

Nepali transcript:

सनिता: तपाईं आफ्नो personal experience चाहि कस्तो छ, महिला भएर डाक्टर पढ्ने, practice गर्ने?

मनिता: अब मैले.... पढ्ने हिसाबले चाहि हाम्रो..हाम्रो classमा, हाम्रो कलेजमा चाहि male-female participation ५० percent-५० पर¹...५०-५० नै छ, तर जुन चाहि हाम्रो seniorहरुले हेर्ने तरिका, हुन्छ नि, हामीलाई अब जस्तै, I said like, मलाई...मलाई surgery .गर्न मन छ तर first thing मलाई के भन्नुहुन्छ भने, तिमी केटी हो, तिमी साएद allied medicine गर या त minor subjects अब if you really want to do a major subject then do Obs & Gynae or Pediatrics because केटीहरुको लागि तेही नै राम्रो हुन्छ, तिमीहरुको family life हुन्छ, बच्चाहरु हेर्नुपर्छ, तेस्तो छ scenario चाहि अहिले सम्म हाम्रो social... socio-economic... social cultureले नै हाम्रो यो envi...पढाई environment पनि उ² गरेको छ, biased गरेको छ ।

सनिता: अहिले नेपालमा चाहि तपाईंले भन्नु भएको जस्तै, surgery चाहि केटा मान्छेहरुले गर्ने, नेपालमा कत्तिको छ त medical professions practice अहिले गरिराख्नु भएको मा चाहि, महिला surgeonहरु छन् कि एकदमै थोरै छन्?

मनिता: हुनुहुन्छ, हुनुहुन्छ, धेरै जना महिला surgeonहरु तर highlightमा आउनेहरु चाहि सायद हाम्रो male surgeonहरु नै हुनुहुन्छ धेरै किनभने surgery भनेको एउटा time and dedication दिनुपर्ने हो, आफ्नो familyलाई नै छोडेर हिड्नुपर्ने हुन्छ । कत्ति कुराहरु personal...मतलब, मलाई अहिले सम्म त त्यो देखेको छैन, तर जसले पनि भन्नुहुन्छ कि surgeon भनेपछि तिम्रो life नै हुदैन, तिमी जहिले patientको लागि नै दौडिराख्नुपर्छ...त्येस्तै छ अब एस्तो कुराहरुमा चाहि...जस्तै हाम्रो social cultureमा एउटा femaleले चाहि विवाह गरिसके पछि बच्चाहरुलाई हेर्नुपर्छ, family हेर्नुपर्छ, उसको job छ भनेपनि she has to do everything, त्येसैले येस्तो boundariesहरु मा पनि यदि कोहि female surgeonहरुले चाहि आफ्नो aim,

¹ incomplete word

² means 'that', used for lack of word

आफ्नो wish प्राक्टिस पुरा गरिसक्नुभएको छ भने वहाहरुको लागि चाहि एकदम धेरै यो applause -able कुरा हो, वहाहरुलाई चाहि हौसला नै दिनुपर्छ।

सनिता: अब आमाबुवाले कत्तिको इच्छा गर्छन्, कि छोरी... अब छोराले त खासै problem नहोला हैन, तर छोरीको medicine पढोस, नपढोस भन्ने त्यो अब, prospective कस्तो छ होला?

मनिता: General अब view भन्नु पर्दा खेरी यहा चाहि trend मैले के देखिराखेको छु भने छोरालाई चाहि doctor बनाउने, छोरीलाई चाहि nurse बनाउने, अनि त्येसपछि विवाह गरेर पठाईदिने doctorसंग या अरु कुनै संग, अनि छोरालाई नै, socially चाहि छोरालाई नै उनीहरुले बरु invest गर्नुपर्यो भने छोरालाई नै बढी गर्न खोज्छन हाम्रो social scenarioमा तर म चाहि lucky छु, म चाहि एकदमै lucky छु कि मेरो परिवारमा चाहि मलाई...मलाई...मैले....मैले जुन चाहि subject choose गरे, मलाई त्येही continue गर्न दिनुभयो । मेरो family support एकदम धेरै छ। मेरो familyमा पनि अब मेरो भाई-बहिनीमा ...भाई-बहिनीमा पनि हामीहरु कसैलाई पनि family pressure छैन कि कुनै subject पढ्नको लागि भनेर....आफ्नो जुन इच्छा छ, तेही छ, अनि यदि अब मेरो धेरै जसो, अब मेरो medical educationमा कत्ति खर्च हुन्छ हैन, त्येसको लागि अब मा छोरी भनेर चाहि मेरो बुवाले चाहि त्येस्मा कुनै पनि compromise गर्नुभएको छैन। तर.. तर socially हेर्दा खेरी चाहि धेरै जसोको चाहि छोरीलाई चाहि येदि अब छोरीलाई doctor नै पढ्न मन छ भने चाहि उसले नाम नै निकाल्नुपर्छ, छोराले doctor पढ्नु मन छ भने बरु ऋण लिएर हुन्छ कि जग्गा बेचेर हुन्छ कि, घर बेचेर हुन्छ कि, जसरि भए पनि पढाईराखेको हुन्छ आमाबुवाले चाहि। अलिकति त्येस्तो, अलिकति biased छ।

English translation:

Sanita: How's your personal experience regarding being a female doctor and practicing medicine?

Monita: Regarding studies, in our classroom and our college, the male-female participation is 50-50 percent. But the way our seniors regard us [females] is different. For example, I said that I wanted to perform surgery but the first thing they said was that since I am a female, I should go into either allied medicine or go into 'minor' subjects, and if you really want to do a major subject then do Obs & Gynae or Pediatrics because that is good for women. You will have a family life and take care of your children... This is the scenario as of now...

Our social... socio-economic... social culture has affected our study environment and made it biased.

Sanita: As of now, in Nepal, like you said, most of the surgeries are done by male doctors. So, in the medical professions, are there any female surgeons practicing as of now, in Nepal?

Monita: Yes, there are quite a few female surgeons but the most prominent ones are the male surgeons, because surgery takes a lot of time and dedication. You have to leave your family at home to work... personal... I mean I haven't really seen it yet but everyone tells me that you won't have your own life... you will always be running after your patient. In our social culture, a female needs to take care of her children and her family after she is married. Even if she has a job, she has to do everything. So, even with these boundaries, if there are some female surgeons who have fulfilled their wish and their aim, then what they have done is very applause worthy... we need to encourage them.

Sanita: So how much do parents wish that their daughter will be a doctor? I mean, with a son, there wouldn't be much of a problem but with a daughter, how is the whole perspective regarding her studying medicine treated as?

Monita: Generally speaking, the trend that I see here is that the parents want to make the son a doctor while the daughter needs to settle for a nurse. And then the daughter is made to marry either a doctor or any other man in other professions. Socially speaking, if the parents need to invest in their children, they tend to invest more in their sons. This is our social scenario. But I am lucky, I am very lucky because my parents accepted the profession that I wanted to follow. I have family support and in my family, even with my siblings, there is no family pressure as to what they should study. Whatever they wish to study, they can. And, my medical education is very expensive. But for it, my father hasn't made any compromises just because I am a girl. But if we look at it socially, if the daughter wants to become a doctor, she needs to get a scholarship. But if the son wants to become a doctor, their parents take loans, sell their homes, sell their land or try to find any other means just so he can become one. It is a little biased.

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