**Research Question**

**Based on the following readings summaries and discuss why are the medical students not willing to work in rural areas and list down the various ways in which you think India can attract skilled health workers to work in rural areas.**

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**Why are the medical students not willing to work in rural areas:**

According to one of the articles provided in the readings, there are some reasons why medical students are not willing to work in rural areas. In the study, first, they chose 90 medical students from six government colleges (10 to 20 students from every college) based on their experience in a clinical environment who can provide the best information in the form of positive and negative comments. These selection criteria were applied because they can contribute to the student's attitude toward rural practice.

After analyzing the participants on the topic of interest in their profession in rural areas, we can divide it broadly into discouraging and encouraging factors. The discouraging factor was further grouped under two themes: unchallenging professional environment and the gap between financial rewards and social disadvantages;

**Unchallenging professional environment:** According to the students in rural areas, there are many problems they have to face, like the unavailability of cutting-edge technology; because of this, in some cases, they are unable to treat a patient properly and less human resources for the doctor who can supervise them during the treatment fewer opportunists to travel abroad and fewer research options as barriers to work in rural areas and poor accommodation facility along with essential thing like no challenging work, not have a proper infrastructure of the hospitals and inadequate drug supply, etc. demotivate them to work in rural areas.

Some said they did not know how to serve in rural areas as they had never been taught in colleges. There were only a few cases in the clinic from rural areas. They were not even exposed to them, so they lacked knowledge of their effective management. They also think that their skills may be wasted since there is no proper infrastructure and modern technology in rural areas.

           The gap between financial rewards and social disadvantages: the medical students felt that they would probably be isolated and left out if they worked in remote or rural areas, and if they worked in the rural areas, then they wish that the salary package offered in the rural area has to be significantly more than the doctor's working in urban areas, and some of them are also said like if they are working in a rural area then they isolated from their families and loneliness and lack of work opportunity for a spouse which repels the medical student from the rural area and while working in the rural area there are some political interference like widespread transfers and the incentive attitude of the community leader towards them, and sometimes incidents of violence and lack of security also discourage them from working in rural areas.

**Some initiatives so that skilled health workers can be attract to work in the rural areas:**

As we have seen, in some of the problems above, medical students are unwilling to serve in rural areas. We can start our steps by providing the solution for the above issues so that we can retain the number of skilled health workers and attract more doctors by offering a good infrastructure of hospitals and proper drug supply in the rural areas and new technology according to the need so that doctors can provide treatment quickly to the peoples. On the other hand, the government offers schemes so that spouses can work together in the same area. After a specific period, doctors have to provide research opportunities so that doctors have a chance to improve their skills with specialists. Apart from this government can introduce a range of measures with financial support to retain health workers in rural posting like the National health mission in 2005. The government also has to study what amount they will spend on the tertiary hospitals in urban areas and optimize it by providing some more funds to the rural SHC, PHC, and CHSs in rural areas. They can improve the basic infrastructure of the Indian health system and attract more health workers to the rural area.

One more key strategy discussed in the reading by appointing the workers on the contract for a specific period (3-4 years). Since this is a contractual appointment, it will give you more accountability, less absenteeism, more appropriate posting, and overall performance. After that period, allocate them a permanent position according to their performance.

Another set of measures is preferentially drawing students for medical and nursing education from those willing to work in underserviced areas. For example, according to the reports, the "Pioneer Program" in West Bengal has been quite successful within a few years. They have 4000 Auxiliary nurse-midwives in the meantime. Another example is the "Swalamban Yojana (self-reliance plan)," launched in Madhya Pradesh in 2006-2007, intending to fill the gap of staff nurses. Women with rural backgrounds from under-served districts are selected and sponsored for the nursing courses. They are also bound by contracts in which they must serve in rural areas for a specific period. There are other strategies like training the doctors or ASHA to work as medical officers at the primary health centers and to fulfill the other requirements in the rural areas.