Enduring Response in Embracing Urgency in Community Care: A Critical Perspective on Social Empowerment of Bangladesh

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Abstract

Bangladesh, as a country, could prove its development potential over the past several years with its thriving economic growth and also with a noteworthy level of positive change made possible in its significantly important health and social indicators including MMR, IMR, Child nutrition, fertility regulation, child survival and Infectious disease prevalence. The country could make a commendable contribution in achieving Global development goal (MDG) at a significant level and also, aiming to continue its effort to sustain that status quo along with making progressive changes consistently to be contributory to SDG goals and indicators towards positive development.

Keywords: MDG; Empowerment; Community

Purpose

This lyrical critic is an attempt to uphold the facts and evidences embedded in social development reality where the implementations are in constant challenges with urgency, need and continuity.

Methodology

A quick and intensive desk review and web search made to capture the insights from secondary data facts, stories, evidences, news features and the findings blended with personal insights and experiences more in a reflexive writing manner. Finally, compilation of insights and views through a laid over narrative analytics and described in a descriptive lyrical format. Purposefully ignored the figure and quantity data reflection in the write up as this write up is considered more as a social development lyric rather than a scientific write up.

Looking Back at our Efforts and Accomplishments in Change Process

In Bangladesh, with the country uplifting status of the various socio economic determining indicators and facts, one of the most significant head way towards development is the positive move towards women literacy and education, women mobility in remote places to access health care and basic amenities, increasing number of poor women's work and economic opportunity. These are basically the important and credible year mark changes and milestone progress in women empowerment in the country [1,2]. The very fact here is to realize and recognize that the country has made a favorable drive to change most of the development indicators but now the question arises, whether we are making equal and equitable progress in achieving the indicators?? [3-5]. Surely majority of the people would echo the same way as evident in many articles and published documents that, our country is well progressing but not in an equitable manner

with many of our desired indicators, especially when looked through a gender lens and social response point of view. Here, very specifically to mention, these are well revealed, when it comes to gender, women empowerment, social inequality, social marginalization of the disadvantaged and poor community who remain trapped in the pocket poverty with their inherent risk and vulnerability to fight for their life & livelihood [4-6]. They are the community people who are driven by extreme poverty, social exclusion, diverse vulnerability and are always at the brink of various risk and hardship in life and living, be it health or social or relevant and contributory to any health status indicators, like, extreme malnourishment, prone to infectious disease including STI, victims of domestic and social violence, different catastrophic illness and many others [5-8]. To define marginalization here, as the "temporary state of having been put aside of living in relative isolation, at the edge of a system (cultural, social, political or economic) in mind when one excludes certain domains or phenomena from one's thinking because they do not correspond to the mainstream philosophy [9]. On the reverse, the positive connotation of empowerment is about people -both women and men- taking control over their lives: setting their own agendas, gaining skills, building self-confidence, solving problems and developing self-reliance. No one can empower another: only the individual can empower herself or himself to make choices or to speak out within these communities' [9-12]. Here the process of embedding with power be it knowledge, awareness, confidence, resource ability or voice making any of these are interdependent on many overarching social phenomena and social change making intention, also deeply intertwined with the prevailing social and gender inequality and cultural subjugation. In many social change phenomena, the real pictures are often not reflected in the social change statistics that people usually see and count on, as the general people mostly go for the surface data which are accessible to us from the service center and institutional system, also other common data sharing platforms including scientific and nonscientific category. However, while needed, selective people can access service data and statisticians can access data from the system where they belong to and there is every possibility of those data to be produced in a more customized, orchestrated form as per the need of the data audience who are the manager and decision maker of those data from policy to practice. But the community clients as beneficiaries and the people who are marginalized, unattended and have no access to information and services, their poverty picture, health and social sufferings and their deeper needs associated to their own body and mind remained unexpressed, untold, unrecognized for their lifetime [1,5,8]. Also, to interpret meaningfully, the strength of the very words - empowerment, gender and social inequality and mainstreaming of marginalization, are entrapped into the development jargon base fast pace pilot concept implementations which are archived or published to fulfill the aspirations of social scientists and the educated cohort, not much to satisfy the aspirations of community. It is true that their sufferings and distress remain in dark in the social development search light until there is any special purposeful deep exploratory research or need base project work done on those areas by the development partners or any attempts made by the individual and institutional researchers from public and private settings. In many cases, through those piecemeal research and project works the unexplored and unrecognized data fortunately get revealed sometimes and also can spark the attention of national and global community. In those cases, project data/reports and fact survey findings become a high attention issue for a while or even for a longer period of time also become a good catch of continued funding and fatten resourcing to make many more changes and successes over the time. Even in several instances when those statistics can draw readers' interest, they become the global high attention receiving and priority agenda through different publications and scientific communications and reached to the global Public Health forum as a strong voice for opinion making in the global community.

Critical View on Disjointed Project Focus vs Connectivity Base Comprehensive Approach to Interventions

This sort of piecemeal work of course carries a lot of value to bring the different unattended and hidden issues to be marked, surfaced and cared for! But the question arises, if the issues are looked upon and addressed in a problem and a project focus approach is taken with a given time frame, target people and a service menu to offer, this may bring results of averting risk, curing diseases and also giving acute solutions to many of their realities and vulnerabilities. But the various underneath in-depth issues are not touched upon this way and also the dispersed poverty and social exclusion issues linked to poverty, marginalization, gender in equity remain entrapped in this way for ages!! The dispersed pocket poverty, the diverse and segregated level of community marginalization and exclusion are not possible to address in this innovative project focus, research focus evidence base disjointed approach rather the issues need to be exterminated from a much in-depth angle through finding the deep routed causes around the issues to focus with interconnected comprehensive intervention approach in order to create a ramified change effect [8,13,14]. Given the country scenario with its current diverse levels of vulnerability and marginalization, discrete level of pocket poverty and also, deeper level of ramified social problems, significantly visible social value distortion, it's quite challenging to overcome all these situations until there is any

alternative innovative solution being searched or explored upon which are connective and comprehensive rather than standalone or disjointed in its approach of interventions [1,5,8,13-15]. It is quite unfortunate that the reality here in the country, in the community is that, there are enough serious, sincere and intense effort-making attempts that are in place to change these scenarios, although in various cases they appear to be much segregated, disjointed, inconsistent approach in change making process.

Dynamics in the Quadrant of Urgency, Need, Priority and Response

In development field there are tons of examples as such, where we keep on looking into the needs be it observed, perceived, expressed or assessed by ourselves to invest with an aim to change-making so the people are better off than the past. Accordingly, we keep on investing, reinvesting and happy to see the progress in quantity change manner, means the data is in a positive and up yielding hike compared to baseline announcing our good efforts making a lot of sense, so the community is happy, we, providers are happy, our development sponsors are happy and also the district authority is happy, it all ends up with a "**Happy Story telling"** so called success story/evidences. This scenario sometimes gets abruptly complex and altered when the development ventures sudden way changes their target community due to a shifted urgency and importance like emerging Rohingya/FDMN people crisis or sometimes driven by development partners diverted attention to the **new urgency and importance emerged** from the community [16,17]. Even in cases of our social development response we are thrust upon to address diversity and new needs and vulnerability to be a part of flagship response. So the high importance and urgent quadrant of the community people and their needs become less important and non-urgent, or a forgotten chapter of our development efforts [17-19]. The cause to realize here is, we love to deal with newness of priority which is over catchy, trendy for the societal change competition, investor friendly in economic sense and also attracts most of our expected stakeholders whom we always thrive for keeping them satisfied. Guess who are those social development trendsetters?? We all know our beloved development contributors (well fit actors in PPP formatting) or the philanthropies of the society who often express their emotions in any social urgency, social needs and priorities and make response through various interventions, not much realizing the continuity and far reaching impact creation aspect of such urgency driven response. There needs to be a good balance of urgency base response vs community need oriented response. It's one of the most important social development imperative to become enough thought intensive in responses whether these will only ignite to realize their need from an unrecognized **level to perceived**

and felt level or even to an expressed level and often those are met either fully or partially for a period of time while the investors find reason to continue those responses and also find hundred logics around the discontinuation too! Sometimes, the philanthropists often find their own emotion to connect with social emotion to such response to continue and be recognized by the society for their noble presence, so called social guardian to mitigate social crisis!

However, while the above development leadership and social philanthropist's urgency quadrant shift to non-urgency and non-priority, the most affected are the community, who start realizing their needs and continue to expressing those, whether met or unmet is not the question in first hand [17-19]. It's the fact that, during the urgency quadrant of community response at least the community people feel assured to have some institutional presence to listen them, respond to them and also showing efforts to address those either partly or fully, that is a kind of assurance from the society the communities need most during the time of crisis. Although, there are several good practices of impact oriented change making instances in community development and empowerment in particular, with health and few social agendas like women mobility and access to literacy and social awareness. Through the several interventions in the past, the community awareness, enlightenment, the skill enhancement, community confidence upraising, networking inside community, and the consensual agreement among the community people were made in a way that, the needs of health practice which have never been recognized/realized or those were not even expressed to them in any platform now had surfaced and been dealt with. However, still, the community people lack in facilitation skill and lessons learnt base know how to cope up and practice to overcome their distress, poverty and health conditionals and make the practice as part of lifestyle, existence and living [20-23]. Thereby, the needs of unrecognized pattern, which are neither felt and nor expressed are not any more indulged with an institutional support to address rather the response transpire from a bottom up way since the community has grown as an institution to deal with those and continue to address and practice the required services in a sustainable way.

Idealistic Approach & Evidences in Community Response: Empowerment is Still a Far Cry?

There are many idealistic examples of community empowerment where the development partners dig out the community needs through community exploratory or formative research which includes situation assessment (SA) or need assessment (NA) and arrange need oriented

Akhter N. Enduring Response in Embracing Urgency in Community Care: A Critical Perspective on Social Empowerment of Bangladesh. Philos Int J 2022, 5(2): 000246.

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intervention support to empower the community over a tangible period of time. In this way, the community becomes self-responsive and empowered, so that they can deal with those needs with their own efforts and also believe to practice the effort in their own community and individually in a lifelong manner.

There are plenty of examples of this kind, set in the community, especially with hygienic wash, food practice, sanitary latrine use, safe water use and also, more precisely the vaccination of child and using ORS as solution to diarrhea and so on [22-25]. As stated earlier, when it comes to health there are many such empowerment happening and those are the constant encouragement to continue the development efforts in a more sustainable way. But still to say, those are the good practices, even seen more dispersed and erratic in nature in the community here and they are also disjoined in its approach within the community. Hence, when the statistical picture and the social change landmark scoping are made, the total picture doesn't provide a very impressive change in the community empowerment as a whole, rather reveals more of a patchy reflection of success scenarios [10,26,27].

For the past decades, our multi ventures in development works are making lots of statistical change impressions which are being appreciated all the way, but it's high time to look back to all our good and relentless efforts, whether those could really touch the community empowerment element or not and more precisely, whether the working community is empowered enough to recognize their root problems, their unmet needs and finding and organizing solutions of their own or even aware enough to seek guidance and count on into a right institution to claim their needs, who can extend support and empower them or show them the light and headway through the empowering process [9,11,12,23,27].

Conclusion

Our diversified marginalized community people are of vital importance from a social inclusion and exclusion point of view, to look into this more deeply whether they are socially, epidemiologically, statistically, economic indicator wise fall into the embracing practice of our democracy and inclusion culture of addressing the marginalized. This posed our country in a very challenging situation, a dilemma in between morality vs reality, emotion vs equity, social response vs political standpoint and so on. The past long end history of community responsive and socially sensitive works within /among our generalized poor, poverty stricken and marginalized people group, where the sustainable and ethically driven, gender sensitive social empowerment remain as still a far cry! [14,20,23]. The diversity in nature always claims to add on beauty, tranquility and completeness

towards the sense of equity management, but it's very true that this "diversity" word has a very opposite and different connotation while it is relevant to diversity in marginalization and appears in a more critical and complex dynamic to seek solution. Therefore, the ultimate empowerment of community, specially the marginalized people, remain entrapped in the social development process of enduring response in embracing urgency in community care where the right response may not get right weightage into the community development priority response and also in the development actors priority agenda.

Note Bean

This write up is a social response lyric so purposefully no data and statistics have been used here only to refer some of the statements /quotes the Bibliography piled below are reviewed to prepare this lyrical reflexive write up.

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