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# THE RISE OF PRIVATIZATION IN HEALTH SECTOR: EXPLORING THE RELATIONSHIP BETWEEN PRIVATE HEALTH CARE AND THE UPPER CLASS

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**ABSTRACT**

*In the past twenty years, the transfer of health care services from public to private ownership has been a topic of significant interest in almost every country worldwide. Privatization and the free-market system have become attractive options for countries dealing with rising healthcare costs, growing dissatisfaction with the effectiveness and quality of care in public health facilities, and limited public resources to support healthcare services. The purpose of the research to explore the relationship between private health care and the upper class. The study identifies the causes of privatization, including globalization, modernization, urbanization, capitalism, neoliberal policy formation, and people's access to it. This study is based on primary data. In order to collect primary data, a comprehensive study questionnaire was designed, including both structured closed-ended and open-ended questions, and data have been collected randomly from ten private hospitals in Madaripur. The research included a sample size of 130 respondents, consisting of 110 patients, 20 nurses, and hospital authorities. The findings conclude that private health care is the outcome of elites' demand, which is decorated with advanced facilities. In a public hospital, it is impossible for a patient to anticipate a simple pathological or radiological examination. Patients ultimately find themselves compelled to visit private clinics. However, the high cost of these clinics often restricts people's access to them. Aside from this, capitalism has given birth to private ownership and class categorization in society, while neoliberal policy has reduced government control over public expenditure. Market competition, individual responsibility, consumer choice, and lifestyle change have also increased the privatization of health services in Madaripur, as well as in the larger cities of Bangladesh.*

**KEYWORDS:** *privatization, health care, globalization, capitalism, public health, neoliberal policy*

## 1. INTRODUCTION

The inverse relationship between social class and health sector privatization is widely recognized. This relationship has endured throughout the processes of industrialization, globalization, urbanization, modernization, and the formulation of neoliberal policy. The most significant and pervasive global trend in health care over the past decade has been the increasing prevalence of profit-oriented health care and its marketization across societies. Economic globalization, urbanization, modernization, and liberalization have all been mirrored by this process in the health care sector. Although private medical practices have been recognized for an extended period, the commercialization, corporatization, and marketization of health care are phenomena that emerged during the final quarter of the 20th century. During the late 1970s and early 1980s, the process grew in significance, affecting both developed and developing countries. It imposed a fiscal constraint on government budgets and encouraged them to reduce public expenditure in the social sector. This expanded the potential for the private sector to expand its healthcare services. These privatizations have been influenced by national policies, global policy administrations, and multilateral institutions. This privatization has been given a new dimension by the neoliberal policy agenda. These policies have not only promoted the marketization of health services but have also endeavored to restructure public services by implementing market principles. Privatization is also promoted by budgetary constraints and public failure. The private sector is significantly influenced or determined by the socioeconomic status of individuals. The private sector is particularly accessible to the upper-class population. However, the process of modernization has resulted in a significant transformation in the way people live, and quality health services are now preferred by all socioeconomic groups, despite their high cost. The disciplines of privatization and social class are highly prioritized by social scientists.

Privatization, private property ownership, and various socioeconomic conditions are extensively discussed by distinguished sociological scholars. The private sector has been the focus of the industrialization, globalization, and liberalization process, which has resulted in monopoly market systems that are founded on neoliberal policies, global policy regimes, and national policies. The privatization of public enterprises, neoliberalism, class ideologies, and higher education are the primary focus of the preponderance of research. Bangladesh is a developing nation with a concentrated population. A significant number of individuals are residing below the poverty line. Due to factors such as overcrowding, a scarcity of medical facilities and treatments, a lack of qualified and experienced medical specialists, and increasing corruption, numerous individuals encounter difficulties with the availability, accessibility, and affordability of medical facilities and treatments in government hospitals, the emergence of a new health sector,

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private healthcare, has been facilitated by these issues. This issue has also been further complicated by globalization, industrialization, modernization, and neoliberal policy. Nevertheless, this private health care is not accessible to all segments of the population. The availability of this private health care is contingent upon an individual's socioeconomic status.

The privatization of Bangladesh's health sector is a significant topic of discussion in the contemporary world, as it encompasses a vast area. Consequently, the objective of this investigation is to focus on this specific domain. The research primarily focuses on the factors that contributed to the privatization of health care, such as modernization, urbanization, and overall social and economic development. The high caliber of this private health care is the reason for its higher cost. The privatization of health care has been a direct result of the demands of the elites. The study's design, as a consequence, concentrates on the privatization of the health sector and upper-class relationship in the Madaripur region. The investigation encompasses a diverse array of methodologies for quantifying individuals' socioeconomic status and their access to private health care.

A vast area of sociology, including the upper, upper middle, middle, lower middle, and lower classes, is also covered by socioeconomic status, which has been discussed in this context. Sociology also emphasizes inequality and discrimination based on access to private health care. In addition to these, this investigation has implemented numerous sociological viewpoints, such as Karl Marx and Weber's interpretation of class struggle and class structure as private property in society, the theories of certain postmodernist philosophers, David Harvey's capital accumulation, and Manuel Castell's globalization.

## 2. REVIEW OF LITERATURE

A literature review is a crucial and indispensable component of the research process. A literature review enables the researcher to define the problem by focusing on specific elements within the broader field of study. Researchers critically analyze the existing body of literature according to their own areas of focus. The literature review is organized based on the researcher's methodology. Here is a review of several research aimed at organizing my literature according to the concerns stated in the literature.

In their study, Schlesinger, Bentkover, and Willer (1987) investigated how competition, ownership structures, and privatization affect the availability of hospital services. Service offerings. The term "privatization" is used to describe the transformation of hospitals and markets, when the focus shifts from serving the public and community-wide advantages, such as providing healthcare to the poor, to prioritizing the financial interests of the hospital. The data for this research was derived from a survey of physicians performed by the American Medical Association in 1984. The researchers determined that both ownership and the healthcare system had a significant influence on the number of people without health insurance. Expanding the for-profit market share from 0 to 50 percent would also introduce more access limitations.

Using survey and interview methods, Rose Wiles and Joan Higgins (1992) analyzed the doctor-patient interaction in the private sector. They divided their results into several stages. First and foremost, time considerations encompass the following: treatment speed, appointment convenience, availability of additional professional time, and reaction time when delivering information. Based on theoretical assumptions that nonprofit and for-profit hospitals will react differently, Schlesinger, Dorwart, Claudia, Hoover, and Epstein (1997) examined how rising hospital competition affects inpatient service access and how this relates to existing disparities in service provision. In 1987 and 1988, researchers surveyed mental institutions around the country to compile their findings. The results show that as price-based rivalry heats up, for-profit and non-profit hospitals are reacting to it in various ways and to varying degrees. Healthcare facilities in highly competitive marketplaces provided a wider range of services and embraced new innovations, but not everyone could afford them.

Bambas, Casas, Drayton, and Valdés (2000) examined many concerns related to health in the global economy, such as different economic structures and possible risks we encounter as we approach the end of this century. The subject matter of this study is centered around the experiences, possibilities, and threats in the Americas, the impact of health on human development, and the processes of international and regional integration in the new global economy. Several publications analyze the impact of economic reform measures on overall health, while several monographs include perspectives from civil society organizations in particular nations.

The study by Iriarta, Merhyb, and Waitzkin (2001) used quantitative and qualitative methods to examine "Managed Care in Latin America," with a focus on the spread of managed care from the US to Latin American nations. Multinational banks support private insurance, according to their research, whereas health service organizations, like the World Bank, support health care privatization and corporatization. Through privatization, a competitive and market-oriented approach to health care quality, competition, and improved overall performance, patients have the right to select, experience variety, and obtain high-quality health care.

Collins (2003) asserts that access to healthcare, economic growth, and global health trends are all being impacted by globalization. Access to healthcare is severely impacted by international inequality, especially in transitional economies. Services are used less often by the poor, and transitional economies suffer difficulties. Globalization can improve health in nations with robust regulatory

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frameworks, competitive home markets, and social safety nets. The WHO wants to help countries improve health services, but since governments aren't as involved in health care policy as they once were, medical institutions are increasingly being shaped by the neoliberal economic paradigm. Health is becoming more and more seen as a personal benefit. Collins claims that a centralized health system no longer offers universal access to care for communities in transitional economies, and that some groups even refuse the most basic medical care.

Hans Maarse (2006) observed "modern reform programs" in eight European public-private health care mixtures. Like prior comparative studies, he examined European health system development from four angles: finance, provision, administration and operations, and investment. Privatization implies neoliberal policy preferences, the study found. Other factors include budgetary strain, public failures owing to poor quality, long wait times, or other patient issues, medical technological breakthroughs, and social and political changes. He also noted how privatization impacts health system costs, sustainability, efficiency, accessibility, solidarity, quality of treatment, health status, and choice. According to Maarse, values, political resistance, expanding public activity, private failures, the impossibility of effective macro-cost control, cost shifting to the public sector, cherry picking, growing state dependence on self-interested players, restricted access to health care, and less public accountability hinder privatization.

Waitzkin, Jasso-Aguilar, and Iriart (2007) conducted a comprehensive analysis of the significant proportion of medical costs in the most impoverished nations globally. Their study focused on examining the impact of private insurance and the privatization process in several Latin American countries. The researchers employed a multi-method approach, gathering data from three distinct sources: a comprehensive examination of existing literature, interviews conducted with representatives from select organizations, and evaluations of yearly or periodic reports. Their research indicates that "market-based reforms" result in the privatization of health services in Latin America.

Based on both qualitative and quantitative research, Ali and Anita (2016) investigated a study on Bangladeshi medical tourism. India Medical Tourism (2009) claims that together with the travel sector, several private corporate hospitals such Apollo Group, Wockhardt, and Fortis help to provide "cost-effective" private medical treatment for patients needing surgery and other kinds of specialist treatment. Low cost of surgery, qualified experienced physicians, quality of nursing care, non-availability of therapy in Bangladesh, and status of medical facilities and treatment in India turned out as the pull factors motivating Bangladeshis to fly to India for medical treatment. Rahman (2016) conducts a qualitative investigation on the impact of globalization on health governance in Bangladesh. His primary objective is to elucidate the detrimental impacts of globalization on the healthcare sector. He claims that private medical institutes and hospitals, both in Bangladesh and worldwide, engage in the purchasing and selling of medical services at exorbitant prices.

There are numerous scholarly works that discuss the privatization of the health sector. The majority of them demonstrate that "market-based reforms" result in the privatization of health services. A few of them emphasized the impact of privatization on various aspects of the health system, including costs, sustainability, efficiency, accessibility, solidarity, quality of care, health status, and freedom of choice. Moreover, a significant amount of research exhibits some degree of overlap. The researchers conducted this study to assess the current state of the privatization of the health sector and the dynamics of upper-class relationships in Madaripur.

## 3. THEORETICAL RELEVANCY TO THE STUDY

Marx defined class as a collection of individuals who share the means of production, or their livelihood. Landowners-aristocrats, gentry, and slaveholders-dominated pre-industrial cultures. Modern industrial societies value factories, offices, and machines. Modern industrial cultures were dominated by industrialists or capitalists, who owned new manufacturing methods, and the proletariat, who sold their labor to them. Marx also studied social connections in capitalism, where private ownership of the means of production drives economic activity and profit-seeking. Marx also studied the emerging bourgeoisie and proletariat. While the proletariat is the working class, the bourgeoisie owns the means of production. Capitalist capitalists maximize profit by competing with other farmers.

The topic also overlaps with Weber's rational bureaucracy and social stratification research. The rational state bureaucracy has helped abolish discrimination in Madaripur's private and public hospitals. Other post-modernist theorists like David Harvey and Castell helped analyze modern phenomena. David Harvey showed how accumulation and dispossession exploit capital. Castell highlighted how globalization affects modern life.

### 3.1 Marx's Theory of Social Class and Class Structure

Karl Marx (1818–1883), a revolutionary communist, influenced numerous 20$^{th}$ century communist governments. Few have had as much impact on modern society. In his mid-20s, Marx switched from philosophy to economics and politics. Marx believed that understanding capitalism and other social systems or modes of production required analyzing property ownership, social class, class structures, and changes in those structures. Marx and Engels write in the Communist Manifesto that “the history of all hitherto existing society is the history of class struggles.”

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Class differences and conflicts are crucial to understanding capitalism. Marx defined classes by work and labor relations and property and production relations. In capitalism, economic concerns dominate social connections more than in prior cultures. The clergy, knights, and military leaders of past cultures may have been classes, not just economic classes.

### 3.2 Max Weber: Nature of State in the age of Modernity

Weber is the most famous classical sociological theorist due to his study and influence. Weber studied sociology, politics, history, language, religion, law, economics, and administration like Marx. History, capitalism, politics, and future society are his topics. Sociology recognizes Weber's state, bureaucratic, and political viewpoints. He thinks political societies rule by force and law. State bureaucracy employs legislation, charismatic dominance uses qualities, and conventional authority uses power.

A state exists when a political society monopolizes force. Weber calls the state "a compulsory association that organizes dominance." Weber believes the state legitimizes all violence. Even if the police and military are its main weapons, state legitimacy does not limit private security force. It monopolizes legitimate physical rule. States rule, so people comply. To maintain its legal monopoly on force, the state handed its leaders organization tools and "expropriated any independent estate functionaries who once possessed these means in their own rights". The state regulates. Weber defines state as law, borders, and power. Weber first claims that the state's force monopoly determines its means, not goals. Weber felt the state was aggressive and violent, contrary to popular belief. Different governing strategies go beyond force. Budget violence for state establishment, not growth. States create laws, police, defend rights, foster culture, and organize armed defense against foreign attack. Weber said the state forbids unauthorized force. Public governance ("bureaucratic authority") and market economy ("bureaucratic management") have these institutions. Bureaucracy limits freedom. Weber believes rational societies need bureaucracy. Bureaucracies control markets and states. Bureaucracies manage resources like businesses. When battle becomes machine war, college bureaucracy fosters research and education. Bureaucracies unite the governed against the governing class to create mass democracies to alleviate socioeconomic disparity. Bureaucracy may be reliable and useful if managed effectively. Bureaucracies dehumanize themselves and empower objective specialists by focusing on calculable administrative duties. Masters of politics may pit amateurs against pros.

### 3.3 David Harvey: Accumulation by Dispossession

Harvey revived social class and Marxist methodology in social and political discourse by attacking global capitalism, especially neoliberalism. Harvey adds the burgeoning financial sector and capital accumulation geography to Marx's worldview. Market commerce may rule all human activities, claims “neoliberalism”. Since 1970, it has dominated worldwide thought and behavior. In "The New Imperialism and the Condition of Postmodernity," David Harvey explores globalization and neoliberalism's beginnings.

In "A Brief History of Neoliberalism (2005)," he discusses mid-1970s neoliberalism. Harvey says the neoliberalized global political economy supports the few and separates classes through "accumulation by dispossession." Dispossession accumulation is theft and illegal. His newest book, The Enigma of Capital (2010), thoroughly covers the economic crisis. Harvey blames global capitalism for the financial crisis. Lawlessness and amorality characterize capitalism. Harvey argues capitalism depletes resources. Neoliberalism promotes market, privatization, and anti-state welfare. Neoliberalism increased inequality yet lifted some impoverished people out of poverty. Highest social wealth. Workers feel helpless under capitalism's framework, lack of production control, and view of social interactions as physical.

Like Marx, Harvey thinks capitalism produces value through investment, production, and commerce. Until they can produce independently, laborers must sell. Beyond capitalist labor power buys, workers create surplus value. Capitalist civilizations seem free; therefore, individuals must grow quickly to collect. Absolute exploitation may increase with workweek extensions. Capitalists can narrow the socially mandated commercial work time-private production cost gap by increasing 'the productivity of social labor, which becomes the most powerful lever of accumulation' Capitalist class requirements vs. individual ambitions might undermine the system. Harvey says capitalism never has ideal competition beyond market pricing. Capitalism gives governments "that permit the law of value to operate in diverse but ever more effective ways."

### 3.4 Castells: Globalization

In the present day, the term "globalization" has become a popular topic of discussion. 'Globalization' is now employed to denote the global dissemination and interconnection of technologies, communication, and production, which are interconnected with economic and cultural activities. 'Globalization' is also employed by some to describe the endeavors of the International Monetary Fund (IMF), the World Bank, and other organizations to create a global free market for products and services. The unique force of globalization is a combination of the sheer volume of commerce, interaction, and risk, the complexity and scale of the networks, and the speed of communication and exchange. Additionally, there has been a transition in authority from the nation-state to multinational corporations.

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## 4. METHODOLOGY

The study aims to examine private health care's determinants and the upper class's interaction with it. Given social and political changes, wealth, neoliberalism, capitalism, and public access, the private sector's origins must be observed. Quantitative approaches are employed in this study. The aims of the analysis are well-suited to this approach. This research specifically observed the 10 private hospitals in Madaripur. The respondents were selected on basis of probability sampling and data collected from 130 respondents: 110 patients, 10 nurses, and 10 hospital authorities. The study utilized both primary and secondary data sources. A comprehensive research questionnaire was designed for primary data collection by using various structured closed-ended and open-ended questionnaires. A face-to face interview was taken to collect the data. Secondary data sources included books, papers, and research studies, as well as articles available in libraries and online. Multiple sections make up the interview schedule. The first section determines patients' age, education, marital status, socioeconomic class, and occupation. The second segment discusses the health sector's privatization and the upper class's role. The section examines and evaluates health care privatization. Before finalization, a small group of respondents similar to those in the final survey pretested the interview schedule. The study evaluated the questionnaire's translation and integrity using pre-testing data. After the pre-test, the questionnaire was revised, corrected, and modified for data collection.

The data was processed and presented in tables and graphs to facilitate data analysis and interpretation after data collection was completed. The interpretation of primary data was conducted with the overall perspective of the research study in mind, and it was compared and corrected as necessary. The objective of data processing and analysis is to provide meaning to the data and present it to the audience, as the collected data does not contain any inherent meaning. The data was initially edited, and it was subsequently coded and tabulated in SPSS and Excel. Editing was implemented to guarantee that the data were precise, consistent with other facts collected, uniformly inputted, and as comprehensive as feasible. After the editing process, the computer received the finalized interview schedule and a tabulation plan for processing. A variety of tables and themes depicted the socio-economic and demographic variables, along with a few other factors.

## 5. FINDINGS OF THE STUDY

In order to comprehend the correlation between the upper class and privatization, a total of 110 patients, 20 nurses, and hospital administrators were interviewed using a meticulously designed questionnaire. The following findings provide insight into the effects of neoliberal policies, broader social and political changes, capitalism, industrialization, and urbanization on the process of privatization. The questionnaire findings are displayed using frequency and bivariate tables. Statistical associations between variables are assessed by employing several suitable measures of correlation.

### 5.1 Name of the Hospitals of the Respondents

The following table displays the names of the respondents' hospitals. With regard to hospital names, 23% are from Chowdhury Clinic, 19% are from Nurjahan Selim Niramoy Hospital, 15% from Planet Hospital and Diagnostic Centre, 12% from Asmat Ali Khan Central Hospital Ltd., 9% from Shah Madar Hospital & Diagnostic Centre, and the rest (22%) are from the other five hospitals in the town. The establishment of 40% of the hospital occurred between 2000 and 2020, and the establishment of 20% occurred prior to 2000. After 2020, the remaining 40% of the hospital was established.

**Table-1 Name of the Hospital of the respondents and year of establishment of the hospital**

| *Name Of Hospital* | *Year of Establishment* | *Number of Respondents* | *Percentage (%)* |
|---|---|---|---|
| *Chowdhury Clinic* | 1985 | *30* | 23 |
| *Nurjahan Selim Niramoy Hospital* | 1996 | *25* | 19 |
| *Planet Hospital and Diagnostic Center* | 2022 | *20* | 15 |
| *Asmat Ali Khan Central Hospital Ltd.* | 2020 | *15* | 12 |
| *Shah Madar Hospital & Diagnostic Centre* | 2022 | *12* | 9 |
| *K. I. Digital Hospital & Diagnostic Centre* | 2000 | *8* | 6 |
| *Popular Hospital Madaripur* | 2019 | *6* | 5 |
| *Islami Bank A R Hawolader Hospital* | 2014 | *5* | 4 |
| *Prottyasha Private Hospital* | 2001 | *5* | 4 |
| *Setara General Hospital* | 2014 | *4* | 3 |
| **Total** | | **130** | **100** |

Source: Field Survey, 2023/2024

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### 5.2 Demographic Profile of the Respondents

Socio-demographics is a term that encompasses a combination of demographic and social factors that determine the characteristics of a specific group or population. Age, education, marital status, employment, social status, etc. are all considered socio-demographics. The researcher will be able to gain valuable and actionable insights that will help them make more informed business decisions by asking the appropriate demographic questions.

#### 5.2.1 Age of the Respondents

Participants who are above the age of 50 make up the greatest share of the total, accounting for around 37% of the total participants. 20% of the respondents are under the age of twenty, with the majority being children. 18% of the people who participated in the survey are in the age range of twenty to thirty years old, and 14% of them are in the age range of 40-50 years. Only 12% of the participants are under 30-40 years old.

#### 5.2.2 Educational Qualification of the Respondents

There is a significant proportion of the participants, approximately 32%, who have a high degree of education, which is indicative of their higher social standing. Of the 130 people who participated in the survey, 25% of them had not completed their secondary education. 34 persons, or 26% of the total responses, have successfully completed the SSC examination, and 22 individuals, or 17% of the total, have successfully completed the HSC examination.

#### 5.2.3 Occupation and Marital Status

The majority (41% of the participants) reported working in various government, non-government, and service-related sectors, as well as being businessmen. The survey results indicate that a mere 5% of the participants identified themselves as students, while 28% identified as housewives. The bulk of their monthly income is substantial, and in almost all instances, their family members (spouse, offspring, parents) are also working abroad. Among the respondents, 65% are married, 22% are unmarried, and 14% are widowed or divorced.

**Table-2 Socio-Demographic Information of the Respondents**

| *Demographic characteristics* | *Category* | *Frequency (N)* | *Percentage (%)* |
|---|---|---|---|
| *Age* | below 20 | 26 | 20 |
| | 20-30 | 23 | 18 |
| | 30-40 | 15 | 12 |
| | 40-50 | 18 | 14 |
| | 50-above | 48 | 37 |
| | **Total** | **130** | **100** |
| *Educational qualification* | below SSC | 32 | 25 |
| | SSC | 34 | 26 |
| | HSC | 22 | 17 |
| | Honours & Masters | 42 | 32 |
| | **Total** | **130** | **100** |
| *Occupation* | Students | 7 | 5 |
| | Service | 14 | 11 |
| | Business | 24 | 18 |
| | Retired | 16 | 12 |
| | Housewife | 37 | 28 |
| | Others (Children/Older) | 32 | 25 |
| | **Total** | **130** | **100** |
| *Marital Status* | Unmarried | 28 | 22 |
| | Married | 84 | 65 |
| | Widow/Widower/Divorced | 18 | 14 |
| | **Total** | **130** | **100** |
| *Social Class* | Upper | 48 | 37 |
| | Upper Middle | 46 | 35 |

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| | | |
|---|---|---|
| Middle | 24 | 18 |
| Lower | 12 | 9 |
| **Total** | **130** | **100** |

Source: Field Survey, 2023/2024

### 5.2.4 Social Class of the Respondents

The study investigates how people's social class status has a significant impact on privatization and access, which is a key focus of this research. Approximately 37% of the participants are classified as belonging to the high social class, while 35% are categorized as being in the upper middle class. The majority of the patients belong to the high and upper middle socioeconomic strata. The middle class comprises 18% of the population, while the lowest class accounts for barely 9%. The middle class, especially the lower class, frequently turns to private hospitals when they are unable to access critical medical care from government hospitals.

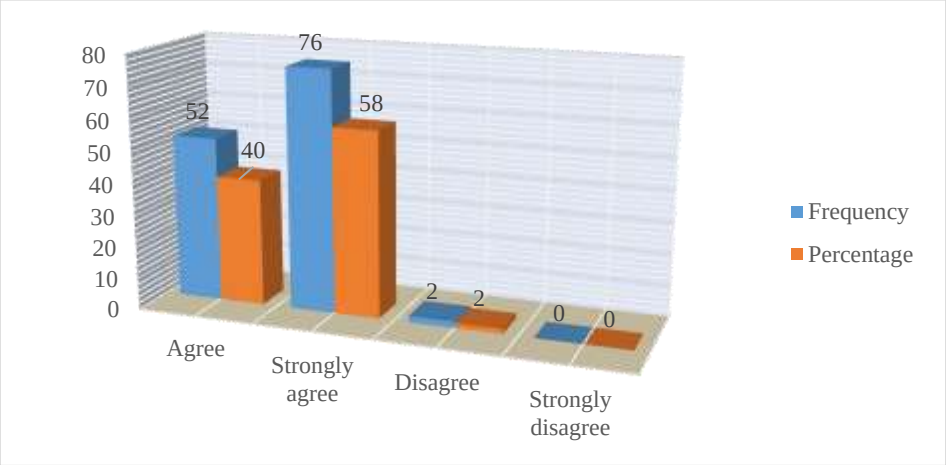
### 5.3 Causes of Health Sector Privatization

In the 1990s, the number of private clinics in Bangladesh rose. Private hospitals and private medical institutes have taken over healthcare services. Madaripur witnessed the establishment of advanced private hospitals between 2000 and 2020. Prior to this, only two privately owned medical hospitals existed. After 2020, several state-of-the-art private hospitals emerged, including Asmot Ali Khan Central Hospital, Planet Hospital and Diagnostic Center, and Shah Madar Hospital & Diagnostic Centre. These hospitals provide enhanced medical facilities and improved access to healthcare services.

### 5.3.1 Linkage of Privatization with Wider Social and Political Development

Privatization is linked to individual provision and the establishment of a progressive, secure, and pleasant socioeconomic environment. Around 58% of participants strongly agree, whereas 40% feel that privatization is linked to political and social progress. Only 2% of the participants voiced their dissent about this. Regardless of their destitute condition, specific individuals will inevitably appear.

**Figure-1 Social and Political Development and Privatization**



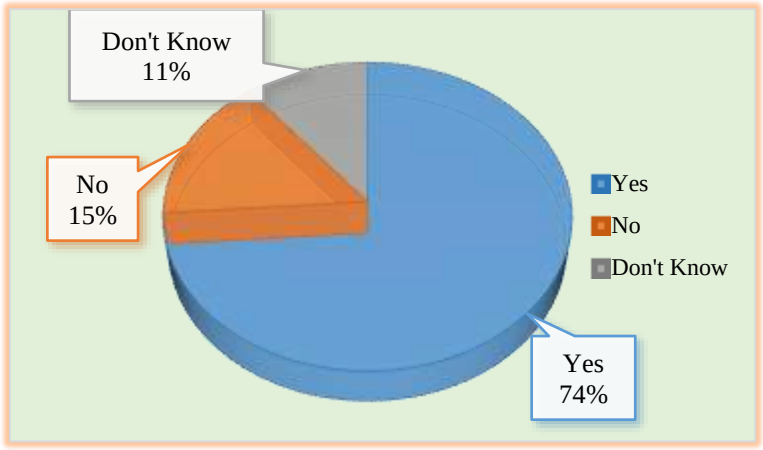

Source: Field Survey, 2023/2024

### 5.3.2 Modernization and Privatization of Health Care

The process of modernization has led to highly noticeable changes in people's lifestyles. Despite the high cost, people today want better treatment. The study reveals that 74% of respondents agree, 15% disagree, and 11% are unsure about the impact of the modernization process on health care privatization.

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**Figure-2 Modernization and Privatization of Health Care**

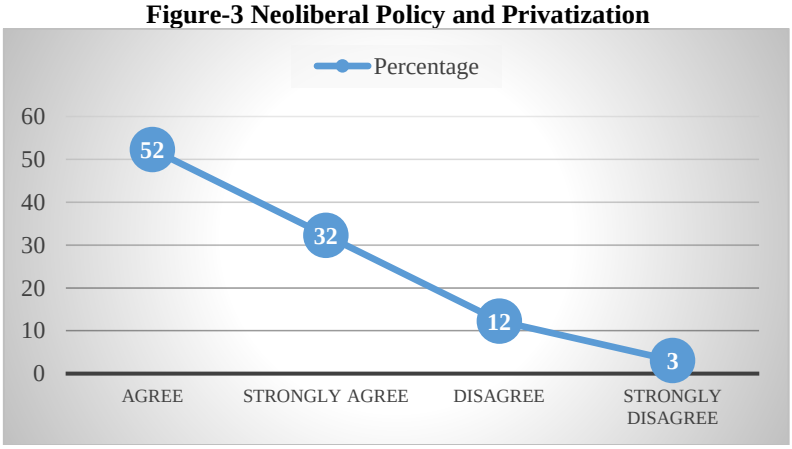



Source: Field Survey, 2023/2024

### 5.3.3 Neoliberal Policy and Privatization

Within the framework of neoliberal government agendas, the process of privatizing responsibility is associated with three key developments: the reevaluation of the dynamics between the public and private sectors, the promotion of accountable citizenship, and the establishment of a cultural mindset that aligns with these developments. The implementation of neoliberal reforms has resulted in significant transformations in the global healthcare system due to its focus on a free market economy, diminishing the government's involvement in the economy, privatizing public assets, and reducing public spending. With regard to the notion that the state's control over the health sector is diminishing day by day (neoliberal policy), 52% of respondents are in agreement, 32% are in strong agreement, 12% are in disagreement, and 3% are in strong disagreement.

**Figure-3 Neoliberal Policy and Privatization**




Source: Field Survey, 2023/2024

### 5.3.4 Urban Growth and Privatization

Madaripur is a fast-growing municipality located approximately 105 kilometers from Dhaka metropolis. Declared a municipality in 1875, Madaripur stands as one of the subcontinent's oldest settlements. According to the Bangladesh Bureau of Statistics (BBS) 2011 population census, Madaripur Municipality has a population of 62,690. Madaripur's urban population increases by 1% each year. Considering that 10% of the floating population, such as farmers and traders, visits the city every day, the current (2020) population is predicted to be around 75,400. The growing unban population makes it difficult for a government hospital to provide adequate treatment. Over time, the number of private hospitals has steadily increased. The chart reveals that 49% of respondents agree, 39% strongly agree, 9% disagree, and 2% strongly disagree that the urban growth process influences health care privatization.

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EPRA International Journal of Research and Development (IJRD)
Volume: 9 | Issue: 7 | July 2024 - Peer Reviewed Journal

**Figure-4 Urban Growth and Privatization**




Source: Field Survey, 2023/2024

### 5.3.5 Capitalism and Private Health Care

Because of competition, private ownership of the health sector often goes hand in hand with a more market-based, competitive environment. Competition has driven up quality, including access to high-quality care, adequate information, and standardized products and services. The table below reveals that 75% of respondents are aware of the connection between health care privatization and capitalism. The other 6% and 18% of respondents, respectively, answered 'no' and 'don't know' that there is any relationship between health sector privatization and capitalism.

**Table-3 Healthcare Privatization Linked to Capitalism**

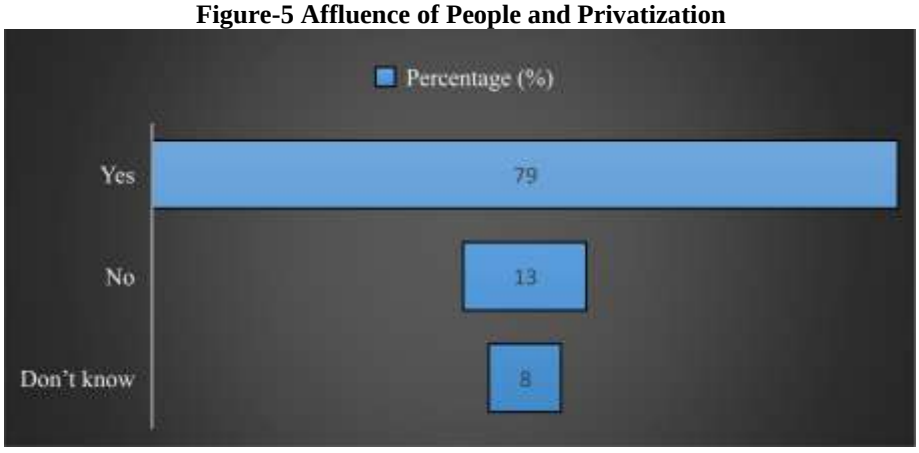
| *Aspect* | *Categorization of responses* | *Frequency (n)* | *Percentage (%)* |
|---|---|---|---|
| *Health Care Privatization Linked to Capitalism* | Yes | 98 | 75 |
| | No | 8 | 6 |
| | Don't know | 24 | 18 |
| | **Total** | **130** | **100** |

Source: Field Survey, 2023/2024

### 5.3.6 Affluence of People and New form of Health Care

Affluence is associated with a higher regard for health. It is reasonable to anticipate that affluent individuals will be willing to pay a premium for exclusivity, privacy, and what they consider to be superior quality of care. Medical entrepreneurs will also respond to increased affluence, which will promote private investment in health care. The following chart shows that 79% of respondents say "yes," 13% say "no," and 8% rely on "don't know" that greater affluence places value on health care.

**Figure-5 Affluence of People and Privatization**



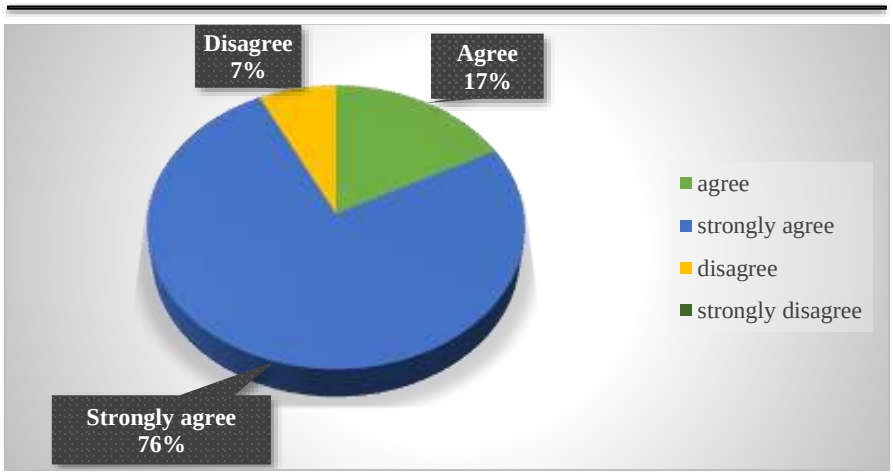

Source: Field Survey, 2023/2024

### 5.3.7 Quality of Care, Health Package, Advanced Technology, and Overall Performance

The quality of care, various health care packages, utilization of advanced technology, competition, and overall performance of the private sector significantly draw in patients. The following chart shows that 76% of respondents "strongly agree," 17% agree, and 7% disagree that quality, competition, and overall performance influence the private health sector.

*Figure-6 Quality of care, Health care package, Competition, and Overall Performance*

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EPRA International Journal of Research and Development (IJRD)
Volume: 9 | Issue: 7 | July 2024 - Peer Reviewed Journal




Source: Field Survey, 2023/2024

### 5.3.8 Privatization: A Failure of the Public Sector

The public health sector has several challenges, including overpopulation, inadequate treatment and medical facilities, a lack of skilled and experienced medical professionals, and an increase in corruption. These factors add complexity to health care environments. Approximately 100% of respondents agree that the failures of government hospitals create a demand for private hospitals.

**Table-4 Privatization: A Failure of the Public Sector**

| *Category* | *Categorization of responses* | *Frequency (N)* | *Percentage (%)* |
|---|---|---|---|
| *Overcrowding* | Agree | 44 | 34 |
| | Strongly Agree | 86 | 66 |
| | Disagree | 0 | 0 |
| | Strongly Disagree | 0 | 0 |
| | **Total** | **130** | **100** |
| *Lack of qualified and experienced medical specialists* | Agree | 52 | 40 |
| | Strongly Agree | 62 | 48 |
| | Disagree | 12 | 9 |
| | Strongly Disagree | 4 | 3 |
| | **Total** | **130** | **100** |
| *Non-availability of treatment and medical facility* | Agree | 39 | 30 |
| | Strongly Agree | 85 | 65 |
| | Disagree | 6 | 5 |
| | Strongly Disagree | 0 | 0 |
| | **Total** | **130** | **100** |
| *Waiting Duration* | Agree | 46 | 35 |
| | Strongly Agree | 73 | 56 |
| | Disagree | 11 | 9 |
| | Strongly Disagree | 0 | 0 |
| | **Total** | **130** | **100** |
| *Untidy and Unclean Environment* | Agree | 34 | 26 |
| | Strongly Agree | 96 | 74 |
| | Disagree | 0 | 0 |
| | Strongly Disagree | 0 | 0 |

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Volume: 9 | Issue: 7 | July 2024 - Peer Reviewed Journal

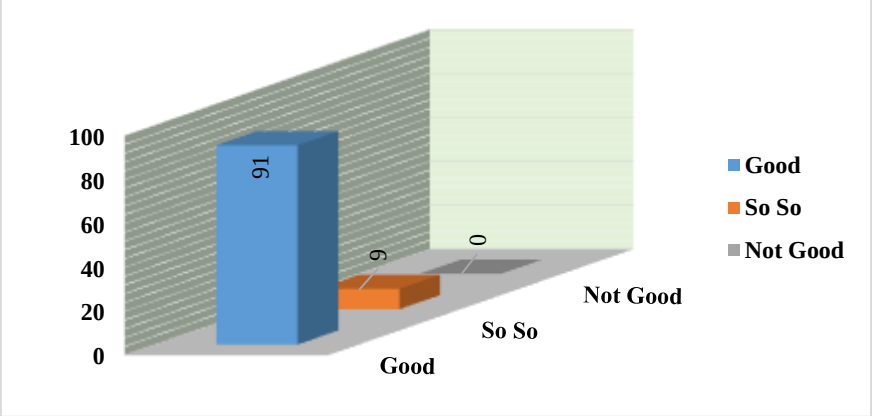
| | | | |
|---|---|---|---|
| | **Total** | **130** | **100** |
| *Corruption* | Agree | 55 | 42 |
| | Strongly Agree | 65 | 50 |
| | Disagree | 10 | 8 |
| | Strongly Disagree | 0 | 0 |
| | **Total** | **130** | **100** |

Source: Field Survey, 2023/2024

### 5.3.9 Treatment and People's Access to the Private Health Sector

The number of private clinics in Bangladesh has increased since the 1990s. Private hospitals and private medical colleges have taken over the provision of health care. Since 2000, Madaripur has also had state-of-the-art private hospitals, such as Chowdhury Clinic, Niramoy Hospital, Planet, Asmot Ali Khan Hospital, Shah Madar, and other renowned hospitals. Almost 100% of patients prefer to receive treatment from a private hospital. 91% respond that the level of treatment in a private hospital in Madaripur is good, and the other 9% think that it is satisfactory but not up to the mark. 82% of doctors behave friendly, and 18% say they are consumerist and capitalist. About 100% of respondents reply that more expense prevails in the private medical sector.

**Figure-7 Level of Treatment in Private Hospital**

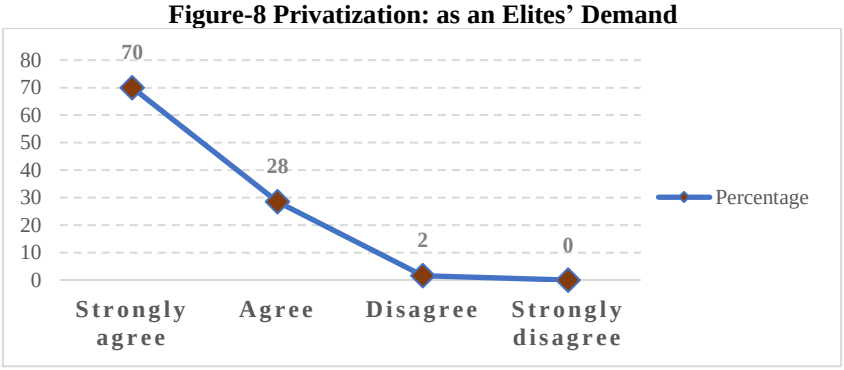



Source: Field Survey, 2023/2024

### 5.3.10 Private Health Care: As a Response to Elites' Demand

The majority (72%) of those seeking healthcare at private clinics belong to the upper and upper middle class. Additionally, 22% of the participants, consisting of 18% from the middle class and 4% from the lower class, also utilize these clinics. The table indicates that 70% of the respondents hold a strong agreement, while 28% agree, that the privatization of the health sector is driven by the demand of the elite. Merely 2% hold a dissenting opinion on this matter.

**Figure-8 Privatization: as an Elites' Demand**

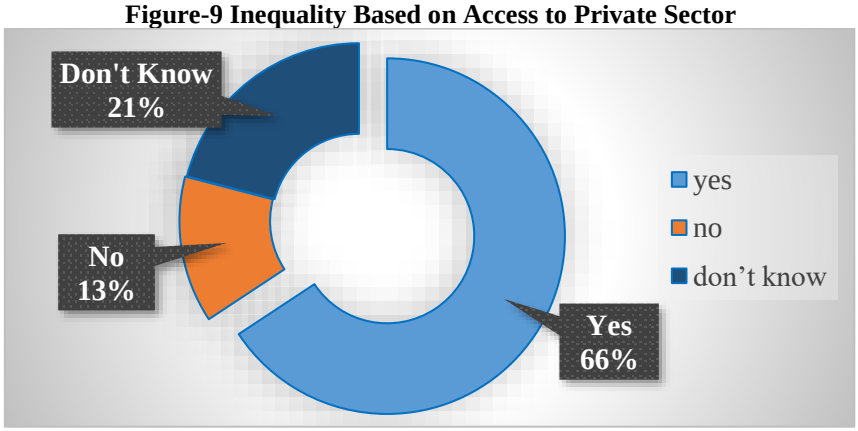



Source: Field Survey, 2023/2024

Approximately 100% of nurses and hospital authorities reported that there are no special opportunities available for the poorer section of the population. The private sector does not offer any publicly financed services. Access to the private sector also reflects the existing inequality among the population. The following figure indicates that 66% of respondents agree, 13% disagree, and 21% are unsure about whether access to private health care reflects the existing inequality among people.

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EPRA International Journal of Research and Development (IJRD)
Volume: 9 | Issue: 7 | July 2024 - Peer Reviewed Journal

**Figure-9 Inequality Based on Access to Private Sector**




Source: Field Survey, 2023/2024

## 6. DISCUSSION OF THE STUDY

Privatization is the process of transferring ownership and control of assets that are controlled by the government to individuals or private companies. In practically all developed nations, there has been significant focus on the privatization of health care services over the past twenty years. The condition of it is determined by several socioeconomic factors. Hence, it is imperative to examine the relationship between privatization and the socio-economic status of the upper class, taking into account elements such as modernization, urbanization, globalization, and capitalism that have a significant impact.

### 6.1 Privatization: A Response to Wider Social and Political Development

Privatization might be associated with broader political or social advancements. This entrenched process is highly influenced by broader changes in public policy making, including the transition from state planning to market competition, individual accountability, and consumer choice. Individuals currently enjoy enhanced accessibility to services, income, social and political engagement, civil liberties, and human rights, all of which impact their ability to partake in privatization procedures. Approximately 58% of respondents strongly agree, whereas 40% feel that privatization is correlated with social and political development.

Increased wealth also leads to a desire for private healthcare services that are not provided by the government. There is a correlation between this development and the increased importance placed on health. We may anticipate that those with high wealth will be willing to cover the costs associated with obtaining exclusive access, maintaining privacy, and receiving what they consider to be a superior level of treatment. Increased wealth will also prompt a reaction from medical entrepreneurs, promoting private investment in healthcare. Approximately 75% of participants confirm that the private healthcare industry is stimulated by the wealth of individuals.

### 6.2 Privatization: As a Consequence of Modernization

Ronald Inglehart (2000) posits that modernization is indicative of vast cultural transformation and the persistence of unique cultural traditions. This change is linked to the emergence of rational, tolerant, trusting, and participatory modernization, which is characterized by a departure from absolute norms and values. It influences all aspects and establishes socio-cultural development indicators. It is examining novel methods for the development and modification of social institutions. About 74% of the respondents believe that modernization boosts private healthcare expansion. The emergence of distinct social classes has been facilitated by the expansion of opportunities for various occupations as a result of modernization. Individuals are currently establishing their own initiatives in order to attain independence. Our society is being modernized by media and communication, while trade has a variable impact on health. Despite the exorbitant cost, the majority of respondents concur that individuals are now seeking superior treatment.

### 6.3 Neoliberal Policy and Privatization

Neoliberalism's major impact on economic transformations is the privatization of health services. It affects healthcare systems worldwide by emphasizing the free market over the right to health. Neoliberal policies have privatized health care and made it a commodity. This transition of care from the welfare state to the free market impedes low-income people's access to healthcare. Most of the respondents agreed that state power over the private sector is eroding. As it disproportionately affects the poorest and restricts their access to basic rights like healthcare, this neoliberal change may be a kind of structural violence. With regard to the notion that the state's control over the health sector is diminishing day by day (neoliberal policy), 52% of the respondents are in agreement, and 32% are in strong agreement. When government hospitals cannot provide significant treatment, the middle class, especially the lower class, turns to private hospitals.

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Volume: 9 | Issue: 7 | July 2024 - Peer Reviewed Journal

### 6.4 Capitalism, Private Property, and Upper Class

Modern industrial societies value factories, offices, and machines. Industrialists or capitalists possessed new means of production, while the working class, or proletariat, sold their labor to them. Marx sometimes supported the proletariat. Contemporary health care reflects society's class structure. The growth of medical facilities, the financial infiltration of large businesses, and the emergence of the "medical-industrial complex" demonstrate monopoly capital. Political and economic interests influence health policy recommendations. State health care intervention preserves capitalism and the private sector. Most respondents (75%), felt capitalism impacts health sector privatization. Approximately 100% of respondents indicated that these sectors incur higher costs. Private health care was created for aristocratic reasons. 70% of the respondents strongly agree, and 28% believe elite demand drove health sector privatization. Doctors sometimes want too much money. 18% claimed doctors are consumerist and capitalist, although others believe they're pleasant.

### 6.5 Urbanization, Privatization, and Social Class

Private sector dominance distinguishes urban health systems. Private services are more developed in cities than rural regions, especially in Madaripur, due to higher average incomes and income variation that creates market niches. 49% agree, and 39% strongly agree that the health care privatization is influenced by the urban growth process. Rural public health posts and clinics commonly offer free or low-cost services, while urban one's charge for services. These hospitals serve the wealthy with high-tech equipment and possibilities. In Madaripur, about 37% of respondents are high class, and 35% are upper middle class. The urban poor without cash may be unable to access modern hospitals, clinics, and well-trained professionals in a highly monetized urban economy. Poor people skip or buy less medication to save money. In theory, several governments provide subsidies for impoverished people to buy private sector medicines or treatment. These subsidies are scarce in our country. According to most hospital administrators, there are no publicly supported private sector special opportunities.

### 6.6 Public Failures Encourage Privatization

Bangladeshi health has several challenges. Due to overcrowding, a shortage of trained doctors, and corruption, many individuals suffer with medical facility availability, accessibility, and cost. The Bangladeshi Central Government spends considerably on health care but doesn't meet domestic needs. Corruption in public health is widespread. Due to poor supply chain management, procurement received substandard healthcare supplies. Hospital supplies often broke rules. Poor medical equipment and facility maintenance. About 100% of the respondents said that public sector failure drove them to private clinics.

Public health facility shortages of labour, drugs, and other supplies, client harassment and maltreatment, and unlawful payments are caused by weak public sector governance. Thus, inadequate health-care governance has led to high prices, poor service, and poor outcomes for the poor. The government hospital of Madaripur has a shortage of doctors, nurses, and medical technicians, corruption, accountability in public fund use, inadequate health care quality, limited treatment availability, an uncomfortable hospital environment, and delayed and trustworthy public sector medical intervention. This agony sends many, especially the rich, to private hospitals. Public hospital staff recommend private clinics for better care. Doctors rarely listen, explain health conditions, or discuss diagnosis and therapy. Therefore, patients and families are always confused about doctors' roles and treatments. Doctors and technicians deliberately ruin public hospital equipment for years to boost private clinic revenue and incentives. Public hospital patients cannot expect simple pathology or radiology. Respondents feel private clinic patients overpay. Poor people lack basic primary and secondary healthcare, creating healthcare disparities by socioeconomic status and region. Rural people face public health discrimination. Poor and middle-class individuals often receive inadequate healthcare. However, wealthy people only use modern private hospitals in crises. About 72% of private clinic patients in Madaripur are upper and upper-middle class; some travel abroad for better care. Higher-class desire for health sector privatization is fueled by 32% of patients being graduates, 18% being businessmen, and 23% are working in government, non-government, and other service sectors.

## 7. CONCLUSION AND RECOMMENDATIONS

In summary, there is a correlation between the socioeconomic status of individuals and the privatization of the health sector. The study's results indicate that social class is a significant factor in determining access to private health care. The concept of privatization has been broadly defined in this investigation. The hypothesis of privatization in the health sector and among the higher class is corroborated by the study's results. The primary focus of the investigation is on the factors that contribute to privatization and their correlation with socioeconomic status, particularly the upper class. Globalization, modernization, urbanization, capitalism, and the development of neoliberal policies are among the factors that contribute to the privatization of the health sector. The study was conducted using a structured questionnaire, particularly a matrix questionnaire, to ascertain the causes, costs, and behaviors of physicians in the private health sector. It also investigates the unequal distribution of access to it according to social status.

The results provide compelling evidence that the privatization of the heath sector is significantly influenced by the upper class. The demand for sophisticated facilities among the elite has led to the establishment of private health care. In the public hospital of Madaripur, it is impossible for a patient to anticipate a straightforward pathological or radiological examination. For years, doctors and technicians have purposefully maintained medical equipment in public hospitals in a state of disrepair in order to boost the

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business of private clinics and earn commissions. Ultimately, patients are compelled to seek treatment at private clinics. Nevertheless, its exorbitant price impedes individuals' accessibility. In addition, capitalism has resulted in the establishment of private ownership and class categorization within society, while neoliberal policies have reduced government oversight of public expenditures. Privatization has also been exacerbated by market competition, individual responsibility, consumer choice, and lifestyle change. Private services are more developed in cities, particularly in Madaripur, due to the higher average income levels of urban populations and the income diversity that establishes market niches.

***Recommendations***

There are several causes behind the health sector being privatized. Thus, the following are some recommendations to prevent the further privatization process and also to enhance the current situation:

i. It is quite impossible for a patient to anticipate a straightforward pathological or radiological examination in the government hospital of Madaripur because for years, doctors and technicians have purposefully maintained medical equipment in a state of disrepair in order to boost the business of private clinics and earn commissions. The government should look into this matter and take appropriate action against it.
ii. The government hospital of Madaripur has a shortage of doctors, nurses, and medical technicians. Individuals also asserted that finding skilled doctors is a daily challenge. As a result, patients are not receiving quality treatment, leading them to seek better care at private hospitals. Therefore, the government should recruit more experts (doctors, nurses, and technicians) to solve this problem.
iii. Doctors rarely listen, explain health conditions, or discuss diagnosis and treatment. Therefore, patients and families are always confused regarding doctors' roles and treatments. Poor health care quality, restricted treatment availability, uncomfortable hospital environments, and delayed and trustworthy medical intervention are widespread. Many, especially the wealthy, seek treatment at private institutions due to this misery. Therefore, these difficulties must be addressed properly.
iv. Poor supply chain management, medical equipment, and facility maintenance purchases gave government hospitals subpar healthcare supplies. Nearly all respondents said public sector failings pushed them to private clinics. Thus, medical equipment supply and maintenance should be handled by trustworthy individuals.
v. Capitalism has resulted in private ownership and class categorization within society. Respondents feel private clinic patients overpay. Private hospital owners prioritize profit over patient care. Thus, authorities have to take adequate measures as soon as possible to keep health services within the limits of all types of people.
vi. The demand for private health care is a direct result of the elite's desire to avoid the inconvenience of waiting in an unclean and unhygienic environment for their doctors. They expect proper treatment facilities in a clean and organized environment quickly, despite the high expense. However, its high cost discourages enrollment in other courses. Thus, the government must address this issue.
vii. Finally, it is imperative that all stakeholders in society who are involved in health care collaborate to establish a healthy nation. To that end, it is critical to conduct thorough oversight, hold open forums, implement necessary changes, and guarantee the well-being of doctors, nurses, and support staffs.

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