

ORIGINAL ARTICLE

Perceptions of Female Medical Students about Practicing in Rural Areas

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ABSTRACT

Background: Effective management of human resources for health-care services in rural areas are dependent on high salary packages.

Aim: To explore whether security provided to female doctors in rural areas is sufficient as well as to determine if female doctors prefer to work in rural areas after specialization in Pakistan.

Study Design: Cross-sectional study.

Methodology: This study with enrolled female students (n=300) was carried out after ethical review committee's (ERC) approval at CMH Kharian Medical College (CKMC), Community-Medicine Department, Kharian-Pakistan. A structured close ended questionnaire was designed. Data was analyzed by SPSS software, version 17. Analyzed data presented as percentage.

Results: Results showed that 22% were satisfied whereas 78% subjects were unsatisfied. Regarding security satisfaction, 15% were satisfied whereas 85% were not. Similarly, staff available in RHC is sufficient according to 17% subjects while majority (83%) had opposite idea.

Conclusion: We concluded that majority of the subjects did not want to perform their duties at RHCs rather 78% of them were unsatisfied with facilities provided to them at RHCs. Other reasons for unwillingness included lack of security, medical staff, low salary packages and plus they are not trained to work there.

Keywords: Medical students, Rural Area and Security Concerns.

INTRODUCTION

The provision of adequate, accessible, appropriate and affordable health is one of the fundamental rights recognized by global leadership under banner of World Health Assemblies of 1978 and 1988.¹ Primary objective of any health system is to provide better medical facilities to their people globally.² Health workers are the basic force at acquiring this aim as revealed by literature review.³ Human settlements are classified into rural or urban area. A rural area is a geographical area that is located outside town and cities. According to health department US 'All population, housing and tertiary not included within an urban area' is rural area⁴.

According to one survey held in 1994, majority of our population (68%) lives in rural areas.⁵ But unfortunately, the rural population in our country is decreasing every year as shown by stats e.g in 1951 around 82.4% were habitants of rural areas but in last few decades, trend has changed and almost 4.2% people migrated to cities.⁶ Rural area is sparsely populated because of better living facilities available in urban areas. Rural settlements are more natural than urban areas. Population in cities have achieved benefits from man's advancements in science and technology⁷.

Pakistan has a huge primary health care infrastructure which includes 5000 BHUs, 600 RHCs, and over 100,000 lady health workers providing services all-over Pakistan. These primary health care services are supported by secondary as well as tertiary care.⁸ According to World Health Organization (WHO) recommendation, there should be minimum of 2-3 doctors, nurses and midwives per 1000 population to achieve the minimum levels of primary health interventions.⁹ According to an estimate by World Health reported in 2006, there was extreme shortage of health workers by approximately 4.3 million¹⁰, particularly in developing countries like Pakistan, India and Bangladesh. Globally, only 25% of total doctors work and serve rural population¹¹.

Unfortunately, health facilities in rural areas of Pakistan are in total disarray. Private sector finds it financially unviable to setup medical facilities in village. As government basic health units and dispensaries in villages are empty and ruined as doctors are unwilling to work there hence patients are on mercy of dispensers or quacks.¹² In the light of above description and increasing unwillingness among doctors, we planned the current project to explore reasons for female doctors unwillingness to work at RHCs and BHUs.

The objective of the study was to explore whether security provided to female doctors in rural areas is sufficient as well as to determine if female doctors prefer to work in rural areas after specialization in Pakistan.

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METHODOLOGY

Cross-sectional study with enrolled female students (n=300) was carried out after ethical review committee's (ERC) approval at CMH Kharian Medical College (CKMC), Community-Medicine Department, Kharian-Pakistan. A structured close ended questionnaire was designed. A written survey was taken to determine the inclusion and exclusion criteria. The participants (17-25 yrs) with normal physical health while the exclusion criteria were; age below 17 or above 25 years or those who were unwilling to get enrolled.

Statistical Analysis: Data was analyzed by SPSS software, version 17. Analyzed data presented as percentage.

RESULTS

The subjects were asked different questions and then results were compiled into frequency table-1 as shown.

Table-1: Assessment of willingness to work at rural area among subjects

Statements	Categories	%age
Are you interested in working in Rural Health Center (RHC) after completion of studies?	Yes	63
	No	37
Being a female doctor, if you think of working in rural areas, will your family allow you to work there?	Yes	32
	No	68
Are you satisfied with facilities provided in rural areas?	Yes	22
	No	78
Do you think security provided to female doctors in rural areas is sufficient??	Yes	15
	No	85
Do you think that staff available in Rural Health Center (RHC) is sufficient?	Yes	17
	No	83
Will you prefer working in rural areas after specialization?	Yes	22
	No	78
Do you think of facing disadvantages affecting your social, professional and family life, If you join rural practice?	Yes	70
	No	30
Do you think salary packages provided by RHC are sufficient?	Yes	55
	No	44
Change of culture is one factor you won't prefer working in rural areas?	Yes	44
	No	56
Is hospital infrastructure adequate in rural community?	Yes	28
	No	72
Do you think people in rural areas are supportive?	Yes	63
	No	37
Do you think it will provide good exposure of general practice?	Yes	63
	No	37
How better do you think are health care facilities?	Excellent	02
	Good	64
	Poor	34
How high do you think is work load in rural areas?	High	27
	Medium	62
	Low	11
Why do you think students don't show interest about practicing in rural areas?	Not trained to work there	44
	Transport issue	27
	Not interested	29

DISCUSSION

Among 300 students to whom questionnaires were administered, no refusal was accounted they were between the ages of 24-26 years. When students were asked about their interest in working in rural health center after

completion of studies 63% showed their interest while 37% were not interested. When they were asked if they will be allowed to practice in RHC, according to 61% they will be allowed and 39% were not.

When asked if they were satisfied with facilities provided in rural areas, 22% were satisfied and 78% were not satisfied. When asked about security satisfaction, 15% were satisfied 85% were not. When students were asked that staff available in RHC is sufficient, 17% said it's sufficient and 83% said it's not sufficient. 51% students said they will prefer working in RHC after specialization while 49% did not prefer. Students were asked will their social, professional and family life will be affected if they join rural practice 70% said it will affect and 30% said it will not affect.

When they were asked about salary packages 45% said it is sufficient and 55% said it is not sufficient. According to 44% students change of culture is one factor they won't prefer working in RHC and 56% said change of culture is one factor affecting their interest. Infrastructure of hospital is one thing that affects the practice of a doctor when students were asked if they think the infrastructure is enough, majority about 72% said it is not enough and 28% said infrastructure is enough.

Then we asked students if they think working in rural areas will provide good exposure of general practice, 63% said yes it will be the best opportunity for general practice and 37% said no it will not provide good exposure of general practice. Most female doctors are conscious about the people of rural areas if they will be supportive or not. So, when students were asked about this 63 % believed that people of rural areas are supportive while 37% said they are not supportive. About health care facilities majority students about 40% agreed that health care facilities in rural areas are better, while 28% said facilities are poor and very few about 2% said health care facilities are excellent. When students were asked about the workload in rural areas 62% said it is just a moderate workload 27% said workload is high and very few only 11% said workload is low.

We were interested to know why some of the students did not show interest about working in RHC. We gave them a few reasons and asked them to choose the best one they think, the result then showed that 21% were not interested because they were not trained to work there, 23% were not interested because they thought it may bring difficulty in the way of education of their children, 27% were not interested because of transport problems, and 28% because of their lack of interest toward rural areas.

Limitations: Our study had limitations like financial constraints, lack of resources and lacked the evaluation of their ability to work at rural area in everyday life.

CONCLUSION

We concluded that majority of the subjects did not want to perform their duties at RHCs rather 78% of them were unsatisfied with facilities provided to them at RHCs. Other reasons for unwillingness included lack of security, medical staff, low salary packages and plus they are not trained to work there. Hence, government should improve and bring

betterment at rural areas in health care system so that humanity can be served properly.

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