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A Comparative Study of Colonial Bengals Women and Present Days Women Obstacles into Medical Colleges

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Abstract:

Health is the key to a developed country. Health awareness is very important for living a beautiful and normal life. Taking health precautions is essential for the development of the country. In colonial India, the British government gave more importance to the issue of health awareness. The importance of health education is also noteworthy in the present times. At that time, the British government encouraged women to pursue health education. The importance of health education is also noteworthy in the present times. However the main purpose behind conducting this study is to explore the importance of health education during the British colonial period and in the present day, to examine the obstacles faced by women in gaining entrance to medical colleges in colonial Bengal and in the present- day, to investigate the women's safety in medical colleges during the British era and in the present time. The researcher has used Qualitative method to complete the research paper in question. So in this case the researcher has done historical and content analysis. From the research paper in question, the researcher has reached the conclusion that, the introduction of women into the field of education during the British era and its exceptional present period, many years later, the violence and brutality against female doctors, presents a barbaric picture. In the present day, due to political anarchy and lack of discipline in medical colleges, female students and doctors are repeatedly being raped and murdered. Which can be called a triumph of degradation rather than progress in a modern technological society. Which is the shame of the present society and Bengal.

Keywords: *Women, Medical College, Colonial Bengal, Present Day, Health Education, Obstacles.*

Introduction:

Health is the key to a developed country. Health awareness is very important for living a beautiful and normal life. Taking health precautions is essential for the development of the country. In colonial India, the British government gave more importance to the issue of health awareness. The British government established a medical college in Bengal Presidency in 1835. Due to the activities of the British government, the health survey and development committee was established in 1945, which is known as the Bhore committee. During the British era, there was no thought about women's health awareness in the then social system behind the veil. At that time, the British government encouraged women to pursue health education. In the 19th century, Kadambini Gangopadhyay, Anand Bai Joshi emerged as the first female doctors. The idea of health awareness was born from ancient times. Ayurvedic medicine emerged in the ancient Vedic period. Buddhist kings and Ayurvedic medicine were given due respect. However, in the Sultanate period,

the “Unani” system was notable in the field of medical system. During the British period, “Ayurvedic” and “Unani” medical systems were not given due respect. These two medical systems were considered to be “unscientific and unmodern”. During the British period, the medical system underwent a radical change. Even in the present time, “Health is the main issue. Which concerns the whole world. In 2000, the United Nations targeted to achieve the 8 goals of the Millinium Development Goals (MDGs) by 2015. Millinium Development Goals (MDGs) Goal -4,5,6 were related to health. Some of the goals of the Millinium Development Goals were achieved while some remained incomplete, as a result of which in 2015, Sustainable Development Goals (SDGs) were adopted which included 193 United Nations Member States. It is said to achieve the goal by 2030. Out of the 17 goals of the Sustainable Development Goals (SDGs), goals -3 are related to health. Now if we look at the history of historians, we will see that historians started studying the history of medicine in the second half of the 20th century. Since then, the social history of medicine has been explored.

Review of Literature:

Mukhopadhay (2023) explored “Colonialism, Bengali female doctors in the health and treatment of Bengali women”, This case study examines the various obstacles women faced in pursuing health education in the 19th century, including the barriers they faced in medical college and even after entering the workforce after college.

Haque (2021) conclude a study to assess “RETHINKING THE THEORY JOURNEY: MEDICAL WOMEN IN COLONIAL INDIA” In this paper, the researcher examines the social reform and women empowerment issues resulting from medical education in India in the 19th century. He also examines women’s empowerment.

Mukherjee (2012) reviewed “Medical Education and Emergence of Women Medics in Colonial Bengal” The researcher examines the development of medical education for female physicians, the complexities of social reform, and the importance of female education in colonial Bengal.

Objectives of the Study:

1. To explore the importance of health education during the British colonial period and in the present day.
2. To examine the obstacles faced by women in gaining entrance to medical colleges in colonial Bengal and in the present- day.
3. To investigate the women’s safety in medical colleges during the British era and in the present time.

Research Questions:

1. What was the significance of health education during the British colonial era and in the present time?
2. What challenges did women encounter in accessing medical colleges in colonial Bengal and currently?
3. How safe were women in medical colleges during the British period and in the present time?

Methodology of the study:

The researcher has used Qualitative method to complete the research paper in question. So in this case the researcher has done historical and content analysis. The researcher has relied on primary and secondary sources to complete the research paper. In this case, information has been collected from various websites, journals, books, govt. report, newspapers etc. All the information has been thoroughly checked by the researcher.

Result and Discussion:

The importance of health education during the British colonial period and in the present day

Health is wealth - this concept is very old. The breakdown of health is the reason for the decline in the development of the country and the world. In the year 1347, the terrible 'plague' swept through Italy and exactly six decades later, the 'Spanish flu' in 1918 - shocked the whole world. Health education was of great importance in preventing this epidemic. Like the 'Spanish flu' of 1918, a similar epidemic was observed in 2020-2021. It was named 'Novel Corona' Covid -19. 'Cholera infection' which disrupted the activities during the colonial rule. At this time, health education has been given due importance in the British colonial period and in the present time to prevent 'epidemic' and 'pandemic'.

As a result of Health Education, it is possible to get acquainted with various aspects of social health. For example, in 2021 we came to know about the word "quarantine". The word "quarantine" comes from the Italian word "quarantine journey". The word quarantine means "forty days". In Europe, to prevent epidemics, ships were not allowed to enter the port. They had to stay anchored at sea for forty days. This matter was called quarantine. This method was adopted at that time to prevent infection. The same method was adopted during the covid of 2021. In that case, it can be said that the decline of health means the decline of the entire world. "Epidemics" and "pandemics" are its shining examples. Improved health education is the only way to get rid of all these diseases. During the British period, health education was given due importance. The British government was focused on modern advanced scientific medical methods and education system. In 1835, the "Macaulay Minute" replaced the Indian education system and gave priority to the education system through Western science and English. With the aim of practicing Western science and health awareness, the British government established the Calcutta Medical College in January 1835.

The importance of health education is also noteworthy in the present times. The present government provides scholarships to meritorious students for studying health education like PM-USP scheme, P&G Health (SEHAT), AIMSET exam, West Bengal chief Minister's Relief Fund, CFHI etc. The main regulatory body for medical education and professionalism in India is the 'National Education Commission' (NMC) which replaced the 'Medical Council of India' on 25th September, 2020. 'West Bengal Medical Council' also plays an important role in looking after the health affairs of the state. Even in the present time,Health is the main issue. Which concern the whole world. In 2000, the United Nations targeted to achieve the 8 goals of the 'Millinium Development Goals' (MDGs) by 2015. 'Millinium Development Goals' (MDGs) Goal MDG -4, MDG-5, MDG-6 were direct related to health and indirectly related to health MDG-1, MDG -7, MDG -8 Some of the goals of the 'Millinium Development Goals' were achieved while some remained incomplete, as a result of which in 2015, 'Sustainable Development Goals' (SDGs) were adopted which included 193 United Nations Member States. It is said to achieve the goal by 2030. Out of the 17 goals of the 'Sustainable Development Goals' (SDGs), goals -3 are related to health. The tradition of advanced and modern medical practices has been going on since the British era, and its trend continues in the current medical practice and medical education.

The obstacles faced by women in gaining entrance to medical colleges in colonial Bengal and in the present- day

The path of medical education by breaking patriarchal traditions, fear, and social norms was not easy and simple. Various obstacles stood in the way of Women Empowerment. In the nineteenth century, 'zenana culture' was prevalent even in many highly educated families. Women from poor families were not encouraged to pursue education. During the so-called period, society could not accept the issue of women empowerment through education. Therefore, women were completely banned from going to school after the

death of their husbands. The society had a misconception that women would demand equal rights like men in education and as a result, the culture and norms of the society would break down. The growth of Women Medical Education can be seen from the late nineteenth century. Bengali educated people gave full support to women in pursuing medical education. Among them, the names of Brahmo reformers like Durga Mohan Das and Dwarkanath Ganguly are mentioned. The importance of women's medical education was highlighted by various newspapers and magazines. Bambodhini newspaper wrote "Everyone with prudence will admit that as for men, Medical Education is equally necessary for women".

In 1874, Madras Medical College opened its doors to women students for the first time. In 1882, Abala Das (later married to Dr. Jagadish Chandra Bose) and Ellen Barbara d' Abrew applied to Calcutta Medical College for women entrance. A.W. Croft the Principal of the college and Lieutenant General Sir Richard Temple were in favor of women's medical education. But the Medical Council did not show any enthusiasm for the entry of women into the college. With the efforts of Lieutenant Governor Sir River Thompson, the first resolution for admission to CMC in Bengal province was passed in 1883. In 1884, Kadambini Ganguly was admitted as the first women student. In 1889, Bidhumukhi Bose became the first woman graduate. 1866-1933 Himabati Sen who received Campbell Graduate (Sealdah Medical School) and VLMS (Vernacular Licentiate in Medical Surgery). In 1934, Miss Ganga Agarwal was appointed as the first Indian Women House Physician of the Medical College. It is certain that there was gender discrimination in society which took 68 years to break down. In 1893-94, it was seen that at Campbell (now known as NRS Medical College & Hospital) only 7 Hindus, 7 Brahmans, 2 Muslims and 10 native Christians were admitted to the women's college. Criticisms regarding Medical Education were also seen in various newspapers. In 1884, criticisms started in the "India Medical Gazette" and other journals. It was written that "Women were better fitted for Nursing than being doctor". The statement emerging from the article in the British medical journal reveals that the Indian medical model has been shaped in such a way that women have been historically kept away from medicine. While most of the medical profession is reserved for men, women were pushed into nursing and midwifery.

In the present era, there is a male dominance in certain fields of medicine. Women had to choose fields like obstetrics and gynecology. Very few women enter the field of cardiology or surgery. The family and the society think that it is better for female doctors to study gynecology and pediatrics. Which still reflects the patriarchal mindset. The present era is also a bit afraid of Women Empowerment. But now in many cases, social barriers have reduced a bit. The barriers to women's advancement and education are not so strong.

The women's safety in medical colleges during the British era and in the present time

The deplorable condition of women in 19th century India forced the British business community to think. The main way to get rid of the culture of sati, daughter immersion in the Ganges, child marriage, etc. prevalent in the society was to make women self-reliant through education. The British government, disregarding the culture of hiding women behind the veil, joined hands with the educated and educated Bengalis and tried to bring women into the field of education. The premature death of women behind the veil and the lack of female doctors also started to worry the educated Bengali people. Bengali organizations started expressing their views in the newspapers about the need for female doctors in the society**.** Bambodhini newspaper wrote "Everyone with prudence will admit that as for men, Medical Education is equally necessary for women".

Queen Victoria's wish and order to the Dufferin (1883) encouraged women to take up health education and something should be done for medical relief for Indian women. Overcoming criticism and many obstacles, she started giving Female Medical Aid, thinking about the protection of women, and also started full support for women in the field of Health and Medical Education Training Programme and scholarship. Various well-

to-do families are seen donating money to encourage women to take up medical education. In 1885, Maharani Swarnamayi Devi (1827-1897) donated 1.5 lakhs to build a hostel for female medical students in Bengal.Medical College of Calcutta opened its doors for women's medical education from 1880. Kadambini Ganguly was admitted as the first women student in 1884. Bidhumukhi Bose became the first graduate in 1889, Himabati Sen Campbell became a graduate in 1866-1933, and Miss Ganga Agarwal was appointed as the first Indian House Physician of the Medical College in 1934. Women started to be recognized as a part of society by breaking the barriers and obstacles through the joint initiative of the British Bengali. In the history of the 19th century, the idea that having a daughter was a sin was removed and women were enlightened with the light of education and provided protection to women, which was a remarkable change in British India. A report during the British period revealed that male doctors in medical colleges did not treat their female colleagues well. 1866-1933 Himaboti stood 3rd in the first year medical examination. She was subjected to opposition and criticism from her male classmate. She not only faced gender exploitation in her professional and academic life, but also in her personal life, she was subjected to verbal and physical abuse by her husband. During the British period, many women were seen leaving their jobs. Geraldline Forbes writes, "Campbell's women graduates found positions easily, were well paid, and often had long and productive careers, but their professional lives were not easy. While those who opposed opening Campbell to women, claiming there would be no demand for this education or for lady doctors, were proud wrong, other difficulties appeared. Sexual harassment, from doctors and other Men, was a fact of life."

The rape and murder of a female doctor at R.G. Kar Medical College and Hospital on August 9, 2024, shocked the whole of India due to the negligence of the current government and college authorities regarding the safety of medical college trainees. This is evidence of anarchy in the current period. Even after passing out from Campbell, women got well-paid jobs, but sexual harassment in their careers emerged. Pramila Roy, who worked at the English Bazar Hospital in Malda, was sexually harassed by a landlord and left her job. Today, the same sad story is emerging with allegations of rape at a private medical college in Durgapur, and a few days later, three people, including a home guard, were arrested for threatening to rape a female doctor from Uluberia at the Sarat Chandra Chatterjee Medical College and Hospital in Howrah district of West Bengal. The latest statistics from the National Crime Records Bureau of India show that in 2022, 31,516 rape cases were reported. That is, an average of 86 rape reports per day. This is not just the statistics from medical colleges but the entire rape report of women. In 2022, 1,98,285 rape cases were pending. By the end of the year, only 18,517 cases were disposed of.

Sexual harassment at the workplace violates the fundamental right of women to equality enshrined in Articles 14 and 15 of the Indian Constitution and the right to life and dignity under Article 21 of the Constitution. In the interest of women's safety, the first bill related to women's safety was introduced in 2007 by the Minister of Women and Child Development, Krishna Tirtha. The bill was approved by the Cabinet in 2010. In 2013, the bill was passed by the Rajya Sabha and on 23 April, 2013, the 'POSH ACT' received the assent of the President.

Despite this, allegations of sexual harassment at Kolkata's Sagardatta Medical and Hospital. In 2021, allegations of sexual harassment were made against two professors at S.S.K.M. Hospital by a post-doctoral medical student. Rape and sexual assault are a manifestation of political apathy. During the british period, Jamini Sen was the fourth Bengali doctor to become a medical student. She had thought about quitting her government job many times. Despite her qualifications, she had been the victim of injustice many times in her career. However, it is difficult to find examples of rape and then murder in government institutions. Such infernal demonization of women in medical colleges in the present era is a curse on women's freedom.

Conclusion:

The introduction of women into the field of education during the British era and its exceptional present period, many years later, the violence and brutality against female doctors, presents a barbaric picture. Which can be called a triumph of degradation rather than progress in a modern technological society. The British Bengalis, in a joint effort, fought against various adversities to allow women to receive medical education and to make other women stand in the world court, disregarding cultural norms like the veil. The current society and situation seem to indicate the failure of the success of that long struggle. It can be concluded that during the British era, there were instances of female doctors leaving their jobs due to sexual harassment. But it is difficult to find evidence of rape and subsequent murder. But in the present day, due to political anarchy and lack of discipline in medical colleges, female students and doctors are repeatedly being raped and murdered. Which is the shame of the present society and Bengal.

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