

Case Study

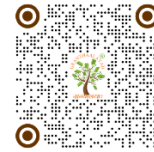
## EMPOWERING WOMEN TO BRIDGE THE HEALTHCARE GAPS IN KUTUBDIA

Dr. Munzur-E-Murshid <sup>1\*</sup>, Dr. Shutopa Islam <sup>2</sup>, Matiur Rahaman <sup>3</sup>

<sup>1</sup> Director-in-Charge, Gonoshasthaya Kendra Cox's Bazar, Cox's Bazar, Bangladesh

<sup>2</sup> Assistant Professor, Department of Community Medicine and Public Health, Bangladesh

<sup>3</sup> Project Coordinator, Gono-Shasthaya Kendra, Malteser International Project, Bangladesh



### ABSTRACT

Kutubdia, a remote island in Cox's Bazar, Bangladesh, faces chronic barriers to education, health care, and women's empowerment due to its geographic isolation, limited government service provision, and entrenched patriarchal norms. In 2021, Gonoshasthaya Kendra (GK), with support from Malteser International, initiated a community-based primary health care project aimed at improving maternal, child, and adolescent health outcomes by strengthening community clinics and enhancing outreach to underserved households. Baseline data revealed low maternal health service uptake, with only 33% of pregnant women receiving regular antenatal care and most deliveries conducted by unskilled attendants. To address physical access constraints, GK deployed midwives, a medical officer, and community health workers, who later adopted an innovative door-to-door service model using scooters to reach remote households. This approach not only improved timely access to antenatal, postnatal, and outpatient services but also challenged restrictive gender norms by positioning women as visible health leaders in the community. Between 2022 and 2025, four ANC visits increased from 11% to 35%, PNC coverage rose from 6% to 24%, outpatient service utilization tripled from 20% to 60%, and participation in awareness sessions expanded to 65%. The initiative demonstrates how women-led mobility and community-driven primary care can strengthen health systems, promote gender empowerment, and shift social attitudes in climate-vulnerable, hard-to-reach settings. The Kutubdia model presents a scalable approach for advancing equitable, community-based health care in similar remote contexts.

**Keywords:** Kutubdia, Bangladesh, Women Empowerment, Healthcare, Gonoshasthaya Kendra

### INTRODUCTION

Kutubdia, a remote island Upazila in Cox's Bazar [Razzak \(2022\)](#), Bangladesh, spans 215.8 square kilometers and is home to approximately 143,622 people [Population and Housing Census \(2022\)](#). The local Muslim-majority population relies primarily on fishing, salt production, and agriculture, with a workforce predominantly composed of men. The island's geographical isolation has resulted in limited access to formal education and, combined with widespread low socioeconomic status, often forces children to leave school early [Hossain and Akter \(2019\)](#).

Healthcare services in Kutubdia were historically inadequate. The government facilities—the Upazila Health Complex and Union-level health posts—were chronically understaffed and undersupplied [Action Against Hunger \(2017\)](#). Community-level primary care was dysfunctional, creating a high unmet need for quality health services, especially among children, adolescent girls, pregnant women, and the elderly.

#### \*Corresponding Author:

**Email address:** Dr. Munzur-E-Murshid ([murshid@gonoshasthayakendra.org](mailto:murshid@gonoshasthayakendra.org)), Dr. Shutopa Islam ([drshutupaislam@gmail.com](mailto:drshutupaislam@gmail.com)), Matiur Rahaman ([matiur@gkcox.org](mailto:matiur@gkcox.org))

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Compounding these challenges, the community's patriarchal norms often discouraged girls' education and women's empowerment. Harmful practices, such as food and movement restrictions during menstruation, were common. Child marriage was prevalent, and during pregnancy, women were often advised to eat less to avoid delivering a "big baby," with families frequently reluctant to spend on maternal care.

### A PROJECT FOR CHANGE

In November 2021, Gonoshasthaya Kendra [Gonoshasthaya Kendra \(1972\)](#), with funding from Malteser International, [Malteser International \(2005\)](#) Germany, launched a project to improve the health and well-being of Kutubdia's most vulnerable residents. The initiative aimed to enhance the capacities of the lowest-level government health facilities (Community Clinics) through staffing, medical supplies, and robust community engagement. A baseline survey revealed the scale of the need: 67% of pregnant women did not receive regular antenatal care (ANC), and 56% of deliveries were assisted by unskilled birth attendants. To address this, the project deployed a team of four midwives, one medical officer, and twelve community health workers to raise awareness and ensure quality primary care.

### IDENTIFYING AND OVERCOMING A BARRIER

By September 2023, an assessment identified a critical barrier: the distance from households to health centers was a major challenge, particularly for mothers seeking essential maternal and child health services.

In response, the GK management & project team decided to shift its strategy to a door-to-door model, providing health education and primary care directly to households [Figure 1](#). To ensure effective community penetration, the all-female care providers made a groundbreaking decision: they would learn to ride scooters. Highly motivated to serve their community, the team learned to ride within short periods and obtained professional driving licenses [Figure 2](#). As the project's medical officer stated, "If a woman truly wants, she can do anything. No obstacle or hardship can stop her — with determination, she can overcome anything [Figure 3](#)."

This act of teamwork and dedication had an immediate impact. Riding scooters enabled the female care providers to reach community clinics on time, conduct more field visits, provide home-based ANC and PNC check-ups for mothers with complications, and ensure proper follow-up services.

**Figure 1**



**Figure 1 Midwives & Community Health Worker is Conducting Health Education Session with Women at Kutubdia villages.**

Figure 2



Figure 2 GK-MI Health Team Ready to Go to the Community

Figure 3



Figure 3 Doctor Consultation Ongoing at the Community Clinic

### CATALYZING A SOCIAL TRANSFORMATION

The GK women healthcare providers became change-makers, and their visibility inspired other women and girls in the community. Notably, a significant number of girls began riding bicycles to school, emulating the newfound mobility and independence of their role models.

This increased community engagement directly translated into improved health outcomes:

- **Antenatal Care (ANC):** The rate of four ANC visits rose dramatically from 11% in 2022 to 35% in 2025.
- **Postnatal Care (PNC):** PNC coverage increased from 6% to 24%.
- **Service Utilization:** Outpatient department (OPD) service usage tripled from 20% to 60%.

- **Awareness:** Participation in health awareness sessions expanded from 25% to 65%, with significant male involvement (source: project EMR data).

The project successfully addressed critical service gaps while simultaneously challenging deep-rooted gender norms. By strengthening women's active participation and decision-making in health—particularly in ANC, PNC, and Sexual & Reproductive Health (SRH)—the GK providers built profound community trust and reduced reliance on unsafe traditional practices [Figure 4](#).

**Figure 4**



**Figure 4 Male Partners Engagement in Health Awareness Discussion Conducting my GK-MI staff**

**Figure 5**



**Figure 5 A Client is Receiving Health Check-up by Care Provider at Community Clinic**

### **A REPLICABLE MODEL FOR EMPOWERMENT AND HEALTH**

Through persistent field visits, door-to-door awareness, scooter-based outreach, and engagement with local leaders, women in Kutubdia have become more informed about maternal health, nutrition, and hygiene. This has resulted in improved health-seeking behavior and more timely care.

The project has transformed both healthcare access and social attitudes. The image of female health providers riding motorbikes has become a powerful symbol of change, making healthcare accessible at every doorstep. This community-based model stands as a replicable milestone for women's empowerment and quality care, offering a blueprint for other remote, climate-vulnerable regions in Bangladesh. This success was made possible through the unwavering commitment of GK's female field staff, the support of GK and MI management, and the cooperation of the community itself.

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