact that they are taking away right of other deserving students, who are highly passionate about becoming a doctor, there are students who wait years to get admission but fail to avail the quota due to less marks, some students end up being mentally sick and some end up doing suicide. Bride doctors and students not passionate about medicine have just the capacity to memorize things but they don’t acquire practical skills so they end up quitting their career, on the hand there are students who are highly passionate about medicine.

### 5.1.6 Future Plans to continue medical as profession

The students were asked about future plans to analyze if they turn out to be Bride doctors in future or they actually have a high tendency to continue medical profession

Majority of the students in Rawalpindi and Pakistan wish to continue their career even after getting married except few. Syeda student of Shifa medical college is confused whether she should continue her career or not because she is getting engaged soon and her fiancé is living in Dubai, and Syeda is in the first semester of her medical degree,

Another student of Shifa medical college is has mixed thoughts about her degree because she wanted to opt for social sciences but her parents pressurized her to choose medicine, now she finds medicine very tough and thinking of switching her career. She says:

*“ I opted for this field because I was pressurized by my father, now after getting admission I find studies boring and very difficult, recently I have discussed with father that I want to switch my field from medicine to social science “*

Another respondent Gulmakey studying is Shifa Medical College Islamabad is also not satisfied with studying medicine because she thinks she is very sensitive to deal with patients according to her;

*“ I am very sensitive and sympathetic towards people, and I fear that I might not able to handle severe cases, I am very good at memorizing that’s why I got admission but now with time I have realized I can’t become a good doctor “*

We can analyze from the above responses that these students are the reason why deserving students fail to get admission in medicine, these students enter medical colleges without any intention to continue their career and as a result they waste huge amount of country resources. As discussed in the recommendation sections, few policies has to be implemented to eradicate this problem. Otherwise Pakistan will keep on



producing bride doctors. As mentioned in the literature review there is a shortage of female surgeons.

### **5.1.8 Perceptions of Students about Bride doctors**

Students were asked about personal opinion about Bride doctors. The purpose was to explore how much awareness medical students have about Bride doctors and its effect on States wellbeing.

Most of the students prefer love marriage because they think in love marriage the partner is more understanding and couples decide terms and conditions before marriage, where as in arrange marriage things are very uncertain. For example;

One of the respondent Musfirah a student of Rawalpindi medical college stated that;

*“My parents are thinking of getting me engaged with one of my cousin, but I have refused to them in advance because I want to choose a partner myself, someone who is compatible to me, and would support me in my career”.*

There are few students who belongs to conservative families and they are afraid of love marriage one of the respondent Sahifa studying in Shifa medical College says;

*“ My parents have decided in advance to hook me up with one of my cousins, and I am not sure what kind of personality he is, his preferences , his perspective towards working women, I wish had the choice to choose a partner by myself”.*

However most of the students think that love marriage is the best option for working women to continue career after marriage because love marriage gives them a chance to find out if their partner is compatible to them, they are able to find out if their partner is willing to support them in their career, and students think love marriage should be encouraged in our society so that females should continue their career without obstacles.

When asked about why female doctors skip their career after marriage, most of the students think that bride doctors give up on their career because they were never passionate about their field. Few students think they might also quit their career after marriage if they would not be able to keep a balance between heavy workload and family.

One of the Shanzeh student states:

*“I was never aware of the term bride doctor before, but I had always seen many females quitting their job after getting married even my mother was a doctor and she is now a housewife”.*

Another respondent Alizah replied by saying:

*“We are part of a new generation and the trend of getting married at an early age is vanishing with time, I am confident that I will continue my career even after marriage”.*

Husbah student of army medical college thinks that female doctors quit their job because of heavy workload therefore she states;

*“I think parents should not pressurize their daughters to get married at an early age, parents and female doctors must choose their partner carefully, and dig out information about prospects history and his family preferences and requirements before getting married. I will get married to someone who would support me in my career that’s why I don’t support arrange marriages.*

It can be analyzed from the above responses that in this era, females are aware that choosing a right partner is necessary for career establishment. With increase in social media awareness and elimination of gender discrimination nowadays girls do not get married at an early age or they do not prefer arrange marriages.

### 5.1.9 Students suggestions overcome phenomenon of Bride Doctors

When asked about the solutions to overcome wastage of resources as a result of women not continuing their career, most of the students replied by giving recommendations and solutions, the suggestion was to change social structure of our country through awareness programs, seminars and social media so that parents and students must be aware about the fact that they are wasting resources, parents must be also aware about the other fields.

One of the student Malaika suggests by saying;

*“I think all colleges in Pakistan must give career counselling sessions to students and parents both in the middle of intermediate, career counselors must give information regarding all fields and let the student decide for himself/her”.*

One of the student Hiba Quoted;

*“Before getting admission in medicine I did not know about other fields, recently I got to know about social sciences through one of my cousins, she explained to me about the subjects they study and I found it very interesting, if I knew about this particular field in advance I would definitely opt for social sciences rather than choosing medical”.*

Hiba gives suggestion to parents that they must not pressurize their children to opt for medicine because each person is born with different kind of skills.

The biggest problem in our country is that mostly elders are not aware about other fields except medical Engineer. Even majority of the students in Pakistan are not aware about the other fields. These are some of the reasons why women discontinue to work after marriage.

## 5.1.10 Problems faced by Students during Studies

In Pakistan, female students turn out to be bride doctors because they face multiple issues while studying. The question was purposefully asked to gain information about why female students turn out to be bride doctors later.

### 5.1.10.1 Sociocultural Barriers

When asked about the problems faced by students during their studies, some of the students responded with no problems but there were few who are facing multiple challenges during studies. Sheereen Raza is the student of Fouji Foundation University and she is facing criticism from her family members related to domestic work

According to Sheereen;

*“I live in a joint family where my Taya (uncle’s family) also lives with us, whenever I get back from university, I get very tired and take a nap for an hour, when I wake up from nap, I start working on my daily assignments and tasks, family members complain about me not working in the kitchen, to avoid criticism I work in the kitchen and it’s very difficult for me to manage between studies and domestic work “*

Another student Khubroo studying in the same college is also facing socio cultural barrier, she is pregnant and is in the 4<sup>th</sup> semester of her degree, khubroo states;

*“I get very Nausea tic sometimes during lectures so I have to leave the classroom and go back home, it’s difficult for me to concentrate on studies while being four month pregnant”.*

Not only bride doctors who skipped their career because of sociocultural barriers but there are students who have to face the same challenges during their studies. The students who worked hard to get into medical colleges are suffering from challenges because of

the societal structure and cultural values. Parents and society makes it difficult for them to fulfill their dream by getting them married at an early age.

Mehwish Case provides a deep knowledge about how medical students are facing problems during their studies.

### **Case study of Mehwish Hussein Ullah**

Mehwish Hussein Ullah is 23 years old and is studying medical in Al-Nafees Medical College Rawalpindi. She belongs to Gujrat but is currently residing in Rawalpindi. Currently she is in the 3<sup>rd</sup> semester of her medical degree. Mehwish has always been passionate about becoming a doctor because, according to her perspective, Pakistan is neglecting one of the most deadly diseases which is mental illness; therefore she wants to become a psychiatrist after completing her degree. Mehwish has to face many socio-cultural challenges during her studies, because her parents got her married and she has a newly born baby. It's very difficult for her to manage studies while taking care of a baby; therefore Mehwish is very exhausted and frustrated in her life.

According to Mehwish, her father was suffering from Cancer two years back and he wanted to see her get married before his life ends, therefore she had to sacrifice to fulfill his last wish.

Mehwish fulfilled her father's dream and got married to one of her cousins, but her father died of cancer recently and she is living with her husband in Rawalpindi. Mehwish never planned to give birth right after marriage and the baby was unplanned, her husband was not in favor of abortion. She wanted to concentrate on her studies and accomplish her career, but things drastically changed when her baby was born.

Whenever Mehwish tries to concentrate on lecture in class, she receives a call from her mother in law that the baby is crying, she gets worried and rush towards home during break time to feed baby, the driver comes to pick her to drop home for certain time and luckily her house is near university

According to Mehwish, her in laws are very supportive and they have no objection on her studies and career but it's the baby who is making problems for her. When she comes back from her University, she doesn't get time to work on her assignments rather she spends time looking after baby. Her performance in studies is declining as compared to before and teachers always complain about her non seriousness in studies. Mehwish is hoping that baby grows up soon and she will start concentrating on her studies.

We can analyze from Mehwish case that medical students also has to face multiple challenges during studies because of living in a society which is patriarchal and culturally rigid. Early marriage is one of the reason females giving on career, in Pakistan marriage is considered as a priority for majority of people while career is seen as a secondary factor.

## **5.2 Parents perceptions about bride doctors and high preference of female doctors in Pakistan**

This section includes perceptions of parents about bride doctors and their opinions about why there is a high preference for female doctors in Pakistan.

### **5.2.1 Preference for medicine**

In Pakistan Parents mainly prefer their children to opt for medicine, as mentioned above there are many students who are pressurized by their parents to peruse medicine degree. This section will explore what parents think about Bride Doctors which includes why parents gives high preference to medicine especially for females

One of the respondent Iqbal who is a lecturer in a Government School Rawalpindi, he has two daughters studying law and Engineering Iqbal states that:

“I never pressurized my daughters to peruse medicine because I am educated myself, students should opt for the fields which they are highly passionate about”

Another respondent Salman Ali who is a retired Army medical officer has four daughters and one son, all of his children are doctors and the youngest one is still a student. According to Salman all of his daughter are very intelligent and all of them got admission on quota while his son studied medical privately.

According to Salman;

*“I wanted all of my children to become doctors so that we can open a clinic together “*

The above response gives an evidence that In Pakistan not only literate but educated people also pressurize their children to opt for medicine. Poverty and unemployment is not the only reason to force their children to opt for medicine. Salman’s response gives an evidence that parents have different wishes related to Doctor.

Another respondent Javed Iqbal has a daughter who is studying medical privately, according to Javed it is very expensive to study medicine on self, and he sold his property to pay his daughters free. Javed states:

*“I always wished to see my daughter as a doctor “*

Javed’s response gives an idea about how desperately parents want their daughters to become a doctor because medicine is seen as the most respectable field.

Most of the parents perceive medicine as one of the demanding field. One of the respondent Nasreen who is a Widow, a housewife and mother of four daughters thinks that medicine is one of the most difficult and respectable field. Becoming a doctor is not

an easy task. All of her daughters perused different fields other than medicine. According to Nasreen :

*“I wish at least one of my daughter was a doctor because it is one of the respectable field and highly valued overall in the world”*

All of her daughters are earning enough in other fields but still she is not satisfied because those fields are not valued enough in society.

She also states:

*“My daughters are happily married into stable and decent families but when I see my age mate women talking about their doctor daughter, people gives them an extra respect and send marriage proposals to their daughters “*

It can be analyzed from Nasreen’s response that even if children succeed in other field’s parents are still not satisfied because they want a doctor tag to their children. So that people would give them an extra respect or value for having children as doctors.

### **5.2.2 Perceptions regarding Bride doctors**

Mostly parents wish to bring a “Doctor Bahu” to gain an extra respect from society. One of the respondent Zulaikha is looking for a Doctor Bahu for her Son, when asked about the reason she states:

*“My son earns so much abroad, I think he deserves to get married to a doctor because doctors also earn sufficiently, that’s how both can have a compatibility “*

It can be analyzed from Zulaikha’s response that only Doctors can be compatible to those men who are successful in their career. In Pakistan parents think that only Doctor female deserves to marry a successful man. The reason behind this perception is that parents think that doctor daughter in law will earn as much as their son earns. They are looking for financial security. The selfish motives of parents in Pakistan are highly



degrading females in our society. Other females who have masters or bachelor degrees in other fields rarely get marriage proposals. In Pakistan high proportion for females above 25 are unmarried because they cannot find a match. The reason is that Pakistan is a traditional and patriarchal society. Sons usually marry according to their parents' choice. Parents usually demands Doctor Daughter in law.

Another respondent Malika who is illiterate, house wife and a mother of four sons States:

*“I want all of my sons to marry of their own choice, I don't prefer doctor as a daughter in Law because other fields must also be respected”*

There are some parents like Malika, who are well educated and unbiased. These parents let their sons choose partner by themselves. Such parents should be highly appreciated and respected because they are promoting equality.

Another respondent Mahiroom belonging to Gilgit residing in Islamabad, has two sons and both of them are doctors she is also looking for a doctor daughter in law, according to her;

*“It would be a best match for my sons to have a doctor wife, a female doctor is best suitable for a male doctor “*

In Pakistan some parents think that only a doctor is compatible to their doctor son. Because if their son marries other female rather than a doctor, she would not match his status. Whole family might look down on her, as she would be less intelligent than their son. Parents when they choose a partner for their son, they do not look for Personal characteristics such as habits, physical appearance and morality when the girl is a doctor. Being a doctor is enough for them. But on the other hand, if the girl is not a doctor parents would see her physical appearance, past and habits etc.

It can be analyzed from the above findings that majority of the parents see medicine as the most desirable field and most of them prefers to have a Bride doctors as their daughter in Law

## 6. SUMMARY AND CONCLUSION

The research aims at analyzing sociocultural barriers faced by Bride doctors while pursuing medical degree and after graduation. The research also incorporates perceptions local people which includes medical students and parents about bride doctors and reasons to opt for medical. The research question assumed that there are multiple barriers female doctors' face which compels them to give up their profession. Therefore the first objective was to find out sociocultural barriers bride doctors face while pursuing medical degree and after getting married and the second objective was to explore perceptions of local people.

The second chapter of the thesis focused on literature review regarding the topic of the research. This chapter reviewed the relevant literature related to Bride doctors and the reasons behind quitting medical profession. The chapter begins with reviewing literature women participation in workplace in Pakistan and problems faced related to motherhood and workplace load then moved towards the main topic sociocultural barriers faced by bride doctors in Pakistan. Literature highlights some of the important barriers which contributes towards female doctors quitting medical career. Relevant literature is also provided related to female medical students who are enrolled in medical universities.

The third part of the thesis focused on the research setting and methodology applied. The present research is primarily qualitative in nature and was conducted from September 2021 to December 2022. Study was conducted in twin cities. Twin cities include cities of Rawalpindi and Islamabad. Medical universities were visited to conduct interviews from medical students and interview was taken at homes and via Social media AAPS from parents and Bride doctors. The sample size of the present study was 28 ascertained through purposive and convenient sampling techniques. The researcher conducted semi structured interviews of 10 bride doctors, 10 medical students and 8 parents. Note taking and audio recordings of the respondents proved helpful in documenting information from

the field. Online interviews during pandemic proved very helpful for conducting the research as it was difficult to conduct face to face interviews during Pandemic.

The fourth chapter addresses the first objective which discusses sociocultural barriers faced by Bride doctors. Workload, Marriage seen as a hot ticket for marriage, in laws expectations and safety net is seen major reasons for females giving on profession. Other barriers such as societal expectations, cultural values migration and personal choice were found to be secondary barriers. Majority of the female doctors finds it very hectic to keep a balance between work and household duties. Some female doctors are expected to keep in laws expectations therefore they have to give up on career. The expectations include taking care of in laws, kids and husband. Most of female doctors also stop working because they were previously pressurized by parents to opt for medicine so they end up getting several marriage proposals. Safety net also came out to be a strong reason, since Pakistan is a poor country most females opted for medicine to earn money. Later when got married to financially sound men they decided to quit job. Other secondary reasons were also highlighted as important such as patriarchal issues, Female doctors quit jobs because of dominant spouse. They are not permitted to work with male counterparts. For some female doctors it was their personal choice and they were migrating to other countries and cities.

The fifth chapter of the thesis focuses on second objective. This includes perceptions of medical female students and parents regarding bride doctors. The study analyzed that medicine is seen as the one of the most desirable field for females in Pakistan. Parents wish to see their daughters opting for medicine because it gives promising output. On the other hand medical students also see medicine as most desirable field, as to become a doctor one has to do a lot of hard work. The perceptions regarding bride doctors varies, medical students are very passionate to continue medical degree and highly criticizing bride doctors for giving up on career which results in wastage of resources of our country.

This research included medical student's perceptions to analyze whether the female students currently enrolled in medical universities may turn out to be Bride doctors in future. The purpose to get parents perception was to find out the importance of medicine in Pakistan and the reasons why parents pressurize their daughters to opt for medicine. Parent's perceptions helped to analyze that female doctor's end up becoming bride doctors because some of them opt for medicine without passion.

The purpose of this research was to investigate the reasons that contribute to female doctors dropping out of the medical workforce. It identified individual reasons, organizational reasons and sociocultural reasons for this gap and argued that these reasons are interrelated and mutually reinforcing and therefore, changes in one reason can trickle down to the others as well.

The study adds to the existing literature on parents and medical students perceptions about bride doctors and importance of medicine in Pakistan. Further, the study gives recommendations to overcome the problem of Bride doctor.

## RECOMMENDATIONS

The research gives recommendations to overcome the problem of female medical professionals dropping out of health sector and owing into marriages. Since Pakistan is a developing country without proper health opportunities in the remote areas of country. Loss of these female lady doctors results health deprivation along with health professionals. Hence the study gives solutions and policies towards saving country resources in future

In order to overcome the issue, government should put legalization on doctors to practice working in hospitals for at least 5 years after graduation. If the doctors do not work for five years, they not be provided with medical degree.

To overcome the problem of workload, travelling and maternal issues, telemedicine can be used for female doctors. Through telemedicine female doctors can facilitate patients via online platforms. It would also be beneficial for female patients living in far flung areas. Those patients might not have accessibility to good hospitals nearby, they can reach out to doctors on online platforms.

Government should also change some policies in admission criteria for students. The aptitude test should also be a part of admission criteria. Memorization should not be the only criteria to get into medical Universities rather students must be assessed on the basis of passion and other skills. The passion and communication skills can be assessed through interviews.

In hospitals, government must keep flexible working environment for female doctors, for example they must get long maternity and sick leaves and better child care facilities.

In future, there should be larger study on similar topic with a perception of different stakeholders (lady doctors who leave medical profession due to marriage, government bodies, health experts and community members).

## BIBLIOGRAPHY

Arif, S. (2011). Broken wings: Issues faced by female doctors in Pakistan regarding career development. *International journal of Academic research in business and social sciences* vol. 1(3 Special) page 69-91

Bano, S.R et al (2005). Problems of female doctors working in hospitals. *Journal of Agriculture and Social Science* 1(4).

Bernard, H. R. (2007). *Research methods in anthropology: Qualitative and quantitative approaches*. Rowman & Littlefield.

Bickel, J., & Clark, V. (2000). Encouraging the advancement of women. *JAMA*, 283(5), 671-671.

Blair-Loy, M. (2009). *Competing devotions: Career and family among women executives*. Cambridge, MA: Harvard University Press.

Broad bridge, A. (2007). Dominated by women: managed by men? The career development process of retail managers. *International Journal of Retail & Distribution Management*, 35(12), pp. 956

Brown, P. A. (2008). A review of literature on case study research. *Canadian journal for new scholars in education*, 1(1), 1-13.

Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed method approaches*. London: Sage Publications

Carter, A. T. (1973). A comparative analysis of systems of kinship and marriage in South Asia. *Proceedings of the Royal Anthropological Institute of Great Britain and Ireland*, 1973, 29-54.

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American journal of theoretical and applied statistics*, 5(1), 1-4.

Fischer, M. D. (1991). Marriage and power: Tradition and transition in an urban Punjabi community. In H. Donnan & P. Werbner (Eds.), *Economy and culture in Pakistan* (pp. 97–123). UK: Palgrave Macmillan.

Green, E., Moore, J., Easton, H., & Heggie, J. (2004). Barriers to women's employment and progression in the labour market in the North East of England. Centre for Social and Policy Research. Retrieved from: Reseachgate.com

Ibrahim. (2018). Sociocultural Barriers Experienced by Working Women in Bamyan. Retrieved from [file:///C:/Users/Dell/Downloads/SocioculturalbarriersexperiencedbyworkingwomeninBamyan%20\(1\).pdf](file:///C:/Users/Dell/Downloads/SocioculturalbarriersexperiencedbyworkingwomeninBamyan%20(1).pdf) on 3<sup>rd</sup> July, 2021.

Kennedy, M. (2006). *A Guide to Interview Guides*. (Online) available at <https://msu.edu/user/mkennedy/digitaladvisor/Research/interviewing.html>. Retrieved on July 28th, 2019.

Khurram, s. (2021). Sehat Kahani: Addressing the Social Phenomenon of Doctor Brides. *Health management*, 21(3).

Kumar, R. (2018). *Research methodology: A step-by-step guide for beginners*. Sage.



Marshall, M.N. (1996). The key informant technique. *Family practice*, 13(1), 92-97. (Online) available at <https://pdfs.semanticscholar.org>. Retrieved on June, 11, 2020.

Marvasti, A. B. (2004). *Qualitative research in sociology (2<sup>nd</sup> ed.)*. London: SAGA publications.

Madsen, M. K., & Blide, L. A. (1992). Professional advancement of women in health care management: a conceptual model. *Topics in health information management*, 13(2), 45-55.

Masood, A. (2019). Influence of marriage on women's participation in medicine: The case of doctor brides of Pakistan. *Sex Roles*, 80(1), 105-122.

Moazam, F., & Shekhani, S. (2018). Why women go to medical college but fail to practice medicine: perspectives from the Islamic Republic of Pakistan. *Medical education*, 52(7), 705-715.

Mohsin, M., & Syed, J. (2020). The missing doctors—an analysis of educated women and female domesticity in Pakistan. *Gender, Work & Organization*, 27(6), 1077-1102.

Mumtaz, R., Qazi, S. H., & Sajjad, S. (2018). Balancing profession, family and cultural norms by women dentists in Pakistan. *Open Journal of Social Sciences*, 6(05), 154.

Mumtaz, Z., Salway, S., Waseem, M., & Umer, N. (2003). Gender-based barriers to primary health care provision in Pakistan: the experience of female providers. *Health policy and planning*, 18(3), 261-269.

Neuman, L. W. (2014). *Basics of Social Research: Qualitative and Quantitative Approaches: Pearson New International Edition*. Pearson Education Limited.

ALobaid, A. M., Gosling, C. M., Khasawneh, E., McKenna, L., & Williams, B. (2020). Challenges Faced by Female Healthcare Professionals in the Workforce: A Scoping Review. *Journal of multidisciplinary healthcare*, 13, 681–691. <https://doi.org/10.2147/JMDH.S254922>

Pelto, P. and Pelto, G. (1978) *Anthropological Research: The Structure of Inquiry*. Cambridge University Press, Cambridge. 5(5): 6-16. <https://doi.org/10.1017/CBO9780511607776>.

Pakistan Council of Research and Technology (2013). *Pakistani women in science and technology*. Pakistan Council of Research and Technology. Retrieved from <http://www.pcst.org.pk/wst/>. On 20th February, 2022.

Pakistan Medical and Dental Council (PM&DC) (2017). *Statistics*. Pakistan Medical and Dental Council. Retrieved from <http://www.pmdc.org.pk/Statistics/tabid/103/Default.aspx>. on 7<sup>th</sup> January, 2022.

Qazi, M. A., Schofield, S., & Kennedy, C. (2021). ‘Doctor Brides’: A narrative review of the barriers and enablers to women practicing medicine in Pakistan. *Journal of the Pakistan Medical Association*, 71(9), 2237-2243.

Rose, E. (2004). *Education and hypergamy in marriage markets*. Seattle: University of Washington Department of Economics. [https://commons.wikimannia.org/images/Elaina\\_Rose\\_-\\_Education\\_and\\_Hypergamy\\_in\\_Marriage\\_Markets.pdf](https://commons.wikimannia.org/images/Elaina_Rose_-_Education_and_Hypergamy_in_Marriage_Markets.pdf) on 8th January 2022

Savolainen, R. (2016). Approaches to sociocultural barriers to information seeking. *Library & Information Science Research*, 38(1).

Samari, G. (2017). Women Agency and Fertility: Recent Evidences from Egypt, *Population Research and Policy Institute*, 36(4), 561-582.

Sanfey, H. A., Saalwachter-Schulman, A. R., Nyhof-Young, J. M., Eidelson, B., & Mann, B. D. (2006). Influences on medical student career choice: gender or generation? *Archives of surgery*, 141(11), 1086-1094.

Stone, P. (2007). *Opting out?: Why women really quit careers and head home*. Berkeley: University of California Press.

Shaikh MA, Ikram S, Zaheer R. Influences on medical career choice and future medical practice plans among women: Perspective from final year students and house officers. *Journal of Pakistan Medical Association* 2018. 68(2):272-275.

Showkat, N., & Parveen, H. (2017). In-depth Interview. Online available at *Research gate*, [https://www.researchgate.net/publication/319162160\\_In-depth\\_Interview](https://www.researchgate.net/publication/319162160_In-depth_Interview). Accessed on January 5<sup>th</sup>, 2021.

Stone, P. (2007). *Opting out? Why women really quit careers and head home*. Berkeley: University of California Press.

Wilhoit, E. D. (2014). Opting out (without kids): Understanding non-mothers' workplace exit in popular autobiographies. *Gender, Work and Organization*, 21(3), 260– 272.

Yasmeen, S. (2005). Impact of Higher Education in Understanding of Social Recognition in Women. PhD Dissertation, University of Arid Agriculture, Rawalpindi. Pakistan.

Zia, H. (2021). *Doctor bride phenomenon in Pakistan [really a myth?]*. Retrieved from daily medicos: <https://dailymedicos.com/doctor-bride-phenomenon> 17th December 2021

# INTERVIEW GUIDE

## Doctor Brides

**Name:**

**Qualification:**

**Family type:**

1. What was the reason for choosing medicine as a profession?
2. Are you still practicing your field or discontinued it after marriage? If discontinued what is the reason?
3. What is the role of your in laws and parents regarding your career?
4. If you are practicing your profession after marriage, what kind of obstacles you face as a mother and spouse
5. What kind of social and cultural barriers you are facing regarding your profession? (In laws and spouse expectations, upbringing of children etc)
6. What is the reason behind discontinuing your profession? Example; family pressure, heavy workload or personal choice.
7. Do you think discounting career is harmful for our state? If yes, specify the reason
8. Is it a difficult task for a lady doctor to practice her profession along with family workload?
9. When you were choosing medicine as your field, did you have a strong desire to become a doctor and treat patients?

## **Local perspective (students)**

**Name:**

**Age:**

**Marital status:**

**University name:**

1. Do you think there is a high preference for doctors in our society? Specify the reason
2. Why are you studying medicine? Is it your personal choice or family influence?
3. Are you planning to practice this profession after marriage?
5. Are you ready to face every kind of challenge a doctor face example night duties, surgeries and risky tasks?
6. Do you think lady doctors have a higher social status in our society as compared to other woman? If yes, specify the reason
7. Lady Doctors get more marriage proposal as compared to other women. Do you think it is true?
8. What was the strongest factor which compelled you to study medicine?

## Parent's perceptions

**Name:**

**Age:**

**Gender:**

1. Number of children?
2. Where do you wish to see your daughters/daughter to become in near future?
3. Which educational field you want your daughter to choose?
4. Which field according to you is most valuable?
5. Have you ever pressurized your daughter to become a doctor? If yes, specify the reason
6. Why do you think female doctors quit on Career after marriage?
7. Would you prefer a daughter in law who is a Doctor? If yes, specify the reason