

Social Inclusion in Karnataka's Medical Education – Measuring Degree of Access and Equity

Dr. N Maruti Rao,

Professor, PG Dept. of Commerce, PG Halakatti PG Center, Rani Channamma University, Vijayapura

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ABSTRACT

The Government of India and Karnataka Government has designed and implemented series of schemes and programmes to ensure access and equity of socially deprived section of the society. Therefore, it is necessary to examine the access and equity of SC & STs to medical education in the state of Karnataka. This research has made an attempt to examine the access and equity of SC & STs to medical education in the state of Karnataka. The paper is primarily concerned with access and equity in higher medical education by social groups—caste, by gender and by income. This paper is trying to give a thoughtful view to those concerned with inclusive medical education and discrimination. It provides suggestions for the inclusion of SC & ST students in the Higher education system.

I. INTRODUCTION

Karnataka is considered as one of the leading hub of higher education in India. But, the gross enrollment ratio of students is lower compared to its neighboring states of Kerala and Tamil Nadu. Government of Karnataka has initiated new programmes and set up new state universities, liberalized the provisions to promote private participation in higher education. Some of the important schemes launched by GOK include: a) Grant for Foreign Study for SCs & STs b) permitted universities/colleges to increase intake capacity without permission of government subject to condition that 25 per cent of increased seats should be provided for SCs, STs and OBCs. c) Direct Scholarship Transfer Scheme, etc. On the other side, government has succumbed to lobby of private educational institutions and had allowed them to increase the fee to the tune of 25 per cent for MBBS/MS/MD under government quota. The government share of seats in medical colleges has been decreasing gradually over the years. It was

85:15 in 1994-95, but it is now reduced to 40:60. These developments are expected to have negative impact on gross enrolment ratio of SC & STs in medical colleges. It may be difficult for the State Government to achieve a target GER of 35 per cent set by it. In this backdrop and as responsive researchers we have undertaken a research work on social inclusion in Karnataka's Medical Education with specific reference to measuring the degree of access and equity.

II. STATEMENT OF THE PROBLEM

Access to higher education has remained poor despite the massive expansion of the sector in the country. The scenario is not different in Karnataka. It was observed that the Government of Karnataka has succumbed to lobby of private educational institutions and allowed them to increase the fee to the tune of 25 per cent for MBBS under government quota. The government share of seats in medical colleges has been decreasing gradually over the years. It was 85:15 in 1994-95, but it is now reduced to 40:60. These developments are expected to have negative impact on gross enrolment ratio of SC & STs in medical colleges. The enrollment ratio of SC & ST for masters' programme is estimated to be just 1 percent of students pursuing under-graduate courses. The low GER of SC & ST in higher education is a matter of concern. Therefore, it is necessary to investigate awareness level about the master programme among SC & ST, awareness about schemes launched by both central and state governments, reasons for non-pursuance of master programmes, gap between government support and actual cost of masters' programme, Impact of various initiatives on access and equity and to understand entry barriers to higher education. Therefore, the researchers felt it is an appropriate time to take up the present research study.

RESEARCH QUESTIONS

The project aims to address following questions:

- a) What are the entry barriers to PG Courses?
- b) What is the role of private medical colleges in ensuring the access and equity in PG Courses?
- c) What is the awareness level about Equity & Access?

HYPOTHESIS

The researchers tried to address the above research questions. In order to address research questions the following hypotheses have been formulated:

Hypothesis No.1

H1: Majority of the SC&ST Students said that Equity in Medical Education is not dined

Hypothesis No.2

H1: Majority of the SC&ST Students said that Faculty Members have not denied interaction

Hypothesis No.3

H1: Majority of the SC&ST Students said that Non-SC&ST Students have not maintained detachment with them

Hypothesis No.4

H1: Majority of the SC&ST Students said that Access to Medical Education was not prevented

OBJECTIVES OF THE STUDY

The present study is intended to achieve following main objectives:

- 1) To analyze the level of participation of SC & ST in PG Medical courses
- 2) To study the socio-economic status of the students admitted in PG Medical courses
- 3) To identify the entry barriers to PG Medical courses
- 4) To measuring degree of equity and access of SC & ST in PG Medical courses
- 5) To measure the impact of various initiatives on access and equity
- 6) To offer policy recommendations based on findings for inclusive growth
- 7) To develop an integrated Mechanism/ Model for access and equity

III. OVERVIEW OF LITERATURE

According to Eleni Prokou not much importance is given to “equality of educational opportunities” in Greek higher education policies of the 2000s compared to 1980s and the 1990s policies. He argued that the government is focusing on economic efficiency and reducing the expenditure on higher education. The Greece government is promoting entrepreneurial university

Severino Machingambi is of the view that access to higher education in South Africa is imperative but it should be backed up by quality education. Gita Steiner-Kbamsi & Amgaabazar Gerebnaa made an attempt to study the four targets groups that are specific to the achievement of the EFA Millennium Development Goals in Mongolia: boys, out-of-school children, vulnerable children and minorities, and children of herders. According to them, boys from herder families in remote rural areas are at the greatest risk of drop-out or non-enrollment. Ritimoni Bordoloi is of the view that education constitutes the foundation of all the multidimensional socio-economic development of a country. The Government of India has taken several many initiatives for promoting higher education. But still India is facing issues of high dropout rate. Rural-urban disparity, gender disparity, interstate variations are some of the problems that impede the development of human resources in the country. The existing general and conventional higher educational institutions have not effectively been able to cope with the contemporary challenges and changes with the result that the nature of curriculum which is by and large in place tends to create only degree inflation in the country. He had suggested ways and means of promotion of accessibility of higher education and strengthening higher education system in the country. Ajmal Khan in his research work entitled “Higher Education and Social Mobility among Muslims and Dalits in India: A Comparative Perspective in the Globalised Times” made an attempt to see how globalization has impacted the higher education of Muslims and Dalits in India in a comparative and historic perspective. Based on the different secondary data sets, he tries to show how Dalit community across India has utilized the process of globalization and achieved educational and social mobility higher than Muslims. Muslims as a homogeneous group didn't take part in the educational development, especially in the higher educational arena where the Scheduled Castes have acquired the benefits with the historical interventions that are taking place in the pre-globalization era. The growth process of attaining higher education by the community was slower than any other socio-religious community. He also tried to see and understand the double burden and deprivation imposed by the Globalization on the Indian Muslims because of lack of overall educational development among the community and alienation from the whole process. According to Gujju Umamaheswara Rao good governance is imperative and pre-requisite to ensure access, equity and quality in higher education. But

ensuring good governance is a big challenge for government. Rakesh Basant and Gitanjali Sen found that there was a deficit in participation of marginalized groups in Higher Education (HE). He had suggested affirmative action for marginalized groups.

As it is evident from the literature review that no study has been conducted to evaluate the performance of education schemes meant for SC/STs. No literature is available on socio-economic impact of government education schemes on SC & ST, awareness about government education scheme meant for SC and ST, reasons for

non-pursuance of master programmes, gap between government support and actual cost of masters' programme, Impact of various initiatives on access and equity and to understand entry barriers to higher education. This research gap has motivated researchers to take up the present study.

IV. RESEARCH METHODOLOGY

Universe and Population of Study

All the medical colleges located in Karnataka which are offering PG Medical courses constitute universe of the study.

Sampling Size

The sample units to be covered by study are highlighted in the following table:

Educational Institutions	Courses/Programmes
Govt. Medical Colleges	PG Degree
Private Medical Colleges	MD & MS Degree

Sampling Method

The sample areas were selected by adopting stratified as well as convenience sampling. Convenience sampling was used to select those institutes located in rural areas.

Sample Units

Courses/Programmes	Sample Units	Sample Ratio (Govt. & Private)
MD & MS Degree	Govt. Medical College	50:50
MD & MS Degree	Private Medical College	

Sample Respondents

Sample Units	No. of Respondents
6 Govt. Medical College	50
6 Private Medical College	28
TOTAL	78

Study Period

The period of study is scheduled as 2016 to 2018. Data pertaining to the period from 2008 to 2018 was collected for the purpose of the study.

Type and Source of Data

The primary data from beneficiaries and other stakeholders (government, educational institutions and leaders of communities, social activists) was collected through questionnaire and personal interaction. Secondary data for the study was collected from records of educational institutes, Ministry of Social Justice and Empowerment, Ministry of Human Resource Development, and All India Council of Technical Education, etc. The data was collected from government reports and other published print and electronic media. The research reports, research papers, working papers, government circulars,

scheme documents, etc pertaining to the period from 2008 to 2018 collected for the purpose of the study. Different types of questionnaire were designed targeting different respondents i.e. beneficiaries, institutions, government machinery, etc. field as well as desk research method was adopted for the study. The study is descriptive in nature.

Data Processing

The data is classified on the basis of variables both quantity and qualitative classification. The classified data will be arranged in tabular forms in order to facilitate a clear and simple expression of the implication, and an easier and more convenient comparison and drawing conclusions. Data collected was analyzed with the help of data analysis tools such as percentage method, Average Z-Test, etc. Data entry is carried out using CSPro software. The cleaned data was

statistically analyzed using Statistical Package for Social Sciences (SPSS) software.

NATURE AND SCOPE OF THE STUDY

The research is intended to be carried out in the state of Karnataka covering all the districts and all the educational institutions offering PG Courses/PhD Programme. The study is based on extensive fieldwork. The scope of study is restricted to PG courses programme offered by medical colleges.

V. DATA ANALYSIS

Karnataka is considered as hub of medical colleges. There are 50 medical colleges offering MBBS, MD & MS, and Diploma Degree. Every district has minimum one medical college in Karnataka except newly created districts. Courses Offered by Sample Government Medical Colleges is exhibited in the following table:

TABLE-1: COURSES OFFERED BY GOVERNMENT MEDICAL COLLEGES

Courses	BMC	BIMS	MMC	KIMS	BDIMS	VIMS
M.D. Anatomy	✓	✓	✓	✓	✓	
M.D. Physiology	✓	✓	✓	✓	✓	
M.D. Biochemistry	✓			✓	✓	
M.D. Pharmacology	✓	✓	✓	✓	✓	✓
M.D. Pathology	✓	✓	✓	✓		✓
MD Microbiology	✓		✓	✓		✓
M.D. Community Medicine	✓	✓	✓	✓	✓	✓
M.D. Forensic Medicine	✓	✓		✓		
MD Dermatology	✓	✓	✓	✓		✓
M.D. Pediatrics	✓	✓	✓	✓		✓
M.D. General Medicine	✓		✓	✓		✓
M.D. Radio Diagnosis	✓		✓			
M.D. Psychiatry	✓			✓		
M.D. Anesthesia	✓		✓	✓		✓
M.D. Respiratory Medicine	✓		✓			
M.D. Emergency Medicine	✓					
M.D. Radio Therapy					✓	
M.S. Ophthalmology	✓		✓	✓		✓
M.S. ENT	✓		✓	✓		✓
MS Orthopedics	✓		✓	✓		✓
M.S. General Surgery	✓		✓	✓		✓
M.S. Obstetrics and Gynecology	✓		✓	✓		✓

Source: Karnataka Examination Authority, Bangalore

TABLE-2: SEAT RESERVED FOR PG PROGRAMME IN GOVT. MEDICAL COLLEGES

Sl. No.	Government Medical College	Reserved Seat			Total Seats	% of Reserved Seat	
		SC	ST	Total		SC	ST
1	Bangalore Medical College						
	Master of Medicine	8	1	9	73		
	Master of Surgery	8	1	9	41		
	Total Seats	16	2	18	114	14	2
2	Belgaum Medical College -MD	1	-	1	9	11	-
3	Mysore Medical College						
	Master of Medicine	5	1	6	34		
	Master of Surgery	6	-	6	21		
	Total Seats	11	1	12	55	20	2

4	Karnataka Institute of Medical Science						
	Master of Medicine	5	1	6	35		
	Master of Surgery	4	1	5	20		
	Total Seats	9	2	11	55	16	4
5	Bidar Institute of Medical Science -MD	2	-	2	6	33	-
6	Vijayanagar Institute of Medical Sciences, Bellary						
	Master of Medicine	5	1	6	20		
	Master of Surgery	-	-	-	20		
	Total Seats	5	1	6	40	13	3

Source: Karnataka Examination Authority, Bangalore

It is evident from table-2 that Government Medical Colleges had failed to implement the government-mandated reservation for SC (15%) & ST (3%) candidates in admissions for its PG Programme.

There was imbalance in seats reserved for SC & ST categories.

Courses Offered by Sample Private Medical Colleges is exhibited in the following table:

TABLE-3: COURSES OFFERED BY PRIVATE MEDICAL COLLEGES

Courses	MPMC	MSPMC	KMCPML	KSHMA	SDPMC	NMCR
M.D. Anatomy	✓	✓	✓	✓		✓
M.D. Physiology	✓		✓	✓	✓	✓
M.D. Biochemistry	✓	✓	✓	✓	✓	✓
M.D. Pharmacology	✓	✓	✓	✓		✓
M.D. Pathology	✓	✓	✓		✓	
MD Microbiology	✓	✓	✓			✓
M.D. Community Medicine	✓	✓		✓	✓	
M.D. Forensic Medicine	✓	✓	✓	✓	✓	
MD Dermatology		✓			✓	
M.D. Pediatrics	✓	✓	✓		✓	
M.D. General Medicine	✓	✓	✓	✓	✓	✓
M.D. Radio Diagnosis	✓	✓				
M.D. Psychiatry	✓					
M.D. Anesthesia	✓	✓	✓	✓	✓	✓
M.D. Respiratory Medicine						✓
M.D. Emergency Medicine		✓				
M.D. Radio Therapy						
M.S. Ophthalmology	✓	✓			✓	✓
M.S. ENT	✓				✓	✓
MS Orthopedics	✓	✓	✓		✓	
M.S. General Surgery	✓			✓	✓	✓
M.S. Obstetrics and Gynecology	✓				✓	

Source: Karnataka Examination Authority, Bangalore

TABLE-4: SEAT RESERVED FOR PG COURSE IN PRIVATE MEDICAL COLLEGES

Sl. No.	Private Medical College	Reserved Seat			Total Seats	% of Reserved Seat	
		SC	ST	Total		SC	ST
1	Mahadevappa Rampure Medical College, Gulbarga						
	Master of Medicine	2	2	4	17		
	Master of Surgery	1	-	1	7		
	Total Seats	3	2	5	24	13	8
2	M S Ramaiah Medical College, Bangalore						
	Master of Medicine	7	1	8	19		
	Master of Surgery	-	-	-	3		
	Total Seats	7	1	8	22	32	5
3	Kasturba Medical College, Manipal						
	Master of Medicine	2	1	3	12		
	Master of Surgery	2	1	3	13		
	Total Seats	4	2	6	25	16	8
4	K S Hegde Medical Academy, Mangalore						
	Master of Medicine	2	-	2	9		
	Master of Surgery	2	-	2	10		
	Total Seats	4	-	4	19	21	-
5	SDM Medical College , Dharwad						
	Master of Medicine	1	-	1	10		
	Master of Surgery	2	-	2	8		
	Total Seats	3	-	3	18	17	-
6	Navodaya Medical College, Raichur						
	Master of Medicine	1	1	2	9		
	Master of Surgery	-	-	-	3		
	Total Seats	1	1	2	12	8	8

Source: Karnataka Examination Authority, Bangalore

It is evident from table-4 that Private Medical Colleges except Navodaya Medical College, Raichur had implemented the government-mandated reservation for SC (15%) & ST (3%) candidates in admissions for its PG Programme.

Private Medical Colleges in Karnataka have adopted following model to fill their PG seats.

SEAT SHARING FORMULA ADOPTED BY PRIVATE MEDICAL COLLEGES

Type of Seats	Availability of Seats	Mode of Admission
Government Seats (Karnataka Candidates)	i) 33% of seats in Non-Minority Colleges ii) 20% of seats Minority Colleges	Admission through : KEA-CET
Private Seats (Karnataka Candidates)	KPCF Colleges 42% seats of colleges which are members of Professional Colleges Foundation Trust (KPCF) i) General Merit - 50% of the	Admission through : COMEDK Admission through : COMEDK

	<p>above 42% seats.</p> <p>ii) Open seats: The remaining 50% of the above 42% seats.</p> <p>Minority Colleges 55% seats of Minority Colleges</p> <p>i) Religious And Linguistic Minority -66% seats are reserved for respective religious and linguistic minority.</p> <p>ii) General Merit - 50% of the 34% seats will be reserved for General Merit candidates</p> <p>iii) Open seats: 50% of the 34% seats will be filled through open quota system</p>	<p>Admission through : COMEDK</p> <p>Admission through : COMEDK</p> <p>Admission through : COMEDK</p>
Other Seats	10% of the total seats in KPCF & Minority Colleges	Admission through : NEET PG (Including Other States)
NRI seats	15% of the total seats in KPCF & Minority Colleges	-

The Government Medical Colleges fill up its seat through KEA-CET. All seats are filled through government quota. The fee structure of sample Government Medical Colleges offering MD& MS Programme is presented in the following tables:

Scholarship

SC & ST Scholarships by Social Welfare Department, GOK

- Parents Annual Income: - Below 2.50 lakhs.

SC & ST Scholarships by Directorate of Medical Education, GOK

- Parents Annual Income: - More than 2.50 lakhs.
- Fee reimbursement from Directorate of Medical Education, GOK to students admitted through PGET/CET.
- Fee Concession - Those who are studying Professional Courses (PG Students) in Professional Institutions.

TABLE-5: SEAT RESERVED V/S SEAT FILLED UP

Category	Govt. Medical Colleges			Private Medical Colleges		
	RS	FUS	% of SF	RS	FUS	% of SF
SC	44	44	100	22	15	68
ST	6	6	100	6	4	67
Total	50	50	100	28	19	68

Source: Fieldwork

Note: RS – Reserved Seats, FUS – Filled Up Seats, SF – Seat Filled

It is evident from table- 5 that the seats reserved for SC&ST in Govt. Medical Colleges were fully filled up, whereas 33% of seats reserved in Private Medical Colleges were unfilled.

Gender Diversity of SC & STs

The gender diversity of SC & STs students admitted at Medical Colleges is portrayed in the following table.

TABLE-6: GENDER DIVERSITY OF SC & ST

Category	Govt. Medical Colleges				Private Medical Colleges			
	Male	Female	Total	% of Female	Male	Female	Total	% of Female
SC	41	3	44	7	21	1	22	5
ST	5	1	6	17	5	1	6	17
Total	46	4	50	8	26	2	28	7

Source: Fieldwork

It is evident from table 6 that the representation of female belonging to reserved category in top class law education is very low in both the categories.

Socio-economic backgrounds of parents are presented in the following tables:

TABLE-7: PARENTAL EDUCATION BACKGROUND

Category	Illiterate	Secondary	Under Graduate	Post Graduate	Professional Course	Total
Govt. Medical Colleges						
SC	-	-	7	16	21	44
ST	-	-	2	1	3	6
Total	-	-	9	17	24	50
Private Medical Colleges						
SC	-	-	12	1	9	22
ST	-	-	3	1	2	6
Total	-	-	15	2	11	28

The table-7 shows that there was significant impact of parent's educational attainment on choice of course by students belonging to SC&ST category.

TABLE-8: PARENTAL OCCUPATION BACKGROUND

Category	Govt. Medical Colleges				Private Medical Colleges			
	Agricu- -lture	Govt. Job	Private Job	Total	Agricu- -lture	Govt. Job	Private Job	Total
SC	-	38	06	44	-	22	-	22
ST	-	05	01	6	-	6	-	6
Total	-	43	07	50	-	28	-	28

Source: Fieldwork

It is evident from the table-8 that parental occupation was significantly related to student's choice of medical education. Parents of majority of students are government servants serving as Class 1 & 2 officers.

TABLE-9: PARENTAL LOCATION BACKGROUND

Category	Govt. Medical Colleges				Private Medical Colleges			
	Urban	Rural	Tribal	Total	Urban	Rural	Tribal	Total
SC	43	01	-	44	22	-	-	22
ST	6	-	-	6	6	-	-	6
Total	49	01	-	50	28	-	-	28

Source: Fieldwork

All the students pursuing their MD & MS degree at sample Private medical colleges come from urban areas, whereas only 1 student out of 49 who was pursuing his PG degree at sample govt. medical colleges from rural areas.

TABLE-10: MEDIUM OF INSTRUCTION BACKGROUND

Category	Govt. Medical Colleges				Private Medical Colleges			
	English	Hindi	Regional Language	Total	English	Hindi	Regional Language	Total
SC	43	-	-	44	22	-	-	22
ST	6	-	-	6	6	-	-	6
Total	49	-	-	50	28	-	-	28

Source: Fieldwork

The table -10 demonstrates that all the students who are pursuing their PG degree in Govt. as well Private Medical Colleges completed their primary to graduation studies in English medium.

TABLE-11: ACADEMIC PERFORMANCE OF SC & ST STUDENTS (PRIMARY TO GRADUATION)

Category	Govt. Medical Colleges					Private Medical Colleges				
	Very Good	Good	Fair	Poor	Total	Very Good	Good	Fair	Poor	Total
SC	11	14	19	-	44	05	07	10	-	22
ST	01	02	03	-	6	01	01	04	-	6
Total	12	16	22	-	50	06	08	14	-	28

Source: Fieldwork

It is evident from table -11 that there was low positive correlation exists between academic track record & student's choice of PG medical course by students belonging to SC&ST category.

Source of Information about Medical Colleges & its Programmes are portrayed in table-12.

TABLE-12: SOURCE OF INFORMATION ABOUT MEDICAL COLLEGES & ITS PG PROGRAMME

Source of Information	SC	ST	Total	Rank
Parents & Relatives	-	-	-	-
Institute Website	-	-	-	-
Advertisement in Magazines / Newspapers	-	-	-	-
Campus visits	-	-	-	-
Faculty Members	07	01	08	4
Word-of-mouth (Friends)	19	02	21	2
Other Students (Alumni)	24	05	29	1
Other	-	-	-	-
SC&ST Cell of Passed out College	-	-	-	-
Head of Institute/Management of the Institute	16	04	20	3
Total	66	12	78	-

Source: Fieldwork

It is observed that alumni students are the major source of information about Medical Colleges and their PG Programmes. The friends, faculty members, and management of institutes were also found to be key source of information. The personal discussion with alumni of private medical colleges (practicing doctors belonging to SC&ST category) revealed that there was collusion between faculty members and management for

some monetary considerations and hence they promote PG programme among SC&STs and not with an intension of serving deprived section of society. They said that there was back door collection of donations from SC&STs students after admission which is unnoticed and matter was systematically buried due to fear psycho created among students.

TABLE-13: SOURCE OF MOTIVATION FOR CHOOSING MEDICAL COLLEGES

Source of Motivation	Category			% of Response
	SC	ST	Total	
Life Story of Dr. B R Ambedkar	-	-	-	-
Slogan of Dr. B R Ambedkar (Educate, Organize & Agitate)	-	-	-	-
Dr. B R Ambedkar philosophy of Servant of Society	-	-	-	-
Philosophy of Service & Development of Society	-	-	-	-
Service & Development of own community	-	-	-	-
Philosophy of leading greater rather than long life	-	-	-	-
Social Status	21	4	25	32
Philosophy of Self Development	29	6	35	45
Market Value of Courses	16	2	18	23

No Response	-	-	-	-
Total	66	12	78	100

Source: Fieldwork

Source of Motivation are portrayed in table-13, it is observed that the Philosophy of Self Development has emerged as a major source of motivation proven to be a strong source of inspiration followed by Social Status and Market Value of Courses. An interaction with non-SC&ST category revealed that market value of course is the main driving force for them to join medical course. In the backdrop of this observation, an interaction was held with SC & ST practicing doctors who

revealed a shocking fact that the patients suspect the capabilities of SC&ST doctors believing that they completed their degree under reservation quota and not meritorious. Hence, the percentage of SC & ST doctors who had started their own medical clinic/hospital is very low and hence there is no market value for their medical degree. The performance of Sample Medical Colleges on equity indicator is demonstrated in table-14.

TABLE-14: PERFORMANCE OF MEDICAL COLLEGES ON EQUITY INDICATOR

Equity Indicators	% of +VE Response	
	Govt. Medical Colleges	Private Medical Colleges
Treatment by Faculty Members	70	32
Treatment by Head of the Institute	34	18
Internal Assessment of Student	64	39
Motivation by Faculty Member	38	46
Motivation by Head of the Institution	22	25
Process of Internship Guide Allocation	76	57
Grievance Redressal System	16	14
Issue of Books from Dept./Institute Library	100	100
Use of Computer Lab.	100	100
Allotment of Room in Hostel	100	100
Issue of Scholarship Form	100	100
Quality of Food supplied in Hostel	100	100
Information about Facilities offered to SC/ST Students	76	32
Information about Loan facility for SC/ST Students	42	14
Involvement in Student Feedback Process	82	39
Supply of Information about Placement Opportunities	56	46
Approach of Cafeteria People	100	100
Funding for Conference/seminar/Workshop	12	7
Personal Interview Process	80	82
Approach of administration towards students	92	93
Atmosphere in the Campus	100	79
Segregation of students in Hostel based on caste	100	39
Efforts by authority to ensure harmony in the Hostel	100	93

Source: Fieldwork

Out of 23 equity indicators, Government medical colleges are performing excellent on 12 equity indicators. The Government medical

colleges are performing fair on equity indicators such as: a) Treatment by Faculty Members, b) Internal Assessment of Student, c) Process of

Internship Guide Allocation, d) Information about Facilities offered to SC/ST Students, e) Supply of Information about Placement Opportunities. Government medical colleges are doing badly on equity indicators such as: a) Treatment by Head of the Institute, b) Motivation by Faculty Member, c) Motivation by Head of the Institution, d) Information about Loan facility for SC/ST Students. Government medical colleges are doing very badly on equity indicators such as: a) Grievance Redressal System, b) Funding for Conference/seminar/Workshop.

Out of 23 equity indicators, Private medical colleges are performing excellent on 9 equity indicators. The Private medical colleges are performing fair on equity indicators such as: a) Process of Internship Guide Allocation, b) Atmosphere in the Campus. Private medical colleges are doing badly on equity indicators such as: a) Treatment by Faculty Members, b) Internal Assessment of Student, c) Motivation by Faculty

Member, d) Motivation by Head of the Institution, e) Information about Loan facility for SC/ST Students, f) Involvement in Student Feedback Process, g) Supply of Information about Placement Opportunities and h) Segregation of students in Hostel based on caste. Private medical colleges are doing very badly on equity indicators such as: a) Treatment by Head of the Institute, b) Grievance Redressal System, c) Information about Facilities offered to SC/ST Students, d) Funding for Conference/seminar.

Opinion of SC&ST students about faculty members of Government and Private medical colleges is presented in the table 6.104. Faculty Members of Govt. Medical Colleges are found to be friendly towards SC&ST students whereas the approach of faculty members of Private Medical Colleges is hostile. Even the faculty members of Private Medical colleges have adopted fear inducing and inhibitive approach towards SC&ST students.

TABLE-15: STUDENT-FACULTY INTERACTION AT GOVT. AND PRIVATE MEDICAL COLLEGES

Interaction Indicator	% of -VE Response			
	Govt. Colleges	Medical	Private Colleges	Medical
Getting Guidance in Difficulty	41		32	
Faculty Members are Helpful	36		27	
Faculty Members Availability	69		51	
Faculty Members are Friendly	55		42	
Faculty Members are Fear Inducing/ Inhibitive	48		69	
Guidance on Internship	61		77	
Mentoring	57		68	

Source: Fieldwork

Relationship and interface that exists between SC&ST & non-SC&ST students is highlighted in the table 16

TABLE-16: SC & ST-NON-SC&ST STUDENT RELATIONS/INTERFACE

Relationship Indicator	% of -VE Response			
	Govt. Colleges	Medical	Private Colleges	Medical
False & motivated Complaints	0		0	
Inter Caste Attitudes	31		57	
Sharing of Books and Class Notes	21		79	
Group Study & Discussion	32		51	
Invitation for Social Gathering	50		55	
Financial Support in Emergency	48		63	
Moral Support	49		80	

Source: Fieldwork

It can be concluded from the table-16 that friendly relation exists between SC&ST and Non-

SC&ST Students in the sample government medical colleges. However, 50% of SC&ST

students informed that non-SC&ST students had not invited them to social gatherings. It is evident from the table that there was hostile relation exists

between SC&ST and Non-SC&ST Students in the sample private medical colleges.

TABLE-17: PERFORMANCE OF GOVT. AND PRIVATE MEDICAL COLLEGES ON ACCESS INDICTORS

Access Indicators	% of -Ve Response	
	Govt. Medical Colleges	Private Medical Colleges
Right to Admission to Course	0	0
Right to Admission to Hotel	0	0
Right to use Computer Lab	0	0
Right to use Dept. Resources	0	0
Right to Contact Faculty Members	0	0
Right to Contact Head of the Institution	49	58
Right to file Complaint	23	50
Right to Justice	0	42
Right to Discuss with Faculty Members	9	51
Right to participate in Seminar/Conference/Workshop	91	100
Right to use Library Resources	0	0
Right to have access to information affecting academic & research interest	43	52

Source: Fieldwork

The performance of Medical Colleges on access indicator is portrayed in the table-17. Govt. Medical Colleges are performing well on all the access indicators except Right to participate in Seminar/Conference/Workshop and Right to Contact Head of the Institution. Whereas, private

medical colleges are performing well on six access indicators (out of 12).

Awareness level of SC & ST Students about facilities/schemes meant for them is exhibited in the table-18.

TABLE-18: AWARENESS LEVEL ABOUT FACILITIES MEANT FOR SC&ST STUDENTS

Facility /Scheme	% of +VE Awareness Level	
	Govt. Medical Colleges	Private Medical Colleges
Grievance Redressal System	100	100
Field Visit Scheme	100	100
Issue of Books	100	100
Free Hostel Facility	100	100
SC/ST Scholarship	100	100
Merit Scholarship	100	100
SC/ST Book Bank Facility	100	100
Subsidized Educational Loan	12	23
Scholarship /Funding under CSR Initiatives of Corporate India	0	0
Student Exchange Programme	0	0
Domestic Fellowship Scheme	0	0
International Fellowship (Common Wealth Fellowship, etc)	0	0
Earning While Learning Scheme	31	12
Post-Doctoral Fellowship Scheme	100	100

Source: Fieldwork

The students belonging to SC&ST category are well versed with their academic rights.

However, their awareness level about few of the schemes/facilities which are concerned with cost

and excellence is low. Those schemes includes: a) Subsidized Educational Loan and b) Earning While Learning Scheme

The opinion of SC & ST Students about issue concerning to their academics, excellence, career, etc are presented in the table -19. Majority of Students had opined that corporate India is not playing any role in ensuring access and equity in higher education. Majority of Students believe that ICT can play a vital role in ensuring access & equity in Higher Education. All the students feel that high cost of higher education has become

obstacle for access and equity in Higher and is demotivating factor. They also believe that commercialization of high education has become obstacle for access and equity in Higher Education. They also expressed their apprehension about massive gap between government funding for higher education of SC&STs and cost of Higher education. Majority of students of Private Medical colleges feel that recruitment of SC&ST Teaching Staff is a solution for access and equity in higher education.

TABLE-19: OPINION OF SC& ST STUDENTS ABOUT ISSUES CONCERNING TO ACCESS & EQUITY

Facility /Scheme	% of + Response	
	Govt. Medical Colleges	Private Medical Colleges
Does corporate India is playing any role in ensuring access & equity in Higher Education?	0	0
Do you believe ICT plays vital role in ensuring access & equity at Higher Education?	100	95
Do you believe that faculty should specially help SC/ST students	42	56
Do you believe that Parents' Socio-economic status influence the choice of higher education stream and institution	80	94
Does Diversity Matter in the Education Process?	71	83
Do you believe that high Cost of higher education is a de-motivating factor & big concern for SC&ST students aiming to pursue Higher Education	100	100
Do you believe that commercialization of high education has become obstacle for access and equity in Higher Education?	100	100
Do you believe that internationalization of high education has become obstacle for access and equity in Higher Education?	29	32
The gap between govt. support and actual cost of at Higher Education is very high	100	100
Do You believe that recruitment of more number of SC&ST Teaching Staff will solve problem of access and equity	21	53

Source: Fieldwork

VI. FINDINGS

1) The study revealed that Private Medical Colleges except Navodaya Medical College, Raichur had implemented the government-mandated reservation for SC (15%) & ST (3%) candidates in admissions for its PG Programme.

2) Medical Colleges were fully filled up, whereas 33% of seats reserved in Private Medical Colleges were unfilled.

3) The large scale disparity was found in gender diversity of SC & STs students perusing higher

education in Medical Colleges. There was significant impact of parent's educational attainment on choice of Medical course by students belonging to SC&ST category.

4) It was observed that Parental occupation was significantly related to student's choice of medical course.

5) All the students pursuing their MD & MS degree at Private medical colleges come from urban areas, whereas only 1 student out of 49 who was pursuing his PG degree at govt. medical colleges from rural areas.

6) The study revealed that the students who had completed their primary to graduation education in English medium have opted for medical education. There was a low positive correlation exists between academic track record & student's choice of PG medical courses.

7) Alumni students found to be major source of information for students about Medical course.

8) The Philosophy of Self Development has emerged as a major source of motivation for medical students.

9) Out of 23 equity indicators, Government medical colleges are performing excellent on 12 equity indicators. The Government medical colleges are performing fair on equity indicators such as: a) Treatment by Faculty Members, b) Internal Assessment of Student, c) Process of Internship Guide Allocation, d) Information about Facilities offered to SC/ST Students, e) Supply of Information about Placement Opportunities. Government medical colleges are doing badly on equity indicators such as: a) Treatment by Head of the Institute, b) Motivation by Faculty Member, c) Motivation by Head of the Institution, d) Information about Loan facility for SC/ST Students. Government medical colleges are doing very badly on equity indicators such as: a) Grievance Redressal System, b) Funding for Conference/seminar/Workshop.

10) Out of 23 equity indicators, Private medical colleges are performing excellent on 9 equity indicators. The Private medical colleges are performing fair on equity indicators such as: a) Process of Internship Guide Allocation, b) Atmosphere in the Campus. Private medical colleges are doing badly on equity indicators such as: a) Treatment by Faculty Members, b) Internal Assessment of Student, c) Motivation by Faculty Member, d) Motivation by Head of the Institution, e) Information about Loan facility for SC/ST Students, f) Involvement in Student Feedback Process, g) Supply of Information about Placement Opportunities and h) Segregation of students in Hostel based on caste. Private medical colleges are

doing very badly on equity indicators such as: a) Treatment by Head of the Institute, b) Grievance Redressal System, c) Information about Facilities offered to SC/ST Students, d) Funding for Conference/seminar.

11) Faculty Members of Govt. Medical Colleges are found to be friendly towards SC&ST students whereas the approach of faculty members of Private Medical Colleges is hostile. Even the faculty members of Private Medical colleges have adopted fear inducing and inhibitive approach towards SC&ST students.

12) It is found that hostile relation exists between SC&ST and Non-SC&ST Students studying at Private Medical Colleges.

13) Govt. Medical Colleges are performing well on all the access indicators except Right to participate in Seminar/Conference/Workshop and Right to Contact Head of the Institution. Whereas, private medical colleges are performing well on six access indicators out of 12.

VII. RECOMMENDATIONS

The following recommendations are made for ensuring inclusive higher medical education:

1) "Prime Minister's PG Study Fellow" Scheme should be introduced and students pursuing medical course should be provided with a handsome fellowship.

2) Government of Karnataka should introduce "100% Fee Waiver" Scheme" for SC/ST students who are willing to pursue PG programmes.

3) Presently uniform scholarship is offered to students pursuing PG programmes in the field of engineering, medical and MBA respectively in different locations without considering cost of living. It is recommended that Differential Scholarship Scheme should be introduced as per "Model of classification of cities for HRA purpose".

4) The ill-practice of taking capitation fees through the back door is still prevalent among private medical colleges and some colleges collect the same in a different format such as Building Fund, Development Fund, etc. Unless this ill-practice is stopped, it is difficult ensure inclusive higher education in private medical colleges.

6) It is recommended that higher educational institutes imparting PG medical education should provide Web link or compliant portal for lodging complaints by SC/ST Students.

7) It is recommended that Student Counseling Center under the aegis of Student Welfare Department/Section assisting students in sorting out their difficulties and dilemmas in an environment where they can talk freely and in

confidence about any matter which is troubling them. Student Counseling Center should consist of representative of SC&ST teachers, psychologists, a psychiatric, and student volunteers. The counseling service can be considered to be as the panacea for all ills.

8) It is recommended that a transparent internal assessment and examination systems should be developed. There should internal assessment review committee consisting of faculty representative of SC&STs as well expert from other colleges. This will resolve the problem of discrimination faced by SC&ST students in internal assessment. The internal assessment records should be converted into electronic record and should be available for access.

9) Scheme of providing free laptop should be extended to medical programmes under SCSP and TSP launched by GOK.

10) Student exchange programme can be considered as one of the means of ensuring inclusive higher education. Therefore, it is suggested that both central and state Governments should make in mandatory for higher educational institutions to launch Student exchange programme.

11) It is suggested that the Government of Karnatak should launch Inclusive Educational Institution Award which will motive higher educational institutions to practice inclusive higher education.

VIII. CONCLUDING REMARKS

The researcher believes that inclusive higher education can be ensured if the above recommendations are implemented with true spirit and zeal. The higher education should be available to SC&STs without any price tag. Jacque Fresco had rightly said that “when education and resources are available to all without a price tag; there will be no limit to the human potential and when everyone is included, everyone wins”. A system, inclusive higher education should be flexible. Its flexibility must be reflected in the policies, procedures, methods and practices adopted to ensure equity and access of SC&ST to higher medical education the widest possible way. Each one of us has a responsibility to do our utmost contribution to make Dr. B R Ambedkar dreams of inclusive education become true in true sense.

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