

Bangladeshi Female Graduate Doctors Leaving Medical Profession: A Real Threat to Health System or a Rumor

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Abstract

Background: Female graduate doctors represent a major part of health care/ educational services in Bangladesh. But a portion of female graduate doctors leaving their profession immediately or after sometimes of completion of their graduation, even some of them never registered themselves under Bangladesh Medical & Dental Council (BM&DC). **Objective:** This research aimed to find out percentages of female graduate doctors leaving medical profession and different reasons behind it. **Methods:** This cross sectional descriptive research was carried out in the Centre for Medical Education (CME), Mohakhali, Dhaka from July 2022 to June 2023. Data were collected through one self-administered semi-structured questionnaire among 500 female graduate doctors who got their registration from 2005-2020 and selected by convenient and snowball sampling. **Results:** Among 500 female graduate doctors, 428 (85.6%) were involved in different health care services and rest 72 (14.4%) were not involved and among rest 14.4%, about 10% never involved in health care services after completion of their graduation. When 72 respondents female graduate doctors who were not involved asked about their current professions, about one fourth (25%) mentioned they were doing 'online businesses', 15.02% were 'purely housewife' and 12.5% were 'changing profession to others'. Among 72 respondents female graduate doctors, one third (33.33%) chose other profession for 'better income'. The most two common reasons for not involving were 'to care children' (39.7%) and 'absence of day care centers' (20.5%). Nearly half (45.5%) of the respondents chose 'establishment of day care / breast feeding centers' when they asked what strategies the government should take to utilize female work force effectively. **Conclusions:** Female graduate doctors who were not involved in health system mentioned different reasons behind their decisions and strategies require to be taken by the Government to overcome such conditions.

Keywords: Female graduate doctors, Medical profession, Health system, Medical education, Health care services

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Introduction

Females constituted half of the world's population and also introduce themselves as an important part of the medical community. About half of the medical

undergraduates and postgraduate students/ residents worldwide are females¹. Women play a significant role in every sector including health system in developed and developing countries like us². In

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Bangladesh, a document review represents the actual extent of females in medical sectors. This document review revealed that 51.55% female students were admitted in different Government, Non-Government and Armed Forces Medical Colleges of Bangladesh in a period of ten years (2007-2016). Considering the number of students graduated from different Government, Non-government and Armed Forces Medical Colleges, it was observed that more females graduated than males (53.44% and 46.56% respectively). On the other hand, according to Bangladesh Medical and Dental Council (BM&DC) data, the organization that gives registration for practice, more male graduate doctors got registration compared to females within 2007 to 2016 (51.15% & 48.85% respectively) ³. Despite of more females admitted and graduated from different Government, Non-Government and Armed Forces Medical Colleges of Bangladesh, less number of female graduate doctors registered themselves for future career progression in health system in Bangladesh. Almost same scenario prevail in Pakistan, though majority of the medical undergraduates were females but many of them discontinued their professional life as

doctors due several domestic and social issues⁴. Even in Western world, there was increased number of women in academic institutions but there was scarcity of females in leading academic and administrative position⁵. Though during last few decades, different medical institutions of the world were being dominated by the females but it may not represent women's increased participation in the work field as a physician after completing their graduation⁶. There were several barriers faced by the female doctors during progression of their career in Pakistan. The barriers observed were several sociological, structural and Islamic or religious influences⁷.

As higher number of females entered and graduated from different medical schools but the disproportionately low number found at higher position, the author termed this as 'leaking pipeline' for female graduate doctors career⁸. Other issues related to academic and employment progression of female graduate doctors in their professional life were stress, harassment and lack of security in working place etc. which also applicable or developing countries like Bangladesh⁹. In Bangladesh, majority of the female

graduate doctors expressed their dissatisfaction regarding duty hour, pay standardization and others issues related to their employment. As a result of such dissatisfaction more than one third of the respondent female doctors were involved in part-time job¹⁰. So no one can deny the existence of a percentage of female graduate doctors who partially or permanently not involved in different health care/ educational services after completion of their graduation in Bangladesh like other countries. Though we do not have any accurate data or percentages but considering different scenarios addressed by different authors of different countries, there may be a chance of similar situation remains in Bangladesh. So this research aimed to find out proportion of female graduate doctors leaving medical profession and different reasons behind it.

Methods

This descriptive and cross sectional research was conducted in the Centre for Medical Education (CME), Mohakhali, Dhaka from July, 2022 to June, 2023 after getting ethical clearance from the institute. It was a post graduate thesis research having several components including same

number of participants. All the female graduate doctors having registration of Bangladesh Medical and Dental Council (BM&DC) were selected as study populations. Among them female graduate doctors registered from 2005 to 2020 were included in the research as respondents. Female graduate doctors had any kinds of psychological illness and hospitalized during the period of data collection were excluded. Sampling technique was convenient and snow ball in nature. Data were collected throughout Bangladesh to get maximum number of female graduate doctors leaving medical profession due to any cause.

With forwarding letter from the Director, Centre for Medical Education (CME) was preceded for further action. Data were collected from the female graduate doctors with one self-administered semi-structured questionnaire with their written consent using 'Google Form' and printed one, both according to the convenience of the respondents. Though they have to put consent in the allotted space of the questionnaire but they can discontinue their participation as respondents at any point of

the research and all were ensured about the confidentiality of their identities.

Data obtained from the questionnaire were presented in table and graphs as appropriate

Results

Out of 500 respondents female graduate doctors, majority (85.6%) were currently employed in different health care/ educational services like hospital, clinic, nongovernment organization (NGO), teaching faculties in medical colleges, medical officers in garments factory and running private chambers (Figure 1). Rest

with necessary description for easy interpretation. Percentage and frequency were calculated. No statistical analysis was done.

72(14.4%) were currently not involved or employed in different health care/ educational services. Out of 72 respondents female graduate doctors, majority (90.2%) were previously involved in health care/ educational services. Rest (9.8%) was never involved in any kind of health care / educational services after completion of their graduation.

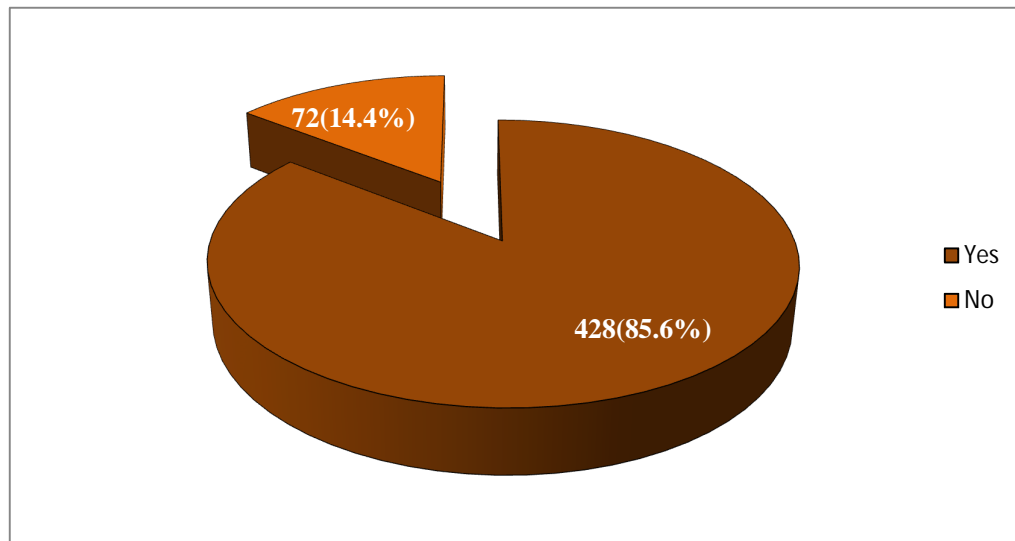


Figure 1 Distribution of views of the respondents' female graduate doctors regarding involving in different health care / educational services (n= 500)

Table 1 shows the distribution of the respondent female graduate doctors who were not involved in different health care/

educational services regarding their type of medical colleges, year of admission and completion of internship. More than half

(55.55%) graduated from different Non-Government medical colleges.

Table 1 Distribution of views of the respondents' female graduate doctors regarding their academic histories who not involved in different health care / educational services (n=72)

Topic	Frequency (%)	
Type of medical college	Government	32 (44.44)
	Non-Government	40 (55.55)
Year of admission	1999-2004	22 (30.56)
	2005-2009	26 (36.11)
	2010-2014	24 (33.33)
Year of completion of internship	2005-2010	10 (13.89)
	2010-2015	30 (41.67)
	2015-2020	32 (44.44)

n= Total number of the respondents' female graduate doctors

Among 72 respondents female graduate doctors who were not involved in different health care/ educational services, one third (33.33%) chose other profession for 'better income' (Figure 2). Figure 2 shows

different reasons chosen by the respondent female graduate doctors who are not involved in any health care / educational services

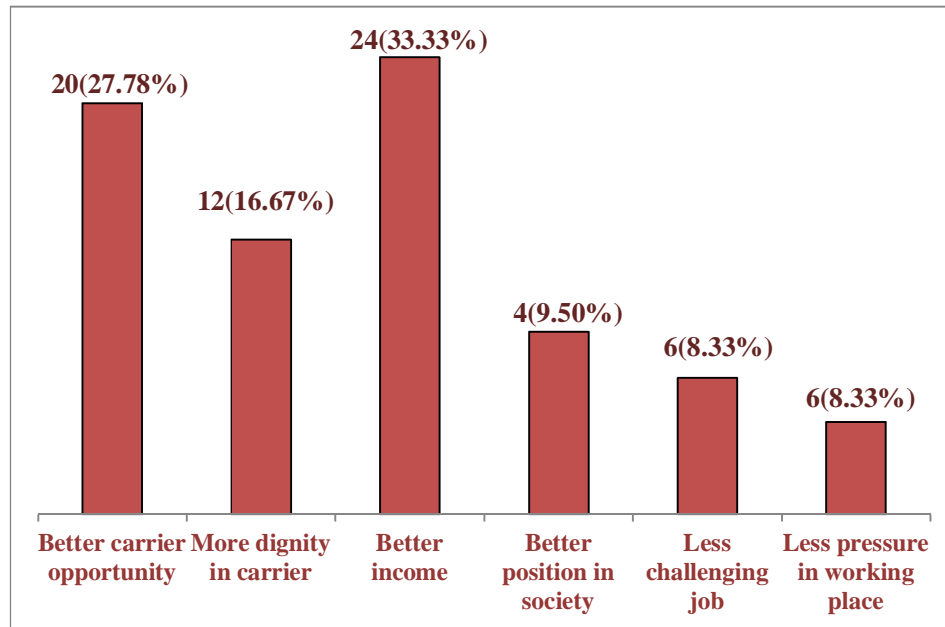
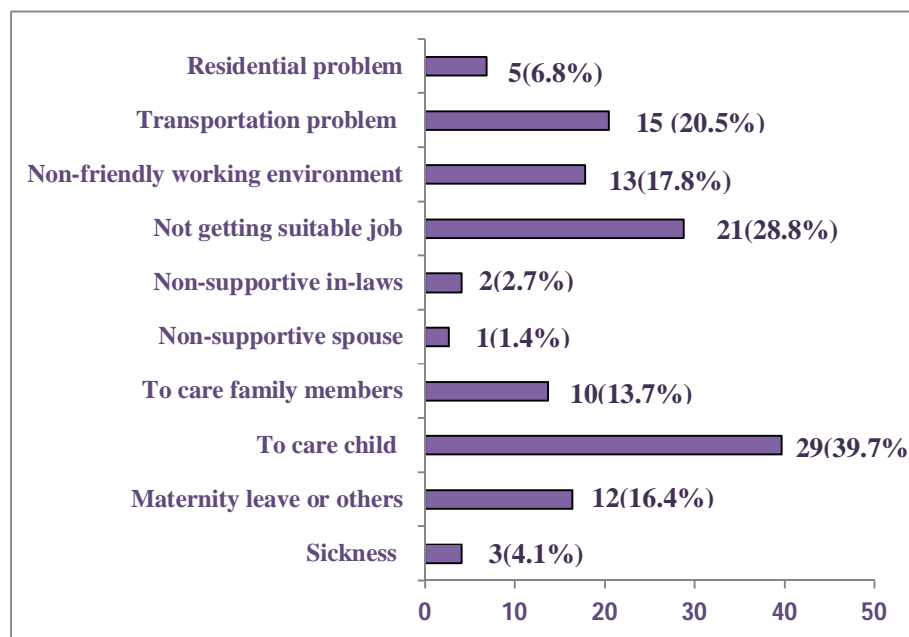


Figure 2 Distribution of views of the respondents' female graduate doctors regarding different reasons for choosing profession other than health care / educational services (n= 72)

Figure 3 horizontal bar diagram shows different reasons selected by the respondents' female graduate doctors of Bangladesh for not involving in different health care services / health professional education. Out of twenty (20) reasons, most commonly chosen were 29 (39.7%) 'to care child', 10 (13.7%) 'to care family members', 21 (28.8%) 'not getting suitable job', 13 (17.8%) 'non-friendly working

environment', 15 (20.5%) transportation problem, 'maternity leave 12 (16.6%), 5 (6.8%) 'lack of interest / not interested to involve', 13 (17.8%) 'have enough income from other source', 16 (21.9%) 'lack of security in job place', 7 (9.6%) 'non-supportive colleagues', 19 (26%) 'prolong duty hour and issues of night duties' and '15 (20%) 'others'.



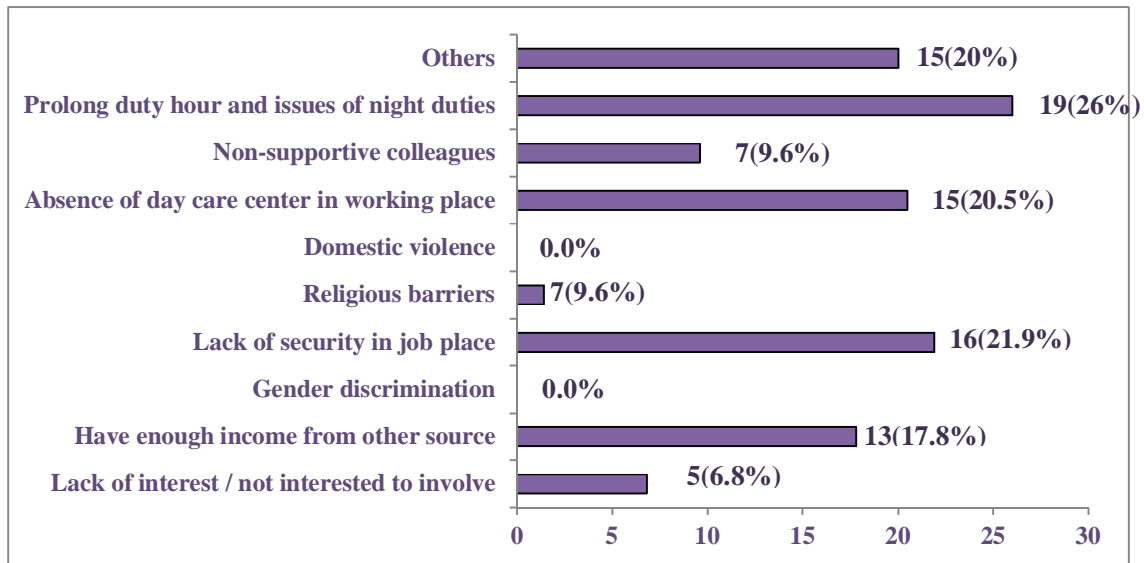


Figure 3 Distribution of views of the respondents' female graduate doctors regarding different reasons given by those who currently not involved in different health care/ educational services (n= 72)

Table 2 shows respondent female graduate doctors recommended the following to utilize female workforce effectively: nearly half (45.5%) chose for 'establishment of day care / breast feeding centers'. Rest of them chose 'establishment of non-threatening working environment', 'creating

need based opportunities in different post graduate courses', 'creating need based opportunities in BCS examination' and 'providing transportation / residential facilities' were 18.08%, 14.08%, 13.8% and 6.8% respectively (Table 2).

Table 2 Distribution of views of the respondents' female graduate doctors regarding different actions should be taken by the Government to utilize the female workforce effectively (n= 464)

Actions taken by Government	Estimated frequency*
'Establishment of day care / breast feeding center'	227 (45.5%)
'Establishment of non-threatening working environment'	94 (18.08%)
'Creating need based opportunities in different post graduate courses'	74 (14.08%)
'Creating need based opportunities in BCS examination'	69 (13.8%)
'Providing transportation / residential facilities'	34 (6.8%)

Discussions

In the present research, majority of the respondents female graduate doctors were involved in professional work and rest (14.4%) were not involved in different health care/ educational services. A study conducted by Akhter et al. (2023) interviewed 10 female graduate doctors who were not employed in any kinds of health care/educational services. Respondents also mentioned in their interview about the presence of fair percentage of female graduate doctors like themselves who were not employed that time though the exact proportion was unknown¹¹. About eighty five thousand female doctors are not involved in health care services and their high dropout rates alarmed the policy makers of Pakistan¹². Among 72 respondents female graduate doctors of this study, more than half completed their graduation from Non-Government medical colleges of Bangladesh who admitted in medical colleges during the period 2005-2009 and completed their internship during 2015 to 2020. In Bangladesh, out of 113 medical colleges, more than half (67) are Non-Government and about one third are (37) Government medical colleges. During

2007–2016, out of the 59% total students admitted into private sector/ Non-Government medical colleges and 38% students admitted into public sector/ Government medical colleges¹³.

Nearly 10% of the respondents' female graduate doctors never involved in any health care/ educational services after completion of their graduation and some of them mentioned that they did not complete permanent registration to BM&DC. Out of 42597 medical graduates from 2007-2016, 35993 registered themselves under BM&DC and nearly 15% doctors did not get any registration¹³. Such alarming situation must need to be addressed and handled more cautiously. Otherwise it would have harmful effects on the health system of Bangladesh.

Considering the issue, professions adopted by the female graduate doctors other than serving health care services, about one third were involved in online businesses and some of them switch to other cadres (12.5%). In in-depth interview, majority of female doctors (7 out of 10) are now housewives and mentioned several reasons behind their non-involvement in health

system. Most common reasons mentioned by them were child caring, poor salary structures specifically in private sectors, prolong duty hour etc.¹¹ Almost same reasons given by the respondent female graduate doctors, in the present research, the most chosen reasons were 'to care children', 'issues with night duty and prolonged duty hours' and 'not getting suitable jobs' had a high number of preferences by the respondents. Issues with the night duty and prolonged duty hours are not a problem with Bangladeshi female graduate doctors, this has been addressed by many researchers^{14,9}. About 97% of the post graduate trainees mentioned their dissatisfaction with prolonged duty hours and attitude of male doctors was an important issue addressed by them.¹⁴ Several factors influencing career of female doctors like balancing both family and professional life, socio-cultural responsibilities and inadequate support from colleague¹⁵.

In the present research none mentioned about existence of domestic violence, gender discrimination and religious barriers in progression of their career which definitely reflects the positivity of people of

Bangladesh towards female populations. In Pakistan, several researchers mentioned presence of domestic violence, gender discrimination and religious barriers in the progression of career of female doctors^{4,7,8}. In Bangladesh, half of the female graduate doctors mentioned about gender discrimination in their in-depth interviews¹¹. Though these findings are not similar but the researchers also cannot deny the presence of some sort of discrimination on gender basis in Bangladesh.

Nearly half of the respondents' female graduate doctors mentioned establishing day care centres would help them to serve the health system. Same views came into focus in a study conducted by Akhter et al. (2023)¹¹. Though there were some more recommendations chose by the respondents like non-threatening working environment, providing residential / transport facilities etc which needs to be addressed by the policy makers of Bangladesh. If the policy makers understand the actual scenarios and emphasis the need of taking different actions by the Government of Bangladesh then we would be able to utilize female workforce more effectively than previous years¹⁶.

Conclusions

About 15% of the respondent female graduate doctors were currently not employed in any health care / educational services. More than half were graduated from Non-Government medical colleges as there more than half of medical colleges are Non-Government so this result was expected. About 10% of the respondents female graduate doctors never employed after completion of their graduation and that would be considered as a matter of concern for the policy maker of this country. Majority of the respondents female graduate doctors mentioned different

causes in favor of their non-involvement in different health care / educational services and the most common reasons including - 'to care children', 'not getting suitable job' & 'prolong duty hours and issues of night duty'.

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