

Title: Internationalization of Higher Education in Kazakhstan: The Case of the Medical University

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Abstract

My paper is focused on the internationalization of higher education in Central Asia with concentration in Kazakhstan. Recently there has been a rapid growth of overseas students in universities all over the country that demands development of new approaches to the management of intercultural education and study programs as well as to students' extracurricular activity. The internationalization of higher education is timely challenge for Kazakhstan which should be studied to improve universities' competitiveness and the quality of education. For recent 3-5 years the quantity of foreign students is rapidly increased in Kazakhstan, in particular, in medical schools which face with various challenges of intercultural education. My paper is based on mixed quantitative (survey of 655 foreign students) and qualitative (semi-structured interviews with 11 students) methods using to conduct the inquiry in 2014-2017.

My preliminary research questions include the following: What are the dynamics and geography of foreign students in Central Asia? What are the class, age and gender gauges of higher education internationalization in Central Asia? Why do they choose Kazakhstan to study and what are their aims and motivations to get a higher education degree in Central Asian region? How does internationalization affect university infrastructure, curriculum, and management and the urban areas where students study and live? What are the language dynamics and gender issues influencing intercultural education in Kazakhstan? What are possible social and economic approaches to internationalization of education in Central Asia?

Introduction

The recent stable economic growth in India affects student mobility to Kazakhstan. This paper covers some preliminary quantitative and qualitative data on Indian students in Karaganda State Medical University (KSMU) where the number of foreign students doubled from around 500 in 2014 to more than 1100 ones in 2017. The quantitative research includes survey of 655 students of the 2nd courses in 2014-2017 and represents their gender composition, geography, educational background, motivation to study medicine as well as students' family and age characteristics. The qualitative data consists of eleven interviews with students of the 2nd course in April-May of 2015. These interviews are aimed to consider social background of students' families, their choice to study in Kazakhstan and KSMU, and further plans after graduation. It is expected that combination of these two research methods are significant to study internationalization of higher education in Kazakhstan and Central Asia.

Quantitative data

First of all, it should be noted that Indian students represent the highly male dominated environment to compare with local students demanded some different approach in teaching behavior:

	2014-2015		2015-2016		2016-2017		Total
	1 st cohort	2 nd cohort	1 st cohort	2 nd cohort	1 st cohort	2 nd cohort	
Male	86 (85.1%)	80 (81.6%)	86 (79.6%)	84 (88.4%)	113 (90.4%)	116 (90.6%)	565 (86.3%)
Female	15 (14.9%)	18 (18.4%)	22 (20.4%)	11 (11.6%)	12 (9.6%)	12 (9.4%)	90 (13.7%)
Total:	101 (100%)	98 (100%)	108 (100%)	95 (100%)	125 (100%)	128 (100%)	655 (100%)

Geography of Indian students:

	State/administrative city:	Quantity:
1	Rajasthan	573 (87.5%)
2	New Delhi	24 (3.7%)
3	Punjab	11 (1.7%)
4	Gujarat	10 (1.5%)
5	Other	37 (5.6%)

	Other states and administrative cities:	Quantity:
1	Haryana	7 (1.1%)
2	Madhya Pradesh	7 (1.1%)
3	Bangalore	3 (0.5%)
4	Bihar	3 (0.5%)
5	Maharashtra	3 (0.5%)
6	Chandigarh	2 (0.3%)
7	Uttar Pradesh	2 (0.3%)
8	Uttarakhand	2 (0.3%)
9	Andaman and Nicobar Islands	1 (0.2%)
10	Goa	1 (0.2%)
11	Kolkata	1 (0.2%)
12	Manipur	1 (0.2%)
13	Tamil Nadu	1 (0.2%)
14	Not identified	3 (0.5%)
	Total:	37 (5.6%)

Students from Rajasthan are vast majority of the foreign students in KSMU that can be explained that the university contractor originated from this Indian state. He graduated Kazakh National Medical University in Almaty and stayed to live in Kazakhstan. In the same time, it can be seen that more than half of Indian states are represented among overseas students at the university.

Educational background of foreign students in KSMU:

	2014-2015		2015-2016		2016-2017		Total
	1 st cohort (101)	2 nd cohort (98)	1 st cohort (108)	2 nd cohort (95)	1 st cohort (125)	2 nd cohort (128)	
Private school	70 (69.3%)	70 (71.4%)	75 (69.4%)	60 (63.2%)	92 (73.6%)	89 (69.5%)	456 (69.6%)
Public school	17 (16.8%)	10 (10.2%)	10 (9.3%)	13 (13.7%)	17 (13.6%)	15 (11.7%)	82 (12.5%)

College	10 (9.9%)	7 (7.1%)	11 (10.2%)	17 (17.9%)	9 (7.2%)	16 (12.5%)	70 (10.7%)
Home school	1 (1%)	-	2 (1.9%)	1 (1.1%)	-	-	4 (0.6%)
Other:	3 (3.1%)	11 (11.2%)	10 (9.3%)	4 (4.2%)	7 (5.6%)	9 (7%)	44 (6.7%)

Almost 70% of the surveyed students graduated private schools that can identify their families as middle class ones. As one student said: “Middle class families in India prefer to educate their children in private schools while poor families can let only public education for them” (interview in May of 2015).

Motivation to study medicine (several options to choose):

		2014-2015		2015-2016		2016-2017		Total
		1 st cohort (101)	2 nd cohort (98)	1 st cohort (108)	2 nd cohort (95)	1 st cohort (125)	2 nd cohort (128)	
1	Opportunity to help people	67 (66.3%)	56 (57.1%)	65 (60.2%)	52 (54.7%)	63 (50.4%)	90 (70.3%)	393 (60%)
2	It was my own decision	16 (15.8%)	30 (30.1%)	46 (42.6%)	41 (43.2%)	42 (33.6%)	24 (18.8%)	199 (30.4%)
3	Opportunity to improve my community	22 (21.8%)	14 (14.3%)	25 (23.2%)	7 (7.4%)	29 (23.2%)	17 (13.3%)	114 (17.4%)
4	It was my family decision	11 (10.9%)	14 (14.3%)	30 (27.8%)	13 (13.7%)	21 (16.8%)	19 (14.8%)	108 (16.5%)
5	Social prestige	18 (17.8%)	12 (12.2%)	30 (27.8%)	15 (15.8%)	15 (12%)	15 (11.7%)	105 (16%)
6	High salary	9 (8.9%)	13 (13.3%)	12 (11.1%)	3 (3.2%)	17 (13.6%)	12 (9.4%)	66 (10.1%)
7	Other	5 (5%)	3 (3.1%)	4 (3.7%)	3 (3.2%)	8 (6.4%)	3 (2.3%)	26 (4%)

It can be assumed that social orientation and self-motivation are more prevailed among foreign students to study medicine than prestige and income. It should be mentioned that moral and individual aspects play more significant role for Indian students to compare with such social and

economic factors as social recognition and prosperity. Although another student mentioned in the interview that medical profession is valued and beneficial in India (interview in May of 2015).

According to family and age of the foreign students, data is the following:

Occupation of fathers:

		2014-2015		2015-2016		2016-2017		Total
		1 st cohort (101)	2 nd cohort (98)	1 st cohort (108)	2 nd cohort (95)	1 st cohort (125)	2 nd cohort (128)	
1	Government service	41 (40.6%)	47 (48%)	34 (31.5%)	54 (56.8%)	49 (39.2%)	44 (34.4%)	269 (41.1%)
2	Own business	43 (42.6%)	21 (21.4%)	42 (38.9%)	20 (21.1%)	31 (24.8%)	36 (28.1%)	193 (29.5%)
3	Agriculture	11 (10.9%)	9 (9.2%)	10 (9.3%)	10 (10.5%)	18 (14.4%)	26 (20.3%)	84 (12.8%)
4	Medicine	1 (1%)	10 (10.2%)	6 (5.6%)	7 (7.4%)	9 (7.2%)	12 (9.4%)	45 (6.9%)
5	Education	3 (3.1%)	2 (2%)	5 (4.6%)	-	4 (5.6%)	4 (3.1%)	21 (3.2%)
6	Engineering and IT-industry	-	1 (1%)	3 (2.8%)	-	-	2 (1.6%)	6 (0.9%)
7	State company	1 (1%)	-	-	-	1 (0.8%)	-	2 (0.3%)
8	Other	1 (1%)	3 (3.1%)	3 (2.8%)	1 (1%)	1 (0.8%)	3 (2.3%)	26 (4%)

Occupation of mothers is totally different:

		2014-2015		2015-2016		2016-2017		Total
		1 st cohort (101)	2 nd cohort (98)	1 st cohort (108)	2 nd cohort (95)	1 st cohort (125)	2 nd cohort (128)	
1	Housewife	88 (87.1%)	69 (70.4%)	87 (80.6%)	82 (86.3%)	110 (88%)	110 (85.9%)	546 (83.4%)
2	Government service	8 (7.9%)	17 (17.3%)	14 (13%)	10 (10.5%)	13 (10.4%)	10 (7.8%)	72 (11%)
3	Education	1 (1%)	4 (4.1%)	3 (2.8%)	-	1 (0.8%)	6 (4.7%)	15 (2.3%)
4	Self-employed	-	5 (5.1%)	1 (0.9%)	1 (1.1%)	-	2 (1.6%)	9 (1.4%)
5	Medicine	-	3 (3.1%)	-	1 (1.1%)	2 (1.6%)	-	6 (0.9%)

6	Private company	1 (1%)	1 (1%)	3 (2.8%)	-	-	-	5 (0.8%)
7	State company	1 (1%)	-	-	-	-	-	1 (0.2%)
8	Engineering and IT-industry	-	-	-	1 (1.1%)	-	-	1 (0.2%)
9	Other	2 (2%)	-	-	-	1 (0.8%)	-	3 (0.5%)

Indian families are mostly traditional but more than 16% of mothers are employed and self-employed.

Family average size:

	2014-2015		2015-2016		2016-2017		Total
	1 st cohort (101)	2 nd cohort (98)	1 st cohort (108)	2 nd cohort (95)	1 st cohort (125)	2 nd cohort (128)	
Average number of family members	5.6	5.3	6.4	6.0	6.5	5.5	5.9

The family size of Indian students is considerably high (almost 6 members) that can be explained by their living in joint families. According to their answers in questionnaires and interviews, the quantity of such families varied from 7-8 to 50-55 people. It should be also mentioned that most students have nuclear families with 3-5 persons.

The age of the Indian students is almost equal for the 2nd course of the university and its average is around 20.1 years old:

	2014-2015		2015-2016		2016-2017		Total
	1 st cohort (101)	2 nd cohort (98)	1 st cohort (108)	2 nd cohort (95)	1 st cohort (125)	2 nd cohort (128)	
Average age	19.7	20.6	20.0	20.8	19.4	20.2	20.1

Qualitative data consists of 11 interviews (9 male and 2 female students) with the following selected information: 1) social background of students' families; 2) their choice to study in Kazakhstan and KSMU; and 3) future plans after graduation. These interviews were conducted with students of the 2nd course in April-May of 2015. Below are short descriptions and interpretations of their answers.

Respondent 1: Male student from Gujarat who can be depicted as “building of the leader”. He identified his family as middle class with low income in the beginning. His both parents have BA degree and are employed in government service. There are two children in the family: he and younger brother. He has chosen Karaganda State Medical University with recommendation of its former student from India who studied there in the past. In his own opinion, study in the university disciplined him and form leadership skills. His future plans include to have own clinic and help poor people. He also has political ambitions that can be assumed by Narendra Modi's model example for young generation of Gujarat. It should be noted that he has no interest in high income (moral aspect).

Respondent 2: Male student from Rajasthan who can be considered as an example of ‘organic intellectual’. Cultural aspects were significant in explanations and interpretations of his family, community life and study in Kazakhstan. He identified his family as rural middle class with five persons (parents and elder brother and sister). His father is a teacher in public school, and mother is a housewife. He came to study medicine in Karaganda with his cousin brother who studied on the course over him. His family could not afford to pay for his education in medical school of India. His further plans included interest in cardiology and to get doctorate degree in medicine (MD).

Respondent 3: Male student from New Delhi who can be characterized as ‘an urban organic intellectual’. His family represents middle class family with five members. His father is doctor, and mother is a housewife. We had highly interesting conversation about languages and education in present-days India. His thoughts and ideas could be considered as social morality. He had experience of study medicine in Russia but later he moved to Kazakhstan. He met the contractor and he was additionally advised by one professor who taught preparatory course on MCI (Medical Council of India test) in KSMU and by his elder brother to study abroad. His plans to pass MCI examination, work in ophthalmology and possible study in Germany where his uncle studied and presently got contract work there.

Respondent 4: Male student from Rajasthan who was growing in rural joint middle class family. His father is professor of Zoology, and mother is a teacher of English. He has also a younger sister. Decision to be a doctor was resulted from his community requirement to have a medical specialist. He met the KSMU contractor and noted that medical education in Indian and Kazakhstan is similar. After graduation he will return to his community and help them with treatment and healing.

Respondent 5: Male student from New Delhi. He represents middle class family consisted of father (businessman), mother (housewife) and small sister. According to him, his ‘dream came truth with MBBS study in Kazakhstan’. He is an active user of Instagram where he posted pictures with hashtags of urban masculine style, his current student status and KSMU. He explained his option to study in Karaganda by meeting with contractor, expensiveness of medical education in India and English curriculum in KSMU. He was interested with cardiosurgery as more profitable medical practice and he has another dream to have own clinic in the future.

Respondent 6: Male student from Rajasthan who understood medicine as an opportunity of global mobility. Simultaneously, his main purpose after graduation is to pass MCI test and go back to community which has great expectations with his future profession. He also expressed possible political ambitions in perspective. His parents and two elder sisters involve in education system. He selected study in Kazakhstan due to its lower cost.

Respondent 7: Male student from Haryana who was rational, goal-oriented and can be described as a perfectionist ('ideal doctor'). He originated from middle class family which members (elder children) moved rural to urban area. His father is a dentist and a public person (head of the community), and mother is retired. He decided to study medicine because his sister and her husband are doctors. Another reason to study medicine was father's illness of cancer. His first plans after graduations assume to pass MCI examination and to get the best job.

Respondent 8: Female student from Punjab. Her family is a rural middle class one with 4 members. Her father is a farmer, and mother is a housewife. She was advised by former KSMU student to study in Karaganda who works as a doctor in India now. She showed her interest in pediatrics and cardiology. She can be characterized as 'woman's contribution to improve rural community'.

Respondent 9: Male student from Punjab. His family is another example of rural joint middle class family. To study medicine was some compromise between parents' expectations. His mother insisted on medical education while father wanted to see him as a policeman. Interestingly, he planned to be a cooker and his favorite hobby is to cook for his friends in the hostel. Moreover, he tried to combine different national dishes in Kazakhstan including Indian food. He told that it would be useful and helpful for restaurant business in India if one day he

makes his mind to realize his own dream. He has chosen KSMU on recommendation of his relative who studied there in the past. His future plans were to pass MCI test, to open own clinic and he does not mind to satisfy father's desire to work in police.

Respondent 10: Female student from Utrakhand. Her case can be stated as 'study abroad as a personal transformation'. Her parents work in tourist business and she has younger brother. She selected Kazakhstan due to cheaper medical education, recommendations of the contractor and her friends (one friend was her groupmate). She also mentioned good conditions and facilities in KSMU. Her further plans imply to pass MCI examination, possible specialization in cardiology and get married.

Respondent 11: Male student from Rajasthan who expressed mostly negative experience with study in Kazakhstan. He was critical to theoretical curriculum of KSMU, low level of teaching English and study infrastructure as well as he encountered with drug selling and illegal crime activity. His middle class family consists of father (doctor), mother (university teacher) and three elder sisters. He has selected KSMU thank to meeting with contractor and affordable study fees. After graduation he will have to pass MCI test successfully for further MS and MD degree. Finally, he would like to work outside either India or Kazakhstan.

Preliminary conclusion and interpretations

The foreign students studied in Karaganda State Medical University considerably represent growing middle class of present India. This growth proposes some possible structural changes in local communities of India when government employees and business class can contribute to health care system educating their children in the medical university abroad. It is obvious that interviewed students have aspirations not only in future profession but also in scientific, political,

and economic spheres. Moral aspects of Indian students are also should be mentioned as probable tools to reduce poverty and improve their communities.

It can be seen that KSMU's alumni build network for prospective students in Kazakhstan additionally to the contractor contributions. It implies positive perspectives for further development of internationalization of medical education in Kazakhstan and Central Asia. Most probably, internationalization of KSMU demands diversification to recruit students from other countries that implies elaboration of new admission policy.

Further researches on foreign students in KSMU could involve inquiries on language and gender issues, identity construction in a country of education, consumption culture of foreign students, student involvement in academic and cultural life, improvement of curriculum, teaching methods and educational infrastructure, study of intercultural education and communication. For strategical perspective it would be preferable to conduct comparative researches on overseas students in different universities as well in Kazakhstan as in the other countries of Central Asian region.