

Original Research Article

Attitude towards compulsory rural health services among interns of RajaRajeswari Medical College and Hospital, Bengaluru

Ranganatha S. C.¹, Damayanthi M. N.², Sheetu Jaikhani^{1*}

Department of Community Medicine, ¹Bharati Vidyapeeth (Deemed to be University) Medical College and Hospital, Sangli, Maharashtra, ²Chamarajanagar Institute of Medical Sciences, Chamarajanagar, Karnataka, India

Received: 21 February 2019

Revised: 03 April 2019

Accepted: 04 April 2019

*Correspondence:

Dr. Sheetu Jaikhani,

E-mail: sheetujaikhani922@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: In India, majority of Doctors are working in urban than rural areas. Health situation report suggests that medical students should be provided with a rural clinical placement to make them familiar with the rural workplace. Hence the present study was conducted with the aim of assessing the attitude of the interns of RajaRajeswari Medical College and Hospital (RRMCH), Bengaluru, towards compulsory Rural Health Services.

Methods: A cross sectional study was conducted at RRMCH, Bengaluru for a period of two months. All the interns willing to participate and present on the day of study were included. Consent was taken and the information was collected by using a self administered semi-structured questionnaire. The participants were asked to respond on a five point Likert scales, ranging from strongly agree to strongly disagree. The data was analyzed using SPSS version 21.0 and Pearson's chi-square test was applied.

Results: Out of 100 interns, majority (56%) was females, 85% were Hindu by religion and 68% were from urban locality. Out of 100 interns, only 14% showed positive attitude towards compulsory rural health services. The reasons for positive attitude were that it provides a good exposure of general practice and an opportunity for independent working.

Conclusions: In the present study, only 14% interns showed positive attitude towards rural health services. Perceived factors such as Isolation from family and Inadequate Hospital infrastructure emerged as barrier for the interns to opt for rural services.

Keywords: Attitude, Rural health services, Interns, Medical college

INTRODUCTION

Every human being has a right for a good healthy life.¹ As per census 2011, approximately 70% of population is in rural areas of India.² The first contact of village community with a medical officers occurs at a primary health center (PHC). The PHCs were envisaged to provide an integrated curative and preventive health care to the rural population with emphasis on preventive and promotive aspects of health care. The National Rural

Health Mission (2005-12) seeks to provide effective health care to rural population.² As per Rural Health Statistics in India (2012), there are 2310 PHCs in Karnataka. Only 2089 Doctors are working in PHCs and still 221 PHCs are vacant.³ Nowadays students graduating from the medical institutions are opting to work in urban than rural areas.¹ The distribution of health worker is highly skewed in favour of urban areas with around 60% of the health workers present there.⁴ Various reasons contribute to the shortage of qualified health

professionals in rural areas which include poor living standards for the family, lack of financial progress, opportunities for skills upgradation, social and professional development.¹ As on March 2012, 20.4% of the sanctioned posts of doctors were vacant at PHCs of India.² Among many medical graduates, the desire for postgraduate specialization dissuades them from entering the job market and there by from the possibility of rural posting in the public sector.⁴ In majority of countries including India, the health situation report suggests that medical students should be provided with a rural clinical placement to make them familiar with the rural workplace.¹ Hence the present study was conducted to assess the attitude towards compulsory rural health service among interns.

Objective

To assess the attitude towards compulsory rural health services among the interns of RajaRajeswari Medical College and Hospital (RRMCH), Bengaluru.

METHODS

Study setting: RajaRajeswari Medical College and Hospital, Bengaluru.

Study population: Interns of Medical College

Study design: Cross sectional study.

Study duration: Two months (November 2015 to December 2015)

Study tools: Pretested, semi-structured Questionnaire.

Sample size: A total of 100 interns working in RRMCH were included in the study.

Inclusion criteria

All the interns who were present during the study period and who have given consent to participate were included.

Method of data collection

The ethical clearance for the study was obtained from the Institutional Ethical Committee (IEC) of RajaRajeswari Medical College and Hospital. All the interns in the RRMCH were listed. Complete enumeration of all the interns was done. Written informed consent was obtained. Semi structured questionnaires was administered to the interns and the information was collected. The participants were asked to respond on a five point Likert scales, ranging from strongly agree to strongly disagree. Numerical scores were assigned to each level of agreement, such as strongly agree (1), agree (2), undecided (3), disagree (4), strongly disagree (5). The maximum score is 75, minimum score is 15 and average score is 45. Any score 45 and above indicates a

positive attitude and any score below 45 indicates a negative attitude.

Data analysis

The data was collected and compiled in MS Excel sheet and analyzed by using SPSS version 21.0. Descriptive statistics was used, all qualitative variables are presented as frequency and percentages. Chi square test was applied to know the association between two variables.

RESULTS

With respect to the socio-demographic factors, majority (56%) were females, 85% were Hindu by religion, 90% were unmarried and 68% were from urban locality (Table 1).

Table 1: Sociodemographic profile of interns (n=100).

Sociodemographic profile		Frequency (%)
Gender	Male	44(44)
	Female	56(56)
Religion	Hindu	85(85)
	Muslim	10(10)
	Christian	05(05)
Marital status	Married	10(10)
	Unmarried	90(90)
Locality	Rural	32(32)
	Urban	68(68)

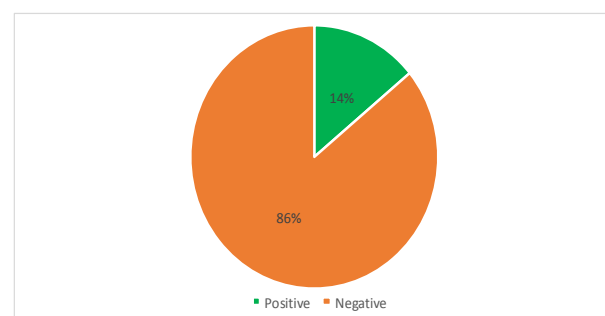


Figure 1: Pie chart showing the attitude of study subjects towards rural health services (n=100).

Out of 100 interns, 14 (14%) showed positive attitude towards compulsory rural health services (Figure 1).

Out of 14 interns with positive attitude towards rural health services, the most common reasons were, it provides a good exposure for general practice, provides an opportunity for independent working, willingness to work in rural areas if post graduation seat guaranteed and if monetary benefits are provided (Figure 2).

Out of 86 interns with negative attitude towards rural health services, the most common reasons were, isolation

from family and relatives, hospital infrastructure is inadequate and poor connectivity with cities (Figure 3).

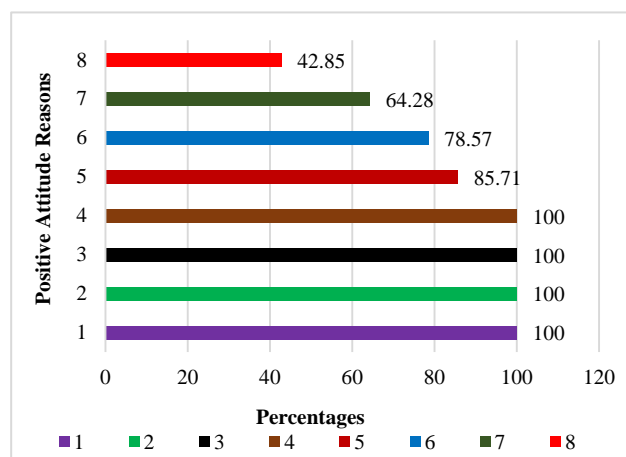


Figure 2: Bar diagram showing the reasons for positive attitude towards rural health services (n=14).*

*Multiple responses; 1. Provides a good exposure for general practice; 2. Provides an opportunity for independent working 3. Willing to work in rural areas if; post graduation seat guaranteed; 4. Willing to work in rural areas if monetary benefits are provided; 5. Must be compulsory after MBBS; 6. Working in rural area gives more job satisfaction; 7. People in rural area are more supportive; 8. Working in rural area helps in earning more money.

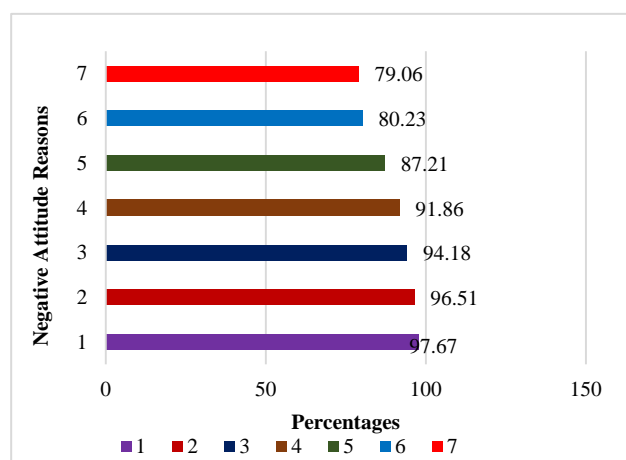


Figure 3: Bar diagram showing the reasons for negative attitude towards rural health services (n=86).*

*Multiple responses; 1. Isolation from family and relatives; 2. Hospital infrastructure is inadequate; 3. Poor connectivity with cities; 4. Difficulty in pursuing post graduation after working in rural areas for a considerable time; 5. Provides lesser opportunities for interaction with colleagues of medical field; 6. Schooling for children is a problem; 7. Provides lesser opportunities to upgrade knowledge and skills.

There is no difference in attitude towards rural services among male and female, this association was found to be statistically not significant ($p>0.05$) (Table 2).

Table 2: Table showing the association between gender and their attitudes towards rural services (n=100).

Gender	Positive attitude (%)	Negative attitude (%)	Total (%)
Male	06 (13.64)	38 (86.36)	44 (100)
Female	08 (14.29)	48 (85.71)	56 (100)
Total	14	86	100

Chi square=0.0086 df= 1 p=0.925988

Table 3: Table showing the association between locality and their attitude towards rural services (n=100).

Locality	Positive attitude (%)	Negative attitude (%)	Total (%)
Rural	08 (24.24)	25 (75.75)	33 (100)
Urban	06 (8.95)	61 (91.04)	67 (100)
Total	14	86	100

Chi-square=4.2916 df=1 p=0.038301

Positive attitude towards rural services among interns staying in rural locality was observed to be more than interns of urban locality, this association was found to be statistically significant ($p<0.05$) (Table 3).

DISCUSSION

In India, there is an unequal distribution of Doctor and Patient ratio. Majority of Doctors are working in urban than rural areas. Health situation report suggests that medical students should be provided with a rural clinical placement to make them familiar with the rural workplace. Hence an effort was done to assess the attitude towards compulsory rural health service among interns.

In the present study, only 14% of interns showed positive attitude towards compulsory rural health services whereas in a study done by Gaikwad et al it was 44%.⁴

In the present study, the most common reasons for positive attitude being that it provides a good exposure for general practice and an opportunity for independent working which were similar to the findings observed by Singh et al.²

The most common reasons for negative attitude observed in the current study were, isolation from family and relatives, inadequate hospital infrastructure and poor connectivity with cities whereas in a study done by Dutt et al the reasons were lack of clinical guidance, poor basic needs, no career growth and heavy work load.¹

Present study observed that interns staying in rural locality had a more positive attitude towards rural services than those staying in urban locality and this association was found to be statistically significant

($p=0.03$) which is similar to the findings observed by Singh et al.²

No association was found between gender and attitude towards rural health services in the present study and similar findings were observed by Deressa et al.⁶

CONCLUSION

This study showed that only 14% interns have positive attitude towards rural health services. Perceived factors such as Isolation from family and relatives, hospital infrastructure is inadequate, provides lesser opportunities to upgrade knowledge and skills, emerged as barrier for the interns to opt for rural services.

Recommendation

Improvement of the infrastructure of hospitals in rural areas must be looked at the earliest and one year of rural service after internship must be made stringent as eligibility criteria for higher education.

Limitation

The study results cannot be generalized to all the medical students as it was conducted in one medical college and there was no representation of students from other medical colleges.

ACKNOWLEDGEMENTS

The authors are thankful to the interns who participated and cooperated in the study.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. Dutt RA, Shivalli S, Bhat MB, Padubidri JR. Attitude and perception toward rural health care services among medical students. Med J D Y Patil Univ. 2014;7(6):703-8.
2. Singh RK, Rawat CMS, Pandey S. Attitude of medical students towards serving in rural areas its determinants:a cross sectional study from Uttarakhand. Int J Med Sci Pub Health. 2015;(4)6:814-7.
3. Rural Health Statistics in India 2012. <http://nrhm.gov.in/images/pdf/publication/RHS-2012.pdf>. Accessed on 10 November 2015
4. Vaishaligaikwad, Sudeepa D, Madhukumar S. A study on career preference and attitude towards the rural health services among the graduating interns of a medical college in Bangalore rural. Int J Biol Med Res. 2012;3(2):1577-80.
5. Saini NK, Sharma R, Roy R, Verma R. What impedes working in rural areas? A study of aspiring doctors in the national capital region, India. Rural Remote Health. 2012;12:1967.
6. Deressa W, Azazh A. Attitudes of undergraduate medical students of Addis Ababa university towards medical practice and migration, Ethiopia. BMC Med Educ. 2012,12(68):1-11.

Cite this article as: Ranganatha SC, Damayanthi MN, Jaikhani S. Attitude towards compulsory rural health services among interns of RajaRajeswari Medical College and Hospital, Bengaluru. Int J Community Med Public Health 2019;6:2139-42.