

Opinions of the Participants of the Key Informant Discussions about the Health Care Services in Rural Bangladesh: A Case Study of Savar Thana

Roushan Jahan^{1*}, Mohammad Kabir² and Mobarak Hossain Rhan³

¹ Department of Mechanical Engineering, Tokyo Metropolitan University, 1-1 Minami-osawa, Hachioji, Tokyo 192-0397, Japan

² Department of Statistics, Jahangirnagar University, Dhaka, Bangladesh

³ School of Medicine, Sapporo Medical University, Department of Public Health, South 1, West 17, Chuo-ku, Sapporo, 060-8556, Japan

*Corresponding author. E-mail: rjsumi@yahoo.com

ABSTRACT

In this paper, we describe the opinions of the key informants (Thana Nirbahi Officer, Thana Health Assistant and Family Planning Officer, Residential Medical Officer, Principal of a College) to assess the health care services in Bangladesh (Location on: Savar Thana) provided in the government and private facilities. Their responses were analyzed with a view to formulating recommendation that could result in improvements in the quality of care and increased use of the services offered at such health (government and private) centers.

Key words: Health service, key informants, Government health facility, Private health facility

INTRODUCTION

Bangladesh is a country of 130 million population (in 2002), squeezed in an area of 147,570 sq. km. The nation was born in 1971 with a population of 73 million, growing at 2.5% per year. Sixty-five percent of the adult population of Bangladesh is illiterate, including 78 percent of the adult women. Eighty percent of the population is still living in rural areas, but only 31 percent of the rural households own more than one acre of land and 28 percent of households have no land which can be cultivated at all.

Compared to many developing countries, Bangladesh has a dynamic and innovative health sector and the country's experience with operation research concerning health and family welfare services is one of the most extensive in the world.

Primary health care services can be characterized by their availability, accessibility, utilization, coverage, quality and impact of particular concern in a country like Bangladesh, ensuring that quality primary health care services reach those most in need, namely, the poorest, least-educated and geographically most-isolated members of Bangladeshi society. A major change in rural health service delivery was introduced in Bangladesh under the government's five-year sector program (1998–2003) (Ministry of Health and Family Welfare, 1997). Health security has improved most of the population, but the government's overall health expenditures are not directed at securing poor people's health. The poor are more prone to illnesses than the non poor, irrespective of sex or other social indicators. Marginalised groups continue to face strong barriers to access a corrupt public health care system and are forced to attend private clinics. The rich always get priority and better facilities (<http://unpan1.un.org>). Very recently, we have studied the Focus Group Discussion's with eight groups about the government and private hospitals (Jahan et al., 2005). We also carried out Logistic regression