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Original Article

Stakeholders' Perceptions of Social Justice in Medical Student Selection in Bangladesh: Gateways to Equity

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Abstract

Background: Social justice is grounded in the principle that everyone should have equal economic, political, and social rights and opportunities. **Objectives:** To explore stakeholders' perspectives on the integration and practice of social justice in the MBBS admission process in Bangladesh. **Methods:** The study was conducted on teachers and MBBS students in 8 medical colleges in Bangladesh. From all four phases, a total of 200 teachers and 600 students were respondents of this study. A self-administered structured questionnaire was used for data collection. A convenient sampling technique was used for the selection of teachers and students. **Results:** The study revealed moderate student agreement that MBBS admissions were fair, particularly regarding gender (4.19 ± 0.81) and ethnicity (3.70 ± 1.23), although economic status (3.03 ± 1.45) remained a concern. Teachers showed agreement with similar patterns, noting lower fairness regarding health status (3.0 ± 1.18) and student identity (3.60 ± 1.10). **Conclusion:** The findings indicate that while stakeholders recognize some aspects of fairness in medical education, significant gaps persist in the integration and practice of social justice. These insights call for comprehensive reforms in curriculum design, institutional policies, and stakeholder engagement to ensure a more equitable and socially just undergraduate medical education system in Bangladesh.

***Keywords**: Social justice, medical education, medical students, medical teachers, curriculum, equity, admission process, institutional fairness, educational policy.*

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Introduction

Social justice in medical education means giving all medical students fair access to resources, opportunities, and training. It helps prepare them to understand and respond to unfair systems in healthcare. If medical education is mainly available to privileged groups, the healthcare system will continue to ignore the needs of vulnerable populations. Therefore, social justice focuses on removing these barriers so that every talented and motivated student, no matter their background, has an equal opportunity to contribute to society [1,2].

Globally, concerns about inequity in medical admissions are well documented. Students from affluent, urban backgrounds often have better access to high-quality education, test preparation resources, and digital tools. This structural advantage translates into higher entrance exam scores and, ultimately, admission to competitive medical programs[3,4]. By contrast, students from low-income, rural, or marginalized ethnic communities are systemically disadvantaged, struggling to compete in a process that, while seemingly meritocratic, often reinforces existing inequalities[5,6].

In Bangladesh, the centralized MBBS admission system, regulated by the Bangladesh Medical and Dental Council (BMDC), has enhanced transparency through digital oversight and uniform testing. However, the narrow focus on GPA and written exam scores leaves little room to account for broader social determinants, such as family income, educational access, or regional disadvantage. While quotas for tribal groups and children of freedom fighters exist, they are modest in scope and do not fully address deeper systemic inequities. Stakeholders continue to raise concerns about unacknowledged biases, where selection outcomes may still be swayed by political affiliation, personal networks, or hidden forms of social capital (7, 8).

The need for greater diversity in medical education is not just about representation; it directly impacts patient care. Studies have shown that doctors from underserved backgrounds are more likely to work in rural and disadvantaged areas and are better equipped to provide culturally competent care[9,10]. Their presence strengthens trust, improves health outcomes, and brings an essential perspective to clinical decision-making. Thus, reforming admission policies to be more inclusive is not just an ethical mandate- it’s a strategic investment in national health equity.

This study was conducted to examine how key stakeholders (medical students and faculty) perceive fairness in the MBBS admission process in Bangladesh.

Methods

This descriptive cross-sectional study was conducted from July 2024 to June 2025 in eight medical colleges across Bangladesh—comprising both government and private institutions, located within and outside Dhaka. The study included 800 participants: 600 undergraduate MBBS students and 200 teaching faculty members, selected through convenience sampling. Inclusion criteria

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were students and teachers present and willing to participate during data collection. Exclusion criteria included absence or refusal to consent. Data were collected using a pretested, self-administered questionnaire with a five-point Likert scale assessing perceptions of fairness in the medical student selection process. Key variables included the perceived impact of ethnicity, gender, socioeconomic status, health status, and identity on admissions. Ethical approval was obtained from the Institutional Review Board of the Centre for Medical Education. Participation was voluntary, and responses were anonymous. Data were analyzed using SPSS version 28.0. Descriptive statistics (mean, SD, frequency, percentage) were used. Likert scores were interpreted to gauge levels of agreement, ranging from strong disagreement (1) to strong agreement (5). Limitations include potential response bias, limited generalizability due to non-random sampling, and the absence of qualitative insights.

Results

This descriptive cross-sectional study was conducted to find the stakeholders' views on social justice in undergraduate medical education in Bangladesh. A Likert scale was used to measure the responses of the respondents on each item. Scores were given to the scale as: strongly agree (SA)=5, agree (A)=4, undecided (NAND)=3, disagree (DA)=2, strongly disagree (SDA)=1. The findings of the study are presented according to the variables and objectives of the study.

Table-1: Age and sex distribution of the study respondents (n=800)

Age group (years)	Student (n=600) f (%)	Teacher (n=200) f (%)	Total (n=800) f (%)
20-25	589(98.2)	0	589(73.6)
26-30	11(1.8)	22(11.0)	33(4.1)
31-35	0	37(18.5)	37(4.6)
36-40	0	56(28.0)	56(7.0)
41-45	0	42(21.0)	42(5.3)
46-50	0	30(15.0)	30(3.8)
>50	0	13(6.5)	13(1.6)
Mean±SD	22.8±1.49	39.8±7.0	27.06±8.23
Range (min-max)	20 -26	27-56	20-56
Male	349(58.2)	106(53.0)	455(56.9)
Female	251(41.8)	94(47.0)	345(43.1)

Among the 800 study participants, the majority were aged between 20–25 years (73.6%), all of whom were students, with a mean student age of 22.8 years (±1.49), while teachers had a mean age of 39.8 years (±7.0), ranging from 27 to 56 years. Overall, the participants had a mean age of 27.06 years (±8.23). In terms of gender distribution, 56.9% were male and 43.1% were female.

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Table-2: Distribution of the medical students as per their views regarding the social justice in the MBBS admission process (n=600)

Statements in relation to the needs of social justice in the MBBS admission process	Level of agreement					Mean±SD score
	SDA f (%)	DA f (%)	NAND f (%)	A f (%)	SA f (%)	
There is no effect of ethnicity on the selection process.	40 (6.70)	91 (15.20)	61 (10.20)	228 (38.0)	180 (30.0)	3.70±1.23
There is no effect of gender on the selection process	15 (2.50)	13 (2.20)	19 (3.20)	348 (58.0)	205 (34.20)	4.19±0.81
There is no effect of economic status on the selection process.	106 (17.70)	166 (27.70)	68 (11.30)	123 (20.50)	137 (22.80)	3.03±1.45
There is no effect of health status on the selection process.	54 (9.0)	106 (17.70)	74 (12.30)	202 (33.70)	164 (27.30)	3.52±1.30
There is no effect of student's identity in the selection process of MBBS course	58 (9.70)	91 (15.20)	70 (11.70)	168 (28.0)	213 (35.50)	3.65±1.35

Table 2 shows that students moderately to strongly agreed that gender (4.19 ± 0.81), ethnicity (3.70 ± 1.23), identity (3.65 ± 1.35), and health status (3.52 ± 1.30) had no effect on MBBS admission, while views on economic status were more mixed (3.03 ± 1.45).

Table-3: Distribution of the medical teachers as per their general views related to social justice in the MBBS admission process (n=200)

Statements in relation to the needs of social justice in the MBBS admission process	Level of agreement					Mean±SD score
	SDA f (%)	DA f (%)	NAND f (%)	A f (%)	SA f (%)	
There is no effect of ethnicity on the selection process.	14 (7.0)	39 (19.50)	36 (18.0)	91 (45.50)	20 (10.0)	3.32±1.11
There is no effect of gender on the selection process	12 (6.0)	36 (18.0)	18 (9.0)	102 (51.0)	32 (16.0)	3.53±1.14
There is no effect of economic status on the selection process.	18 (9.0)	64 (32.0)	13 (6.50)	77 (38.50)	28 (14.0)	3.17±1.26
There is no effect of health status on the selection process.	24 (12.0)	53 (26.50)	36 (18.0)	73 (36.50)	14 (7.0)	3.0±1.18
There is no effect of student's identity in the selection process of MBBS course	8 (4.0)	34 (17.0)	26 (13.0)	94 (47.0)	38 (19.0)	3.60±1.10

Table-3 shows that teachers moderately agreed that student identity (3.60 ± 1.10), gender (3.53 ± 1.14), and ethnicity (3.32 ± 1.11) had no impact on MBBS admission. Views on economic status (3.17 ± 1.26) and health status (3.0 ± 1.18) were more divided, indicating less consensus on their neutrality in the selection process.

Discussion

In the present study, medical students agreed that gender (4.19 ± 0.81) and ethnicity (3.70 ± 1.23) had no impact on the MBBS admission process, suggesting confidence in formal entry criteria. However, perceptions about economic status (3.03 ± 1.45), health status (3.52 ± 1.30), and student identity (3.65 ± 1.35) were neutral, highlighting concern that broader socio-economic and identity-related factors continue to influence selection processes. These findings parallel observations in studies such as Moura et al.[11] and Talamantes et al.[2], which underscore persistent economic and structural inequities in medical admissions, often outweighing nominal merit-based systems. Similarly, Woolf et al.[12] and Afroz et al[13] document how marginalized applicants, especially from tribal or low-income backgrounds, faced systemic barriers despite standardized selection.

Teachers' perceptions reflected similar trends: while statement was reported on the gender (3.53 ± 1.14), ethnicity (3.32 ± 1.11), and health status (3.00 ± 1.18). Their views on economic status (3.17 ± 1.26) and student identity (3.60 ± 1.10). These concerns align with insights from Jahan et al.[14] and Kamran et al.[15], who argue that systemic and covert inequities—such as privilege, social capital, or political connections—undermine meritocracy in medical education across South Asia.

Formeaningful progress, educational stakeholders must look beyond formal admission protocols to address the underlying inequalities that influence access. This includes targeted outreach and preparatory support for economically and ethnically marginalized groups, transparent selection oversight, and community-based affirmative strategies. Only through these interventions can medical admissions align more closely with principles of social justice and equity, moving from procedural safeguards toward equitable outcomes for all aspiring candidates.

Conclusion

This study reveals that while undergraduate medical education in Bangladesh promotes transparency in admissions and fosters diversity, significant gaps remain in comprehensively addressing social justice. These findings underscore the need for targeted reforms, including the more effective integration of social justice into medical education, fostering inclusive institutional environments, and ensuring a fair selection process.

References

1. Reis SP, Wald HS, Monroe AD, Borkan JM. Beyond implicit bias: A framework for incorporating equity, diversity, and justice in preclinical medical education. *Acad Med.* 2020;95(12):S25–S30.

2. Marmot M, Friel S, Bell R, Houweling TAJ, Taylor S. Closing the gap in a generation: Health equity through action on the social

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DOI: https://doi.org/10.3329/bjme.v17i1.87081

determinants of health. *Lancet*. 2008;372(9650):1661–9.
3. Talamantes E, Henderson MC, Fancher TL, Mullan F. Closing the gap: Making medical school admissions more equitable. *N Engl J Med*. 2019;380:803–5.
4. Issenberg SB. Ottawa 2010 conference: Consensus statements and recommendations. *Med Teach*. 2011;33:181–2.
5. Steven K, Dowell J, Jackson C, Guthrie B. Fair access to medicine? Retrospective analysis of UK medical schools application data 2009–2012 using three measures of socioeconomic status. *BMC Med Educ*. 2016;16:11.
6. Komaromy M, Grumbach K, Drake M, et al. The role of black and Hispanic physicians in providing health care for underserved populations. *N Engl J Med*. 1996;334:1305–10.
7. Bangladesh Medical and Dental Council (BMDC). Curriculum for undergraduate medical education (MBBS). Dhaka: BMDC; 2012.
8. Greenhalgh T, Seyan K, Boynton P. “Not a university type”: Focus group study of social class, ethnic, and sex differences in school pupils’ perceptions about medical school. *BMJ*. 2004;328:7455.
9. Alsan M, Garrick O, Graziani G. Does diversity matter for health? Experimental evidence from Oakland. *Am Econ Rev*. 2019;109:4071–111.
10. Guiton G, Chang MJ, Wilkerson L. Student body diversity: Relationship to medical student’s experiences and attitudes. *Acad Med*. 2007;82(Suppl):S85–S88.
11. Moura EC, Moreira RS, Menezes LA. Socioeconomic inequalities in access to medical education in Brazil: Analysis of the National Student Performance Exam. *Rev Bras Educ Med*. 2021;45(1):e038.
12. Woolf K, Potts HWW, McManus IC. Ethnicity and academic performance in UK trained doctors and medical students: Systematic review and meta-analysis. *BMJ*. 2016;342–3.
13. Afroz R, Nasrin T, Sultana R, Rashid SF. Social justice in medical education: A qualitative exploration of views of stakeholders in Bangladesh. *J Adv Med Educ Prof*. 2022;10(4):206–14.
14. Jahan F, Afroz R, Rashid SF, Begum H. Social justice in medical education: A qualitative exploration of views of stakeholders in Bangladesh. *J Adv Med Educ Prof*. 2022;10(4):206–14.
15. Kamran A, Chandio MU, Ahmed SM. Teaching social justice in medical education: A systematic review and meta-synthesis of faculty and student perspectives. *Med Teach*. 2022;44(3):245–52.