

CHAPTER I

Introduction

General Background

The development of this study is based on my concern to find ways to improve the quality of life of a *Garó* tribe settlement in the Northern part of Bangladesh. *Garó* people are an Indo-Tibetan ethnic minority with a matriarchal culture, who were converted to Christianity and face at present a triple discrimination based on their ethnic, cultural and religious difference with the dominant Bengali Muslim society. The discrimination experienced by the *Garó* people affects their community health status. They face constant disputes with local authorities on the occupation of 'forest' land, which is a real threat to their income in an agrarian society. They are treated as second class citizens in public services, therefore they are constant being neglected by the local authorities including the public health care services. They are systematically being left out of employment opportunities in the public and political sectors and so forth. My past employment in Bangladesh brought me into contact with the *Garó* people and I lived for several years within their community.

Besides the above, from my experience in Bangladesh, I learned that the public health care system is facing many constraints in its efforts to improve the community health. Next to limited resources, the rigidity of the public sector, the heavy top down management system, lack of expertise

and so on, there is also the fact that public health services are very service delivery focused.

This focus on service delivery results in a situation where people are the target group or recipients. The community does not participate in defining what is needed and how to reach the goals, they just undergo the services offered. The effect of this is that the health care system is facing problems in implementing their programs and reaching the goals.

The principal feature of this study is the exploration of community participation as a possible answer to the deadlock in community health development.

The different components of this portfolio are based on the assumption that movement towards improvement of a situation does not necessarily have to be from top to bottom. The community itself could take the initiative to search ways for improvement, a bottom to top movement can mobilize forces to develop self-initiatives, cooperation and co-ordination with the public and non-governmental organizations (NGOs) sectors as well. Even if difficult, the alternative is continuation of the impasse and the apathy it causes.

The Importance of the Study

The *Garó* tribe community with a population of 70,000 in Bangladesh (BBS, 1990) is facing discrimination which has, besides the common health service problems, a serious impact on their quality of life. During my discussions with religious leaders, social development workers among the *Garó*, and several of the *Garó* leaders, concern was regularly expressed

about the situation. They are longing for improvement, but do not see how to reach this goal.

This study could provide essential information on the process of the participatory approach. The proposed research could function as a pilot study and offer indications on replicability within other *Garo* settlements.

As suggested by Oakley (1989), there is a need for practicing participatory approaches in community health development. This study could offer a contribution and communicate its findings to other professionals in the health sector.

The Structure of the Study

The essay is an exercise prior to the formulation of the research proposal in this study. It assists in exploring ways to address the main concern in the research proposal that is, how to improve the quality of life of a *Garo* tribe settlement in Bangladesh. The need for community participation in development is addressed and the different arguments discussed. In conclusion I argue that participatory approaches and intersectoral co-operation are essential if health development wants to become successful.

The proposal is for participatory action research to be conducted with the *Garo* people in a pilot study area in Bangladesh. This research proposal is the main component of this study, therefore all other components are a preparation for this proposal. The proposed research aims at defining a set of basic minimum needs and their indicators,

assessment of the study area by the participants, formulating priorities for action, propose a strategic choice for action and estimating the required resources and support.

The aim of the data exercise is to collect and analyze data and information, within the limitations of time, expertise and other constraints, on the viewpoint of *Garo* and Bengali villagers on the problems related to community health. Further, I search for indications, within the communities under study, in favor of participatory approaches in solving the problems. I use the rapid rural appraisal method to obtain a limited number of quantitative data, while the main focus was on qualitative data.

The theme of the presentation, participatory evaluation, is strongly related to the research proposal and the essay of this study, because it addresses the importance of the participation of the people as subjects in problem solving. This presentation aims at providing the basic concepts of participatory action research and creating interest for its application in the different health care system settings. The concept of participatory evaluation should be an essential aspect of the proposed research.

The aim of chapter VI, linking the philosophy of participation and its methods with problems and people, is to reflect on the study as a whole and shape the conceptual framework with the reality of the social setting in order to ensure a local adapted application and sustainability of participation.

The annotated bibliography deals with the literature consulted for this study in relation to the concept of community participation in 'health' development. It therefore presents a selection of publications on issues as

**community, participation, community involvement, self-care, conscientization,
health development, participatory action research, and participatory evaluation.**

References

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