ORIGINAL ARTICLE

Medical Education: A Preference by Parents for their Children in a Private Medical College

Muhammad Ayaz Bhatti, Masood Anwar

ABSTRACT

Background: Occupations which require high educational attainment, are well-compensated and are held in high public esteem such as physicians, lawyers, engineers, scientists and professors are largely considered to be upper middle class. Education serves as perhaps the most important value and also the most dominant entry barrier of the upper middle class This article examines some of the factors or determinants which enable the parents for choosing medical profession for their children specially the females.

Objective: To see the social determinants (profession, occupation) of parents for choice of medical profession by gender In Private Medical College for their children.

Study Design: A descriptive study.

Place and Duration of Study: This study was conducted from 2009 to 2011 at Islamic International Medical College, Rawalpindi.

Materials and Methods: This was a descriptive study. Sampling was universal as all the students of year 2009, 2010 and 2011 who succeeded in getting admission were included in the study. Data was collected through a questionnaire from the record mentioning Class year' Gender, Fathers Occupation. Data was entered and analyzed in SPSS version 17.0. Tables and graphs were made for data presentation and percentages and cross tabulation was done among variables.

Results: The ratio of female to male students is on continuous increase. The main segments of the society who opted for the private medical education for their children during these three years were, government servants and businessmen i.e., 33.3% each, Doctors 15%, Miscellaneous 10%, Engineers 8% Agriculturist 2.5% and advocates/Judges 1%. There is progressive increase of female students from 2009 to 2011. It was 65% in 2009, 70% in 2010 and 75% in 2011.

Conclusion: Medical profession and medical education is cherished more by the parents for females. All segments of the educated and affording class of society whether government employees' business man, doctors, engineers, are investing in female human resource.

Key words: *Social development, Medical profession, Private medical education.*

Introduction

In the early 1990s a decision was made by the Government of Pakistan that permanently changed the face of medical education in the country. There were limited seats for female students, and the larger proportion of seats was for male candidates.[1]

Social class is sometimes presented as a portrayal of how members of the society have sorted themselves along a continuum of positions varying in importance, influence, prestige, and recompense.[2] As differences in the academic performance and educational attainment of boys and girls continue to decrease in magnitude, increasingly researchers are suggesting that girls and boys may be more similar than they are different.[3] Gender research appears to be moving from assumptions of homogeneity within the sexes to a more detailed examination of intra gender differences among girls and boys, taking into account profession, Choice, Group, and social class.[4]

Despite the great expansion of educational opportunities worldwide during the past thirty years, women in most developing countries still receive less schooling than men. Until now there is convincing evidence that the education of females promotes both individual and national well-being.[5] Education is a key part of strategies to improve individuals' well-being and societies' economic and social development. In the Middle East and North Africa (MENA), access to education has improved dramatically over the past few decades, and there have been a number of cheering trends in girls' and women's education. Primary school enrollment is high or universal in most MENA countries, and gender gaps in secondary school enrollment have already disappeared in several countries. Women in MENA countries are also more likely to enroll in universities than they were in the past.[6]

Correspondence:
Prof. Dr Muhammad Ayaz Bhatti
HOD, Community Medicine
IIMC-T, Rawalpindi
E-mail: ayaz.bhatti@riphah.edu.pk

Tertiary education (or "higher education") is required for many middle-class professions, depending on how the term middle class is to be defined. Tertiary education is rarely free, but the costs vary widely: tuition at elite private colleges is high for a five-year program. On the other hand, public colleges and universities typically charge much less (for state residents).[7] The barriers and constraints tend to affect girls much more than boys in most countries and they can be found within the education sector as well as outside of education. Girls tend to start school late or not at all because they are more engaged in Household chores and income generating activities than boys.[8]

Across the globe, nearly 70 million children are deprived access to a basic education.[9] A 2008 estimate states that 60 percent of these children are girls. Among developing nations, "the gender gap between boys and girls in primary school completion rates is greater than 10 percentage points.[10] An additional 100 million girls worldwide that begin primary school do not finish.[11] Pakistan is one of the lowest literacy rates in the world, coupled with a gross disparity when broken down by gender. For females, it is about 35% as compared to approximately 62 % for males. In Pakistan, the standard for "literacy" is if one can read a newspaper and write a letter in any language. Given these literacy rates, it's hardly unexpected that a Pakistani girl receives, on average, just two and a half years of education; for boys, its double. If a girl lives in a rural area, she is three times less likely to complete primary school than is a boy in the same area. Similarly, in rural areas, the female literacy rate is 25 percent and only one in five girls is enrolled in school. Secondary education is a luxury in Pakistan for all children, but even more so for girls, for whom enrollment drops by nearly 90 percent from 1st grade to 12th grade. Occupations which require high educational attainment, are well-compensated and are held in high public esteem such as physicians, lawyers, engineers, scientists and professors are largely considered to be upper middle class. Education serves as perhaps the most important value and also the most dominant entry barrier of the upper middle class.[12] This article examines some of the factors or determinants which enable the parents for choosing medical profession for their children specially the females.

Materials and Methods

The study was carried out in a private medical college from December 2009 to April 2011. Sampling was universal as all the students of year 2009, 2010 and 2011 who succeeded in getting admission were included in the study.

Objective of the study was to see the social determinants (profession, occupation) of parents for choice of medical profession by gender In Private Medical College for their children. Data was entered and analyzed in SPSS version 17, tables and graphs were made for data presentation and percentages and cross tabulation was done among variables. The subjects were selected at the time of admission. The whole class (admission intake) comprising of 100 students during the admission years 2009, 2010 and 2011 were included. The base line data was collected from the record, documents submitted at the time of admission and verified from the original record. Four main variables were studied in addition to others. These were Father's occupation, choice of program, gender of the student and the difference in strength of student both male and female in three years. Data was collected through a questionnaire directly and indirectly from the record mentioning Class year' Gender, Fathers Occupation.

Results

The ratio of females to male students is on continuous increase, it was 65:35 in 2009, 70:30 in 2010 and 75:25 in 2011. The main segments of the society who opted for the private medical education for their children during these three years was, Government servants and business man 33.3% each, Doctors 15%, Miscellaneous 10%, Engineers 8% Agriculturist 2.5% and Advocates/Judges 1%.

During the year 2009 the occupation of the parents of students who succeeded in getting admission in medical college was 32% Government servant, 21% business man, 18 % Doctors, 14% in miscellaneous jobs, 12% Engineers, and 3% from the agriculture sector. Among these admissions the intra professional distribution for the gender is that the government servants opted (21% for males and 79% for females). Businessman's opted (33% for males and 67% for females), Doctors (62.5% males and 37.5% for females). Miscellaneous jobs 42% males

and 58% females, Engineers 20% males and 80% females), and agriculturists 67% males and 33% for females. During this year the Government servants, Businessman Miscellaneous Jobs and engineers were the professions who in majority opted more for the female medical education. Doctors and agriculturist were the professions who mainly opted more for male medical education. During this year the engineers were on top of the list for female medical education i.e. 80%.

During the year 2010 the composition of class was 30% males and 70% females. Among these admissions the professional distribution was 37.5% business man 25% government servant, 18% doctors, 12% miscellaneous professions, 5% engineers and 1% agriculturist. Among these admissions the intra professional distribution for the gender is that the Agriculturists opted 100% for females but the number is only 1. Engineers 80% females and 20% males, Government servants 77% females and 23% males, miscellaneous professions 77% females and 23% males, Doctors 68% females and 32% males and businessman 64% females and 36% males. During the year 2011 the composition of class was 25% males and 75% females. The professional distribution of parents was Government servant 38% Businessman 35% miscellaneous 9% Doctors 8%, engineers 8%, Agriculturist 3%. Among these admissions the intra professional distribution for the preference of gender was doctors 25% males and 75% females, the same distribution was found in Engineers. Business man 82% females 18% males, Agriculturist 100% females though the number is again very small, Government servant 81% females and 19% males and miscellaneous professions 88% females and 12% males.

There is progressive increase of female students from 2009 to 2011. It was 65% in 2009, 70% in 2010 and 75% in 2011. All the professions were more inclined towards the female education (Table I)

Table I: Fathers' Professions and number of admissions from 2009-2011

		Males			Females				
Sr. No.	Profession of Fathers	2009	2010	2011	2009	2010	2011	Total	%
1.	Doctor	10	6	2	6	13	6	43	15
2.	Engineer	2	1	2	8	4	6	23	8
3.	Business man	6	14	6	12	25	28	91	32
4.	Agriculturist	2	0	0	1	1	3	7	2.5
5.	Govt Servant	6	6	7	22	20	30	91	32
6.	Miscellaneous	5	2	1	7	8	7	30	10.5
Total admissions								285	100

Table II depicts the important findings about the gender preference for (female) medical education. On the top of the list for female medical education are the Government servants. 79% of the government servant's opted medical education for their daughters, 78.3% of the engineers' 78% of agriculturists, 60.3% of doctors and 74 % of miscellaneous professions opted Medical education for their daughters

Table I depicts the professions of parents, who opted for medical education for their children. Maximum of them were government employees and business man 32% each. Next to that is the businessman 21%, Doctors 15%, engineers 8%, Miscellaneous 10.5% and agriculturist only 2.5%.

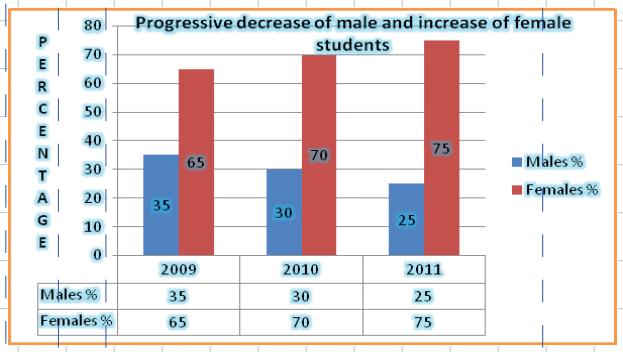

Figure 1: Progressive Increase in the Number of Female Students

Table II: Preference of Medical education for females and Profession of fathers

		Females %			
Sr. No.	Profession of Father	2009	2010	2011	Average
1.	Doctor	38	68	75	60.3
2.	Engineer	80	80	75	78.3
3.	Business man	67	64	82	71
4.	Agriculturist	33	100	100	78
5.	Govt Servant	79	77	81	79
6.	Miscellaneous	58	77	88	74.3

Discussion

Private education is quite expensive and the candidates who secured admission in majority were the children of government employees (32%), business men (32%) and doctors 15%. which reflect that educated and affording people are interested to invest in the human resource. As medical profession is thought to be the noble profession and it also plays important role in improving the social status. It also came into the lime light that the medical profession and medical education was cherished more by the parents for females. Increase in females in medical education is the universal phenomenon among the public sector medical colleges also, this can be seen from the number of candidates who appeared in the entrance test for the year 2013 by the University of Health Sciences (UHS) Lahore as many as 11,094 candidates appeared in the entery test and 7319 (66%) were females and 3775 (34%) males.[13] The same phenomenon is seen in the private medical colleges.

Viewing on the social and economical impact of this phenomenon it is seen that on one hand it is improving the women status in the community but it also reflects that women have limited opportunities in other professions. As the social impact on the society is concerned there are many issues to be addressed. In Punjab and Sind the number of male and female doctors is very close almost equal but in real practice most of the health centers are lacking doctors specially the female doctors.[14] Government needs to evolve strategies for attracting the female health force for the rural areas as well as to increase the number of male doctors. Males are more prone to serve in the remote and rural area as compared to females because of our socio-cultural structure.

Conclusion

Medical profession and medical education is cherished more by the parents for females. All segments of the educated and affording class of society whether government employees' business men, doctors, engineers, are investing in female human resource. More research is required to find out the benefits and drawbacks of this paradigm shift.

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