Title	
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Citation	
Issue Date	2018-12
Type	Thesis or Dissertation
Text version	ETD
URL	http://hdl.handle.net/10119/15753
Rights	
Description	Supervisor: , ,

Doctoral Dissertation

Knowledge Management for Improving Public Health

Interventions: A Street Food Safety Problem in Bangladesh

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December, 2018

Abstract

There are a lot of complex and emerging public health issues that is causing double burden (both health impact and economic impact) especially in underdeveloped or developing countries. These are the thriving concerns and becoming complex societal challenges which need innovative solutions. Therefore, organizations have to be compelled to move beyond the boundaries of single firms or sectors and involve in collaborative networks. Multiple, diverse stakeholders are working together to co-create innovative values in these networks. Co-creation in a network creates new challenges in terms of modified behaviors, systems and outcomes.

This study is based on street food safety issues, one of the emerging public health problems in Bangladesh, on which, many studies and interventions have been conducted. Unfortunately, due to the nature of informality, lack of awareness among community (vendors and consumers), lack of proper collaborative service from government and NGOs in monitoring, improper health promotion and health education system and finally the improper knowledge sharing in both community and organizational management process are the key bottlenecks in achieving the sustainable solution for the street food safety problem.

Therefore, the overall goal of this dissertation is to identify the role of knowledge management for improving the public health intervention especially based on the developing countries perspectives. This goal has been addressed in three separate sections which aimed to answer the following questions respectively:

1. What are the social barriers that contributes in street food safety issue?
2. What is the role of developing community based stakeholders in confronting social barriers in SFS issue?

3. How an innovative model can be developed based on knowledge management to reduce SFS problem?

Methods

The study mainly adopted the action research strategy where the main method used was qualitative. In the first part of the study, data collection took place in the urban areas of Khulna and Dhaka city, the two major divisions in Bangladesh. The tools used for the data collection were the observation of the street food vendors and consumers, the interviews of street food vendors, consumers and some officials of government and non-governmental organizations (NGO).

In the later part of the action research, a pilot study was conducted in Khulna city. In this part, the major participants were the secondary school students, street food vendors, consumers, officials from government and non-governmental organization. Data collection tools were also observation, interviews and focus group discussion.

Study data were collected in between May 2017 and February 2018. All the data collected were thematically and manually analyzed. Field notes on interviews and focus group data were subject to content analysis, using a priori codes.

Results

Integrating the analyzed results, we found that SFS and other public health based intervention begins from a top-down approach, by getting funding and providing ad-hoc based services to a specific community, where before and after the intervention, knowledge creation and

sharing with the community is a less-implemented approach. However, essential knowledge creation (both tacit and explicit) should begin with the communities where most of the wider social barriers exist.

Findings describes hidden social barriers that can only be explored by the community (vendors and consumers); in some cases, this hidden knowledge can only be shared with local people (students or local representatives). Therefore, selecting and motivating the students as community representatives is one major strategy for value co-creation in this study.

Findings also describes MSP as essential for knowledge sharing and providing necessary services through strong collaboration and co-ordination. In this study, students can be representatives for community participation and can be good micro-level stakeholders that collaborate with macro-level stakeholders. Therefore, micro-level stakeholders can create and share community knowledge with macro-level stakeholders to develop innovative solutions that improve SFS. In addition, the macro-level can verify their decisions and policies by sharing knowledge with the community based on the outcome of an intervention. This knowledge sharing is missing in the current system of interventions. Findings 3 demonstrates the area in which collaborative strategies can reduce social barriers with the help of the community.

Findings shows the strategy of using KM tools that can easily create, share, transfer, and translate knowledge both inside and outside of the community. Therefore, through pilot study, school students have been found to be proper KM tools in creating values among different stakeholders.

Finally, comparative results from two different cities showed where the role of collaboration and value co-creation through MSP and KM is distinctively visible.