

**PERCEPTION, AWARENESS & ATTITUDE OF MEDICAL STUDENTS TOWARDS
JOINING IN RURAL HEALTH SERVICES****Ghorpade Kanupriya Ganesh¹, Doke Dnyaneshwar Suryakant² and Dr. Srabani Bhattacharya*³**^{1,2}MBBS Student Rajiv Gandhi Medical College & CSM Hospital, Kalwa, Thane – 400 605, Maharashtra, India.³Professor and Head of Physiology Department, Rajiv Gandhi Medical College & CSM hospital, Kalwa, Thane – 400 605, Maharashtra, India.***Corresponding Author: Dr. Srabani Bhattacharya**

Professor and Head of Physiology Department, Rajiv Gandhi Medical College & CSM hospital, Kalwa, Thane – 400 605, Maharashtra, India.

Article Received on 16/06/2021

Article Revised on 06/07/2021

Article Accepted on 26/07/2021

ABSTRACT

This was a Cross-sectional Study Conducted on Medical students admitted in Medical College of Maharashtra, India. Total participants were 172 of either gender. They were both from Urban & Rural part of Maharashtra. Urban = 72.51% & Rural 27.51%. Among the participants 52% were male & 48% were Female. Their ranges of Age were 18 years to 26 years. They were MBBS Students of different batches of study. 1st MBBS= 36.87% 2nd MBBS = 37.4%, 3rd MBBS(minor) = 12.3%, 3rd MBBS (major) = 6.4%, Internship = 7% .Their job preference after completion of the Course Private practice in rural area = 12.9%. Private practice in urban areas = 25.7%. In medical institution = 31.61% & Corporate hospital = 29.8%. 56.1 % agreed to serve in rural area after graduation and 43.9 % did not agree. To motivate the medical Students the the participants agreed 52.61 % about organization of Camps, 60.2% organization of Seminar on rural health care systems, 48% Locally based education & treatment programs 2 63.71% for Connect & Collaborate with institute helping us to do such programs in rural areas.

KEYWORDS: Rural service, Medical Students, motivation.**INTRODUCTION**

The health sectors in India faces multiple Challenges in the geographic distribution of human resources for health.^[1] The distribution of doctors is highly skewed infavour of urban areas though about majority of Indians live in rural to areas. The density of allopathic doctors is four times larger in urban compared to rural areas. The situation in hilly areas is far worse with doctor per 1000 population ration^[2]. For bonded categories candidates are required to join rural service after they finish their medical internship. The health status of rural people in India Continues for be much below the expected level^[3] India is having limelight at global front not only in terms of it exploding population but its health scenario also. Most health workers especially the doctors do not want to serve in the rural areas due to different seasons. In private sector rural health care Service delivery system is not free from lacunal inadequate public fumbling on primary health care institutions leads to degradation of preventive care Services.

MATERIALS AND METHODS

The Cross Sectional study was conducted among 172 medical students. Prevalidated questionnaire via Google form was uploaded Those who agreed to take part Study were only Considered. According to Medical Council of India / National medical Commission all government &

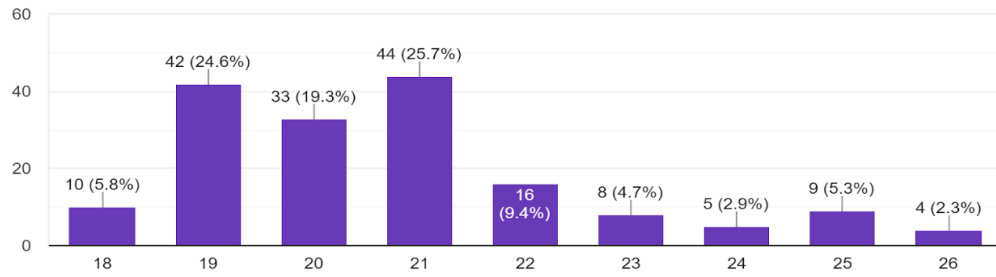
private medical Colleges offer 4½ years of MBBS Course with a 1-year Compulsory rotating internship. The present study was conducted with the MBBS Students who had taken admission for in different medical Colleges of Maharashtra India. The data were entered into the Microsoft Excel & was analyzed.

RESULTS AND DISCUSSION

AGE	No	%
18	10	5.8%
19	42	24.6%
20	33	19.3%
21	44	25.7%
22	16	9.4%
23	8	4.7%
24	5	2.9%
25	9	5.3%
26	4	2.3%

Age

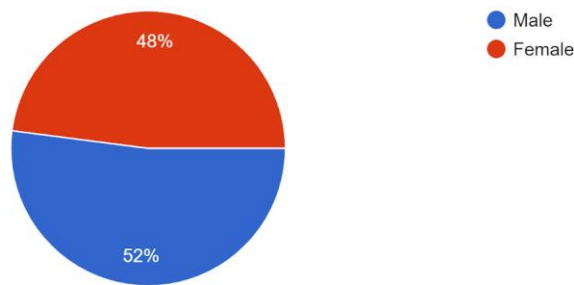
171 responses



GENDER		
MALE	89	52%
FEMALE	82	48%

Gender

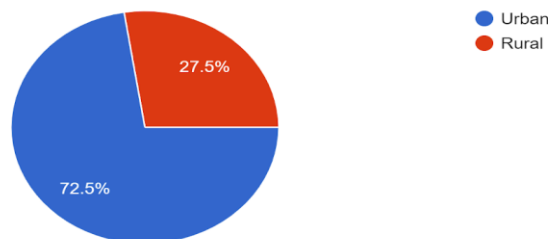
171 responses



RESIDENCE		
URBAN	124	72.5%
RURAL	47	27.5%

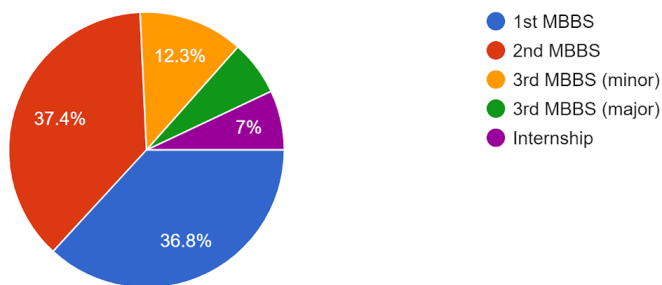
Residence

171 responses



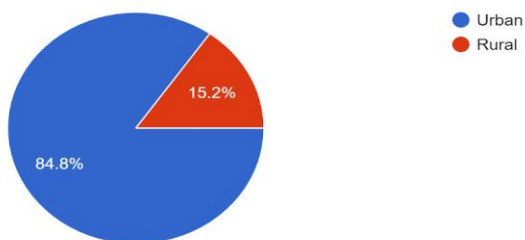
EDUCATION		
1 ST YEAR MBBS	63	36.8%
2 ND YEAR MBBS	64	37.4%
3 RD MBBS MINOR	21	12.3%
3 RD MBBS MAJOR	11	6.4%
INTERNSHIP	12	7%

Education
171 responses



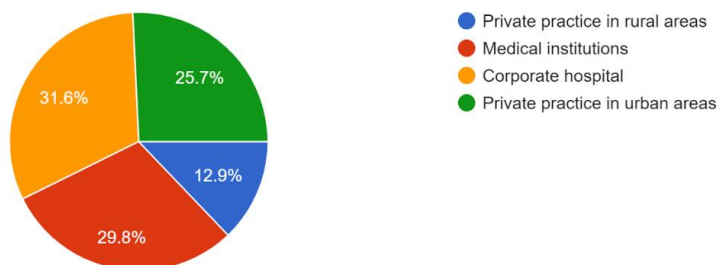
From where you are getting your preclinical studies ?		
URBAN	145	84.8%
RURAL AREAS	26	15.2%

From where you are getting your preclinical studies ?
171 responses



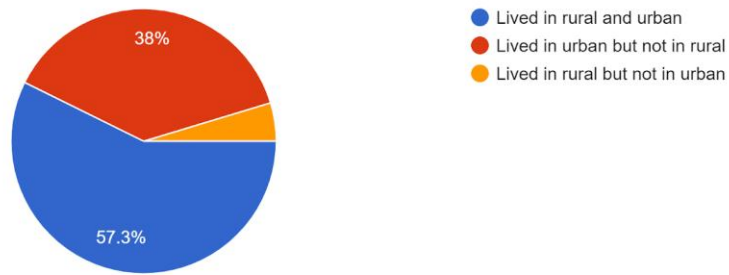
What is your job preference after course completion?		
Private practice in rural areas	22	12.9%
Private practice in urban areas	44	25.7%
Medical institution	51	31.6%
Corporate hospital	54	29.8%

what is your job preference after course completion?
171 responses



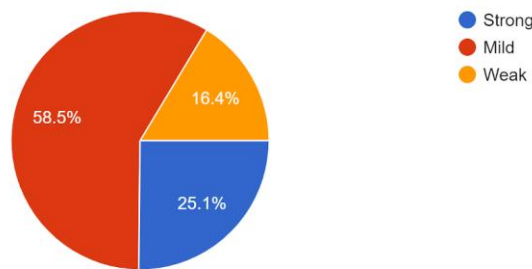
RURAL AND URBAN EXPERIENCE.		
LIVED RURAL AND URBAN	98	57.3%
LIVED RURAL AND NEVER LIVED URBAN	8	4.7%
LIVED URBAN BUT NOT IN RURAL.	65	38%

Rural and urban experience .
171 responses



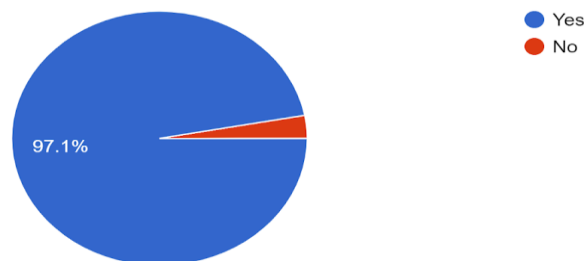
Intrinsic motivation for working in rural health care setup		
Strong	43	25.1%
Mild	100	58.5%
Weak	28	16.4%

Intrinsic motivation for working in rural health care setup
171 responses



You aware about the shortage of doctors, especially in rural areas, is a major concern in india?		
YES	166	97.1%
NO	5	2.9%

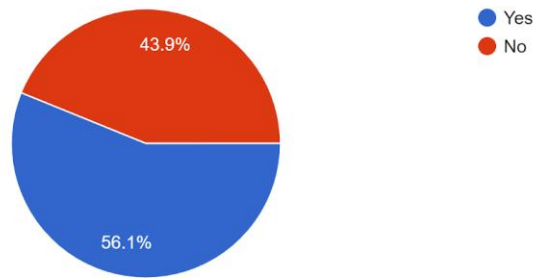
you are aware about the shortage of doctors, especially in rural areas, is a major concern in India?
171 responses



Would you like to serve in rural areas after graduation?		
YES	96	56.1%
NO	75	43.9%

Would you like to serve in rural areas after graduation?

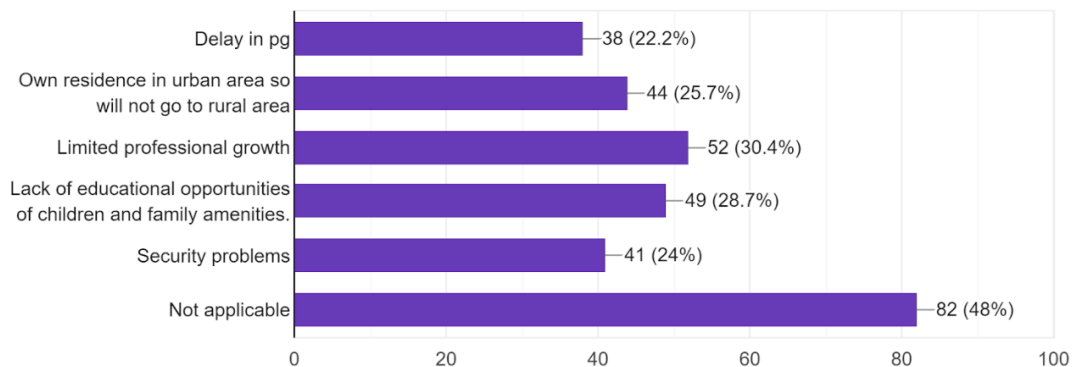
171 responses



If not then why		
Delay in pg	38	22.2%
Limited professional growth	52	30.4%
Own residence in urban area so will not go to rural area.	44	25.7%
Lack of educational opportunities of children and family amenities.	49	28.7%
Security problems	41	24%
Not applicable	82	48%

If not then why? Select reason

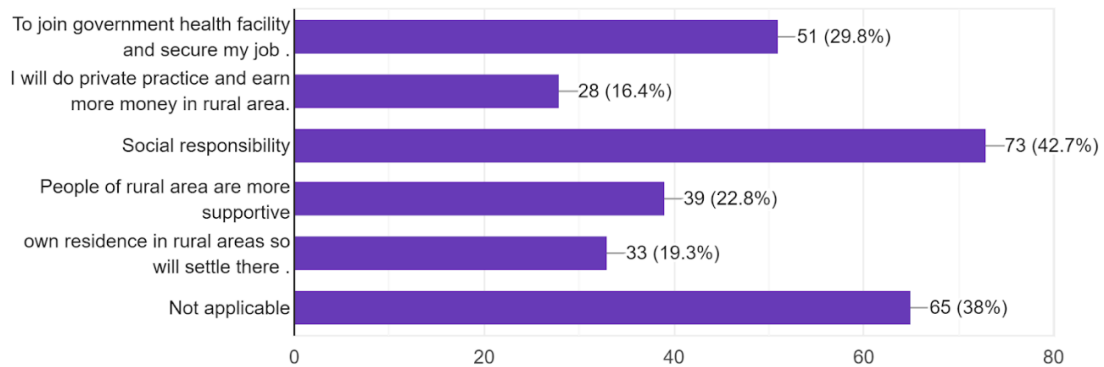
171 responses



If yes then why		
I will do private practice and earn more money in rural area	28	16.4%
To join government health facility and secure my job	51	29.8%
Social responsibility	73	42.7%
People in rural areas are more supportive.	39	22.8%
Own residence in rural areas so will settle there.	33	19.3%
Not applicable	65	38%

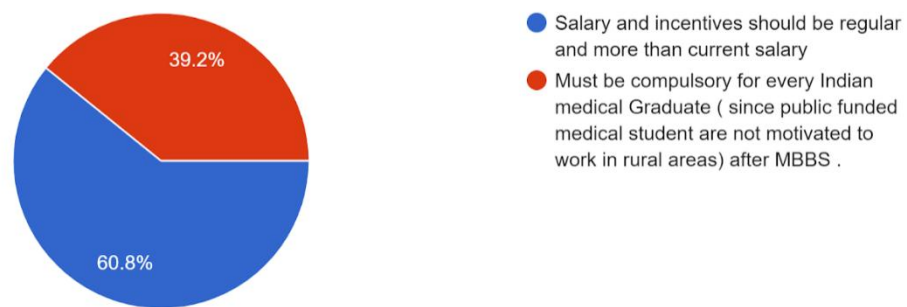
If yes then why? Select reason.

171 responses



How can we improve rural health services ?

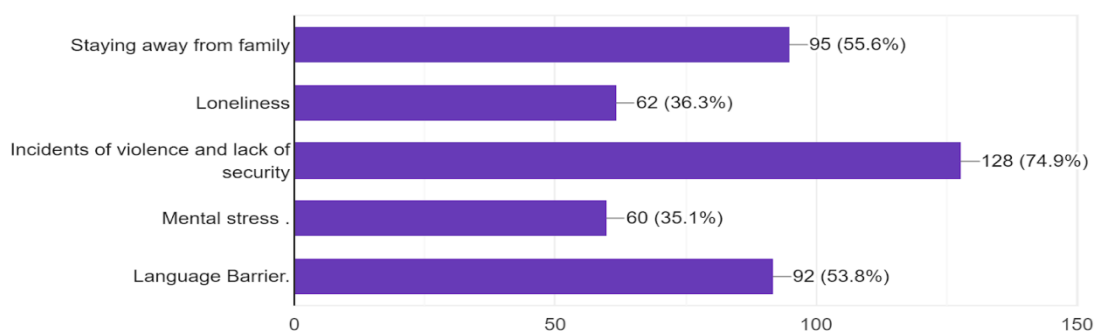
171 responses



What according to you,are the emotional factors that discourage you to work in rural areas?	Count	Percentage
Staying away from family	95	55.6%
Loneliness	62	36.3%
Incidents of violence and lack of security	128	74.9%
Mental stress	60	35.1%
Language barrier	92	53.8%

What according to you , are the emotional factors that discourage you to work in rural areas ?

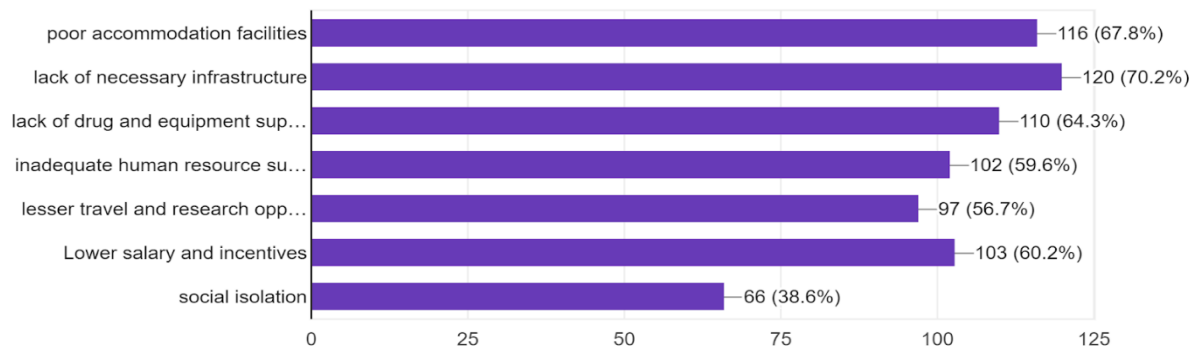
171 responses



According to you what are the major deterrent by medical student to work in rural areas?		
poor accommodation facilities	116	67.8%
lack of necessary infrastructure	120	70.2%
lack of drug and equipment supplies	110	64.3%
Inadequate human resource support	102	59.6%
Lesser travel and research opportunities	97	56.7%
Social isolation	66	38.6%
Lower salary and incentives	103	60.2%

According to you what are the major deterrent by medical student to work in rural areas?

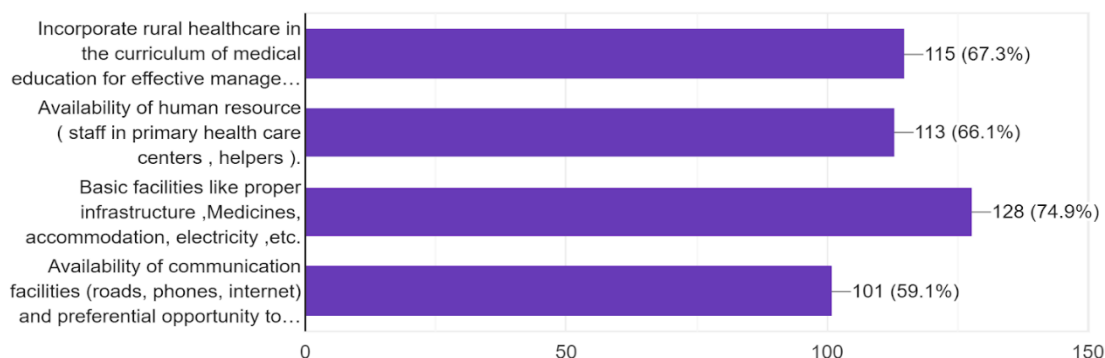
171 responses



What efforts should made by the government of india to promote postings in rural areas?		
Incorporate rural healthcare in the curriculum of medical education for effective management of atypical clinical cases in rural areas	115	67.3%
Availability of human resource (staff in primary health care centers , helpers	113	66.1%
Basic facilities like proper infrastructure,medicines, accommodation, electricity etc	128	74.9%
Availability of communication facilities (roads, phones, internet) and preferential opportunity to go abroad for updating skills.	101	59.1%

What efforts should made by the Government of India to promote postings in rural areas?

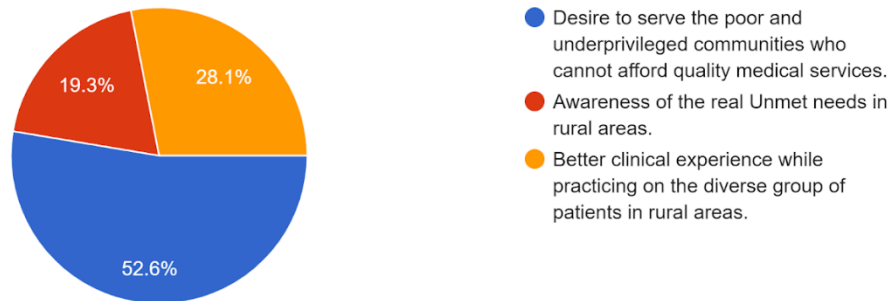
171 responses



If you are willing to give back to disadvantaged communities, then what are the encouraging factors for you?		
Desire to serve the poor and underprivileged communities who cannot afford quality medical services	90	52.6%
Awareness of the real unmet needs in rural areas	33	19.3%
Better clinical experience while practicing on the diverse group of patients in rural areas.	48	28.1%

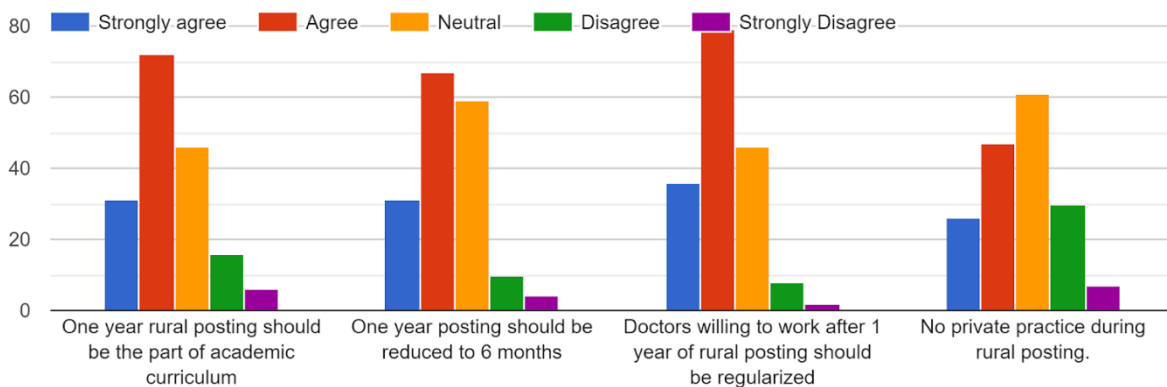
If you are willing to give back to disadvantaged communities, then what are the encouraging factors for you?

171 responses



Do you agree with following statements?	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
One year rural posting should be the part of academic curriculum	31	72	46	16	6
One year posting should be reduced to 6 months	31	59	59	10	4
Doctors willing to work after 1 year of rural posting should be regularized	36	79	46	8	2
No private practice during rural posting.	26	47	61	30	7

Do you agree with following statements ?



The present study shows 171 number of participants. Among them Male = 52% and Female 48%. 18 year old = 5.8%, 19 year old=24.6%, 20 years old = 19.3%, 21 years =25.7%, 22 years = 9.4%, 23 years = 4.71%, 24 years = 2.9%, 25 years=5.3% &26 years= 2.3%. Their residence 72.51% from Urban & 27. 51% from rural area. Their job preference after MBBS were 12.9% (Private practice in rural areas ,25.7%.(Private practice in Urban areas) ,medical institution 31.6% and corporate hospital 29.8%. Among the participants lived both rural & Urban = 57.3%, lived rural& never lived Urban = 4.7%,lived urban but not in rural = 38%. The participants

reported that regarding their motivation for working in rural health care setup 25.1% Strong, 58.5% mild & weak 16.4%. As per Budhathoki etal^[5] Goel etal,^[6] the powerful motivatory for rural practice following graduation is rural background. In the present Study it was found that 97.1% agreed about the shortage of doctors, especially in rural areas is a major concern in India. Shepherd JG etal^[7] Sahas and others^[8] revealed that time bound promotion & ensuring that the clinics are fully equipped with high-level technology products. & reduce this problem. The participants reported that 56.1%. ready to serve in rural areas after graduation.

Among those did not agree, their reasons as per the participants delay in PG= 22.2%, Limited profession growth 30.4%, Own residence in urban area = 25.7%. Lack of educational opportunities of Children & family amenities 41%^[9] P Subramanian & others reported that the medical Council of India Act, 1956, is now National medical Commission Act, 2019, however the educational Standards, requirements, & other provisions of MCI act 1956 & the rules & regulations made there - Under Shall continual to be in force & operative till new standards are specified under NMC act, 2019. Among the participants reported on the basis of question what can be done at college level to increase interest in students for working in rural areas , 52.6 % = organization of camps , 60.2 % organization of seminars on rural health Care Systems, 48% . = Locally based education & treatment programs 63.7% = Connect & Collaborate with institute helping to do such programs in rural areas. S Nallala etal revealed extended clinical apprenticeship in rural health facilities, long-term Community engagement during medical Studentship can be considered. As per Kumar R^[11] sufficient number of positions should be created for young doctors in the public health System so that they can make an impact on population health. The study shows that factors which discourage the participants to work in rural areas, Staying away from family (55.6%), Loneliness (36.3%), Incidents of violence & lack of security (74.9%), mental Stress 35.1%) Language barrier (53.87%). As per M Taq & others^[12] health care infrastructure be it physical or human resources forms a Critical part of health services delivery in a whole health care system. K Ghosh^[13] revealed that at a PHC there is only one medical doctor serving a population of 30,000. These is inadequate. JK Shaenmal etal^[14] reported that the our government & policy makers are Urged to Consider the perceptions of patients in order to improvements in the quality of services. Saydin and others^[15] The participants of the present study revealed that the encouraging factors for rural Service 52.6%. = desire to serve the poor, 19.3%. = awareness Of the rural unmet needs in rural areas 28. 1%. = Better Clinical exposure, 6% Strongly agreed regarding one year rural posting should be the part of academic Curriculum, 4 % Strongly agreed one year posting should be reduced to 6 months, 2 % Strongly agreed willing to work after 1 year of rural posting should be regularized, 7% Strongly agreed no private practice during rural pasting. M Baviskar etal^[16] reported most students are against compulsory rural service. Seble F & others^[17] revealed. compulsory service programmes are a mechanism for Staffing & reinforcing the health workforce especially in areas where access to primary& essential health-Care services & systems is weak.

CONCLUSION

No employer can afford to neglect the welfare of its employees, & India's Government health services are no exception. Ensuring a health workforce delivering quality services in rural areas requires close attention to the professional, Social & personal needs. The findings

of the Study are of a subjective nature but highlight Systematic enhancements which may aid in improving the quality of experiences of the public health workforce along with its performance & effectiveness.

REFERENCE

1. S Biat&m.m.Angadi. A study on attitude towards Compulsory Rural health. Services Armory Inters who have completed RHTC Postings of Shri B.M. Patil medical College. International journal of health Sciences & Research, 2015; 5(2): 65-70.
2. J Boatwal, Amit K Singh. A Study on attitude & perception of medical Students towards rural health services in hilly region of Uttarakhand. National J of med Research, 2018; 8(1): 16-21.
3. S Garg & others. Rural training of Medical Interns or post graduates towards addes medical men power deficiency in India: A dilemina. Amity Journal of Health care. Management, 2016; 1(1): 51-56.
4. N Jayaswal. Rural health System in India: A Review. Internation journal of Social Work & human Services Practice, 2015; 3(1): 29-37.
5. SS Budhathoki etal. Factors influencing. Medical Students motivation to practical in rural areas in low-income & middle-income Countries: a systemie review. BMJ open, 2017; 7: 1-9.
6. Sonu Goel& others. Factors affecting medical Students interests in working in pural areas in North India- A qualitative inquiry. PLOS one, 2019; 4(1): 1-5.
7. J G Shepherd & others. Shortage of health care providers in rural home health Care: A health systems analysis recommendation for health care providers.
8. Somen Saha & Harshad Rathod. International J of medicine & Public health, 2012; 2(3): 53-60.
9. P Subrahmaniom& others. Making doctors available for rural India: Regulatory underpinnings. National Health System Resource Centre, New Delhi, 2019; 1-22.
10. Srinivas N etal. Why medical Students do not like to join rural health Service ? An exploratory Study in India. Journal of family & Community medicine, 2015; 22(2): 111-117.
11. Kumar R. Involvement of young doctor in the rural health services of India. Indian J of Public health, 2012; 56(1): 13.
12. Mohd Taqi & others. Rural health care infrastructural& dispalities in India: An analysis of availability & accessibility in Northern India, 2015; 177-193.
13. Kanjaksha Ghosh. Why we don't get doctors for rural medical service in India? The National Medical Journal of India, 2018; 31(1): 44-46
14. J K Sharma et al. Quality health care services in rural India. The user perspective Vikalpa, 2011; 36(1): 51-60.
15. S Aydin etal. Effect of rural practice Observation on the anxiety of medical Students. Rural & Remote Health, 2015; 15: 1-10.

16. Mandar Baviskar&others. compulsory rural service to be or not to be; Students perspective. India J of Applied Research, 2014; 4(7): 382-383.
17. Seble F. Et al. Compulsory rural service programmes for recruiting health workers in remote & rural areas: do they work? B world health Organ, 2010; 88: 364-370.