

What do health professionals think about working in rural areas? Evidence from South Africa, Kenya and Thailand

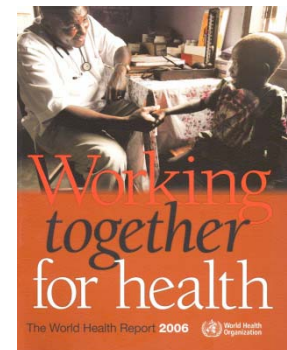
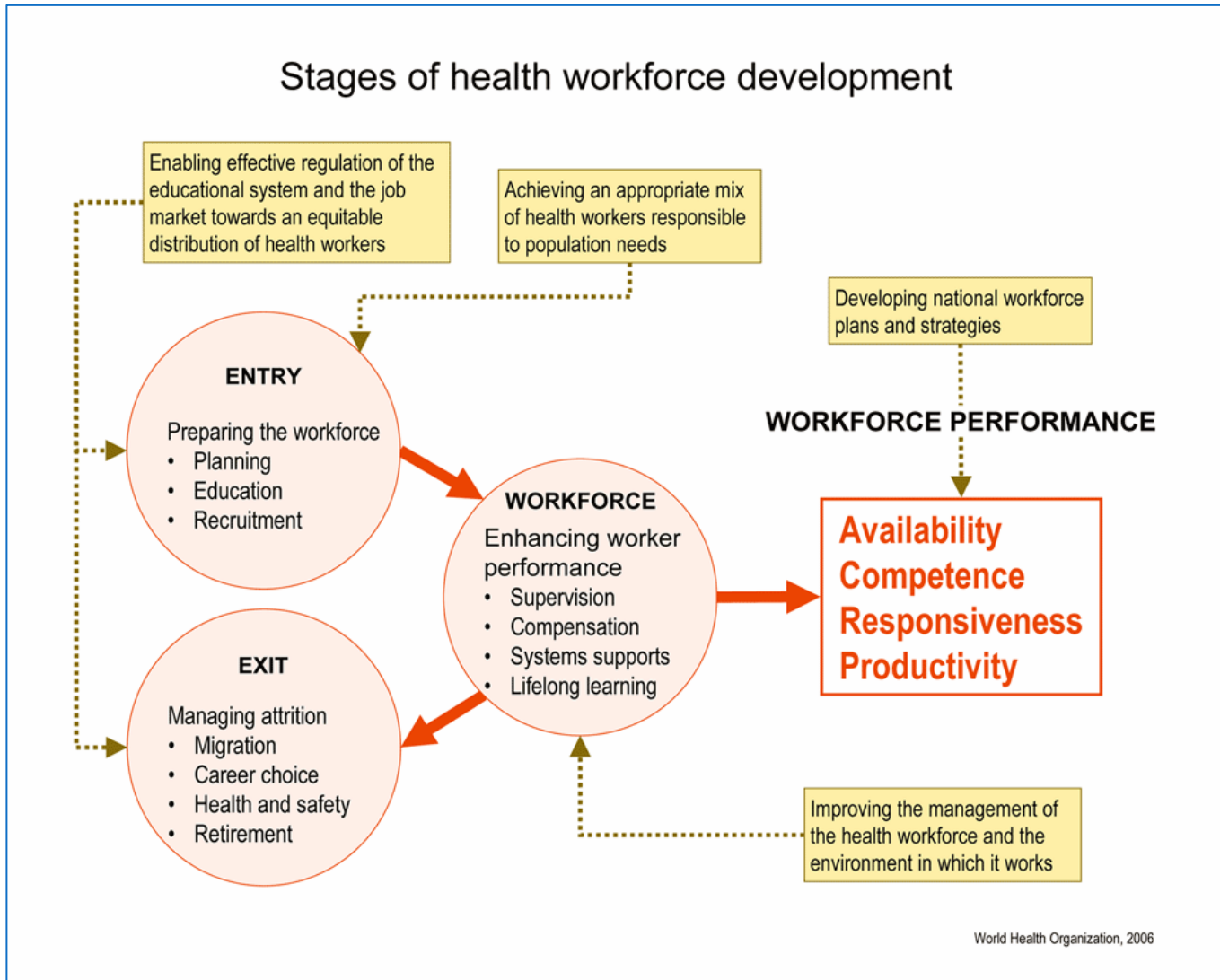
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International Health Policy Program, Thailand

Delivering Effective Health Care for All

Monday 29th March, 2010

The many facets of HRH



Why focus on availability

- Stepping stone to address all other HR issues in disadvantaged areas
 - Positive correlation between health worker presence and delivery of care
- Inequalities in availability of staff (maldistribution) creates inequalities in health systems
 - Inequalities in access to care: medically under-served areas are often populated by disadvantaged people
 - Inequalities of public funding if greater presence of public health workers in urban/wealthy areas

Research gaps

- Understanding individual behaviours and preferences
 - Attitudes towards living and working in rural areas
 - Important to identify diversity in preferences
- Designing adequate policies
 - Policies responsive to individual preferences
 - Relative cost-effectiveness of strategies

Study design

- Study population

- Three countries: Thailand, South Africa, Kenya
- Approx. 350 nursing students in each country, about to graduate and enter the labour market
- Rural and urban data collection regions

- Research tools

this presentation

- Survey questionnaire
 - Socio-demographic characteristics
 - Attitudes towards working/living in rural areas

- Focus Group Discussions

2nd presentation

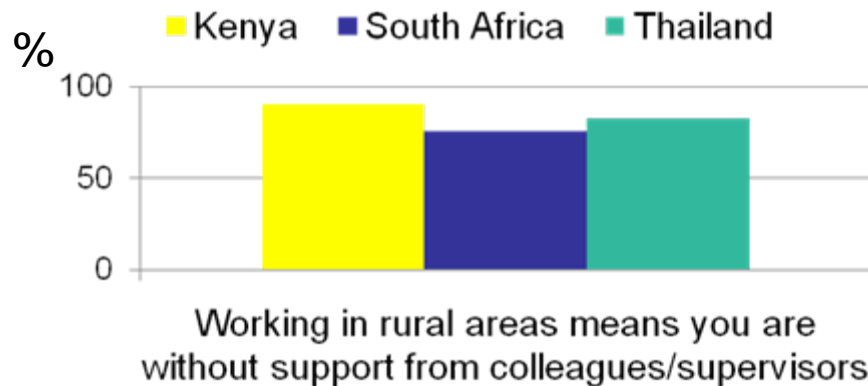
- Discrete Choice Experiment

Four main findings



1. Working in rural areas is difficult everywhere

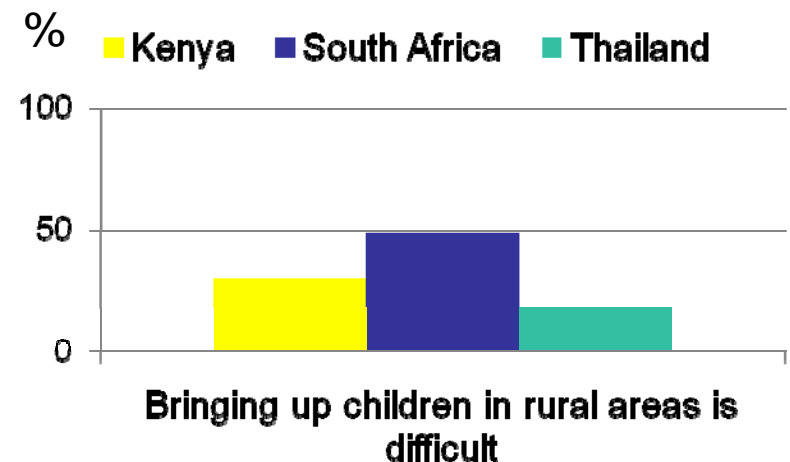
- Professional difficulties



*“...when you stay in rural community as a health worker, you might end up **missing some of the privileges** that people in town do enjoy [...] when you are in rural area, you just stagnate there, **there is no advancement**”*
Nursing student, Kenya

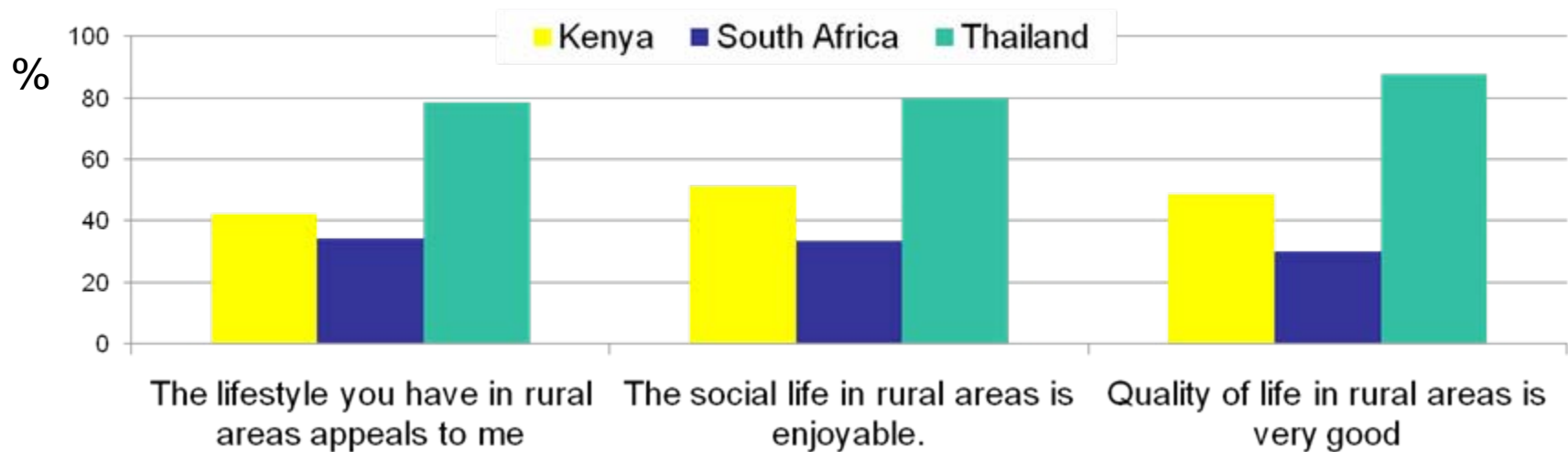
- Difficult living conditions

*“...you know our country how it is, infrastructure is bad, if you take me to a remote area, **there is no accessibility, there is no infrastructure, there are no telephones, and there are no roads, it rains.....**”*
Nursing student, Kenya



2. Yet, there is also a reservoir of goodwill towards rural areas everywhere

- Positive attitude towards rural areas



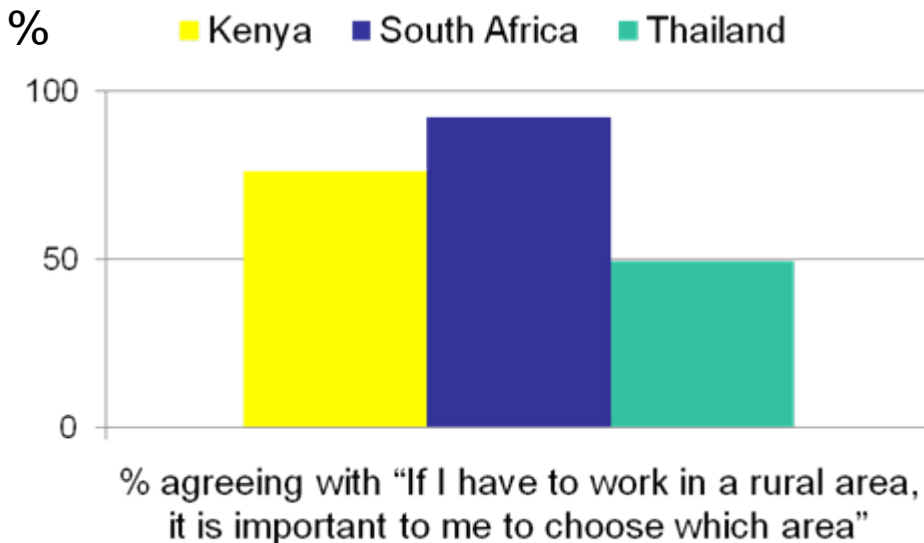
- Some positive professional aspects

*"... in the villages you will be **performing your managerial functions**, you will manage yourself, the drugs..."* Nursing student, Kenya

*"My experience is when we went to the rural areas the people actually kind of trust you and **they like you because you are the nurse** and you are helping them"* Nursing student, Johannesburg

3. Diversity of individual attitudes

- People from rural areas have a more positive attitude towards rural areas
- Individuals face different obstacles in rural areas

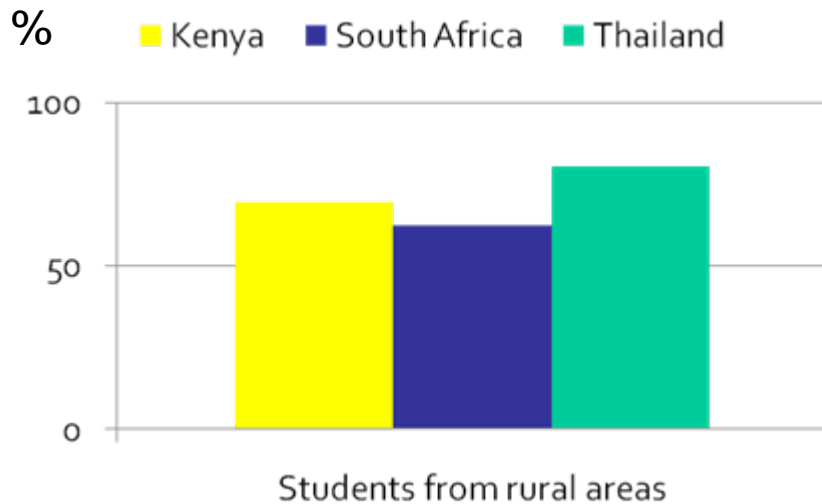


*"I think even before they post you, **they should consider the community where they are taking you**, because if I am taken to a community where I know I will be rejected, I cannot accept that one"*
Nursing student, Kenya

*"And there is a **language barrier** because we have 11 languages and I only speak 2."*
Nursing student, Johannesburg

4. The importance of training centres in rural areas

- Rural training attracts rural students



- Rural exposure means less prejudice...

*"I haven't been in a rural area so I might stand corrected, I am sorry **but I'm scared to go there.**"* Nursing student, Johannesburg

...and less difficult to settle there

*"I wouldn't work [in a rural area]. It's not that I don't want to but **I've got so much of my life built here** so it's not easy for me to make that transition from this side to the other."* Nursing student, Pretoria

- In South Africa, 67% of students who trained in rural colleges chose a rural area as their 1st placement (vs. 6.5% in urban colleges)

Implications for policy and practice

1. Encourage positive attitudes towards rural areas
 - Understand who is more positive/willing to like rural areas
 - Capitalise on this reservoir of goodwill:
 - Selecting people from rural areas more (quotas)
 - Mentoring
2. Set up HR management system to match the needs to the goodwill
 - Avoid “one size fits all” approaches
 - Be responsive to health workers’ preferences

Implications for policy and practice

3. Decentralise nursing/medical training centres

- Expose students to life in rural areas
- Attract more students of rural origins

4. Compensate health workers in rural posts

- Compensate for difficult living conditions
 - Financial help to educate children further away
- Compensate for difficult working conditions
 - Ensure they have work opportunities (training, promotion, support)

Partners

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Thank you

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