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Barriers and Privileges to Career Advancement for Women in the Pharmaceutical Industry of Pakistan

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Abstract

This research investigates the career advancement barriers and privileges experienced by women in Pakistan's pharmaceutical industry, focusing on female medical representatives in Islamabad and Rawalpindi. Despite constituting half of the population, women in Pakistan face social and cultural restrictions that limit their opportunities for freedom, education, and employment. Utilizing the glass ceiling theory, which explains the invisible barriers hindering the career progression of women and minorities, this qualitative study gathers in-depth insights from twelve female professionals through purposive and convenient sampling techniques. The findings reveal significant challenges, including health issues, excessive workloads, overtime, lack of breaks, wage deductions, and workplace harassment. Economic necessity often compels women to endure these adversities. The study suggests that pharmaceutical companies should implement mentoring programs, flexible work schedules, and individual-level support measures to foster a diverse and gender-equal workplace, thus aiding the career advancement of female medical representatives.

Keywords: Pharmaceutical Industry, Women in pharmaceutical industry, Work Place Dynamics, Glass Ceiling Theory.

Introduction

The development of a country's economy depends on the pharmaceutical sector. Medical salespeople play a crucial role in pharmaceutical companies by acting as a liaison between the selling business and its clientele, which includes doctors, medical shop owners, and the stockiest. For some clients, the salesman is practically synonymous with the business. Medical sales agents work to increase the income of the organization by persuading doctors with different specialties to endorse pharmaceutical products. A medical representative's main duty is to market and

promote the pharmaceutical products that their company manufactures. Among their clientele may be physicians, nurses, and chemists. The medical representative will make the product more responsive, answer questions, request ideas, provide recommendations, and introduce new products to the market (Beri, 2008). Women have historically been underrepresented in a variety of jobs, including that of medical representatives, in the traditionally male-dominated pharmaceutical business. The number of women entering the industry has, however, significantly increased recently, which is indicative of wider cultural movements towards diversity and gender equality in the workplace. This shifting environment calls for a critical analysis of how gender affects the possibilities and experiences that female medical representatives have (Bhattacharyya, 2006).

Women have also assumed the more significant tasks of field managers and obtained access to the product management team in the marketing department of the corporate office. These days, it is not unusual to see a female field executive or medical representative (MR) standing in the queue with a group of male MRs to see a doctor. In a similar vein, it is typical to see female cycle and product launch meeting leaders who are also female product executives (PEs) or PMs. However, this was not the situation twenty to thirty years ago (Dasgupta, 2000). According to some sales managers, female medical representatives have a high degree of punctuality, discipline, the ability to organize their work for the day, tenacity, and persuasiveness, which makes them suitable candidates for employment. They also showed a great deal of devotion and commitment. Many individuals only wish to work part-time in the mornings and afternoons; therefore, they are more appropriate for urban regions than rural ones. Opponents counter that they would be better off working for hospitals or marketing to general practitioners (GPs) than for specialist divisions. Many of them want to end their calls as soon as possible since they detest having to wait for late-night calls from important specialists (Vaus, 2004). Furthermore, the bulk of female MRs take long maternity absences following marriage, which affects sales and territory growth. We must admit that there is a problem. Her responsibility after become a mother might be challenging to reconcile with the demands of a sales profession, and for those few months or years, family truly does come first. A growing number of mothers are returning to the workforce to work in sales, and many of them have progressed to become regional and area managers, and a small number of women have even taken on the responsibility of overseeing national sales (Laura, 2017).

Medical Representatives' Gender-Based Privileges

Professional women must learn to recognize and use the power of empathy the capacity to comprehend and experience another person's feelings in today's fast-paced corporate environment. Empathy is a vital component of business success and may play a significant role in the expansion and success of women-owned businesses. Healthcare personnel may view female medical representatives as more accessible and sympathetic, which may help foster relationships and trust (Pieter, 2009). In their line of work, female medical reps frequently encounter a special kind of empathic relationship. They face a variety of difficulties in the male-dominated pharmaceutical sales sector, including discrimination based on gender and unfair treatment.

Despite these challenges, female representatives often find comfort and empathy in the experiences of one another. This empathetic connection is created by common challenges, victories, and the unwavering quest for career success in an industry that frequently ignores their efforts. They take solace in the collective resilience of each other when faced with client disdain or skepticism. They also have a link that goes beyond professional difficulties to include emotional ones as they manage the tightrope between work and family life. Through mutual assistance, they establish a close-knit community that provides not just support but also direction and mentorship. Female medical representatives foster a network of support via mutual encouragement and empathy, which enables them to overcome challenges and succeed in their employment. This relationship is evidence of their tenacity and will in a field that still has to progress towards gender parity (Dasgupta, 2000).

Bias based on gender may occasionally exist in recruiting and promotion procedures. For instance, there may be a belief that female representatives are more caring or sympathetic, whereas male representatives are more aggressive or convincing. These prejudices can limit chances for people of a certain gender by influencing who is recruited or promoted, yet female reps can now easily have sales and promotions. A portion of medical representatives go on to become trainers, instructing and guiding incoming representatives and medical professionals in the usage of various goods. Some pharmaceutical corporations use female medical representatives to assist in recruiting for clinical trials, managing such trials, and creating new commercial prospects, like joint ventures or collaborations with medical facilities (Kotler, 2000). It's important to note that the opportunities for female medical representatives, like their male counterparts, depend on their qualifications, experience, and networking skills. In many regions, the pharmaceutical industry is striving to promote diversity and inclusion, which can create more opportunities for women in traditionally male-dominated roles. To excel in these roles, it is important to continuously update knowledge about products, industry regulations, and healthcare trends. Building strong relationships with healthcare professionals and being adaptable are also key factors for success in this field (Reddy, 2011).

Access to networking opportunities and mentorship programs through organizations and events may be available to female delegates. They build a network of connections by forming and sustaining business ties with medical specialists. With physicians and other medical professionals in their sales region, medical salespeople establish a strong professional network (Shahu, 2008). These network opportunities allow women practitioners to meet their peers, mentors, and leaders in the field and learn from them, exchange of knowledge takes place which also helps in skills development and to help in their career. Earlier there was no such networking facility available, so skill learning and professional development were also limited but due to changes in the present era these mentorship programs and workshops are much more beneficial, and a lot of female practitioners take advantage of them (Smith, 2020). From the Islamic perspective, the notion of gender-based privileges within the realm of Medical Representatives can be understood through the lens of Islamic teachings on equity, justice, and respect for individual differences. Islam advocates for the fair treatment of all individuals regardless of gender, emphasizing equal opportunities for both men and women in various aspects of life, including

employment. Both men and women are regarded as equal in the eyes of God, with each gender possessing inherent rights, responsibilities, and capabilities. However, Islam also recognizes and respects the physiological and psychological differences between men and women, acknowledging that certain roles or tasks may be better suited to one gender over the other due to these differences. This recognition does not imply superiority or inferiority but rather emphasizes complementarity and collaboration between genders.

Regarding Medical Representatives, Islamic teachings emphasize the importance of professionalism, integrity, and ethical conduct in all professions, including healthcare-related occupations. Both male and female Medical Representatives are expected to uphold these principles in their interactions with healthcare professionals, patients, and the public. From an Islamic perspective, any privileges or advantages granted to Medical Representatives based on gender should be justified by legitimate reasons such as cultural norms, societal expectations, or practical considerations rather than arbitrary discrimination. However, these privileges should not infringe upon the rights or dignity of individuals of the opposite gender nor perpetuate gender stereotypes or biases. Islamic teachings encourage mutual respect, cooperation, and collaboration between men and women in the workplace, promoting a harmonious and inclusive environment where each individual's talents and contributions are valued and recognized regardless of gender. In the context of Medical Representatives, both men and women have unique perspectives, insights, and skills that can contribute to the effectiveness and success of their role in promoting healthcare products and services. Islam emphasizes the importance of justice and fairness in all aspects of life, including employment practices. Therefore, any gender-based privileges or disparities within the field of Medical Representatives should be critically examined to ensure that they align with Islamic principles of equity and fairness. This may involve addressing systemic barriers or biases that may disproportionately affect individuals based on their gender and working towards creating a more inclusive and equitable work environment for all.

Gender Bias and Barriers for Female Healthcare Representatives

In the healthcare sector, gender prejudice persists despite advancements. Healthcare professionals may be critical of or biased toward female representatives if they are perceived as having less authority or technical competence. For women, gender prejudices manifest themselves quite early in life. Accepting that women are capable of working side by side with men is challenging. In Pakistani society, men are encouraged to dominate in all significant, difficult, and demanding duties, while women are viewed as weak and limited to handling lighter workloads. Women's potential and abilities have historically been undervalued when it comes to hiring, pay equity and promotion opportunities. Even if a woman works, her wages are frequently given to her husband, father-in-law, or other senior family member, limiting the extent of her freedom. Even When a woman works, she still has to rely on someone (Gole, 2008).

The glass ceiling is one of the most concerning professional trends that restricts women's potential. The demographic characteristics of most organizations show that they face various forms of discrimination, including the glass ceiling phenomenon that creates uneven opportunities. The "glass ceiling" is a largely invisible barrier that keeps women from reaching

equality with men and from rising in their jobs. Women are underrepresented in organizations as a result of these barriers, particularly in senior positions (Singh, 2008). Advancement opportunities within pharmaceutical companies may be limited for female representatives due to a glass ceiling effect, preventing them from reaching leadership roles. The Glass ceiling is one of the biggest problems women in all professions face, but they all continue their struggles (Herbert, 1997). Although more women of reproductive age are working outside the home (extra-domestic) in Pakistan and other countries than they were a few decades ago, they are nevertheless expected to take care of their families' traditional intra-domestic needs (Ali, 2005). These double duties of home and job also cannot stop women from progressing. They keep growing in their careers despite being taunted by their male coworkers and being thought of as dull and weak. Women's medical representatives are struggling a lot. The whole day they did their duty and did everything to make their bosses happy. Juggling duty, administrative tasks, and personal commitments can lead to burnout and fatigue. Along with all these, they face gender biases and stereotypes in their workplace. Despite these challenges, many female medical representatives demonstrate resilience and determination, breaking barriers and paving the way for future generations of women in the field (Gold Stein, 2016).

Certain female representatives may feel burdened by social or professional demands about appearance, such as dress code and grooming standards. Save for models, actors, and anybody else who gets paid largely on appearance, women are still under more social pressure than males to be physically appealing (Sukhal, 2011). We're a visual species, and a lot of what we do in the professional context involves the judgment of others. In some workplaces, there are standards of dress, and rules about what is acceptable in terms of body weight, attractiveness, and appearance. In their professional duties, female medical professionals frequently encounter excessive pressure to uphold a polished image. Looking attractive might be especially important in a job where building trust and credibility is crucial to relationships. The pressure comes from several places, such as business standards that promote a polished image, cultural norms that emphasize physical appearance, and the competitive nature of the pharmaceutical sector. These delegates frequently have to walk a tightrope between coming across as personable and being taken seriously to strike a balance between presenting professionalism and meeting social standards for attractiveness (Ali, 2005).

Because she is perceived as being less productive than her male coworkers, a woman usually gets paid less for performing the same job. Sometimes, men coworkers and bosses treat their female colleagues in the workplace the same way they would treat their mothers and sisters at home. Gender challenges in the workplace are a constant in our nation. Men have always had the advantage over women. They have always been seen as lazy and lethargic at work. Women find it more difficult to work efficiently as a result of this imbalance, which also makes them more agitated. She is frequently discouraged from accepting jobs in isolated areas, working at strange hours, collaborating with men, etc. Her femininity is said to match the fact that she has less time available as a result of her weaker body (Browne, 2000). Moreover, because of the stereotypes women's work increases and she has to work harder in their fields to prove themselves and their capabilities. Discriminatory attitudes also create hurdles in women's progress. They face a lot of

difficulties in taking upper positions and if they have any bossy seats, they have to prove themselves in several ways. This can result in women being assigned less physically demanding tasks (Galletly, 2019).

Nowadays, all professional women are susceptible to sexual harassment, regardless of their status, personality, or type of employment. They experience sexual harassment in a variety of settings, including waiting for a ride, the workplace, homes, schools, and even police stations when they go to report anything. Unexpectedly, police officers are acting irrationally and violating women's modesty. Women are more likely to experience physical harassment due to the crowded nature of public transport. The majority of women are employed in low-paying service positions, whereas the majority of men have direct managerial positions that allow them to exploit their female subordinates. It is difficult for women in this scenario if the senior officer asks for sexual favors (McCann, 2005). The severe problem of sexual assault that female medical reps deal with highlights how vulnerable women are in the workplace. These delegates frequently operate in male-dominated settings where it is possible to take advantage of power relationships. Incidents of violence, coercion, and harassment can impede career growth and leave long-lasting psychological scars. Their work requires them to engage with healthcare experts in a variety of locations, which increases their exposure to these dangers. Their feeling of safety and dignity are compromised by the abuse they experience, which also breaches their rights. Furthermore, victims frequently remain silent out of fear of reprisals or harm to their jobs, which supports a climate of impunity. Comprehensive solutions, such as strong reporting systems, awareness campaigns, and support networks, are required to address this problem (Browne, 2000).

Research has indicated a correlation between higher workplace stress and physically demanding jobs, shift work, long hours, and temporary employment. Having a field job is directly correlated with higher levels of working stress, according to several studies (Hegewisch & Gornick, 2011). Poverty, lack of social support, and stress are all closely related. A woman's health and well-being suffer when she lacks emotional support and experiences greater degrees of social isolation. One in ten women say they are under a lot of stress, and the other ten percent say they are just under moderate stress. Women encounter considerable amounts of stress as a result of their struggles in the workplace with sales and other issues (Zachariah, 2009). There is a long-standing stereotype that women are less capable and productive workers than males. Women are hampered by the mindset that views them as unsuited for particular professions. Gender prejudice makes it difficult to attract them, even despite the constitutional guarantees. Furthermore, the unfairness of different pay for the same task is governed by the same mindset. Women believe they have to do better than their male coworkers to succeed in the business world. Bosses and subordinates have higher expectations as a result, and they work more efficiently. Women are inherently more strained than males when working in such environments, which lowers their motivation for their jobs (Viswanathan, 2002). No one thinks of upgrading their skills with technological advancement which makes it easy to terminate a woman's employment and hire other people. Women's issues do not occur on the priority list of most of the trade unions. Traditionally women are seen as the housekeepers and child bearers. A woman could still bear up with these problems if she controls over money that she earns but, in most cases, their salary is

handed over to her father, husband, or in-laws. Therefore, the main purpose for seeking employment to get independence is nullified in many cases (Zhu, Khan, & Ilyas, 2012).

It may be challenging for female representatives to find mentors and role models in the sector due to the underrepresentation of women in senior positions. Leading Indicating Data (2004) found that salespeople who consistently go beyond the waiting area have established a reputation for giving doctors useful product information. A new World Health study of 410 physicians quantifies the importance of relationships, a belief that many people already hold (Sevle, 2008). In Islamic perspectives, the role of women in professions such as medical representatives are encouraged and respected, aligning with the broader principles of gender equity and the pursuit of knowledge. However, like in many other professions, female representatives may face certain disadvantages influenced by societal norms and cultural dynamics rather than religious teachings. In Islam, women working as medical representatives is permissible, provided certain conditions are met. These include maintaining modesty, observing the hijab, and ensuring interactions with men are professional and within the bounds of Islamic decorum. The work should not involve any unethical practices or compromise religious obligations, such as prayer times. The intention behind the work should be aligned with Islamic values, such as contributing to the well-being of society and providing for one's family. The permissibility can vary based on interpretations and cultural contexts within the Islamic framework. Consulting a knowledgeable religious authority can provide personalized guidance.

Female medical representatives may face discrimination or unequal treatment in the workplace based on gender stereotypes or biases. This can manifest in various forms, such as unequal pay, limited career advancement opportunities, or exclusion from decision-making processes within healthcare institutions. These challenges not only hinder the professional growth and well-being of female medical representatives but also perpetuate systemic inequalities within the healthcare sector. Moreover, balancing professional responsibilities with familial obligations can be particularly challenging for female medical representatives in societies where traditional gender roles place a heavier burden on women for caregiving and household duties. The expectation to fulfill domestic duties alongside demanding work schedules can lead to burnout and hinder career progression for female medical representatives. Despite these challenges, Islamic principles uphold the value of justice, fairness, and equal opportunities for both men and women. Islamic teachings emphasize the importance of respecting women's rights, including their right to pursue education and professional careers. Therefore, efforts to address the disadvantages faced by female medical representatives should be guided by these principles, promoting gender equality, inclusivity, and supportive work environments within the healthcare sector.

Theoretical Framework

According to the "glass ceiling" notion, there are some obstacles that keep people from moving up the corporate or professional ladder, especially women and minorities, even when they have the necessary training, experience, and credentials. The term "glass ceiling" refers to the societal barrier that keeps women from advancing to higher positions in management. Prejudice against minorities has been added to this. The term "glass ceiling" was first used in 1978 at a Women's

Exposition by Marilyn Loden. According to this hypothesis, the main cause of the glass ceiling is prejudice, whether it be overt or covert. Discrimination can take many different forms, such as prejudice in judgments about employment and advancement, uneven compensation for comparable labor, and exclusion from significant networks or opportunities. According to discrimination theory, societal and organizational preconceptions and ingrained prejudices are the reason for the glass ceiling. This idea applies to this research since it clarifies the advantages and disadvantages those female medical representatives encounter. since they are members of the working class in society. According to the glass ceiling idea, women's professional advancement is restricted by social conventions and unseen hurdles that keep them from rising to senior positions inside companies. This is relevant to female medical representatives, as follows. Due to bias or discrimination based on gender, female medical representatives may receive lower pay than their male counterparts. To navigate their job trajectories and fight for their progress, women frequently need sponsors and mentors. When women are unable to take advantage of these chances, the glass ceiling may become apparent. Stereotypes and gender prejudice have the potential to impede the advancement of female medical representatives by influencing how they are viewed and assessed in their positions.

The underrepresentation of women in leadership positions is frequently brought to light by the "glass ceiling" idea. inside this environment, female medical representatives may see a dearth of women in senior management roles inside pharmaceutical businesses, which can perpetuate gender-based disadvantages and be discouraging. Like women in other professions, female medical representatives may experience difficulties juggling work and personal obligations, which may limit their capacity to take advantage of possibilities for professional growth. This is especially important in professions where there are strict travel requirements and quotas. Obstacles might prevent female medical reps from moving up the job ladder in the pharmaceutical or healthcare industry. Due to prejudices and stereotypes based on gender, people may find it difficult to advance to higher positions despite their qualifications and talents. It is crucial to remember that not all female medical reps will feel the glass ceiling effect to the same extent because experiences might differ depending on a variety of factors, including personal circumstances, industry standards, and business culture. The glass ceiling argument, however, draws attention to the structural impediments that may impede women's ability to advance professionally and take advantage of possibilities in a variety of fields, such as pharmaceutical sales and healthcare. To overcome these obstacles, organizations are encouraging diversity and inclusion programs, offering sponsorship and mentorship opportunities, and confronting gender prejudices.

Research Methodology

The current study aimed to gain a comprehensive understanding of the subjective experiences of female medical representatives in the pharmaceutical sector, utilizing a qualitative research methodology. The target population comprised all female medical representatives working in the pharmaceutical industry. Due to the nature of the investigation, a non-probability sampling technique was employed, specifically utilizing purposeful and convenient sampling based on predetermined criteria. This approach allowed for the selection of information-rich cases relevant

to the study's objectives while saving time and resources. Data collection was conducted through in-depth interviews using an interview guide as a research instrument. The sample size was determined based on data saturation, with additional participants included due to time and resource constraints. The choice of sample size was influenced by factors such as the number of variables for analysis, population variability, and desired accuracy level.

Interpretative Phenomenological Analysis (IPA) was chosen as the method of inquiry to interpret the lived experiences of female medical representatives. IPA facilitated a thorough and detailed interpretative description of participants' experiences, allowing for an in-depth exploration of their perspectives within the social context. By focusing on individual experiences and perceptions, IPA enabled a nuanced understanding of the participants' lived realities. Female medical representatives from Islamabad and Rawalpindi were selected as participants for this study, with the primary objective being to investigate the privileges and disadvantages they encounter in their professional roles. Informed consent was obtained from each respondent before conducting interviews, and pseudonyms were used to ensure confidentiality. Thematic analysis was employed to make sense of the gathered data, involving rigorous transcription and coding processes. Throughout the analytic process, efforts were made to contextualize participants' experiences within their living environment, allowing for a comprehensive understanding of the phenomena under investigation.

The analysis

The key issues encountered by the respondents were related to wages, home responsibilities, sexual harassment, emotional violence, and psychological violence are the most common issues encountered by women medical representatives. The interviews highlight aspects of their lives, challenges, and complexities that they face in their job sector.

Disadvantages Faced by Female Medical Representatives in the Pharmaceutical Sales

Industry Due to Gender

In the healthcare sector, sexism against women can persist even with advancements. Healthcare professionals may be critical of or biased toward female representatives if they are perceived as having less authority or technical expertise.

One of the respondents said,

“We girls are facing gender bias in every aspect first our company told us to keep ourselves up to date more than men to sell their products secondly, they prioritize male workers to newer positions and give them new opportunities they are taking salaries above our salary. Whenever a company makes a new head, they always prioritize male”.

The glass ceiling is one of the most concerning professional trends that restricts women's potential. Other than the glass ceiling workload is also the biggest problem faced by female representatives. They have to deal with heavy workloads and a lot of pressure from their bosses. A total of ten participants expressed feeling overworked. Employers place a great deal of pressure on seven respondents to do well at work. Six of the twelve respondents said they were under tremendous job pressure to sell the items. One responder stated that the medical representative's independence is limited since she must promote her employers' items and adhere to their wishes. She is forced to suppress her emotions as she is unable to express them.

Now I have quoted the words of Saeeda,

“I have to sell the company's products, whether that's pharmaceutical drugs or medical equipment for that reason we have a lot of work to do. We have to travel a lot and change several vans to reach different hospitals and clinics to sell our products sometimes we have to wait for doctors for several hours which again becomes very hectic; convincing doctors is also a very difficult job. I have to do work from morning till evening and should complete the work that the employer orders”.

Female medical representatives have to do a lot of work the entire day which is too much than the salary they are given. These workers work the entire day on one foot, their health is also affected badly due to a lot of work. Female representatives are facing a lot of salary-related issues, their work is less valued as compared to male medical representatives. Out of twelve respondents, seven said that employers used to deduct their salary if their products were not sold. By deduction from their salary, there remains nothing for them from their endeavor as their salary is so low. Only five respondents were satisfied with their income.

Now I have quoted the words of Fatima,

“Last month I had a very less sale because I had a high temperature so it was quite difficult for me to go to work so in that whole illness I haven't gone to work and this suffered my job also my sales were very less last month and due to this my employers deducted my salary. They are already not paying me a good salary they are giving me less salary than the amount of work they take from me.”

Employers deduct a lot of amounts from the salary of employees which causes too many problems for employees. Female medical representatives also face a lot of health issues. Out of twelve respondents, five respondents are suffering from back pain. Three respondents have a continuous headache problem. Also, one respondent is suffering from jaundice.

Now I have quoted the words of Nabeela who is facing a health problem,

“I am working for a medical firm that said that my salary is not fixed and it is based on the number of products I sell. For this reason, I am working day and night to sell medical products which is very hectic sometimes, it takes all my energy, I am now continuously suffering from back pain because of standing and waiting for long hours, and may be due stress of sailing the products.”

Women of the lower class are facing a lot of health problems and budgetary crises because they do not have basic health necessities due to lack of money. All-day female medical representatives work, and the burden of work also creates tension that they become patients of depression. According to the respondents' socioeconomic profile, they are typically the sole earners in the family, and as a result, the entire family depends on them. They have severe financial difficulties as a result of the underpayment of their labor. Out of the twelve participants, eleven expressed their sorrow and hardships through certain expressions. They depicted their poverty and summed up their suffering in just one sentence. As one responder put it, there comes a moment when things become difficult to go through, while another expressed how tough it is to get through her current predicament. These words evince their financial austerity. They are vulnerable to several risks, including abuse, because of their economic fragility.

One of the respondents named Tehmina said that, “We are seven family members and only two earn. It is exceedingly difficult for my family to meet the needs of daily life and the expenditures are more and sometimes there are huge financial crises. I have to pay the rent of the quarter and have to meet other basic needs of the house but the salary my employer gives me is exceedingly small and that becomes very hard for us to meet the basic needs of the house”.

Female medical representative is usually facing a lot of financial problems because their wages are exceptionally low. They have multiple family problems in their own home. Women who work as medical representatives have demanding jobs both inside and outside the house. Several of my respondents are married with children, so on top of this demanding profession, they also have a lot of additional responsibilities at home. They perform primarily invisible and unpaid chores around the house. As a result, they must deal with certain problems in their home that they have not been able to resolve.

Four of the twelve respondents said that they work to support their families since their husbands work in blue-collar occupations, which makes it difficult for them to provide for their basic requirements. Out of the twelve respondents, two stated that their children are the reason for their conflicts. Concerns over their kids' education are raised by my replies. The majority of working-class children continue to live in poverty. Mothers devote their entire being to raising their children to be better human beings and educated. They also began to earn money for them to cover all of their necessities. These women not only have to work outside the house, but they also have to take care of all household chores, and nobody helps them.

According to one responder,

Double duties make life miserable and the whole time I am busy mentally too, with no time to think about myself and these double duties of twenty-four-seven make me sick.

According to eight respondents, they have to perform two jobs: one at home and one at work. They have some problems because of the nature of their profession. Because they can't care for their family, children, the elderly, or the sick at home due to the informality of their working conditions, they are under a lot of stress (Ali, 2005).

Occupational harassment is another big problem which is faced by workers. Most likely, female medical reps are the ones who experience rape and sexual harassment the most. Employees are unable to report to members of their employers who mistreat them because of the social shame associated with it and the financial incentive to keep working (McCann, 2005). The respondents typically responded with "No, I have never faced any harassment," indicating that they were hesitant and afraid to answer this question. Ten of the twelve respondents said they had never heard of an instance like this. They are fearless in this way. About this matter, just two responders provide information. Now I have quoted the words of Hamna who is facing harassment at the workplace,

“Our work is very demanding we have to be very up-to-date when going out to sell medical products so normally men steer us although we are fully covered still men see us very badly last month when I went to sell products in the clinic doctor's assistant started touching my hand some how I have found the way to run out of the clinic and after that I have never gone there”.

Many women and girls employed as workers around the world face an appalling array of abuses. Sexual harassment against workers is among these abuses.

Another respondent named Tooba said,

“My company’s manager where I work has a very bad eye on me, he usually tries to be funny with me by cracking shameless jokes and often he tries to touch my hands especially when I give him something documents, etc.”

Sexual harassment is a common occurrence for professional women nowadays, regardless of their personal traits, status, or line of work. They experience sexual harassment when traveling to and from work, school, and hospitals, as well as at home and police stations when they seek to lodge complaints. It is shocking to learn that women's modesty is being violated and outraged by law protectors. Due to overcrowding on public transit, women are more likely to be physically harassed. The majority of women work in low-paying service positions, while males are often in direct managerial roles, allowing them to take advantage of the women who work for them. Women in this position may find it challenging if the higher-ranking officer requests sexual favors. If rejected, the manager uses alternative tactics to make her life miserable (McCann, 2005). Due to all such pressures psychological problems have been increased in these women. Eleven of the twelve respondents claimed that their heavy workload and other tension causes them a great deal of stress. Two of them claimed that their company withholds money for work that is not completed correctly; as a result, they experience a great deal of stress and fear for their jobs.

Now I have quoted the words of Naseem,

“My health condition is worsening day by day I feel a lot of pressure to sell medical products on time otherwise if the goal is not persuading then my employer deducts the amount from my salary, this is a great burden indeed.”

Many employees experience excessive pressure from their bosses or the company's regulations to sell products on time and at maximum quality, which leads to stress and harassment. These factors are also the main causes of psychological issues among women. They experience intense dread as a result of harassment, and they are tense the entire time.

Advantages Enjoyed by Female Medical Representatives in the Pharmaceutical Sales Industry Due to Gender

Females in this sector have a lot of problems but some privileges in this sector include networking opportunities.

“As a female representative, my job is to visit different doctors and pharmacies to help sell my products it helps in making network opportunities as a female knows about female problems then it is more helpful for us to sell products related to female problems.”

Female representatives have the advantage of knowing all the problems related to females and so this helps in selling their medical products.

Another respondent said,

“My company always sends female employees in medical campaigns to help sell their products, but it also helps in making new networks and welcoming new opportunities also we come to know about the demands of the public.”

Access to networking opportunities and mentorship programs through organizations and events may be available to female delegates. They build a network of connections by forming and sustaining business ties with medical specialists. With physicians and other medical professionals in their sales region, medical salespeople establish a strong professional network (Shahu,2008). When marketing items linked to obstetrics, gynecology, or other female-focused healthcare fields, female representatives can offer a distinctive viewpoint on women's health concerns (Rudolf, 2009).

One of the respondents said,

“Female medical representatives have this opportunity they know all the problems related to women which helps them sell their products. They know which health issue is common in women, so they mostly sell that product which has a lot of demand”.

Discussion

The research findings shed light on the significant challenges faced by female medical representatives in the pharmaceutical sales industry. Among the respondents, issues such as unequal wages, the burden of home responsibilities, and instances of sexual and emotional violence emerged as prevalent concerns. Interviews with participants highlighted the multifaceted challenges they encounter in their professional lives, ranging from workplace biases to heavy workloads and health-related issues. A respondent highlighted gender bias within the industry, where women face disparities in opportunities for advancement and are often undervalued compared to their male counterparts. This bias extends to wage discrepancies, with female representatives experiencing deductions for underperformance despite shouldering immense workloads. Health problems, including back pain, headaches, and stress-related ailments, further compound their challenges, exacerbated by financial insecurities stemming from low wages. The interviews underscored the socioeconomic vulnerability of many female representatives, who often serve as the primary breadwinners for their families. Despite their dual roles as working professionals and caregivers, they confront systemic barriers and occupational harassment, including instances of sexual misconduct in the workplace. However, amidst these adversities, some advantages were noted for female representatives.

Networking opportunities emerged as a significant privilege, allowing them to leverage their insights into women's health concerns to enhance sales strategies. Access to mentorship programs and the ability to offer unique perspectives on female-focused healthcare products were also identified as potential advantages for women in the industry. Female medical representatives often navigate a unique terrain in their professional journey, grappling with a complex interplay of gender-based privileges and handicaps. On one hand, being a woman in a traditionally male-dominated field can offer certain advantages, such as the ability to establish rapport and trust with healthcare providers who may prefer interacting with women. This can be especially true in specialties where female patients are prevalent, as female representatives may be perceived as more empathetic and relatable. Female medical representatives often grapple with the delicate balance of managing professional expectations while navigating societal norms surrounding femininity. They may face pressure to conform to certain beauty standards or expectations of warmth and approachability, which can inadvertently detract from their perceived

professionalism or expertise. This can create a double bind where they must navigate between being assertive and accommodating, often facing scrutiny regardless of their approach.

The challenges faced by female medical representatives can intersect with other aspects of identity such as race, ethnicity, or socioeconomic status, further exacerbating disparities within the field. Women from marginalized backgrounds may encounter additional barriers to entry or advancement, highlighting the intersecting nature of privilege and disadvantage. Based on this rapid review, there is some preliminary evidence that female medical representatives face more handicaps than privileges in the pharma sector. The handicaps they face are work workload, no fixed time, the job can be prolonged based on sales similarly salary also depends on sales, psychological problems, and harassment at work workplace is very common. A lot of respondents said that they face some sort of harassment at the workplace, great pressure of physical appearance, they have to look good to sell their products, financial problems, their home responsibilities, health issues, and many other handicaps they face and to talk about privileges due to their gender they have a lot of networking opportunities. Female representatives may have access to networking events or organizations that can be beneficial for career growth and mentorship. They establish and maintain professional relationships with healthcare professionals, creating a network of contacts.

Conclusion

our main goals have led to this extensive study, which has illuminated the diverse experiences of female medical representatives in the pharmaceutical sales industry. First, we looked into the advantages that come with being a female medical representative based on gender, like the ability to address diversity issues and powerful rapport-building skills. Second, a detailed investigation of the obstacles and handicaps associated with gender revealed problems such as discrimination, stereotypes, uneven pay, restricted career advancement, difficulties juggling work and life, and networking difficulties. In addition, our study revealed coping techniques and support systems that female medical representatives used to successfully manage these gender-related difficulties. These tactics include dispelling myths, promoting fair pay, striking a work-life balance, and proactively looking for networks and mentors.

The healthcare sales industry's perception of female medical representatives is shaped by both gender-specific advantages and disadvantages. They may gain from their capacity to forge connections and tackle diverse issues, but they also confront difficulties including prejudice, unfair pay, little chances for job progression, problems with work and personal obligations, discrimination, and barriers to networking. To achieve gender equality in this profession, organizations must work together to put policies and initiatives that support inclusion, flexibility, equal pay, and mentorship programs into place. The industry can empower female medical representatives and enable them to flourish professionally while also contributing to a more varied and equitable healthcare sales environment by addressing these concerns.

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