

Opinions of medical students at the University of Cape Town on emigration, conscription and compulsory community service

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Summary

A study was conducted to determine emigration intentions of medical students at the University of Cape Town. Students from 1st to 5th year completed a self-administered questionnaire. A response rate of 86% was achieved. Over half the students (54%) were considering emigration. The most frequently selected motivating factors were moral dissatisfaction with the present government and career opportunities abroad. Men who were eligible for military conscription rated this factor as an important deterrent to remaining in South Africa, and 81% stated objections to national service. However, 71% would be less likely to emigrate were an alternative national service (ANS) instituted. Should a compulsory community service be implemented, 41% of those eligible would be more inclined to emigrate.

Recommendations include the implementation of ANS; a re-evaluation of the compulsory community service proposal; and further investigation of emigration trends and of ways to curb emigration. Suggestions offered are a reappraisal of both selection criteria and medical education; and the provision of incentives for doctors to work in rural areas.

S Afr Med J 1991; 79: 532-535.

Emigration of doctors from developing countries to the predominantly highly developed is a universal phenomenon.¹ In the case of South Africa, this trend appears to be exacerbated

by several 'push' factors. The RSA is faced with a severe economic recession and remains politically unstable. Compulsory conscription into the South African Defence Force (SADF), which has been decreased by 1 year since undertaking this study, is also of considerable importance. In addition, the growing list of objectors to the SADF indicates the need for an alternative national service. The South African health service is characterised by fragmentation, maldistribution of resources and racial segregation of state facilities.

'Pull' factors that operate to attract graduates abroad take the form of financial incentives, career opportunities and personal ties.

Each medical student faces many personal dilemmas, such as a moral dissatisfaction with the present government, fear of a violent future, future economic hardship, together with a loss of privilege associated with the transfer to majority rule.

It has long been debated how to address the great shortage of medical doctors in rural areas. At a meeting of the South African Medical and Dental Council (SAMDC) in April 1989, a proposal for compulsory community service was submitted.² It was agreed in principle to implement the proposal, which would apply to all medical graduates, excluding white men who qualify for military conscription.

Bearing these factors in mind, the authors undertook a study with the aim of investigating the emigration intentions of medical students at the University of Cape Town.

Subjects and methods

During September 1989 a descriptive cross-sectional study using a self-administered questionnaire was conducted among all medical students from 1st to 5th year of the M.B. Ch.B. course at the University of Cape Town. Out of a total of 731 students, 629 responded to the questionnaire (response rate 86%).

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Accepted 25 Sept 1990.

The characteristics measured included demographic data, political affiliation, information regarding national service, emigration intentions and factors influencing these, and the possible effect of compulsory community service.

Results

Demographic characteristics

Men comprised 62% of the study population. Subjects were classified into 5 broad political groups. The group designated 'left' included those identifying with one or more socialist-orientated organisations (28%). The 50% identifying with the Democratic Party were designated 'DP'. The group 'right' (2%) affiliated themselves with the National Party and political structures to its right. Ten per cent of students classified themselves 'apolitical', and 10% were categorised 'other'.

Attitudes toward emigration

Subjects were asked to select one of five options that would most accurately reflect their intentions about emigration. Using these data, responders were grouped into two categories: 'stay' — definitely not emigrating or unlikely to emigrate; and 'go' — those considering or seriously considering emigration, or who would definitely emigrate (Fig. 1). The potential emigrants constituted 54% of the study population.

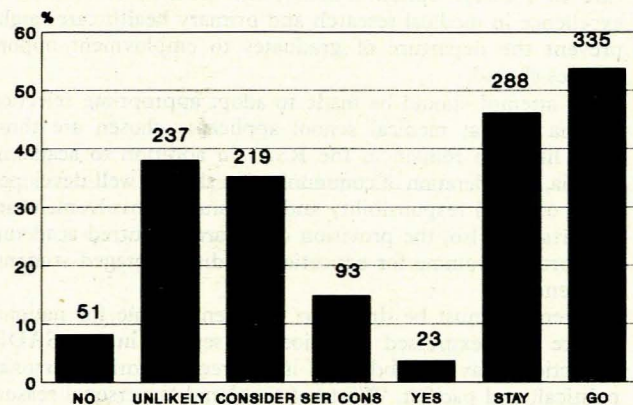


Fig. 1. Emigration intentions of medical students ($N = 623$) (NO = definitely will not (a); UNLIKELY = unlikely to (b); CONSIDER = considering (c); SER CONS = seriously considering (d); YES = definitely will (e); STAY = a + b; GO = c + d + e).

Women students were significantly less likely to emigrate than men ($P = 0,0001$), with only 43% considering futures abroad as against 61% of men.

Fig. 2 illustrates the relationship between political orientation and emigration intentions. The only relationship of statistical significance was that between 'left' and 'DP' subjects ($P = 0,0107$), in which the former demonstrated a comparatively lower emigration figure.

Factors motivating emigration

Students who were considering emigration were asked to rate motivating factors. The number of people giving each motivating factor a high rating was calculated as a percentage of all those answering the question. The options are shown in Table I in descending order of importance; moral dissatisfaction with the present government being the most important factor. Reasons pertaining to the SADF ranked fourth. However, of the men qualifying for national service and who were

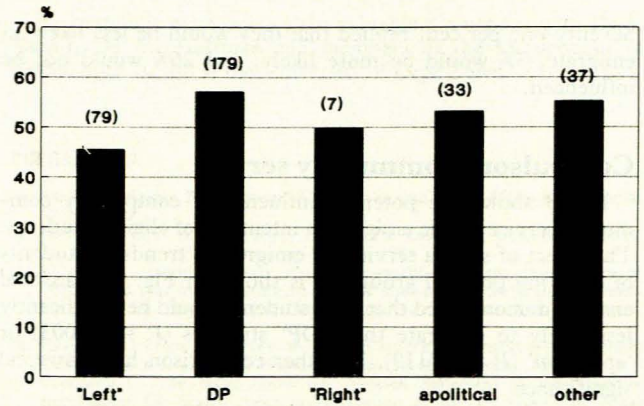


Fig. 2. The relationship between political grouping and the percentage of students considering emigration ($N = 623$).

TABLE I. FACTORS MOTIVATING STUDENTS TO EMIGRATE — IN DESCENDING ORDER OF IMPORTANCE ($N = 335$)

Factor	%
1. Moral dissatisfaction with the present government	57,9
2. Career opportunities in other countries	41,2
3. Fear of a right-wing government	39,1
4. Compulsory military service	38,8
5. Financial incentives in other countries	36,7
6. Concern that the future of SA will include economic hardship	36,1
7. Fear of a violent future in SA	32,8
8. Concern that the standard of medical career will be limited in SA	26,0
9. Concern for personal safety	15,5
10. Concern that boycotts (cultural or sporting) will restrict enjoyment of leisure time	14,6
11. Fear that a majority rule will involve a loss of privileges	14,0

considering emigration, 64% considered 'compulsory military service' an essential motivating factor.

National service in the SADF

Of the 277 men eligible for national service, camps, or who had completed both, 225 (81%) stated that they had objection to serving in the SADF. The reasons given for objecting to military service are shown in Table II.

All men qualifying for national service and considering emigration were questioned about the effect an alternative to military conscription would have on their decision to emigrate.

TABLE II. REASONS FOR OBJECTING TO NATIONAL SERVICE IN THE SADF IN DESCENDING ORDER OF IMPORTANCE ($N = 225$)

Reason	%
1. Waste of time	74,7
2. Township duty	74,2
3. Association of the SADF with NP policy	66,7
4. War in neighbouring states	56,0
5. Loss of individuality	30,0
6. Alienation from friends and family	29,3
7. Universal pacifism	28,0
8. Religious pacifism	16,9
9. Fear for one's life	15,6

Seventy-one per cent replied that they would be less likely to emigrate, 3% would be more likely, and 26% would not be influenced.

Compulsory community service

Fig. 3 shows the potential influence of compulsory community service on the emigration intentions of eligible students. The effect of such a service on emigration trends in students of differing political groupings is shown in Fig. 4. Statistical analysis demonstrated that 'left' students would be significantly less likely to emigrate than 'DP' students ($P = 0,0003$) or 'apolitical' ($P = 0,0119$). No other comparison had statistical significance.

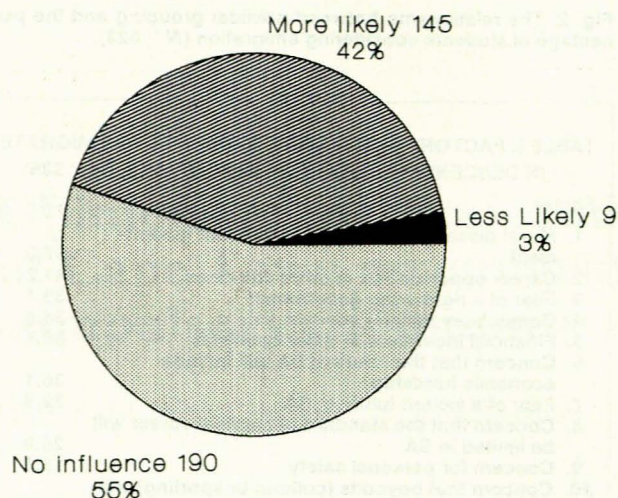


Fig. 3. The potential effect of a compulsory community service on emigration intentions ($N = 353$).

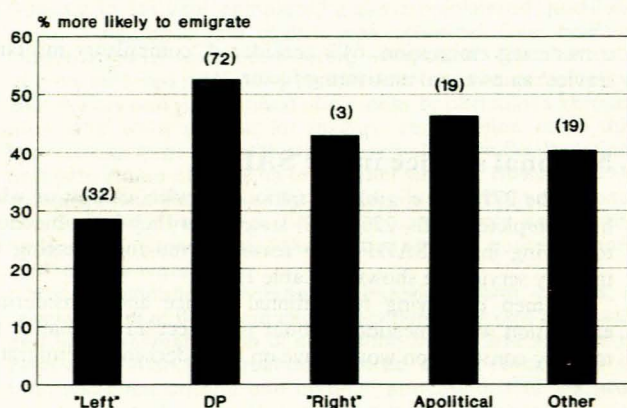


Fig. 4. Students who would be more likely to emigrate should a compulsory community service be imposed, classified according to closest political affiliation ($N = 344$).

Discussion

Since the emigration of graduates represents a loss of expertise and a drain on the country's economy, it is evident that steps should be taken to curb this trend. These results characterise an English-medium, 'liberal' medical school and inferences cannot be drawn about other South African medical schools. Furthermore, any study concerning future events does not take into account how unforeseeable life events can influence emigration intentions.

Two other studies^{3,4} corroborate the finding that more than half the medical students at the University of Cape Town were considering emigration. In the breakdown of motivating factors, moral dissatisfaction with the present government was the most frequently chosen option. It has been suggested, however, that this may be a convenient option for those unwilling to disclose their true motive for leaving (J. P. van Niekerk, Dean — personal communication).

Restricted career opportunities in the RSA rated second to moral dissatisfaction. This brings present medical education under scrutiny. The First-World-oriented teaching programme renders graduates ill-equipped to meet the health needs of most South Africans.⁵ As a result, many prefer to pursue their careers in developed countries where their training may be put into practise. The discrepancy between health needs and medical education may also account for the maldistribution of health personnel in the RSA.

In contrast to the Eurocentric model, many academics are now advocating a community-based medical education (CBME) as the one most suited for South African medical schools.⁵⁻⁷ Implementation of a CBME would ensure an emphasis on teaching in primary health care, and community involvement would be increased in the clinical setting.⁸ An alternative is the introduction of a differentiated medical education with two 'twin-track' programmes: one traditional and the other community based. The addition of rotations for clinical students in rural areas might encourage graduates to consider rural health care as a career option. Finally, the creation of centres of excellence in medical research and primary health care might prevent the departure of graduates to employment opportunities abroad.

An attempt should be made to adopt appropriate selection criteria so that medical school applicants chosen are those most likely to remain in the RSA. In addition to academic criteria, consideration of communication skills, a well-developed sense of social responsibility and community involvement are important.⁹ Also, the provision of a learner-centred academic support programme for educationally disadvantaged students is essential.

Attention must be drawn to the men eligible for national service who expressed objections to serving in the SADF. Objections may be subdivided into three categories: personal; political; and pacifist. 'Waste of time' and 'a personal reason' emerged as most important, closely followed by three political reasons: township duty, association of the SADF with NP policy, and war in neighbouring states. It could be inferred that responders did not view the SADF as a neutral body. This view has been substantiated by General Magnus Malan: 'The Defence Force supports the government policy . . . This is the same as that laid down by Dr Verwoerd, namely multinationalism . . .'¹⁰

An overwhelming majority of eligible men objected to national service and a large proportion cited it as a crucial factor motivating emigration. Furthermore, a substantial proportion would be less likely to emigrate should an alternative national service be implemented. Therefore any serious attempt to reduce the emigration of graduates must include the provision of an alternative national service. Since such an option is not available at present, it is recommended that parties concerned about the loss of South Africa's doctors clearly state the benefits of an alternative to conscription.

The SAMDC proposal for compulsory community service had as a secondary aim the slowing of emigration among medical graduates. The present findings suggest that the proposal would probably be ineffective in diminishing the exodus of graduates from the RSA.

It is apparent from this study that compulsory community service, as originally proposed, should not be implemented. Rather than employ restrictive measures, incentives could be

provided for doctors to work in rural areas. Such incentives could take the form of financial benefits according to the degree of isolation; the provision of facilities in rural areas; the allocation of travel allowances; and the provision of posts at academic institutions for those suitable persons who have worked in rural areas.¹¹ Should community service be instituted, it is suggested that this be provided as an alternative to conscription.

With respect to emigration intentions, those students designated 'left' were significantly less likely to emigrate than the 'DP'. Should a compulsory community service be implemented, students identifying with the 'left' were again shown to be those least likely to leave.

These findings may be explained by an association of left-wing politics in the RSA with the socialist ideals of community accountability and the redistribution of health resources. Also, at the time of this study, the political organisations classified 'left' were all banned or severely restricted. Identification with these extra-parliamentary groups necessitated a thorough appraisal of the political and health situations. This may explain why left-wing students would have fewer objections to 'repaying the nation' by community service.

Finally, it is recommended that universities continue to investigate ways of curbing emigration. Rather than feel threatened by change, it is appropriate for this university to begin redefining its role in order to achieve greater community accountability.

We gratefully acknowledge the valuable discussions with Dr S. Taylor, Dr M. Hoffman and members of the Department of Community Health at the University of Cape Town.

REFERENCES

1. Mejia A, Pizurki H, Roystone E. *Physician and Nurse Migration*. Geneva: WHO, 1979.
2. Bothwell TH *et al*. Compulsory community service for medical graduates. In: Agenda for SAMDC meeting, October 1989.
3. Kaye P. A descriptive study of the post-qualification emigration plans of 1986 fourth-year medical students at UCT and some of the factors influencing their plans. Department of Community Health 4th year Student Project, UCT, 1986.
4. Evans N, O'Brien A. Survey on medical students' intentions to emigrate. Department of Community Health 4th-year Student Project, UCT, 1989.
5. Cresswell C. The Natal University Mission Statement of 1989 and its significance for health personnel education at the University of Natal (summary). In: Ross SM, Loening WEK, eds. *Proceedings of the 1990 NAMDA/University of Natal Medical Education Workshop*. Durban: University of Natal, 1990: 3.
6. Hamilton JD. Why change. In: Ross SM, Loening WEK, eds. *Proceedings of the 1990 NAMDA/University of Natal Medical Education Workshop*. Durban: University of Natal, 1990: 4.
7. Owen P, ed. Community-based medical education: the Newcastle experience: report on the 20-year celebrations of the faculty of medicine. *Special Bulletin 1*. Durban: NAMDA Publications, 1988.
8. Harden R, Sowden S, Dunn WR. Educational strategies in curriculum development: the Spices model. *Med Educ* 1984; **18**: 284-297.
9. Metz J. The Beersheva experiment — how successful has it been? (Editorial) *S Afr Med J* 1989; **76**: 3-4.
10. Malan M. In whose defence? Cape Town: NUSAS, SRC press: 1984.
11. World Health Organisation. *Primary Health Care*. Report of the International Conference, Alma-Ata, USSR, 6 - 13 September 1978. Geneva: WHO, 1978.