

“Current State of Communicative English Course for Midwives in Bangladesh: A Denial of Democracy and Pedagogical Rights”



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Saturday, December 27, 2025 (Fall-2025)

**“Current State of Communicative English Course for Midwives in Bangladesh: A Denial of
Democracy and Pedagogical Rights”**

A Thesis Submitted to
The Department of English and Humanities
University of Liberal Arts, Bangladesh

In Partial Fulfillment
of the Requirements for the Degree of
MA in English

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Saturday, December 27, 2025 (Fall-2025)

CERTIFICATE OF APPROVAL

I hereby declare that this thesis is the student's own work and effort. All sources of information incorporated here have been duly acknowledged. This thesis has been submitted with my approval.

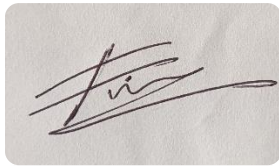
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DECLARATION

This thesis is a presentation of my original research work. Wherever contributions of others are involved, every effort is made to indicate this clearly, with due reference to the literature, and acknowledgement of collaborative research and discussions.



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Dedication

First of all, “Thanks” to the Almighty Allah for his mercy and blessings for allowing me to achieve my academic journey in this short run.

I am dedicating this thesis to my parents whose unconditional support and ethos has encouraged me to finish my four years of undergrad academic journey. They have exhorted me in every circumstance to be who I have become today.

Additionally, “thanks” to my younger sister for continuously motivating me in every situation during this timeline.

Acknowledgements

At first, I express my sincere gratitude and regards to my supervisor, Golam Kader Zilany, Senior Lecturer, Department of English & Humanities (DEH) for his indispensable guidance and support throughout this academic pursuit. His authenticity, expertise and simultaneous encouragement have certainly provided me a precise ideology of taking a strong accountability of my academic responsibilities and tasks.

I am deeply thankful to the Department of English and Humanities (DEH) for flourishing me with knowledge, kindness, humanity and ethics within these four years of my academic journey. Especially, for considering me as a family other than a student of ULAB.

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Abstract

Over the past fifteen years, both BNMC and DGNM has reformed, “Communicative English D118” course with an aim of enhancing the communicative skills of midwives with patients, doctors, in a healthcare context also, to create international and global medical service-related opportunities as meaningful communication significantly reduces the change of adverse pregnancy outcomes, ensure transparency in healthcare service-related decision making and helps both midwives and patients in understanding real-time progress. However, there are some uncanny matters that remain unexplored and hindering overall communicative knowledge of midwives and its in-service application. Hence, this study aims to uncover underlying reasons which causing such drawbacks learning communicative English for midwives in Bangladesh. Furthermore, this study also aims to understand, how the English course is fulfilling their democratic rights of accessing knowledge that enhances their individuality, making them feel recognized and providing the scope to change and transform the future by participating in educational transformation. An original questionnaire comprising 13 open-ended questions following a focus group discussion (FGD) with six in-service midwives were conducted to explore the research agenda following the qualitative research design. Also, by conducting multiple observations using naturalistic observation technique in a particular hospital located in Dhaka it apprehended real-time language usage frequency data. As a theoretical lens, Bernstein’s “Pedagogical Rights” and its three layers of democratic rights were applied understanding in what extent the communicative English course is meeting midwives’ educational rights and democracy. Result explored some of the major drawbacks such as unmatched aim and objectives of the curriculum compared to the syllabus and its content, passively focusing on grammar rather communicative tasks and variables, lack of materials related to communication in nursing, lack of guidelines and materials for midwives communicative and individual enhancement, violation of democratic rights of advance and abstract knowledge. Additionally, this study depicted some of the major dissatisfactions and knowledge crisis of current in-service midwives in Bangladesh.

Keywords: #midwifery #communicative-english #curriculum #sullabus #Pedagogical-Rights #intercultural-communication #education-democracy #medical-english #equality-in-education

Chapter 1: Introduction

1.1. Background study:

In 2010 Ministry of Health and Family Welfare developed the midwifery program under the supervision of former Prime Minister Sheikh Hasina which was announced at the United Nation general assembly with a title “Every Woman Every Child Initiative” (Directorate General of Nursing and Midwifery, 2018). In 2013 three years of diploma in midwifery program was launched under the supervision of Bangladeshi Nursing and Midwifery Council (BNMC) which is not a graduate program nevertheless professional license program to be permitted to work in hospital or clinic for ensuring safe and a comprehensive care for pregnant women the early stage, to birth and postpartum period which also included the initial six months of new born babies life (Islam et al., 2024, p. 4). To enhance the quality of this program Directorate General of Nursing and Midwifery (DGNM) was involved implementing in-service quality training along with clinical mentorship establishing effective midwifery faculty and clinical management and education policy (Islam et al., 2024, p. 5-7; Directorate General of Nursing and Midwifery, n.d.). Additionally, to develop and improve the curriculum and syllabus of midwives which meets the global standard of midwife professional skills, both BNMC and DGNM followed the International Confederation of Midwives (ICM) global curriculum structure (UNFPA in Bangladesh, n.d.). In 2018, English language was incorporated as a “Communicative English, D118” in the very first year of 3 years of diploma in midwifery program as an internal subject (Bangladesh Nursing and Midwifery Council, 2019). The objective of adding communicative English was to meet effective healthcare service-related performance such as, communicating with doctors and patients, understanding dedicated medical terms and medications, reporting to the doctors regarding patient progress, accessing latest medication instruction and operating healthcare equipment, also meeting

professional career growth for availing global or international opportunities according to the global standards for midwifery education by (ICM). However, the impact of communicative course for midwives remains ineffective in Bangladesh due to proper implementation of the curriculum and effective teachers in nursing institutions (Williams et al., 2024; Fraser et al., 2024; Islam and Mohiuddin, 2015). Bogren and Erlandsson (2018) stated that, in Bangladesh, currently midwifery training colleges has become business oriented rather producing efficient midwives for reducing mortality rates of mothers and new born babies. It has become a serious concern for maternity healthcare services (Bogren et al., 2015; Thompson, 2004). Bogren et al. (2021b), Islam et al. (2024), and Starr (2009) stated that, the current communicative language curriculum for some reason does not align with the midwives' goals and needs which shows such deficiency during their in-service performance. English is certainly crucial for midwifery learners because education related to healthcare services are written in English. In contrast, both curriculum and syllabuses are not meeting their pre and in-services requirements and perhaps no need analysis has conducted for designing its contents which causes deficiency in their real-life performance and medical related services (Amin et al., 2025; Bogren et al., 2018; Mazdayasna & Tahririan 2008; Silvia, 2004).

1.2. Statement of the problems

Over the past 15 years both (BNMC) and Directorate General of Nursing and Midwifery (DGNM) has reformed midwifery curriculum and syllabus in 2010, 2012, 2013, 2015, 2016, 2018 and 2019 with an aim of producing skilled and professional midwives in Bangladesh for reducing the maternal mortality ratio from “193 per 100,000 and the newborn mortality rate of 50/1000 births 2 if it is to reach the targets of the SDG goals by 2030” (Bangladesh Nursing and Midwifery Council, 2019, p. 1). Following this aim, both BNMC and DGNM is Included “Communicative English” as an internal compulsory course with an aim of

developing readiness and communicative efficiency in medical healthcare atmosphere such as communicating with patients and doctors, patient health related reports, understanding medication doses and operating medical test related equipment and much more for meeting national and global level midwife professionals from Bangladesh. In reality, midwives in Bangladesh found inefficient in-terms of their in-service performance, more precisely tasks associated to English language performance and communicative skills which questions the current curriculum, syllabus and content design for teaching English (Chowdhury & Zahiduzzaman, 2025; Fraser et al., 2024; Ashipala & Matundu, 2023; Bogren et al., 2021b; Islam and Mohiuddin, 2015). This phenomenon perhaps directly impacting their national and international level job opportunities, hampering their career and future possibilities all over the world which questions their social, educational, and identity rights.

1.3. Purpose of the study

The purpose of this study has been fragmented into two distinguished segments. Firstly, one of the aims of this study is to comprehend how the “Communicative English, D118” as a compulsory English course developed by Bangladesh Nursing and Midwifery Council BNMC and Directorate General of Nursing and Midwifery DGNM is fulfilling midwives’ need of English as a second/foreign language for communicative purpose in medical phenomenon, and developing linguistic readiness in English for initiating real-time natural interaction with patients, doctors, administration and stake holders related to healthcare services in Bangladesh for enhancing overall efficiency by providing more accurate, effective and high quality healthcare services. Also, how the course is meeting the global midwives’ communicative standards provided by International Confederation of Midwives ICM for developing communicative readiness and skills ensuring international and global career opportunities around the world.

Secondly, this study also aims to classify three individual landscapes of the course “Communicative English, D118” following three individual layers of the theory, Pedagogical Rights (PR), 1. rights to enhancement, 2. rights to inclusion, and 3. rights to participate by Basil Bernstein (Bernstein, 2000, p. xx). From the very first lens of Bernstein’s Pedagogical Rights theory, “Rights to Enhancement,” this study tends to identify in what extent, “Communicative

English D118” course developed by BNMC and DGNM is promoting individual enhancement to each midwife students by emerging critical understanding, improving intellectuality, and providing the skill to master complex knowledge. Secondly by using the lens, “Rights to Inclusion” this study will identify how the “Communicative English D118” course is designed and offering knowledge to the midwife learners which makes them feel included, intellectually, socially, culturally and personally. Finally, through, “Rights to Participate,” this study will identify in what extent “Communicative English D118” course is offering the rights of participation where midwives will not just only consuming knowledge as a passive receiver in education, but having the civic voice to participate, to change, to express their perception about knowledge.

1.4. Research Questions

As an objective, this research study is intent on answering these following questions mentioned below with an aim of understanding the effectiveness of “Communicative English D118” for midwifery students and the presence of educational democracy within the course from the lens of Bernstein three layers of pedagogical rights model.

1. How does the latest midwifery “Communicative English, D118” course curriculum and syllabus are fulfilling the communicative and constructive patient healthcare service-related needs of midwifery professionals in Bangladesh?
2. In what extend “Communicative English, D118” course curriculum and syllabus are promoting educational and social democracy from the lens of Bernstein's three layers of pedagogical rights?

1.5. Significant of Study

In healthcare services, maternity department is one of the crucial sectors where midwives play a significant role ensuring comprehensive care from prenatal care to postnatal recovery for

both mother and new born baby. Because all the medical related study, tasks and services are initiated using English as a medium of instruction (EMI), it is significantly important to comprehend that, is midwives in Bangladesh are receiving a well-designed healthcare related communicative knowledge through the course for initiating effective and explicit communicative approach in healthcare atmosphere for ensuring seamless healthcare services. It is also important to understand, how this communicative English curriculum is enhancing individuality, reconstructing social identity by providing democratic rights of availing esoteric knowledge for participating in social changes and reformation.

Chapter 2: Literature Review

This study aims to evaluate in which extend the current midwifery communicative English curriculum and syllabus is fulfilling the midwifery students communicative and professional linguistic needs according to their healthcare settings in Bangladesh. This study also aims to apprehend, in what extent the English language learning curriculum and syllabus of midwifery students is fulfilling the pedagogical rights (PR) by enhancing their overall communicative skills and usages in professional healthcare settings. Therefore, in this chapter some of the significant previous literatures that talks about both Bangladesh and foreign midwives ELT system and its tenets has been discussed. Throughout this literature review some of the distinguished researchers' arguments and beliefs regarding teaching English to the midwifery healthcare students in both Bangladesh and foreign countries has explored. Furthermore, this chapter portrayed the essentiality of conducting this research study to understand the current EFL teaching practices, challenges, and learners EFL drawbacks of midwifery students to apprehend the issue further.

2.1. Challenges teaching English to the midwifery learners

Williams et al. (2024) conducted mix method research on the current challenges of learning English for midwives in Bangladesh on 38 nursing institutions and conducted interview with 14 English teachers. The data found that, most of the English tutors are guest lecturers who are hired temporary and having knowledge on general or basic English. Also, there is no standard curriculum for English which can address language related to midwives or nurses medical or their future profession related tasks. It as also found the, majority of the institutions does not have multimodal teaching facilities and recruited teachers are also efficient and themselves are

struggling with mastery in speaking English. Williams et al. (2024) mentioned the requirement of English for Specific Purpose ESP module which means, their communicative course curriculum must develop focusing on specific goal, perspective, purpose, perception and outcome which must address the language that midwife can use by associating their future profession midwife. Study suggested that, an ESP module can significantly impact and enhance language learning of midwives in Bangladesh as it will particularly focusing on communication and daily language such as, patient interaction, sharing greetings with patients, discussing about patients' medication, asking personal and medical history, explaining medical test report to patient or doctors rather grammar (Williams et al., 2024). Also, by developing an ESP module, midwives will be able to learn tasks for instance, explaining about regular check-up, giving health advice, scheduling an appointment, talking about healthcare guidelines.

According to Fraser et al. (2024), in Bangladesh, one of the fundamental drawbacks of quality education is the lack of enough funding for developing overall systematic educational structure according to the needs of nursing and midwifery students. Lack of proper funding, nursing colleges cannot effort efficient teachers, curriculum remain unchanged and syllabus remain ineffective according to the current needs of healthcare sectors (Fraser et al., 2024). Secondly, midwives do have a lack of recognition or identity crisis as midwives are not considered as a autonomous or separate profession yet, but considered as a part of nursing. As a result, stake holders, organization, doctors and other associate bodies do not create and develop knowledge according to their practical requirements. Fraser et al. (2024) also added that, this lack of individual identity from the perspective of profession, they have become subordinate of the doctors sometimes nurses as well. Surely, this unjustified norms of hierarchy within medical sectors, there is always reluctance in developing the overall education structure of midwives.

Bogren and Erlandsson (2018) described that, the biggest reason that the educational quality of midwives in countries like Bangladesh and Nepal remained unsatisfactory and ineffective because of the lack of social and professional identity. In medical context, midwives considered as the poorest designation in medical workforce. As a result, both countries never felt revisiting and restructuring the quality of the education for midwives for better performance and future (Bogren & Erlandsson, 2018). Bogren and Erlandsson (2018) also stated that, developing a course curriculum must be developed following a country's own health policy rather following only the International Confederation of Midwives ICM foundation only for bringing needs of knowledge according to the needs and the opportunities of midwives. Also to convey knowledge effectively, teachers must be trained and develop themselves simultaneously.

Bogren et al. (2015) found that, in Bangladeshi nursing and midwifery curriculum and syllabus does not meet the communicative requirements of midwives according to their real-world needs. Which mean, the needs of availing the linguistic capacity to initiate interaction and publishing service-related communication. Bangladesh institutions are more occupied with business rather fulfilling learners' needs and knowledge development. Bogren et al. (2015) also mentioned that, nursing institutions are not following the roadmap given by the government or global midwives educational norms, rather following their own system and protocol related to business development that hindering learners' perception, expectation and educational rights. Additionally, there is a lack of follow-up and monitoring from the government ends on nursing institutions for maintaining both equality and quality of the education (Bogren et al., 2015).

According to Thompson (2004), midwives are one on of the most isolated group within the healthcare sector. Midwives are always isolated and less prioritized by medical institutions, hospitals and doctors. Government also not particularly monitoring and the overall professional

and educational developments of midwives and their both human and educational rights (Thompson, 2004). The study also found that, there is a considerable lack of respect and identity of midwives in almost every country that certainly hindering their educational rights and further progress for better future and sustainable career.

(Bogren et al., 2021b) Bogren et al. (2021b) stated that, South Asia is one of the dense population regions where quality health care is one of the crucial sectors which needs continuous development. However, this region health care, especially related to newborn baby and mothers' health, midwife plays a bigger role who needs enhanced educational and communicative knowledge. Bogren et al. (2021b) stated that, both medical education and practical performance is dependent on English, which is a compulsory subject for midwives to be understood. Also, the study found that there is a huge gap in finding needs of midwives according to the Asian contest which also can be done by inquiry-based learning method. Additionally, in health-care services, communication is one of the crucial variables ensuring better, transparent and correct treatment to the patient where the main function of midwives providing services patient with pre-pregnancy and post-pregnancy situation along with the baby. In that case, Asian countries do need English for global communication which will precisely focus on interaction and communication.

Winanda et al. (2022) conducted a study on 50 midwifery students on enhancing their English communicative efficiency as communication is the key providing efficient healthcare services. The study was conducted by emphasizing need analysis of the students where it was found that, midwives does not need grammatical concepts and structure rather, focusing on the real-life daily basis interaction within the hospital. Winanda et al. (2022) stated that a communicative syllabus designed for midwives must developed only considering what tasks they encounter and deals with. It was found that, using the functional notional syllabus and selecting

the subjects related to midwife profession such as, consulting about the reproduction healthcare, family planning and counseling, daily conversation about birth care, childbirth, pregnancy, breastfeeding must be included as their communicative materials and topics (Winanda et al., 2022).

Starr (2009) stated that, one of the biggest challenges of nursing students in speaking in English is the deficiency in language curriculum design. Starr (2009) emphasis in the importance on including authentic and cultural subjects and materials to teach English to the nursing student. The study identified that due to the lack of culturally developed English teaching materials learners finds language learning difficult and challenging which needs to be addressed and resolved to overcome this issue.

2.2. Communicative needs of Midwifery students

Mazdayasna and Tahririan (2008) stated that, understanding English is fundamental as both midwifery education and practical performance is only deals with English as a communicative language. Mazdayasna and Tahririan (2008) identified that, for developing and effective communicative, reading, writing skills in nursing through which midwives can interact and share thoughts using English for daily tasks and communicating with patient and doctors, it is important to conduct a need analysis of both learners and work-place for understanding the language needs of the learners rather implementing the general English language-oriented syllabus. Both material, and teaching methodology must focus on medical context, such as medical related terms, vocabulary, report writing, communicating with patient and doctors (Mazdayasna & Tahririan 2008).

For health care students, need analysis is the fundamental step that identifies learners' linguistic needs according to their workforce atmosphere and what linguistics acquisition we need

(Silva, 2004). Silvia (2004) stated that, learners must need an ESP module which precisely focuses on the language, intonation, vocabulary, writing, reading, speaking and listening skill for medical purposes. Silvia (2004) proposes that, English for nursing and medical students must be developed for practical and contextual usage rather withing within the classroom atmosphere.

Amin et al. (2025) stated that, in Bangladesh healthcare students such as nurses, midwives has such a deficiency in speaking, reading, and writing in in both their academic and professional healthcare settings. Amin et al. (2025) found that, the reason of this deficiency in communication and workforce are the lack of proper medical and their professional focused ESP module. Due to noncontextually developed teaching policy, use of materials and methodology, bot healthcare professionals and students are facing inefficiency during their real-time communicative and professional performance. In Bangladesh, more than 90% of the students are belongs to the Bangla medium institutions during their high school and intermediate level where they do not receive the advance level exposure of communicative linguistic landscape just as English medium schools and colleges. As a result, these nursing students and medical professionals need a module of ESP that will be produced specifically for healthcare landscape only.

According to Bogren et al. (2018), midwife is a crucial role which deals with both mothers and babies wellbeing since the birth of the child until both are stabilized and out of life risk. As a result, a well-designed syllabus, effective teaching strategy, and practical knowledge is crucial for midwives ensuring effectiveness and reducing risks in both academic and healthcare landscape. Bogren et al. (2018) found, in Bangladesh, nursing and midwifery institutions are not aligned with the moto and meeting the educational rights and objectives according the International Confederation of Midwives (ICM) and selected teaching contents, particularly English has almost not practical usage according to their profession and healthcare phenomenon. The study also

emphasized restructuring the assessment policy, implementing midwives need analysis and understanding their perception.

Tercan (2018) conducted research on regard of need analysis in the need analysis of students in learning English as communicative tools. Tercan (2018) identified that, to teach nursing students English as a communicative language, need analysis is crucial in developing an effective English teaching curriculum and syllabus because it gives the opportunity to both students, teachers, syllabus and material developer, institutions and stakeholders about language related needs, what linguistics variables they need, in which place or tasks that a language will be utilized. To teach language, this study emphasis on restructuring the nursing curriculum focusing on English for specific purpose followed by learners' actual needs during working in the field. Tercan (2018) prioritized on situation such as, administering medication, patient admission, explaining drug instruction and many more to include in their syllabus for giving them real-life experience.

2.3. Suggested and practicing English language modules

According to the International Confederation of Midwives (2025b), to promote effective pre-service education to midwives, teachers must have degree and practical experience in medical context. ICM, also stated that, every midwives must have strong communicative and social interactional skill from before approaching the real-time workforce in medical. Which means, a midwife must have the ability communicate both in intercultural language and English for international communication by understanding the patient linguistic diversity and cultural belief. Also, material must be developed considering individual's needs, perception and must be align the goal as a midwife related to healthcare and their profession (International Confederation of Midwives, 2025b). Additionally, for simultaneous development of the midwifery program,

curriculum and syllabus must go through continuous revision and development followed health care needs and phenomenon.

Islam and Mohiuddin (2015) stated that, the ESP module for midwife students, developed by BRAC Institute of Global Health (BIGH) has focuses on specifically, the context where, how the students will use their English language for communication in medical context. This module has focuses on, what is the function of midwifery as a profession, included medical related terminology, vocabularies, along with meaning-based learning and application rather than teaching language through general learning landscape. Out of 295 student participants, majority of the learners showed positive attitude and found their English learning for medical purpose is effective (Islam & Mohiuddin, 2015).

Chowdhury and Zahiduzzaman (2025) stated that, as a privet university in January 2013 in 2013, Brac University lunched three-year Diploma in Midwifery Program with 180 students. Brac University conducted different need analysis on midwifery students with an aim of understanding learners need and their actual function in real-life profession. Also, conducted survey in rural and remote areas along with giving training and initiating midwifery services as well. As a first privet nursing institution by lunching 3 years diploma program, Brac University found there are certain challenges which needs to be addressed. One of the biggest challenges is lack of trained and experienced teacher in Midwifery healthcare education. Also, to make them ready for their workforce career, they need to be given knowledge regarding communicative and performance related skills. Chowdhury and Zahiduzzaman (2025) also mentioned that doctors need to initiate research and participate developing curriculum for midwifery students for insuring better healthcare services to the mother and new born babies.

Ashipala and Matundu (2023) found out that, both nurses and midwives had to deal with diverse cultural patience and doctors with multicultural and linguistics perspective. It not possible to deal with multicultural individuals according to their linguistic expressions. On that regard to solve this both midwives and nurses need to be competent in English language to communicate such as foreign patients and doctors. As a result, both nurses and midwives needs to be efficient and fluent in understanding English in a medical sector dealing with multicultural people and dealing with medical tasks such as report writing, checking patience test report results, assessing and checking medicine doses and communicating with doctors regarding their tasks and patients update. However, due to the lack of high-quality education, and specific English linguistic ability from their educational and training period, both nurses and midwives suffers during their real-life working environment which surely hinder their confidence, working efficiency and decision making (Ashipala & Matundu, 2023).

Bae (2017) founds that to teach English as a communicative language for nursing students; learners must need to apply their acquired linguistic knowledge beyond the classroom. Also, they must need to practice communicative English with their classroom and within a group. Bae (2017) also emphasized on teaching strategy where teachers must focus on learners' pronunciation, sentence structure, cohesion of their utterance also, implementing roleplay, regular speaking practice, using different language learning games, storytelling related to their context. Additionally, they must practice English in their workplace consistently for making their linguistic variables more appropriate and accurate. Finally, Bae (2017) also suggested to develop their syllabus according to their needs and perception regarding their career and aim in the working atmosphere.

2.4. Research gap

Existing literature are focusing on some of the crucial challenges on teaching English to the midwifery learners for healthcare purpose in both foreign and Bangladeshi settings. Previous research data also depicted some of the fundamental challenges that contribute to the drawbacks of English language teaching to the foreign and Bangladeshi nursing and midwifery students for healthcare context. However, it was never been addressed that why and how these limitations and challenges are not be able to overcome and what are the internal perhaps root causes of these continuous remaining problems. Also, how the current communicative English curriculum and syllabus is ensuring midwifery students rights to enhancement, rights to social inclusion and rights to political participation which means, the actual rights to quality education from the lens of Bernstein's theory of "Pedagogical Rights." In Bangladesh, the Bernstein's "Pedagogical Rights (PR)" was never implemented before in understanding, how the midwifery communicative English curriculum is establishing their educational, social and political rights in Bangladesh and ensuring their democratic participation from the perspective of heuristic point of view.

Chapter 3: Research Methodology

This chapter portrays distinctive stages of methodology that has been conducted to procure required data from the field and analyzing this study. The total process has been divided into eight sections: Research design, Data Sampling, Participant of the study, Data collection procedure, Data analysis procedure, Theoretical Framework, Ethical consideration, and Researcher's positionality.

3.1. Research design

This research aims to investigate how the current “Communicative English D118” course curriculum and syllabuses developed by Bangladesh Nursing and Midwifery Council (BNMC) and Directorate General of Nursing and Midwifery (DGNM) are meeting Midwifery students' real-life healthcare related communicative purposes and needs in Bangladeshi healthcare services. Also, how the course is fulfilling the midwifery student's individual, social and democratic rights in education from the theoretical lens of “Pedagogical Rights” by Basil Bernstein (Bernstein, 2000, p. xx). As this research focuses on understanding the effectiveness of midwifery curriculum and syllabus in their real-life implication and in what extent it is fulfilling their educational, social and democratic rights in education by recognizing their identity as a profession, this study has conducted without pre-selecting any steps for maintaining procured data flexibility, and followed a “Qualitative Research Design” to identify and understand an in-depth and diverse discourses of the selected agenda (Dornyei, 2007, p. 37). Focused Group Discussion FGD questions have been structured following qualitative data collection tools ensuring that the participants are permitted to answer the following questions without delivering any preconceived hypothesis (Cresswell, 2012, p. 205). To understand the central phenomenon of this research issues, the participants and site for

the semi-structured FGD and observation have been selected following the “Purposeful Sampling” tool to comprehend the authentic scenario of the targeted subject matters (Patton, 1990, p. 169).

3.2. Data sampling

Sheldon’s (1988) Evaluation Criteria and McDonough & Shaw’s (2003) Two-Stage Model was applied understanding the effectiveness and opportunity of Communicative English curriculum and syllabus in midwifery learners’ practical life and healthcare context. Basil Bernstein’s “Pedagogical Rights” and three PR models has been applied as a theoretical lens to understand how the course is ensuring learners pedagogical rights in education. Naturalistic Observation technique as an observation tool was used to observe midwives’ behavior and actual linguistic usage during their in-service performance in a particular hospital located at, Mohammadpur, Dhaka Bangladesh. Purposeful Sampling tools were approached as the researcher intentionally selected a particular site and in-service midwives to understand the research agenda.

3.3. Participant of the study

As participants, six in-service midwives were requested for an in-person Focused Group Discussion FGD as per their convenience and administrative permission from their working place. All the selected participants are currently in service in different public and private hospitals also, upazila health complexes. Hence, these are the participants who were considered as ideal individuals for answering all the open-ended questions that have been designed for this specific research. All the participants currently have diverse experiences working in medical and health complex for around 1 to 1.5 years. Maximum variation sampling has been approached to ensure a greatest possible diverse range of data on how their communicative English course is fulfilling their perception of effective communication with doctors, patients and healthcare related tasks,

also how the curriculum and educational contents has enhanced their individuality, made them feel included within the society and providing them opportunity to change and transform their professional sectors for better future. The following represented the entire sample of midwives surveyed: (See Table 1):

Table 1: Participant Samples (Midwives):

Midwifery Participants	Gender	Education (Last Degree)	Trainings	Year of Professional Service	Current Position
MP-1	Female	3 years diploma degree	6 months of clinical practice	3 months	Midwives
MP-2	Female	3 years diploma degree	6 months of clinical practice	1.5 years	Midwives
MP-3	Female	3 years diploma degree	6 months of clinical practice	1 year	Midwives
MP-4	Female	3 years diploma degree	6 months of clinical practice	5 months	Midwives
MP-5	Female	3 years diploma degree	6 months of clinical practice	8 months	Midwives
MP-6	Female	3 years diploma degree	6 months of clinical practice	1 years	Midwives

3.4. Data collection procedure

The data collection has proceeded following the “Purposeful Sampling” tool for both participants' FGD, and real-time linguistic observations at a particular hospital located at Mohammadpur, Dhaka. The data collection process followed a “Qualitative Data Collection Design” as the researcher has intentionally selected six interview participants who has completed three years of professional diploma license program from a renowned midwife and nursing college at Shyamoli, Dhaka, Bangladesh to understand in what extend these professional midwives are receiving the scope of applying their English communicative skills and knowledge which they have obtained from their diploma course and how these knowledge has enhanced their individuality, included them as a part of the society and what are the opportunity they are receiving as a participator as a pedagogical rights from the lens of “Pedagogical Rights” by Basil Bernstine. Also, a Naturalistic Observation tools were used with an aim of understanding the real-time linguistic usage of midwives in a hospital located in Mohammadpur, Dhaka. Note taking, audio recording digital tools were utilized to collect data. Pertinent FGD were conducted following a “Semi-structured” process ensuring participant flexibility and data fluidity. FGD questionnaires were designed followed by “Open-ended Question Design” and “Emerging Question Design” ensuring a complete freedom and flexibility on participants' answers and suggestions. Additionally, Maximum Variation Sampling was followed insuring data diversity and authenticity.

3.5. Data analysis procedure

A Qualitative data analysis method has been approached to analyze the collected data from participants interviewed as audio format, field notes and classroom observations. The interviewed audio recorded files have been encoded as text data using the Qualitative Transcription

method. An inductive Coding and Labeling approach (data – keywords – codes – themes) was conducted to characterize and specify the core variables of the original transcribed data extracts and to specify diverse information into different sub-categories and themes. All the coded data has been organized as per thematic sampling order.



3.6. Theoretical Framework

Designing a syllabus, curriculum and teaching English or any other subject, pedagogy is an approach which is beyond the traditional, methodological, strict, and synthetic syllabus as it is not just following traditional legacy of strict teaching rules and maintaining hierarchy but “Philosophy.” A philosophy which promotes that education is not about consumption of knowledge, what society is offering by isolating learners’ perception and self-belief but recognizing learners' needs, demography, developing critical understanding and sharing knowledge followed by the notion of what the current society is. It is the philosophy of addressing every learner as an individual. Bernstein brought a new light within pedagogy by offering three layers of “RIGHTS” which called “Pedagogical Rights.” Bernstein (2000) was precisely concerned with ensuring democracy of equal excess of knowledge between all socio and economic classes. It is the heuristic approach regarding the rights of availing and consuming knowledge regardless of social and economic class functionality. The argument of Bernstein (2000) focuses on the existence of reality through access to education using the democratic concept and experience. The three major concepts from pedagogical rights are, enhancement, inclusion and participation. Enhancement represents the rights of identifying and experiencing social, intellectual, critical understanding that can transform present and recognize future possibilities through the distribution of knowledge (Bernstein, 2000, p. xx). By inclusion, (Bernstein 2000) stated the rights to be included, personally, intellectually, socially, and culturally by identifying learners' own-self rather than consuming others' thoughts and shaping themselves. Finally, participation, (Bernstein 2000) stated that, participation means that learners have the right to participate in different sectors of the society for transformation and development rather than participating in discussion. Because this study precisely inclined in understanding the educational

rights of midwife learners in terms of individual development, addressing their needs and perception and their participation in speaking and having the civic voice of presenting their needs, Bernstein's "Pedagogical Rights" is the more effective and reliable theory to deconstruct this idea as their educational rights.

3.7. Ethical Consideration

Prioritizing the ethical principles and privacy of the participants, a week prior to the interview session, participants (Midwives) were informed. Additionally, using digital communication tools, such as mobile phone and in person, researcher has explicitly described the objective of the research and its aim that the study is inclined to achieve. To understand and analyze real-time linguistic usage data produced by midwives with stakeholders and patients within a healthcare atmosphere, both Corpus Analysis and Naturalistic Observation tool were used to understand the frequency of using English in a maternity specialized hospital located at Mohammadpur, Dhaka. Following code and conducts of the hospital, along with cooperation and permission of the hospital in charge and admin was received for collecting observational data for three days. Before recording the interview audio and notes, every participant was made aware of the data collection process.

3.8. Researcher's positionality

Fahim Ibrahim Chowdhury is a Bangladeshi citizen and currently one of the students of the University of Liberal Arts Bangladesh, pursuing his M.A in the Department of English and Humanities. As a major, he is concentrating on Applied Linguistics & TESOL, and currently performing his thesis with an aim on exploring the current scenario and effectiveness of midwifery learner's communicative English curriculum and syllabus and how it is enhancing their real-life

communication skills and professional tasks related to healthcare services in Bangladesh. Additionally, how the current communicative English curriculum and syllabus is developing critical thinkability, considering them as a part of the society and providing opportunity to participate on the journey of social and healthcare transformation from the democratic perspective.

Chowdhury, is currently working in a nursing and midwifery college under the authority of Bangladesh Nursing and Midwifery Council (BNMC) and University of Dhaka (DU) as a Communicative English and Basic English language faculty and coordinator for nursing, midwifery, medical assistance, and medical technologist. As a result, this experience has brought the researcher to conduct his M.A thesis research in the agenda not from the biased and predetermined point of view.

This research tends to understand the real-life effectiveness of communicative English course syllabus and curriculum on midwifery professionals on the professional healthcare services and tasks. Also, how the communicative English course and knowledge is fulfilling their personal, social and democratic rights in both healthcare and social transformation.

Chapter 4: Findings and analysis

This particular section has fragmented and depicted the key issues that were obtained through interview and observation data records. Every participant was selected with unmatched service experiences in different hospitals, clinic and upazila health complexes, ensuring diversity and fluidity in the procured data. Apart from questionnaire-based interviews, detailed discussion was conducted to understand some of the issues beyond the formal atmosphere. Since the central purpose of this research is to answer the following research question. The findings of the study were synthesized using thematic sampling order.

1. How does the latest midwifery “Communicative English, D118” course curriculum and syllabus are fulfilling the communicative and constructive patient healthcare service-related needs of midwifery professionals in Bangladesh?

4.1. Unmatched Objective and aim of “Communicative English D118” curriculum of midwives

In 2010, “Communicative English D118” was first offered with an aim of developing communicative ability such as, speaking, reading, writing and listening using English as a second language. Since then, this course has been revised sequentially in 2012, 2013, 2015, 2016, 2018 and 2019 by maintaining the exact same perception which is improving communication using English in healthcare sectors. The latest “Communicative Curriculum D118” course description described that, “the course will review basic grammatical structure of English and basic semantic (Bangladesh Nursing and Midwifery Council, 2018, p. 54).” It has also mentioned that, learners will get to learn how the grammatical structure will change the meaning of language, also how to read English literatures for evidence-based care. As a goal of the course, the curriculum suggested that learners must learn reading, listening, speaking and writing in English literature. Also, they

must know how to communicate in English in the healthcare sector in advance way (Bangladesh Nursing and Midwifery Council, 2019). According to, Hymes the father of communicative English, and Communicative Language Teaching (CLT), communicative English not particularly focuses on three different speaking, reading, writing and listening just like Grammar Translation Method (GTM) but, it has certainly a different perception, which precisely focuses on real-life communication such as, asking questions, knowing how to agree and disagree on a particular context, giving advice, and able to discuss about real-life or daily life issues. The overall objective of communicative English is to initiate interaction between two or multiple people in different contexts. Communicative English is not concerned about abstract grammar or advanced grammatical rules, but conveying meaning and understanding information effectively by sharing thoughts using intercultural perspective. It precisely focuses on real-life communication, such as requesting, asking, declining, suggesting, advising and many more rather grammatical accuracy and precise skills in different parts of grammar. However, the one-year course, (Communicative English D118) does not meet any of the variables or main objective of communication, rather focuses on deductive grammatical rules which does not aligning with the actual title of the course. According to, Sheldon's (1988) Evaluation Criteria theory, a particular curriculum must have the rationality on why the curriculum has developed, for whom this curriculum has developed, and for what reason a particular curriculum has developed. However, in the case of "Communicative English D118" for midwives, the curriculum does not even align its name with its actual aim and objectives for its midwives. In Bangladesh, since primary school to higher secondary stage, National Curriculum and Textbook Board (NCTB) has included English for Today 1st paper and English Grammar and Composition 2nd paper for improving English as a second language acquisition for Bangladeshi learners. Which means, individual learners do learn English for around

12 years during their pre-primary, primary, secondary and higher secondary education level. Now the question is who are these midwives? It is fatuous to be mentioned that for whom BNMC and DGNM has developed “Communicative English D118” course followed by the instruction given by International Confederation of Midwives ICM for one year, these are the same students who has already completed their pre-primary, primary, secondary, and higher secondary for 12 years. More explicitly, these midwives are already completed studying both English 1st paper for basic communication and English 2nd paper for understanding basic and advance grammar accordingly. Having said that, according to Sheldon’s (1988) Evaluation Criteria theory, section 1 (rationality), the “Communicative English D118” course is just an unnecessary repetition of the knowledge that have already learnt by midwives for twelve years rather than providing or sharing knowledge what is associated for communication according to their services related context which is maternity and child health. This misalignment of learner’s actual needs and curriculum design is not contributing any knowledge but has become boring and ineffective compulsory course which only costs money and consuming learners’ valuable time.

4.1.2. Unjustified repetition of the grammatical syllabus on “Communicative English D118”

According to the McDonough & Shaw’s (2003) Two-Stage Model for Curriculum and Syllabus Evaluation, one of the very important aspects of internal evaluation of a syllabus is, how the selected syllabus and content are serving the learners needs and eligible to fulfill the purpose in terms of cultural, contextual and needs based requirement (Samoudi & Mohammadi, 2021). The father of “Critical Pedagogy,” Paulo Freire mentioned that, developing a syllabus, designers must consider the students' real-life use and contextual use of the knowledge. More precisely, designers must understand and acknowledge learners’ cultural, personal, and traditional identity during developing a syllabus. A particular syllabus must have the ability of generating critical thinking,

and understanding on socio, economic, and political understanding during its consumption (Giroux, 2010). Freire also emphasized that, a material or knowledge must have the capacity of reviving the idea of power relation, generating the idea of what is inequality, social norms and identifying educational hierarchies. Here both Freire, McDonough and Shaw did not mention culture from the stereotype perspective, but context as well. Which means, syllabus must be designed according to in which context, and socio-platform, learners will apply. In contrast, the course, “Communicative English D118” syllabus and contents are precisely focusing on advanced grammatical competence and superior grammatical rules which certainly do not fulfill the philosophy of midwives and their healthcare related needs. The syllabus is specifically designed with parts of speech, preposition, tense and its different components, comparative adjective, superlative adjectives, adverbs, irregular verbs and many more. Even though some of the content such as, showing direction, initiating conversation, storytelling are there. However, not a single content or instruction has been given in the syllabus which shows from which book learners should get the content and learn. The biggest failure of both BNMC and DGNM is since 2010 until 2025, within these 15 years of officially launched Diploma in Midwifery program, any of these government agencies did not print or provide dedicated “Communicative English” books to the midwives, but just an unjustified, curriculum and contents.

4.1.3. The use of “Communicative English D118” in midwives service-related tasks

Generally, midwives do work on two individual healthcare services in a maternity department such as, a: antenatal care, which deals with patients during pregnancy and b: postnatal care, which deals with post-healthcare services that provide necessary treatments to both mother and infant after the successful delivery process. According to interviewed data from six interviewed midwife participants (MP) who are currently working in different government,

private, and upazila health complex, as a daily tasks midwife generally deal with checking patient body temperature, blood pressures, writing patient's medicine doses, or writing report related to patient health conditions as a record. Additionally, they also write test reports, scheduling patient care plans, further medication plans and many more. Six of the midwife participants MP mentioned that, particularly for writing reports, or generating medication plan, providing written instructions related to further treatment plan and safety recommendation for both mother and new born baby, almost 98% of the time midwives do use English as a written language for proper documentation. However, these documentations go through a verification process under the supervision of an assigned doctor for identifying mistakes and modifications. Interviewed midwives also mentioned that, occasionally they do use Bangla language for medication or healthcare related instructions or writing test reports particularly for patients who are not efficient at reading English or do not know how to do so. During the interview, both MP-1 and MP-5 mentioned that healthcare services in Bangladesh are currently integrated with technological advancement where majority of the tasks related to documentation and reports are being generated by machines. Also, both private and government hospitals do use technologies which only operate using English. As a result, most of the time midwives also need to write information related to patients' updates in English as a technological norm in the healthcare atmosphere. However, midwives who belong to upazila health complex such as, MP-2 and MP-6 primarily use Bangla as a primary language for written instruction related tasks or writing a report because the linguistic register of the location demands Bangla as a medium of instruction rather than English. During the interview session, participant mentioned that, the particular grammar or language they generally use to develop report or providing medical or health related instruction does not actually require the "Communicative English D118" course as they have already received decent grammatical or linguistic competence

from their secondary or higher secondary education. According to, Blommaert (2007b), the concept of “indexicality” plays an important role as it helps a speaker initiating language by recognizing the social context, utterance and person’s identity listener. For instance, in a midwifery healthcare service-related context, a midwife speaker must need to recognize patients’ social class, age, and situation before initiating the communication regarding the treatment. Here intercultural language is more important rather than using high frequency grammar or English as a communicative language. All the interviewed participants claimed that, “Communicative English D118” course does not bring any new linguistic knowledge related to the healthcare service they learned rather contents of the syllabus are just a repetition from their SSC or HSC which surely not meeting the indexicality of maternity healthcare service-related needs. Both MP-4 and MP-6 mentioned that, the opportunity of using English for communicative purposes in Bangladesh is negligible as people are certainly reluctant to use English, first of all due to linguistic barriers and secondly more comfortable using Bangla as their communicative language as Bangla is their first language.

4.1.4. Contribution of “Communicative English D118” during in-service performance

In the maternity department, one of the crucial responsibilities of midwives is initiating real-time verbal and intellectual communication such as, questioning patient regarding their physical and mental state, suggesting a particular medicine or exercise, providing instruction on specific pregnancy related issue or counseling, also communicating with patient’s family members regarding patient such as, mother and children health related updates. According to six interviewed midwives about their real-time communicative experiences, all of them clearly mentioned that there are almost no opportunities for initiating English for communicating with patients or their family members. Participants claimed that 98% of the patients are Bangladeshi. As a result, none

of the patients or their family members intend to use English as a register but more flexible in Bangla which is not intentional but subconsciously takes place. However, they also mentioned that, sometimes people do use English but not as a whole sentence but blending English and Bangla vocabularies together which is an ordinary practice in Bangladesh. For example,

আপু আমার **“Wife”** য়ের **“Condition”** কি? আমার বাচ্চা **“safe”** আছে?

আমার **“Wife”** এবং **“Babv”** কে হাসপাতাল থেকে **“release”** দিতে কত দিন লাগবে?

MP-6 mentioned that, sometimes we do get to see patients who generally speak in English for communication only because they belong to foreign countries or do not know how to talk in Bangla. Both MP-6 and MP-2 mentioned that, “these types of special patients that occasionally come directly under the supervision of doctors. We have no access to communicating with them rather taking notes during the visiting hour of the doctor.”

Within the healthcare service, midwife generally communicates with superintendent, midwife supervisor, ward in-charge, doctors, admin panel and stuffs. According to the interviewed participants, midwives generally communicate with doctors regarding patients’ health related matters, such as antenatal related care during pre-delivery timeline. In that case, doctor never initiate English for communicating with midwives rather than using specific medical terms according to the case. Also, there is no opportunities or space for midwives to initiate English for communication purposes with their supervisor, admin panel or staff within their work-station. For working in Bangladesh, midwives do not need inductive grammar functions, and structure but having knowledge about medical terms, definition and labor (practical) experience is more important. All the midwife participants MP believes that, the definition of communicative English course does not match the real-life needs and mitigating midwives’ in-service communicative

needs, but just a repetition of the same knowledge which they have already learnt from their secondary and higher secondary level education. They believe that the communicative English course must represent and redevelop by associating real-life examples and in-service needs which will help them using communicative variables which associate with their tasks and service-related modules.

4.1.5. Midwives' actual "Communicative" needs in healthcare sector

Need analysis, one of the most crucial and fundamental initiatives which any syllabus and curriculum designer must initiate before developing a final product to understand and recognize, what are the practical linguistics or language related requirements that learners have. Additionally, in which specific context are they going to use those linguistics abilities. Developing a communicative syllabus is such a precise framework of choosing grammars, vocabulary, pronunciation, communicative model, register, indexicality and scale for making it more applicable and genuine. According to Blommaert (2007c), described "scale" of language as a different layer that are uneven such as pyramid and considered these layers as the waves of hierarchy of power. For example, sometimes a local dialect, which is non-prestigious in a professional setting can be highly effective in a community where the dialect is associated with. Exactly the same way, health services related to maternity department are associated to a particular community where midwives require more specialized and functional notional syllabus curriculum and one of the great examples is English for Specific Purpose ESP formula rather than an oversimplified grammar-based curriculum which already "Communicative English D118" has become. The current English curriculum is simultaneously misfiring and conveying such dissatisfaction due reluctance and unwillingness to conduct a need analysis of midwives. Interviewed midwives MP-1 and MP-4 explicitly stated that they do not need English as a separate

and dedicated course for concluding their three years of diploma in midwife course, “why?” because the learning is absolutely nothing but the repetition of the same content which makes them bored and reluctant to learn. It is nonargumentative that developing an “ESP” curriculum for midwives followed by the “scale” strategy has become crucial for midwifery students in Bangladesh. According to the interviewed data, in-service midwifery participants stated that, to conduct their regular medical and healthcare related tasks, midwives do not need advanced grammar related knowledge for writing or analyzing patients' reports or taking short notes. Basic English grammars that they have learnt during their SSC and HSC is sufficient as most of the reports and documentations are nowadays generated by either testing machines or medical technologies which have special knowledge in generating patients' documentation or reports. Having said that, midwives claimed that, during their in-service performance, usually midwives struggle with pronunciation of specific words that are associated with medical terms or words that belong to general communicative situations. Interviewed midwives also claimed that they do struggle with understanding meaning of sentences and words, which means, they need more communicative vocabularies to understand the reports and descriptions generated by testing tools. Participants number, MP-4 and MP-3 also mentioned that, we do need English to understand written documentations, test results, and medication instructions also for freehand writing. They have also mentioned that while writing treatment history of a patient, medication schedule or doses, they do struggle with spelling and vocabularies which are associated with daily conversation. One of the specific needs that almost all the interviewed midwives mentioned that, during the one year of “Communicative English D118” course, they have been taught contents such as, writing an email on “setting up a canteen,” “inviting friends on summer vacation,” or writing paragraphs on, “Rainy Day,” “Pohela Boishakh,” are really not making sense in their

medical context or services which means, the current curriculum is an unnecessary course which has nothing to contribute to the tasks or responsibilities that they are performing as a midwife.

4.2. This specific question responded the current condition of the fulfillment of democratic rights of midwives through the lens of Bernstein's theory of "Critical Pedagogy" and its three different layers such as, enhancement, inclusion and finally participation. This portion of the study tend to answer how the "Communicative English D118" courses is fulfilling past and current midwives' educational rights which Bernstein call the rights of democracy in education. It also tried to figure out in which extend the communicative English course is enhancing midwives' overall individuality, considered them as included withing the material by fulfilling their perception about future and finally how this course has developed readiness and provided scopes to the midwives for participating in changing social orders or initiation transformation within both educational system and their healthcare career.

2. In what extend "Communicative English, D118" course curriculum and syllabus are promoting educational and social democracy from the lens of Bernstein's three layers of pedagogical rights?

4.2.1. Presence of "Individual Enhancement" in "Communicative English D118" course

The "rights of individual enhancement" by Bernstein (2000) is not as simple as it sounds. Here the "rights of enhancement" is how the given knowledge is developing their confidence and critical thinking for availing new opportunities and opening new possibilities associated with their life. It means, the curriculum, syllabus and content must generate the confidence that they can consume complex and unknown knowledge for aligning with the current world accordingly. The "rights of individual enhancement" is not only about gaining knowledge, but also about having the

opportunity to develop themselves intellectually, emotionally, and ethically, with the ability to have the power of applying personal potential in the world. It is about availing the rights of complex, critical thinking and personal autonomy. In the case of the “Communicative English D118” course, there are practically zero opportunities for midwife learners which means, this course has not a single benefit or variables which can enhance learners’ individuality as a student. From the lens of “rights of individual enhancement” this course did not consider learners’ perception or goals regarding what their actual needs are or why they are really required to learn knowledge that the course is providing. There is not a single content of the course which can truly create critical thinking in learners mind or prepare them for sustaining to the society or the place where they are working. This course also has not been designed for offering new opportunities to the midwives as they have mentioned that, for their workplace, there is no need for intensive grammar or particularly English but they need the knowledge of understanding meaning of language, pronunciation, freehand writing, and basic communicative language which their course cannot offer and designed for. About individual enhancement, Bernstein again and again talked about enhancement of self-confidence and critical thinking about sustaining in this complex world is what the real enhancement which can be offered by sharing real knowledge by recognizing learners’ perception and where they will be or want to perform. According to Bernstein’s “rights to enhancement” the “Communicative English D118” course does not meet the rights of individual enhancement at all as it does not focusing on learners’ real-world needs rather a synthetic fabricated traditional knowledge system which is isolating them as an individual by deducting their knowledge on critical thinking and compromising their confidence. Here learners’ rights of enhancement have been compromised as the current midwives are not being able to apply that knowledge for enhancing their healthcare related services and tasks which is making them feeling

disempowered. According to the lens of “individual enhancement” by Bernstein’s “Critical Pedagogy,” the “Communicative English D118” course is only containing the most basic knowledge by diminishing rights of experiencing abstract and theoretical knowledge which is representing that, the educational structure of midwives developed by BNMC and DGNM has been compromise, perhaps followed the social-class power structure of shaping knowledge where working-class will get basic knowledge and elite will get the abstract one. Surely, the English course syllabus for midwives has been compromised where it is occupied with common and non-contextual knowledge but not the systematic or abstract knowledge which has been restricted for privileged ones. It is certainly fatuous and outrageous that in Bangladesh, the education system for midwives perhaps considered them as a working-class people’s knowledge which is full of common and general ideas rather enhancing them with elite, abstract, and critical knowledge which is preserved for privileged groups within the community. Here, the “rights to enhancement” is highly discredited for midwives’ education in Bangladesh which must be acknowledged shortly.

4.2.2. Presence of “Rights to Inclusion” in “Communicative English D118” course

Bernstein represented “Inclusion” as one of the second most important variables in “Pedagogical Rights” P.R. It means the rights of learners finding themselves included within the education atmosphere. Bernstein mentioned that when learning knowledge, learners must feel included without absorption which means, if the material has not been developed considering who the learners are, what their demographic identity is, cultural perspective, and traditional ideology are, learners will not be able to find themselves through education but only of consume as guest not a citizen. Bernstein identified that during studying a material, or lesson, learners must feel included socially, intellectually, culturally, and personally. By maintaining these variables, knowledge can be recognized and reliable and applicable as it creates belongingness. For

cognitively understanding and learning a knowledge, which maintains inclusion, learners do not have to sacrifice their own identity and ideology about who they are or what they see the world as an individual which is so important. When inclusion is denied, learners are failing to identify and align what they are perceiving and where they will apply this knowledge which is exactly what is happening with current midwife in-service professionals in Bangladesh. As it has been already mentioned earlier that, the current “Communicative English D118” curriculum and syllabus is precisely focusing on basic + advance grammar and its structure and for written part, this curriculum is focusing on materials such as, paragraph: “Our National flag,” “Traffic Jam,” “Pohela Boishakh,” “A Rainy Day” and many more. Now many can argue that paragraphs like, “National Flag of Bangladesh,” or “Pohela Boishakh” are certainly representing cultural authenticity where midwives can find their identity or culture that makes them feel included. But the truth is, not really. Bernstein’s idea of “Inclusion” was not only within individual, cultural or traditional inclusion, but also contextually included as well which perhaps he did not explicitly mention. Bernstein (2000) mentioned that every student has the right to identify and recognize knowledge according to their perception and needs. Which means if a student’s perception is to be an engineer or midwife or scientist, every portion of their knowledge must represent their perception and connect them cognitively and psychologically with their future dream. More elaborately, their learning content must need to be matched with their future goal. Not only Bernstein, scholars like Paulo Freire the father of “Critical Pedagogy” and Brian Tomlinson the father of “Text Driven Approach” also again and again mentioned about bringing the reality through education where students will not only consume the language but they must find their present and vision for their future. In contrast, the “Communicative English D118” course curriculum and syllabus are certainly not representing anything related to communication and their

current profession “midwife” related content but vocabularies, paragraphs, grammar, applications which has not connection with midwives and their healthcare profession related in-service application. According to the interviewed midwives, content that they have learned in three years of diploma has no place to apply in their service-related tasks as 99% of the patients are comfortable talking in Bangla and nobody does initiate talking in English in Bangladeshi healthcare services. However, their real needs are knowing how to communicate with English for special cases, for instance, foreign patients and applying for abroad. They have also mentioned that; they have a huge lack of medical related vocabulary and meaning for communicative purposes which only can be possible when they will get to learn how to initiate speaking in English. One of the most similar statements given by all the midwives was that the English course does not represent any knowledge associated with what they actually do working in the hospital.

4.2.3. Presence of “Rights to Participation” in “Communicative English D118” course

The final component or argument of Bernstein (2000) was the, “Rights to Participation” in education. Here, Bernstein tried to ensure participation of learners in education. How is that so? The idea behind the “rights to participation” was that, every learner will not only accept the structure and shape themselves according to the ideology and the prescribed educational mandates and recommendations of curriculum designer, stakeholders, institutions, authorities or any associated bodies but they will also considered as a future part of the body which will not just only participate in the education but also will have the opportunity for addressing their needs, recommendation, suggestion, problems by availing and practicing the power for further modification or revision of the education system. It is like having the civic voice as a part of the education system. This process can be understood by giving the example of how a democratic country’s parliament works where everyone will receive the opportunity and rights of participating

in terms of making decisions for the country as an individual, citizen and government body. Bernstein's idea was not so complicated; rather he wanted to establish the exact human rights and democracy like the participation of the politician works for the reformation of a country. This is a democratic education policy which will offer diversity by fulfilling the knowledge centric equal rights. Through the rights to participation learners will not be a final product but will get ready with an ability to discuss, debate, decide and present solutions. When the access to participation is denied, a learner transforms into a passive receiver of rules and instructions, also becoming a person with mindless conformity which means depending on others by isolating their own ideology and self-belief. The "rights to participation were developed with three individual variables, 1. Symbolic control, which means how society controls semantic meaning, identities and communication, 2. pedagogical discourse, which means how knowledge, power and rules are controlling the society and finally 3. democratic citizenship, which means how the education system is preparing an individual as an active citizen of a country. In contrast, the current "Communicative English D118" curriculum and syllabus for midwives are developed without knowing students' personal needs and perception. The syllabus is fully equipped with pre-selected grammar from secondary and higher secondary course books which violate learners' rights of participating in-terms of decision making for the transformation of the syllabus or recreating the curriculum. As Bernstein (2000) mentioned that, "participation" is about having the rights to talk, discuss, deny and suggest. However, in fifteen years, both BNMC and DGNM never initiated any need analysis with an aim of what is the real needs of the students or what they really need to learn for communication purposes in a healthcare related atmosphere. One of the fatuous aspects of higher authority is that none of the government bodies know why they are repeating the same knowledge that learners have learned for around 12 years of their academic life. This syllabus has

followed a strong grammatical framework and teaching instruction by not giving the learners any opportunity to modify according to their perception, in-service needs, future career and overall communicative development. The items of the syllabus are just making learners a passive individual who are being shaped and only consuming content or knowledge that the authority wants to teach. From the lens of Bernstein (2000) “Pedagogical Rights” P.R, in every situation, this course is violating learners' voice, opinion, needs, and perception, but shaping them according to their own systematic norms. From the lens of Bernstein's P.R policy, it is visible that, the authorities who are responsible for developing a curriculum and syllabus for midwives are the authority of the parliament. However, any of the midwifery learners are not considered as members of their educational policy or the parliament but just a consumer and instructed to act accordingly.

Chapter 5: Discussion and Conclusion

This chapter discusses the insights and anticipations that have been achieved from the collected data throughout the research process. Additionally, it interlinks all the data followed by the research questions with the key facts and delivered an interpretation that urged and drawn a line by addressing the some of the major drawbacks of the course, “Communicative English D118” and how is has become non-contextual, irrational and ineffective for midwifery learners in Bangladesh. From the theoretical perspective of, “Pedagogical Rights” and its three components of rights, this chapter also describes how the democratic rights in educations of midwives are being violated though the “Communicative English D118” and its impact.

5.1. Discussion and final thoughts

According to the findings from evaluating both syllabus and curriculum, it was found that, both syllabus and curriculum is explicitly recognizing the English course as “Communicative English D118,” through which midwives will get to learn English for communicating in their professional healthcare related tasks and maintaining a good communicative relationship with patients, doctors and different stakeholders. Which means, it must focus on interaction, requesting, asking questions, writing reports about patients and giving instruction regarding medicine, or providing mental support to a woman during their pre-pregnancy and post-pregnancy stations. However, there is an uncompromisable misalignment between curriculum and syllabus as curriculum is only focusing on communicative perspectives. On the other hand, the current English syllabus is prescribing grammar and sentence structures which do not match the overall objective and vision of the curriculum which is one of the major causes that why midwives in Bangladesh are not skilled in communicating in English (Williams et al., 2024; Fraser et al., 2024; Bogren et

al. (2021b); Bogren & Erlandsson, 2018). The curriculum also lacks proper guidelines on how the teacher should teach their students, for instance using which methodology, or strategy a teacher should follow according to learners' needs and individual perceptions because not every learner learns knowledge using the exact same way. Mazdayasna and Tahririan (2008), Amin et al. (2025) also presented the exact same issue as teaching English to the learners a teacher must need to have a proper knowledge about teaching method and what pedagogic ideology, she/he must follow.

Through the interview, it was identified that the content of the course currently offered to the midwives is ineffective and non-contextual as all these learning materials are already being learned by the midwives during their secondary and higher secondary education. Interviewed participants claimed that, there is nothing that they have learned from the course that is new but repetition of the same knowledge which makes them bored, suffocated and reduces their motivation to learn English. What is the crucial problem here? The way BNMC and DMNM has design the course material, is has changed the perspective of midwives about what actually English is. Many of the midwives are now uninterested to learn as they found that, there is nothing they can learn but grammar only which they don't find motivating at all because those contents are reminding them what they have already learned, as there is nothing new. Interviewed in-service midwives also claimed that, in hospitals both patients and their family members do not communicate in English, at least any of the interviewed midwives did not observe it at all. Why and when people do speak or use English? Exactly when they are looking for prestige or acknowledgement in a particular community or situation. Certainly, a patient or a patient's family members will not be going to be concern about linguistic related prestige when they are suffering with illness or dealing with hospital environment. According to International Confederation of Midwives, every midwife must have the capacity and knowledge on communicative English for

meeting the global standard skilled midwife criterion. The D118 English course also followed same ideology in course aim and objective without providing any clear instruction about what type of communication does midwives will learn. This is a very factual issue. Having said that, more than 98 to 99 percent of people speaks in Bangla as their first language. Surely, there is not a single reason that they will speak in English during dealing with illness, having conversation with doctors and hospital authority. Surely, all the participants do want to learn English for communicative purposes for future opportunities to get a job abroad as per their statement. They have mentioned that, during learning their English course, the content that their teacher taught them is non-contextual to the health care services and no place for implementing those learnings at all. As most of the communications are being conducted using Bangla. The overall data was procured from the interview and language usage observation in a particular hospital located at Mohammadpur, Dhaka. It was found that practically midwives do not need English for communicating with patients in Bangladesh but intercultural communication. It means, they need communicative variables, vocabularies and language which can represent more sympathy, empathy, shared feelings, explicit meanings and ideas for better and faster healing of a patient. Throughout the world more than 5% of the women dies because of wrong treatment due to language barrier and lack of proper communication (Bitar et al., 2025; Sellevold et al., 2022; Oscarsson & Stevenson-Ågren, 2020). According to interviewed midwives' experiences, a patient can heal and recover faster when they can communicate with doctors and midwives without being judged and able to express what they are really feeling without any hesitation (Namalongo et al., 2025; Chinoporou et al., 2025; Mantula et al., 2023; Churchill et al., 2020; Sarmiento et al., 2020). In this case, no other language can express the emotion or expression of the patient that their first language is Bangla. According to their understanding, for in-service communicative needs, no

language can replace Bangla during the antenatal and postnatal care related services. However, if they knew how to speak in English, it could have increased their prestige and overall confidence in communicating with doctors, stakeholders, patients or authorities as English is ultimately a language which has a high social prestige in Bangladesh. Also, by knowing communicative English they could have applied for international opportunities more easily without the lack of linguistic confidence. Participants mentioned that, it is not about how the course is focusing on a specialized topic, but how the course is fulfilling learners and their professional needs accordingly. After observing course content and data collected from interviews, not a single midwife is happy about what the course is offering to them since 2010 but it is making them oblivious and giving them an idea of uncertainty, dissatisfaction and frustration. Having informal conversations with teachers, stakeholders and associated authorities, they have mentioned that developing syllabus and curriculum is a very specialized sector which shapes and transforms learners' futures and their contribution to the society. This development can only be possible who are specialized and inclined toward developing need-based materials for midwives. Currently the curriculum and syllabus not only for English courses, but also for courses are made by bodies who are not knowledgeable and specialized on developing materials or what are the procedures a curriculum developer must have before developing for a particular community. Participants also addressed that, selected contents for written parts are non-contextual and does not provide any opportunity to implement during our service-related needs, such as, application on requesting for common room, requesting for canteen, paragraph on, traffic jam, rainy day, applying on inviting friend for summer vacation, danger of smoking which are not required in a healthcare service. During the observation and participant interviewed, it was found that they do have enormous issues with pronouncing different words which is a very crucial issue as pronunciation can deliver unclear meaning during medical

instruction, explaining medicine doses or doing conversation with doctors and patients. Both BNMC and DGNM are certainly following the provided guidelines from ICM on how the curriculum and syllabus will look like and what are the components that a curriculum and materials should have. However, the given instruction from ICM is conflicting as the cultural diversity, traditional norms and perspective, linguistic ideology, economic stability and educational context is far different in Bangladesh compared to other countries (Starr, 2009). In that case, it is not necessary that the strategy that functions in the USA, Thailand, Singapore will work in Bangladesh or countries like Sri Lanka or Bhutan. This is one of the core issues that needs to be addressed. Also, currently both nursing and midwifery institutions need high quality, trained and advanced linguistic teachers who are specialized on teaching not only grammar but language for communication as well. Additionally, for midwives, the course, “Communicative English D118” must need to be revisited and redeveloped accordingly.

By implementing the three layers of pedagogical rights, enhancement, inclusion and precipitation by Bernstein the overall idea and findings is about implementation of democracy in midwives’ educational rights within their course and curriculum. Which means their communicative course must include communicative tasks, words, tasks related to pronunciation, and communicative variables which will contain and meet their purpose and perspective related to their future goal and needs (Mazdayasna & Tahririan, 2008; Silva, 2004). Which means the material must be developed in a way that the students will feel more powerful and knowledgeable and confident about their learning. Secondly, the course material must be developed in a way where learners will surely feel included not only in terms of who they are currently from the cultural or traditional ideology but what they really want to be in future as well. For instance, students who are currently studying for a diploma in midwives must receive and get the

opportunity to learn communication related to the healthcare sector. Also including intercultural communication strategy using both English and Bangla. Finally, the course must develop in a way where knowledge will create opportunities for current and future learners where they can participate in initiating necessary changes and transformation in education and society as well.

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Appendices

Appendices 1: Consent form

Research consent form for participants (In-service Midwives)

Research title: “Current State of Communicative English Course for Midwives in Bangladesh: A Denial of Democracy and Pedagogical Rights”

Researcher: Fahim Ibrahim Chowdhury

Introduction: Dear **Participant**, I would like to perform my thesis/dissertation research under the supervision of Golam Kader Zilany, senior lecturer (DEH) and the authority of (ULAB) certainly your participation is voluntary. Hence, you may relinquish yourself and your affairs from the research anytime perhaps any stage of the research. I am cordially requesting you to read the form and feel free to ask me any question if you are inclined to participate.

Purpose of the study: This research aims to investigate how the Communicative English course developed for midwives in Bangladesh is fulfilling their communicative needs in healthcare sectors related to their service and tasks. It also inclined to identify how the current communicative English course is fulfilling their democratic rights related to knowledge as a learner, as a member of the education sector. Your participation will contribute valuable insights and guidelines to conduct this rigorous journey.

Procedure: If you decided to participate, you will be requested to:

- Allow the research to conduct interviews and class observations at your school.
- Share your ideas and feedbacks about the agenda that the researcher will ask you about.
- Cooperate the researcher with any off the record question if the research requires to.
- Allow the research to take notes, and recode audio file during the interview.

Possible risk factors: Participating in this research will bring no minimal harm or risk.

Voluntary Participation: You can refuse to participate or withdraw your consent at stage of the research, since your participation is voluntary.

Confidentiality: Your conveyed information and identification will be kept confidential. Additionally, the given information will be used for research and publication, public speaking only. Pseudonyms will be applied on the data sources.

Consent: I have read and understood the aim and the purpose of this research. Having all the opportunity to receiving transparency and satisfactory answers from the researcher, I would like voluntarily participate in this research. I am not under the influenced or forced by any individual or external affiliations.

Participant's Name:

Participant's Signature:

Date:

Appendix 2: Questionnaire for Midwife Participants FGD:

Part A (Personal Information)

1. Name of the Participants: Input:
2. Gender: Input
3. Education (Last degree received): Input:
- 4: Any Special Medical Training: Yes/No + Input:
- 5: Year in Professional Service as a Midwife: Input:

Part B: (Questionnaire)

ভাষা: বাংলা

- হাসপাতালে আপনার দৈনন্দিন কিছু কাজকর্ম সম্পর্কে বলতে পারেন?
- আপনার দৈনন্দিন কাজগুলি পরিচালনা করার জন্য আপনি সাধারণত কোন ভাষা ব্যবহার করেন?
- আপনার কর্মক্ষেত্রে আপনি সাধারণত কাদের সাথে যোগাযোগ করেন?
- চাকরির সময় আপনার ডাক্তার/রোগী/কর্মী/প্রশাসকের সাথে কত ঘন ঘন যোগাযোগ করতে হয়?
- আপনার হাসপাতাল সাধারণত স্বাস্থ্যসেবা সম্পর্কিত কাজগুলি সম্পাদন করতে কোন ভাষা ব্যবহার করে?
- "কমিউনিকেটিভ ইংলিশ D118" থেকে আপনি কোন ধরনের যোগাযোগ শিখেছেন?
- "কমিউনিকেটিভ ইংলিশ D118" আপনাকে যোগাযোগ শিখতে কতটা সাহায্য করেছে বলে আপনি মনে করেন?

- আপনি কি আপনার কাজে " কমিউনিকেটিভ ইংলিশ D118" শেখার পদ্ধতি প্রয়োগ করতে পারছেন?
- আপনার সহকর্মীরা, যেমন অন্যান্য ধাত্রী, নার্স, ডাক্তার, কর্মী, প্রশাসক, কেউ কি দৈনন্দিন কাজের জন্য ইংরেজিতে কথা বলেন?
- আপনি কি মনে করো " কমিউনিকেটিভ ইংলিশ D118" হল মাধ্যমিক এবং উচ্চ মাধ্যমিকের উপাদানের পুনরাবৃত্তি?
- আপনার কি মনে হয়, এই কোর্সটি সত্যিই বাংলাদেশে মিডওয়াইফদের জন্য প্রয়োজন?

Language: English

- Can you describe about the tasks that you generally do in the hospital as a daily basis?
- To conduct your everyday tasks, generally which particular language do you use every day?
- At your work station (hospital) for service purpose in terms of designation who are the people you regularly talk to?
- How often do you interact with doctors/patients/staff/administrators during work?
- What language does your hospital typically use to perform health care related tasks?
- What types of communication did you learn from “Communicative English D118”?
- How much do you think "Communicative English D118" helped you learn communication?
- Are you able to apply the "Communicative English D118" learning method in your work?
- Do any of your colleagues, such as other midwives, nurses, doctors, staff, administrators, speak English for daily work?

- Do you think "Communicative English D118" is a repetition of middle and high school knowledge related to English?
- Do you think this course is really necessary for midwives in Bangladesh?