What lessons can we learn from Kerala?

Good governance is critical to address the real issues in our public health system

FIRDOUSI NAHER

THE logic is simple and nothing new—morbidity and mortality do not help people earn their livelihoods. So if the intention is to save livelihoods, lifting the lockdown is a self-defeating strategy, since the risk of infection multiplies. But at the same time, continuing the lockdown will mean that the poor are increasingly affected by acute food shortages. The government faces a double-edged sword. And in trying to dodge the strike of this sword, we have seen both a lockdown and then an opening-up. With infections spiralling and the number of deaths steadily rising, it remains to be seen if we are in for a second complete lockdown in the coming days.

The present state of affairs has exposed the weaknesses of the country's health system. The unthinkable has become the new normal. The list of horror stories is long—hospitals refusing to admit patients, unless a non-Covid certificate is shown; people dying because of a dearth of oxygen cylinders; patient being discharged because of testing positive for Covid-19; terminally-ill patients unable to access their treatment regime and many more. The truly heartbreaking stories are those of our frontline workers who died after contracting the virus on the job from the lack of personal protective equipment (PPE).

Without doubt, Bangladesh has made significant strides in the health sector (increased life expectancy, significant reduction in maternal mortality and infant mortality rates, near-universal immunisation of children and more), but the ongoing pandemic has revealed some serious gaps and systemic issues that remain unresolved. We can ill-afford to become complacent with our accomplishments; rather, we have to accelerate our efforts lest we lose ground and reverse the gains made so far. What positive lessons can we draw from how other countries have handled the pandemic?

One success story is that of the South Indian state of Kerala, which has not only contained the spread of Covid-19 effectively, but has also attained a high rate of recovery and low mortality. This success story has been attributed to three factors—the state's strong public health system, its social capital and the active involvement of local governments. What are our chances of emulating Kerala?

In terms of physical health infrastructure, Bangladesh has a strong country-wide network of public health clinics and other institutions. Unfortunately, this advantage cannot be fully utilised for the dearth of human capital. A severe lack of capacity exists at all levels of medical engagement—with doctors, nurses, midwives, medical technologists or even at the management level. The World Bank, in a 2004 study, pointed out the problem of "ghost doctors" in rural medical facilities in Bangladesh—the absentee rate for physicians was 40 percent at the larger clinics and 74 percent at the smaller sub-centres with a single physician. The situation is not much changed, 15 years on. A high concentration of doctors in the metropolises does little to help address the shocking ratio of less than one doctor per 1,000 people in Bangladesh.

Kerala has a long history of sustained planning and effective investments towards its healthcare system. More importantly, the public focus in the state, on not only healthcare but also education, has changed the mindset of the people. We have to understand that it is not enough to just build and equip hospitals. Alongside physical capital, it is critical to build appropriate and adequate human capital. A large hospital operating at gross under-capacity is a sheer waste for resource-crunched Bangladesh.

Since the outbreak of the coronavirus pandemic in Wuhan in December 2019 to the start of our lockdown in late-March, we had about three months of lead-time to prepare ourselves for the unavoidable onslaught. Kerala began systematic preparations in January 2020, which included a host of directives and training modules, starting from simple hand washing to sample collection and transportation; protocol for ambulances; hospital admissions, treatment and discharge; management of biomedical wastes; handling spill of body fluids; management of dead bodies and more. In Bangladesh, the extensive dissemination of "hand washing" and "social distancing" messages have been successful. The positive effect of these messages would have been amplified if other measures were also in place, such as ensuring timely availability of masks for all, easy and safe access to Covid-19 testing services, adequate quarantine facilities, sufficient PPEs for our frontline workers, stringent airport surveillance for incoming passengers, and other protective measures. Meticulous planning and preparation is key to contain the virus.

Residents and hospital visitors wearing face masks walk outside the Government Medical College in Thrissur, Kerala. PHOTO: AFP

The declaration of a "general holiday" led many to leave the cities for their home towns. A lockdown to check the proliferation of the virus should have been strictly enforced. Any lenience generates insecurity amongst the citizens, who trust the government for their well-being. We, in Bangladesh, have been taking stop-gap measures rather than well thought-out actions, which has generated confusion among the masses. In dealing with an epidemic or pandemic, alongside a competent health system, we need a trustworthy and aware social system that will react if any anomaly is noticed. This is where we differ from Kerala, which has an adept system of governance, wherein both the authorities and the people facilitate each other. The public is equally responsible for supporting the government and conforming to measures without having the authorities to always police them.

Active involvement of the people through local government is the third of Kerala's strong points. For Bangladesh, such a strategy of empowering local communities for outreach and feedback might have been a more manageable and effective way to check the infection rate. Given our strong local government and NGO networks, the particularly congested areas could have benefitted the most from such an approach, focusing on a responsible neighbourhood and door-to-door engagement. More importantly, this would have immense positive psychosocial impacts for people, knowing help is available when needed. Now, in the absence of clear directives, any person who might happen to fall ill gets socially ostracised. A sense of apprehension prevails of falling sick with even a minor ailment, let alone the virus.

There is no alternative to a strong public health system. During times of crisis, it is the government that comes to the fore, since social welfare is its primary objective. Covid-19 has revealed that many of the developments that have taken place in our health sector have not been deep enough to create lasting improvements. Lack of comprehensive attention to this sector has caused inefficiency, mismanagement, and anomalies to creep in. Efforts have been made to reform the sector but these have not made any meaningful impact. Real developments will happen only when we address the real challenges of lack of capacity and accountability. A corollary to a robust public health system is an accountable private healthcare system. This is much-needed, given that most private hospitals in Bangladesh have become infamous for their lack of ethics. A reformation in the health system will facilitate the public and private sector to work in tandem, supporting each other's work. The status quo of skepticism towards the private sector causes the nation to lose out on potential good work and global recognition.

When an emergency strikes, preparedness is key. We do not have time to build capacity during an emergency and then tackle the emergency. It needs precautionary planning, which is a critical part of good governance. Lack of resources is an oft-cited problem in the health sector but until and unless we address the deeper, more complicated issues, increase in allocations will not help. Rather, greater allocations will allow for greater amounts to be siphoned off.

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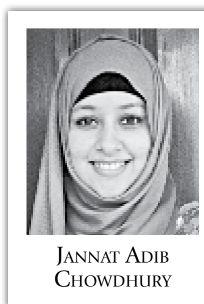
Battling the shadow sexual violence pandemic



JANNAT ADIB CHOWDHURY

THE Covid-19 pandemic has shown the fragility and brokenness of Bangladesh's health system. But what we may fail to realise is that Covid-19 is also making way for aggravating the already perilous situation of sexual violence against women and children in Bangladesh.

Covid-19 has also created a learning crisis for children, but this is particularly true for children and adolescents from disadvantaged backgrounds. Although the public education system is currently being broadcasted via Sangshad TV, proper accessibility to such alternative mediums of education remains questionable. These out-of-school children and adolescents have a lot of free time on their hands and are likely to fall prey to boredom. During the adolescent age period (10-19), they also have to cope with disconcerting new sexual impulses and romantic feelings. Due to lack of educational opportunities in this year, the likelihood of them falling into regressive thought patterns about human sexuality is extremely high. Moreover, a substantial faction of the young population is falling into a state of hopelessness and uncertainty due to mass job losses. The likelihood of this unemployed male segment of the population becoming potential sex offenders is also very high.

While following the news reports on rape in Bangladesh, one cannot help but notice that a large faction of rape is being committed by juvenile offenders (12-19 years) who are raping girls from their own age group to children as young as toddlers (1-2 years). Every time we see such horrific cases, there's an outcry for exemplary punishment. But what we don't acknowledge is that our state and society have miserably failed at teaching these young boys about how to respect girls, women and womanhood. Traditionally, Bangladesh's household-environment can be attributed to the "Dominant male model" where deep-seated sexist ideologies are practiced. The belief is as such that woman in her origin is derivative and secondary; that men are inherently superior to women and that women are for men's use, although they were inherently created for the mutual benefit of each other by God. These beliefs have deeply imprinted themselves on the minds of the majority of the Bangladeshi population, causing immeasurable harm to both men and women in the country.

Moreover, many young boys learn about sexual behaviours mainly from pornographic material they can access. It's important to understand that the human brain is wired to repeat what it sees and hears; it's a major part of how humans learn. And the more senses one gets involved in the learning process, the more consistent the message is, and the more often one sees it, the more likely one is to be influenced by it. That's why consuming pornography is toxic—it's a short distance from consuming something in porn to desiring it in real life. Moreover, human brains have poor impulse control ability in the adolescent period. The largest international study on rape, carried out by a consortium of United Nations agencies for two years involving 10,000 men from Bangladesh, China, Cambodia, Indonesia, Papua New Guinea and Sri Lanka, confirms that repeated offences are very high among rapists and unhealthy attitudes about sexuality take root at a young age. Therefore, what one exposes themselves to in their early childhood and adolescent period has a long-lasting impact in their adulthood, and prolonged exposure to porn can really hurt the viewers and other significant people in their lives.

How can we take up preventive measures collectively in order to avert a greater number of sexual crimes—which are already on the rise in Bangladesh in recent years—amidst the pandemic or in post-Covid times?

In 2017, the Bangladesh government took up measures to block pornographic websites to cut the widespread availability of obscene elements on the internet. However, if one assesses data for the last three years since porn was banned, there is still a steady increase in the number of rapes, murders after rapes, suicides after rapes, and incidents of attempted rapes of women of all ages, including minors. Thus, banning porn has not necessarily yielded the intended outcome. Moreover, in Bangladesh, even the government and many NGOs and human rights bodies unfortunately do not think men and boys can get raped or sexually harassed. Majority of the victims do not report these cases for fear of social ostracisation. However, that does not mean they are not happening.

To avoid an even bigger crisis in the immediate future, the government needs to take up innovative measures to deter youth and adolescents from engaging in acts of sexual violence. For example, the Ministry of Education, by partnering with youth organisations, can take up mass awareness campaigns, or can create greater access to educational platforms that suit our localised contexts, similar to the Robi 10-minute school. Law enforcement authorities should also create massive awareness campaigns on juvenile offenders and the punishment for committing sexual crimes. If these young boys and men are not educated on which futures to aim for and which to avoid, they are only going to fall into a cycle of hopelessness, desperation and often times violence, considering the current depressing state of the economy.

According to various news reports, in the past three months, Hiramoni (16), a ninth grader from Laxmipur, was brutally raped and killed in her home. Noora (16) was raped and killed in her home at Gazipur, along with her two siblings and mother by a 17 year old boy. She scored GPA-5 in this year's SSC exam and was probably dreaming her way to college. Takmin (16) was brutally raped and killed by her boyfriend Ashikul (18) on the night of their supposed elopement in Mymensingh.

The sexual abuse that we are seeing so continuously in Bangladesh are likely to be cases of intergenerational and cyclical abuse, which are increasing at an alarming rate. One does not have to be very observant to identify that often enough, the root cause for such disturbing behaviour is a "continuing cycle of violence". When someone is ill-treated or relegated to a demeaning position in society, they often respond by venting their frustration on someone whose societal position is even lower than their own. By destroying or tormenting the weak, such as a child or animal, the oppressor becomes the master who has, in turn, tortured them. Thus, anger is directed at an innocent instead of the perpetrator of their own victimisation, leading to the creation of more abusers. Vulnerable children who witness such heinous acts, often times become desensitised to violence and lose the ability to empathise with victims, and continue to emulate such behaviour.

Amidst this Covid-19 pandemic, it is important to find ways to cooperatively battle the shadow sexual violence pandemic that is looming ahead. This can only be done by taking up massive, innovative and coordinated efforts, by both the government and non-governmental organisations. While trying to fix our broken health system, our slow response to addressing these learning and psychological development gaps for young boys may lead to an even bigger catastrophe in the imminent future. Will we light a candle of reform or curse the darkness of the crime?

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ON THIS DAY IN HISTORY

DOMINION OF CANADA ESTABLISHED

July 1, 1867

The Dominion of Canada was formed this day in 1867, an event subsequently celebrated as an annual Canadian holiday (its current name, Canada Day, was adopted in 1982) marked by parades, fireworks, and the display of flags.

CROSSWORD BY THOMAS JOSEPH

ACROSS

1 Barn areas
6 Crooked
11 Verdi creation
12 Singer Ronstadt
13 Laundry problem
14 Pliable
15 Hoopla
17 Frozen treats
18 Sounds of disgust
20 Music genre
22 Sturgeon eggs
23 Sees
26 In a way, informally
28 Sluggish
29 Supplement
31 Expected
32 Spur on
33 Camel feature
34 Try out
36 Pub choices
38 Leading
40 Diner patron
43 Happening
44 Funny Martin
45 Turkey neighbor
46 Tatter

DOWN

1 – Gatos
2 Make a choice
3 Cleaning aid
4 Small singing groups
5 Beach cover
6 Politician Landon
7 Chip material
8 Brass item that enhances a punch
9 TV's Falco
10 Gum masses
16 Bauxite, e.g.
18 – Major
19 Evil fighter
21 Columbus setting
23 Slam sound
24 Band need
25 Dance bit
27 Trattoria dessert
30 Pot fill
33 Wasteland
34 Low digits
35 Green-eyed monster
37 Not so much
39 School org.
41 Preceding night
42 Cardinal

6-26

YESTERDAY'S ANSWERS

C	A	G	E		S	C	O	T	I	A
A	L	A	S		H	E	L	E	N	S
L	E	N	T		O	N	D	E	C	K
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		I	T	A		U	S	H	E	R
M	O	N	E	Y		S	T	A	R	E
E	G	G						N	I	P
D	R	U	M	S		R	A	G	E	S
S	E	P	I	A		A	M	I		
			S	U	M	M	O	N	E	D
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A	R	I	S	E	S		R	U	S	E
W	O	O	E	R	S		S	P	E	D

WRITE FOR US. SEND US YOUR OPINION PIECES TO dsopinion@gmail.com.

BEETLE BAILEY BY MORT WALKER

WHAT ARE YOU EATING?
A PEANUT BUTTER, PEANUT BUTTER AND PEANUT BUTTER SANDWICH
I CAN NEVER DECIDE WHICH BRAND I PREFER

BABY BLUES BY KIRKMAN & SCOTT

SO, MOM SAID THAT YOU COULD USE HER PHONE?
SHE'S IN THE SHOWER.
THAT'S CHANGING THE SUBJECT! YOU'RE GUILTY!
DON'T YOU HAVE SOME DIRT TO ROLL IN?
IT CAN WAIT.