

Knowledge, Power and Health Care:

The effects of Professional Power on the Quality of
Primary Health Care in Bangladesh

Md. Kamrul Hasan

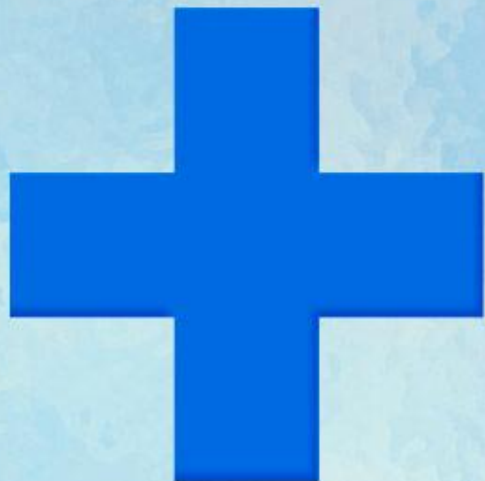
MA Student, Centre for Development Studies

The University of Auckland.



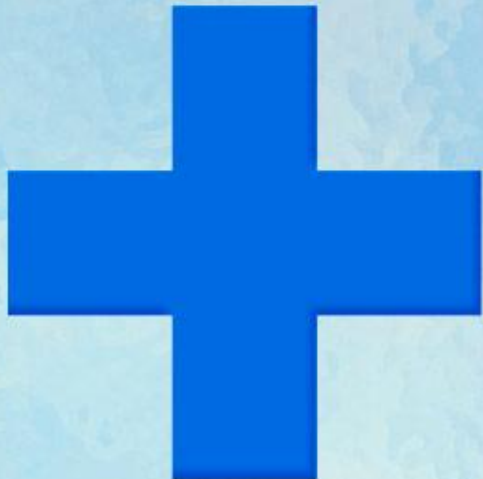
Background

- Health is a constitutive part of development (Sen, 1999).
- Primary health care (PHC) is crucial for achieving the goals of development, including the Millennium Development Goals (MDGs) related to health.
- The Government of Bangladesh (GoB) is a signatory to the MDGs and has adopted PHC as a health development strategy.
- The GoB, with donor support, developed an extensive public health care system to ensure “health for all”.
- There is mistrust of the public health care system and perceived low quality push people to seek health care abroad (Paul, 1999). This phenomenon is known as “health tourism” (Mahdy, 2009).
- Maternal mortality, child mortality, and low sanitation coverage remain pressing health development challenges.



Background

- Power has been a central concept in social sciences since Weber's works and prominently figured in Foucault's writings.
- Health professional power originates from administrative position and health professionals' supposed monopoly over medical knowledge.
- Literature has focused on service utilisation, the collection of "unofficial" user fees, the influences of socio-demographic variables on the health status of people.
- Previous research has not adequately touched on the influence of professional power on the quality of health services.



Research Questions

- To better understand how power operates in the public health care system at the sub-district level in Bangladesh, and influences the quality of primary health care. Specifically:
 - How is health professional power exercised at the public health care system at Upazila (sub-district) level?
 - What are the concerns of rural people regarding service quality at the Upazila level in Bangladesh?
 - How does health professional power influence the quality of primary health care services?



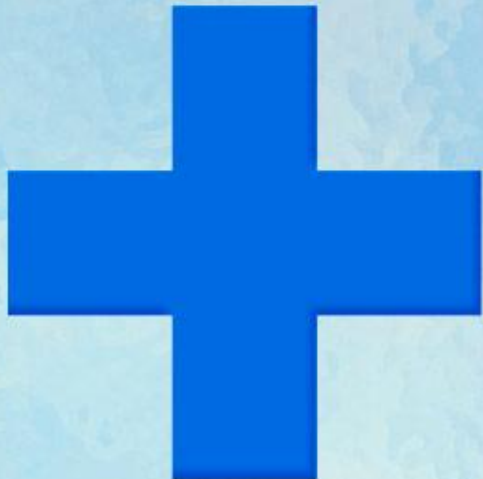
Methodology

- Narrative interview method as power is embedded in day-to-day relationships and to hear the voices of the underserved rural communities regarding power and the quality of health care.
- Data for the research project will be collected from ex-patients and health professionals.
- One Upazila (sub-district) will be selected purposively.
- Participants will be asked to tell, in the form of a story, their experience of seeking and/or providing health care.
- Questions will be open-ended.



Expected Outcome

- An understanding of how power operates in the Bangladesh rural public health care system.
- People-focused evaluation of the quality of primary health care services.
- Might inform health policies and programme design to provide better quality PHC services.



References

Mahdy, H. A. (2009). Reforming the Bangladesh healthcare system. *International Journal of Health Care Quality Assurance*, 22(4), 411-416.

Paul, B. K. (1999). National health care 'by-passing' in Bangladesh: A comparative study. *Social Science and Medicine*, 49, 679-689.

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Thank You

