



SOCIAL PROFILE OF INDIAN PHYSICIANS

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Abstract

This paper describes the social profile of 200 physicians, practicing medical profession in Bangalore City of the State of Karnataka. The paper explores the personal, family and educational background of the physicians. This would enable us not only to have a social profile of the medical practitioners in the social system, but may also be of relevance in explaining their professional performance. An important finding of the study reveals that the proportion of those coming from higher social origins being marginally higher at 55 percent. It could be indicating to a trend in which the share of less privileged in higher ranking professions is on the rise. An attempt is made to understand the implications of social origin for other traits. The findings reveal that social origin varies significantly with rural urban background, basis for medical education, age at thinking of medical professions and educational grades of the physicians. However, it varies independent of gender, age and educational achievements of the physicians studied.

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Introduction

Social profile, which presents an integrated personality sketch based on socio-economic background of professionals, is an important variable in social research on various professional groups. These socio-economic background factors play a significant role in understanding the position and status of individuals in a given social structure. In traditional societies, an individual has always been a part of his or her family, kinship organization, caste, occupation or in the wider context he or she has been a part of the total culture. Hence, the atomized and separate existence of an individual, without taking into consideration his or her socio-cultural background, has been unthinkable in the traditional social structure. In spite of the fact that contemporary society is characterized by a high degree of individualism and achievement orientation, the socio-economic background factors cannot be overlooked in the investigation of an individual's status attainment process and role performance (Jaiswal, 1993:35).

Not only the classical and functionalist Sociology (Bendix and Lipset, 1957; Bernstein, 1958; Durkheim, 1969) but the Marxian Sociology (Bottomore, 1966) also agrees that socio-economic background has a vital role to play in human existence. Thus, the factors in the individual's socio-economic background have a great deal to do with his occupational and professional performance. Accordingly, these factors have consequential relevance for the occupational choice of an individual. His or her basic value-orientations, preferences and aspirations are assumed to be founded and nourished during the early part of his or her life, which he or she had spent in the socio-cultural milieu of his or her family of origin. These factors have a crucial significance in the preparation of an individual to the adult roles including the professional one.

The significance of earlier sources of socialization in research on professions is recognized in studies (Gouldner, 1958; Becker and Geer, 1958; Hughes, 1959; Vollmer and Mills, 1966) describing the social origins of different professional groups. A sociological investigation of professionals thus entails inevitably, an analysis of their socio-economic background and also of their existing conditions. Therefore, it is essential to understand the socio-economic status of the parental family and how it affects the professional performance of men and women differentially. The choice of medical profession by the physicians and their participation in this profession can be explained through the dimension of social profile.

Statement of the Problem

An attempt is made in this paper to portray the social profile of a typical physician, particularly of Indian origin so as to visualize a typical Indian physician. The socio-economic background, the family origin and educational background of the physicians are intertwined to present an integrated profile. The paper focuses on the background factors like, age, gender, marital status, caste, rural urban background, parental status, education and social origin of the physicians in the context of medical profession. Further, an attempt is also made to ascertain the association of social origin with regard to gender, age, rural urban background, bases for medical education, age at thinking of medical profession, educational achievements and educational grades of physicians. This would enable us not only to have a social portrait of the physicians, but also found to be useful in analyzing their professional traits and performance.

Methods

The relevant data for the present study are gathered through the introduction of a structured interview schedule. The instrument has been pre-tested in a pilot study in order to enhance its validity and reliability. The data gathered were primarily qualitative in nature. The same were quantified by employing suitable coding and scoring techniques rendering the data amenable for statistical analysis. The sample for the present study was drawn following the systematic methods of sampling so as to render the sample studied representative of the universe from which it was drawn. In all a sample of 200 physicians was chosen through the simple random sampling method. Correlation, regression and the chi-square are the statistical measures widely employed in analytical and diagnostic studies involving testing of hypothesis. Chi-square is employed in testing the association between the variables and coefficient of contingent that is, "C" test, is employed to measure the strength of association.

Physician

The concept of physician used in this paper refers to the medical practitioner of English medicine or allopathic, who possesses the basic medical degree, that is, MBBS. The physicians included in the study are functioning as general practitioners, government doctors, consultants, specialists, super-specialists, group practitioners and so on.

Social Origin

In the present study, social origin of the respondents is a composite variable and is classified into two categories as 'low' and 'high'. The social origin of the respondents is ascertained on the basis of their caste, father's education and the family income. Each of the components are classified as 'low', 'moderate'/'medium' and 'high' and are suitably scored so as to yield a scale on the basis of which the social origin of the respondents could be classified as 'low' and 'high'. All the members of professional group might not have freed themselves completely from certain socio-economic characteristics (pre-professional attitudes) which may be antithetical to professional values and expectations. Further, the environment that has provided the members with opportunities in the profession of medicine has to be understood so that we can find out if there is any relation between a particular social environment and the motivation for choosing medicine as a career and the implications of the social milieu on professional career. This would also help all the concerned to understand how different socio-economic groups in the community have availed the opportunities provided to them. As such, an attempt is made here to provide a social profile of the physicians, which could be taken as an explanatory variable in the analysis of other findings of the study. The present paper deals with the personal background, family background, educational achievements and so forth of the physicians.

Personal Background

Our exploration of the social profile of physicians in Karnataka State begins with the construction of personal profile of the respondents. With the help of information pertaining to the age, gender, marital status, caste and place of origin of the respondents, an attempt is being made to find the personal based differentials among Indian physicians.

Age

The relationship between age and work is obvious. Age stratification appears to be related to the horizontal dimension of professions. As such, the age of the respondents is considered as an important demographic variable in the present study. It is assumed that age of the respondents may have implications for their professional performance.

It is observed from the analysis that more than two-thirds (69.5 percent) of the physicians are of the age between 26 and 45 years. However, nearly one-fourth

(24 percent) of them are aged between 46 and 55 years. And a negligible proportion (6.5 percent) of them belonged to the age category of 56 years and above. Hence, the age of the physicians appears to be in correspondence with the recent origin of medical profession in India in the recent past, as such the physicians in the present study are still young. The median age of the physicians studied is 41.3 percent.

Gender

The data seem to indicate to a significant fact that the medical profession continues to be a predominantly male profession. Though women have entered the medical profession in a big way, particularly in the area of Gynaecology, Obstetrics, Paediatrics, Anaesthesia and Pathology, medical profession has still remained as an area of professional practice dominated by men. This fact is supported by the findings of the present study which reveal that three-fourths of the total sample is represented by male physicians; where as one-fourth of them are female physicians.

However, such relatively low representation of women among professional workers is a well known characteristic of the labour-force in Indian context. In consonance with this, some empirical studies (Venkataratnam, 1979; Madan, 1980; Nagla, 1988) on medical profession in India indicate that there is low ratio of female physicians as compared to male physicians. Further, Madan (1972, 1980) states that in actual practice, most of the lady doctors practice medicine concentrating on the treatment of women and children. The medical profession is one such profession in which, by nature, women can contribute more, and they are more suited to it which requires sympathy, compassion, affection and care, as a result more and more women need to be encouraged to take to medical profession.

Marital Status

Marital status constitutes another important personal variable, which could have important implications for the professional practice. The familial and domestic responsibilities that the physicians have to shoulder are assumed to be affecting the amount of time they devote for professional practice and their domestic priorities vis-à-vis the professional priorities. It could as well mean that the professional functioning of the physicians could be influenced by the marital status and quality of marital life of the physicians. The data on the marital status of the physicians reveal that an overwhelming majority of the physicians (92 percent) are married at the time of investigation and only 8 percent of the physicians are unmarried with no physician being divorced, separated or widowed.

The study also focused on at what stage in life did the physicians entered the wedlock. In commensuration with the general practice, it was found that an overwhelming majority of the physicians got married after entering into the medical profession. The general pattern of marital selection observed among the physicians is to have a spouse who is also in medical profession. The general observation reveals that more than half of the physicians have a physician spouse. This fact is attributed to the fact that a physician spouse could be a complement, particularly in case of private practitioners where husband and wife together can establish a nursing home or work in the same hospital together. It is also generally felt that a physician would have better understanding with the spouse who is also a physician owing to similar educational and professional background. This dimension of medical profession requires further analysis.

Caste

In any sociological study focusing on Indian society, caste is viewed as an important variable. This is not only due to caste being an unique feature of Indian social system but also due to the fact that caste of an individual determines many other aspects of his social existence. The data reveal that the single largest caste represented by the physicians is Brahmin (26 percent) and, the second largest caste represented by the physicians is Lingayat (15.5 percent). Further, the castes represented by the physicians are classified as high, intermediate and low based on the ritual status, food habits and traditional occupation of the castes for the purpose of analysis.

The caste status of the respondents so classified reveals that a majority (53.5 percent) of the physicians come from intermediate castes, which is the single largest category followed by the 'high' castes constituting 29.5 percent of the physicians studied. It is significant to note that, though medical profession is accorded highest prestige in the hierarchy of professions and is traditionally been practiced by the high castes at present the medical profession is less represented by the high castes which may be looked upon as a deviation form traditional allocation of professions in Indian social system. However, one explanation for this phenomenon could be the fact that the so called middle classes and intermediate castes have come to monopolize the professional scene. Similar trend was observed between caste and medical profession in the earlier studies (Madan, 1972; Nagla, 1988). Further, physicians from low castes (17 percent) have also been taking to high prestige professions like medicine recently due to the protective discrimination they enjoy in terms of educational and occupational opportunities. It has been generally observed that the forces of democratization, secularization and principle of protective discrimination have stripped the high castes of the privileges and priorities that they once used to enjoy in the traditional social structure. It could be viewed as a welcome change

that the representation of intermediate and lower castes in high prestige occupations is on the rise with passage of time negating the prerogative of higher castes on high prestige occupations including medicine.

Rural Urban Background

Occupation is one of the most important distinctions between rural and urban communities as envisaged by Sarokin and others (1931). Thus, it could be assumed that medical profession, which is typically urban in character, could be associated with rural urban background of the persons pursuing it. It could be stated that the rural or urban background could determine to a great extent the availability of opportunities for taking to medical profession. Hence, an attempt is made under this section to ascertain the rural urban background of the physicians studied and its implications for their social origin.

The rural urban background of the respondents is determined on the basis of their place of birth and place of pre-medical education to provide a more realistic status of physicians with regard to their rural urban background. The data on rural urban background of the physicians reveal that, as expected, two-thirds (66.5 percent) of the physicians are urbanites in the sense, are urban born and educated in urban schools and the remaining one-third (33.5 percent) of the physicians are from rural background. The finding seems to support the argument of Venkataratnam (1979) who states that modern education, particularly the professional education attracts the urbanites first due to their closer physical proximity to institutions imparting technical and professional education.

Family Background

An attempt is made under this section to portray the type of family background, the physicians come from. Family has since long been viewed as the most important social unit by virtue of the important role it plays in the formative years of its members and thereby shapes their personality and destiny. As a primary institution and an agency of socialization it could be having a say in shaping the future careers of the youngsters in it. With regard to the structure of the family the study reveals that inconsonance with their rural urban background, an overwhelming majority (94.5 percent) of the physicians come from nuclear families is much higher than the proportion of those with urban background (66.5 percent). In view of India being a natural abode of joint families, most of the physicians coming from nuclear families could be a significant fact to note. Whether the structure of family has anything to do with the occupational choice and aspiration may be a matter to

be probed into by those working in the field of occupational choice and occupational aspirations. However, based on the data it may be stated that nuclear families, due to their small size, closer parental supervision, guidance and attention and more conducive climate for study could be providing an impetus to its members to aim higher in their occupational choice and prepare themselves for high prestige professions.

Parental Education

Parental education has been viewed as an important factor in determining the upbringing and socialization of children. A higher level of parental education can be viewed as a factor facilitating children's pursuit of education and thereby better career opportunities. It could be assumed that the level of parental education can determine the educational and occupational planning of children with higher level of parental education being positively correlated with greater care, planning and investment in the moulding the future careers of children. The data suggest that, on an average the respondents have fathers with relatively higher level of education. Nearly 80 (78.5) percent of the respondents have fathers with moderate to high level of education. On the other hand, mother's level of education appears to be rather low with a majority (58.5 percent) of them having low level of education. The differential level of fathers' and mothers' education is a universal phenomenon due to men being more favourably disposed and being more favoured to have access to educational opportunities. On the whole, the physicians appear to be coming from the families with a relatively better educational background and their being physicians, could be, a function of this educational milieu in the family.

Father's Occupation

Occupation is another variable based on which the social and economic status of an individual can be determined. In consonance with the findings on father's education, the findings related to father's occupation indicate that 36.5 percent of the respondents have fathers who are also professionals by occupation. Thirty-two percent of the respondents have fathers with non-professional occupational background. It is further significant to note that 22.5 percent of the respondents come from families in which the head of the family is engaged in manual labour. However, a very small proportion (9 percent) of the respondents has fathers engaged in entrepreneurship. As expected, the data on mother's occupation indicate that only about 4.5 percent of the respondents have mothers who are also professionals, whereas an overwhelming majority

(80.5 percent) of them have mothers who are housewives and a few (15 percent) of the respondents have mothers who are engaged in non-professional occupations.

Thus, with regard to the parental occupation, particularly the occupation of the fathers, the study indicates to a possible association between the inter-generational occupational attainments. It may be observed that those respondents whose fathers are also professionals represent the single largest category, in terms of parental occupation. However, what is fascinating to note here is that a significant proportion (22.5 percent) of the physicians have come from very humble beginnings, that is, with their fathers being associated with low or manual occupations representing true cases of inter-generational occupational mobility. The study reveals that these physicians are mainly from the low social origin having low family income belonging to low castes. These physicians starting from a very low social station have risen to be in one of the most sought after occupations in the contemporary societies. This may be indicating to the fact that medical profession is not all that exclusive or closed as it is normally thought of. However, there is nothing much to analyze about the occupation of mothers since an overwhelming majority of them are housewives.

Family Income

Family income is another important variable which determines the opportunities and facilities for educational and occupational attainments. It could determine the resources available in the family to be spent on the educational and occupational planning for the children. It could be assumed that a family with higher income can better afford to invest in education and upbringing that could be geared to high prestige career for the children. The findings of the study with regard to family income seem to support this view as majority (59 percent) of the respondents are from families with an annual income ranging from Rs.75,000 to 1,50,000 whereas 41 percent of the respondents are from families with an annual income of Rs.1,50,000 or more. Thus, it could be stated in general that, irrespective of level of parental education and type of parental occupation, the physicians more often tend to be from relatively affluent families. If we take into consideration the cost of medical profession these days, apart from the capitation in huge sums, the finding with regard to family income appears to be logical based on which, it may be stated that irrespective of caste, and traditional occupation, medical education and medical profession remains to be a prerogative of rich people.

Educational Background

Education has always been the most important means of occupational and professional attainments. Medical profession is one such profession in which not only the levels of educational or academic achievements do matter much but also the reputation of the medical institution where such formal study is pursued by the physicians. In this section, an attempt is made to ascertain the educational level of the physicians and the grades achieved therein which could be viewed as of significance in ascertaining their occupational attainments.

Medical education in India has peculiar overtones, right from admission to the completion of course. The bases for medical education of the physicians are so varied and are classified into three categories as merit, donation and reservation.

Table-1. Bases for Medical Education

Bases for Medical Education	No. of Respondents	Percentage
Merit	165	82.5
Donation	14	07.0
Reservation	21	10.5
Total	200	100.0

The analysis reveals that an overwhelming majority (82.5 percent) of the physicians have earned their admission to medical institution through merit and another 10 (10.5) percent have secured such admission through reservation. The much talked about capitation, the so called bane of medical education in India, appears to be not as menacing as it is portrayed. The data reveal that only 7 percent of the physicians have entered medical institution through capitation route. Though the data presented here may represent the situation existing a decade ago, as the physicians studied could be seeking admission then, the situation in general regarding the bases for admission to medical education does not appear to be all that alarming. However, the question whether admission to medical education could be based on reservation or not is a matter being hotly debated as the physicians have to deal with the lives of their clients. So is the case with capitation because, it amounts to buying a medical seat whereby a person can qualify to be a physician and practice medicine rather than achieving a professional qualification through merit. In view of such a controversy, it is gratifying to note that the proportion of those who become physicians not by merit is confined to less than one-fifth of the total practitioners. Even the proportion of those benefited by protective discrimination

is about 10 percent which is much less than the Constitutional provision providing for reservation up to 18 percent.

Coming to the levels of educational attainments of the physicians, the data indicate that a majority (68 percent) of the physicians have post-graduate degrees, specializing in different branches of medicine. However, nearly one-third (32 percent) of them are with basic or bachelor's degree or at the most an additional diploma. The findings are in tune with the universal trend towards specialization in all branches of knowledge and medicine appears to be one of the leading disciplines among them. It is viewed these days that a basic degree would not stand a physician in good stead and to be in demand for services, either as a consultant or a practitioner, one as to have a post-graduate degree in a specialized branch. This trend is manifested in the establishment of hospitals and medical organizations with departments or sections manned by specialists and super-specialists. Thus, on the whole, it could be stated that, the physicians these days, in response to the demands placed by the situation, exhibit much higher educational levels, more so if compared to the physicians of pre-independent or immediate post-independent India.

With regard to the grades they have achieved in their medical studies, the data reveal that a majority (73.5 percent) of the physicians are on the higher side, which might, to some extent, nullify the anxiety due to entry into medical profession through avenues other than merit. It is assumed that the levels of professional competence and professionalism of the physicians would commensurate with the grades achieved by them in the medical education as such grades are logically assumed to be in commensuration with their medical knowledge, skill and competence.

Social Origin

As has been the case in most of sociological research on occupations and professions, an attempt is made in this section to provide a general social background of the physicians as manifested in their social origin. In the present study, social origin is determined on the basis of background variables such as caste, father's education and family income. It could also provide an integrated and more realistic estimate of the general social background of the respondents. It could thus, provide us with an insight into the general social situation or condition from which the society draws its physicians. The data on social origin so ascertained reveal that medical profession is no longer the stronghold of high caste and high income families.

Table-2. Social Origin

Social Origin	No. of Respondents	Percentage
Low	89	44.5
High	111	55.5
Total	200	100.0

As stated earlier, medical profession has traditionally been associated with the privileged and the so called sacred sections of the society. But, the situation appears to have undergone much change with less privileged and less well placed sections of the society taking to medical profession. The table shows that nearly one-half (44.5 percent) of the physicians come from low social origin with the proportion of those coming from higher social origins being marginally higher at 55 (55.5) percent. The finding could be indicating to a trend in which the share of less privileged in high ranking professions is on the rise. It could be taken as a welcome change or a departure from not so equitable occupational structure of the past. However, it may still be stated that the situation is in favour of the better placed in society.

Further, social origin as a composite variable is analysed for its implications for other aspects of medical profession and those who practice it. It is sought to ascertain whether the social origin, has anything to do with the other traits of physicians as a section of society.

Social Origin and Gender

An attempt is made here to ascertain whether the social origin regulates the entry of men and women into medical profession. For reasons of tradition and cultural values, women from high social origin refrain from gainful employment and on the other hand, the women from low social origins lack in the means of opportunities for entering into professional practice of medicine. As such, women in Indian context are less prone to be professionals. However, as mentioned earlier, one-fourth of the respondents are women which could be noted as a welcome change. What is of sociological significance to note here is that though proneness of men and women entering into medical profession is not significantly determined by the social origin, it appears that men (52.7 percent) and women (64 percent) from high social origin are rather better disposed to enter medical profession than their counter parts from low social origin who lack monetary resources that need to be had to meet the high cost of medical education and they also lack favourable familial milieu that encourages them to venture into medical profession. The situation appears to be more so in case

of women as against men. The data seem to suggest that women from low social origin are more severely handicapped in resources and encouragement to take to medical profession than are their counterparts from high social origin. Thus, it may be stated that, in so far as women taking to medical profession is concerned, it is those from high social origin who are better disposed and more prone to take to medical profession though in case of men, such disparity is minimal.

Social Origin and Age

The present inquiry also seeks to analyze the relationship between social origin and age of the respondents. The data seem to indicate that no such glaring differences between young and middle aged respondents could be observed in their identification with 'low' social origin. But there is a large gap in the representation of the respondents from 'low' and 'high' social origin at the old age category. The medical profession appears to be now accessible to all the sections of the society as 46.2 percent of the young physicians come from low social origin. This may be attributed to the processes of secularization, democratization, universalization of education and the government policy pertaining to the admissions to professional and technical institutions. It could, thus, be stated that medical profession is no longer a monopoly of high caste, high income and better educated families. The government policy regarding the reservation of seats to medical colleges could be presumed as having provided opportunities to the bright aspirants from lower social strata to take to medical education and thereby to medical profession. However, the association between age and social origin of the physicians is not statistically significant.

Social Origin and Rural Urban Background

To understand the association between social origin and rural urban background of the respondents, the data are cross tabulated.

Table-3. Social Origin and Rural Urban Background

Social Origin	Rural Urban Background		Total
	Rural	Urban	
Low	38 (56.7)	51 (38.3)	89 (44.5)
High	29 (43.3)	82 (61.7)	111 (55.5)
Total	67 (100.0)	133 (100.0)	200 (100.0)

$X^2 = 6.09$; d.f. = 1 ; C = 0.171 Significant at 0.02 level

The data indicate that a majority (61.7 percent) of the respondents with urban background are from 'high' social origin, whereas majority (56.7 percent) of the respondents with rural background is from 'low' social origin. It can be stated that, the physicians drawn from urban background tend to be more often with 'high' social origin and the physicians drawn from rural background are more often from 'low' social origin. The data also show that, there is a statistically significant association, at 0.02 level, between the two.

Social Origin and Bases for Medical Education

Further, social origin is cross tabulated with the bases for medical education of the respondents. It is logically assumed that admission to medical education is the function of the socio-economic background of an individual. As such medical education is meant exclusively for upper class families since the educational achievements required to take up medical profession and the cost one has to bear to qualify oneself as a physician are beyond the cultural and economic reach of the lower castes and classes. Hence, an attempt is made here to ascertain the avenues for medical education as determined by the social origin. The data pertaining to bases for medical education are viewed in the light of the social origin are presented in Table-4.

Table-4. Social Origin and Bases for Medical Education

Social Origin	Bases for Medical Education			Total
	Merit	Donation	Reservation	
Low	68 (41.2)	03 (21.4)	18 (85.7)	89 (44.5)
High	97 (58.8)	11 (78.6)	03 (14.3)	111 (55.5)
Total	165 (100.0)	14 (100.0)	21 (100.0)	200 (100.0)

$X^2 = 18019$; d.f. = 2; C = 0.288 Significant at 0.01 level.

The findings of the study seem to indicate that, it is those from high social origin who tend to take to medical profession through donation (78.6 percent), whereas those with "low" social origin appear to be less inclined to take to medical education through such means. Even in case of merit as basis for entering into medical education, those from 'high' social origin are much ahead of those coming from 'low' social origin. It is significant to note further that, in consonance

with their low caste background, the physicians with 'low' social origin have been benefited by the reservation policy in getting into medical education. The data reveal that among those with reservation as the basis for admission to medical education, 85.7 percent are from 'low' social origin and only 14 (14.3) percent are with 'high' social origin. Based on the above finding, it may be stated that prospective physicians from 'high' social origin rely more on merit and to some extent on donation. On the other hand, those with 'low' social origin largely depend on merit and quite a few of those who fail to take this avenue, tend to harness the policy of reservation to enter into medical profession. Whether social origin of the respondents has any direct bearing on their merit or academic achievements, needs to be probed more intensively in the near future. However, the study reveals that the cases for admission to medical education is a function of the social origin of prospective physicians with association between the two being statistically significant at 0.01 level.

Social Origin and Age at Thinking of Medical Profession

Further, social origin appears to be of significance in determining the age at which the physicians think of a medical career for themselves.

Table-5. Social Origin and Age at Thinking of Medicine as a career

Social Origin	age at Thinking of Medical Profession			Total
	6-12 years	13-18 years	After 18 years	
Low	07 (22.6)	58 (45.0)	24 (60.0)	89 (44.5)
High	24 (77.4)	71 (55.0)	16 (40.0)	111 (55.5)
Total	31 (100.0)	129 (100.0)	40 (100.0)	200 (100.0)

$\chi^2 = 9.93$; d.f.= 2; C = 0.217 Significant at 0.01 level.

The table appears to indicate that the age at which the prospective physicians think of medical career is positively associated with the social origin, that is, those with 'high' social origin appear to be having a more crystallized view of their future profession at an early age compared to their counterparts from 'low' social origin. More than three-fourths (77.4 percent) of those who thought of a

medical career at young age, between 6 to 12 years, are from 'high' social origin. On the contrary, 60 percent of those who thought of a medical career after the age of 18 come from 'low' social origin. The finding seems to indicate that, the occupational aspirations are determined by the milieu of the family in which the individuals are brought up. The families with higher levels of educational and occupational achievements and the ones that are economically better-off provide a conducive milieu for individuals to have definite future plans at an early age. It is found that individuals with parents who are better educated and better placed occupationally with sound economic background tend to think of a definite career for themselves at an age earlier than those who lack such a family background. This argument appears to be holding good in the cases of those in medical profession. The association between the age at thinking of a medical profession and the social origin was found to be statistically significant at 0.01 level.

Social Origin and Educational Achievements

Educational attainments are viewed to be the function of a variety of socio-cultural and economic conditions in which an individual finds oneself. Since social origin is employed as a composite background variable, an attempt is made here to ascertain its implications for the educational attainments of the physicians. The data seem to indicate no such statistically significant association between the social origin and educational achievements of the physicians. It could be observed that, 51.6 percent of the respondents with moderate educational attainments, that is, bachelor's degree in medicine come from 'low' social origin, whereas 58.8 percent of the respondents with 'high' educational achievements are from 'high' social origin. Similarly, 41.2 percent of the respondents with 'high' educational attainments are with 'low' social origin, whereas 48.4 percent of the respondents with moderate educational performance are from 'high' social origin. Hence, it could be inferred that, social origin may not be an important factor determining the levels of educational achievements of physicians.

However, the grades achieved in the medical education appear to be the function of social origin of the physicians.

Table-6. Social Origin and Educational Grades

Social Origin	Educational Grades		Total
	Low	High	
Low	34 (64.2)	55 (37.4)	89 (44.5)
High	19 (35.8)	92 (62.6)	111 (55.5)
Total	53 (100.0)	147 (100.0)	200 (100.0)

$\chi^2 = 11.28$; d.f. = 1; C = 0.231 Significant at 0.01 level.

The table indicates that, nearly two-thirds (64.2 percent) of the respondents with 'high' educational grades are drawn from 'high' social origin, whereas, similar proportion (62.6 percent) of the respondents with 'low' educational grades are drawn from 'low' social origin. The data appear to be indicating to a positive association between the social origin and educational grades of the physicians. It may appear logical that, those who have entered medical education primarily on the basis of merit and those who are endowed with better familial milieu with regard to educational and economic standards could be doing better in their studies. It could also be recalled here that those with high social origin also have parents who more often tend to be professionals themselves. These conducive factors may not be the components of the milieu in which the physicians with 'low' social background are brought up to stand them in good stead in their academic pursuits. Thus, it may be concluded that, though social origin may not be of much consequences for the levels of academic attainments, it may be significant in determining their grades in medical education.

Conclusion

Based on the personal traits and social characteristics discussed in the foregoing section an attempt could be made to portray a social profile of physicians as a professional group. The major thrust here is to provide a social profile of a typical physician in this part of the country. A typical Indian physician in this region is a young urbanite male with a median age of 41.3 years coming either from 'high' or 'low' social origin, with considerably high educational and intellectual caliber. They seem to represent upwardly mobile youngsters drawn from relatively affluent class. In all, with regard to the social origin and its implications for the personal and professional traits of the physicians, the study reveals that, social origin of the physicians is not that significant in determining other aspects or traits of this professional group. Though a majority of the physicians are from 'high' social

origin, the fact that they come from 'high' social origin or the rest are with 'low' social origin would not make much difference with regard to other traits of this section of society. Social origin would not determine the age or gender of the people who enter into medical profession nor does it have anything to do with their educational attainments. However, physicians from high social origin have a conspicuous tendency of thinking about a medical career much earlier in life and graduating themselves in medical education much earlier with better grades due to their having taken admission to medical education on the basis of merit. On the other hand, those coming from 'low' social origin tend to rely relatively more on reservation as an avenue to medical education combined with merit and it is to this group of physicians that a medical career means a quantum jump in inter-generational upward mobility.

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