

## DOES DIFFERENT STAGES OF MEDICAL EDUCATION WILL BRING CHANGES IN ATTITUDE TOWARDS RURAL HEALTH SERVICES?

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**ABSTRACT: OBJECTIVE:** To know attitude for rural health service in students of different stages of medical education like undergraduate (third year MBBS students), internship doing student and post graduates students. **MATERIALS & METHOD:** The present cross sectional study was conducted at Governement Medical College, Nagpur in month of august to November 2014 in predesigned and pretested proform. The proforma includes information about parents regarding socioeconomic status their occupation literacy status and also information regarding willingness to work in rural health services and different reasons for not giving health services to rural areas like political unstable area, no entertainments, no future, not having better leaving conditions, no proper education for their kids etc. Informed consent was taken prior to inclusion into the study. Three different medical educating students i.e 69 % (99 third MBBS students), 54% (Interns 87 students) and 47% (61 postgraduates students). **RESULTS:** Undergraduate student and in interns female students are more than male students and they are 71 (72 %) and 50(57%) respectively. Most of the study participants are residing in urban areas i.e. 63 (63.6%) undergraduates, 58(66.7%) interns and 49(80.3%) students in postgraduates are having urban is the place of residence. 54(76%) female students from undergraduates and 32 (64%) female students from interns and 15(68.1%) female students from postgraduates are willing to serve for rural health. female undergraduates students (88.7%) accepted rural area is unstable to work when compared with male undergraduates (42.9%) and this difference found to be statistically significant ( $p=0.001$ ). Majority of female undergraduates(69%) accepted that there is no personal safety in rural areas as compared with male undergraduates(17.9%). This difference also found to be significant ( $p=0.001$ ). Isolation and remoteness of the location of health facility was accepted by most of the female undergraduates(62%) as compared with male undergraduates (57.1%) but this difference was not found significant. **CONCLUSION:** Female student from each group like undergraduates, interns and postgraduates are agreed on the reason that rural area is politically unstable to work. Undergraduates believed that no personal safety and rural job is not challenging are the strong reason for not willing to work in rural areas. Although interns apart from the reason area politically unstable and less salary and benefit fills as the strong reason for denial of rural health services. Postgraduates also agreed that area politically unstable and rural job not challenging are the strong reason for not willing to work in rural areas, problem with local language, No oportunity for recreation and No better school for kids were reasons perceived by student for rural health service.

**KEYWORDS:** Attitude, rural services, undergraduates.

**INTRODUCTION:** The Government of India recognizes Health for All as a national goal and expects medical training to produce competent "Physicians of First Contact" towards meeting this goal. However, the medical education and health care in India are facing serious challenges in content and

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competencies. The burden of diseases in India is still large. Though there has been some improvement, national statistics reveal wide disparities between different states as also rural/urban areas with regard to access to basic medical services and quality health care. These are generally attributed to inadequate infrastructure and lack of resources. However, physician shortage, both generalist and specialist, inequitable distribution of manpower and resources, and deficiencies in the quality of medical education also need careful and critical analysis and improvement.<sup>[1]</sup>

In India this disparity demands more number of medical colleges which also crop up in the years. There are 269 medical colleges in the country producing 30922 doctors per year and there are 6, 83582 registered allopathic doctors in the country.<sup>[2]</sup> But most of allopathic doctors are reluctant in giving services to rural areas.

But in spite of it there are few doctors who willing to work in rural areas. This paper attempt to figure out few causes for not opting for rural health services. Based on this background this aims and objectives of presents study are:

1. To know attitude for rural health service in students of different stages of medical education like undergraduate (Third year MBBS students), internship doing student and post graduates students.
2. To know the different perception in students for not serving rural areas.

**Study Setting:** The present cross sectional study was carried out at Government Medical College & Hospital Nagpur (MS), India. Annual strength of this college is of 200 for MBBS and 129 post graduates of different fraternity.

**MATERIALS & METHODS:** The present cross sectional study was conducted in month of august to November 2014 in predesigned and pretested proforma which was prepared with the help of literature. The proforma includes information about parents regarding socioeconomic status their occupation literacy status and also information regarding willingness to work in rural health services and different reasons for not giving health services to rural areas like political unstable area, no entertainments, no future, not having better leaving conditions, no proper education for their kids etc. Informed consent was taken prior to inclusion into the study 69 % (99 third MBBS students), 54% (Interns 87 students) and 47% (61 post graduates students) responded for the study. It was voluntary approach by the students for the participation in the study. Appropriate statistical test are used to interpret the result.

**RESULTS:** The characteristics of participating students in present cross sectional study is depicted in Table 1. In Undergraduate student and in interns female students are more than male students and they are 71 (72 %) and 50(57%) respectively. Whereas in post graduate students they contribute 36%. Most of the study participants are residing in urban areas i.e. 63 (63.6%) undergraduates, 58(66.7%) interns and 49(80.3%) students in postgraduates are having urban is the place of residence. Government job of parents are the occupation of most of the study participants i.e 49(49.6%) of MBBS third year students, 38 (43.7%) of interns and 46(74.4%) of post graduates students. Doctor as a occupation of father were seen in 08(8.1%) in MBBS third year students, 12(13.8%) in intern students and 06 (9.8%) in postgraduate student. Whereas majority of the mothers of study participants were house wives. Both mother and father having doctor as a

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profession were 04(3.9%) in MBBS third year students, 06(6.9%) in interns and 06(9.8%) in post graduate students. Most of the study participants belonging in upper middle and middle class.

Characteristics	Under graduate students (n=99)	Intern student (n=87)	Post graduate Student (n=61)
Gender Male	28 (28%)	37(42.5%)	39(63.9%)
Female	71 (72%)	50(57.5%)	22(36.1%)
Place of residence			
Urban	63 (63.6%)	58(66.7%)	49(80.3%)
Rural	33(36.4%)	29(33.3%)	12(19.7%)
Occupation of father			
Govt. Job	49(49.6%)	38(43.7%)	46(74.4%)
Private job	42(42.3%)	37(42.5%)	09(14.8%)
Doctor	08(8.1%)	12(13.8%)	06(9.8%)
Occupation of mother			
House wives	63(63.7%)	48(55.2%)	32(52.5%)
Govt. job	17(17.2%)	19(21.8%)	11(18%)
Private job	15(15.2%)	14(16.1%)	12(19.7%)
doctors	04(3.9%)	06(6.9%)	06(9.8%)

**Table 1: Characteristics of study participants**

Willingness for rural health service	Undergraduate		Interns		Postgraduates	
	Male (%)	Femal (%) (p)	Male (%)	Femal (%) (p)	Male (%)	Femal (%) (p)
YES	12 (54.5)	54(76)	18(48)	32(64)	21 (53)	15(68.1)
NO	10 (45.5)	17(24) 0.054	19(52)	18(36) 0.12	18 (47)	7 (31.9) 0.27
<b>Total</b>	<b>22 (100)</b>	<b>71 (100)</b>	<b>37 (100)</b>	<b>50 (100)</b>	<b>39 (100)</b>	<b>22 (100)</b>

**Table 2 Gender wise distribution of study participants according to there willingness for rural service**

Table 2 shows those 54 (76%) female students from undergraduates and 32(64%) female students from interns and 15(68.1%) female students from postgraduates are willing to serve for rural health. Within the group this diffence was not found to be statistically significant in undergraduates (p=0.05), interns (p=0.12) and postgraduates (p=0.27).

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Reasons accepted by participants		Undergraduates (n=99)			Interns (n=87)			Postgraduates (n=61)		
		Male (%)	Female	p	Male	Female	p	Male	Female	p
Area politically unstable	yes	12(42.9)	63(88.7)	0.001	21(56.8)	44(88)	0.001	11(28.2)	15(68.2)	0.002
	NO	16(57.1)	8(11.3)		16(43.2)	6(12)		28(71.8)	7(31.8)	
No personal safety	yes	5(17.9)	49(69)	0.001	18(48.6)	29(58)	0.38	16(41)	9(40.9)	0.99
	NO	23(72.1)	22(31)		19(51.4)	21(42)		23(59)	13(59.1)	
Isolation and remoteness of the location of health facility	yes	16(57.1)	44(62)	0.658	22(59.4)	33(66)	0.532	27(69.2)	16(72.7)	0.77
	NO	12(42.9)	27(38)		15(40.6)	17(34)		12(30.8)	6(27.3)	
problem with local language	yes	7(25)	21(29.6)	0.649	17(45.9)	28(56)	0.35	21(53.8)	12(54.5)	0.98
	NO	21(75)	50(70.4)		20(54.1)	22(44)		18(46.2)	10(45.5)	
salary and benefits	yes	15(53.6)	39(54.9)	0.9	31(83.7)	29(58)	0.01	31(79.5)	17(77.3)	0.839
	NO	13(46.4)	32(45.1)		6(16.3)	21(42)		8(20.5)	5(22.7)	
No opportunity for recreation	yes	17(60.8)	51(71.8)	283	28(75.7)	32(64)	0.245	34(87.2)	18(81.8)	0.57
	NO	11(39.2)	20(28.2)		9(24.3)	18(36)		5(12.8)	4(18.2)	
No better school for kids	yes	13(46.4)	43(60.6)	0.201	22(59.4)	22(44)	0.154	36(92.3)	18(81.8)	0.217
	NO	15(53.6)	28(39.4)		15(40.6)	28(56)		3(7.7)	4(18.2)	
job is not challenging	yes	9(32.1)	48(67.6)	0.001	29(78.4)	34(68)	0.284	33(84.6)	14(63.6)	0.06
	NO	19(67.9)	23(32.4)		8(21.6)	16(32)		6(15.4)	8(36.4)	

**Table 3: Distribution of study subject and their perception towards rural health services**

Table 3 show that female undergraduates students (88.7%) accepted rural area is unstable to work when compared with male undergraduates (42.9%) and this difference found to be statistically significant ( $p=0.001$ ). Majority of female undergraduates (69%) accepted that there is no personal safety in rural areas as compared with male undergraduates (17.9%). This difference also found to be significant ( $p=0.001$ ). Isolation and remoteness of the location of health facility was accepted by most of the female undergraduates (62%) as compared with male undergraduates (57.1%) but this difference was not found significant. Also problem with local language, less salary & benefits, no opportunity for recreation and no better school for kid are the reason but when compared with male undergraduates with female undergraduates. This differences was not found to be statistically significant. But female undergraduates (67.6%) accepted that rural job is not challenging is found statistically significant ( $p=0.001$  when compared with male undergraduate (32.1%). Whereas female interns (68.2%) accepted that area is unstable to work when compared with male interns (28.2%).

This difference found statistically significant ( $p=0.001$ ). Although no personal safety, remoteness of place, problem with local language, no opportunity for recreation, no better school for kid and job not challenging are the reason where difference of opinion was observed but there is no statistically difference was found. Only less salary and benefit was the reason accepted by male interns (83.7%) as compared to female interns (58%) not the reasons for not willing to work in rural areas is unstable. In case post graduate students majority of (68.2%) female students accepted that rural area is politically unstable as compared to male post graduates student (28.2%) and this

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difference was found to be statistically significant ( $p=0.002$ ). But most of the other reasons like no personal safety, remoteness of place, problem with local language, no opportunity for recreation, and no better school for kids are having difference of opinion but again no statistically significance was observed within the groups. Similarly postgraduate student accepted that rural job in health care is not challenging. Majority of male post graduate (84.6%) compared with female postgraduates student (63.3%) accepted the reason and this difference was found statistically significant.

**DISCUSSION:** In the present cross sectional study was done on students of undergraduates, interns and postgraduates to know their willingness to work in rural areas and different perception for not willing to work in rural health service. Female students from all three groups are willing to work in rural areas. Raghvendra A. Dutt et al in 2014 found that most of their study participants are willing to work in rural areas for shorter period of time.<sup>[3]</sup> In R Ravi Shankar study on 185 medical student, 72 % of them are ready to work in rural areas.<sup>[4]</sup> Most of the students in present study are from urban areas so that might be resulted in negative perception regarding rural health services.

In an Australian study, 38.5% of first-year and 56.3% of final-year students indicated a preference for rural life and practice and over 90% of respondents indicated they will spend at least some time in rural practice.<sup>[5]</sup> Most of the reason responded by the participants. Rural area is not politically safe, there is no personal safety and rural jobs are not challenging are found to be strong reasons for not willing to serve in rural areas, again this perception might be because of most of the study participants are from urban areas. In the present study we found that Isolation and remoteness of the location of health facility

**CONCLUSION:** Female student from each group like undergraduates, interns and postgraduates are agreed on the reason that rural area is politically unstable to work so we concluded that different level of education status doesn't have any impact on this perception. Undergraduates believed that no personal safety and rural job is not challenging are the strong reason for not willing to work in rural areas. Although interns apart from the reason area politically unstable and less salary and benefit fills as the strong reason for denial of rural health services.

Postgraduates also agreed that area politically unstable and rural job not challenging are the strong reason for not willing to work in rural areas, problem with local language, No opportunity for recreation and No better school for kids were reasons perceived by student for rural health service. Vaishali Gaikwad in 2010 studied attitude towards rural health service among interns, she found that No clinic infrastructure (28%), No living facilities (28%), No Physical work environment (24%), No connectivity (22.67%) and No career growth opportunities (22.67%) were some of the reasons given by the study participants.<sup>[6]</sup>

**Limitation of the Study:** The study sample was less as present study could not able to incorporate all students in each category and that might be result in acceptance on certain reasons.

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### REFERENCES:

1. MCI Booklet: Vision 2015 published in 2011.
2. Kalantri SP. Getting Doctors to the village: will compulsion work? Indian J Med Ethics.2007.

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3. Raghvendra AD. Attitudes and perception towards rural health care service among medical students Med J DY Patil Univ 2014; 7: 703-8.
4. R Ravi Shankar and Trilok P Thapa, Student perception about working in rural Nepal after graduation: a study among first- and second-year medical students, Human Resources for Health 2012, 10:27
5. Orpin P, Gabriel M: Recruiting undergraduates to rural practice: what the students can tell us. Rural and Remote Health 2005, 5:412. PubMed Abstract Publisher Full Text1.
6. Vaishali Gaikwad, Sudeepa D, Suwarna Madhukumar. A study on carrier preferences and attitude towards rural health services among the graduating interns of a medical college in Bangalore Rural. Int J Biol Med Res. 2012; 3(2): 1577-1580.

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