

# **Gender Analysis of Curricula of Medical Education**

## **Final Report**

**30 June, 2019**

# **Gender Analysis of Curricula of Medical Education**

**Submitted**

**to**

**Gender, NGO, Stakeholder Participation Unit,**

**Health Economics Unit,**

**Health Services Division, Ministry of Health and Family Welfare**

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**Submitted**

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## **Acknowledgement**

‘Gender Analysis of Curricula of Medical Education’ is a study conducted by the Department of Public Health and Informatics (DPHI), Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka, Bangladesh. It was supported by the Ministry of Health and Family Welfare, Government of Bangladesh.

We would like to express our sincere thanks to Dr. Mohd. Shahadt Hossain Mahmud, Director General (Additional Secretary), Health Economics Unit, Mr. Abu Momtaz Sad Uddin, Program Manager (Joint Secretary), Mr. Md. Saidur Rahman Khan, Deputy Programme Manager, Dr. Ayesha Afroz Chowdhury, Deputy Program Manager and Dr. A. G. M. Mashuqur Rahman, Senior National Consultant, Gender, NGO, Stakeholder Participation Unit, (GNSPU), Ministry of Health and Family Welfare (MOHFW) for their continuous guidance, monitoring and supervision. The authors are grateful to the workshop participants for their valuable comments on designing the study protocol and data collection tools.

A warm thank goes to BSMMU colleagues who made important contributions to this study. Special thanks go to field data collection team for their dedication and sincerity in collecting qualitative and quantitative information for the study. Finally, our gratitude goes to the participants of this study for their patience and cooperation.

## **Executive summary**

Health is often predicated on social structures with prescriptive gender identities and associated power relations. The interaction of gender with health has been seen in the variation in access to health systems and services for male, female and inter sexed persons/transgender. Medical treatment as well as the interaction between the doctor and the patient is highly influenced by gender, the medical students need to be aware that next to clinical relevance, gender roles, and gender stereotypes are important aspects that can affect their professional activities. Medicine is constantly changing and so is undergraduate medical and dental education. Medical progress should continuously be evaluated regarding its relevance for incorporation into undergraduate medical curricula. Further, in order to create 'socially relevant and responsive doctors', it is essential to integrate gender in the understanding of health held within the medical community. One way to ensure this integration is through the medical education system. Gender inclusion in health has become central and priority concerns of the Government of Bangladesh. The Bangladesh Government takes initiative to integrate gender in medial curriculum as a commitment of achieving Sustainable Development Goal (SDG) Five.

To identify the gender inequalities in medical education, to assess the importance of gender integration into the curriculum, and to develop an action plan for gender-sensitive medical education, Department of Public Health and Informatics (DPHI) of Bangabandhu Sheikh Mujib Medical University (BSMMU) conducted a study entitled “Gender Analysis of Curricula of Medical Education”. The present study aimed to assess the gender adoption in medical curricula, developing an outline of user-centered gender-sensitive module for undergraduate and postgraduate medical curricula. A mixed method approach (qualitative and quantitative) was used for integrating gender issues in the undergraduate MBBS and BDS medical curricula in Bangladesh.

Health service providers, medical students, and healthcare recipients were interviewed during quantitative survey, and teaching staff and administrator were interviewed during qualitative

data collection using pre tested data collection tools. Study data were collected from Bangabandhu Sheikh Mujib Medical University (BSMMU), Mymensingh Medical College Hospital, and Bangladesh Medical College. Informed written consent was obtained from all participant before enrolment into the study.

During survey with service providers, it was found that 76% participants did not find 'Gender' issue in undergraduate medical curriculum, and 39% did not find 'Gender' issue in postgraduate medical curriculum. Regarding awareness about 'gender and sex', all respondents both service providers and medical students heard the word 'Gender' and, they answered they know what 'Gender' is. All respondents of service providers and medical students and 63% service recipients mentioned they heard the word 'Gender'. Respondents who said they know about 'Gender' (all respondents of service providers and medical students and 42% service recipients) were asked to explain about their perception on 'Gender'. About 46% service providers, 17% medical students and 15% service recipient explained 'Gender' as 'male, female and third gender'. Among medical students 39% and among service recipients 85% explained it as 'male and female'.

Qualitative findings reveals that respondents (teaching staff) were knowledgeable about the basic difference of gender and sex. They experienced the knowledge from their long period of working experience. From the survey we found that 85% service providers, 92% medical students, and 60% service recipients mentioned that gender had influence on men's health. During qualitative interviews most of the respondents mentioned that they think there is a chance that in male dominated society other disadvantaged group may face challenges in receiving health services due to gender discrimination. Both qualitative and qualitative interviews identified that 'gender matched service providers' plays an important role to access services. From the survey we can see that 72% of the service providers, and 43% service recipients mentioned that seeking treatment from male doctor is one of the barriers for female patient to access services.

Qualitative findings reveals that patient preferred to get services from gender matched service provider. Good quality treatment facilities for patients will be ensured if 'Gender' is included in medical/dental curriculum mentioned by 79% of the service providers. Among service providers

88% mentioned that 'Gender' should be included in “Behavioral Science” chapter, and 71% medical students suggested to include 'Gender' as a chapter in Community Medicine subject. During qualitative interview, all the respondents (both teaching staffs and administrative staffs) mentioned that they think gender issue should be included in the curriculum as a mandatory topic. Respondents thought that there is a Chace to face challenge during inclusion of gender topic in existing curricula. Among service providers 76%, and 83% medical students thought that more advertisement on gender issue will help to overcome the challenges. To revise medical curriculum key informants (qualitative) emphasized on collaboration among different divisions of health sector.

An investment in medical education is legitimized by future benefits for future patients, and puts responsibility on medical schools to actively reflect on this future. Gender bias has been inherent in medical and public health education, research, and clinical practice. *‘Gender analysis of Curricula of Medical Education project’* aimed to intervene at the level of education of future healthcare providers so as to contribute to the training of gender-sensitive healthcare professionals who will be able to take up their role in addressing issues through gender lens. A positive beginning has been made. Moving forward will require some initiatives e.g. assess and critically evaluate new information, research, policies and programs through a “gender lens”, identifying gender biases and gaps, and adopt best practices, and present evidence on the outcome of integrating gender into medical/health professionals’ curricula as this is important to gaining support for integrating gender and for sustaining initiatives.

Almost all respondents (both service provider and medical student) think it is important to know the difference between sex and gender. They mentioned that gender sensitive knowledge is very much needed to provide better quality of health services. About 81.8% service provider and 96.1% medical students think Gender inclusion in medical curricula can bring the changes of health system.

To explore the presence of gender sensitive norms in medical education curricula, a systematic document analysis of the MBBS, BDS and MPH curricula of undergraduate Medical, Dental and Post-graduate Public Health education is done using standard checklist. In M.B.B.S. Curricula the term 'Gender' was found only in the Introduction segment in 2 areas. In B.D.S. Curricula Gender related information was found in Page 5, 14<sup>th</sup> line on the right side of the paragraph, "Reproductive system, (male, female) under topic 1. In MPH Curricula the term 'Gender' was found to be present in the Reproductive and Child Health course in 4 areas. The rest of part of three curricula the word 'Gender' or any information related to 'Gender' was found to be absent.

To identify key stakeholders in medical curriculum development process, we have considered a list of everyone who may have an interest in the current implementation team's objectives now and potentially in the future. Here we followed snowball sampling to collect the list of stakeholders. This list was likely to change over time and at the end of project a final list would be made.

In our experience of working in the study of Gender Analysis of Curricula of Medical Education, we understood that gender issues in health and illness need to be addressed in medical curricula. In a gender-specific medical curriculum, students have gained knowledge and insight into the meaning of gender in health and illness and have learnt to apply this insight to medical practice.

The findings of this study would help to understand the gender perspectives in the medical curriculum. At the end of this study the findings will share with GNSPU unit for taking necessary steps. As a result, a gender-sensitive learning would be expected across the medical education system which would help ensuring quality health services to all men, women and transgender in the society.



## **List of Abbreviations**

BSMMU	Bangabandhu Sheikh Mujib Medical University
BMDC	Bangladesh Medical and Dental Council
BDS	Bachelor of Dental Surgery
BMCH	Bangladesh Medical College and Hospital
CME	Centre for Medical Education
CM	Community Medicine
DPHI	Department of Public Health and Informatics
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
FM	Forensic Medicine
GNSPU	Gender, NGO, Stakeholder, Participants Unit
GWH	Gender, Women and Health
GM	Gender Mainstreaming
GOB	Government of the People's Republic of Bangladesh
HEU	Health Economics Unit
KII	Key Informant Interview
LGBT	Lesbian, Gay, Bisexual and Transgender
MOHFW	Ministry of Health and Family Welfare
MMCH	Mymensingh Medical College and Hospital
MD	Doctor of Medicine
MS	Master of Surgery
MBBS	Bachelor of Medical and Bachelor of Surgery
NIPORT	National Institute of Population, research and Training
NIPSOM	National Institute of Preventive and Social Medicine
NGO	Non-Government Organization
PG	Post Graduate
RCC	Residency Core Curriculum
SDG	Sustainable Development Goal

## Table of Contents

Research team .....	3
Acknowledgement .....	4
Executive summary .....	5
<b>1. INTRODUCTION:</b> .....	<b>12</b>
1.1 Background and Rationale .....	12
1.2 Objectives .....	14
<b>2. METHODOLOGY</b> .....	<b>16</b>
2.1 Study Design .....	16
2.2 Study population: .....	19
2.3 Sampling and sample size: .....	20
2.4 Study site .....	20
2.5 Facility Selection Criteria.....	20
2.6 Data collection tools: .....	21
2.7 Training on data collection tools: .....	21
2.9 Methodology Validation Workshop: .....	22
2.10 Pretesting of data collection tools:.....	22
2.11 Monitoring data collection activity: .....	22
2.12 Data analysis plan: .....	22
2.13 Preliminary data sharing meeting: .....	23
2.14 Stakeholders mapping: .....	23
2.15 Ethical consideration:.....	27
2.16 Challenges.....	27
<b>3. RESULT</b> .....	<b>28</b>
3.1 Curricula review findings .....	28
3.1.1 MBBS Curricula review findings.....	28
3.1.2 BDS Curricula review findings.....	29
3.1.3 MPH Curricula review findings .....	30
3.1.4 MD Residency (Neonatology and Paediatrics) curricula review findings .....	31

3.1.5 MS Residency (Dentistry) 'Phase A' curricula review findings .....	32
3.2 Demographic information of the respondents (quantitative survey).....	33
3.3 Gender in medical curricula: Findings from quantitative and qualitative interview.....	34
3.4 Training on gender .....	35
3.5 Perception regarding gender and sex.....	36
3.6 Health needs of male and female.....	37
3.7 Gender discrimination, and its consequence on health system.....	39
3.8 Gender barriers in accessing health care services .....	43
3.9 Integration of 'Gender' in medical education .....	46
3.10 Way to integrate gender in medical curricula.....	49
3.11 Hindering factors to integrate gender in medical curricula.....	51
3.12 Suggestion to overcome challenge regarding integrating gender in medical/dental curriculum .....	52
4. CONCLUSION, AND RECOMMENDATIONS .....	54
5. REFERENCES.....	56
ANNEXURE.....	58

## 1. INTRODUCTION:

### 1.1 Background and Rationale

Health is often predicated on social structures with prescriptive gender identities and associated power relations. Gender is a pivotal determinant of health. Gender hierarchies and differences are understood to create differences between men and women in terms of their 'exposure to risk factors, household level investment in nutrition, care and education, access to and use of health services, experience in healthcare settings and social impacts of ill-health' (WHO, 2015). The interaction of gender with health is seen in the variation in access to health systems and services for men, women and inter sexed persons/transgender. Several studies have thrown light on the lower access to health care among women and on the bias against women in treatment and care in health facilities (Iyer, Sen, George, 2007).

Diversity issues such as gender/sex, age, culture or ethnicity, religious beliefs, sexual orientation, and disabilities represent one area of major changes in knowledge and is an understanding and perspective that has impacted medicine in recent years (Lee M, 2006; Cooper-Patrick 1999). Sex and gender cannot be properly separated in the medical field, biological sex is seen to influence health by modifying one's behavior and lifestyle and gender-behavior can modify biological factors and thereby health, thus the term "sex and gender medicine" was introduced (Regitz-Zagrosek, 2012).

Medical treatment as well as the interaction between the doctor and the patient is highly influenced by gender (Hall JA, 1994; Hall JA, 1995; Cousin G, 2013; Cousin G, 2013), the students need to be aware that next to clinical relevance, gender roles, and gender stereotypes are important aspects that can affect their professional activities (Hamberg K., 2008). Many diseases, like thyroid gland disorders (Kautzky-Willer A., 2012) for instance, and various cancers follow different patterns depending on the patient's sex (Fox JG, 2003). Gender as the psychosocial and the cultural determinant of the sex of the patient is an important predictor of many attitudes and behaviors that have an impact on health and disease (Dielissen PW, 2012).

Sex and gender medicine is rapidly growing in respect to knowledge and importance (Lagro-Janssen T, 2008), the content and modality of its implementation are relevant questions in the development of novel strategies for undergraduate medical education (Pfleiderer B, 2012; Phillips S, 1995; Phillips SP. 2008; Weiss LB, 2000; Doyal L, 2001).

Medicine is constantly changing and so is undergraduate medical education. Medical progress should continuously be evaluated regarding its relevance for incorporation into undergraduate medical curricula. Further, in order to create 'socially relevant and responsive doctors', it is essential to integrate gender in the understanding of health held within the medical community. One way to ensure this integration is through the medical education system (John, Priya, 2015).

The goal of the medical curriculum is to balance the scientific basis of medicine with early clinical experience; offer progressive patient care responsibilities for students, as well as to enhance their independent learning and problem-solving skills. Sustainable Development Goal (SDG) 3 recognizes that gender differences in health outcomes are driven by biological differences and social determinants such as gender roles, access to resources, voice and agency (García-Moreno and Amin 2016). The 2006 WHO Gender, Women and Health (GWH) meeting report documented examples of international efforts at integrating gender studies across all years of the undergraduate medical curricula (WHO, 2006). Increasingly, countries are integrating gender perspective into the undergraduate and postgraduate medical curriculum for last two decades. Incorporating a Gender Perspective in Health (Gender Mainstreaming) means applying all concepts to health and health care so that women and men receive care in accordance with their needs including transgender persons who experience particular health disparities and have specific health care needs. This inclusion of gender-specific analysis in medical trials and the development of gender-sensitive diagnostic and therapeutic indications can have a long-term effect on the bulging costs of medical care (Regitz-Zagrosek 2012).

The World Health Organization (WHO) acknowledges the imperative of integrating gender into medical education specifically in the pre-service-training curriculum (World Health Organization 2007) to reduce gender inequities in health. Health professions education process should

produce doctors who can be able to demonstrate essential competence in rendering comprehensive health care and ensure high quality care with empathy and respect as per needs of the population both for healthy and sick in particular.

Gender inclusion in health has become central and priority concerns of the Government of Bangladesh. A gender strategy paper was developed on 'Gender Equity Strategy (GES)' by the Ministry of Health and Family Welfare (MOHFW), Government of the People's Republic of Bangladesh (GOB) to address the gender-related issues in health, population and nutrition sector (Welfare 2017) to increase health professionals' awareness to achieve better gender equity in health. The present undergraduate medical curriculum in Bangladesh was last revised in 2012 (Haque, Yousuf et al 2015). The Bangladesh Government takes initiative to integrate gender in medical curriculum as a commitment of achieving Sustainable Development Goals (SDG).

Gender-sensitive teaching pays attention to gender differences both in creating syllabus and in class conduct. It means introducing students to gender dimension of the presented contents, including publications that take gender-sensitive approach into the course readings, and giving homework assignments that demand from students to think about gender dimension of the subject. So, it was needed to analysis gender of curricula in medical education. To identify the gender inequalities in medical education, to assess the importance of gender integration into the curriculum, and to develop an action plan for gender-sensitive medical education Department of Public Health and Informatics (DPHI) of Bangabandhu Sheikh Mujib Medical University (BSMMU) conducted a study entitled '**Gender Analysis of Curricula of Medical Education**'.

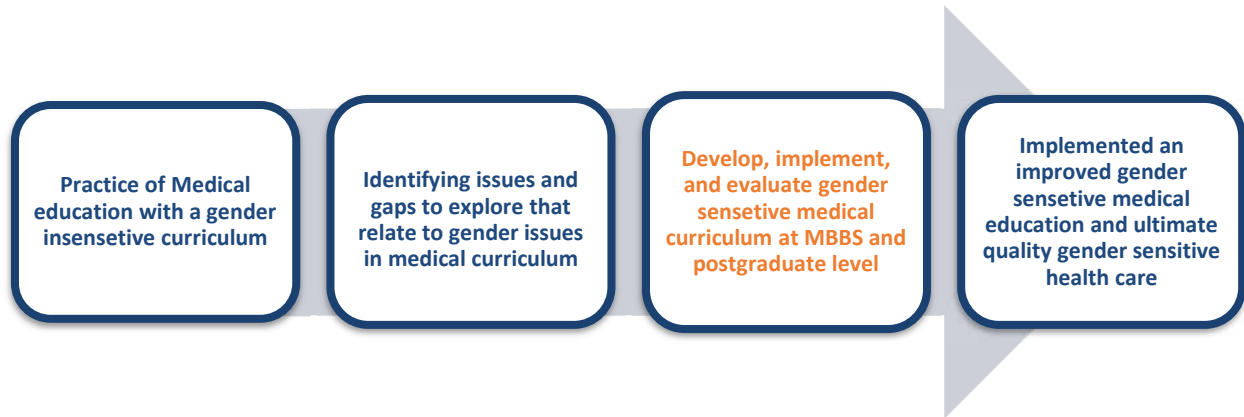
## 1.2 Objectives

The specific objectives of "**Gender Analysis of Curricula of Medical Education**" study were

- To identify and map stakeholders entitled to develop, review and amend medical curricula
- To review existing curricula and determine extent and nature of adherence to gender equity

- To identify areas of improvement across the curriculum to ensure appropriateness of modifications
- To recommend approaches based on the findings to establish consensus on the most effective proposed changes and modalities

**Figure 1 Theory of Change: Gender Sensitive Undergraduate and Postgraduate Medical Study**



## 2. METHODOLOGY

### 2.1 Study Design

A two-phased mixed method approach was used for integrating gender issues in the undergraduate MBBS and BDS medical curricula in Bangladesh. First phase of the study has been conducted in the proposed Recursive Frame Analysis (RFA) from April 2019 to June 2019.

Four key steps of the study are:

- a. Step 1: Identify and map key stakeholders
- b. Step 2: Document analysis: Analysis of MBBS and BDS medical curriculum of Bangladesh and, also selected postgraduate curriculum.
- c. Step 3: Key Informant Interview (KII): Interview of experts who directly involve in reviewing medical curricula to get their opinions on inclusion of gender in medical curricula.
- d. Step 4: Quantitative survey using structured questionnaire: assessment of gender views by healthcare service providers, service recipients and both undergraduate and postgraduate medical and dental students.

#### Step 1: Identify and map key Stakeholder

To develop, review and amend medical curricula all the responsible person who are engaged in developing and reviewing undergraduate and postgraduate medical curricula were identified as a key stakeholder and a list was made (stakeholder list is attached in annexure section).

<b>key Stakeholders</b>	<ul style="list-style-type: none"><li>• Member from medical curricula review committee especially from Bangladesh Medical and Dental Council (BMDC) and Continuous Medical Education (CME)</li><li>• Curriculum review experts – medical professionals, teachers and providers who are involved in the medical curricula review</li><li>• Representative(s) from MOHFW who have/has authority to modify medical curricula</li><li>• Selected teaching staff</li><li>• Selected service providers</li><li>• Selected postgraduate medical students</li><li>• Selected undergraduate medical students</li></ul>
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## **Step 2: Review and analysis of selected key documents**

The present undergraduate medical curriculum in Bangladesh was last revised in 2012 (Haque, Yousuf et al 2015). Gender inclusion in health has become central and priority concerns of the Government of Bangladesh. A gender strategy paper was developed on 'Gender Equity Strategy (GES)' by the Ministry of Health and Family Welfare (MOHFW), Government of the People's Republic of Bangladesh (GOB) to address the gender-related issues in health, population and nutrition sector (Welfare 2017) to increase health professionals' awareness to achieve better gender equity in health. Incorporating a Gender Perspective in Health (Gender Mainstreaming) means applying all concepts to health and health care so that women and men receive care in accordance with their needs including transgender persons who experience particular health disparities, and have specific health care needs.

Guidelines for medical curriculum review is necessary for developing a supportive organizational structure for sex and gender perspectives as well as standardized approach along the general curricular development process. The web-based resources for inclusion of sex and gender in medical curriculum are Gender Awakening Tools proposed by Nieuwenhoven et. al. in 2016; Gendered Innovations Health and Medicine checklist, 2015; Sex and Gender in systematic review : Planning Tools proposed by Doul et. al.in 2011; Toolkit for Gender in EU Funded Research in 2011.

In this report, we worked on systematic strategies for the integration of new aspects like gender perspectives by a change agent and on the extent and quality of curricular implementation which was achieved in reference to the standard M module defined by Verdont et. al., 2005. This standard M modules includes basic steps:

1. A list of disease and issues with sex and gender differences which are to be recognized and explained including risk factors, prevention, development, diagnosis, progression and treatment of disease
2. The incorporation of gender differences into the final block objectives
3. An education that focuses on both biomedical and socio-cultural differences

4. An education on gender differences over the course of several study years
5. A coverage of at least six to eight blocks of the central curriculum
6. The opportunity to select one optional block on sex and gender issues

Both undergraduate curricula of MBBS (2012) and BDS (2012), Curricula for Masters of Public Health and Residency Core curriculum were reviewed by the study team to find out gender gaps in these curricula. A systematic document analysis of these curricula was done. The content has been reviewed for evidence of knowledge on sex and gender differences including men, women and LGBT<sup>1</sup> in different life stages incorporated as pertinent. In general, all written material used for lectures, problem based learning and other teaching materials were inclusive, with appropriate attention paid to both women, men and LGBTs.

<b>Review and analysis of selected key documents</b> <ul style="list-style-type: none"> <li>To explore presence of gender sensitive norms in medical curriculum.</li> </ul>	<ul style="list-style-type: none"> <li>MBBS curriculum (2012)</li> <li>BDS curriculum (2012)</li> <li>Postgraduate curriculum <ul style="list-style-type: none"> <li>-Public Health &amp; Informatics</li> <li>- Residency Core Curriculum</li> </ul> </li> </ul>
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**Step 3: Key Informant Interview (KII):** The study team conducted Key Informant interview (KII) with the leading personnel of relevant medical institutions, departments and others who are directly related with the development of medical curricula of undergraduate and postgraduate studies. The main objective of this interview is to gather enough information for understanding gender enclosure in the existing MBBS and postgraduate curriculum. In the process of this analysis, respondents' involvement would not be treated as subject, rather all would be considered as active contributor at all phases of the research. The process would help rebuild capacity of respondents as gender sensitive.

<sup>1</sup>LGBT is an [acronym](#) connected with [human sexuality](#). It means [lesbian](#), [gay](#), [bisexual](#), and [transgender](#), but it can refer to a [community](#) of people who are not [heterosexual](#) or [cisgender](#). It is a word which has been used since 1990s.

Here, Key informants were divided in two categories considering their involvement with curricula.

- First, administrator who works directly with undergraduate and postgraduate students in the medical institutions,
- Second, Teaching Staff who are involved in teaching to undergraduate and postgraduate study,

From each of the selected study sites, potential study participants were contacted directly, and asked for time from them for Key Informant Interview (KII) before data collection. Pretested data collection tools were used to collect data. Interviews were conducted in Bangla. All KII interviews were audio recorded.

**Step 4: Quantitate survey:** The study team collected opinion about gender in medical curricula from healthcare service providers, service recipients and both undergraduate and postgraduate using structured questionnaire. Quantitative data was collected from medical students from three institutions a. Bangabandhu Sheikh Mujib Medical University (BSMMU), b. Mymensingh Medical College and Hospital (MMCH) and, c. Bangladesh Medical College and Hospital (BMCH) using structured questionnaire.

Medical service providers were interviewed to assess the awareness and need of gender sensitivity while dealing with patients. Medical students were interviewed to see their perception about gender issues and their needs and scopes of incorporating it in the curriculum. Healthcare recipients were treated from these hospitals and were interviewed to explore their idea about issues and parities related to gender in health services.

**2.2 Study population:** Three categories (a. Medical service providers b. Medical students c. Healthcare recipients) of respondents were interviewed during quantitative interviews. During qualitative interviews two categories (a. Teaching staff b. Administrator) of respondents were interviewed

### 2.3 Sampling and sample size:

Data collection techniques	Type and number of Respondents	Total Sample Size
Key Informant Interview	<ul style="list-style-type: none"><li>• Administrative Staff (n=9)</li><li>• Teaching staff (n=6)</li></ul>	Twelve (n=15)
Non-random survey	<ul style="list-style-type: none"><li>• Existing and former health care providers from *three selected medical institutes (n=33)</li><li>• Postgraduate resident students from BSMMU (n=50)</li><li>• Undergraduate medical students from MMCH and BMCH (101)</li><li>• Healthcare service recipients who were treated from these *three hospitals (65)</li></ul>	Two hundred forty nine (n=249)

### 2.4 Study site

Study data were collected from three medical institutions: one medical university, Bangabandhu Sheikh Mujib Medical University (BSMMU) and two medical colleges: Mymensingh Medical College Hospital and Bangladesh Medical College will be included.

### 2.5 Facility Selection Criteria

The research teamwork in three (n=3) facilities to review MBBS and postgraduate curriculum during the project period.

The following **selection criteria** were used:

- a. Both MBBS and postgraduate medical education are available
- b. There is enough teaching staff to ensure continuous gender education.
- c. One Medical University, one public medical College, one private medical college

Based on these above-mentioned criteria, following medical universities and medical colleges were selected as study site: Bangabandhu Sheikh Mujib Medical University (BSMMU), Mymensingh Medical College and Bangladesh Medical College, Dhaka.

**2.6 Data collection tools:** Three different structured questionnaires were used for interviewing three categories of respondents;

- Medical service providers
- Medical students
- Healthcare recipients

The qualitative data was collected through two different KII guidelines;

- One KII guideline for teaching staffs
- One KII guideline for administrators

All data collection tools were developed in English, after that translated into Bangla.

**2.7 Training on data collection tools:** 5 days training was conducted on 18<sup>th</sup> September to 23<sup>rd</sup> September, 2019.

**2.8 Data collection tools development:** For development of data collection tools, literature review was done to explore and identify the relevant indicators and issues. This preliminary indicators and theme will be discussed further with the research team members and development partners to confirm the appropriateness and also to ensure that the items are appropriately capturing all local contexts in Bangladesh.

After process examination, the tools was finalized by the research team through internal meeting and consultation with international level gender specialist, and Ministry of Health and Family Welfare. A workshop on '*Gender Analysis of Curricula of Medical Education: Methodology Validation Workshop*' was held to share the methodology including data collection tools with expert group.

## **2.9 Methodology Validation Workshop:**

On 26th May, 2019 a methodology validation workshop was arranged by the Gender, NGO, Stakeholder Participation Unit, Health Economics Unit, Health Services Division, Ministry of Health and Family Welfare in their premises. Dr. Mohd. Shahadt Hossain Mahmud, Director General, Health Economics Unit, Health Services Division, Ministry of Health and Family Welfare chaired the workshop. In the presence of experts on gender, government official, renowned researchers, teachers and other stakeholders the methodology of the Gender analysis of Medical Curriculum was presented.

**2.10 Pretesting of data collection tools:** All data collection tools were developed in English and translated into Bengali. The quantitative data collection tools were pre-tested in Bangabandhu Sheikh Mujib Medical University and the qualitative data collection tools were pre-tested at Bangladesh Medical College.

The tools were pre-tested to ensure clarity, comprehension and that questions are eliciting the intended information, the process works smoothly; questions will then be revised accordingly. Finally, necessary changes and modifications will be performed for easy understanding of the items.

**2.11 Monitoring data collection activity:** To better understand the effectiveness of the tools, several interviews were undertaken. All the interviews were closely monitored by the research team. Any discrepancies noticed by the team was noted down and discussed in the next training session. Feedbacks were given to minimize the interpersonal variability.

**2.12 Data analysis plan:** Based on the finalized researched tool, a data screen was developed in SPSS and Excel. Data tool development was also a requirement for IRB clearance. Data screen will be reviewed by a statistician prior data entry. Several dummy tables were developed using the data screen to visualize the data analysis plan.

Qualitative data analysis was started with transcription (verbatim) preparation during data collection period. After reviewing transcripts, we prepared code list and revised the code list. From the beginning, thematic analysis was done to understand the inner perspective. Initial

coding of transcripts was conducted and themes were then visually mapped, with the inclusion of quotes, to provide a detailed picture of the information pertaining to each theme that emerged from the interviews.

### **2.13 Preliminary data sharing meeting:**

Preliminary data sharing meeting was held in Mymensingh Medical College, Mymensingh. The meeting was moderated by the Principal, Mymensingh. Honorable Joint Secretary, GNSPU Unit, Health Economics Division, Ministry of Health and Family Welfare was present in the meeting. In Addition, Divisional Director, Civil Surgeon, Teaching Staffs of selective departments and Current Medical Students were present in the meeting. Dr. Fariha Haseen, Principle Investigator, Gender Analysis of Curricula of Medical Education presented the partial findings of this research work in meeting. After presentation the participant of this meeting given their opinion about the importance of gender inclusion in medical curricula.

**2.14 Stakeholders mapping:** We have developed a list of stakeholders. Stakeholders are those who are interested in or can influence the process of integration and implementation of programs. Not all stakeholders are equal.

Stakeholder mapping is a way to learn the perspectives of stakeholders, their affiliation and area they represent, and what interests and/or perspectives they bring to the integration of the program.

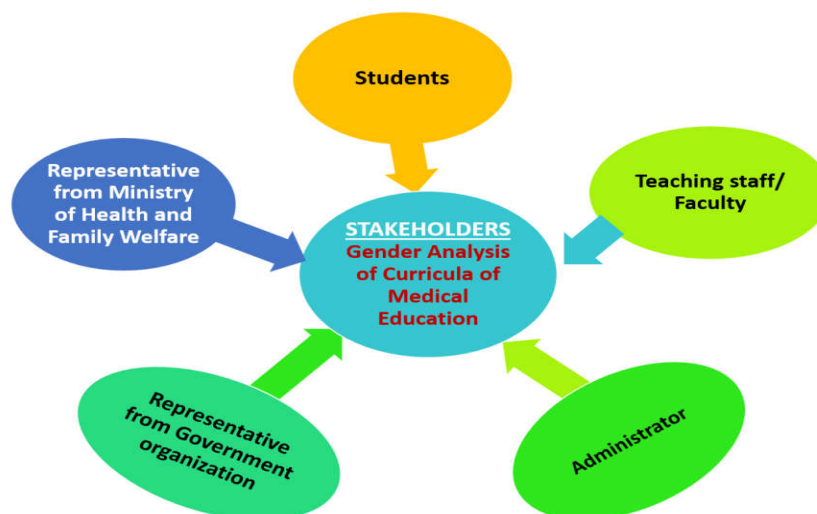
Stakeholder mapping is essential for the success of a project. Stakeholders mapping will help us in better managing stakeholders' expectations. Engaging with key stakeholders will support to get invaluable insights.

#### **2.14.1 Steps of stakeholder mapping:**

- I. **Identify key stakeholders:** To identify key stakeholders in medical curriculum development process, we have considered a list of everyone who may have an interest in the current implementation team's objectives now and potentially in the future. This list was likely to change over time.

- II. **Snowballing technique:** Once these stakeholders have been identified, they were asked on their opinions on whom they consider as stakeholders. In other words, snowballing technique was adopted to identify further participants.
- III. **Analysis stakeholders:** To analyze stakeholder perspectives, interests, roles and engagement in implementation, the following issues were considered-
- What is their organization's mission and primary contribution towards medical curriculum development?
  - What is the desired outcome of their efforts?
  - What motivates their work?
  - What is their capacity to engage implementation?
  - Are they supportive?
- IV. **Map relationship:** To map the relationships between objectives and other stakeholder roles, we have considered how each stakeholder may contribute in helping to achieve incorporation of updated medical curriculum.
- V. **Prioritize level of engagement:** We have prioritized stakeholder engagement. Those with a high level of influence may be prioritized to engage with at the outset of the implementation process.

#### 2.14.2 Stakeholders of 'Gender Analysis of Curricula of Medical Education':





**2.14.3 Stakeholders' role and responsibilities:** Our stakeholder list is consist of the representatives from student, teaching staff/ faculty, administrators, and MOHFW (policy maker). Each group has different role and responsibility.

- I. **Student:** Students are placed in center. Students are the reason a curriculum is developed, and revised, and updated. They are primary stakeholders.
- II. **Teaching staff/ faculty:** Faculty is the ultimate developer, implementer, and evaluator of the curriculum. Seeing the curriculum as a whole and its purpose helps to direct the faculty's activities to carry out the plan, assess its implementation, and recognize the need for revision of the current program, or possibly, development of a new program. When gaps or problems are detected, they will report the observations to the course leader, or coordinator. Faculty responsibilities to bring about curricular change from the course level to governance and administrative approval are reviewed.
- III. **Administrator:** Administrators (e.g. Principle of medical college is administrator etc.) play an important role in shaping medical curricula because they are responsible in the formulation of organizations' vision, philosophy, and missions. They provide necessary leadership in evaluation teaching personnel. Keeping records of curriculum and reporting learning outcomes are also their responsibility
- IV. **Government organization:** Government has a great stake in curriculum implementation. Bangladesh Medical & Dental Council (BM&DC), and
  - a. BMDC: The Bangladesh Medical & Dental Council (BM&DC) is a statutory body with the responsibility of establishing and maintaining high standards of medical education and recognition of medical qualifications in Bangladesh.
  - b. Centre for Medical Education (CME): CME developed, reviewed & updated the curricula (MBBS, BDS, IHT, MATS, HA, SIT etc.) in Bangladesh.These two Government agencies have mandatory and regulatory powers over the implementation of the curricula.
- V. **Policy maker from Ministry of Health and Family Welfare:** This group is considered a key performer. This group has an interest in what is happening. They are likely to have

significant influence and have the power to change and implement strategy. They will also help to ensure successful implementation. Representative from this group will guide research team, oversee the development of new program.

#### 2.14.4 Stakeholder analysis

<b>Type of stakeholder</b>	<b><u>Impact</u></b> How much does the project impact them? (Low, Medium, High)	<b><u>Type of influence</u></b> How much influence do they have? (Low, Medium, High)	<b>How could the stakeholder contribute to the project?</b>
Student	High	Low	Primary stakeholders. Students' opinion about curriculum updating/ revising is important.
Teaching staff/ faculty	Medium to high	Medium	Developer, implementer, and evaluator. They can share their experience to update curricula.
Administrator	Medium to high	Medium	Contribute in shaping medical curricula
Government organizations	Medium	High	Developed, reviewed & updated the curricula. Provide final approval.
Policy maker	Medium	High	Revise and/ or approve policy

**2.15 Ethical consideration:** The study obtained ethical approval from Institutional Review Board (IRB) of BSMMU. During data collection the research team did supervision and monitoring to ensure the ethical issues. Permission to work with the educational institutes was from relevant authorities.

Informed written consent was obtained from all participant before enrolment into the study. Each individual was free to decide either to participate or deny. Each participant was assured that their information will be handled confidentially and they are free to disagree to participate or to drop out from the study at any time. Confidentiality was strictly maintained for study subjects. There was no use of participants' names in the study, so each participant was assigned a study number, which has been used during the study. Consent was also taken for recording of the interviews. All information was kept confidential.

## **2.16 Challenges**

During data collection period team faced some challenges. It was difficult to get time from the respondents of survey, KII. Administrators, and teaching staffs, and students were very busy. Besides them survey was conducted with service recipients after receiving services. After long waiting time, they were not interested to give time for interview. However, after explaining the study objectives and building good rapport with all respondents, this problem was overcome.

In addition, that interviews with service recipient were conducted in outdoor. These places were crowded. So, it was a little bit challenging to ensure privacy during interview. In that case research team tried to ensure privacy as much as possible.

Another challenge was interruption during interviews. As the Key Informants (KIs) were very busy. In that case, team waited until KIs were free.

## 3. RESULT

### 3.1 Curricula review findings

#### 3.1.1 MBBS Curricula review findings

The Undergraduate medical education of Bangladesh comprises five years MBBS course and one year internship training as required by Bangladesh Medical and Dental Council (BMDC) leading to MBBS degree. The curriculum was revised 2012 and is a unique undergraduate curriculum throughout the country in both public and private sectors. The Centre for Medical Education (CME) was responsible for designing the curriculum in accordance with the guideline provided by BMDC and approved by Ministry of Health and Family Welfare (MOHFW). At present, there are 83 medical colleges in Bangladesh, 29 are public and 54 are private medical colleges. Apart from these, there are still six more medical colleges which are run by the armed forces under the ministry of defense.

In addition, Medical Universities in Bangladesh Sheikh Mujib Medical University (BSMMU), Dhaka and Chittagong Medical University have been in operation for quite a long time. Besides, Rajshahi Medical College and Sylhet Medical College have been upgraded as Medical Universities. All medical colleges award MBBS degrees while the Medical Universities and some selected medical colleges confer post-graduate degrees like MS, MD degrees and post-graduate diploma. The course duration and rather archaic curriculum for postgraduate medical education in Bangladesh are challenging hurdles in the way of achieving the global standard.

The term 'Gender' was found only in the introduction segment in 2 places. In page ix, point 2.1.1, "Obtain and record an accurate medical history, including such related issues as age, gender and socio-economic status" under the topic 2 (Information system) is present and in page x, point 3.1.4, "Respect all patients, colleagues and others regardless of their age, color, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sexual orientation or social or economic status" under the topic 3 Gender specific role on doctor patient relationship is present. In the rest of the curriculum, including the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> professional examinations, the word 'Gender' or any information related to 'Gender' was found to be absent.

**Table 1: M.B.B.S. Curricula**

Phase	Duration	Subjects	Examinations
1 <sup>st</sup>	1 ½ year	Anatomy Physiology Biochemistry	First Professional MBBS
2 <sup>nd</sup>	1 year	Community Medicine Forensic Medicine	Second Professional MBBS
3 <sup>rd</sup>	1 year	Pharmacology & Therapeutics Pathology Microbiology	Third Professional MBBS

**3.1.2 BDS Curricula review findings**

Gender related information was found in page 5, 14<sup>th</sup> line on the right side of the paragraph, “Reproductive system, (male, female) under topic 1. But the rest of the curriculum the word ‘Gender’ or any information related to ‘Gender’ was found to be absent.

**Table 2: BDS Curricula**

Phase	Duration	Subjects	Examinations
1 <sup>st</sup>	1 ½ year	Anatomy & Dental Anatomy Physiology, Biochemistry & Science of Dental Materials	First Professional BDS
2 <sup>nd</sup>	1 year	General & Dental Pharmacology Pathology & Microbiology	Second Professional BDS
3 <sup>rd</sup>	1 year	Medicine Surgery Periodontology & Oral Pathology	Third Professional BDS
4 <sup>th</sup>	1 ½ year	Oral & Maxillofacial Surgery Conservative Dentistry & Endodontics Prosthodontics Orthodontics & Dentofacial Orthopedics Pedodontics & Dental Public Health	Final Professional BDS

### **3.1.3 MPH Curricula review findings**

The term 'Gender' was found to be present in the Reproductive and Child Health course in 4 areas. The gender topic was found in page 63 and page 64. Here some important and sensitive issues are found like; discuss the way that gender and socioeconomic status / poverty impact upon sexual reproductive and child health, concept of gender, equity and sexuality, gender issues in sexual and reproductive health and gender-based violence/violence against women. But the rest of the curricula did not have any information of the social differences and roles of Gender issues.

Medical Educational curricula are means of guiding and directing medical students towards developing and expanding their knowledge in medical field along with training and aspiring them to become expert clinicians in future life to serve the nation. Hence, these curricula need regular reviewing and remodeling by experts to match the changing needs of the society. The current undergraduate medical curriculum in Bangladesh was last revised in 2012 (Haque, Yousuf et al 2015).

Certain recent incidents have made gender inclusion in health a central priority concern of the Government of Bangladesh. A gender strategy paper was developed on 'Gender Equity Strategy (GES)' by the Ministry of Health and Family Welfare (MOHFW), Government of the People's Republic of Bangladesh (GOB) to address the gender-related issues in health, population and nutrition sector (Welfare 2017) to increase health professionals' awareness to achieve better gender equity in health. Incorporating a Gender Perspective in Health (Gender Mainstreaming) means applying all concepts to health and health care so that women and men receive care in accordance with their needs including transgender persons who experience particular health disparities, and have specific health care needs. The gender study inclusion is aimed not only to address the SDG goals but also to establish a safe, comfortable and satisfactory health care from both the doctor and patient aspects. It will render the medical students the opportunities to learn to be empathetic towards the patients in a sensitive manner and aid in establishing health for all inclusively. No specific chapter of Gender or Gender related topic present in any year of M.B.B.S. curricula.

**Table 3: MPH (BSMMU) Curricula**

<b>Phase</b>	<b>Duration</b>	<b>Subjects</b>
<b>1<sup>st</sup> Semester</b>	6 months	Principles of epidemiology Research methodology Biostatistics Demography and Population Dynamics Community Medicine Health Promotion, Health Education and Behavioural Science Community Nutrition Reproductive and Child Health Basic Microbiology, Parasitology and Entomology Environmental Health Occupational Health Health Service Management and Policy Health Informatics Bioethics Health Economics
<b>2nd Semester</b>	6 months	Epidemiological Research Methods Data analysis software (SPSS/ STATA/ Epi Info) Advanced and Applied Biostatistics Applied Epidemiology Field Epidemiology Clinical Epidemiology Infectious Disease Epidemiology Major Epidemiologic aspects of NCDs, Mental health and other events
<b>3<sup>rd</sup> Semester</b>	6 months	Thesis protocol development

### **3.1.4 MD Residency (Neonatology and Paediatrics) curricula review findings**

The review of this curricula revealed that it had information of the anatomical and structural differences of sex in certain areas. But there was no information or chapter indicating the social roles and differences of Gender.

**Table 4: MD Residency (Neonatology and Pediatrics) Curricula**

<b>Phase</b>	<b>Subjects</b>
<b>MD Phase A</b>	Paediatrics Paediatric Haematology & Oncology Paediatric Nephrology Paediatric Gastroenterology Neonatology
<b>MD Phase B</b>	Paediatrics Paediatric Haematology & Oncology Paediatric Nephrology Paediatric Gastroenterology Neonatology

**3.1.5 MS Residency (Dentistry) 'Phase A' curricula review findings**

This review also showed presence of the anatomical and structural differences of sex in certain areas. But there was no information or chapter indicating the social roles and differences of Gender.

**Table 5: MS Residency (Dentistry) Phase A**

<b>Block</b>	<b>Specialty</b>	<b>Duration (Months)</b>
<b>1</b>	Orthodontics (Own discipline)	3
<b>2</b>	Children Preventive & Prosthodontics	3
<b>3</b>	Radiology	3
<b>4</b>	Oral & Maxillofacial Surgery	3
<b>5</b>	General Surgery	3
<b>6</b>	Medicine	3
<b>7</b>	Conservative Dentistry	3
<b>8</b>	Assessment	3



### 3.2 Demographic information of the respondents (quantitative survey)

**Table 7: Demographic characteristics of the respondents' (N=249)**

Variables		Service Provider (n=33)	Medical students (n=151)	Service recipient (n=65)
		Frequency (%)	Frequency (%)	Frequency (%)
<b>Age</b> <b>(in years)</b>	<20	0 (0%)	14 (9.3%)	4 (6.15%)
	20-30	5 (15.2%)	111 (73.5%)	31 (47.7%)
	31-40	13 (39.4%)	25 (16.5%)	12 (18.5%)
	>40	15 (45.5%)	1 (0.6%)	18 (27.7%)
<b>Sex</b>	Female	14 (42.4%)	28 (52.0%)	44 (67.7%)
	Male	19 (57.6%)	23 (48.0%)	21 (32.3%)
<b>Institute</b>	BSMMU	10 (30.3%)	50 (32.9%)	22 (33.8%)
	MMCH	10 (30.3%)	51 (33.6%)	22 (33.8%)
	BMCH	13 (39.4%)	50 (32.9%)	21 (32.3%)

Table 7 above demonstrates the demographic characteristics of three types of respondents (service providers, both undergraduate and postgraduate medical students and service recipients).

About 46% service provider were more than 40 years old, 58% were male and 39% data were collected from Bangladesh Medical College and Hospital.

About 74% medical students were within the age ranged (20-30) years, 52% were female and almost equal number of data were collected from three Institutes.

About 48% service recipients were within the age of (20-30) years, 68% were female and almost equal number of data of service recipients were collected from three Institutes.

### 3.3 Gender in medical curricula: Findings from quantitative and qualitative interview

**Table 8: Gender issues discussed in undergraduate and postgraduate curriculum (N=184)**

Variable	Service Provider (n=33)			Medical student (n=151)		
	Frequency (%)			Frequency (%)		
	Yes	No	Don't know	Yes	No	Don't know
<b>Undergraduate curriculum</b>	7(21.2%)	25(75.8%)	1(3.0%)	16(10.6%)	132(87.4%)	3(2.0%)
<b>Postgraduate curriculum</b>	12(36.4%)	13(39.4%)	8(24.2%)	16(10.6%)	135(89.4%)	0 (0%)

In Table 8 showed the findings about whether the respondents (service providers and medical students) had found any “Gender” chapter in their undergraduate and postgraduate medical curriculum.

Among all the service providers about 76% did not find any discussion on “Gender” in undergraduate medical curriculum and 39% did not find discussion on Gender in their postgraduate medical curriculum.

Among all the medical students 87% of them did not find any Gender discussion in undergraduate medical curriculum and about 89% did not find Gender discussion in their postgraduate medical curriculum.

**Table 9: Explanation of sex and gender medicine in current undergraduate medical curriculum (N=184)**

Variable	Service Provider (n=33)			Medical student (n=151)		
	Frequency (%)			Frequency (%)		
	Yes	No	Don't know	Yes	No	Don't know
<b>Discussion on sex and gender medicine</b>	6(18.2%)	23(69.7%)	4(12.1%)	21(13.9%)	122(80.8%)	8(5.3%)

The respondents were asked their opinion about discussion on sex and gender medicine in current undergraduate medical curriculum. Findings are stated in the Table 9.

Findings shows that about 70% service providers and 81% medical students did not think sex and gender medicine are discussed in current undergraduate medical curriculum.

About 18% service providers and 14% medical students mentioned that sex and gender medicine are discussed in current undergraduate medical curriculum but not elaborately explained about this topic.

During qualitative interview, respondents' were asked about gender discussion during teaching related information. All respondents (teaching staff) mentioned that as gender is not included in medical curricula, so gender topic is rarely discussed during teaching. If any issue related to gender is discussed, in that cases besides that topic gender is also discussed in class in a very informal way.

### 3.4 Training on gender

**Table 10: Training on Gender in medical career (N=184)**

Variable	Service Provider (n=33)			Medical student (n=151)		
	Frequency (%)			Frequency (%)		
	Yes	No	Don't know	Yes	No	Don't know
<b>Training on Gender issue</b>	7 (21.2%)	26 (78.8%)	0 (0%)	6(4.0%)	144(95.4%)	1(0.7%)

Table 10 demonstrates the respondent's training information on gender in their medical career. Here about 79% service providers and 95% medical students did not participate in any gender training in their medical career.

Throughout qualitative interview, one of the respondents (teaching staff) participated in a course on gender organized by Department of Public Health and Informatics, BSMMU. Rest of the respondents (teaching staffs) did not participate in any training or orientation on gender. From their working experience e.g. dealing with patients, teaching students they gather knowledge on gender.

### 3.5 Perception regarding gender and sex

**Table 11: Perception of the respondents about Gender (N=249)**

Variables		Service Provider (n=33)	Medical students (n=151)	Service recipient (n=65)
		Frequency (%)	Frequency (%)	Frequency (%)
<b>Heard the word 'Gender'</b>	Yes	33 (100%)	151 (100%)	41 (63.1%)
	No	0 (0%)	0 (0%)	24 (36.9%)
<b>Do you know what is 'Gender'</b>	Yes	33 (100%)	151 (100%)	27 (41.5%)
	No	0 (0%)	0 (0%)	38 (58.5%)
<b>Respondent's perception about 'Gender'</b>	Male and Female	14 (42.4%)	59 (38.8%)	23 (85.2%)
	Male, female and 3rd gender	15 (45.5%)	26 (17.1%)	4 (14.8%)
	Sex	3 (9.1%)	42 (27.6%)	0 (0%)
	Chromosomal determinant	1 (3.0%)	4 (2.6%)	0 (0%)
	Karyotyping	0 (0%)	3 (2.0%)	0 (0%)
	Social phenomenon	0 (0%)	4 (2.6%)	0 (0%)

Table 11 demonstrates respondents' perception about 'Gender'.

All respondents of service providers and medical students mentioned that they heard the word 'Gender' and they know what 'Gender' is. About 63% service recipients mentioned that they heard the word 'Gender' and among them 42% knew what 'Gender' is.

Respondents who answered that they know what 'Gender' is, were asked to explain about their perception on 'Gender'. About 46% service providers, 17% medical students and 15% service recipient explained 'Gender' as 'male, female and 3rd gender'. Among medical students about 39% and among service recipients 85% explained it as 'male and female'.

Qualitative findings reveals that respondents (teaching staffs) were knowledgeable about the basic difference of gender and sex. They experienced the knowledge from their long period of working experience. During the interview with administrators, it was found that majority of them were familiar with the concept of gender and sex. They think that existing social norms, practices creates gender discrimination.

Gender	SEX
According to the respondents, 'Gender' refers to the socially constructed characteristics of women and men e.g. norms, roles and relationships of and between groups of women and men.	According to the respondents, 'Sex' refers to the biological differences between males and females, such as the genitalia and genetic differences.

As one respondent stated,

*"Gender is a social aspect, it depends how society perceives it. Such as; the matriarchal society system (Garo tribe), it's totally different to our patriarchal society." Teaching staff*

One of them mentioned that

*"A male doctor and a female doctor will treat a patient from aspect. Because of different they treat the same patient differently. If a pregnant women came to a doctor for anti natal care (ANC), then a male doctor will give importance only to her physical condition, and he will focus on ANC, hemoglobin level, urine, blood pressure. But a female doctor will give importance on both physical and mental condition."*

### 3.6 Health needs of male and female

**Table 12: Respondent's opinion regarding male and female's health needs (N=249)**

Variables		Service Provider (n=33)	Medical students (n=151)	Service recipient (n=65)
		Frequency (%)	Frequency (%)	Frequency (%)
<b>Health needs</b>	Different	27 (81.8%)	135 (88.8%)	61 (93.8%)
	Equal	6 (18.2%)	16 (10.5%)	4 (6.2%)

Table 12 demonstrates the respondent's opinion regarding health needs of male and female. About 82% service providers, 89% medical students and 94% service recipients thought male and female's health needs are different.

**Table 13: Different health needs of men and women according to respondents (N=249)**

Variables		Service Provider (n=33)		Medical students (n=151)		Service recipient (n=65)	
		Men Frequency (%)	Women Frequency (%)	Men Frequency (%)	Women Frequency (%)	Men Frequency (%)	Women Frequency (%)
<b>Different health needs</b>	Better healthcare	20(74.1%)	18(66.7%)	111(82.2%)	107(79.2%)	53(81.5%)	52(80.0%)
	Privacy and confidentiality	15(55.6%)	24(88.9%)	48(35.5%)	132(97.8%)	18(27.7%)	54(83.1%)
	Maximum time	15(55.6%)	14(51.9%)	64(47.4%)	87(64.4%)	27(41.5%)	25(38.5%)
	Listen attentively their complaints	15(55.6%)	15(55.6%)	68(46.6%)	96(71.1%)	46(70.8%)	50(76.9%)
	Healthcare at minimum cost	15(55.6%)	12(44.4%)	99(73.3%)	84(62.2%)	54(83.1%)	19(29.2%)

**(Multiple responses)**

Respondents who mentioned that men and women have different health needs, among them we have asked about their opinion regarding different health needs of men and women. Findings were stated in Table 13.

Here, about 74% service provider and 82% medical students thought men mostly expect better healthcare as their health needs. About 83% service recipients thought men expect mostly to get healthcare service at minimum cost.

About 89% service providers, 98% medical students and 83% service recipients mentioned that most of the women's health needs is maintaining adequate privacy and confidentiality when they went to hospital for seeking treatment.

### 3.7 Gender discrimination, and its consequence on health system

Figure 1: Gender influence on health (N=249)

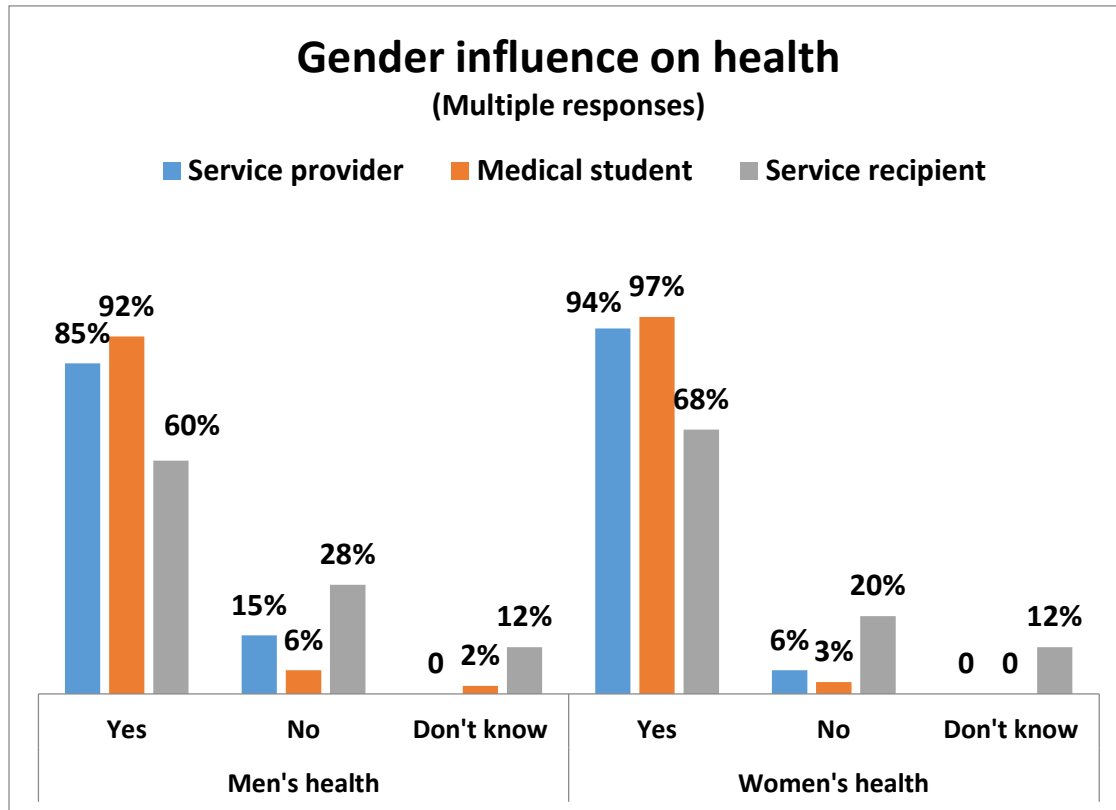


Figure 1 demonstrates the influence of gender on health. About 85% service providers, 92% medical students and 60% service recipients mentioned that gender had influence on men's health. About 94% service providers, 97% medical students and 68% service recipients mentioned that gender had influence on women's health.

**Table 14: Gender influence on healthcare seeking behavior (N=249)**

Variables		Service Provider (n=33)		Medical students (n=151)		Service recipient (n=65)	
		Men	Women	Men	Women	Men	Women
		Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)
<b>Gender influence on health seeking behavior</b>	Informs family about illness	22(71.0%)	2(6.5%)	106(72.6%)	24(16.4%)	40(61.5%)	15(23.1%)
	Not inform family about illness	6(19.4%)	23(74.2%)	34(23.3%)	118(80.8%)	17(26.2%)	44(67.7%)
	Motivated to seek treatment from hospital	19(61.3%)	6(19.4%)	102(69.8%)	24(16.4%)	30(46.2%)	29(44.6%)
	Not motivated to seek treatment from hospital	5(16.1%)	17(54.8%)	22(15.0%)	104(71.2%)	24(36.9%)	25(38.5%)
	Takes treatment from hospital	20(64.5%)	4(12.1%)	90(61.6%)	13(8.9%)	21(32.3%)	15(23.1%)
	Does not take treatment from hospital	5(16.1%)	23(74.2%)	37(25.3%)	128(87.7%)	26(40.0%)	34(52.3%)
	Asks lot of questions regarding illness	9(29.0%)	13(41.9%)	74(50.7%)	58(39.7%)	6(9.2%)	9(13.8%)
	Asks less questions regarding illness	10(32.3%)	6(19.4%)	54(36.9%)	58(39.7%)	6(9.2%)	20(30.8%)



**(Multiple responses)**

Table 14 demonstrates the gender influence on men's and women's healthcare seeking behavior.

Here about 71% service provider, 73% medical students and 62% service recipients mentioned that men mostly inform family about their illness. About 74% service providers and 68% service recipients mentioned that in most of the cases women do not inform family about their illness. About 88% medical students thought that women does not usually take treatment from hospital.

During qualitative interview, most of the respondents (teaching staff and administrators) stated that gender discrimination plays a big role to get equal facility in the society. According to them existing social norms, practices (give more importance to male compare to female due to some believes e.g. some people think that male child will take care of parents in their old age, those who have son are more powerful in the society) creates gender discrimination. Gender discrimination is created by the society, so its pattern varies in different societies.

According to a respondent,

*“Gender is very much related to economic and educational factors”. Teaching staff*

Gender discrimination influences different stages of people's life including providing and receiving medical care. Regarding medical education, all of respondents (qualitative) think that gender scenario has been changed now. Previously most of the students (MBBS) were male but now about 60% females are admitted. But in terms of post-graduate education, scenario is different from graduation level. It was found that in post graduate level majority of female doctors quit studying. Respondents think that family matters are the main reason of females' drop out from post graduate level.

*“The main reason of drop out from post-graduation of female is family”. Administrator*

Besides it was also found that at post-graduation level maximum special subjects are male dominated and female are comfortable in the subjects like obstetrics and gynecology, and pediatrics or basic subjects based on socially constructed gender role. This is very much alarming

issue for medical sector. Security issue for women was mentioned by the administrators. They think that due to security issue some female doctors do not want to go to community level.

Most of the respondents think that till now in our society males are the most privileged group. They think that everyone is getting services from health sectors. But there is a chance that in male dominated society other disadvantaged group may face challenges in receiving health services due to gender discrimination.

Key informants suggested that everyone including transgender need more and equal importance. During service delivery, a patient should be treated according to his or her health care need, not because of their sexual identity.

As one of the respondents stated,

*“We should address gender issue differently and it should be taken into the mainstream discussion.” Teaching staff.*

### 3.8 Gender barriers in accessing health care services

**Table 15: Perceived gender barrier to access healthcare services (N=249)**

Variables		Service Provider (n=33) Frequency (%)	Medical students (n=151) Frequency (%)	Service recipient (n=65) Frequency (%)
<b>Gender barrier to access healthcare</b>	<b>Transportation/ communication</b>	17(58.6%)	98(70.5%)	7(10.8%)
	<b>Standing in queue</b>	12(41.4%)	98(70.5%)	15(23.1%)
	<b>Problems in entering healthcare providers room</b>	7(24.1%)	70(50.4%)	5(7.7%)
	<b>Inadequate separate seating facilities</b>	14(48.3%)	90(64.7%)	17(26.2%)
	<b>Problems in getting separate toilet facilities</b>	15(51.7%)	113(81.3%)	16(24.6%)
	<b>Problems in receiving treatment from male doctors</b>	21(72.4%)	109(78.4%)	28(43.1%)
	<b>Hesitancy of male patients in receiving treatment from female doctors</b>	5(15.2%)	9(6.5%)	0(0%)
	<b>Religious and cultural barrier</b>	3(9.1%)	6(4.3%)	0(0%)

#### (Multiple responses)

Table 15 demonstrates the respondent's perception about gender barrier to access healthcare services.

About 72% service providers and 43% service recipients mentioned that seeking treatment from male doctor is the gender barrier for female patient. About 81% medical students mentioned getting separate toilet facilities is the gender barrier.

Respondents from qualitative survey mentioned that from service providers side there is no discrimination in providing services. Physicians do not judge a patient as a man or women. During qualitative interviews most of the teaching staffs mentioned that during service delivery

physicians' do not discriminate to any patients due to their gender role. In existing health system everyone including transgender and any under privileged group gets equal treatment.

However, few respondents said that they often found that patient preferred to get services from gender matched service provider. According to the teaching staff, health care providers do not have any problem in providing services but female wants to take treatment from female doctor as well as males are comfortable to share problem with male doctor. It is very difficult to arrange equal (male and female) number service provider in hospitals, therefore it may create barrier in accessing health care services. According to respondents -

*"There is no problem in pediatric department. But in skin diseases males always prefer to male doctor. They do not want to visit female doctor." Teaching staff*

*"A female may not be comfortable with male doctor, but she may be comfortable with female doctor." Administrative staff*

*"In case of caesarian section, we provide female gynecologist, female health worker for ANC, but we do not have female anesthetist. Patient demands female anesthetist. There is lack of female anesthetist however we hardly found. Though the patient was educated but had religious perspective. Therefore she wants female service provider." Teaching staff*

It was also found that whenever a male feel ill he come to physicians if he wants to get service. On the other hand it was found that in our society female had to depend on others e.g. father, brother or husband for seeking health care. There is a practice to neglect female health needs in family. Many families did not take proper care of the female members especially for wives. As a result huge number of female are not getting proper treatment due to family members' negligence. This happened due to gender discrimination thought by the respondents.

A respondent stated,

*"Most of the cases husband take the decision of treatment for female, sometimes it causes delay to start treatment. "Teaching staff*

From the administrator's point of view, usually female did not express their health problems initially. The reason for not revealing problem is that women are concerned about their privacy. They think if they share detail information with physicians, it will hamper their privacy. As a result in accessing health care female are behind than male.

*"Female wants to hide their problem. They share half, and rest half they do not express. For this reason, they do not get treatment. Because doctors cannot understand whole situation, they can not understand from where these (health) problem created... Sometimes female think if they tell everything it will ruin her privacy. Another reason is due to religious reason they do not share. "Administrator*

According to some respondents', (administrator) in our country context, male are given more importance than female during health care seeking. They also mentioned that female are not aware about available health facilities compare to man. Some female do not know from where and when they will get treatment. As well they think that economic, educational, social, ethical, religious and cultural context regulated the health seeking behavior and all are influenced by the gender issues.

Most of the respondents (teaching staff) believe that there is a close association between financial ability and receiving medical care. In a family an earning member takes decision in terms of health care. Moreover, it was found that often female members do not express their problems to other family members, as a result other do not realize the problem's intensity. The reason for not revealing a problem is that the women did not want to embarrass anyone by sharing their physical problems.

One of the administrators expressed,

*"The barriers remain in four level; community level, education level, service delivery level, and institutional level. We need to sensitized all levels to minimize the barriers"*

During discussion about transgender issue, it was expected that transgender should not face any problem to get services.

One of the respondents thinks that,

*“Transgender people do not face any problem in getting health care at present structure of health care system, they are getting treatment according to their need. Basically, Urology department of a medical institute deals with the transgender patients.” Teaching staff*

Few respondents mentioned that in the context of Bangladesh, it is difficult for transgender to get easy access in health care. Most of the people including service providers may feel discomfort to serve the transgender. Some of them may have neglected attitude towards them.

One of the key-Informant stated,

*“ Transgender people are the most under privileged group of Bangladesh health care system and it needs more attention to access into health care system of this group of people.” Teaching staff*

One respondent stated,

*“Doctors are not so liberal towards transgender and they are a little bit afraid of them.” Teaching staff*

One of the respondents mentioned that,

*“He got a chance to develop and coordinate all the medical curriculum, but never found anything related to transgender or how to handle transgender.” Admintrator*

At the same time, it was also found that transgender usually hide their identities during taking health service. In most of the cases they usually like to introduce themselves as a woman. So in practice, transgender are rarely seen in service centers.

### 3.9 Integration of ‘Gender’ in medical education

**Table 16: Gender inclusion in medical/dental curricula: Probable effects (N=184)**

Variables		Service Provider (n=33)	Medical students (n=151)
		Frequency (%)	Frequency (%)
Effects	provision of good quality treatment	26(78.8%)	107(70.9%)
	provision of Gender sensitive attitude	24(72.7%)	127(84.1%)
	changes in human behavior	22(66.7%)	107(70.9%)
	service recipients would be satisfied	22(66.7%)	104(68.9%)

<b>service provider would be respectful towards patients</b>	25(75.7%)	124(82.1%)
<b>ensure people's health rights</b>	21(63.6%)	120(79.5%)
<b>work load will increase</b>	7(21.2%)	27(17.9%)
<b>work load will reduce</b>	8(24.2%)	21(13.9%)
<b>no negative effects</b>	20(60.6%)	73(48.3%)

**(Multiple responses)**

Table 16 demonstrates the respondent's thinking about the probable effects of inclusion of 'Gender' in medical/dental curriculum. About 79% service providers mentioned that good quality treatment facilities for patients will be ensured if 'Gender' is included in medical/dental curriculum. About 84% medical students thought that if 'Gender' is included provision of gender sensitive attitude towards patient will be ensured.

**Table 17: Effects of gender inclusion in medical/dental curriculum on health sector (N=184)**

<b>Variables</b>		<b>Service Provider (n=33) Frequency (%)</b>	<b>Medical students (n=151) Frequency (%)</b>
<b>Effects</b>	<b>Yes</b>	27(81.8%)	137(90.7%)
	<b>No</b>	6(18.2%)	9(6.0%)
	<b>Don't know</b>	0(0%)	5(3.3%)
<b>Different types of effects</b>	<b>The quality of healthcare will improve</b>	21(77.8%)	123(81.5%)
	<b>Everyone will get good healthcare services</b>	15(55.6%)	92(60.9%)
	<b>Everyone's rights of receiving health services would be ensured</b>	17(51.5%)	124(82.1%)

**(Multiple responses)**

Table 17 demonstrates the respondent's thinking about effects of gender inclusion in medical/dental curriculum on health sector.

Here, about 82% service providers and 91% medical students thought that if 'Gender' is included in the medical/dental curriculum, it will bring changes in the health sector.

Among them about 78% service providers thought if 'Gender' is included the quality of healthcare service will improve and about 82% medical students mentioned that everyone's rights of receiving health services would be ensured

During the qualitative interview with teaching staff, it was found that gender role influences both medical education, and service delivery. In the context of Bangladesh, having gender knowledge of medical professionals is mandatory as half of the population is women.

According to the respondents, gender based medical education is needed for providing quality services. They think that if we want to provide quality services to all including disadvantaged group, gender knowledge is essential for medical professionals.

As one respondent specified,

*"For managing patients, we need to be gender sensitive otherwise proper dealing is not possible." Teaching staff*

From key informants' point of view counseling is an important component of service delivery. Knowledge on gender will help service providers during counseling. According to teaching staffs, the physicians should learn gender issue from their curriculum. People of different society and different culture come to the service providers for treatment, so the physicians should aware about gender issue. Knowledge about gender will help them in dealing patients.



### 3.10 Way to integrate gender in medical curricula

**Table 18: Suggestion to include Gender in Medical/Dental Curriculum (N=184)**

Variables		Service Provider (n=33)	Medical students (n=151)
		Frequency (%)	Frequency (%)
Suggestion to include gender in curriculum	inclusion in undergraduate medical curriculum	23(69.7%)	97(64.2%)
	inclusion in Community Medicine	7(21.2%)	107(70.8%)
	inclusion in Forensic Medicine	3(9.0%)	86(56.9%)
	inclusion in Behavioral science	29(87.8%)	75(49.7%)
	Inclusion in Public Health	20(60.6%)	56(37.1%)
	training, workshop, symposium, seminar should be arranged for students and intern doctors	26(78.8%)	98(64.9%)
	training for teaching staff	14(42.4%)	32(21.2%)
	inclusion from school level	22(66.7%)	89(58.9%)
	included as concise form and make interesting for students	23(69.7%)	78(51.6%)
	included as a chapter in every medical books and in every year in a concise form	11(33.3%)	67(44.4%)
	Government can create an intention module	27(81.8%)	106(70.2%)
	Government can review medical/ dental curricula	19(57.6%)	96(63.6%)
	Medical colleges can consult with medical/ dental educational curriculum board members	23(69.7%)	104(68.9%)
	Medical colleges can conduct review of medical/ dental curricula	21(63.6%)	105(69.5%)
	Medical colleges can organize 'Gender' oriented meetings	20(60.6%)	104(68.9%)
	There is no scope of inclusion	1(3.0%)	9(5.9%)

#### (Multiple responses)

Table 18 demonstrates the suggestions of respondents regarding inclusion of gender in medical/dental curriculum. About 88% service providers mentioned that 'Gender' should be included as a chapter in Behavioral Science. About 71% medical students suggested that 'Gender' should be added as a chapter in Community Medicine subject.

During qualitative interview all the respondents (both teaching staffs and administrative staffs) mentioned that they think gender issue should be included in the curriculum as a mandatory topic.

According to a respondent,

*“If it is not included into curricula, students will not learn it, gender should be included as an obligatory subject and students have to memorize and write into the exam.” Teaching staff*

Half of the respondents of teaching staff mentioned that gender issue should be included in the text book. Otherwise, the male doctors will not learn about gender. It should be made compulsory to learn about gender issue. One respondent said,

*“I think Davidson text book should include gender issues. Otherwise, the male would not learn about this, if you do not include it in curriculum then they would not learn.” Teaching staff.*

According to the teaching staff, gender topic should be included in the basic course or in the clinical part, it can be included in community medicine or forensic medicine, after that physician will apply their gender related knowledge during clinical work.

*“They will learn gender in basic part. After that when the clinical part will start then they will learn how to apply it. Then an image will create. Application will be different for surgeon, for medicine for skin diseases.” Teaching staff*

Another respondent mentioned,

*“Gender may include in curricula as piloting. If we shall get desired result from piloting, then it will be implemented in the long run.” Teaching Staff*

Respondents (administrators) suggested that gender issue should be included in the curriculum as item, and it should be taught in every year in brief. They think that if we can do that, then medical students will get basic orientation on gender. After that during internship, a practical training or orientation program should be arranged for medical students. They also advised to orient nurses, administrators, paramedics, lab technicians on gender through training. To include

gender in medical curricula, have to include this issue in others health related institutes curricula. Besides medical curricula gender should include in nursing curricula, midwifery curricula, and paramedics. If all are oriented about gender issue then it will be more effective to include gender in health education.

As well as some of them (administrators) also recommended to identify all levels of stakeholders e.g., BMA, SWACHIP etc. organize meetings, seminars with stakeholders, and motivate them to include gender issue.

In addition, that most of the administrators mentioned that gender concept may integrate in some specific subjects (e.g. community medicine, forensic medicine, urology) according to the need. In all clinical setting related education gender has to include.

*“According to importance, some topics like how to handle patients’ gender sensitively, how to deal transgender, how to utilize with the society, how to utilize with the professional life and graduate; need to include in the medical education”, Administrator*

One of the administrators mentioned that,

*“For service providers and other cadres of health system we need to include training regarding gender in the OPs. Government OPs should include gender to aware all health service providers.” Administrator*

### 3.11 Hindering factors to integrate gender in medical curricula

**Table 19: Gender inclusion in medical/dental curricula: Probable challenges (N=184)**

Variables		Service Provider (n=33)	Medical students (n=151)
		Frequency (%)	Frequency (%)
Challenges	The medical curricula itself is huge	12(36.4%)	97(64.2%)
	The subjects of the curricula are very extensive	12(36.4%)	81(53.6%)
	There is no scope in incorporating the concept of ‘Gender’ in medical curricula	2(6.1%)	14(9.3%)
	Inclusion of the concept of ‘Gender’ is not important	0(0%)	5(3.3%)
	Burden for students	4(12.1%)	4(2.6%)
	No challenges	14(42.4%)	27(17.9%)

### (Multiple responses)

Table 19 demonstrates the probable challenges in the process of integration of 'Gender' in medical/dental curriculum that respondents thought. About 42% service providers mentioned that there is no challenges in this process but about 64% medical students thought huge syllabus of medical curricula can be the big challenge of further inclusion of 'Gender' in it.

Majority of the respondents (qualitative) think that integrating gender in medical curriculum will not be so challenging. Society has a culture not to accept a new thing easily, so it may be difficult to change the existing social norms and attitudes at the beginning, but it can be managed with time. Respondents (teaching staffs) think that initially some people may not give importance on that issue, and some of them may not accept it.

Respondents also discussed about another hindering factor. According to them, the existing medical curricula is burdened for students. So, authority may think adding a new issue in existing curricula will add extra burden for medical students.

From administrator perspectives main hindering factor to integrate gender in medical curricula is to coordinate with different divisions. Medical sector is managed by four different divisions' e.g. BMDC control curriculum, university take exam, officials in medical sectors are controlled by ministry. It will be difficult to work together. Beside those administrators mentioned that huge content in existing medical curricula, lack of gender sensitivity, male dominated society can create obstacle to include gender issue in existing curricula.

### 3.12 Suggestion to overcome challenge regarding integrating gender in medical/dental curriculum

**Table 20: Gender inclusion in medical/dental curricula: suggestion regarding overcoming the challenges (N=184)**

Variables		Service Provider (n=33)	Medical students (n=151)
		Frequency (%)	Frequency (%)
Suggestions	Discussion in the health sector	22(66.7%)	111(73.5%)
	Government can play the main role	24(72.7%)	105(69.5%)

<b>Involvement of Non-governmental organization</b>	21(63.6%)	123(81.5%)
<b>Involvement of other regulatory organization</b>	19(57.6%)	95(62.9%)
<b>Advertisement on Gender issue</b>	25(75.7%)	126(83.4%)
<b>Policies for women, men and children friendly environment in medical sector</b>	6(18.2%)	0(0%)

### **(Multiple responses)**

Table 20 demonstrates the suggestions of respondents about how to overcome the challenges regarding integrating 'Gender' in medical/dental curriculum.

About 76% service providers and 83% medical students suggested that more advertisement on gender issue can overcome the challenges.

To revise medical curriculum, key informants (qualitative) emphasized on collaboration among different divisions of health sector. There must be an effort; understanding and participation of all level of authority who are mainly responsible for development and evolution of medical curricula. Here everybody should work in a group. According to administrators, all respective body (e.g. BMDC, BMA, SWACHIP, CME, MOHFW, DGHS, Medical University) need to work together to update/ revise curriculum. Before updating/ revising curriculum need to sensitize all levels of stake holders.

Government's decision is important to make any changes, so there need to take a political decision. Discussion should start from workshop, seminar, medical collage academic level, after that from district and sub district levels. Later need to compile all discussions, and send the report to center, decision will come from DGHS and DGFP and MOHFW.

## 4. CONCLUSION, AND RECOMMENDATIONS

An investment in medical education is legitimized by future benefits for future patients, and puts responsibility on medical schools to actively reflect on this future. Gender bias has been inherent in medical and public health education, research, and clinical practice. *'Gender analysis of Curricula of Medical Education project'* aimed to intervene at the level of education of future healthcare providers so as to contribute to the training of gender-sensitive healthcare professionals who will be able to take up their role in addressing issues through gender lens. It will take some time to completely bring this change in present structure of medical education. *'Gender analysis of Curricula of Medical Education'* has taken an initiative in this regard, and it will bring a significant impact on the medical community and health system. A positive beginning has been made.

Moving forward will require the following initiatives

- All available 'gender differences and gender-based inequities' related evidence need to be reviewed for relevant findings and experiences
- There is a lack of evidence on approaches to, and the impact of integrating gender in health policies and programs and in the training of health professionals, urgent efforts are needed to fill this gap in knowledge through detailed documentation of the existing initiatives.
- Assess and critically evaluate new information, research, policies and programs through a "gender lens": identifying gender biases and gaps; and adopt best practices that incorporate knowledge of sex and gender differences in health and disease.
- Present evidence on the outcome of integrating gender into medical/health professionals' curricula as this is important to gaining support for integrating gender and for sustaining initiatives.
- Involve key stakeholders to support/participate in the program /initiative. Build alliances and create partnerships among individuals and institutions working on integrating gender into medical curricula. Engage students, especially those who recognize the value of this material and who will lobby for more.

- Ensure that gender is included within the curriculum, and in the assessments. If gender topics are not graded in some way students will not be considered as important.
- Develop an outline of the gender module prepared as per plan based on the finding from the study.
- Design new research, develop policies, and arrange programs that integrate gender perspectives and are gender transformative.

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## ANNEXURE

## Annexure 1

## **ANNEX 1.1**

## অবহিত সম্মতিপত্র

This informed consent form is for respondents who are invited to participate in the research titled “Gender Analysis of curricula of Medical Education”.

### ভূমিকা:

আসসালামু আলাইকুম/আদাব, আমার নাম:থখথখথখথখথখথখথখ| আমি ঢাকায় অবস্থিত বঙ্গবন্ধু শেখ মুজিব মেডিকেল বিশ্ববিদ্যালয় (পিজি হাসপাতাল) থেকে এসেছি। মেডিকেলে অধ্যয়নরত অবস্থায় অথবা চিকিৎসাসেবা প্রদানকালে জেভার সহায়ক স্বাস্থ্যসেবা সম্পর্কে আপনার ধারণাটি আমরা জানতে চাই। আমরা ‘এম.বি.বি.এস’ ও ‘পোস্টগ্রাজুয়েট’ মেডিকেল শিড়্গা কার্যক্রমে ও চিকিৎসাসেবা ব্যবস্থায় জেভার সম্পর্কিত বর্তমান তথ্য জানতে চাই। এ তথ্য শুধুমাত্র গবেষণার কাজে ব্যবহার করা হবে এবং গবেষক ও গবেষণা সংশ্লিষ্ট ব্যক্তিগণ ছাড়া অন্য কেউ জানতে পারবে না।

### জরিপের উদ্দেশ্য:

বাংলাদেশের মেডিকেল শিড়্া পাঠ্যক্রমে জেডার সহায়ক তথ্য অর্ন্তভুক্তিকরণের লঙ্ে  
'এম.বি.বি.এস' ও 'পোস্টগ্র্যাজুয়েট' মেডিকেল পাঠ্যক্রমে (কারিকুলাম) বর্তমান জেডার সহায়ক  
স্বাস্থ্যসেবা সম্পর্কিত তথ্য জানা ও চিকিৎাসেবায় এর ভূমিকা নিরন্নপন করা।

জরিপে অংশগ্রহণকারী :

আপনি এই গবেষণায় অংশগ্রহণের জন্য নির্বাচিত হয়েছেন। আমরা মনে করি, একজন অভিজ্ঞ  
শিড়াক / চিকিৎসক / ছাত্র / দায়িত্ববান নাগরিক হিসেবে আপনার অভিজ্ঞতা আমাদের  
গবেষণাকার্যে ফলপ্রসূ হবে।

জরিপে অংশগ্রহণে সম্মত হলে কী করতে হবে:

এই জরিপে নির্বাচিত উত্তরদাতা হিসেবে আপনাকে কিছু বিষয়ে মূল্যবান তথ্য প্রদানের জন্য অনুরোধ করবো। এই সাক্ষাৎকারটি নেওয়ার জন্য আনুমানিক ৪০ থেকে ৬০ মিনিটের মত সময় লাগতে পারে।

### জরিপের ঝুঁকি এবং সুবিধা:

জরিপে অংশগ্রহণ করার কারণে আপনার কোন ঝুঁকির সম্ভাবনা নেই। এটি আপনার কার্যক্রমে কোন ধরনের প্রভাব ফেলবে না।

### গোপনীয়তা:

আপনার দেয়া সকল তথ্য সম্পূর্ণভাবে গোপন রাখা হবে। এ তথ্য শুধুমাত্র গবেষণার কাজে ব্যবহার করা হবে। গবেষক ও গবেষণা সংশ্লিষ্ট ব্যক্তিবর্গ ছাড়া অন্য কেউ তা জানতে পারবে না।

এ জরিপে অংশগ্রহণ সম্পূর্ণভাবে আপনার ইচ্ছার উপর নির্ভর করবে। এর জন্য কোন আর্থিক/ অন্য কোন সুবিধা নেই।

আপনি এই জরিপে অংশগ্রহণ করতেও পারেন নাও পারেন। আপনি অংশ নেবার পরও সিদ্ধান্ত

আপনি কি সাক্ষাৎকারটি দিতে সম্মত আছেন?      হ্যাঁ   ১      না   ২

আমি কি এখন সাক্ষাৎকার নেয়া শুরু করতে পারি?      হ্যাঁ   ১      না   ২

### সাক্ষাৎকার শেষ করলেন

**অংশগ্রহণকারীর নাম:** থথথথথথথথথথথথথথথথথথ      স্বাক্ষর (বা বৃদ্ধাঙ্গুলের ছাপ):

**তারিখ:** থথথথথথথথথথথথথথথথথথ

বদলাতে পারবেন। যদি কোন প্রশ্ন আপনার কাছে বিব্রতকর বা অস্বস্তিকর মনে হয় তবে আপনি উত্তর নাও দিতে পারেন।

## ANNEX 1.2

### Informed Consent Form

This informed consent form is for respondents who we are inviting to participate in research titled “Gender Analysis of Curricula of Medical Education”

Hello. My name is \_\_\_\_\_. I came from Bangabandhu Sheikh Mujib Medical University (BSMMU) of Dhaka. We would like to discuss about I am doing research on the Gender Analysis of curricula of Medical Education which is very important for improving quality of health care in Bangladesh. I would like to ask you some questions about adolescent health, available health service, and adolescent health program. All of the answers you give will be confidential and will not be shared with anyone other than members of our study team. We will be grateful if you take part in this interview.

**Why the study being done:** Quality health care to all in Bangladesh is essential. Government of Bangladesh is keen for gender inclusion in all aspect of health as a priority concern in this regard. We want to learn about the different ways that people try to have gender equity. We also want to know more about local practices in undergraduate and postgraduate medical studies / health care because this knowledge might help us to learn how to better integrate gender in the curricula of medical education. We want to learn what people know about the causes of these disparities and why it happens.

**Who is involved in the study:** You have been selected for this study as a participant. You can help us by telling us what you feel about gender parities during medial education / local health practices in general.

**What will you have to do if you agree to participate:** Since you have been selected as respondents in this interview, I shall be thankful if you provide your valuable response on certain issues. If some questions cause you embarrassment or make you feel uncomfortable, you can refuse to answer them. The discussion usually takes between 15 and 20 minutes to complete.

**What are the risks and benefits of this study:** By providing information you will not have any risk what so ever, rather this will help the government and policy planners.

**Confidentiality:** Whatever information you provide will be kept strictly confidential. It will be used for research purposes and will be seen only by staff and researchers of the survey team.

**Is there any compensation for participating in the study:** Your participation in the study is voluntary and promises no financial benefit.

**Right to refuse or withdraw:** Participation in this interview is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

**Who do I contact if I have a question or problem:** If you wish to know more about your rights as a participant in this survey you may contact with Dr. Fariha Haseen, Associate Professor, Department of Public Health and Informatics, Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka-1000, Cell:01711-066908. ↓

May I begin the interview now?      Yes    1            No    2            END

Participants Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participants Mobile No: \_\_\_\_\_

Name of witness: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person obtaining consent: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Annexure 2

### Guideline for Curricula Review

ANNEX 2



বঙ্গবন্ধু শেখ মুজিব মেডিক্যাল বিশ্ববিদ্যালয়

Bangabandhu Sheikh Mujib Medical University

Shahbag, Dhaka, Bangladesh

### Guideline for Curriculum Review

**Protocol Title:** Gender Analysis of Curricula of Medical Education

#### General Information:

Name of the document	Undergraduate Curricula (MBBS)	1 <sup>st</sup>	
		2 <sup>nd</sup>	
		3 <sup>rd</sup>	
		4 <sup>th</sup>	
		5 <sup>th</sup>	
	Postgraduate Curricula	Public Health	
		Obstetrics and Gynecology	
		Urology	
		Neonatology and Pediatrics	
		Residency core curricula	
Year			
Course / Subject			
Reviewer's name			
Review starting date			
Review ending date			

## **Guideline for Curricula Review (Contd.)**

Guideline for reviewing MBBS and Postgraduate curriculum (Public Health, Obstetrics and Gynecology,-Urology, Neonatology and Pediatrics); whether or not the curricula encompassed any module related to following topics.

### **Topic 1**

Introduction - defines sex (biological) and gender (sociocultural)

### **Topic 2**

Signal and Information Systems - functions that are sexual steroid hormone dependent and gender specific symptoms of diseases

### **Topic 3**

Human Beings and Society

- Reflects on the influence of gender specific roles on the doctor patient relationship

### **Topic 4**

Scientific Approaches

- Explains the strategic planning of a scientific study using the example of new therapies taking aspects like sex, gender, age and comorbidities into consideration

### **Topic 5**

Diseases specific gender influences: explains the possibilities of support and the different needs of the patient taking gender and sex aspects into account; Examples'

- Name the most important psychosocial and gender-specific risk factors for cardiovascular diseases
- Name the clinical forms of manifestation of myocardial infarction including gender-specific differences

- Explain the possibilities of primary prevention of neoplastic diseases taking age and patient gender into consideration
- Explains gender differences on a cellular level for type 2 diabetes mellitus, lung cancer and cardiovascular diseases
- Conducts gender sensitive diagnosis and therapy

## **Topic 6**

### Physiology and Pharmacokinetics

- Explains gender-specific differences in pharmacokinetics
- Explains the gender bias as far as the development of pharmaceuticals and their admission to the market and its possible consequences are concerned
- Explains gender differences in pain perception on an anatomic and functional level

## **Topic 7**

### Scientific Approaches

- Explains gender differences in health behavior
- Takes diversity aspects like gender, age and ethnicity into consideration when interpreting and communicating the study results

## **Additional information :**

### Levels of sex and gender medicine integration into a medical curriculum

1. Single courses involving Sex and gender aspect
2. Multiple stand-alone courses on sex and gender
3. Integration of sex and gender in multiple teaching courses as learning objectives of teaching content
4. Integration of sex and gender in all teaching format throughout the curriculum



5. Integration into assessment

**Annexure 3**  
**Guideline for Qualitative Study**

**ANNEX 3.1**



**বঙ্গবন্ধু শেখ মুজিব মেডিক্যাল বিশ্ববিদ্যালয়**  
**Bangabandhu Sheikh Mujib Medical University**

**Shahbag, Dhaka, Bangladesh**

**Protocol Title: Gender analysis of curricula of Medical Education**

**Key Informants Interview for Teaching Faculty**

ID No:

**Recording basic information of participant and interview**

**The following information should be recorded:**

প্রতিষ্ঠানের নাম	বঙ্গবন্ধু শেখ মেডিকেল বিশ্ববিদ্যালয় (১) বাংলাদেশ মেডিকেল কলেজ (২) ময়মনসিংহ মেডিকেল কলেজ (৩)
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উপকরণ : খাতা, কলম, রেকর্ডার, অনুমতিপত্র

### প্রশ্নমালা

#### প্রশ্ন-১

অনুগ্রহ করে ‘জেভার’ সম্পর্কে আপনার ধারণা/ উপলব্ধি বলুন।

-আপনার মতে জেভার কি, আপনি কি মনে করেন জেভার এবং সেক্স দুটো আলাদা বিষয়?

- আপনি কি মনে করেন আমাদের সমাজ এবং স্বাস্থ্য ব্যবস্থায় জেভার একটি গুরুত্বপূর্ণ বিষয়?

#### প্রশ্ন-২

আপনি কি মনে করেন সাধারণ মানুষ স্বাস্থ্য সেবা গ্রহণের সময় ‘জেভার’ সম্পর্কিত কোন বাঁধার সম্মুখীন হয়?

-যদি ‘হ্যাঁ’ হয় তাহলে বাঁধাগুলো কি কি, দয়া করে উদাহরণ সহ ব্যখ্যা করুন।

-যদি না হয় তাহলে কেন আপনি মনে করছেন কোন বাঁধা নেই? আপনি কি আমাদেরকে উদাহরণ সহ ব্যখ্যা করবেন?

#### প্রশ্ন-৩

আপনি কি ‘জেভার’ সম্পর্কিত কোন প্রশিক্ষণ বা অবহিত করণ সভা (ওরিয়েন্টেশন) পেয়েছেন ?

- যদি নিয়ে থাকেন তবে সেটা কবে, কোথায়, কতদিনের এবং প্রশিক্ষণের মূল বিষয়টি কি ছিল?

#### প্রশ্ন-৪

আপনি কি আপনার পাঠ্যসূচীতে ‘জেভার’ সম্পর্কিত বিষয়ে শিড়ার্থীদের সাথে আলোচনা করেছেন?

- যদি করে থাকেন তাহলে আপনি কিভাবে জেভার বিষয়টি অন্তর্ভুক্ত করেছেন?

-এ ব্যাপারে শিড়ার্থীদের প্রতিক্রিয়া কেমন ছিল?

#### প্রশ্ন-৫

মেডিকেল কলেজের শিড়্গা পাঠ্যক্রমে জেভার বিষটি অল্ৰ্ভূক্ত করণ সম্পর্কে আপনার পরামর্শ কি?

-আপনার মতে, আপনার নিজস্ব ক্লাস সমূহে জেভারের কোন বিষয়টির উপরে বেশী গুরুত্বারোপ করা উচিত?

-আপনার মতে, অন্যান্য ক্লাস সমূহে জেভারের কোন বিষয়টির উপরে বেশী গুরুত্বারোপ করা উচিত?

-আপনি কি মনে করেন, চিকিৎসকদের ক্লিনিকে সেবা দেওয়ার ক্ষেত্রে জেভার বিষয়ক ধারণা থাকা উচিত?

#### প্রশ্ন-৬

আপনার মতে মেডিকেল কলেজের শিড়্গা পাঠ্যক্রমে জেভার অল্ৰ্ভুক্তিকরনে কি কি প্রতিবন্ধকতা রয়েছে এবং এ প্রতিবন্ধকতাগুলো কি করে দূর করা সম্ভব?

-আপনার ক্লাশে জেভার বিষয়টি অল্ৰ্ভুক্তিকরনে কোন বিষয়টি সহযোগিতা করতে পারে?



বঙ্গবন্ধু শেখ মুজিব মেডিক্যাল বিশ্ববিদ্যালয়

Bangabandhu Sheikh Mujib Medical University

Shahbag, Dhaka, Bangladesh

**Protocol Title: Gender analysis of curricula of Medical Education**  
**Key Informants Interview for Teaching Faculty**

ID No:

**Recording basic information of participant and interview**

**The following information should be recorded:**

Name of the Institution	Bangabandhu Sheikh Mujib Medical University (1) Bangladesh Medical College (2) Mymensingh Medical College (3)
Name of Person Interviewed	
Sex	
Age	
Education Level:	
Designation	
Date of interview	
Interview starting time	
Interview ending time	
Recording number of interview	
Interviewer's name	

**Instruction for data collectors**

**All the steps that should be kept in mind:**

- Give thanks to the participant for participating in the discussion
- Introduce yourself (facilitator) and the other members of the team
- Ethical consent: The study will be explained (Moderator or note taker can read out synopsis of study on consent form) and ethical points - these include that their participation is voluntary, that they can refuse to answer any question, that they may

withdraw from the study at any point and that their information will be kept confidential. Participants will be informed that their discussion will be audio recorded and notes will be taken. Moderator will give time for participants to ask any questions. Moderator will collect written consent from participant. Take signature of the respondents at the right place in the consent form

- Write a unique number for the respondent
- Invite respondent in the discussion to talk
- This guideline helps the facilitator understand when he/she has to ask probing question, and will help respondent to provide more information.
- Start discussion on the agenda and to keep in mind about time constraint
- At the end of the discussion, give thanks to the respondent again

**Participants:** Teaching Staff who are involved in teaching to undergraduate and postgraduate study

**Equipment:** Note paper and pens, digital recorder, copies of consent form. Paper copies of KII guideline.

## **Key Informant Interviews Guideline**

### **Questions for teaching staff**

#### **Question 1**

Please share your perception regarding 'gender'.

- What is gender, how is it different from 'sex'?
- Is gender an important issue, do you think? In society? In health care settings?

#### **Question 2**

Do you think people face gender barriers in accessing health care services?

- If yes, what are these barriers? Please explain with example (s).
- If no, why do you think there are no such barriers? Can you explain with example (s)?

#### **Question 3**

Have you received any introductory training or orientation on gender issues?

- If yes, when, where, duration, main topic of the training/ orientation.

#### **Question 4**

Have you introduced any discussion on gender issues in your teaching?

- How do you integrate gender issues in your classes? Which classes?
- What has been the students' response?

#### **Question 5**

What are your suggestions to integrate gender in medical curricula of medical college?

- Which gender issues do you think require more attention in your own classes?
- Which gender issues do you think require more attention in other classes?
- Which gender issues do you think physicians should know about when practicing clinical work?

#### **Question 6**

In your opinion, what are the challenges to integrate gender in medical curricula of medical college and how can we overcome these challenges?

- What would facilitate you integrating gender issues into your classes?





# বঙ্গবন্ধু শেখ মুজিব মেডিক্যাল বিশ্ববিদ্যালয়

## Bangabandhu Sheikh Mujib Medical University

Shahbag, Dhaka, Bangladesh

**Protocol Title: Gender analysis of curricula of Medical Education**  
**Key Informants Interview for Administrator/Representative of MoFHW**

/DGHS/BMDC/CME/ME

ID No:

**Recording basic information of participant and interview**

**The following information should be recorded:**

প্রতিষ্ঠানের নাম	বঙ্গবন্ধু শেখ মেডিকেল বিশ্ববিদ্যালয় (১) বাংলাদেশ মেডিকেল কলেজ (২) ময়মনসিংহ মেডিকেল কলেজ (৩)
স্বাভাৱিক প্রদানকারীর নাম	
লিঙ্গ	
বয়স	
বর্তমান পদবী	
স্বাভাৱিক গ্রহণের তারিখ	
স্বাভাৱিক শুরুর সময়	
স্বাভাৱিক শেষের সময়	
স্বাভাৱিকের রেকর্ডিং নম্বর	
স্বাভাৱিক গ্রহণকারীর নাম	

স্বাভাৱিক গ্রহণকারীদের নির্দেশনা

- অংশগ্রহণকারীকে গবেষণায় অংশ নেবার জন্য ধন্যবাদ দিন।
- নিজের এবং দলের অন্যান্য সদস্যদের পরিচয় দিন।
- নৈতিক সম্মতি :

গবেষণাটি ব্যাখ্যা করা হবে নৈতিকতার আলোকে। তাদের আলোচনাটি অডিও রেকর্ড করা হবে ও সংগ্রহ করা হবে এবং অংশগ্রহণকারী এ ব্যাপারে জ্ঞাত থাকবেন। স্বাভাৱিক অংশগ্রহণকারীকে যে কোন প্রশ্ন করার জন্য সময় দিবেন। স্বাভাৱিক অংশগ্রহণকারীর মৌখিক ও লিখিত অনুমতি সংগ্রহ করবেন। অনুমতি পত্রের নির্ধারিত স্থানে অংশগ্রহণকারীর স্বাক্ষর দিবেন।

- অংশগ্রহণকারীকে নির্দিষ্ট নম্বর প্রদান করবেন।
- অংশগ্রহণকারীকে আলোচনা করার জন্য আহ্বান জানাবেন।
- এই গাইড লাইনটি গবেষণাকার্যে নিয়োজিত ব্যক্তিকে নির্দেশনা দিবে। যদিও তিনি জানেন কখন তথ্য অনুসন্ধানের জন্য প্রশ্ন করতে হবে। সাধারনত এটা অংশগ্রহণকারীকে তথ্য প্রদানে সাহায্য করবে।
- নির্ধারিত বিষয় নিয়ে আলোচনা করা শুরু করুন এবং নির্দিষ্ট সময়ের মধ্যে শেষ করুন।
- আলোচনার শেষে অংশগ্রহণকারীকে ধন্যবাদ দিন।

### অংশগ্রহণকারী :

প্রশাসনিক কর্মকর্তা

### উপকরণ :

খাতা, কলম, রেকর্ডার, অনুমতিপত্র

## প্রশ্নমালা

### প্রশ্ন-১

অনুগ্রহ করে 'জেভার' সম্পর্কে আপনার ধারণা/ উপলব্ধি বলুন।

- আপনি কি মনে করেন মেডিকেল কলেজের শিড়্গা পাঠ্যক্রমে জেভার একটি গুরুত্বপূর্ণ বিষয়?

### প্রশ্ন-২

আপনি কি মনে করেন সাধারণ মানুষ স্বাস্থ্য সেবা গ্রহণের সময় 'জেভার' সম্পর্কিত কোন বাঁধার সম্মুখীন হয়?

-যদি 'হ্যাঁ' হয় তাহলে বাঁধাগুলো কি কি, দয়া করে উদাহরণ সহ ব্যখ্যা করুন।

-যদি না হয় তাহলে কেন আপনি মনে করছেন কোন বাঁধা নেই? আপনি কি আমাদেরকে উদাহরণ সহ ব্যখ্যা করবেন?

### প্রশ্ন-৩

বর্তমান পাঠ্যক্রমে 'জেভার' বিষয়টি অন্তর্ভুক্ত করার কোন প্রয়োজনীয়তা আছে কি?

কোন ধরনের বিষয়গুলো অন্তর্ভুক্ত করা প্রয়োজন, আপনার মতে জেভার বিষয়টি কতটা গুরুত্বপূর্ণ?

আপনি কেন মনে করছেন যে এই বিষয়টি গুরুত্বপূর্ণ/ গুরুত্বপূর্ণ নয়?

আপনি কি মনে করেন এখানে জেভারের কোন বিশেষ বিষয় আছে যেটা কারিকুলামে অন্তর্ভুক্ত করা উচিত?

আপনি কি মনে করেন এখানে জেভারের কোন বিশেষ বিষয় আছে যেটা কারিকুলামে অন্তর্ভুক্ত করা উচিত নয়?

### প্রশ্ন-৪

আপনার মতে মেডিকেল কলেজের শিড়্গা পাঠ্যক্রমে জেভার অন্তর্ভুক্তিকরনে কি কি প্রতিবন্ধকতা রয়েছে?

সাধারণত কি কি ধরনের প্রতিবন্ধকতা থাকতে পারে?

একজন প্রশাসনিক কর্মকর্তা/ স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়ের প্রতিনিধি হিসেবে আপনি কি ধরনের প্রতিবন্ধকতার সম্মুখীন হয়ে থাকেন?

#### প্রশ্ন-৫

মেডিকেল কলেজের শিড়্গা পাঠ্যক্রমে ‘জেভার’ বিষটি কিভাবে অন্সর্ভূক্ত করা সম্ভব?

-জেভার অন্সর্ভূক্তি করার জন্যে কি পরিমাণ ব্যবহারযোগ্য সম্পদ রয়েছে?

- মেডিকেল পাঠ্যক্রমের বর্তমান শিক্ষকদের জেভার প্রশিক্ষণ দেওয়ার সম্ভাব্যতা কী?

-আপনি কি মনে করেন স্বাস্থ্য ব্যবস্থা ও নীতিমালার অন্যান্য ব্যক্তিদের জেভার বিষয়ক প্রশিক্ষণের প্রয়োজন আছে? যদি থাকে তাহলে তারা কারা এবং কেন?

-জেভার বিষয়টি কিভাবে ক্লাসরুমে অন্সর্ভূক্ত করা যেতে পারে প্রত্যেক ক্লাশে/ কিছু ক্লাশে/ বিশেষ ক্লাশে? অনুগ্রহ করে ব্যখ্যা করুন।

#### প্রশ্ন-৬

মেডিকেল কলেজের শিড়্গা পাঠ্যক্রমে জেভার বিষটি অন্সর্ভূক্ত করণে আমরা আপনার অবদানগুলো কিভাবে পেতে পারি?

-আপনি কি মনে করেন যে এটি এমন একটি ভূমিকা যার জন্য আপনার দায়বদ্ধ থাকা উচিত বা না? অনুগ্রহ করে ব্যখ্যা করুন।

-আপনি কতটা সময়/ যোগান (ইনপুট)/ সম্পদ দিতে ইচ্ছুক?



বঙ্গবন্ধু শেখ মুজিব মেডিক্যাল বিশ্ববিদ্যালয়

**Bangabandhu Sheikh Mujib Medical University**

Shahbag, Dhaka, Bangladesh

**Protocol Title: Gender analysis of curricula of Medical Education**

**Key Informants Interview for Administrator/Representative of MoFHW**

**/DGHS/BMDC/CME/ME**

ID No:

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**Recording basic information of participant and interview**

**The following information should be recorded:**

Name of the Institution	Bangabandhu Sheikh Mujib Medical University (1) Bangladesh Medical College (2) Mymensingh Medical College (3)
Name of Person Interviewed	
Sex	
Age	
Current Designation	
Date of interview	
Interview starting time	
Interview ending time	
Recording number of interview	
Interviewer's name	

### **Instruction for data collectors**

#### **All the steps that should be kept in mind:**

- Give thanks to the participant for participating in the discussion
- Introduce yourself (facilitator) and the other members of the team
- Ethical consent: The study will be explained (Moderator or note taker can read out synopsis of study on consent form) and ethical points. Participants will be informed that their discussion will be audio recorded and notes will be taken. Moderator will give time for participants to ask any questions. Moderator will ask for verbal and written consent from participant. Take signature of the respondents at the right place in the consent form
- Write a unique number for the respondent
- Invite respondent in the discussion to talk
- This guideline will guide facilitator. Although the facilitator will understand when he/she has to ask probing question? Generally it will help respondent to provide more information.
- Start discussion on the agenda and to keep in mind about time constraint
- At the end of the discussion, give thanks to the respondent again

**Participants:** Administrator( who works directly with undergraduate and postgraduate students in the medical institutions), and who works on behalf of MOHFW, and certification authority like BMDC, Directorate of Continuous Medical Education and Directorate of medical education.

**Equipment:** Note paper and pens, digital recorder, copies of consent form. Paper copies of KII guideline.

## **Key Informant Interviews Guideline**

### **Questionnaire for Teacher, Service Providers, Administrator and Representative, MOHFW/DGHS/BMDC/CME/ME**

#### Theme 1: Concept of Gender

It is well known that in society gender has its own role which is different from sex of a person. It influences at every stage of human life in almost all aspect and it has effect on health of a person.

Would you please share your opinion why gender is an important issue in health of a person?

#### Theme 2: Gender role in health service utilization

Why gender role is important in health care services?

Do people (male and female) currently experience gender barriers in accessing health care services?

- (If yes) please tell us in brief with few example (s). How these barriers can be overcome?

- (If no) why do you anticipate that there are no barriers? Please give us some example (s).

#### Question 3

Please share your opinion about why gender is an important issue in medical education.

#### Question 4

How do you see the feminization of medical education in Bangladesh and elsewhere?

#### Question 5



Undergraduate (MBBS and BDS) Medical Curricula in Bangladesh are already voluminous and cover a range of different topics. How pertinent is to incorporate gender related information in existing curricula? Why?

#### Question 6

What are the particular gender related topics and/or information you suggest embrace in the existing medical curricula? How? (All classes/Few classes/ Special classes? Single topic/Integrated into other topics?)

#### Question 7

Do you think any gender information that should not be incorporated?

#### Question 8

As per your opinion Who else (providers and staffs) in health systems in Bangladesh require 'Gender education'? What would be procedures?

#### Question 9

What kind of challenges you anticipate integrating 'Gender' in MBBS, BDS AND/OR postgraduate medical curricula?

#### Question 10

How would you define your contribution as an influencer of medical education to integrate 'Gender' in medical curricula?

Annexure 4  
Questionnaire for Quantitative Survey

ANNEX 4.1



**বঙ্গবন্ধু শেখ মুজিব মেডিক্যাল বিশ্ববিদ্যালয়**

**Bangabandhu Sheikh Mujib Medical University**

Shahbag, Dhaka-1000, Bangladesh

**Protocol Title: Gender Analysis of curricula of Medical Education**

Questionnaire for Medical Student

ID No:

**Recording basic information of participant and interview**

**The following information should be recorded:**

প্রতিষ্ঠানের নাম (নোট- যে প্রতিষ্ঠান থেকে তথ্য সংগ্রহ করবেন সে প্রতিষ্ঠানের নামের কোডটি বর্ণায়িত করুন)	বঙ্গবন্ধু শেখ মেডিকেল বিশ্ববিদ্যালয় (১) বাংলাদেশ মেডিকেল কলেজ (২) ময়মনসিংহ মেডিকেল কলেজ (৩)
স্বাক্ষর প্রদানকারীর নাম	
স্বাক্ষর গ্রহণের তারিখ	
স্বাক্ষর গ্রহণের সময়	
স্বাক্ষর শেষের সময়	
স্বাক্ষর গ্রহণকারীর নাম	

μwgK bs	cÖkœ	DËi	‡KvW bs
০১	Avcwb ej‡eb wK eŽgv‡b Avcbvi AvbygvwbK eqm KZ?		<input type="text"/> <input type="text"/>
০২	লিঙ্গ (পর্য‡eঙ‡b Kiæb)	মহিলা ..... 01 cyiæI ..... 02	<input type="text"/> <input type="text"/>
০৩	eZ©gv‡b Avcwb কোন বর্ষে অধ্যয়ন করছেন ?	১ম .....০১ ২য়..... .০২ ৩য় .....০৩ ৪র্থ..... ০৪ ৫ম .....০৫	<input type="text"/> <input type="text"/>
০৪	Avcbvi c`ex wK ?		
০৫	Avcwb wK KL‡bv ‡RÛvi (bvix, cyiæI I Z...Zxq wj‡) kăwU ky‡bঙ‡b ?	nu`v ..... 01 bv ..... 02 জানি না..... ৭৭	<input type="text"/> <input type="text"/>

06	যদি উত্তরটি হ্যাঁ হয়, তবে Avcwb wK Rv#bb #RÜvi (bvix, cyæI I Z...Zxq wjঙ) wK?	nu`v ..... 01 bv ..... 02 জানি না..... ৭৭	<input type="text"/>
07	Avcwb wK ej#eb #RÜvi  (bvix, cyæI I Z...Zxq wjঙ) ej#Z wK #evSvq ?		
08	আপনি কি মনে করেন জেভারের সাথে bvixর স্বাস্থ্যের সম্পর্ক রয়েছে?	nu`v ..... 01 bv ..... 02 জানি না..... ৭৭	<input type="text"/>
09	hw` nu`v nq, wKfv#e #RÜv#ii aviYv bvixর ^v#`"i Dci cÖfve †d#j?  (স্বাভাবিক গ্রহণকারী : DËi, #jv c#o ibvb)	খুবই ভা#লা cÖfve †d#j.....০১  #মটা#মাটি cÖfve †d#j..... ০২  ভা#লা cÖfve †d#j.....০৩  #বশি ভা#লা cÖfve †d#j bv .....04	<input type="text"/>

		<p>খারাপ cÖfve</p> <p>†d‡j.....০৫</p> <p>Ab“vb”.....</p> <p>99</p> <p>(D‡jøL</p> <p>Kiyb.....)</p>			
10	<p>আপনি কি মনে করেন জেভারের</p> <p>সাথে cyiæ‡li স্বাস্থ্যের সম্পর্ক</p> <p>রয়েছে?</p>	<p>nu“v ..... 01</p> <p>bv ..... 02</p> <p>জানি</p> <p>না.....</p> <p>৭৭</p>	<table><tr><td></td><td></td></tr></table>		
11	<p>hw` nu“v nq, wKfv‡e ‡RÛv‡ii aviYv</p> <p>cyiæ‡li “^v‡””i Dci cÖfve †d‡j?</p> <p>(স্বাভাবিক গ্রহণকারী : DËi,‡jv</p> <p>c‡o ibvb)</p>	<p>খুবই ভালো cÖfve</p> <p>†d‡j.....০১</p> <p>‡মটা‡মাটি cÖfve</p> <p>†d‡j..... ০২</p> <p>ভালো cÖfve</p> <p>†d‡j.....০৩</p> <p>‡বশি ভালো cÖfve †d‡j bv</p> <p>.....04</p>	<table><tr><td></td><td></td></tr></table>		

		<p>খারাপ cÖfve</p> <p>†d‡j.....০৫</p> <p>Ab“vb”</p> <p>.....99</p> <p>(D‡jøL Kiyb.....)</p>			
12	<p>আপনি কি মনে করেন, bvix l</p> <p>cyiæ‡li স্বাস্থ্য বিষয়ক চাহিদা</p> <p>আলাদা?</p>	<p>nu“v ..... 01</p> <p>bv ..... 02</p> <p>জানি</p> <p>না..... ৭৭</p>	<table><tr><td></td><td></td></tr></table>		
13	<p>যদি উত্তরটি হ্যাঁ হয়, তবে cyiæ‡li</p> <p>চাহিদাগুলো কি কি ?</p> <p>(স্বাভাৱিক গ্রহণকারী : DËi,‡jv</p> <p>c‡o ïbvb)</p>	<p>গোপনীয়তা রক্ষা</p> <p>করা.....০১</p> <p>‡বশি সময়</p> <p>‡দায়া.....০২</p> <p>কম খর‡চ স্বাস্থ্যসেবা</p> <p>প্রদান.....০৩</p> <p>ভা‡লা ভা‡ব চিকিৎসাসেবা</p> <p>প্রদান.....০৪</p>	<table><tr><td></td><td></td></tr></table>		

		<p>মনোযোগ w`ঐ kথা</p> <p>শোনা.....০৫</p> <p>Ab`vb`</p> <p>.....99</p> <p>(D‡jØL Kiyb.....)</p>			
14।	<p>যদি উত্তরটি হ্যাঁ হয়, bvixi</p> <p>চাহিদাগুলো কি</p> <p>কি?</p> <p>(স্বাভাৱিক গ্ৰহণকাৰী : DËi,‡jv</p> <p>c‡o ïbvb)</p>	<p>গোপনীয়তা রজা</p> <p>করা.....০১</p> <p>‡বশি সময়</p> <p>‡দায়া.....০২</p> <p>কম খর‡চ স্বাস্থ্যসেবা</p> <p>প্ৰদান.....০৩</p> <p>ভা‡লা ভা‡ব চিকিৎসাসেবা</p> <p>প্ৰদান.....০৪</p> <p>মনোযোগ w`ঐ kথা</p> <p>শোনা.....০৫</p> <p>Ab`vb`</p> <p>.....99</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		

		(D‡jøL Kiyb.....)			
15	<p>আপনি কি মনে করেন, অসুস্থতার প্রতিক্রিয়ায় জেভার (bvix, cyiæl I Z...Zxq wj‡) bvix I cyiæ‡li Dci কোন প্রভাব ফেলে </p>	<p>nu"v ..... 01 bv ..... 02</p> <p>জানি না..... ৭৭</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
16	<p>উত্তরটি হ্যাঁ হলে, জেভার (bvix, cyiæl I Z...Zxq wj‡) বিষয়টি অসুস্থতার প্রতিক্রিয়ায়, bvixi Dci কিভাবে প্রভাব ফেলে?</p> <p>(স্বাভা‡কার গ্রহণকারী : DËi,‡jv c‡o ïbvb)</p>	<p>অসুস্থতার কথা পরিবারকে জানায়.....০১</p> <p>অসুস্থতার কথা পরিবারকে জানায় না..... .....০২</p> <p>হাসপাতালে চিকি‡সাসেবা MÖহণ করেতে উৎসাহিত হন.....০৩</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		



		<p>হাসপাতালে চিকিৎসাসেবা  MÖহণ করতে উৎসাহিত হন  না.....০৪</p> <p>হাসপাতালে চিকিৎসাসেবা  MÖহণ  করেন.....  .....০৫</p> <p>খুব অসুস্থ না হলে হাসপাতালে  চিকিৎসাসেবা MÖহণ করেন  না.....০৬</p> <p>অসুস্থতা নিয়ে অনেক cÖkœ  করেন.....০৭</p> <p>অসুস্থতা নিয়ে cÖkœ Kg  করেন.....০৮</p> <p>Ab''vb''  .....99</p> <p>(D‡jøL  Kiyb.....)</p>	
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17।	<p>উত্তরটি হ্যাঁ হলে, জেন্ডার (bvix, cyiæl I Z...Zxq wjঙ) বিষয়টি</p> <p>অসুস্থতার প্রতিক্রিয়ায়, cyiæ#li Dci কিভাবে প্রভাব ফেলে?</p> <p>(স্বাভাবিক গ্রহণকারী : DËi, #jv c#o ïbvb)</p>	<p>অসুস্থতার কথা পরিবারকে জানায়.....০১</p> <p>অসুস্থতার কথা পরিবারকে জানায়</p> <p>না.....০২</p> <p>হাসপাতালে চিকিৎসাসেবা MÖহণ করেতে উৎসাহিত হন.....০৩</p> <p>হাসপাতালে চিকিৎসাসেবা MÖহণ করেতে উৎসাহিত হন না.....০৪</p> <p>হাসপাতালে চিকিৎসাসেবা MÖহণ করেন.....০৫</p>	<table><tr><td></td><td></td></tr></table>		

		<p>খুব অসুস্থ না হলে হাসপাতালে চিকিৎসাসেবা mÖহণ করেন না.....০৬</p> <p>অসুস্থতা নিয়ে অনেক cÖkœ করেন.....০৭</p> <p>অসুস্থতা নিয়ে cÖkœ Kg করেন.....০৮</p> <p>Ab"vb" .....99</p> <p>(D‡jØL Kiyb.....)</p>			
18	<p>hw` DËiwU 'bv' nq, Z‡e wKfv‡e জেভার বিষয়টি bvixi অসুস্থতার Dci c‡fve †d‡j bv ejyb </p> <p>(স্বাভাৱিক গ্রহণকারী : DËi,‡jv c‡o ïbvb)</p>	<p>একই প্রতিক্রিয়া C Lvq.....০১</p> <p>একই প্রতিক্রিয়া C Lvq bv.....০২</p>	<table><tr><td></td><td></td></tr></table>		

		<p>জানি</p> <p>না.....</p> <p>৭৭</p> <p>Ab''vb''</p> <p>.....99</p> <p>(D†jøL Kiyb.....)</p>			
19	<p>hw` DËiwU 'bv' nq, Z†e wKfv†e</p> <p>জেভার বিষয়টি cyia†li অসুস্থতার</p> <p>Dci c³fve †d†j bv ejyb </p> <p>(স্বাভাৱিক গ্ৰহণকাৰী : DËi,†jv</p> <p>c†o ïbvb)</p>	<p>একই প্ৰতিক্ৰিয়া</p> <p>†Lvq.....০১</p> <p>একই প্ৰতিক্ৰিয়া †Lvq</p> <p>bv.....০২</p> <p>জানি</p> <p>না.....</p> <p>৭৭</p> <p>Ab''vb''</p> <p>.....99</p> <p>(D†jøL Kiyb.....)</p>	<table> <tr> <td></td> <td></td> </tr> </table>		

20।	<p>আপনি কি মনে করেন, জৈভারগত</p> <p>(bvix, cyiæl I Z...Zxq wjঙ্গ)</p> <p>অবস্থানের জন্য স্বাস্থ্যসেবা নেওয়ার</p> <p>সময় কোন বাধার সম্মুখীন হতে হয়?</p>	<p>nu"v ..... 01</p> <p>bv ..... 02</p> <p>জানি</p> <p>না.....</p> <p>৭৭</p>	<div></div>
21।	<p>উত্তরটি হ্যাঁ হলে, বাধাগুলো কি কি?</p> <p>(স্বাভাৱিক গ্ৰহণকারী : DËi, ‡jv</p> <p>c‡o ïbvb)</p>	<p>স্বাস্থ্যকেন্দ্রে যাতায়াত ব্যবস্থার</p> <p>অসুবিধা.....</p> <p>.....০১</p> <p>সিরিয়ালে `uvovতে</p> <p>অসুবিধা.....০২</p> <p>সেবা দানকারীর কড়ো ঢুকতে</p> <p>অসুবিধা.....</p> <p>.....০৩</p> <p>আলা`v বসার জায়গার</p> <p>অসুবিধা.....০৪</p> <p>আলা`v টয়লেটের</p> <p>অসুবিধা.....০৫</p>	<div></div>

		<p>Wvজ্ঞার cyiael হলে</p> <p>চিকিৎসাসেবা MÖহণে</p> <p>মহিলােi</p> <p>অসুবিধা.....০৬</p> <p>Ab“vb”</p> <p>.....99</p> <p>(D‡jØL Kiyb.....)</p>			
22।	<p>চিকিৎসাসেবা নেওয়ার সময় নারীর</p> <p>প্রতি কেমন আচরণ করা হয় বলে</p> <p>আপনি মনে করেন?</p> <p>(স্বাভাৱিক গ্রহণকারী : DËi,‡jv</p> <p>c‡o ïbvb)</p>	<p>মনোযোগ w`q kখা শোনা</p> <p>হয়.....০১</p> <p>মনোযোগ w`q kখা শোনা হয়</p> <p>bv.....০২</p> <p>‡বশি সময় ‡দায়া</p> <p>হয়.....০৩</p> <p>কম সময় ‡দায়া</p> <p>হয়.....০৪</p> <p>ভা‡লা ভা‡ব চিকিৎসাসেবা</p> <p>প্রদান করা</p>	<table><tr><td></td><td></td></tr></table>		

		<p>হয়.....</p> <p>.....০৫</p> <p>ভাঃলা ভাঃব চিকিৎসাসেবা প্রদান করা হয়</p> <p>bv.....</p> <p>.....০৬</p> <p>গোপনীয়তা রজা করা হয়</p> <p>.....০৭</p> <p>গোপনীয়তা রজা bv করা হয়</p> <p>bv.....০৮</p> <p>ভাঃলা আচরণ করা</p> <p>হয়.....০৯</p> <p>খারাপ আচরণ করা হয়</p> <p>bv.....১০</p> <p>Ab“vb”</p> <p>.....99</p>	
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		(D†jøl Kiyb.....)	
23	আপনি কি মনে করেন একজন মহিলাকে তার প্রজনন স্বাস্থ্য সংক্রান্ত অধিকার, নিরাপদ গর্ভপাত ও জন্ম নিয়ন্ত্রণ সম্পর্কে জানানো চিকিৎসা পেশার অন্তর্ভুক্ত?	nu"v ..... 01 bv ..... 02 জানি না..... ৭৭	<input type="text"/>
24	আপনার কি জেভার (bvix, cyiael I Z...Zxq wjঙ) সহায়ক চিকিৎসাসেবা সম্পর্কে ধারণা রয়েছে?	nu"v ..... 01 bv ..... 02 জানি না..... ৭৭	<input type="text"/>
25	বর্তমানে জেভার (bvix, cyiael I Z...Zxq wjঙ) সহায়ক স্বাস্থ্যসেবার ক্ষেত্রে কি ধরনের বাধা রয়েছে বলে আপনি মনে করেন?  (স্বাভাবিক গ্রহণকারী : DËi,†jv c†o ibvb)	স্বাস্থ্যসেবা প্রদানকারীর বাধা.....০১  অতিরিক্ত রোগীর চাপ.....০২	<input type="text"/>



		<p>জৈভার সহায়ক `„wófw½i</p> <p>Afve.....03</p> <p>জৈভার সম্পর্কে ধারণার</p> <p>Afve.....04</p> <p>Ab“vb”</p> <p>.....99</p> <p>(D‡jøL</p> <p>Kiyb.....)</p>			
26	<p>আপনি কি মনে করেন, mK‡ji RbJ</p> <p>(bvix, cyiæl I Z...Zxq wjঙ) mgvb</p> <p>স্বাস্থ্যসেবার ব্যব‘v রয়েছে?</p>	<p>nu“v ..... 01</p> <p>bv ..... 02</p> <p>জানি</p> <p>না.....</p> <p>৭৭</p>	<table><tr><td></td><td></td></tr></table>		
27	<p>e“vL“v Kiæb </p>				
28	<p>আপনি কি ‡RÛvi‡K (bvix, cyiæl I</p> <p>Z...Zxq wjঙ) mvgvwRK wba©viK</p> <p>e‡j g‡b K‡ib?</p>	<p>nu“v ..... 01</p> <p>bv ..... 02</p> <p>জানি না.....</p> <p>৭৭</p>	<table><tr><td></td><td></td></tr></table>		

29	e"vL"v Kiæb		
30	বর্তমান মেডিকেল / ডেন্টাল শিড়্গা পাঠ্যক্রমে সেক্স ও জেন্ডার মেডিসিন সম্পর্কে ভালোভাবে শিড়্গাদান করা হয়ে থাকে?	nu"v ..... 01 bv ..... 02 জানি না..... ৭৭	<input type="text"/> <input type="text"/>
31	e"vL"v Kiæb		
32	আপনি কি মনে করেন মেডিকেল / ডেন্টাল কলেজের ছাত্রছাত্রীরা জেন্ডার সহায়ক স্বাস্থ্যসেবা সম্পর্কে অবহিত?	nu"v ..... 01 bv ..... 02 জানি না..... ৭৭	<input type="text"/> <input type="text"/>
33	আপনি কেন মনে করেন, বর্তমান মেডিকেল / ডেন্টাল শিড়্গা পাঠ্যক্রমে সেক্স ও জেন্ডারের পার্থক্য সম্পর্কে তথ্য জানা গুরুত্বপূর্ণ?  (স্বাড়াংকার গ্রহণকারী : DËi, #jv c#o ibvb)	জেন্ডার সহায়ক আচরণ.....০১  উন্নতমানের স্বাস্থ্যসেবা প্রদান.....০২	<input type="text"/> <input type="text"/>

		<p>ভাঃলা wvজার</p> <p>হওয়া.....০৩</p> <p>ভাঃলা gvbyl</p> <p>হওয়া.....০৪</p> <p>জেভার সহায়ক স্বাস্থ্যসেবা</p> <p>প্রদানকারী</p> <p>হওয়া.....</p> <p>.....০৫</p> <p>স্বাস্থ্য বিষয়ক বৈশ্বিক মান</p> <p>AR©b.....06</p> <p>gvbyUi স্বাস্থ্যগত অধিকার</p> <p>রজ্জা</p> <p>করা.....</p> <p>.....০৭</p> <p>কাজের চাপ</p> <p>কমানো.....০৮</p>	
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		রোগীদের প্রতি শ্রদ্ধাশীল  হওয়া.....০৯  Ab“vb”  .....99  (D‡j∅L  Kiyb.....)			
34	আপনি কি মেডিকেল / ডেন্টাল  কলেজে পড়াকালীন সময় জেভার  (bvix, cyiael I Z...Zxq wjঙ) বিষয়ক  কোন অধ্যায় বা পাঠ্যক্রম পেয়েছেন?	nu“v ..... 01  bv ..... 02  জানি না.....  ৭৭	<table><tr><td></td><td></td></tr></table>		
35	আপনি কি উচ্চতর ডিগ্রী অর্জনের  সময় জেভার (bvix, cyiael I Z...Zxq  wjঙ) বিষয়ক কোন অধ্যায় বা  পাঠ্যক্রম পেয়েছেন?  (এম.বি.বি.এস I we.wW.এস  অধ্যয়নরত ছাত্রছাত্রীদের জন্য  প্রযোজ্য নয়)	nu“v ..... 01  bv ..... 02  জানি  না..... ৭৭	<table><tr><td></td><td></td></tr></table>		

36।	<p>আপনি কি মেডিকেল/ ডেন্টাল কলেজে/ বিশ্ববিদ্যালয়ে পড়াকালীন সময় জেভার (bvix, cyiael I Z...Zxq wjঙ) বিষয়ক কোন প্রশিঙাণে অংশগ্রহণ করার সুযোগ পেয়েছিলেন?</p>	<p>nu"v ..... 01</p> <p>bv ..... 02</p> <p>জানি</p> <p>না..... ৭৭</p>	<div></div>
37।	<p>আপনি কি বর্তমান স্বাস্থ্য ব্যবস্থা জেভার (bvix, cyiael I Z...Zxq wjঙ) সহায়ক বলে মনে করেন?</p>	<p>nu"v ..... 01</p> <p>bv ..... 02</p> <p>জানি</p> <p>না..... ৭৭</p>	<div></div>
38।	<p>কিভাবে জেভার (bvix, cyiael I Z...Zxq wjঙ) সহায়ক মেডিকেল / ডেন্টাল শিঙা পাঠ্যক্রম গঠন করা সম্ভব?</p> <p>(স্বাঙাংকার গ্রহণকারী : DËi, #jv c#o ibvb)</p>	<p>জেভার welqwU মেডিকেল/ ডেন্টাল শিঙা পাঠ্যক্রমে অর্ন্তভূক্তি করণ.....০১</p> <p>জেভার welqwU স্বাস্থ্য খাতে আলোচনা</p> <p>করা.....</p> <p>...০২</p>	<div></div>

		<p>জেন্ডার বিষয়ক প্রশিদ্ধাণের আয়োজন করা.....</p> <p>...০৩</p> <p>জেন্ডার বিষয়ক ওয়ার্কশপের আয়োজন করা.....</p> <p>...০৪ Ab"vb"</p> <p>.....99</p> <p>(D†j∅L Kiyb.....)</p>			
39।	<p>মেডিকেল/ ডেন্টাল শিদ্ধা পাঠ্যক্রমে জেন্ডার (bvix, cyiæI I Z...Zxq wjঙ্গ)</p> <p>অর্ন্তভুক্তি করণে মেডিকেল কলেজ/ বিশ্ববিদ্যালয় কি ভূমিকা রাখতে পারে বলে আপনি মনে করেন?</p>	<p>মেডিকেল/ ডেন্টাল শিদ্ধা পাঠ্যক্রম পুনরায় পর্যালোচনা করা.....০১</p> <p>জেন্ডার অর্ন্তভুক্তি করণের প্রয়োজনীয়তা পর্যাবেদ্ধাণ করা.....০২</p>	<table><tr><td></td><td></td></tr></table>		

	<p>(স্বাভাৱিক গ্ৰহণকাৰী : DĖi,†jv c†o ïbvb)</p>	<p>জেন্ডাৰ বিষয়ক মিটিং এৰ আয়োজন কৰা..... .০৩ মেডিকেল/ ডেন্টাল শিড়্গা পাঠ্যক্ৰমেৰ সংশ্লিষ্ট ব্যক্তিবৰ্গেৰ সাথে আলোচনা কৰা..... ০৪ Ab“vb” .....99 (D†jøL Kiyb.....)</p>			
40।	<p>মেডিকেল/ ডেন্টাল শিড়্গা পাঠ্যক্ৰমে জেন্ডাৰ (bvix, cyiæI Z...Zxq wjঙ) অৰ্হভুক্তি কৰণে সৰকাৰেৰ কি ধৰনেৰ সহযোগীতা প্ৰয়োজন?</p>	<p>সৰকাৰেৰ জেন্ডাৰ বিষয়ক মূল ভূমিকা পালন কৰা.....০১ সৰকাৰেৰ প্ৰচাৰকাৰ্য পৰিচালনা</p>	<table><tr><td></td><td></td></tr></table>		

	<p>(স্বাভাৱিক গ্ৰহণকাৰী: DĖi, ‡jv c‡o ibvb)</p>	<p>কৰা.....</p> <p>...০২</p> <p>বেসৰকৰী প্ৰতিষ্ঠানকে অৰ্হভূক্তি কৰা.....</p> <p>..০৩</p> <p>অন্যান্য ব্যবস্থাপনা পরিচালনাকারী প্রতিষ্ঠানকে অৰ্হভূক্তি কৰা.....০৪</p> <p>মেডিকেল/ ডেন্টাল শিঙা পাঠ্যক্রম পুনৰায় পর্যালোচনা কৰা.....০৫</p> <p>মেডিকেল/ ডেন্টাল শিঙা পাঠ্যক্রমে জেভাৰ অৰ্হভূক্তি কৰণেৰ D‡i‡k gwWDj %Zix Kiv.....06</p> <p>cwieZ©b cwigvc Kiv.....07</p>	
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		Ab“vb” .....99  (D‡jØL Kiyb.....)			
41।	আপনার মতে, মেডিকেল/ ডেন্টাল শি‡া পাঠ্যক্রমে জেভার (bvix, cyiæl I Z...Zxq wj‡) welqwU অর্ন্তভূক্তি করনে কি ধরনের চ্যালে‡ রয়েছে?  (স্বা‡াংকার গ্রহণকারী : DËi,‡jv c‡o ïbvb)	মেডিকেল / ডেন্টাল শি‡া পাঠ্যক্রম অতিশয় বড়.....০১  মেডিকেল/ ডেন্টাল শি‡া পাঠ্যক্রমের বিষয়বস্তু অতিশয় বড়.....০২  মেডিকেল/ ডেন্টাল শি‡া পাঠ্যক্রমে জেভার welqwU অর্ন্তভূক্তি করনের কোনো সুযোগ নেই.....০৩  মেডিকেল/ ডেন্টাল শি‡া পাঠ্যক্রমে জেভার welqwU অর্ন্তভূক্তি করা গুরুত্বপূর্ণ	<table><tr><td></td><td></td></tr></table>		



		<p>হবে.....০</p> <p>২</p> <p>উন্নতমানের স্বাস্থ্যসেবার প্রবর্তন.....</p> <p>০৩</p> <p>ব্যক্তি স্বাস্থ্যগত অধিকার রক্ষা</p> <p>হবে.....</p> <p>০৪</p> <p>স্বাস্থ্যসেবা গ্রহণকারীরা সন্তুষ্ট</p> <p>থাকবে.....</p> <p>০৫</p> <p>কাজের চাপ</p> <p>কমবে.....০৬</p>	
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		<p>স্বাস্থ্যসেবা প্রদানকারীরা</p> <p>রোগীদের প্রতি শ্রদ্ধাশীল</p> <p>হবে.....০৭</p> <p>Ab"vb" .....99</p> <p>(D†jøL</p> <p>Kiyb.....)</p>			
44	<p>Avcbvi g†Z, †gwW†Kj/ †W›Uvj</p> <p>wkÿv cvV"μ†g †RÛvi (bvix, cyiæl I</p> <p>Z...Zxq wj½) AšÍ©f~w³i Ki†Y wK wK</p> <p>†bwZevPK cÖfve co†e e†j Avcwb</p> <p>g†b K†ib?</p> <p>(^vÿvrKvi MÖnYKvix : DËi,†jv c†o</p> <p>ïbvb)</p>	<p>^v~"†mev cÖ`vbKvix†`i</p> <p>AvPi†Yi †Kvb cwieZ©b n†e</p> <p>bv.....01</p> <p>RbMY fv†jvfv†e M³nY Ki†e</p> <p>bv.....02</p> <p>Kv†Ri Pvc †e†o</p> <p>hv†e.....03</p> <p>Rvwb bv.....</p> <p>77</p> <p>Ab"vb"</p> <p>.....99</p> <p>(D†jøL</p> <p>Kiyb.....)</p>	<table><tr><td></td><td></td></tr></table>		

45	<p>Avcwb wK g#b K#ib, †gwW#Kj/  †W&gt;Uvj wkÿv cvV"µ#g †RŪvi  (bvix, cyiæl I Z...Zxq wj½)  AšÍ©f~w³KiY eZ©gvb ^v~'"  e"e~'vi †cÖÿvcU cwieZ©b Ki#Z  cv#i?</p>	<p>nu"v .....  01  bv ..... 02  Rvwb bv..... 77</p>	<div></div>
46	<p>DĖiwU nu"v n#j, †gwW#Kj /  †W&gt;Uvj wkÿv cvV"µ#g †RŪvi  AšÍ©f~w³Ki#Yi d#j eZ©gvb ^v~'"  e"e~'vq wK wK cwieZ©b n#Z cv#i?  (^vÿvrKvi MÖnYKvix : DĖi ,#jv c#o  ibvb)</p>	<p>^v~'"#mevi ,bMZgvb  DbæZ  n#e.....0  1  mK#j fv#jv ^v~'"#mev  cv#e.....02  mK#ji ^v~'"#mev MÖn#Yi  AwaKvi iÿv  n#e.....03  Ab"vb"  .....99  (D#jøL  Kiyb.....)</p>	<div></div>





বঙ্গবন্ধু শেখ মুজিব মেডিক্যাল বিশ্ববিদ্যালয়  
Bangabandhu Sheikh Mujib Medical University

Shahbag, Dhaka-1000, Bangladesh

Protocol Title: Gender Analysis of curricula of Medical Education

*ANNEX 4.2*

Questionnaire for Health Medical Student

ID No:

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**Recording basic information of participant and interview**

**The following information should be recorded:**

Name of the Institute  (Note- Circle the code indicating the name of the institute, from which data is collected)	Bangabandhu Sheikh Mujib Medical University (1)  Bangladesh Medical College (2)  Mymensingh Medical College (3)
Name of the Interviewee	
Date of Interview	
Interview starting time	
Interview ending time	
Name of the Interviewer	

Serial No.	Question	Answer	Code No.
1.	Can you please tell me your approximate age?		<input type="text"/> <input type="text"/>
2.	Sex (Please observe)	Female ..... 01  Male ..... 02	<input type="text"/> <input type="text"/>
3.	Which year are you studying in?	1 <sup>st</sup> ..... 01  2 <sup>nd</sup> .....02  3 <sup>rd</sup> .....03  4 <sup>th</sup> .....04  ...5 <sup>th</sup> .....05	<input type="text"/> <input type="text"/>
4.	What is your current designation?		
5.	Have ever heard the word 'Gender' (Male, female and third gender)?	Yes ..... 01  No..... 02  I do not know ..... 77	<input type="text"/> <input type="text"/>
6.	If the answer is yes, then do you know what 'Gender' (Male, female and third gender) is?	Yes ..... 01  No..... 02  I do not know ..... 77	<input type="text"/> <input type="text"/>





7.	Can you please tell me what 'Gender' (Male, female and third gender) means?		
8.	Do you think 'Gender' is related with women's health?	Yes..... 01 No..... 02 I do not know..... 77	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
9.	If the answer is Yes, then how does the idea of 'Gender' have influence on women's health?  (Interviewer: Please read out the answers)	Has very high influence.....01  Has moderate influence..... 02  Has good amount of influence.....03  Does not have that much of good influence .....04  Has a bad influence...05  Others..... 99 (Please mention.....)	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
10.	Do you think 'Gender' is related with men's health?	Yes..... 01 No..... 02	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>

		I do not know..... 77	
11.	<p>If the answer is yes, then how does the concept of 'Gender' have influence on men's health?</p> <p>(Interviewer: Please read out the answers)</p>	<p>Has very high influence.....01</p> <p>Has moderate influence..... 02</p> <p>Has good amount of influence.....03</p> <p>Does not have that much of good influence .....04</p> <p>Has a bad influence...05</p> <p>Others..... 99</p> <p>(Please mention.....)</p>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>
12.	<p>Do you think, men and women have different health related needs?</p>	<p>Yes..... 01</p> <p>No..... 02</p> <p>I do not know..... 77</p>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>
13.	<p>If the answer is yes, then what are men's health related needs?</p> <p>(Interviewer: Please read out the answers)</p>	<p>To maintain privacy and confidentiality..... 01</p> <p>To give maximum time..... 02</p> <p>To provide healthcare at minimum cost..... 03</p>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>

		<p>To provide better healthcare..... 04</p> <p>To listen to the patient attentively..... 05</p> <p>Others..... 99</p> <p>(Please mention.....)</p>	
14.	<p>If the answer is yes, then what are women's health related needs?</p> <p>(Interviewer: Please read out the answers)</p>	<p>To maintain privacy and confidentiality..... 01</p> <p>To give maximum time..... 02</p> <p>To provide healthcare at minimum cost..... 03</p> <p>To provide better healthcare..... 04</p> <p>To listen to the patient attentively..... 05</p> <p>Others..... 99</p> <p>(Please mention.....)</p>	<div> <div></div> <div></div> </div>
15.	<p>Do you think that men and women's responses to ill health are influenced by gender?</p>	<p>Yes..... 01</p> <p>No..... 02</p> <p>I do not know..... 77</p>	<div> <div></div> <div></div> </div>

16.	<p>If the answer is yes, then how does the concept of 'Gender' have influence on women's ill health?</p> <p>(Interviewer: Please read out the answers)</p>	<p>Informs the family about the illness..... 01</p> <p>Does not inform the family about the illness..... 02</p> <p>Gets motivated to seek treatment from the hospital..... 03</p> <p>Does not get motivated to seek treatment from the hospital..... 04</p> <p>Takes treatment from the hospital..... 05</p> <p>Does not take treatment from the hospital..... 06</p> <p>Asks a lot of question regarding the illness...07</p> <p>Asks less questions regarding the illness...08</p> <p>Others..... 99</p> <p>(Please mention.....)</p>	<div data-bbox="1198 558 1386 617"></div>
17.	<p>If the answer is yes, then how does the concept of 'Gender'</p>	<p>Informs the family about the illness..... 01</p>	

	<p>have influence on men’s ill health?</p> <p>(Interviewer: Please read out the answers)</p>	<p>Does not inform the family about the illness..... 02</p> <p>Gets motivated to seek treatment from the hospital..... 03</p> <p>Does not get motivated to seek treatment from the hospital..... 04</p> <p>Takes treatment from the hospital..... 05</p> <p>Does not take treatment from the hospital..... 06</p> <p>Asks a lot of question regarding the illness...07</p> <p>Asks less questions regarding the illness...08</p> <p>Others..... 99</p> <p>(Please mention.....)</p>			
18.	<p>If the answer is no, then tell me how it does not have influence on the ill health of women.</p>	<p>Shows same influence..... 01</p> <p>Does not show the same influence..... 02</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		

	(Interviewer: Please read out the answers)	I do not know..... 77  Others..... 99  (Please mention.....)			
19.	If the answer is no, then tell me how it does not have influence on the ill health of men.  (Interviewer: Please read out the answers)	Shows same influence..... 01  Does not show the same influence..... 02  I do not know..... 77  Others..... 99  (Please mention.....)	<table><tr><td></td><td></td></tr></table>		
20.	Do you think that people face 'Gender' (Male, female and third gender) related barriers to access health care services?	Yes..... 01  No..... 02  I do not know..... 77	<table><tr><td></td><td></td></tr></table>		
21.	If yes, what are the barriers?  (Interviewer: Please read out the answers)	Problem in getting transportation to healthcare center..... 01  Problem in standing in the queue..... 02			

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		<p>Problem in entering the room of the healthcare provide..... 03</p> <p>Inadequate separate seating facilities ..... 04</p> <p>Problem in getting separate toilet..... 05</p> <p>If the doctor is male, then problem for the female patients in receiving treatment... 06</p> <p>Others..... 99</p> <p>(Please mention.....)</p>			
22.	<p>How do you think the women are treated while receiving treatment?</p> <p>(Interviewer: Please read out the answers)</p>	<p>They are attentively listened to..... 01</p> <p>They are not attentively listened to..... 02</p> <p>They are given much time..... 03</p> <p>They are given less amount of time..... 04</p> <p>They are given proper treatment..... 05</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		



		<p>They are not given proper treatment..... 06</p> <p>Privacy and confidentiality is maintained..... 07</p> <p>Privacy and confidentiality is not maintained..... 08</p> <p>They are treated well..... 09</p> <p>They are treated rudely..... 10</p> <p>Others..... 99</p> <p>(Please mention.....)</p>	
23.	Do you think that counseling of a woman about issues like reproductive right, safe abortion and contraceptive is a part of medical professional job?	<p>Yes..... 01</p> <p>No..... 02</p> <p>I do not know..... 77</p>	<div> <div></div> <div></div> </div>
24.	Do you have any idea about 'Gender sensitive' healthcare?	<p>Yes..... 01</p> <p>No..... 02</p> <p>I do not know..... 77</p>	<div> <div></div> <div></div> </div>

25.	<p>According to you what are the existing barriers regarding the provision of 'Gender' (Male, female and third gender) sensitive health care?</p> <p>(Interviewer: Please read out the answers)</p>	<p>Barriers for healthcare provider..... 01</p> <p>Rush of excessive patients..... 02</p> <p>Lack of 'Gender sensitive' perspective...03</p> <p>Lack of knowledge about 'Gender' ..... 04</p> <p>Others..... 99</p> <p>(Please mention.....)</p>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>
26.	<p>Do you think that, there is provision of equal healthcare for everyone (Male, female and third gender)?</p>	<p>Yes..... 01</p> <p>No..... 02</p> <p>I do not know..... 77</p>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>
27.	<p>Please explain</p>		
28.	<p>Do you think that gender is a social determinant of health?</p>	<p>Yes..... 01</p> <p>No..... 02</p> <p>I do not know..... 77</p>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>
29.	<p>Please explain.</p>		

30.	Do you think that present medical/ dental curriculum has given better understanding of sex and gender medicine?	Yes..... 01 No..... 02 I do not know..... 99	<div> <div></div> <div></div> </div>
31.	Please explain.		
32.	Do you think that medical/ dental students have idea about 'Gender sensitive healthcare'?	Yes..... 01 No..... 02 I do not know..... 99	<div> <div></div> <div></div> </div>
33.	Why do you think it is important to have knowledge about the difference between 'Sex' and 'Gender' in the current medical/ dental curricula?  (Interviewer: Please read out the answers)	Gender sensitive attitude..... 01 To provide better quality health service..... 02 To be a better doctor..03 To be a better human being..... 04	<div> <div></div> <div></div> </div>

		<p>To be able to provide gender sensitive health services..... 05</p> <p>To attain health related global standard..... 06</p> <p>To ensure people's health related rights... 07</p> <p>To reduce workload... 08</p> <p>To be respectful towards the patients..... 09</p> <p>Others..... 99</p> <p>(Please mention.....)</p>	
34.	<p>Have you had any chapter or orientation on 'Gender' (Male, female and third gender) issues in your medical/ dental academic curricula?</p>	<p>Yes..... 01</p> <p>No..... 02</p> <p>I do not know..... 99</p>	<div> <div></div> <div></div> </div>
35.	<p>Have you had any chapter or orientation on gender issues in your postgraduate academic curricula?</p> <p>(Not applicable for M.B.B.S and B.D.S. students)</p>	<p>Yes..... 01</p> <p>No..... 02</p> <p>I do not know..... 99</p>	<div> <div></div> <div></div> </div>

36.	Have you received any training on 'Gender' related issues while being in medical/ dental college/ university?	Yes..... 01 No..... 02 I do not know..... 99	<div> <div></div> <div></div> </div>
37.	Do you think our current health system is 'Gender' (Male, female and third gender) sensitive?	Yes..... 01 No..... 02 I do not know..... 99	<div> <div></div> <div></div> </div>
38.	How is it possible to establish 'Gender (Male, female and third gender) sensitive' medical/ dental curricula?  (Interviewer: Please read out the answers)	By including this concept in medical/ dental academic curricula.... 01  By having discussion about the concept of 'Gender' within the health sector..... 02  By organizing 'Gender' oriented trainings..... 03  By organizing 'Gender' oriented workshops... 04  Others..... 99  (Please mention.....)	<div> <div></div> <div></div> </div>
39.	What do you think is the role of medical/ dental college to integrate 'Gender' (Male, female and third gender) in	By conducting review of medical/ dental curricula..... 01	<div> <div></div> <div></div> </div>


	<p>the curricula of medical/ dental college?</p> <p>(Interviewer: Please read out the answers)</p>	<p>By observing the importance of ‘Gender’ inclusion..... 02</p> <p>By organizing ‘Gender’ oriented meetings..... 03</p> <p>By consulting with medical/ dental educational curriculum board members..... 04</p> <p>Others..... 99</p> <p>(Please mention.....)</p>			
40.	<p>What kind of assistance is needed from the government to integrate ‘Gender’ (Male, female and third gender) in medical/ dental curricula of medical/ dental college?</p> <p>(Interviewer: Please read out the answers)</p>	<p>Government playing the main role in ‘Gender’ related issues..... 01</p> <p>Government conducting advertisement of ‘Gender’ related issues..... 02</p> <p>By including non-government organizations in these acts..... 03</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		

		<p>By including other regulatory organizations..... 04</p> <p>By reviewing medical/dental curricula..... 05</p> <p>By creating intention module of ‘Gender’ inclusion in medical/dental curricula..... 06</p> <p>By measuring the change..... 07</p> <p>Others..... 99</p> <p>(Please mention.....)</p>	
41.	<p>In your opinion, what are the challenges to integrate ‘Gender’ (Male, female and third gender) in medical curricula?</p> <p>(Interviewer: Please read out the answers)</p>	<p>The medical curricula itself is huge..... 01</p> <p>The subjects of the curricula are very extensive..... 02</p> <p>There is no scope in incorporating the concept of ‘Gender’ in medical curricula..... 03</p>	<div> <div></div> <div></div> </div>

		<p>Inclusion of the concept of 'Gender' is not important..... 04</p> <p>Others..... 99</p> <p>(Please mention.....)</p>			
42.	<p>What is your opinion/ suggestion regarding 'Gender' (Male, female and third gender) inclusion in medical curricula?</p>				
43.	<p>What are the positive effects of 'Gender' (Male, female and third gender) inclusion in medical curricula?</p> <p>(Interviewer: Please read out the answers)</p>	<p>It will bring change in human behavior..... 01</p> <p>It will bring change in 'Gender sensitive' attitude..... 02</p> <p>It will provide provision of good quality treatment..... 03</p> <p>It will ensure people's health rights..... 04</p> <p>Health service recipients would be satisfied..... 05</p> <p>Work load would be reduced..... 06</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		



		<p>The health service providers would be respectful towards the patients..... 07</p> <p>Others..... 08</p> <p>(Please mention.....)</p>	
44.	<p>What are the Negative effects of 'Gender' (Male, female and third gender) inclusion in medical curricula?</p> <p>(Interviewer: Please read out the answers)</p>	<p>There will be no change in the attitude of health service providers..... 01</p> <p>People will not take it positively..... 02</p> <p>The work load will increase..... 03</p> <p>I do not know..... 04</p> <p>Others..... 99</p> <p>(Please mention.....)</p>	<div> <div></div> <div></div> </div>
45.	<p>Do you think, inclusion of 'Gender' (Male, female and third gender) in medical curricula can bring changes in the present situation of our healthcare system by?</p>	<p>Yes..... 01</p> <p>No..... 02</p> <p>I do not know..... 99</p>	<div> <div></div> <div></div> </div>

46.	<p>If the answer is yes, then what changes in health system can be brought by the inclusion of 'Gender' (Male, female and third gender) in medical/ dental curricula?</p> <p>(Interviewer: Please read out the answers)</p>	<p>The quality of health service will change..... 01</p> <p>Everyone will get satisfactory health services..... 02</p> <p>Everyone's rights of receiving health services would be ensured..... 03</p> <p>Others.....99</p> <p>(Please mention.....)</p>	
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বঙ্গবন্ধু শেখ মুজিব মেডিক্যাল বিশ্ববিদ্যালয়  
Bangabandhu Sheikh Mujib Medical University

ANNEX 4.3

Shahbag, Dhaka-1000, Bangladesh

**Protocol Title: Gender Analysis of curricula of Medical Education**

**Questionnaire for Health Care Recipient**

ID No:

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**Recording basic information of participant and interview**

**The following information should be recorded:**

প্রতিষ্ঠানের নাম	বঙ্গবন্ধু শেখ মেডিকেল বিশ্ববিদ্যালয় (১) বাংলাদেশ মেডিকেল কলেজ (২) ময়মনসিংহ মেডিকেল কলেজ (৩)
স্বাড়াংকার প্রদানকারীর নাম	
স্বাড়াংকার গ্রহণের তারিখ	
স্বাড়াংকার শুরুর সময়	
স্বাড়াংকার শেষের সময়	
স্বাড়াংকারের সিরিয়াল নম্বর	

স্বাভাৱিক গ্ৰহণকাৰীৰ নাম	
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μwgK bs	cÖkœ	DĖi	‡KvW bs
○১	Avcwb ej‡eb wK eŽgv‡b Avcbvi AvbygvwbK eqm KZ? (wjLyb)	<div></div>	
○২	লিঙ্গ (পর্যবেক্ষণ Kiæb)	মহিলা ..... 01 cyiael ..... 02	<div></div>
○৩	Avcwb KZ`~i †jLvcov K‡i‡Qb?	KL‡bv `cz‡j hvb bvB .....01 cÖv_wgK .....02 gva`wgK .....03 D”P gva`wgK .....04 `œvZK .....05 `œvZ‡KvĖi .....06 Ab`vb` .....99 (D‡jØL Kiyb.....)	<div></div>
○৪	eŽgv‡b Avcwb wK K‡ib (†ckv)?	M,,wnbx .....01 PvKzwiRxex .....02 e`emv .....03 w`b-gRyi .....04	<div></div>

		<p>Aemi cÖvcl..... 05</p> <p>Ab"vb" .....99</p> <p>(D†jØL Kiyb.....)</p>	
০৫	<p>Avcwb wK KL†bv †RÛvi (bvix, cyiæl I Z...Zxq wjঞ) kãwU ky†bছেb ?</p>	<p>nu"v ..... 01</p> <p>bv ..... 02</p> <p>জানি</p> <p>না.....</p> <p>৭৭</p>	<div></div>
06	<p>যদি উত্তরটি হ্যাঁ হয়, তবে Avcwb wK Rv†bb †RÛvi (bvix, cyiæl I Z...Zxq wjঞ) wK?</p>	<p>nu"v ..... 01</p> <p>bv ..... 02</p> <p>জানি</p> <p>না.....</p> <p>৭৭</p>	<div></div>
07	<p>Avcwb wK ej†eb †RÛvi (bvix, cyiæl I Z...Zxq wjঞ) ej†Z wK †evSvq ?</p>		
08	<p>আপনি কি মনে করেন জেভারের সাথে bvixর স্বাস্থ্যের সম্পর্ক রয়েছে?</p>	<p>nu"v ..... 01</p> <p>bv ..... 02</p>	<div></div>

		জানি না..... ৭৭			
09	hw` nu`v nq, wKfv#e #RÜv#ii aviYv bvixর ^v#~`i Dci cÖfve †d#j?	খুবই ভা#লা cÖfve †d#j.....০১  #মটা#মাটি cÖfve †d#j..... ০২  ভা#লা cÖfve †d#j.....০৩  #বশি ভা#লা cÖfve †d#j bv .....04  খারাপ cÖfve †d#j.....০৫ Ab`vb` .....99  (D#jøL Kiyb.....)	<table><tr><td></td><td></td></tr></table>		

10।	আপনি কি মনে করেন জেভারের সাথে cyiæ#li স্বাস্থ্যের সম্পর্ক রয়েছে?	nu"v ..... 01 bv ..... 02 জানি না..... ৭৭	<input type="text"/>
11।	hw` nu"v nq, wKfv#e #RÜv#ii aviYv cyiæ#li ~^v#~"i Dci cÖfve †d#j?	খুবই ভা#লা cÖfve †d#j.....০১  #মটা#মাটি cÖfve †d#j..... ০২  ভা#লা cÖfve †d#j.....০৩  #বশি ভা#লা cÖfve †d#j bv .....04  খারাপ cÖfve †d#j.....০৫  Ab"vb" .....99	<input type="text"/>



		(D†jøL Kiyb.....)			
12	আপনি কি মনে করেন, bvix l  cyiaë†li স্বাস্থ্য বিষয়ক চাহিদা  আলাদা?	nu"v ..... 01  bv ..... 02  জানি  না.....  ৭৭	<table><tr><td></td><td></td></tr></table>		
13	যদি উত্তরটি হ্যাঁ হয়, তবে cyiaë†li  চাহিদাগুলো কি কি ?	গোপনীয়তা রুজু  করা.....০১  ‡বশি সময়  ‡দায়ী.....০২  কম খর‡চ স্বাস্থ্যসেবা  প্রদান.....০৩  ভা‡লা ভা‡ব চিকিৎসাসেবা  প্রদান.....০৪  মনোযোগ w`ঐ কথা  শোনা.....০৫	<table><tr><td></td><td></td></tr></table>		

		Ab"vb" .....99 (D‡jøL Kiyb.....)			
14।	যদি উত্তরটি হ্যাঁ হয়, নারীর চাহিদাগুলো কি কি ?	গোপনীয়তা রুজু করা.....০১ ‡বশি সময় ‡দায়ী.....০২ কম খর‡চ স্বাস্থ্যসেবা প্রদান.....০৩ ভা‡লা ভা‡ব চিকিৎসাসেবা প্রদান.....০৪ মনোযোগ w`ঐ kখা শৌনা.....০৫ Ab"vb" .....99 (D‡jøL Kiyb.....)	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		

১৫।	<p>আপনি কি মনে করেন,</p> <p>অসুস্থতার প্রতিক্রিয়ায় জেভার</p> <p>(bvix, cyiael I Z...Zxq wjঙ) bvix I</p> <p>cyiaelI Dci কোন প্রভাব ফেলে?</p>	<p>nu"v</p> <p>..... 01</p> <p>bv .....</p> <p>02</p> <p>জানি</p> <p>না.....</p> <p>. ৭৭</p>	<div></div>
16।	<p>উত্তরটি হ্যাঁ হলে, জেভার (নারী,</p> <p>পুরুষ ও তৃতীয় লিঙ্গ) বিষয়টি</p> <p>অসুস্থতার প্রতিক্রিয়ায়,</p> <p>নারীর উপর কিভাবে প্রভাব</p> <p>ফেলে?</p>	<p>অসুস্থতার কথা পরিবারকে</p> <p>জানায়.....০১</p> <p>অসুস্থতার কথা পরিবারকে</p> <p>জানায়</p> <p>না.....</p> <p>.....০২</p> <p>হাসপাতালে চিকিৎসাসেবা</p> <p>möহণ করতে উৎসাহিত</p> <p>হন.....০৩</p> <p>হাসপাতালে চিকিৎসাসেবা</p> <p>möহণ করতে উৎসাহিত হন</p> <p>না.....০৪</p>	<div></div>

		<p>হাসপাতালে চিকিৎসাসেবা  MÖহণ  করেন.....০৫</p> <p>খুব অসুস্থ না হলে হাসপাতালে  চিকিৎসাসেবা MÖহণ করেন  না.....০৬</p> <p>অসুস্থতা নিয়ে অনেক cÖkœ  করেন.....০৭</p> <p>অসুস্থতা নিয়ে cÖkœ Kg  করেন.....০৮</p> <p>Ab"vb"  .....99</p> <p>(D†jØL  Kiyb.....)</p>	
17।	উত্তরটি হ্যাঁ হলে, জেন্ডার (নারী, পুরুষ ও তৃতীয় লিঙ্গ) বিষয়টি	<p>অসুস্থতার কথা পরিবারকে  জানায়.....০১</p>	

অসুস্থতার প্রতিক্রিয়ায় পুরুষের উপর কিভাবে প্রভাব ফেলে?	অসুস্থতার কথা পরিবারকে জানায় না.....০২	<table><tr><td></td><td></td></tr></table>		
	হাসপাতালে চিকিৎসাসেবা মওহণ করতে উৎসাহিত হন.....০৩			
	হাসপাতালে চিকিৎসাসেবা মওহণ করতে উৎসাহিত হন না.....০৪			
	হাসপাতালে চিকিৎসাসেবা মওহণ করেন.....০৫			
খুব অসুস্থ না হলে হাসপাতালে চিকিৎসাসেবা মওহণ করেন না.....০৬				

		<p>অসুস্থতা নিয়ে অনেক cÖkœ করেন.....০৭</p> <p>অসুস্থতা নিয়ে cÖkœ Kg করেন.....০৮</p> <p>Ab"vb" .....99</p> <p>(D‡jøL Kiyb.....)</p>			
১৮।	<p>যদি উত্তরটি 'না' হয়, তবে</p> <p>কিভাবে নারীর উপর প্রভাব ফেলে</p> <p>না বলুন।</p>	<p>একই প্রতিক্রিয়া</p> <p>C Lvq.....০১</p> <p>একই প্রতিক্রিয়া C Lvq</p> <p>bv.....০২</p> <p>জানি</p> <p>না.....</p> <p>৭৭</p> <p>Ab"vb" .....99</p> <p>(D‡jøL Kiyb.....)</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		

১৯।	hw` DĖiwU 'bv' nq, Z†e wKfv†e cyia†li Dci c†fve †d†j bv ejyb	<p>একই প্রতিক্রিয়া</p> <p>ŁLvq.....০১</p> <p>একই প্রতিক্রিয়া ŁLvq</p> <p>bv.....০২</p> <p>জানি</p> <p>না.....</p> <p>.৭৭</p> <p>Ab“vb”</p> <p>.....99</p> <p>(D†jØL Kiyb.....)</p>	<div></div>
২০।	<p>আপনি কি মনে করেন,</p> <p>জেলারগত (bvix, cyiael I Z...Zxq</p> <p>wjঙ) অবস্থানের জন্য স্বাস্থ্যসেবা</p> <p>নেওয়ার সময় কোন বাঁধার বা</p> <p>বৈষম্য এর সম্মুখীন হতে হয়?</p>	<p>nu“v</p> <p>..... 01</p> <p>bv ..... 02</p> <p>জানি</p> <p>না.....</p> <p>৭৭</p>	<div></div>

২১।	উত্তরটি হ্যাঁ হলে, বাধাগুলো কি কি ?	স্বাস্থ্যকেন্দ্রে যাতায়াত ব্যবস্থার অসুবিধা..... .....০১  সিরিয়ালে `uvovতে অসুবিধা.....০২  সেবা দানকারীর কঙ্কো দুকতে অসুবিধা..... .....০৩  আলা`v বসার জায়গার অসুবিধা.....০৪  আলা`v টয়লেটের অসুবিধা.....০৫  Wvজ্ঞার cyiael হলে চিকিৎসাসেবা MÖহণে মহিলাCi অসুবিধা.....০৬  Ab``vb`` .....99	<table><tr><td></td><td></td></tr></table>		



		(D#jØL Kiyb.....)	
২২।	চিকিৎসাসেবা নেওয়ার সময় নারীদের প্রতি কেমন আচরণ করা হয় বলে আপনি মনে করেন?	মনোযোগ w`ঢ kথা শোনা হয়.....০১  মনোযোগ w`ঢ kথা শোনা হয় bv.....০২  #বশি সময় #দায়া হয়.....০৩  কম সময় #দায়া হয়.....০৪  ভা#লা ভা#ব চিকিৎসাসেবা প্রদান করা হয়..... .....০৫  ভা#লা ভা#ব চিকিৎসাসেবা প্রদান করা হয়	<div> <div></div> <div></div> </div>

		<p>bv.....</p> <p>.....০৬</p> <p>গোপনীয়তা রজ্জা করা হয়</p> <p>.....০৭</p> <p>গোপনীয়তা রজ্জা bv করা হয়</p> <p>bv.....০৮</p> <p>ভাঃলা আচরণ করা</p> <p>হয়.....০৯</p> <p>খারাপ আচরণ করা হয়</p> <p>bv.....১০</p> <p>Ab“vb”</p> <p>.....99</p> <p>(D†j∅L</p> <p>Kiyb.....)</p>	
২৩।	<p>আপনি কি কখনো স্বাস্থ্যসেবা</p> <p>নেওয়ার সময় জেভার (bvix,</p>	<p>nu“v ..... 01</p> <p>bv ..... 02</p> <p>জানি</p> <p>না.....</p> <p>৭৭</p>	

	cyiæɪ   Z...Zxq wjꣳ) বৈষম্য এর শিকার হয়েছিলেন?				
24	জৈভার (bvix, cyiæɪ   Z...Zxq wjꣳ) বৈষম্য এর শিকার হবার পর আপনি কি ব্যবস্থা নিয়েছিলেন?				
25	আপনি কি জৈভার (bvix, cyiæɪ   Z...Zxq wjꣳ) সমতায় বিশ্বাস করেন?	nu"v ..... 01 bv ..... 02 জানি না..... ৭৭	<table><tr><td></td><td></td></tr></table>		
২৬	e"vL"v Kiæb				
27	আপনি কি মনে করেন, mKꣳji RbȚ (bvix, cyiæɪ   Z...Zxq wjꣳ) mgvb স্বাস্থ্যসেবা AvꣳQ?	nu"v ..... 01 bv ..... 02 জানি না..... .. ৭৭	<table><tr><td></td><td></td></tr></table>		

28	<p>আপনার জানানতে, জেভার</p> <p>(bvix, cyiael I Z...Zxq wjগ) সমতা</p> <p>আনার জন্য এখন পর্যন্ত কিছু</p> <p>করা হয়েছে কিনা ?</p>	<p>nu"v ..... 01</p> <p>bv ..... 02</p> <p>জানি</p> <p>না..... ৭৭</p>	<div></div> <div></div>
29	<p>যদি হ্যাঁ হয়, তবে কি করা হয়েছে</p> <p>? e"vL"v Kiæb </p>		
30	<p>আপনার মতে, জেভার (bvix,</p> <p>cyiael I Z...Zxq wjগ) সহায়ক</p> <p>স্বাস্থ্য সেবা অর্জনে কি কি করা</p> <p>যেতে পারে বলে মনে করেন ?</p>		

31।	<p>আপনার মতে, জেভার (bvix, cyiael I Z...Zxq wjঙ্গ) সহায়ক স্বাস্থ্য সেবা অর্জনে কি কি বাধা/প্রতিবন্ধকতা রয়েছে?</p>	

আপনার মূল্যবান সময় দেওয়ার জন্য ধন্যবাদ



বঙ্গবন্ধু শেখ মুজিব মেডিক্যাল বিশ্ববিদ্যালয়  
Bangabandhu Sheikh Mujib Medical University

Shahbag, Dhaka-1000, Bangladesh

Protocol Title: Gender Analysis of curricula of Medical Education

*ANNEX 4.4*

Questionnaire for Health Care Recipient

ID No:

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Recording basic information of participant and interview

The following information should be recorded:

Name of the Institute  (Note- Circle the code indicating the name of the institute, from which data is collected)	Bangabandhu Sheikh Mujib Medical University (1) Bangladesh Medical College (2) Mymensingh Medical College (3)
Name of the Interviewee	
Date of Interview	
Interview starting time	
Interview ending time	
Serial number of interview	
Name of the Interviewer	

Serial No.	Question	Answer	Code No.
1.	Can you please tell me your approximate age?  (Please write)	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
2.	Sex (Please observe)	Female ..... 01  Male ..... 02	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
3.	What is your educational qualification?	I have never been to school..... 01  Primary..... 02  Secondary..... 03  Graduate..... 04  Post graduate..... 05  Others..... 99  (Please mention.....)	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
4.	What do you currently do (Occupation)?	House wife..... 01  Service Provider..... 02  Businessman..... 03  Day laborer..... 04  Retired..... 05	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>

		Others..... 99  (Please mention.....)	
5.	Have ever heard the word 'Gender' (Male, female and third gender)?	Yes ..... 01  No..... 02  I do not know ..... 77	<div><div></div><div></div></div>
6.	If the answer is yes, then do you know what 'Gender' (Male, female and third gender) is?	Yes ..... 01  No..... 02  I do not know ..... 77	<div><div></div><div></div></div>
7.	Can you please explain, What 'Gender' means?		
8.	Do you think 'Gender' is related with women's health?	Yes..... 01  No..... 02  I do not know..... 77	<div><div></div><div></div></div>
9.	If the answer is Yes, then how does the idea of 'Gender' have influence on women's health?	Has very high influence.....01  Has moderate influence..... 02	<div><div></div><div></div></div>



	(Interviewer: Please read out the answers)	Has good amount of influence.....03  Does not have that much of good influence .....04  Has a bad influence...05  Others..... 99 (Please mention.....)	
10.	Do you think 'Gender' is related with men's health?	Yes..... 01  No..... 02  I do not know..... 77	<div> <div></div> <div></div> </div>
11.	If the answer is yes, then how does the concept of 'Gender' have influence on men's health?  (Interviewer: Please read out the answers)	Has very high influence.....01  Has moderate influence..... 02  Has good amount of influence.....03  Does not have that much of good influence .....04  Has a bad influence...05  Others..... 99 (Please mention.....)	<div> <div></div> <div></div> </div>

12.	Do you think, men and women have different health related needs?	Yes..... 01 No..... 02 I do not know..... 77	<div> <div></div> <div></div> </div>
13.	If the answer is yes, then what are men's health related needs?  (Interviewer: Please read out the answers)	To maintain privacy and confidentiality..... 01  To give maximum time..... 02  To provide healthcare at minimum cost..... 03  To provide better healthcare..... 04  To listen to the patient attentively..... 05  Others..... 99  (Please mention.....)	<div> <div></div> <div></div> </div>
14.	If the answer is yes, then what are women's health related needs?  (Interviewer: Please read out the answers)	To maintain privacy and confidentiality..... 01  To give maximum time..... 02  To provide healthcare at minimum cost..... 03	<div> <div></div> <div></div> </div>

		<p>To provide better healthcare..... 04</p> <p>To listen to the patient attentively..... 05</p> <p>Others..... 99</p> <p>(Please mention.....)</p>	
15.	<p>Do you think that men and women's responses to ill health are influenced by 'Gender' (Male, female and third gender)?</p>	<p>Yes..... 01</p> <p>No..... 02</p> <p>I do not know..... 77</p>	<div> <div></div> <div></div> </div>
16.	<p>If the answer is yes, then how does the concept of 'Gender' have influence on women's illness?</p> <p>(Interviewer: Please read out the answers)</p>	<p>Informs the family about the illness..... 01</p> <p>Does not inform the family about the illness..... 02</p> <p>Gets motivated to seek treatment from the hospital..... 03</p> <p>Does not get motivated to seek treatment from the hospital..... 04</p> <p>Takes treatment from the hospital..... 05</p>	<div> <div></div> <div></div> </div>

		<p>Does not take treatment from the hospital..... 06</p> <p>Asks a lot of question regarding the illness...07</p> <p>Asks less questions regarding the illness...08</p> <p>Others..... 99</p> <p>(Please mention.....)</p>			
17.	<p>If the answer is yes, then how does the concept of 'Gender' have influence on men's health?</p> <p>(Interviewer: Please read out the answers)</p>	<p>Informs the family about the illness..... 01</p> <p>Does not inform the family about the illness..... 02</p> <p>Gets motivated to seek treatment from the hospital..... 03</p> <p>Does not get motivated to seek treatment from the hospital..... 04</p> <p>Takes treatment from the hospital..... 05</p> <p>Does not take treatment from the hospital..... 06</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		

		<p>Asks a lot of question regarding the illness...07</p> <p>Asks less questions regarding the illness...08</p> <p>Others..... 99</p> <p>(Please mention.....)</p>			
18.	<p>If the answer is no, then tell me how it does not have influence on the ill health of women.</p> <p>(Interviewer: Please read out the answers)</p>	<p>Shows same influence..... 01</p> <p>Does not show the same influence..... 02</p> <p>I do not know..... 77</p> <p>Others..... 99</p> <p>(Please mention.....)</p>	<table border="1"><tr><td></td><td></td></tr></table>		
19.	<p>If the answer is no, then tell me how it does not have influence on the ill health of men.</p> <p>(Interviewer: Please read out the answers)</p>	<p>Shows same influence..... 01</p> <p>Does not show the same influence..... 02</p> <p>I do not know..... 03</p> <p>Others..... 99</p> <p>(Please mention.....)</p>	<table border="1"><tr><td></td><td></td></tr></table>		

20.	Do you think that people face 'Gender' (Male, female and third gender) related barriers or discriminations to access health care services?	Yes..... 01  No..... 02  I do not know..... 77	<div></div>
21.	If yes, what are the barriers?  (Interviewer: Please read out the answers)	Problem in getting transportation to healthcare center..... 01  Problem in standing in the queue..... 02  Problem in entering the room of the healthcare provide..... 03  Inadequate separate seating facilities..... 04  Problem in getting separate toilet..... 05  If the doctor is male, then problem for the female patients in receiving treatment... 06  Others..... 99  (Please mention.....)	<div></div>

22.	<p>How do you think the women are treated while receiving treatment?</p> <p>(Interviewer: Please read out the answers)</p>	<p>They are attentively listened to..... 01</p> <p>They are not attentively listened to..... 02</p> <p>They are given much time..... 03</p> <p>They are given less amount of time..... 04</p> <p>They are given proper treatment..... 05</p> <p>They are not given proper treatment..... 06</p> <p>Privacy and confidentiality is maintained..... 07</p> <p>Privacy and confidentiality is not maintained..... 08</p> <p>They are treated well..... 09</p> <p>They are treated rudely..... 10</p> <p>Others..... 99</p> <p>(Please mention.....)</p>	<div data-bbox="1183 984 1375 1043"></div>
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23.	Have you ever faced 'Gender' (Male, female and third gender) discrimination while receiving health service?	Yes..... 01 No..... 02 I do not know..... 77	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
24.	After facing 'Gender' (Male, female and third gender) discrimination, what measures did you take?		
25.	Do you believe in 'Gender' (Male, female and third gender) equality?	Yes..... 01 No..... 02 I do not know..... 77	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
26.	Please explain		
27.	Do you think there is equal health service for all (Male, female and third gender)?	Yes..... 01 No..... 02 I do not know..... 77	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
28.	According to you, has there been anything done or not to establish 'Gender' (Male, female and third gender) equality?	Yes..... 01 No..... 02 I do not know..... 77	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>



29.	If yes, then what has been done? Please explain.	
30	In your opinion, what can be done to establish a 'Gender' (Male, female and third gender) sensitive health system?	
31.	According to you what are the existing barriers regarding the provision of 'Gender' (Male, female and third gender) sensitive health care?	



বঙ্গবন্ধু শেখ মুজিব মেডিক্যাল বিশ্ববিদ্যালয়  
Bangabandhu Sheikh Mujib Medical University

Shahbag, Dhaka-1000, Bangladesh

Protocol Title: Gender Analysis of curricula of Medical Education

Questionnaire for Health Care Provider

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 ID No:

Recording basic information of participant  
and interview

The following information should be  
recorded:

প্রতিষ্ঠানের নাম	বঙ্গবন্ধু শেখ মেডিকেল বিশ্ববিদ্যালয় (১) বাংলাদেশ মেডিকেল কলেজ (২) ময়মনসিংহ মেডিকেল কলেজ (৩)
স্বাড়াংকার প্রদানকারীর নাম	
স্বাড়াংকার গ্রহণের তারিখ	
স্বাড়াংকার শুরুর সময়	
স্বাড়াংকার শেষের সময়	
স্বাড়াংকারের সিরিয়াল নম্বর	

স্বাভাৱিক গ্ৰহণকাৰীৰ নাম	
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ক্রমিক নং	প্রশ্ন	উত্তর	কোড নং
01	আপনি বলবেন কি বর্তমানে আপনার আনুমানিক বয়স কত? (লিখুন)		
02	wj½ (chবেবন করমন)	মহিলা ..... ০১ পুরুষ ..... 02	
03	আপনার শে mel কি ? wkÿvMZ †hvM“Zv	এম.বি.বি.এস ..... ০১ এফ.সি.পি.এস.....০২ এম.ডি. ....০৩ এম.এস .....০৪ এম.ফিল .....০৫ অন্যান্য .....৯৯ (উল্লেখ করুন.....)	
04	আপনার বর্তমান c`ex কি ?	মেডিকেল অফিসার .....০১ রেজিস্টার.....০২ সহকারী রেজিস্টার.....০৩ সহকারী অধ্যাপক.....০৪ সহযোগী অধ্যাপক.....০৫ অন্যান্য .....৯৯ (উল্লেখ করুন.....)	
০৫।	আপনি কি কখনো জেভার (নারী, পুরুষ ও তৃতীয় লি½) শব্দটি শুনেছেন ?	হ্যাঁ ..... ০১  না  জানি না..... ৭৭ ..... 02	

০৬।	যদি উত্তরটি হ্যাঁ হয়, তবে আপনি কি জানেন জেন্ডার (নারী, পুরুষ ও তৃতীয় লিঙ্গ) কি?	হ্যাঁ ..... ০১ না ..... ০২ জানি না..... ৭৭	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
০৭।	আপনি কি বলবেন জেন্ডার (নারী, পুরুষ ও তৃতীয় লিঙ্গ) বলতে কি বোঝায়?				
০৮।	আপনি কি মনে করেন জেন্ডারের সাথে নারীর স্বাস্থ্যের সম্পর্ক রয়েছে?	হ্যাঁ ..... ০১ না ..... ০২ জানি না..... ৭৭	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		

০৯।		খুবই ভালো.....০১ মেটা মোটা ভালো..... ০২ ভালো.....০৩ বেশি ভালো না .....০৪ খারাপ.....০৫ অন্যান্য .....৯৯ (উল্লেখ করুন.....)	
10।			
11।	যদি হ্যাঁ হয়, কিভাবে জেভারের ধারণা পুরন্বের স্বাস্থ্যের উপর প্রভাব ফেলে? (স্বাভাবিক গ্রহণকারী : উত্তরগুলো পড়ে শুনান)		
১২।			
১৩।			

	<p>যদি উত্তরটি হ্যাঁ হয়, তবে পুরস্ক্রমের চাহিদাগুলো কি কি ?</p> <p>(স্বাধিকার গ্রহণকারী : উত্তরগুলো পড়ে শুনান)</p>	<p>গোপনীয়তা rÿv Kiv.....01</p> <p>বেশি সময় টে'ওয়া.....০২</p> <p>কম খরচে -^v~''`‡mÖ`vb.....03</p> <p>ভালো ভাবে wPwKrmvtঐ`vb...04</p> <p>g‡b‡hvNদিয়ে কথা শোনা.....০৫ অন্যান্য</p> <p>.....৯৯ (উল্লেখ</p> <p>করুন.....)</p>	
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১৪।	যদি উত্তরটি হ্যাঁ হয়, নারীর চাহিদাগুলো কি কি ? স্বাধিকার গ্রহণকারী : উত্তরগুলো পড়ে শুনান)	গোপনীয়তা রক্ষা করা.....০১ বেশি সময় দেওয়া.....০২ কম খরচে স্বাস্থ্যসেবা প্রদান.....০৩ ভালো ভাবে চিকিৎসাসেবা প্রদান.....০৪ মনোযোগ দিয়ে কথা শোনা.....০৫ অন্যান্য .....৯৯ (উল্লেখ করুন.....)	<input type="text"/>
১৫।	আপনি কি মনে করেন, অসুস্থতার প্রতিক্রিয়ায় জেভার (নারী, পুরুষ ও তৃতীয় লিঙ্গ) নারী ও পুরুষের উপর কোন প্রভাব ফেলে।	হ্যাঁ ..... ০১ না ..... ০২ জানি না..... ৭৭	<input type="text"/>
১৬।	উত্তরটি হ্যাঁ হলে, জেভার (নারী, পুরুষ ও তৃতীয় লিঙ্গ) বিষয়টি অসুস্থতার প্রতিক্রিয়ায়, নারীর উপর কিভাবে প্রভাব ফেলে? (স্বাধিকার গ্রহণকারী : উত্তরগুলো পড়ে শুনান)	অসুস্থতার কথা পরিবারকে জানায়..০১ অসুস্থতার কথা পরিবারকে জানায় না.....০২ হাসপাতালে চিকিৎসাসেবা গ্রহণ করেছে উৎসাহিত হন.....০৩ হাসপাতালে চিকিৎসাসেবা গ্রহণ করেছে উৎসাহিত হন না.....০৪ হাসপাতালে চিকিৎসাসেবা গ্রহণ করেন.....০৫ খুব অসুস্থ না হলে হাসপাতালে চিকিৎসাসেবা গ্রহণ করেন না.....০৬ অসুস্থতা নিয়ে অনেক প্রশ্ন করেন...০৭ অসুস্থতা নিয়ে প্রশ্ন কম করেন.....০৮ অন্যান্য .....৯৯ (উল্লেখ করুন.....)	<input type="text"/>
১৭।	উত্তরটি হ্যাঁ হলে, জেভার (নারী, পুরুষ ও তৃতীয় লিঙ্গ) বিষয়টি অসুস্থতার প্রতিক্রিয়ায়, পুরুষের উপর কিভাবে প্রভাব ফেলে?	অসুস্থতার কথা পরিবারকে জানায়..০১ অসুস্থতার কথা পরিবারকে জানায় না.....০২ হাসপাতালে চিকিৎসাসেবা গ্রহণ করেছে উৎসাহিত হন.....০৩ হাসপাতালে চিকিৎসাসেবা গ্রহণ করেছে উৎসাহিত হন না.....০৪ হাসপাতালে চিকিৎসাসেবা গ্রহণ করেন.....০৫	<input type="text"/>



		খুব অসুস্থ না হলে হাসপাতালে চিকিৎসাসেবা গ্রহণ করেন না.....০৬ অসুস্থতা নিয়ে অনেক প্রশ্ন করেন...০৭ অসুস্থতা নিয়ে প্রশ্ন কম করেন.....০৮ অন্যান্য .....৯৯ (উল্লেখ করুন.....)			
১৮।	যদি উত্তরটি 'না' হয়, তবে কিভাবে জেভার বিষয়টি নারীর অসুস্থতার উপর প্রভাব ফেলে না বলুন। (স্বাধিকার গ্রহণকারী : উত্তরগুলো পড়ে শুনান)	একই প্রতিক্রিয়া দেখায়.....০১ একই প্রতিক্রিয়া দেখায় না.....০২ অন্যান্য .....৯৯ (উল্লেখ করুন.....)	<table><tr><td></td><td></td></tr></table>		
১৯।	যদি উত্তরটি 'না' হয়, তবে কিভাবে জেভার বিষয়টি পুরুষের অসুস্থতার উপর প্রভাব ফেলে না বলুন। (স্বাধিকার গ্রহণকারী : উত্তরগুলো পড়ে শুনান)	একই প্রতিক্রিয়া দেখায়.....০১ একই প্রতিক্রিয়া দেখায় না.....০২ অন্যান্য .....৯৯ (উল্লেখ করুন.....)	<table><tr><td></td><td></td></tr></table>		
২০।	আপনি কি মনে করেন, জেভারগত (নারী, পুরুষ ও তৃতীয় লিঙ্গ) অবস্থানের জন্য স্বাস্থ্যসেবা নেওয়ার সময় কোন বাধার সম্মুখীন হতে হয়?	হ্যাঁ ..... ০১ না ..... ০২ জানি না..... ৭৭	<table><tr><td></td><td></td></tr></table>		
২১।	উত্তরটি হ্যাঁ হলে, বাধাগুলো কি কি ? স্বাধিকার গ্রহণকারী : উত্তরগুলো পড়ে শুনান)	স্বাস্থ্যকেন্দ্রে যাতায়াত ব্যবস্থার অসুবিধা.....০১ সিরিয়ালে দাঁড়াতে অসুবিধা.....০২ সেবা দানকারীর কবে ছুঁতে অসুবিধা.....০৩ আলাদা বসার জায়গার অসুবিধা.....০৪ আলাদা টয়লেটের অসুবিধা.....০৫ ডার পুরুষ হলে চিকিৎসাসেবা গ্রহণে মহিলাদের অসুবিধা.....০৬ অন্যান্য .....৯৯ (উল্লেখ করুন.....)	<table><tr><td></td><td></td></tr></table>		

২২।	চিকিৎসা সেবা নেওয়ার সময় নারীর প্রতি কেমন আচরণ করা হয় বলে আপনি মনে করেন? (স্বাধিকার গ্রহণকারী : উত্তরগুলো পড়ে শুনান)	মনোযোগ দিয়ে কথা শোনা হয়....০১ মনোযোগ দিয়ে কথা শোনা হয় না.....০২ বেশি সময় দেওয়া হয়.....০৩ কম সময় দেওয়া হয়.....০৪ ভালো ভাবে চিকিৎসাসেবা প্রদান করা হয়.....০৫ ভালো ভাবে চিকিৎসাসেবা প্রদান করা হয় না.....০৬ গোপনীয়তা রক্ষা করা হয় .....০৭ গোপনীয়তা রক্ষা না করা হয় না.....০৮ ভালো আচরণ করা হয়.....০৯ খারাপ আচরণ করা হয় না.....১০ অন্যান্য .....৯৯ (উল্লেখ করুন.....)	<input type="text"/>
২৩।	আপনি কি মনে করেন একজন মহিলাকে তার প্রজনন স্বাস্থ্য সংক্রান্ত অধিকার, নিরাপদ গর্ভপাত ও জন্ম নিয়ন্ত্রণ সম্পর্কে জানানো চিকিৎসা পেশার অর্ন্তভূক্ত?	হ্যাঁ ..... ০১ না ..... ০২ জানি না..... ৭৭	<input type="text"/>
২৪।	আপনার কি জেভার (নারী, পুরুষ ও তৃতীয় লিঙ্গ) সহায়ক স্বাস্থ্যসেবা সম্পর্কে ধারণা রয়েছে ?	হ্যাঁ ..... ০১ না ..... ০২ জানি না..... ৭৭	<input type="text"/>
২৫।	বর্তমানে জেভার (নারী, পুরুষ ও তৃতীয় লিঙ্গ) সহায়ক স্বাস্থ্যসেবার ক্ষেত্রে কি ধরনের বাধা রয়েছে বলে আপনি মনে করেন? (স্বাধিকার গ্রহণকারী : উত্তরগুলো পড়ে শুনান)	স্বাস্থ্যসেবা প্রদানকারীর বাধা.....০১ অতিরিক্ত রোগীর চাপ.....০২ জেভার সহায়ক দৃষ্টিভঙ্গির অভাব..০৩ জেভার সম্পর্কে ধারণার অভাব....০৪ অন্যান্য .....৯৯ (উল্লেখ করুন.....)	<input type="text"/>
২৬।	আপনি কি মনে করেন, সকলের জন্য (নারী, পুরুষ ও তৃতীয় লিঙ্গ) সমান স্বাস্থ্যসেবার ব্যবস্থা রয়েছে?	হ্যাঁ ..... ০১ না ..... ০২ জানি না..... ৭৭	<input type="text"/>

27/	ব্যাখ্যা করুন।				
28/	আপনি কি জেডারকে (নারী, পুরুষ ও তৃতীয় লিঙ্গ) সামাজিক নির্ধারক বলে মনে করেন?	হ্যাঁ ..... ০১ না ..... 02 জানি না..... ১১	<table><tr><td></td><td></td></tr></table>		
29/	ব্যাখ্যা করুন।				
৩০।	বর্তমান মেডিকেল / ডেন্টাল শিবা পাঠ্যক্রমে সেক্স ও জেডার মেডিসিন সম্পর্কে ভালোভাবে শিবা দান করা হয়ে থাকে?	হ্যাঁ ..... ০১ না ..... 02 জানি না..... ১১	<table><tr><td></td><td></td></tr></table>		
31/	ব্যাখ্যা করুন।				
32/	Avcwb wK g†b K†ib †gwW†Kj K†j†Ri Qv†Qv†xiv †R†vi mnvqK †v^~†††mev m†ú©†K AewnZ?	হ্যাঁ ..... ০১ না ..... 02 জানি না..... ১১	<table><tr><td></td><td></td></tr></table>		
৩৩।	আপনি কেন মনে করেন, বর্তমান মেডিকেল / ডেন্টাল শিবা পাঠ্যক্রমে সেক্স ও জেডারের পার্থক্য সম্পর্কে তথ্য জানা গুরুত্বপূর্ণ? (স্বাধিকার গ্রহণকারী : উত্তরগুলো পড়ে শুনান)	জেডার সহায়ক আচরণ.....০১ উন্নতমানের স্বাস্থ্যসেবা প্রদান.....০২ ভালো ডাক্তার হওয়া.....০৩ ভালো মানুষ হওয়া.....০৪ জেডার সহায়ক স্বাস্থ্যসেবা প্রদানকারী হওয়া.....০৫	<table><tr><td></td><td></td></tr></table>		

		স্বাস্থ্য বিষয়ক বৈশ্বিক মান অর্জ.....০৬ মানুষের স্বাস্থ্যগত অধিকার রবা করা.....০৭ কাজের চাপ কমানো.....০৮ রোগীদের প্রতি শ্রদ্ধাশীল হওয়া.....০৯ অন্যান্য .....১৯ (উল্লেখ করুন.....)	
৩৪।	আপনি কি মেডিকেল / ডেন্টাল কলেজে পড়াকালীন সময় জেভার (নারী, পুরুষ ও তৃতীয় লিঙ্গ) বিষয়ক কোন অধ্যায় বা পাঠ্যক্রম পেয়েছেন?	হ্যাঁ ..... ০১ না ..... ০২ জানি না..... ৭৭	<input type="text"/> <input type="text"/>
৩৫।	আপনি কি উচ্চতর ডিগ্রী অর্জনের সময় জেভার (নারী, পুরুষ ও তৃতীয় লিঙ্গ) বিষয়ক কোন অধ্যায় বা পাঠ্যক্রম পেয়েছেন? (এম.বি.বি.এস ও বি.ডি.এস অধ্যয়নরত ছাত্রছাত্রীদের জন্য প্রযোজ্য নয়)	হ্যাঁ ..... ০১ না ..... ০২ জানি না..... ৭৭	<input type="text"/> <input type="text"/>
৩৬।	আপনি কি মেডিকেল/ ডেন্টাল কলেজে/ বিশ্ববিদ্যালয়ে পড়াকালীন সময় জেভার (নারী, পুরুষ ও তৃতীয় লিঙ্গ) বিষয়ক কোন প্রশির্ষণে অংশগ্রহণ করার সুযোগ পেয়েছিলেন?	হ্যাঁ ..... ০১ না ..... ০২ জানি না..... ৭৭	<input type="text"/> <input type="text"/>
৩৭।	আপনি কি বর্তমান স্বাস্থ্য ব্যবস্থা জেভার (নারী, পুরুষ ও তৃতীয় লিঙ্গ) সহায়ক বলে মনে করেন?	হ্যাঁ ..... ০১ না ..... ০২ জানি না..... ৭৭	<input type="text"/> <input type="text"/>
৩৮।	কিভাবে জেভার (নারী, পুরুষ ও তৃতীয় লিঙ্গ) সহায়ক মেডিকেল / ডেন্টাল শিবা পাঠ্যক্রম গঠন করা সম্ভব? (স্বাভাবিক গ্রহণকারী : উত্তরগুলো পড়ে শুনান)	জেভার বিষয়টি মেডিকেল/ ডেন্টাল শিবা পাঠ্যক্রমে অন্তর্ভুক্ত করণ.....০১ জেভার বিষয়টি স্বাস্থ্য খাতে আলোচনা করা.....০২ জেভার বিষয়ক প্রশির্ষণের আয়োজন করা.....০৩ জেভার বিষয়ক ওয়ার্কশপের আয়োজন করা.....০৪ অন্যান্য .....১৯ (উল্লেখ করুন.....)	<input type="text"/> <input type="text"/>

৩৯।	মেডিকেল/ ডেন্টাল শিবা পাঠ্যক্রমে জেভার (নারী, পুরুষ ও তৃতীয় লিঙ্গ) অর্ন্তভুক্তি করণে মেডিকেল কলেজ/ বিশ্ববিদ্যালয় কি ভূমিকা রাখতে পারে বলে আপনি মনে করেন? (স্বাধিকার গ্রহণকারী : উত্তরগুলো পড়ে শুনান)	মেডিকেল/ ডেন্টাল শিবা পাঠ্যক্রম পুনরায় পর্যালোচনা করা.....০১ জেভার অর্ন্তভুক্তি করণের প্রয়োজনীয়তা পর্যবেষণ করা.....০২ জেভার বিষয়ক মিটিং এর আয়োজন করা.....০৩ মেডিকেল/ ডেন্টাল শিবা পাঠ্যক্রমের সংশ্লিষ্ট ব্যক্তিবর্গের সাথে আলোচনা করা.....০৪ অন্যান্য .....৯৯ (উল্লেখ করুন.....)	<div></div>
৪০।	মেডিকেল/ ডেন্টাল শিবা পাঠ্যক্রমে জেভার (নারী, পুরুষ ও তৃতীয় লিঙ্গ) অর্ন্তভুক্তি করণে সরকারের কি ধরনের সহযোগীতা প্রয়োজন? (স্বাধিকার গ্রহণকারী:উত্তরগুলো পড়ে শুনান)	সরকারের জেভার বিষয়ক মূল ভূমিকা পালন করা.....০১ সরকারের প্রচারকার্য পরিচালনা করা.....০২ বেসরকারী প্রতিষ্ঠানকে অর্ন্তভুক্তি করা.....০৩ অন্যান্য ব্যবস্থাপনা পরিচালনাকারী প্রতিষ্ঠানকে অর্ন্তভুক্তি করা.....০৪ মেডিকেল/ ডেন্টাল শিবা পাঠ্যক্রম পুনরায় পর্যালোচনা করা.....০৫ মেডিকেল/ ডেন্টাল শিবা পাঠ্যক্রমে জেভার অর্ন্তভুক্তি করণের উদ্দেশ্যে মডিউল তৈরী করা.....০৬ পরিবর্তন পরিমাপ করা.....০৭ অন্যান্য .....৯৯ (উল্লেখ করুন.....)	<div></div>
৪১।	আপনার মতে, মেডিকেল/ ডেন্টাল শিবা পাঠ্যক্রমে জেভার (নারী, পুরুষ ও তৃতীয় লিঙ্গ) বিষয়টি অর্ন্তভুক্তি করণে কি ধরনের চ্যালেঞ্জ রয়েছে? (স্বাধিকার গ্রহণকারী : উত্তরগুলো পড়ে শুনান)	মেডিকেল / ডেন্টাল শিবা পাঠ্যক্রম অতিশয় বড়.....০১ মেডিকেল/ ডেন্টাল শিবা পাঠ্যক্রমের বিষয়বস্তু অতিশয় বড়.....০২ মেডিকেল/ ডেন্টাল শিবা পাঠ্যক্রমে জেভার বিষয়টি অর্ন্তভুক্তি করণের কোনো সুযোগ নেই.....০৩ মেডিকেল/ ডেন্টাল শিবা পাঠ্যক্রমে জেভার বিষয়টি অর্ন্তভুক্তি করা গুরুত্বপূর্ণ	<div></div>

		নয়.....০৪ অন্যান্য .....৯৯ (উল্লেখ করুন.....)	
৪২।	মেডিকেল / ডেন্টাল শিবা পাঠ্যক্রমে জেন্ডার (নারী, পুরুষ ও তৃতীয় লিঙ্গ) অর্ন্তভুক্তি করণে আপনার মতামত/ পরামর্শ বলুন।		
৪৩।	আপনার মতে, মেডিকেল/ ডেন্টাল শিবা পাঠ্যক্রমে জেন্ডার (নারী, পুরুষ ও তৃতীয় লিঙ্গ) অর্ন্তভুক্তি করণে কি কি ইতিবাচক প্রভাব পড়বে বলে আপনি মনে করেন ? (স্বাধীকার গ্রহণকারী : উত্তরগুলো পড়ে শুনান)	মানুষের আচরণের পরিবর্তন হবে .....০১ জেন্ডার সহায়ক আচরণের প্রবর্তন হবে.....০২ উন্নতমানের স্বাস্থ্যসেবার প্রবর্তন.....০৩ মানুষের স্বাস্থ্যগত অধিকার রবা হবে.....০৪ স্বাস্থ্যসেবা গ্রহণকারীরা সন্তুষ্ট থাকবে.....০৫ কাজের চাপ কমবে.....০৬ স্বাস্থ্যসেবা প্রদানকারীরা রোগীদের প্রতি শ্রদ্ধাশীল হবে.....০৭ অন্যান্য .....৯৯ (উল্লেখ করুন.....)	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>

88।	আপনার মতে, মেডিকেল/ ডেন্টাল শিবা পাঠ্যক্রমে জৈভার (নারী, পুরুষ ও তৃতীয় লিঙ্গ) অর্ন্তভুক্তির কারণে কি কি নেতিবাচক প্রভাব পড়বে বলে আপনি মনে করেন ? (স্বাধিকার গ্রহণকারী : উত্তরগুলো পড়ে শুনান)	স্বাস্থ্যসেবা প্রদানকারীদের আচরণের কোন পরিবর্তন হবে না.....০১ জনগণ ভালোভাবে গ্রহণ করবে না.....০২ কাজের চাপ বেড়ে যাবে.....০৩ জানি না..... ৭৭ অন্যান্য .....৯৯ (উল্লেখ করুন.....)	
8৫।	আপনি কি মনে করেন, মেডিকেল/ ডেন্টাল শিবা পাঠ্যক্রমে জৈভার (নারী, পুরুষ ও তৃতীয় লিঙ্গ) অর্ন্তভুক্তিকরণ বর্তমান স্বাস্থ্য ব্যবস্থার প্রেবাপট পরিবর্তন করতে পারে?	হ্যাঁ ..... ০১ না ..... 02 জানি না..... ৭৭	
46।	উত্তরটি হ্যাঁ হলে, মেডিকেল / ডেন্টাল শিবা পাঠ্যক্রমে জৈভার অর্ন্তভুক্তিকরণের ফলে বর্তমান স্বাস্থ্য ব্যবস্থায় কি কি পরিবর্তন হতে পারে? (স্বাধিকার গ্রহণকারী : উত্তরগুলো পড়ে শুনান)	স্বাস্থ্যসেবার গুনগতমান উন্নত হবে.....০১ সকলে ভালো স্বাস্থ্যসেবা পাবে.....০২ সকলের স্বাস্থ্যসেবা গ্রহণের অধিকার রবা হবে.....০৩ অন্যান্য .....৯৯ (উল্লেখ করুন.....)	



বঙ্গবন্ধু শেখ মুজিব মেডিক্যাল বিশ্ববিদ্যালয়  
Bangabandhu Sheikh Mujib Medical University

Shahbag, Dhaka-1000, Bangladesh

Protocol Title: Gender Analysis of curricula of Medical Education

Questionnaire for Health Care Provider

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ID No:

Recording basic information of participant and interview

The following information should be recorded:

Name of the Institute  (Note- Circle the code indicating the name of the institute, from which data is collected)	Bangabandhu Sheikh Mujib Medical University (1)  Bangladesh Medical College (2)  Mymensingh Medical College (3)
Name of the Interviewee	
Date of Interview	
Interview starting time	
Interview ending time	
Name of the Interviewer	



Serial No.	Question	Answer	Code No.
1.	Can you please tell me your approximate age?  (Please write)		<input type="text"/> <input type="text"/>
2.	Sex (Please observe)	Female ..... 01  Male ..... 02	<input type="text"/> <input type="text"/>
3.	What is your educational qualification?	M.B.B.S..... 01  F.C.P.S.....02  M.D. ....03  M.S. ....04  M. Phil .....05  Others .....99 (Please mention.....)	<input type="text"/> <input type="text"/>
4.	What is your current designation?	Medical Officer .....01  Registrar.....02  Assistant Registrar ...03  Assistant Professor ...04  Associate Professor....05	<input type="text"/> <input type="text"/>

		Others.....99 (Please mention.....)	
5.	Have ever heard the word 'Gender' (Male, female and third gender)?	Yes ..... 01 No..... 02 I do not know ..... 77	<input type="text"/> <input type="text"/>
6.	If the answer is yes, then do you know what 'Gender' (Male, female and third gender) is?	Yes ..... 01 No..... 02 I do not know ..... 77	<input type="text"/> <input type="text"/>

7.	Can you please tell me what 'Gender' (Male, female and third gender) means?		
8.	Do you think 'Gender' is related with women's health?	Yes..... 01 No..... 02 I do not know..... 77	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
9.	If the answer is Yes, then how does the idea of 'Gender' have influence on women's health?  (Interviewer: Please read out the answers)	Has very high influence.....01  Has moderate influence..... 02  Has good amount of influence.....03  Does not have that much of good influence .....04  Has a bad influence...05  Others..... 99 (Please mention.....)	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
10.	Do you think 'Gender' is related with men's health?	Yes..... 01 No..... 02 I do not know..... 77	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
11.	If the answer is yes, then how does the concept of 'Gender'	Has very high influence.....01	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>

	<p>have influence on men's health?</p> <p>(Interviewer: Please read out the answers)</p>	<p>Has moderate influence..... 02</p> <p>Has good amount of influence.....03</p> <p>Does not have that much of good influence .....04</p> <p>Has a bad influence...05</p> <p>Others..... 99</p> <p>(Please mention.....)</p>	
12.	<p>Do you think, men and women have different health related needs?</p>	<p>Yes..... 01</p> <p>No..... 02</p> <p>I do not know..... 77</p>	<div> <div></div> <div></div> </div>
13.	<p>If the answer is yes, then what are men's health related needs?</p> <p>(Interviewer: Please read out the answers)</p>	<p>To maintain privacy and confidentiality..... 01</p> <p>To give maximum time..... 02</p> <p>To provide healthcare at minimum cost..... 03</p> <p>To provide better healthcare..... 04</p> <p>To listen to the patient attentively..... 05</p>	<div> <div></div> <div></div> </div>

		Others..... 99 (Please mention.....)	
14.	If the answer is yes, then what are women's health related needs?  (Interviewer: Please read out the answers)	To maintain privacy and confidentiality..... 01  To give maximum time..... 02  To provide healthcare at minimum cost..... 03  To provide better healthcare..... 04  To listen to the patient attentively..... 05  Others..... 99 (Please mention.....)	<input type="text"/> <input type="text"/>
15.	Do you think that men and women's responses to ill health are influenced by gender?	Yes..... 01  No..... 02  I do not know..... 77	<input type="text"/> <input type="text"/>
16.	If the answer is yes, then how does the concept of 'Gender' have influence on women's ill health?	Informs the family about the illness..... 01  Does not inform the family about the illness..... 02	<input type="text"/> <input type="text"/>

	(Interviewer: Please read out the answers)	<p>Gets motivated to seek treatment from the hospital..... 03</p> <p>Does not get motivated to seek treatment from the hospital..... 04</p> <p>Takes treatment from the hospital..... 05</p> <p>Does not take treatment from the hospital..... 06</p> <p>Asks a lot of question regarding the illness...07</p> <p>Asks less questions regarding the illness...08</p> <p>Others..... 99</p> <p>(Please mention.....)</p>	
17.	<p>If the answer is yes, then how does the concept of 'Gender' have influence on men's ill health?</p> <p>(Interviewer: Please read out the answers)</p>	<p>Informs the family about the illness..... 01</p> <p>Does not inform the family about the illness..... 02</p>	<div> <div></div> <div></div> </div>

		<p>Gets motivated to seek treatment from the hospital..... 03</p> <p>Does not get motivated to seek treatment from the hospital..... 04</p> <p>Takes treatment from the hospital..... 05</p> <p>Does not take treatment from the hospital..... 06</p> <p>Asks a lot of question regarding the illness...07</p> <p>Asks less questions regarding the illness...08</p> <p>Others..... 99</p> <p>(Please mention.....)</p>			
18.	<p>If the answer is no, then tell me how it does not have influence on the ill health of women.</p> <p>(Interviewer: Please read out the answers)</p>	<p>Shows same influence..... 01</p> <p>Does not show the same influence..... 02</p> <p>I do not know..... 77</p> <p>Others..... 99</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		

		(Please mention.....)	
19.	<p>If the answer is no, then tell me how it does not have influence on the ill health of men.</p> <p>(Interviewer: Please read out the answers)</p>	<p>Shows same influence..... 01</p> <p>Does not show the same influence..... 02</p> <p>I do not know..... 77</p> <p>Others..... 99</p> <p>(Please mention.....)</p>	<div> <div></div> <div></div> </div>
20.	<p>Do you think that people face 'Gender' (Male, female and third gender) related barriers to access health care services?</p>	<p>Yes..... 01</p> <p>No..... 02</p> <p>I do not know..... 77</p>	<div> <div></div> <div></div> </div>
21.	<p>If yes, what are the barriers?</p> <p>(Interviewer: Please read out the answers)</p>	<p>Problem in getting transportation to healthcare center..... 01</p> <p>Problem in standing in the queue..... 02</p> <p>Problem in entering the room of the healthcare provide..... 03</p> <p>Inadequate separate seating facilities ..... 04</p>	<div> <div></div> <div></div> </div>



		<p>Problem in getting separate toilet..... 05</p> <p>If the doctor is male, then problem for the female patients in receiving treatment... 06</p> <p>Others..... 99</p> <p>(Please mention.....)</p>	
22.	<p>How do you think the women are treated while receiving treatment?</p> <p>(Interviewer: Please read out the answers)</p>	<p>They are attentively listened to..... 01</p> <p>They are not attentively listened to..... 02</p> <p>They are given much time..... 03</p> <p>They are given less amount of time..... 04</p> <p>They are given proper treatment..... 05</p> <p>They are not given proper treatment..... 06</p> <p>Privacy and confidentiality is maintained..... 07</p>	<div> <div></div> <div></div> </div>

		Privacy and confidentiality is not maintained..... 08  They are treated well..... 09  They are treated rudely..... 10  Others..... 99  (Please mention.....)	
23.	Do you think that counseling of a woman about issues like reproductive right, safe abortion and contraceptive is a part of medical professional job?	Yes..... 01  No..... 02  I do not know..... 77	<div> <div></div> <div></div> </div>
24.	Do you have any idea about 'Gender sensitive' healthcare?	Yes..... 01  No..... 02  I do not know..... 77	<div> <div></div> <div></div> </div>
25.	According to you what are the existing barriers regarding the provision of 'Gender' (Male, female and third gender) sensitive health care?	Barriers for healthcare provider..... 01  Rush of excessive patients..... 02	<div> <div></div> <div></div> </div>

	(Interviewer: Please read out the answers)	<p>Lack of 'Gender sensitive' perspective...03</p> <p>Lack of knowledge about 'Gender' ..... 04</p> <p>Others..... 99</p> <p>(Please mention.....)</p>	
26.	Do you think that, there is provision of equal healthcare for everyone (Male, female and third gender)?	<p>Yes..... 01</p> <p>No..... 02</p> <p>I do not know..... 77</p>	<div> <div></div> <div></div> </div>
27.	Please explain		
28.	Do you think that gender is a social determinant of health?	<p>Yes..... 01</p> <p>No..... 02</p> <p>I do not know..... 77</p>	<div> <div></div> <div></div> </div>
29.	Please explain.		
30.	Do you think that present medical/ dental curriculum has given better understanding of sex and gender medicine?	<p>Yes..... 01</p> <p>No..... 02</p> <p>I do not know..... 99</p>	<div> <div></div> <div></div> </div>

31.	Please explain.		
32.	Do you think that medical/ dental students have idea about 'Gender sensitive healthcare'?	Yes..... 01  No..... 02  I do not know..... 99	<div> <div></div> <div></div> </div>
33.	Why do you think it is important to have knowledge about the difference between 'Sex' and 'Gender' in the current medical/ dental curricula?  (Interviewer: Please read out the answers)	Gender sensitive attitude..... 01  To provide better quality health service..... 02  To be a better doctor..03  To be a better human being..... 04  To be able to provide gender sensitive health services..... 05  To attain health related global standard..... 06  To ensure people's health related rights... 07	<div> <div></div> <div></div> </div>

		<p>To reduce workload... 08</p> <p>To be respectful towards the patients..... 09</p> <p>Others..... 99</p> <p>(Please mention.....)</p>	
34.	<p>Have you had any chapter or orientation on 'Gender' (Male, female and third gender) issues in your medical/ dental academic curricula?</p>	<p>Yes..... 01</p> <p>No..... 02</p> <p>I do not know..... 99</p>	<div> <div></div> <div></div> </div>
35.	<p>Have you had any chapter or orientation on gender issues in your postgraduate academic curricula?</p> <p>(Not applicable for M.B.B.S and B.D.S. students)</p>	<p>Yes..... 01</p> <p>No..... 02</p> <p>I do not know..... 99</p>	<div> <div></div> <div></div> </div>
36.	<p>Have you received any training on 'Gender' related issues while being in medical/ dental college/ university?</p>	<p>Yes..... 01</p> <p>No..... 02</p> <p>I do not know..... 99</p>	<div> <div></div> <div></div> </div>
37.	<p>Do you think our current health system is 'Gender'</p>	<p>Yes..... 01</p> <p>No..... 02</p>	<div> <div></div> <div></div> </div>

	(Male, female and third gender) sensitive?	I do not know..... 99	
38.	<p>How is it possible to establish 'Gender (Male, female and third gender) sensitive' medical/ dental curricula?</p> <p>(Interviewer: Please read out the answers)</p>	<p>By including this concept in medical/ dental academic curricula.... 01</p> <p>By having discussion about the concept of 'Gender' within the health sector..... 02</p> <p>By organizing 'Gender' oriented trainings..... 03</p> <p>By organizing 'Gender' oriented workshops... 04</p> <p>Others..... 99</p> <p>(Please mention.....)</p>	<div> <div></div> <div></div> </div>
39.	<p>What do you think is the role of medical/ dental college to integrate 'Gender' (Male, female and third gender) in the curricula of medical/ dental college?</p> <p>(Interviewer: Please read out the answers)</p>	<p>By conducting review of medical/ dental curricula..... 01</p> <p>By observing the importance of 'Gender' inclusion..... 02</p> <p>By organizing 'Gender' oriented meetings..... 03</p>	<div> <div></div> <div></div> </div>

		<p>By consulting with medical/ dental educational curriculum board members..... 04</p> <p>Others..... 99</p> <p>(Please mention.....)</p>	
40.	<p>What kind of assistance is needed from the government to integrate 'Gender' (Male, female and third gender) in medical/ dental curricula of medical/ dental college?</p> <p>(Interviewer: Please read out the answers)</p>	<p>Government playing the main role in 'Gender' related issues..... 01</p> <p>Government conducting advertisement of 'Gender' related issues..... 02</p> <p>By including non-government organizations in these acts..... 03</p> <p>By including other regulatory organizations..... 04</p> <p>By reviewing medical/ dental curricula..... 05</p> <p>By creating intention module of 'Gender'</p>	<div></div> <div></div>

		<p>inclusion in medical/ dental curricula..... 06</p> <p>By measuring the change..... 07</p> <p>Others..... 99</p> <p>(Please mention.....)</p>	
41.	<p>In your opinion, what are the challenges to integrate 'Gender' (Male, female and third gender) in medical curricula?</p> <p>(Interviewer: Please read out the answers)</p>	<p>The medical curricula itself is huge..... 01</p> <p>The subjects of the curricula are very extensive..... 02</p> <p>There is no scope in incorporating the concept of 'Gender' in medical curricula..... 03</p> <p>Inclusion of the concept of 'Gender' is not important..... 04</p> <p>Others..... 99</p> <p>(Please mention.....)</p>	<div></div>
42.	<p>What is your opinion/ suggestion regarding 'Gender' (Male, female and</p>		



	third gender) inclusion in medical curricula?		
43.	<p>What are the positive effects of 'Gender' (Male, female and third gender) inclusion in medical curricula?</p> <p>(Interviewer: Please read out the answers)</p>	<p>It will bring change in human behavior..... 01</p> <p>It will bring change in 'Gender sensitive' attitude..... 02</p> <p>It will provide provision of good quality treatment..... 03</p> <p>It will ensure people's health rights..... 04</p> <p>Health service recipients would be satisfied..... 05</p> <p>Work load would be reduced..... 06</p> <p>The health service providers would be respectful towards the patients..... 07</p> <p>Others..... 08</p> <p>(Please mention.....)</p>	<div></div> <div></div>

44.	<p>What are the Negative effects of 'Gender' (Male, female and third gender) inclusion in medical curricula?</p> <p>(Interviewer: Please read out the answers)</p>	<p>There will be no change in the attitude of health service providers..... 01</p> <p>People will not take it positively..... 02</p> <p>The work load will increase..... 03</p> <p>I do not know..... 04</p> <p>Others..... 99</p> <p>(Please mention.....)</p>	<div> <div></div> <div></div> </div>
45.	<p>Do you think, inclusion of 'Gender' (Male, female and third gender) in medical curricula can bring changes in the present situation of our healthcare system by?</p>	<p>Yes..... 01</p> <p>No..... 02</p> <p>I do not know..... 99</p>	<div> <div></div> <div></div> </div>

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## Annexure 5

### Findings

#### Findings of Healthcare Service Providers

##### *ANNEX 5.1*

**Table 1: Distribution of socio-demographic characteristics of respondents (Health Care Service Provider) (N=33)**

Variable	Frequency	Percentage (%)
<b>Name of the Institute</b>		
BSMMU	10	30.3
MMCH	10	30.3
BMCH	13	39.4
<b>Age (years)</b>		
25-30	3	9.1
>30	30	90.9
<b>Sex</b>		
Female	14	42.4
Male	19	57.6
<b>Educational qualification</b>		
M.B.B.S	10	30.3
F.C.P.S	4	12.1
M.D	2	6.1

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M.S	7	21.2
MPH	3	9.1
MCPS	3	9.1
Others	4	12.1
<b>Current designation</b>		
Consultant	3	9.1
Professor	3	9.1
Associate Professor	2	6.1
Assistant Professor	7	21.2
Lecturer and Head of the department	1	3.0
Lecturer	5	15.2
Register	1	3.0
Assistant Register	5	15.2
Medical Officer	3	9.1
Intern doctor	3	9.1

**Table 1** demonstrates the socio-demographic characteristics (Institution, age, sex, educational qualification and current designation) of Health Care Service Providers and total 51 data has been collected from the three institutes. Most (39.4%) of the data has been collected from BSMMU.

Among 33 respondents most (90.9%) of them were more than 30 years old, maximum (57.6%) were male and 42.4% were female. Most (21.2%) of them were carrying the post of Assistant Professor.

**Table 2: Distribution of respondents (Service Provider) who heard about the word 'Gender' (N=33)**

Variable	Service Provider (N=33)	
	Frequency	Percentage (%)
Yes	33	100
No	0	0
Don't know	0	0

**Table 2** demonstrates the numbers of respondents who heard about the word 'Gender'. Among 33 service providers all (100%) told that they heard about the word 'Gender'.

**Table 3: Distribution of respondents (Service Provider) who knew what 'Gender' is (N=33)**

Variable	Service Provider (N=33)	
	Frequency	Percentage (%)
Yes	33	100
No	0	0
Don't know	0	0

**Table 3** demonstrates the numbers of respondents who knew what 'Gender' is. Among 33 service providers all (100%) told that they knew what 'Gender' is.

**Table 4: Distribution of respondents' (Service Provider) explanation of 'Gender' (N=33)**

Variable	Service Provider (N=33)	
	Frequency	Percentage (%)
Male and Female	14	42.4
Male, female and 3rd gender	15	45.5
Sex	3	9.1
Chromosomal determinant	1	3.0

**Table 4** demonstrates the respondents' explanation of 'Gender'. Most (45.5%) of the respondents explained 'Gender' as ' **Male, female and 3rd gender**' and about 42.4% respondents thought gender means '**Male and Female**'

**Table 5: Distribution of respondent's (Service Provider) knowledge about the relationship of gender and health (N=33)**

Variables				Frequency	Percentage (%)
Influence of gender on women's health		<b>Frequency</b>	<b>(%)</b>		
	Yes	31	93.9		
				Highly good	1 3.0
				Moderate	2 6.1
				Good	6 18.2
				Not much of good	6 18.2

				Bad	15	45.5
				Others	1	3.0
	No	2	6.1			
Influence of gender on men's health	Yes	28	84.8	Highly good	12	42.9
				Moderate	5	17.9
				Good	8	28.6
				Not much good	2	7.1
				Bad	1	3.6
	No	5	15.2			

**Table 5** demonstrates the knowledge of respondents about the relationship of gender and health.

Among 33 respondents, most (93.9%) of them thought that gender influence on women's health and most (45.5%) of them thought this influence is bad on women's health.

Among 33 respondents, maximum (84.8%) thought that gender has the influence on men's health and most (42.9%) of them thought this is highly good influence.



**Table 6: Distribution of respondent's (Service Provider) knowledge about human's health needs (N=33)**

Variables						Yes		No	
		Fre	%			Fre.	%	Fre.	%
Health needs	Different	27	81.8	Health needs of men	To maintain privacy and confidentiality	15	55.6	12	44.4
					To give maximum time	15	55.6	12	44.4
					To provide healthcare at minimum cost	15	55.5	12	44.4
					To provide better healthcare				
					To listen to the patient attentively	20	74.1	7	25.9
					Want more preference	15	55.5	12	44.4
					Others	7	21.2	26	78.8

						7	21.2	26	78.8
				Health needs of women	To maintain privacy and confidentiality	24	88.9	3	11.1
					To give maximum time	14	51.9	13	48.1
					To provide healthcare at minimum cost	12	44.4	15	55.6
					To provide better healthcare				
					To listen to the patient attentively	18	66.7	9	33.3
					Female doctor preference	15	55.6	12	44.4
					Others	7	21.2	26	78.8

						9	27.8	24	72.7
	Equal	6	18.2						

**Table 6** demonstrates the knowledge of respondents about human's health needs.

Among 33 respondents, most (81.8%) of them thought that health needs of human being is different and only 18.2% thought these needs are equal.

About Health needs of men, most (74.1%) of the respondents thought it is 'To provide better healthcare'.

About Health needs of women, most (88.9%) of the respondent thought that it is 'To maintain privacy and confidentiality'

**Table 7: Distribution of respondent's (Service Provider) knowledge about gender influences on responses of illness of men and women (N=33)**

Variables						Yes		No	
		F	%			F	%	F	%
Gender influences on responses of illness	Yes	31	93.9	Responses of illness of women	Informs family about illness	2	6.5	29	93.5
					Not inform family about illness	23	74.2	8	25.8
					Motivated to seek treatment from hospital	6	19.4	25	80.6
					Not motivated to seek treatment from hospital	17	54.8	14	45.2

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					Takes treatment from hospital	4	12.1	27	87.1
					Does not take treatment from hospital	23	74.2	8	25.8
					Asks lot of questions regarding illness	13	41.9	18	58.1
					Asks less questions regarding illness	6	19.4	25	80.6
					Familial negligence	6	19.4	25	80.6
					They are not concerned about their own health	5	16.1	26	83.9
					Others	8	25.8	23	74.2

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				Responses of illness of men	Informs family about illness	22	71.0	9	29.0
					Not inform family about illness	6	19.4	25	80.6
					Motivated to seek treatment from hospital	19	61.3	12	38.7
					Not motivated to seek treatment from hospital	5	16.1	26	83.9
					Takes treatment from hospital	20	64.5	11	35.5
					Does not takes treatment from hospital	5	16.1	26	83.9
					Asks lot of questions regarding illness	9	29.0	22	71.0
					Asks less questions regarding illness	10	32.3	21	67.7
					Others				

						11	35.5	21	67.7
	No	2	6.1	Free of gender influences on women	Shows same influences	2	100.0	0	0
				Free of gender influences on men	Shows same influences	2	100.0	0	0

**Table 7** demonstrates the knowledge of respondents about gender influences on responses of illness of men and women. Among 33 respondents, most (93.9%) of them thought gender influence is present on response of illness of men and women and only 6.1% thought gender influence is absent on response of illness of men and women.

About response of illness of women, most (74.2%) of the respondent thought that women does not inform family about their illness and not take treatment from hospital.

About response of illness of men, maximum (71%) respondents thought men Inform family about their illness.

**Table 8: Distribution of knowledge of respondents (Health Care Service Provider) about gender barriers to access health care services (N=33)**

Variables					Yes		No	
Gender barriers to access health care services		Frequency	(%)		Fre.	%	Fre.	%
	Yes	29	87.9	Transportation/ communication	17	58.6	12	41.4
				Problems in standing in queue	12	41.4	17	58.6
				Problems in entering healthcare providers room	7	24.1	22	75.9
				Inadequate separate seating facilities	14	48.3	15	51.7
				Problems in getting separate toilet facilities	15	51.7	14	48.3
				Problems of female patients in receiving treatment from male doctors	21	72.4	8	27.6
				Hesitancy of male patients in receiving				

				treatment from female doctors	5	15.2	28	84.8
				Female are dependent on male for decision making				
				No separate facilities for transgender, pregnant and lactating mother in hospital	4	12.1	29	87.9
				Expensive treatment procedure and rude behavior of health professionals	3	9.1	30	90.9
				Others	2	6.1	31	93.9
					3	9.1	30	90.9
	No	4	12.1					



**Table 8** demonstrates the knowledge of respondents about gender barriers to access health care services of men and women.

Among 33 respondents, 87.9% thought gender barrier is present in access healthcare services and only 12.1% thought there is no gender related barrier in getting healthcare services.

Among 87.9%, most (72.4%) of them thought Problems in receiving treatment from male doctors and 58.6% thought transportation or communication problem is the gender barriers to access health care services.

**Table 9: Distribution of respondent's (Service Provider) knowledge about attitude towards women while receiving treatment (N=33)**

<b>Variables (Attitude towards women)</b>	<b>Yes</b>		<b>No</b>	
	<b>Frequency</b>	<b>Percentage (%)</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Attentively listen to	19	57.6	14	42.4
Not attentively listen to	5	15.2	28	84.8
Given much time	18	54.5	15	45.5
Given less time	8	24.2	25	75.8
Given proper treatment	25	75.8	8	24.2
Not given proper treatment	3	9.1	30	90.9
Privacy and confidentiality is maintained	11	33.3	22	66.7
Privacy and confidentiality is not properly maintained	27	81.8	6	18.2
Treated well	19	57.6	14	42.4
Treated rudely	6	18.2	27	81.8

Doctors treat all patients equally	7	21.2	26	78.8
Others	5	15.2	28	84.8

**Table 9** demonstrates the knowledge of respondents about attitude towards women while receiving treatment. Among 33 respondents, most (81.8%) of them thought privacy and confidentiality is not properly maintained for women in Bangladesh and 75.8% respondents thought women are given proper treatment by doctors in Bangladesh.

**Table 10: Distribution of respondent's (Health Care Service Provider) perception about counseling of a women about their reproductive issues is a part of medical professional job (N=33)**

Variables	Frequency	Percentage (%)
Yes	31	93.9
No	2	6.1

**Table 10** demonstrates that perception of Healthcare service provider about counseling of a women about their reproductive health issues like reproductive right, safe abortion and contraceptives is a part of medical professional job. About 93.9% respondents agreed with this statement.

**Table 11: Percent distribution of respondents' (Health Care Service Provider) who have idea about 'gender sensitive healthcare' (N=33)**

Variables	Frequency	Percentage (%)
Yes	8	24.2
No	21	63.6

Don't know	4	12.1
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**Table 11** demonstrates the percent distribution of Healthcare service provider who have idea about gender sensitive healthcare. About 63.6% respondents did not have any idea about gender sensitive healthcare.

**Table 12: Distribution of respondent's (healthcare service provider) knowledge about barriers regarding the provision of gender sensitive healthcare (N=33)**

Variable s				Variables	Yes		No	
					F	%	F	%
Presenc e of Gender sensitive healthca re in Banglad esh		F	%					
	No	24	72.7	Barrier for healthcare provider	4	12.1	29	87.9
				Rush of excessive patients	21	63.6	12	36.4
				Lack of gender sensitive perspective	19	57.6	14	42.4
				Lack of knowledge about gender	17	51.5	16	48.5
				Lack of man power, equipment and adequate infrastructure in hospital	6	18.2	27	81.8

				Lack of Gender friendly healthcare service system	3	9.1	30	
					3	9.1	30	90.9
				Lack of knowledge about health rights				
					6	18.2	27	90.9
				Others				81.8
	Yes	8	24.2					
	Don't Know	1	3.0					

**Table 12** demonstrates the knowledge of the respondents about presence of Gender sensitive healthcare in Bangladesh and barriers regarding the provision of gender sensitive healthcare.

About 72.7% service providers did not agree with the statement of 'Current health system of Bangladesh is gender sensitive'

Most (74.5%) of the respondents thought due to the rush of excessive patients it is difficult to provide gender sensitive healthcare.

**Table 13: Distribution of respondent's (Health Care Service Provider) knowledge about presence of equal healthcare services for everyone in Bangladesh (N=33)**

Variables	Frequency	(%)	Explanation	Frequency	(%)
Yes	14	42.4	Bangladesh Government took initiatives to maintain equal	10	71.4

			healthcare services for everyone		
			No discrimination has observed in Bangladesh	6	42.8
No	19	57.6	Transgender population	10	71.4
			Female population	4	21.0
			Male population	1	5.3
			Poor people	2	10.5
			Others	4	21.0

(Multiple responses)

**Table 13** demonstrates the thoughts of the respondents about presence of equal healthcare services for everyone in Bangladesh. Maximum about 57.6% respondents thought in Bangladesh, there is absent of equal healthcare services for everyone and most (71.4%) respondents thought that transgender people mostly get deprived. About 42.4% respondents thought in Bangladesh there is no discrimination among people in health sector and among them about 71.4% respondents thought Bangladesh Government took initiatives to maintain equal healthcare services for everyone.

**Table 14: Distribution of respondent's (Health Care Service Provider) perception about the statement of 'gender is a social determinant of health (N=33)**

Variables	Frequency	(%)	Explanation	Frequency	(%)
Yes	23	69.7	Gender is mainly determined by family and society	12	36.4
			Discrimination mainly start from family and society	11	33.3

No	9	27.3	Everyone should be treated as a human being	9	27.3
Don't know	1	3.0			

**Table 14** demonstrates the perception of the respondents about the statement of 'gender is a social determinant of health'.

Maximum about 69.7% respondents agreed with the statement of gender is a social determinant of health and among them 36.4% explained it as 'Gender is mainly determined by family and society' and 33.3% explained gender as 'Discrimination mainly start from family and society'.

About 27.3% respondents did not agree with the statement and they all thought that 'Everyone should be treated as a human being

**Table 15 : Percent distribution of (Health Care Service Provider) who thought that they have better understanding of sex and gender medicine in medical or dental curriculum (N=33)**

Variables	Frequency	(%)	Explanation		
			Variables	Frequency	(%)
Yes	6	18.2	There are no specific chapter regarding sex and gender in medical science  Not discussed elaborately about gender in medical science  Gender is learnt in postgraduate level but not in undergraduate medical curricula	15	45.5
No	23	69.7		5	15.2
				2	6.1

			Adequately taught about sex and gender in medical education	2	6.1
			Others	5	15.2
Don't know	4	12.1			

**Table 15** demonstrates that percent distribution of medical students who thought that they have better understanding of sex and gender medicine in medical or dental curriculum.

About 69.7% respondents thought they did not have better understanding of sex and gender medicine in medical or dental curriculum.

About 45.5% respondents thought there are no specific chapter regarding sex and gender in medical science and 15.2% thought Gender is not discussed elaborately in medical science.

**Table 16: Percent distribution of Health Care Service Provider who have idea about 'gender sensitive healthcare' (N=33)**

Variables	Frequency	Percentage (%)
Yes	8	24.2
No	21	63.6
Don't know	4	12.1

**Table 16** demonstrates the percent distribution of Healthcare service provider who have idea about gender sensitive healthcare. About 63.6% respondents did not have any idea about gender sensitive healthcare.

**Table 17: Percent distribution of Health Care Service Provider who thought the difference between sex and gender is important to know in medical or dental curriculum (N=33)**

Variables					Yes		No	
Importance to know about the difference between sex and gender		Frequency	(%)		Fre.	%	Fre.	%
	Yes	33	100.0	For the development of gender sensitive attitude	19	57.6	14	42.4
				To provide better quality health service	21	63.6	12	36.4
				To be a better doctor				
				To be a better human being	20	60.6	13	39.4
				To be able to provide gender sensitive health services	19	57.6	14	42.4
				To attain health related global standard	21	63.6	12	36.4
				To ensure people's health related rights	16	48.5	17	51.5



				To reduce workload				
				Workload will increase	15	45.5	18	54.5
				To be respectful towards the patients	4	12.1	29	87.9
				Ensure to maintain patient's privacy and confidentiality	3	9.1	30	90.9
				To reduce discrimination and increase awareness	14	42.4	19	57.6
				Others	4	12.1	29	87.9
					4	12.1	29	87.9

					3	9.1	30	90.9
	No	0	0					

**Table 17** demonstrates the percent distribution of medical or dental students who thought it is important to know the differences between sex and gender in medical or dental curriculum. About 63.6% respondents thought it's important to know the differences because to provide better quality health service and to be able to provide gender sensitive health services.

**Table 18: Percent distribution of medical or dental students who found any chapter or training regarding gender in their medical curriculum (N=51)**

Variables	Yes		No		Don't know	
	F	%	F	%	F	%
Undergraduate curriculum	7	21.2	25	75.8	1	3.0
Postgraduate curriculum	12	36.4	13	39.4	8	24.2
Training	7	21.2	26	78.8	0	0

**Table 18** demonstrates percent distribution of medical or dental students who found any chapter or training regarding gender in their medical curriculum.

About 75.8% healthcare service provider did not find any chapter in undergraduate curriculum, 39.4% did not find any chapter in postgraduate medical curriculum and 78.8% did not get any opportunity of gender related training in their medical career.

**Table 19: Distribution of health care provider Current health system of Bangladesh is gender sensitive (N=33)**

Variables	Frequency	Percentage (%)
Yes	8	24.2
No	24	72.7
Don't Know	1	3.0

**Table 19** demonstrates the percent distribution of medical students about the statement of 'Current health system of Bangladesh is gender sensitive'.

About 72.7% health care service provider did not agree with the statement of 'Current health system of Bangladesh is gender sensitive'.

**Table 20: Distribution of health care provider establishment of gender sensitive medical/ dental curricula (N=33)**

Variables	Yes		No	
	Frequency	Percentage (%)	Frequency	Percentage (%)
By including this concept in medical/ dental academic curricula	24	72.7	9	27.3
By having discussion about the concept of 'Gender' within the health sector	22	66.7	11	33.3
By organizing 'Gender' oriented meetings	26	78.8	7	21.2

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By organizing 'Gender' oriented workshops	26	78.8	7	21.2
By organizing 'Gender' oriented seminar and symposium	4	12.1	29	87.9
Arranging clinical orientation session in 5th year	3	9.1	30	90.9
By adding 'Gender' from first year course curriculum	3	9.1	30	90.9
By adding 'Gender' in Community Medicine and Forensic Medicine syllabus	2	6.1	31	93.9

**Table 20** demonstrates the medical student's suggestion about establishment of gender sensitive medical/dental curricula.

About 78.8% suggested that Gender sensitive medical/dental curricula establishment is possible by including by organizing 'Gender' oriented meetings and by organizing 'Gender' oriented workshops. About 72.7% respondents suggested that Gender sensitive medical/dental curricula establishment is possible by including this concept in medical/ dental academic curricula.

**Table 21: Distribution of health care provider Role of medical/dental college to integrate gender in the curricula of medical/dental college (N=33)**

Variables	Yes		No	
	Frequency	Percentage (%)	Frequency	Percentage (%)
By conducting review of medical/dental curricula	21	63.6	12	36.4
By observing the importance of 'Gender' inclusion	17	51.5	16	48.5
By organizing 'Gender' oriented meetings	20	60.6	13	39.4
By consulting with medical/dental educational curriculum board members	23	69.7	10	30.3
Conduct training, workshop and seminar for teachers and students	12	36.4	21	63.6
Others	1	3.0	32	96.9

**Table 21** demonstrates the medical student's suggestion about role of medical/dental College to integrate gender in the curricula of medical/dental College.

About 69.7% healthcare service provider suggested the role of medical or dental college is consult with medical/dental educational curriculum board members and 63.6% suggested that the role is conduct review of medical/ dental curricula. About 60.6% respondents suggested that the role is by organizing 'Gender' oriented meetings.

**Table 22: Distribution of health care provider's thinking about Government's assistance to integrate gender in medical/dental curricula of medical/ dental college (N=33)**

Variables	Yes		No	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Government playing the main role in 'Gender' related issues	24	72.7	9	27.3
Government conducting advertisement of 'Gender' related issues	24	72.7	9	27.3
By including non-government organizations in these acts	21	63.6	12	36.4
By including other regulatory organizations	19	57.6	14	42.4
By reviewing medical/ dental curricula	19	57.6	14	42.4

By creating intention module of 'Gender' inclusion in medical/dental curricula				
By measuring the change	24	72.7	9	27.3
Policies should be taken to create women, men and children friendly environment in medical sector	12	36.4	21	63.6
	6	18.2	27	81.8
Arranging seminar, symposium, workshop and training on Gender				
Supplying adequate number of trainer and logistics	4	12.1	29	87.9
Curriculum of primary education should be reviewed	3	9.1	30	90.9
	1	3.0	32	96.9

**Table 22** demonstrates the medical student's suggestion about assistance of Government to integrate gender in medical/dental curricula.

About 72.7% students suggested about the assistance of Government to integrate gender in medical/dental curricula that government can play the main role in 'Gender' related issues, government can conduct advertisement of 'Gender' related issues and can create intention module of 'Gender' inclusion in medical/ dental curricula.

**Table 23: Distribution of health care provider Challenges to integrate gender in medical/dental curricula (N=33)**

Variables	Yes		No	
	Frequency	Percentage (%)	Frequency	Percentage (%)
The medical curricula itself is huge	12	36.4	21	63.6
The subjects of the curricula are very extensive	12	36.4	21	63.6
There is no scope in incorporating the concept of 'Gender' in medical curricula	2	6.1	31	93.9
Inclusion of the concept of 'Gender' is not important	0	0	33	100
Burden for students	4	12.1	29	87.9
Religious challenges	3	9.1	30	90.9



Time limitation	2	6.1	31	93.9
No challenges				
Others	14	42.4	19	57.6
	3	9.1	30	90.9

**Table 23** demonstrates the medical student's thought about challenges to integrate gender in medical/dental curricula. About 100% health care service provider did not think inclusion of the concept of 'Gender' is not important. About 42.4% respondents thought there is no challenges to integrate gender in medical/dental curricula.

**Table 24: Distribution of respondent's suggestion regarding gender inclusion in medical/dental curriculum (n=33)**

Variables	Frequency	Percentage (%)
Should be included in Undergraduate Curriculum	23	69.7
Should be included in Postgraduate Curriculum	6	18.2
Should be included in Community Medicine	7	21.2
Should be included in Forensic Medicine	3	9.0
Should be included in Anatomy	2	6.0
Should be included in Physiology	2	6.0
Should be included in Pediatrics	1	3.0

Should be included in Psychiatry	1	3.0
Should be included in Gynecology	1	3.0
Should be included in Dermatology and Venerology	1	3.0
Should be included in Clinical Medicine	1	3.0
Should be included in Public Health	2	6.0
Should be included in Behavioral Science	2	6.0
Should be included from school level	3	9.0
Curriculum should be reviewed	2	6.0
Should be included as concise form and make interesting for students	3	9.0
Meeting should be arranged with teaching staff and members of curriculum review board	2	6.0
Training, workshop, symposium, seminar should be arranged for students and intern doctors	3	9.0
Training should be arranged for teaching staff		
There is no scope of inclusion of gender in curriculum	1	3.0
	1	3.0

**Table 24** demonstrates that about 69.7% respondents suggest that, Gender should be included in undergraduate medical curriculum and 21.2% respondents suggest that it should be included in Community Medicine subject.

**Table 25: Distribution of health care provider positive and negative effects of gender inclusion in medical/dental curricula (N=33)**

Variables	Yes		No		Variables	Yes		No	
Positive effects	F	%	F	%	Negative effects	F	%	F	%
It will bring change in human behavior	22	66.7	11	33.3	Attitude of the providers will not change	6	18.2	27	81.8
It will bring change in 'Gender sensitive' attitude	24	72.7	9	27.3	People will not accept it positively	4	12.1	29	87.9
It will provide provision of good quality treatment	21	63.6	12	36.4	Work pressure will increase	7	21.2	26	78.8
It will ensure people's health rights	22	66.7	11	33.3	No negative effects	20	60.6	13	39.4
Health service recipients would be satisfied	8	24.2	25	75.8	Don't know	0	0	33	100.0
Work load would be reduced	22	66.7	11	33.3	Others	4	12.1	29	87.9
	7	21.2	26	78.8					

The health service providers would be respectful towards the patients	3	9.1	30	90.9					
Decrease disease burden, mortality and morbidity	2	6.1	31	93.9					
Decrease discrimination against women and transgender population	1	3.0	32	96.9					
Increase awareness among mass people about healthcare									
Others									

**Table 25** demonstrates the service provider's thought about positive and negative effects of gender inclusion in medical/dental curricula. About 78.8% service providers thought if gender is included in medical/dental curricula then it will provide provision of good quality treatment, 72.7% respondents thought it will bring change in 'Gender sensitive' attitude and 66.7% respondent thought it will bring change in human behavior, health service recipients would be satisfied and the health service providers would be respectful towards the patients.

About 60.6% respondents thought there is no negative effects of gender inclusion in medical/dental curricula, 21.2% thought work pressure will increase and about 18.2% thought if gender is included in medical/dental curricula then attitude of the providers will not change.

**Table 26: Percent distribution of Health Care Service Provider about Inclusion of gender in medical/dental curricula can bring changes in the present situation of our healthcare system (N=33)**

Variables					Yes		No	
Gender inclusion in medical curricula can bring the changes of health system		F	(%)		Fre.	%	Fre.	%
	Yes	27	81.8	The quality of health service will improve	21	77.8	6	22..2
				Everyone will get good healthcare services	15	55.6	12	44.4
				Everyone's right of receiving health services would be ensured	15	55.6	12	44.4
				Patient will be satisfied	3	11.1	24	88.9
				Improved quality of health professionals	2	7.4	25	92.6
					2	7.4	25	92.6

				Increase awareness about healthcare services among mass people	6	22.2	21	77.8
				Others				
	No	6	18.2					

**Table 26** demonstrates the medical student's suggestion about the statement of 'inclusion of gender in medical/dental curricula can bring changes in the present situation of our health system'.

Most (81.8%) of the respondents thought gender inclusion in medical/dental curricula can bring the changes of health system and among them about 77.8% respondents thought the quality of healthcare services will be improved if gender is included in medical or dental curricula, about 55.6% respondents thought Everyone will get good healthcare services and everyone's right of receiving health services would be ensured.

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## Findings of Medical Students

### ANNEX 5.2

**Table 1: Distribution of socio-demographic characteristics of respondents (Medical Students) (N=51)**

Variable	Frequency	Percentage (%)
<b>Name of the Institute</b>		
BSMMU	30	58.8
MMCH	11	21.6
BMCH	10	19.6
<b>Age (years)</b>		
<20	2	3.9
20-25	18	35.3
>25	31	60.8
<b>Sex</b>		
Female	28	54.9
Male	23	45.1

<b>Educational qualification</b>		
1st year	4	7.8
2nd year	5	9.8
3rd year	4	7.8
4th year	4	7.8
5th year	4	7.8
Residents of Gynaecology	3	5.8
Residents of Paediatrics	2	3.9
Residents of Urology	5	9.8
Postgraduate students of Public Health	6	11.8
Residents of Dentistry	14	27.5
<b>Current designation</b>		
Undergraduate student	21	41.2
Postgraduate student	30	58.8

**Table 1** demonstrates the socio-demographic characteristics (Age, sex, educational qualification and current designation) of Medical students and total 51 data has been collected from the three institutes. Most (58.8%) of the data has been collected from BSMMU.

Among 51 respondents most (60.8%) of them were more than 25 years old, maximum (54.9%) were female and 45.1% were male, most (58.8%) data were collected from postgraduate medical students and about 41.2% data were collected from undergraduate medical students.

**Table 2: Distribution of respondent's (Medical students) knowledge about the relationship of gender and health (N=51**

Variables				Frequency	Percentage (%)
		Frequency	(%)		



Influence of gender on women's health	Yes	49	96.1	Highly good	2	4.1
				Good	3	6.1
				Moderate	2	4.1
				Not much good	5	10.2
				Bad	33	67.3
				Both good & bad	2	4.1
				Depends on socio-economic status	2	4.1
	No	2	3.9			
Influence of gender on men's health	Yes	48	94.1	Highly good	16	31.7
				Good	11	21.6
				Moderate	11	21.6
				Not much good	4	7.8
				Bad	4	7.8
				Both good & bad	2	3.9
	No	3	5.9			

**Table 2** demonstrates the knowledge of respondents about the relationship of gender and health.

Among 51 respondents, all (96.1%) of them thought that gender influence on women's health and most (67.3%) of them thought this influence is bad on women's health.

Among 51 respondents, maximum (94.1%) thought that gender has the influence on men's health and most (31.7%) of them thought this is highly good influence.

**Table 3: Distribution of respondent's (Medical students) knowledge about human's health needs (N=51)**

Variables						Yes		No	
		F	%			F	%	F	%
Health needs	<i>Different</i>	43	84.3	Health needs of men	To maintain privacy and confidentiality	19	43.2	24	54.5
					To give maximum time	26	60.5	17	39.5
					To provide healthcare at minimum cost	34	79.1	9	20.9
					To provide better healthcare	36	83.7	7	16.3
					To listen to the patient attentively	29	67.4	14	32.6

					Others	9	20.5	35	79.5
					Health needs of women				
					To maintain privacy and confidentiality	42	97.7	1	2.3
					To give maximum time	30	69.8	13	30.2
					To provide healthcare at minimum cost	32	74.4	11	25.6
					To provide better healthcare	35	81.4	8	18.6
					To listen to the patient attentively	32	74.4	11	25.6
					Others				

						15	34.9	28	65.1
	Equal	8	15.7						

**Table 3** demonstrates the knowledge of respondents about human's health needs.

Among 51 respondents, most (84.3%) of them thought that health needs of human being is different and only 15.7% thought these needs are equal.

About Health needs of men, most (83.7%) of the respondents thought it is 'To provide better healthcare'.

About Health needs of women, all (97.7%) the respondent thought that it is 'To maintain privacy and confidentiality'

**Table 4: Distribution of respondent's (medical students) knowledge about gender influences on responses of illness of men and women (N=51)**

Variables						Yes		No	
		F	%			F	%	F	%
Gender influences	Yes	47	92.2	Responses of illness of women	Inform family about illness	8	17.0	39	83.0
					Not inform family about illness	37	78.7	10	21.3
					Motivated to seek treatment from hospital	13	27.7	34	72.3

ces on respon ses of illness					Not motivated to seek treatment from hospital				
					Takes treatment from hospital	32	68.1	15	31.9
					Does not take treatment from hospital	7	14.9	40	85.1
					Asks lot of questions regarding illness	38	80.9	9	19.1
					Asks less questions regarding illness	19	40.4	28	59.6
					Others				
						21	44.7	26	55.3
						12	25.5	35	74.5

				Responses of illness of men	Informs family about illness	35	74.5	12	25.5
					Not inform family about illness	8	17.0	39	83.0
					Motivated to seek treatment from hospital	35	74.5	12	25.5
					Not motivated to seek treatment from hospital	4	8.5	43	91.5
					Takes treatment from hospital				
					Does not takes treatment from hospital	32	68.1	15	31.9
					Asks lot of questions regarding illness	12	25.5	35	74.5
					Asks less questions regarding illness	25	53.2	22	46.8
					Others				

						16	34.8	30	65.2
						7	14.9	40	85.1
	No	4	7.8	Free of gender influences on women	Shows same influences	4	100.0	0	0
				Free of gender influences on men	Shows same influences	4	100.0	0	0

**Table 4** demonstrates the knowledge of respondents about gender influences on responses of illness of men and women.

Among 51 respondents, most (92.2%) of them thought gender influence is present on response of illness of men and women and only 7.8% thought gender influence is absent on response of illness of men and women.

About response of illness of women, most (80.9%) of the respondent thought that women does not take treatment from hospital.

About response of illness of men, maximum (74.5%) respondents thought Men Inform family about their illness and they get motivated to seek treatment from hospital.

**Table 5: Distribution of knowledge of respondents (Medical students) about gender barriers to access health care services (N=51)**

Variables					Yes		No	
Gender barriers to access health care services		Frequency	(%)		F	%	F	%
	Yes	46	90.2	Transportation/communication	36	78.3	10	21.7
				Problems in standing in queue	33	71.7	13	28.3
				Problems in entering healthcare providers room	33	71.7	13	28.3
				Inadequate separate seating facilities	35	76.1	11	23.9
				Problems in getting separate toilet facilities	38	82.6	8	17.4
				Problems in receiving treatment from male doctors	34	73.9	12	26.1
				Others				



					21	44.7	26	55.3
	No	5	9.8					

**Table 5** demonstrates the knowledge of respondents about gender barriers to access health care services of men and women.

Among 51 respondents, 90.2% thought gender barrier is present in access healthcare services and only 9.8% thought there is no gender related barrier in getting healthcare services.

Among 90.2%, most (82.6%) of them thought problems in getting separate toilet facilities is the gender barrier of getting healthcare services, about 78.3% thought gender barrier is transportation or communication problem and 76.1% thought it was inadequate separate seating facilities.

**Table 6: Distribution of respondent's (medical students) knowledge about attitude towards women while receiving treatment (N=51)**

Variables (Attitude towards women)	Yes		No	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Attentively listen to	34	66.7	17	33.3
Not attentively listen to	13	25.5	38	74.5
Given much time	20	39.2	31	60.8
Given less time	18	35.3	33	64.7
Given proper treatment	36	70.6	15	29.4
Not given proper treatment	7	13.7	44	86.3
Privacy and confidentiality is maintained	29	56.9	22	43.1
Privacy and confidentiality is not maintained	33	64.7	18	35.3
Treated well	25	49.0	26	51.0
Treated rudely	11	21.6	40	78.4
Others	11	21.6	40	78.4

**Table 6** demonstrates the knowledge of respondents about attitude towards women while receiving treatment.

Among 51 respondents, about 70.6% medical students thought women are given proper treatment from the hospital and about 64.7% respondents thought privacy and confidentiality is not maintained in Bangladesh.

**Table 7: Distribution of respondent's (medical students) knowledge about barriers regarding the provision of gender sensitive healthcare (N=51)**

Variables				Yes		No	
				F	%	F	%
Presence of Gender sensitive healthcare in Bangladesh		F	%	18	35.3	33	64.7
	No	46	90.2	37	72.5	14	27.5
				38	74.5	13	25.5
				36	70.6	15	29.4
				18	35.3	33	64.7
	Yes	5	9.8				

**Table 7** demonstrates the knowledge of the respondents about presence of Gender sensitive healthcare in Bangladesh and barriers regarding the provision of gender sensitive healthcare.

About 90.2% medical students did not agree with the statement of 'Current health system of Bangladesh is gender sensitive'

Most (74.5%) of the respondents thought lack of gender sensitive perspectives among people is mostly the barrier in the provision of gender sensitive healthcare.

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**Table 8: Distribution of respondent's (medical students) thoughts about presence of equal healthcare services for everyone in Bangladesh (N=51)**

Variables	Frequency	Percentage (%)
Yes	9	17.6
No	42	82.4

**Table 8** demonstrates the thoughts of the respondents about presence of equal healthcare services for everyone in Bangladesh.

Maximum about 82.4% respondents thought in Bangladesh, there is absent of equal healthcare services for everyone.

**Table 9: Percent distribution of medical students who thought that they have better understanding of sex and gender medicine in medical or dental curriculum (N=51)**

Variables	Frequency	Percentage (%)
Yes	9	17.6
No	40	78.4
Don't know	2	3.9

**Table 9** demonstrates that percent distribution of medical students who thought that they have better understanding of sex and gender medicine in medical or dental curriculum.

About 78.4% respondents thought they did not have better understanding of sex and gender medicine in medical or dental curriculum.

**Table 10: Percent distribution of medical or dental students who have idea about 'gender sensitive healthcare' (N=51)**

Variables	Frequency	Percentage (%)
Yes	13	25.5
No	38	74.5

**Table 10** demonstrates the percent distribution of medical or dental students who have idea about gender sensitive healthcare.

About 74.5% respondents did not have any idea about gender sensitive healthcare.

**Table 11: Percent distribution of medical or dental students who thought the difference between sex and gender is important to know in medical or dental curriculum (N=51)**

Variables					Yes		No	
Importance to know about the difference between sex and gender		Frequency	(%)		F	%	F	%
	Yes	51	100.0	For the development of gender sensitive attitude	41	80.4	10	19.6
				To provide better quality health service	41	80.4	10	19.6
				To be a better doctor	37	72.5	14	27.5
				To be a better human being	41	80.4	10	19.6
				To be able to provide gender sensitive health services	40	78.4	11	21.6
				To attain health related global standard				

				To reduce workload	39	76.5	12	23.5
				To be respectful towards the patients	13	25.5	38	74.5
				Others	41	80.4	10	19.6
					12	23.5	39	76.5
	No	0						

**Table 11** demonstrates the percent distribution of medical or dental students who thought it is important to know the differences between sex and gender in medical or dental curriculum.

About 80.4% respondents thought it's important to know the differences because for the development of gender sensitive attitude, to provide better quality health service, to be a better human being and to be respectful towards the patients.

**Table 12: Percent distribution of medical or dental students who found any chapter or training regarding gender in their medical curriculum (N=51)**

Variables	Yes		No		Don't know	
	F	%	F	%	F	%
Undergraduate curriculum	9	17.6	41	80.4	1	2.0
Postgraduate curriculum	9	30.0	21	70.0	0	0
Training	3	5.9	48	94.1	0	0

**Table 12** demonstrates percent distribution of medical or dental students who found any chapter or training regarding gender in their medical curriculum.

About 80.4% medical students did not find any chapter in undergraduate curriculum, 70.0% students did not find any chapter in postgraduate medical curriculum and 94.1% students did not get any opportunity of gender related training in their medical career.

**Table 13: Distribution of medical student's suggestion about establishment of gender sensitive medical/dental curricula (N=51)**

Variables	Yes		No	
	Frequency	Percentage (%)	Frequency	Percentage (%)
By including this concept in medical/ dental academic curricula	47	92.2	4	7.8
By having discussion about the concept of 'Gender' within the health sector	44	86.3	7	13.7
By organizing 'Gender' oriented trainings	47	92.2	4	7.8
By organizing 'Gender' oriented workshops	45	88.2	6	11.8
Others	13	25.5	38	74.5

**Table 13** demonstrates the medical student's suggestion about establishment of gender sensitive medical/dental curricula.

About 92.2% medical students suggested that Gender sensitive medical/dental curricula establishment is possible by organizing 'Gender' oriented trainings and by including this concept in medical/ dental academic curricula.

**Table 14: Distribution of medical student's suggestion about role of medical/dental college to integrate gender in the curricula of medical/dental college (N=51)**

Variables	Yes		No	
	Frequency	Percentage (%)	Frequency	Percentage (%)
By conducting review of medical/ dental curricula	43	84.3	8	15.7
By observing the importance of 'Gender' inclusion	39	76.5	12	23.5
By organizing 'Gender' oriented meetings	36	70.6	15	29.4
By consulting with medical/ dental educational curriculum board members	43	84.3	8	15.7
Others	7	13.7	44	86.3

**Table 14** demonstrates the medical student's suggestion about role of medical/dental College to integrate gender in the curricula of medical/dental College.

About 84.3% students suggested the role of medical or dental college is conduct review of medical or dental curricula and consult with medical/dental educational curriculum board members.



**Table 15: Distribution of medical student's suggestion about assistance of Government to integrate gender in medical/dental curricula (N=51)**

Variables	Yes		No	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Government can play the main role	38	74.5	13	25.5
Government can conduct advertisement of 'Gender' related issues	44	86.3	7	13.7
Can include non-government organizations	46	90.2	5	9.8
Can include other regulatory organizations	38	74.5	13	25.5
By reviewing medical/ dental curricula	40	78.4	11	21.6
By creating module	38	74.5	13	25.5
	36	70.6	15	29.4
By measuring the change	8	15.7	43	84.3
Others				

**Table 15** demonstrates the medical student's suggestion about assistance of Government to integrate gender in medical/dental curricula.

About 90.2% students suggested about the assistance of Government to integrate gender in medical/dental curricula that can include non-governmental organizations.

**Table 16: Distribution of medical student's thought about positive and negative effects of gender inclusion in medical/dental curricula (N=51)**

Variables	Yes		No		Variables	Yes		No	
Positive effects	F	%	F	%	Negative effects	F	%	F	%
It will bring change in human behavior	42	82.4	9	17.6	The behavior of the healthcare providers will not change	2	3.9	49	96.1
It will bring change in 'Gender sensitive' attitude	44	86.3	7	13.7	People will not accept it well	11	21.6	40	78.4
It will provide provision of good quality treatment	45	88.2	6	11.8	Work pressure will increase	12	23.5	39	76.5
It will ensure people's health rights	42	82.4	9	17.6	Don't know	0	0	51	100.0
Health service recipients would be satisfied	39	76.5	12	23.5	No negative effects	30	58.8	21	41.2
Work load would be reduced	13	25.5	38	74.5	Others	5	9.8	46	90.2
The health service providers would be	44	86.3	7	13.7					

respectful towards the patients	7	13.7	44	86.3					
Others									

Table 16 demonstrates the medical student's thought about positive and negative effects of gender inclusion in medical/dental curricula.

About 88.2% students thought if gender is included in medical/dental curricula then advanced healthcare will be launched and it will provide provision of good quality treatment, 86.3% respondents thought it will bring change in 'Gender sensitive' attitude and the health service providers would be respectful towards the patients.

About 96.1% medical students thought the behavior of the healthcare providers will change after inclusion of gender in medical curriculum and 58.8% students thought there is no negative effects of gender inclusion in medical/dental curricula.

**Table 17: Percent distribution of medical student's suggestion about the statement of 'inclusion of gender in medical/dental curricula can bring changes in the present situation of our health system' (N=51)**

Variables					Yes		No	
Gender inclusion in medical curricula can bring the changes of health system		Frequency	(%)		F	%	F	%
	Yes	49	96.1	The quality of healthcare will improve	45	91.8	4	8.2
				Everyone will get good healthcare services	37	75.5	12	24.5

				Everyone's rights of receiving health services would be ensured	41	83.7	8	16.3
				Others	8	15.7	43	84.3
	No	2	3.9					

**Table 17** demonstrates the medical student's suggestion about the statement of 'inclusion of gender in medical/dental curricula can bring changes in the present situation of our health system'.

Most (96.1%) of the respondents thought gender inclusion in medical/dental curricula can bring the changes of health system and among them about 91.8% students thought the quality of healthcare will be improved if gender is included in medical or dental curricula.

## Findings of Healthcare Service Recipients

### ANNEX 5.3

**Table 1: Distribution of socio-demographic characteristics of respondents (Service Recipient) (N=65).**

Variable	Frequency	Percentage (%)
<b>Name of the Institute</b>		
BSMMU	22	33.8
MMCH	22	33.8
BMCH	21	32.3
<b>Age (years)</b>		
<20 years	4	6.2
(21-25 ) years	15	23.1
(26-30) years	19	29.2
<30 years	27	41.5
<b>Sex</b>		
Female	44	67.7
Male	21	32.3
<b>Educational qualification</b>		
Never been go to school	9	13.8
Primary	14	21.5
Secondary	23	35.4

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Higher Secondary	4	6.2
Graduate	6	9.2
Post-graduate	9	13.8
Others	9	13.8
<b>Occupational status</b>		
Housewife	36	55.4
Service holder	13	20.0
Businessman	5	7.7
Retired	2	3.1
Others	9	13.8

**Table 1** demonstrates the socio-demographic characteristics (Age, sex, educational qualification and occupational status) of healthcare service recipients and total 65 data has been collected from the three institutes. Most (33.8%) of the data has been collected from BSMMU and MMCH.

Among 65 respondents most (41.5%) of them were more than 30 years old, maximum (67.7%) were female and 32.3% were male, Most (55.4%) of the female were housewife and 35.4% completed their secondary education.

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**Table 2: Distribution of respondents (Service Provider) who heard about the word 'Gender' (N=33)**

Variable	Service Provider (N=33)	
	Frequency	Percentage (%)
Yes	41	63.1
No	21	32.3
Don't know	3	4.6

**Table 2** demonstrates the numbers of respondents who heard about the word 'Gender'.

Among 33 service providers all (63.1%) told that they heard about the word 'Gender'.

**Table 3: Distribution of respondents (Service Provider) who knew what 'Gender' is (N=33)**

Variable	Service Provider (N=33)	
	Frequency	Percentage (%)
Yes	37	56.9
No	14	21.5
Don't know	14	21.5

**Table 3** demonstrates the numbers of respondents who knew what 'Gender' is.

Among 33 service providers all (56.9%) told that they knew what 'Gender' is.

**Table 4: Distribution of respondents' (Service Provider) explanation of 'Gender' (N=33)**

Variable	Service Provider (N=33)	
	Frequency	Percentage (%)
Male and Female	29	43.1
Male, female and 3rd gender	7	10.8
Sex	1	1.5

**Table 4** demonstrates the respondents' explanation of 'Gender'.

Most (43.1%) of the respondents explained 'Gender' as 'Male and Female' and about 10.8% respondents thought gender means 'Male, female and 3rd gender'

**Table 5: Distribution of respondent's (Service Recipient) knowledge about the relationship of gender and health (N=65).**

Variables					Frequency	Percentage (%)
Influence of gender on women's health		<b>Frequency</b>	<b>(%)</b>			
	Yes	44	67.7	Highly good	3	6.7
				good	6	13.3
				Good	6	13.3
				Moderate	6	13.3
				Not much good	23	51.1
				Bad		
	No	13	20.0			



	Don't know	8	12.3			
Influence of gender on men's health	Yes	39	60.0	Highly good	6	15.8
					16	24.6
				Good	12	31.6
				Moderate	2	5.3
				Not much good	2	5.3
				Bad	1	2.6
				Others		
	No	18	27.7			
	Don't know	8	12.3			

**Table 5** demonstrates the knowledge of respondents about the relationship of gender and health.

Among 65 respondents, all (67.7%) of them thought that gender influence on women's health and most (51.1%) of them thought this influence is bad on women's health.

Among 51 respondents, maximum (60.0%) thought that gender has the influence on men's health and most (31.6%) of them thought this is moderate influence.

**Table 6: Distribution of respondent's (Service Recipient) knowledge about human's health needs (N=65)**

Variables						Yes		No	
		F	%			F	%	F	%
Health needs	Different	61	93.8	Health needs of men	To maintain privacy and confidentiality	18	27.7	43	66.2
					To give maximum time	27	41.5	34	52.3
					To provide healthcare at minimum cost	54	83.1	6	9.2
					To provide better healthcare	53	81.5	8	12.3
					To listen to the patient attentively				
					Others	46	70.8	15	23.1
						18	27.7	43	66.2

				Health needs of women	To maintain privacy and confidentiality	50	76.9	11	16.9
					To give maximum time	25	38.5	36	55.4
					To provide healthcare at minimum cost	19	29.2	42	64.6
					To provide better healthcare	52	80.0	9	13.8
					To listen to the patient attentively	54	83.1	10.8	25.6
					Others	24	36.9	37	56.9
	Equal	4	6.2						

**Table 6** demonstrates the knowledge of respondents about human's health needs.

Among 65 respondents, most (93.8%) of them thought that health needs of human being is different and only 6.2% thought these needs are equal.

About Health needs of men, most (83.1%) of the respondents thought it is to provide healthcare at minimum cost.

About Health needs of women, all (83.1%) the respondent thought that it is to listen to the patient attentively.

**Table 7: Distribution of respondent's (Service Recipient) knowledge about gender influences on responses of illness of men and women (N=65)**

Variables						Yes		No	
		F	%			F	%	F	%
Gender influences on responses of illness	Yes	59	90.8	Responses of illness of women	Informs family about illness	44	67.7	15	23.1
					Not inform family about illness	15	23.1	44	67.7
					Motivated to seek treatment from hospital	29	44.6	30	46.2
					Not motivated to seek treatment from hospital	25	38.5	34	52.3
					Takes treatment from hospital				
					Does not take treatment from hospital	15	23.1	44	67.7
					Asks lot of questions regarding illness	34	52.3	25	38.5

					Asks less questions regarding illness	9	13.8	50	76.9
					Others	20	30.8	39	60.0
						20	30.8	39	60.0
				Responses of illness of men	Informs family about illness	40	61.5	19	29.2
					Not inform family about illness	17	26.2	42	64.6
					Motivated to seek treatment from hospital	30	46.2	29	44.6
					Not motivated to seek treatment from hospital	24	36.9	35	53.8
					Takes treatment from hospital	21	32.3	38	58.5

					Does not take treatment from hospital	26	40.0	33	50.8
					Asks lot of questions regarding illness	6	9.2	53	81.5
					Asks less questions regarding illness	6	9.2	53	81.5
					Others	1	1.5	58	89.2
	No	2	3.1	Free of gender influences on women	Shows same influences	1	1.5	50.0	50.0
				Free of gender influences on men	Shows same influences	1	1.5	50.0	100.0
	Do n't know	4	6.2						

**Table 7** demonstrates the knowledge of respondents about gender influences on responses of illness of men and women.

Among 65 respondents, most (90.8%) of them thought gender influence is present on response of illness of men and women and only 3.1% thought gender influence is absent on response of illness of men and women and about 6.2% had no idea about it.

About response of illness of women, most (67.7%) of the respondent thought that informs family about their illness.

About response of illness of men, maximum (61.5%) respondents thought Men inform family about their illness.

**Table 8: Distribution of knowledge of respondents (Service Recipient) about gender barriers to access health care services (N=65)**

Variables					Yes		No	
Gender barriers to access health care services		Frequency	(%)		F	%	F	%
	Yes	34	52.3	Transportation/communication	7	10.8	28	43.1
				Problems in standing in queue	15	23.1	20	30.8
				Problems in entering healthcare providers room	5	7.7	30	46.2
				Inadequate separate seating facilities	17	26.2	18	27.7
				Problems in getting separate toilet facilities	16	24.6	19	29.2

				Others	28	43.1	7	10.8
					13	20.0	22	33.8
	No	30	46.2					

**Table 8** demonstrates the knowledge of respondents about gender barriers to access health care services of men and women.

Among 65 respondents, 52.3% thought gender barrier is present in access healthcare services. Among 52.3%, most (43.1%) of them thought problems in getting problems in receiving treatment from male doctors is the possible gender barrier.



**Table 9: Distribution of respondent's (Service Recipient) knowledge about attitude towards women while receiving treatment (N=65)**

Variables (Attitude towards women)	Yes		No	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Attentively listen to	49	75.4	16	24.6
Not attentively listen to	10	15.4	55	84.6
Given much time	34	52.3	31	47.7
Given less time	8	12.3	57	87.7
Given proper treatment	53	81.5	12	18.5
Not given proper treatment	6	9.2	59	90.8
Privacy and confidentiality is maintained	24	36.9	41	63.1
Privacy and confidentiality is not maintained	41	63.1	24	36.9
Treated well	47	72.3	18	27.7
Treated rudely	4	6.2	61	93.8
Others	16	24.6	49	75.4

**Table 9** demonstrates the knowledge of respondents about attitude towards women while receiving treatment.

Among 65 respondents, about 81.5% respondents thought women are given proper treatment from the hospital, 75.4% respondents thought attentively listen to the complaints of women,

72.3% respondents thought women are treated well and about 63.1% respondents thought privacy and confidentiality is not maintained in Bangladesh.

**Table 10: Distribution of respondent's (Service Recipient) experience of 'Gender' discrimination while receiving treatment (N=65).**

Variables	Frequency	(%)	Measures has been taken after gender discrimination	Frequency	(%)
Yes	14	21.5	No action has been taken	10	15.4
			Did not take any treatment further from there	3	4.6
No	51	78.5			

**Table 10** demonstrates the respondent's experience of 'Gender' discrimination while receiving treatment.

About 78.5% respondents did not experience any discrimination during receiving treatment.

**Table 11: Distribution of respondent's (Service Recipient) knowledge about the believe in 'Gender' equality (N=65)**

Variables	Frequency	Percentage (%)	Explanation	Frequency	(%)
Yes	62	95.4	Everyone should be treated equally	62	95.4
No	2	3.1	Men will get more preference because they are the earning member of the family	2	3.1
Don't know	1	1.5			

**Table 11** demonstrates the thoughts of the respondent's knowledge about believe in gender equality. About 95.4% respondents believe in gender equality.

**Table 12: Distribution of respondent's (Service Recipient) knowledge about presence of equal healthcare services for everyone in Bangladesh (N=65)**

Variables	Frequency	Percentage (%)
Yes	19	29.2
No	41	63.1
Don't know	5	7.7

**Table 12** demonstrates the thoughts of the respondents about presence of equal healthcare services for everyone in Bangladesh.

Maximum about 63.1% respondents thought in Bangladesh, there is absent of equal healthcare services for everyone.

**Table 13: Distribution of respondent's (Service Recipient) knowledge about measures that has been taken to establish gender equality in Bangladesh (N=65)**

Variables	Frequency	(%)	Explanation	Frequency	(%)
Yes	29	44.6	Bangladesh Government has taken lots of initiatives for achieving equal rights of transgender population	9	31.0
			Bangladesh government already has taken policies to establish gender equality in Bangladesh	8	27.5
			Bangladesh Government established so many government hospitals, community clinic so	6	20.7

			everyone can get equal healthcare services	6	20.7
			Others		
No	6	9.2			
Don't know	30	46.2			

**Table 13** demonstrates the knowledge of the respondents about measures that has been taken to establish gender equality in Bangladesh.

Maximum about 46.2% respondents did not know about it. About 44.6% thought in Bangladesh to establish gender equality lots of measure has been taken. Among them most (31.0%) respondents thought that Bangladesh Government has taken lots of initiatives for achieving equal rights of transgender population.

**Table 14: Distribution of respondent's (service recipient) thought about measures that can be taken to establish 'Gender' equality in Bangladesh (N=65)**

Variables	Frequency	(%)
All the medical staff (doctors, nurse) should be well behaved and given more time to the patients	8	12.3
Establishment of more specialized hospital in everywhere	8	12.3
Establishment of equal treatment facilities for male, female and transgender population	7	10.8
Number of doctors, nurse and medical staff should be increased	5	7.7
	3	4.6

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Number of health center should be increased		
	2	3.1
Government should arrange adequate bed, separate toilet, separate seating arrangement in hospital		
	22	33.8
Don't know about it		
	7	10.8
Others		

**Table 14** demonstrates the thought of the respondents about measures that can be taken to establish 'Gender' equality in Bangladesh. Maximum about 33.8% respondents did not have any idea about this, about 12.3% respondents thought all the medical staff (doctors, nurse) should be well behaved and given more time to the patients and establishment of more specialized hospital in everywhere should be needed.

## Annexure 6

### List of stakeholders

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					EMAIL	TELEPHON E
Mymensingh Medical College						
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## Annexure 7

### Pictures of Data Collection



*Picture 1: Survey Interview with a Medical Student*



*Picture 2: Survey Interview with a Service Provider*



*Picture 3: Interview with a Key Informant Personnel*



*Picture 4: Interview with a Key Informant Personnel*



## Annexure 8

### Pictures of Partial Data sharing Meeting, Mymensingh Medical College, Mymensingh



Picture 1: Partial Data sharing Meeting, Mymensingh Medical College, Mymensingh



Picture 2: Partial Data sharing Meeting, Mymensingh Medical College, Mymensingh



*Picture 3: Principal investigator, Prof Dr. Fariha Haseen delivering the presentation*



*Picture 4: Professor Dr. Md. Anwar Hossain, Principle, MMCH, giving feedback on the presentation*





*Picture 5: Abu Momtaz Saeduddin Ahmed, Joint Secretary, GNSPU, HEU, giving his valuable opinion on the Presentation.*



*Picture 6: Dr. Tanzina Latif, Associate Professor, Department of Gynaecology & Obstetrics, MMCH, giving her feedback*



*Picture7: Dr. Md Kamruzzaman Khan, Lecturer & Head of the Department, Department of Community Medicine, MMCH, giving his feedback on the presentation*