

The Daily Star

FOUNDER EDITOR
LATE S. M. ALI

DHAKA SUNDAY JULY 19, 2020, SRABAN 4, 1427 BS

Spike in school dropout and child marriage predicted

We cannot lose our hard-earned successes

As a number of national and international reports have revealed, the impacts of Covid-19 on primary and secondary level students in Bangladesh (and in many other countries of the world) will be massive as school dropout rate could increase due to the prolonged school closure, which may eventually lead to an increase in child marriage and child labour. A recent Save the Children report put Bangladesh among 28 countries where children are at moderate or high risk of dropping out of school while "girls are at increased exposure to gender-based violence and risk of child marriage."

According to the Directorate of Primary Education (DPE), the dropout rate in primary education was 49.3 percent in 2008, which came down to 17.9 percent last year. It is, therefore, concerning to learn that all the successes attained in recent years by the government and non-government organisations to check the dropout rate may be lost due to the impact of the pandemic. Sadly, an increase in child marriage is already visible across the country. According to Manusher Jonno Foundation, 462 girls were victims of child marriage in June this year while the number was 170 in May. The reasons for the increase, as described by the NGO, included a lack of monitoring by local government authorities amid the pandemic, closure of schools, social insecurity, poverty, etc. Several other surveys conducted by the government and non-government organisations also painted a bleak picture of the possible dropout rate, child marriage and child labour.

While it is good to know that the government is aware of the situation since its "Covid-19 Response Plan for Education Sector" also warned of such consequences, the measures it has taken as of now to minimise school dropout is not at all satisfactory—the televised lessons given by the government are inaccessible to a large percentage of students while its stipend programmes are also not operating smoothly. The allocation for education in the latest budget has also disappointed us as it failed to address the needs of the time.

Needless to say, checking the school dropout and child marriage rates is a massive task for the government and some immediate measures, including building awareness on the issue, strengthening monitoring and ensuring uninterrupted stipend programmes and school feeding programmes are needed to manage the situation.

The government's Covid-19 response plan also includes tracking and bringing children back to school to prevent dropout, which should be rigorously implemented. Besides, the government can start home-schooling the disadvantaged students through feature phones to put a brake on dropout and child marriage rates in the vulnerable communities.

Many researchers but hardly any labs

We must invest more on research in bio sciences

An investigative report in this paper has revealed a dismal scenario of the state of health research in the country. At a time when scientific research on viruses and other pathogens, immunology, vaccine development and biotechnology is so crucial especially in the wake of the Covid-19 pandemic, we learn that hundreds of graduates of biological science and technology graduates do not have any proper laboratories to work in, in order to apply their specialised knowledge. It is unfathomable that in all these years we are at a stage where scientific research is given so little priority with scholars of science not having proper research facilities because of lack of funding, equipment and maintenance of existing labs. In a country that is so frequently assaulted by a volley of lethal diseases and is now being ravaged by Covid-19 can we afford such apathy to research?

There are at least 19 public and private universities offering graduate and post-graduate courses in various bio-science subjects but lab facilities are far from adequate. Labs require special pathogen protection mechanisms and have to be built with expert knowledge in mind, which is not the case in many of these facilities.

While curriculum is comprehensive and rigorous students are faced with a stumbling block when it comes to the lab set up which is far from adequate for their research. In Dhaka University, for example, the existing laboratory does not have the necessary safety level for research on contagious live viruses such as Ebola, dengue or Covid-19.

Experts have pointed out that fund shortage is a big impediment to research as reagents and instruments, maintenance of equipment, keeping labs certified and accredited are expensive, leaving very little money for the other aspects of research. Budget allocations for research in public universities has always been very low. The dearth of trained personnel to maintain and certify biosafety cabinets and equipment also is a huge obstacle to research in bio-sciences.

The suggestion of pharmaceutical companies supporting laboratories in institutes where researchers will work on pathogens, drugs, vaccines, etc. which will ultimately benefit the industry should be explored. Government hospitals and medical institutes can employ microbiologists, biotechnologists, pharmacists and molecular biologists so that there is active collaboration between physicians and researchers. It is surprising that this has not been done so far.

Universities on their part must reform their curriculum that gives more emphasis on product oriented research. This will reduce the country's dependence on foreign research and import of pharmaceutical ingredients needed to develop drugs.

Investing in biological science research is the need of the hour. We have the required pool of researchers who are ready to apply their expertise. All we need to do is facilitate the process through bigger research budgets for proper, safe laboratories, financial support from industry and a strong commitment from our government to promote research in bio-sciences in every possible way.

How shall we say goodbye?

Coming to terms with loss and grief during a pandemic



SHUPROVA TASNEM

HOW does one mourn during a global pandemic? I've asked myself this question numerous times since the onset of Covid-19. This entire year, we have been talking of nothing else

but coronavirus—the symptoms, the various treatments, the "at risk" groups, the preventive measures, the fallout on the economy and more. Words like "lockdown", "the new normal" and "social distancing" have become crucial parts of our vocabulary, and we have followed the daily reports of infection rates and death tolls with morbid fascination. When you are constantly bombarded with these catastrophic numbers from around the world, it may have the unintended effect of the deaths being viewed through the lenses of a national tragedy rather than individual, deeply personal losses.

After Covid-19 entered our borders in March and made its way across the country, the personal stories started to reach us more. A childhood friend's grandmother, my neighbour for the last 20 years, my mother's colleague, my sister-in-law's uncle—the net started to close in, and each time there were no

In ordinary times, we would have accompanied her on her final journey to Sonargaon, where she was buried next to her husband. My mother and her remaining sisters would have comforted each other, like they did when my grandmother passed five years ago.

rites, no funerals, no coming together of family and friends, just distant voices on telephones expressing their condolences as best as they could; and I continued to ask myself—what is it like, to grieve during a time like this?

Less than two weeks ago, I found out.

My *Boro Khala* (my mother's eldest sister) died of a massive heart attack on July 9. One moment she was fussing about sending mangoes to her younger son's house, holding the eldest son's hand tightly in hers while he took his leave, and the next moment she was gone. How are we meant to mourn her?

In ordinary times, we would have accompanied her on her final journey to Sonargaon, where she was buried next to her husband. My mother and her remaining sisters would have comforted each other, like they did when my grandmother passed five years ago. *Choto*

and its impacts on society, we must not forget the psychological burden of the pandemic, especially on those who have lost loved ones. Collective mourning is a huge part of our culture—we tend to mourn people for a full 40 days, and it's not just close family but relatives (near and distant), friends, neighbours, colleagues and even acquaintances, who play their part in providing some relief to the family members of the deceased. When I lost my grandmother, I remember feeling irritated at times at the constant stream of people coming and going from our house, bringing food, asking

if a family loses a financial provider right now, that could add even more stress and again complicate the normal resolution of their grief."

A friend of mine who lost his mother to coronavirus, also spoke of feeling like he had been cheated—"Coronavirus took away my opportunity to say goodbye. I couldn't even be at her bedside in the Covid-19 isolation ward where she died. She was all alone; I can't forgive myself for that." According to grief expert David Kessler, this is the most likely reaction to have during the pandemic, since psychologically, we would rather feel guilty than helpless—"We need to find control. So our (way of taking) control is 'Well, I'm just going to be guilty about it.'"

How do we take back control over the process of mourning during the pandemic? This isn't a question that anyone can easily answer. After 9/11, Devine discussed how some people felt that their personal losses were overshadowed by the national disaster. However, George Bonnano, a clinical psychology professor from Columbia University, wrote on how a national tragedy can amplify the feeling of helplessness and make grieving much harder, but in the long run, it may give people something to hold on to and reach a shared understanding of grief.

While Bangladesh still has a long way to go in taking mental health seriously, there is at least some more focus on it now, with different institutions and hospitals providing psychotherapy, who can consider incorporating grief counselling into their operations in the wake of the pandemic. Online platforms and other forms of media (for example, Radio Shadhin has a weekly counselling show) can be utilised to help people who are struggling with loss. As we come to terms with post-Covid-19 realities, we must also come up with new ways of expressing solidarity for those who are suffering.

In a way, my *boro khala* was lucky. She was not alone when she died. Her siblings were able to hold her hand, one last time. Her sons were able to carry her to her final resting place. There are now over 2,500 families in Bangladesh who never got to say this last goodbye—who are instead working harder than ever to keep themselves afloat, struggling to fight the virus themselves or are silently carrying on next to the empty space where their loved one used to be. They deserve every bit of our understanding and compassion during these dark times.

Shuprova Tasneem is a member of the editorial team at *The Daily Star*. Her Twitter handle is @ShuprovaTasneem



khala would have told us how when *boro khala* was a DU student on a scholarship, she would write letters to her family and send whatever little money she could, asking her mother to make sure "the little ones eat some eggs". *Mejo khala* would have told us how on her wedding day, *boro khala* slipped the bangles off her wrists on to her younger sister's empty ones so that she could "hold her head high when she went off to her new family."

Ma would have told us how *boro khala* was awarded a Commonwealth Scholarship in the 80s, but because the circumstances of a mother, wife and eldest of six siblings being the way it was back then, she was forced to give up that dream. My cousins and I would have remembered how she would insist we drink warm milk when we were children and affectionately called us *mynah pakhi*, and maybe our memories would have plugged this gaping hole that she left behind by leaving us all, so unexpectedly.

While we have the many necessary conversations that are happening right now around the evils of coronavirus

after everyone and offering words of comfort that sometimes felt too gratefully optimistic in a house of grief. But this time around, the silence this has been replaced with, is far more suffocating.

Grief can be an extremely isolating experience, but in a situation where you are already isolated, it takes on a whole new dimension. In an article in *The Atlantic*, psychotherapist Megan Devine pointed out that people are already feeling a lot of stress and anxiety during the pandemic, especially those who are caring for family members who are ill, or are suffering due to the economic downturn. This means the "emotional bandwidth" under which they are operating are already reduced, and losing a loved one in this scenario can get in the way of the "natural adaptive reaction" to grief—a painful but necessary mental recalibration to accommodate a new absence. In the same article, clinical psychologist Carmen Inoa Vazquez said, "people are very stressed, which could result in people having less patience, less understanding, less self-control when they're dealing with a loss together. And

Two different perspectives on lockdown policy and the economic cost



ABDULLAH SHIBLI

THE Covid-19 pandemic has triggered debates between economists and health specialists. I found myself engaged in a conversation with my childhood friend Imtiaz

Husain Chowdhry, MD, who is a physician in the USA with a successful practice and long career behind him. He strongly sided with the lockdown policy since according to him, "lockdown is the standard of care unless you have effective treatment and vaccines and drugs."

Imtiaz has been in the USA since 1975, where he came after finishing his medical studies in King Edward Medical College (KEMC), Lahore, Pakistan. We both took our SSC from Government Laboratory High School and passed our HSC from Dhaka College. Our roads parted after we finished HSC and he was awarded the Inter-Wing scholarship to do his MBBS in KEMC. I went on to study Economics at Dhaka University and came to the USA for graduate studies. Imtiaz Husain Chowdhry (IHC) has been in private practice in a suburb of Washington, DC, specialising in cardiology, while his younger brother, Imran Chowdhry, MD, is an infectious diseases specialist with the same group.

Since the Covid-19 pandemic began in March, IHC and I discussed the issues relating to the treatment of Covid-19 and the global response to the crisis. He saw my last op-ed on Covid-19 in this newspaper ("How 'facts' influenced Covid policy", July 5, 2020) where I argued that wholesale lockdown is a severe blow to the economy. Subsequently, we exchanged several SMS messages which brought to sharper relief how much the medical profession and the economists disagree about the need for a lockdown policy as was followed in many countries. I will use the initials IHC and AS to indicate the views that Imtiaz and I, respectively, conveyed to each other, over two days of a "virtual" dialogue.

"Yes, total lockdown is probably not necessary. If only everyone followed the CDC guidelines of social distancing, wearing masks, and hand washing. However, we still need to avoid super

spreader situations (e.g. large indoor gathering, bars without distancing and face masks). Going forward, there ought to be enhanced testing, along with isolating positive cases, contact tracing and quarantine of contacts. That is the way to go. We have failed pretty bad in this country so far because of a crazy, lying, incompetent, bigoted, racist, divisive president who is only interested in winning the next election." (IHC)

In response to his argument in favour of a lockdown, I reiterated my view that while I agreed with IHC on the clinical view for mitigating Covid-19, from a

in China and many other countries". (IHC)

I pushed back by arguing that lockdown could be executed swiftly only in totalitarian states such as China and Vietnam, but it would have been difficult to enforce a lockdown without causing a civilian uprising in Italy, UK and the USA, particularly in the USA with a federal system. I offered a hypothetical scenario in the following terms: "Why can't people who are not sick go about their regular business while those who have symptoms or have pre-existing conditions be ordered to stay in quarantine?"



The Houses of Parliament at the end of an empty Westminster Bridge in central London on March 24, 2020, after Britain ordered a lockdown to slow the spread of Covid-19.

PHOTO: JUSTIN TALIS/AFP

cost-benefit perspective, shutting down the economy has been very damaging, even for the average person. My question was, "couldn't many countries achieve the same outcomes, i.e., preventing the spread and protecting lives, without resorting to large-scale and indiscriminate quarantine and business closing?"

"Lockdown is very important. For most places it was done to prevent infected people from leaving the area to infect people in other areas. That is how it spread initially from Wuhan to Europe and then from Europe to America. It is necessary to contain the virus in each country as well. It was done successfully

Imtiaz, the physician still appeared not to be convinced by the economist's viewpoint. "Keep it in mind that many patients with Covid have mild and no symptoms (about 30 percent). With a successful lockdown, once you flatten the curve and it's going down, the lockdown can be lifted. Other measures, such as social distancing, masks and hand washing have to continue during and after lockdown." (IHC)

"As far as lockdown is concerned, the duration and whether it is a limited or generalised lockdown is adopted in a country will depend on the problem at hand and how virulent the bug is. Policymakers can get all the information

online from CDC and WHO, but it is evolving. Incidentally, lockdown is nothing new and has been done to contain pandemics for a long time. It is estimated that by April, half of the world population had been under some form of lockdown. You think half of all the world population was in lockdown with no evidence?" (IHC)

It now appeared that in the debate my friend and I were not going to reach an agreement on the best form of lockdown policy. I gave it a final try by arguing that, "There is a distinction between dumb lockdown and smart lockdown. The latter involves identifying the hotbeds (also known as clusters) and quarantining the locality, and is being used very effectively now. Most lockdowns were dictated by panic created by some Imperial College epidemiologists who used faulty models. As an economist, I would always consider the cost-benefit aspect of any policy. As I argue in my op-ed, the effect of a dumb lockdown on the livelihood of poor people has been enormous. Limited lockdowns are just as effective, and the rest of the country must be spared the trauma of a blanket lockdown." (AS)

He shot back, "Of course there are downsides to lockdowns but, as you suggest, it is a matter of risk benefit calculation. Masks were not initially necessary; now, of course, it is necessary outside of your home and should be mandatory. Incidentally, two drugs, remdesivir and dexamethasone have been effective in reducing death but is not a magic bullet."

I let him have the final say since he knew more about the disease and its effect on the afflicted. "It is an unusual virus that can attack multiple organs. However, we've seen early promising results with vaccines. With an effective vaccine, some viral diseases have been eliminated completely like smallpox and polio. Others have been controlled like flu (with yearly shots). With effective antiviral agents, some viral diseases have been controlled like AIDS while others have been cured like hepatitis C. So we have, potentially, a lot of future treatments." (IHC)

Dr Abdullah Shibli is an economist and works in information technology. He is Senior Research Fellow, International Sustainable Development Institute (ISDI), a think-tank in Boston, USA.

The article was written in collaboration with Imtiaz Husain Chowdhry, MD, a cardiologist with a private practice in the USA.