Is a PhD degree for prestige alone?

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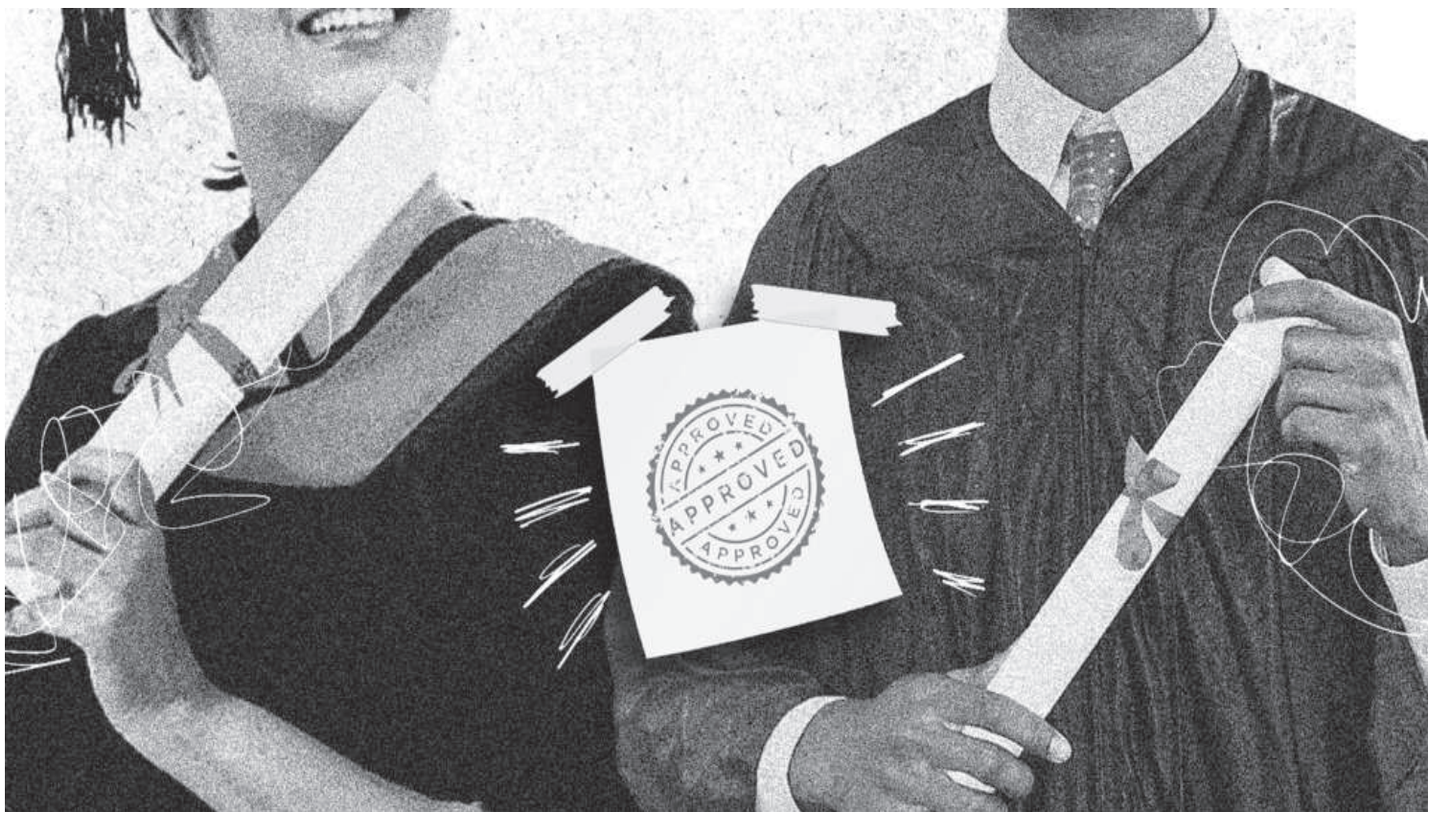

VISUAL: **SALMAN SAKIB SHAHRYAR**

A few months ago, a friend of mine—a graduate of Dhaka University—messaged me saying that he needed to discuss something important. I called him later on, and after we caught up with each other, he sought my advice regarding his son's undergraduate studies. I shared my opinions on some ideas that he had been mulling over, and he seemed to be happy with the perspective I offered. When our conversation was coming to an end, he told me that he needed my guidance on another important issue: he wanted to do a PhD.

I was bewildered as I knew that a doctoral degree was not needed in his profession. I told him that people in academia acquired a PhD for pursuing research to produce knowledge. But my friend gave me a different reason for his desire to get a doctoral degree. He told me that he was a member of various professional bodies and sat on various boards. He lamented that most of his colleagues (directors and members of advisory bodies and boards) were prefixed by the awe-inspiring title of "Dr" even though he believed he was more eligible than them for this honour. What I gathered from our conversation was that his "Dr colleagues" had only earned the PhD degree but were actually far removed from research, scholarship or publication. Since they were not much different from him in experience and expertise, my friend argued as to why he couldn't also be prefixed by the honorific of "Dr."

I gave him my view on research degrees and doctoral level education. But I don't think I was able to convince him.

Back in 2007, I returned from the UK after completing a PhD in comparative literature at the University of Portsmouth, and started teaching at the Department of English in Dhaka University. I was approached by friends who sought my advice on pursuing doctoral studies. Some of them were in academia, and their interest in doctoral training made perfect sense.

One of them was my senior and a graduate from a different department at Dhaka University. He told me that most of his siblings were PhD holders. In his profession, he often bumped into colleagues with doctoral degrees. He wanted to be on a par with them and so believed that the honour of a doctorate degree had become a social necessity for him.

I tried to make him understand that doctoral training might not mean much to his career in a real sense. However, the social need of a doctorate degree for him outweighed the reasoning that I was trying to bring to the table. In the end, we went our separate ways, unconvinced by each other's counterarguments.

The rationale that they put forward for their intention of pursuing a research degree is not a rare one. Many people in our country pursue a doctoral degree mainly for social recognition or simply for going with the flow.

It is expected that the PhD holder will make optimal use of the training they have received and continue to make original contributions to human knowledge. However, if, after getting the degree, the awardee does not continue to conduct research, they can be blamed for wasting the training and human capital. I am aware of the constraints on research in Bangladesh, but can we justify embarking on PhD studies only to achieve a decorative title and with no commitment to research?

There are PhD holders who never forget to put the prefix "Dr" before their names, even in social exchanges. The day they are awarded the doctorate degree, they change all their social media profiles and unmistakably add the magical title of "Dr" to their names. All such longing for praise and glory is perhaps tolerable, but what is surprising is that most of these PhD holders have produced little or no research since the day they earned their research degree.

In my opinion, a scholar should undertake a PhD project under the supervision of an academic mainly to learn how to conduct structured research. During the period of their doctoral studies, they go through a rigorous training regimen via which they become familiar with the accepted standards, norms and ethics of research. Once they are awarded the PhD degree, it is assumed that they will thereon be capable of conducting research independently without the guidance of a supervisor. It is expected that the PhD holder will make optimal use of the training they have received and continue to make original contributions to human knowledge. However, if, after getting the degree, the awardee does not continue to conduct research, they can be blamed for wasting the training and human capital. I am aware of the constraints on research in Bangladesh, but can we justify embarking on PhD studies only to achieve a decorative title and with no commitment to research?

Unfortunately, there are innumerable PhD graduates in Bangladesh and beyond who are affiliated with universities or industries, but have never produced any meaningful research. If their PhD thesis remains the only landmark scholarly work in their lives, I have serious doubt about the constancy and efficacy of their contribution to human knowledge.

Besides, how many people even read an unpublished PhD thesis? Generally, there are about five people who primarily read doctoral work: the researcher, their supervisor, and three examiners. If we exclude the researcher, the other four people who read it do so as part of their professional duty. They comment on it (often harshly) and help the awarding university decide whether or not to confer the PhD degree on the researcher. Later, after the degree is awarded, if the thesis is stored in the awarding university's repository, some future researchers might open its pages. If we add all of them up, we can safely say that the impact that an unpublished PhD thesis makes on the learning community is not very significant.

PhD holders are supposed to make good use of their training, undertake meaningful research projects, and thus benefit the wider community. Unfortunately, in this regard, the scenario in our country is dismal and disheartening. In most cases, the thesis that a PhD pursuer produces remains their only contribution, whose readers as well as impact, as I mentioned earlier, are limited. Many PhD holders in Bangladesh get their degree only for the prefix of "Dr" and for prestige and social recognition.

In my opinion, pursuing a PhD degree for the wrong reasons is not a minor problem. The number of PhD holders is on the rise, but the quality and intensity of research and knowledge production are not. As most PhD holders are delinked from research and scholarship, we do not have enough people to represent Bangladesh intellectually and to tell the world what we stand for as a nation. In the absence of serious researchers among us, others will (mis)represent us and we will be at risk of being eliminated in academic discourse.

Time to shift the focus on population management

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MD NURUZZAMAN KHAN

Bangladesh once grappled with an exceedingly high fertility rate, which coincided with poor maternal and child health outcomes, including higher rates of maternal and child mortality. In response to these challenges, with the dual aim of curbing fertility rates and managing population growth, the nation prioritised family planning services and minimum healthcare for the entire population, beginning with the first five-year plan in 1973-78.

These initiatives involved a distinct framework for healthcare and family planning services, representing a transformation from the previous uniform framework, with a particular emphasis on ensuring the accessibility of family planning services at the community level. These programmes strengthened in subsequent years, with the recruitment of female field workers to provide household-level family planning services (initiated in 1976 with the First Population Policy) which later evolved to ensure services provided at the household level every 14 days (as part of the second Population and Family Health Project in 1980), and the establishment of family planning services through upazila health and family welfare centres (during the third five-year plan from 1985-90).

The unification of health and family planning wings at the thana level or below was implemented in 1997 (as part of the fifth five-year plan) to ensure that family planning services were available both at the household level and at the nearest healthcare facilities. These initiatives made Bangladesh become an unlikely success story, with contraceptive prevalence increasing from eight percent in 1975 to 62 percent in 2014—a 55 percent increase over 39 years. Moreover, the total fertility rate plummeted from 6.7 to 2.2 during the same period, indicative of fertility levels approaching the replacement level of fertility. Other maternal and child health indicators, including maternal and child mortality, have also exhibited noteworthy improvement. However, one notable point is that the improvement of these indicators, which was quite significant before the turn of the millennia, has slowed down since then, while some indicators including contraception use rate have stagnated.

Bangladesh now approaches population management through a focus on family planning and reproductive health, rather than strict population control measures as implemented before.

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With notable strides in family planning, maternal and child health, and an increase in life expectancy by approximately 22 years between 1972 and 2021, credited to advancements in healthcare services, Bangladesh now finds itself in the third stage of demographic transition—a phase marked by rapid population growth. This growth is accompanied by two effects: firstly, the "black hole" phenomenon of population momentum, stemming from a youthful age structure rather than achieving replacement-level fertility; and secondly, an increase in life expectancy. The black hole effect of population momentum has also provided an opportunity for the country's rapid economic growth, driven by a larger proportion of the population being in the active working age group—a phenomenon commonly referred to as the demographic dividend.

However, despite these advantages, concerns are rising as projections indicate that Bangladesh may lose these advantages related to the population within the next three decades. The demographic dividend is expected to expire by 2035-36, and population growth is projected to cease by 2057 with the current level of family planning programmes, and this may occur earlier if family planning programmes and coverage are further strengthened. Both scenarios indicate a transition towards an older demography and a higher dependency ratio—a trajectory similar to that experienced by China, a country that implemented the One Child Policy (1980-2015) and subsequently revised it to allow for more children. Importantly, with such impending changes related to declining fertility rates, Bangladesh still grapples with a high rate of unintended pregnancies (22 percent among total live births) and short interval pregnancies (24 percent), and related poor maternal and child health outcomes.

These factors create challenges for Bangladesh in achieving the maternal and child health-related targets set in the Sustainable Development Goals by 2030. Effective family planning methods and counselling are still crucial to address these challenges.

However, with these challenges, Bangladesh now approaches population management through a focus on family planning and reproductive health, rather than strict population control measures as implemented before. This change in focus may be responsible for declining home visits by family planning workers and exposure to family planning messages that the country has been observing since the early 2000s, possibly leading to the stagnation of contraception use. It is important to mention that although the stagnation of contraception use rate has been reported, the current framework of family planning services provides help to an additional 30 million women who enter married life each year in Bangladesh, and this number is significantly higher than the number of women who exit from their reproductive life. This indicates that stagnation is occurring in the overall rate.

Such changes and stagnation may negatively influence rural, uneducated, and underprivileged people among whom the prevalence of unintended pregnancy, short interval pregnancy, as well as early marriage, adolescent pregnancy, pregnancy complications, maternal and child mortality are highly concentrated. Poor access to and use of maternal healthcare services and nutritional burdens including undernutrition and anaemia are also concentrated among these groups.

Importantly, the total fertility rate is also still high among these groups, at around 2.80 to 3.10, compared to 2.0 among the advanced group. There are several possible pathways to such a rising burden, including a lack of adequate knowledge and awareness that hinders their capacity to access family planning and contraception in the absence of home visits and availability at the community level. Moreover, structural challenges at the healthcare facility level may also hinder their access. Therefore, focusing on management without ignoring the needs of disadvantaged groups may increase this rate further, posing a significant burden for the country. Bangladesh is therefore still in need of focusing on family planning services and contraception as before, although different strategies may be implemented to address issues covered by population management.