

Gender distribution of teaching staff and students at the Kamuzu College of Nursing, Malawi 1979-2001

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Introduction

The Kamuzu College of Nursing (KCN) is one of the five constituent colleges in the University of Malawi. It was opened in September 1979 as a nursing school, and its first diplomates graduated in 1983. Initially students would be trained for four years, three of which were for them to earn a Diploma in Nursing and the final (fourth) year a compulsory Certificate in Midwifery. In 1990, the KCN started offering post-basic, 2 year Bachelor of Science degree program. Students would graduate with a Bachelor of Science in Nursing with majors in Administration or Education. This degree program was offered to already Registered Nurse-Midwives holding a Diploma in Nursing and a Certificate in Midwifery with a minimum of two years practical experience [1]. A generic 4 years Bachelor of Science (Nursing) course was started in 1996 [2]. Presently, the one year Certificate Course in Midwifery is no longer compulsory. The course is now open only to those candidates that had demonstrated interest and competence in Midwifery during their 4 years of undergraduate study [3]. The academic requirements for prospective candidates into the Bachelor of Science program at the KCN include the (a) the candidates must preferably specify Nursing as his or her first choice; (b) Six credit passes at the Malawi School Certificate (MSCE) or Ordinary Level equivalent credits including English, Mathematics, Physical/General Science and Biology must have been attained and (c); the candidates may be required to undergo an interview.

Retaining qualified health workers is a problem across Africa [4]. Malawi is currently facing a crisis of shortage of nurses in both private and public health facilities. Lack of adequate nursing and midwifery personnel is specifically identified by government as an impediment to the provision of adequate health care in the country [5]. The brain drain from the public services to the private sector is high and so is the brain drain to outside the country [6]. As knowledge about career preferences could enable the KCN in its marketing endeavour for its Bachelor of Science course in Nursing [7,8], we carried out a study in order to document the gender distribution of staff and students. This paper therefore describes the findings and the implications regarding the gender distribution of staff and students at the Kamuzu College of Nursing. The aim of the study was to describe the gender distribution of first year nursing students and faculty members at the University of Malawi, Kamuzu College of Nursing. Knowledge about the gender distribution would be indication of gender attitudes towards nursing as a suitable career.

Methods

University of Malawi official records were obtained from the Registrar of the Kamuzu College of Nursing and were reviewed. Semi-structured interviews were also conducted with members of staff of the KCN to verify and validate official University records. The

proportions of students and staff with regard to gender were calculated.

Results

The Kamuzu College of Nursing has between 1979 and 2001 enrolled 1097 students, 920 (84.7%) females and 167 (15.3%) males. From 1979 to 1984, only female students were being enrolled. Male students started to be admitted as from 1984 and were in minority until 1999,

when 20 first year male students exceeded those of females [8]. Total first year enrolments have ranged from 21 in 2000 to 69 in 1994 and a mean first year intake of 49 students. Male students' intake has ranged from 1 to 20 with a mean of 11.9. As for females, the range has been 3 to 59, and a mean of 41.8. There was no first year enrolment in 1996. The gender distribution of faculty at the Kamuzu College of Nursing in 2001 has been presented as in Table 1 below;

Table 1: Gender distribution of teaching staff at the Kamuzu College of Nursing 2001

	Male	Female	Total
Senior Lecturer	1(20%)	4 (80%)	5
Lecturer	5 (16.7%)	25 (83.3%)	30
Assistant Lecturer	1 (12.5%)	7 (87.5%)	8
Staff Associate	2 (14.3%)	12 (85.7%)	14
Total	9 (15.7)	48 (84.3%)	57 (100%)

Discussion

Nursing had been a male dominated area until the mid-nineteenth century when the profession took a feminine role spearheaded by Florence Nightingale [9,10]. Nursing in many African countries is a low status profession, unable to assert itself and is usually seen as an appendage of medicine [11]. The medical profession however, is male-dominated in Malawi [12]. This study indicates clearly that the gender distribution of both first year students and faculty at the KCN is biased towards females.

This may be a reflection of deep-seated beliefs in values and attitudes in the Malawian society which may be acting as disincentives for males to consider nursing as a career. In fact the KCN itself was initially designed to be a nursing school for females. At its opening in 1979, while there was a students' hostel (on campus residences) for female students, none was available for males until after a decade later.

That the current distribution of faculty is skewed in favour of females may just be an image of the gender distribution situation among students themselves. As the majority of lecturers in the various disciplines are trained nurses themselves, many graduates of the KCN itself, it is perhaps expected that as more female nurses are being trained, it is from this pool that future faculty members would be obtained. It is also possible that the whole nursing environment may be viewed as feminine such that even eligible male nurses or other male professionals may feel uncomfortable to join as faculty at KCN.

There is some evidence that male nurses experience increased stress levels when compared to their male counterparts working in other roles in the health sector [13]. This may indicate that males may lack the social and

psychological support in a female-dominated career. The present situation has implications for service delivery. The general Malawi culture is mainly male dominated. If nursing continues to be a female dominated career, chances of it being uplifted in as far as remuneration and prestige may be compromised. It is customary in Malawi for women 'to follow' their spouses to their district or town of employment. There are therefore a disproportionate higher number of nurses in urban areas who are deployed to such areas just because they are 'following spouse'. If there were more male nurses, we believe that deployment of nurse-midwives would not be compromised, as is the current situation.

We believe that it is no longer enough for training institutions to be passive recipients of prospective nurses [8]. The KCN should also consider getting involved in students' education far earlier than is the case now [14] perhaps in secondary and primary school so as to demystify the notion that nursing is a career for females. Health care reform may be ineffective without concomitant reforms in the education of health care workers [15]. We believe that training institutions should be sensitive to the gender trends amongst its students and graduates.

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