ISSN 2072-3334
Development Compilation
Vol. 08. No. 01. February 2013

ROLE OF THE GRAM-DOCTORS' IN RURAL HEALTH CARE DELIVERY SYSTEM IN BANGLADESH

Md. Taufikuzzaman[*]
Dr. Sultana Mustafa Khanum[**]
Rasheda Begum[***]

Abstract: This has been a qualitative scrutiny in the field of medical sociology to explore the role of Gram-doctors', the rural health care practitioners, in the health care delivery system at northern Bangladesh. This exploration has done in the selected places of northern region of Bangladesh to help the concerned to find ways for greater involvement of Gram-doctors' in the rural private health care delivery. A methodological triangulation of data sources were helped to pick up information based that has analyzed statistically and qualitatively. Purposive and random both sampling procedures have followed in picking up information from the sample units. Throughout the process all ethical issues have been taken care of. The core findings of the research is rural people receive the services of Gram-doctors who provide low-cost consultation, make house call and will often accept payment in kinds. The practitioners are typically friendly and familiar to their patients, providing a welcome contrast to the institutional and impersonal atmosphere. Living in the same community they are aware about local belief and customs. The charge modest fee and adjust their fee scale to the capacity of patients.

Introduction

Prior to the advent of British rule in the Indo-Bangla-Pak subcontinent, ayurveda and unani systems of medicine prevailed as a means to mitigate the sufferings of the ailing people. The allopathic system of medicine was introduced during British rule. In 1946 a report of the health survey & development committee under the chairmanship of Sir Joseph Bhore recommended various measures to reorient the medical education to produce basic doctors capable of administering a more effective medicine for

[*] Ph.D Fellow, Department of Sociology, University of Rajshahi.
[**] Professor, Department of Sociology, University of Rajshahi.
[***] Lecturer in Sociology, Sadullapur Girls Dagre College, Gaibandha.

comprehensive health care. After the partition in 1947, the government of Pakistan made an effort to mitigate the age old suffering of the people through developing manpower- physician and supporting and setting up hospitals in both public and private sectors. There after, the Government of Bangladesh after 1971 carried on the same momentum.[1] Since independence, Bangladesh health sector development had been guided by consecutive five-year plans. Review of the Fourth-Five year Plan emphasized of the recruitment and deployment of more health professionals in the field and various institutions, intensification of basic and in service training to make them more community oriented. In 1998 the Government of Bangladesh had brought about some changes in the health sector that aims at providing a package of essential health care services for the people of Bangladesh and to slow population growth through its reorganization in the name of Health and Population Sector Program (HPSP). The goal of HPSP was to contribute to the improvement of the health and family welfare status among the most vulnerable women children and poor of Bangladesh. The main purpose of that program was to achieve client centered provision and client utilization of essential service package (ESP) plus selected service to reduce maternal, infant and under Five mortality; reduce communicable diseases and unwanted fertility and improve life expectancy, nutritional status and health life style.[2] The Government of Bangladesh had undertaken a health program in the name of Health Nutrition and Population Sector Program (HNPSP). The goal of this program is to achieve sustainable improvement in the health nutrition and reproductive health including family planning, of the people particularly of vulnerable groups, including women children the elderly and the poor. The priority of the program is to stimulate demand and improve access to and utilization of HPN services in order to reduce morbidity and mortality; reduce population growth and improve nutritional status, especially of women and children[3].

The Government of Bangladesh has established Upazilla Health Complex (UHC), Union Health & Family Welfare Centre (UHFWC), Community Clinic (CC), Satellite Clinic (SC) etc. Besides, according to Barefoot Doctor of China, the Gram-doctors are given training to give primary training to the people[4]. But it is found later on that this training is not given continuously. As a result some Gram-doctors begin to practice without any training. There is information related to Gram-doctors, is that in 1981 about 2 lacs 20 thousands Gram-doctors began to prescribe antibiotic for the patients without any graduation degree from medical college. It means the ratio between the Gram-doctors and patients is 1:1000 and the ratio between the graduate doctors and the Gram-doctors is 1:13. Within a short time, the number of the Gram-doctors has been about 6 lacs. According to the report of the People of Republic of Bangladesh and CIET, the number of Gram-doctors was 43% and the number of their patients was 52% in 2000. But the number of patient

became 60% in 2003. The number of patients who would take treatment from the government doctors declined from 37% to 13%.

Research Problem

The services of Gram-doctors' are widely utilized in Bangladesh. Gram-doctors' are present in the rural community and are essential part of it. This study is an attempt to identify the potentialities and shortfall of the health care service delivered by Gram-doctors'. A question also may arise that what are the factors that contribute to Gram-Doctor's' utilization. In this study an exploration has made to find out the answer(s).

Objectives of Research

To identify and evaluate the role of the Gram-doctors in rural health care delivery system.

Justification

Health is a broad concept. It includes physical, mental, social and spiritual well being. It's one of the basic needs intimately related to the needs of food, clothing, shelter and education. Health is again dependent on inputs to support health care delivery - medicine, safe water, sanitation and environment. Preventive, primitive, curative and rehabilitative health cares are the different models of providing comprehensive care effectively and efficiently. Such care is being provided by the different categories of skilled, semi- skilled and unskilled people. In order to deliver health care at the doorstep of the people, -recording, planning, distribution of the existing manpower and other resource is a prerequisite. A large part of the health care at the rural level is provided by the semi and unskilled health manpower who are frequently referred to as 'Gram-doctors'. When thinking of developing the health care system of the country, this large group of health care providers cannot be ignored. They are present in the community and are part and parcel of it. This study is an attempt to identify the strong and weak points of the health care delivery by Gram-doctors', so that the strong points may be exploited further and the weak points rectified such that the rural people, 80 percent of the population, are benefited by the health care system.

Methods

Type of study: This study is a descriptive sociological survey employing qualitative tools in a methodological triangulation- interview, observation, case study, intuition and review of recorded communication. Sample size: There are about 225 respondent consisting 105 gram-doctors, 110 health care seekers, and 10 qualified physicians have interviewed in-depth. Data collection techniques: For interview, different categories of people, e.g. gram doctors, health care seekers, and qualified practitioners have interviewed. Sampling procedure: For all source of data, purposive (for health services

providers) as well as random (for health care seekers) both sampling procedure, has followed. The number of respondents for interview has adjusted as the situation arises in the field. Research instrument: Appropriate research instruments - interview schedule, jot-book was developed. Place of study: The study was conducted at four selected unions (Dhaperhat & Bonogram union from Sadullapur upazilla, Mohendronagor & Kulagath from Lalmonirhat sadar upazilla and Rajarhat & Chenai from Rajarhat upazilla) from three selected upazillas in Gaibandha, Lalmonirhat & Kurigram districts at the northwest region in Bangladesh. The health care providers have contacted at or near their work places (Pharmacy, patient's home, and village bazar) while the health care seekers have conducted at the GDs work place at a time convenient for them. Time reference of data: The time period of data was bring to focus the current as well as near past situation. The data has been collected from January to March-2007. Data analysis: Data have analyzed illustratively as well as statistically as the situation permits. Ethical consideration: Anonymity and confidentiality of the study subjects have maintained and all other ethical issues have taken care of.

Research findings

Considering the role of the Gram-doctors in giving treatment to the huge rustic people, we find that they are representing the huge population. Because the doctor and the patient are belonged the same social status. It is exemplified that the monthly income of 97.1% people is 12 thousand at best. Besides, one of the portion of that population is working as third/fourth grade employee. About all the Gram-doctors (87.6%) are in business in addition to their profession. About 41.9% Gram-doctors have passed S.S.C and 12.3% of doctors have no required qualification. Before exposing as Gram-doctors, they would work in health complex or under skilled doctors. Many of them would work in Medicine Company or in Govt/NGO health center. Being trained as Gram-doctor, about 12.4% of people have come to this profession. 9.5% of Gram-doctors have got one year training and have been given certificate to give primary treatment. About 22.9% of Gram-doctors have not got any formal training.

Sometimes the Gram-doctors do not take fees from the patients, for their monetary problem. Besides taking full fees or partial fees, the doctors give treatment to the patient in exchange of day-labour, goods, chicken, fruits, fish etc. Moreover, the doctors have to arrange a festival to open a fresh account book with a view to collecting dues. They do not take any interest on their dues. Because of distance, the doctors, sitting in their medicine store, give treatment to the patients. But if the patient is influential, familiar or relative, the doctor goes to the house of the patient. In case of serious disease and socially influential patient, the Gram-doctor helps the patient to take in a

developed health center and to implement the suggestion given by the qualified physician.

Without training for about six months and ten years experience, they do not dare to give treatment to the fatal disease. Without any test, they give treatment to the patients on the basis of their verbal statement. On the basis of experience they prescribe antibiotic of renowned company. For much profit, they suggest to take vitamin. Preparing mixture some of the Gram-doctors earn much profit. Considering economic ability, they sell their liquid medicine little by little. Many of them do not know the usages of some common medicines. They have learnt the usage of 62.0% of medicine by help of company representatives. They buy medicine from whole sell medicine store, company representative and from nearest store. They collect their daily medicine by paying partially or fully. As a result, it is observed that they buy medicine of low-quality and date will be expired soon and prescribe them to the poor and illiterate people.

In respect of reference the Gram-doctors refer the complicated patients to different places for better treatment. Most of them send the patients to the private chamber of the qualified doctors. They send the patients to the pathological laboratory for test report. Though 87.6% of them cannot understand the test report, they guess the complexity of the patients and refer the patients to a particular doctor. If the relation with the patient is good they prescribe them medicine of renowned company.

As the Gram-doctors are available in the community the patients do not face obstacles like long distance, unavailability of transport and inaccessibility, vehicle fare etc. They give the patients less costly medicine. Sometimes they give them (the patients) medicine in exchange of different goods. So, the patients do not face obstruction to take treatment from the Gram-doctors. Very often either going to the health center or by communicating with any person of the health center, they try to remove administrative complexity which the patients may face. In most of the cases, they spontaneously want to know about the condition of the patients and do not demand extra fees for that. They have good relationship with most of the families of the village. So the female patients do not feel shy before them. There lies similarity in dress and behavior between them. They can understand the problem of most of the patients easily. They explain the rule of taking medicine written on the box and try to make the patients understand it. If the patient is known to the doctor, different facts are enquired. At the same time, the doctor tries to prove himself as a well wisher.

It is observed that 87.6% of the Gram-doctors reside near the patients. 86.7% of them show good behavior to the patients. 84.8% of them do not take fees for prescription. 86.7% of them give better treatment to the general

patients. 67.6% of them go to the house of the patient for giving treatment. 62.9% of them give treatment all the times. And 47.6% of them give less expensive treatment. As the Gram-doctors are the local people, they know the belief and custom of the patients and give treatment as to their ethics. It means that the Gram-doctors are able to overcome the practical and psychological obstructions of the patients.

It is noted that the fact which helps the rural people to take treatment is the accessibility of the patients to the doctors. Apart from this, the female patients sometimes go to the house of the doctor according to their convenience and sometimes they call the doctors to their houses. As the Gram-doctors are known beforehand and are faithful to the patients, the patients do not feel hesitation to tell about symptom of their diseases. To remove this obstacle, the Gram-doctors create a favorable atmosphere for the patients and try to be their faithful friends. Sometimes, for ill health of the female patients their husbands take medicine by telling about their problems. It is found from economic accessibility that the patients are able to take treatment not only by giving full fees but also by giving partial fees and in exchange of labour or goods. Before giving treatment, the Gram-doctors hear the history of disease carefully and attentively and give much more attention on the present problem. In most of the cases, the Gram-doctors want to know whether the patients can understand the prescription. Though the patients are satisfied with the treatment given by the Gram-doctors, the registered doctors think that the treatment of the Gram-doctors does not play positive role in health service all the times. In some cases, their treatment becomes ineffective and it becomes threat to the life of the patient. Sometimes the Gram-doctors give higher anti-biotic that may be risky for the patients. So, it is needed to discover the wrong and harmful treatment given by the Gram-doctors.

Conclusion

Considering the activities and mentality of both the Gram-doctors and the patients, it is found that the Gram-doctors with their service have played an important role in rural Bangladesh. They with some limitations are playing important role in health care delivery system. To make their role more effective and error free, the concerned people of the government should come forward. Besides Government health service, the role of private doctors, hospital and clinic is not less important. Rather, by the side of Government health service, the role of private health sectors is necessary. The Gram-doctors should be given training about their activities like making prescription, giving first aid, food and nutrition, family planning etc. Mainly the Gram-doctors provide health care to the poor rural people for their mental satisfaction. So the Gram-doctors playing an important role in rural health care delivery system in Bangladesh.

Notes & References

[1] Abdul Quadir Khan. Epidemiology and Disease Control. Dhaka, Bangladesh: 'Author', 1989:217-28.

[2] Ministry of Health and Family Welfare. Health and Population Sector Programme: 1998-2003. Programme Implementation Plan - Part I, Government of People's Republic of Bangladesh, 1998: 1-33.

[3] Ministry of Health & Family Welfare, Government of Bangladesh, Program Implementation Plan (PIP)- Health, Population and Nutritional Sector Program (HPNSDP), 2011

[4] A. M. Sarder & Lincoln C. Chen 'Distribution and Characteristics of Non-Government Health Practitioners in a Rural Area of Bangladesh.' *Social Science Medicine*, **25**(A): 543 (1981).