

# A Midsummer Night's Dream

Sphinx: What is invented in Britain, developed in America and made in Japan?

Oedipus Jr.: Education.

THIS modern version of education myth requires a slight modification in our context: all the 'in's in it should be transformed into 'as's. After all, that's the way the smart businessmen make ass of ourselves by putting 'Made in Hong Kong' or even 'USA'.

Interestingly, this process of transfiguration can be traced in all spheres of our life, both literally and rhetorically. Like Bottom in Shakespeare's *A Midsummer Night's Dream*, we, the bottom of the national heap, are decked with ass heads to visualise the gossamer world of development. In our celestial dreams, inculcated by the fairy rulers, we pray and pray: development!

hand, is an indigenous concoction which aimed at relieving the universities from the burden of entrants at the graduation and post-graduation levels. Currently, there are 14 university colleges running on the 'basic minimum' support of the government.

The recent decision of promoting Jagannath University College comes at the end of the plan period of the Fourth Five-Year Plan (1990-95). One of the main objectives of the FFYP was: By 1995 and mostly by turn of the century, greater emphasis should be laid in the universities on Master's, M. Phil and Ph.D programmes than on undergraduate courses that should be left to the degree and university colleges. (FFYP 10, 128).

One smells rats, when documented plans do not conform with publicised declaration. The suspicion intensifies, when this sort of populist announcement appears on the eve of a possible national election. "Thirty thousand multiplied by two, meaning 60,000 hands will

work for the promise-maker," observes one senior professor terming this upgrading as an electoral move.

Politicians are well aware of the fact that increasing the number of universities might further deteriorate the trouble-ridden higher education scene. The opinion survey conducted by Centre for Policy Dialogue provides us a glimpse of the academic debris: "the language and analytical competence of contemporary university graduates, in general, is deteriorating. The structure and the content of the university education tended to be outmoded. A tracer study of 3000 graduates, found that they experienced 2.5 years in finding jobs. Many of these took jobs which often do not match their academic background." The last point can be illustrated by PSC report of 1994, which shows, 13 per cent students who are studying technology-oriented subjects at BUET, BAU and medical colleges opted general cadre as their first choice. The percentage was 9 in 1985.

No doubt, education has become a mission without

ambition and universities and colleges have earned the niche of 'Certificate Giving Department Stores'. Education merely increases the chances of landing up with a job. The more superior the degree the higher the chance is! In words of Dr Kudrat-Khuda: "Higher Education has become the passport of getting a government job only. Soon after attainment of the job, education ceased to be effective. Why then the government is so keen to 'renovate' yet another teaching university?" The Mitra Commission Report on West Bengal (1992) probably has an answer. Mitra thinks that the politicians willingly succumb to pressures. In fact, for their own sake, they encourage germination of such pressure. Because they know enrollment in a university is rendered into a category of disguised unemployment. It is for the same reason, session jam is hatched to delay the pressure on the job market.

This takes us to the forebodings foreshadowed at the Justice Hamoodur Rahman Commission of 1964-66. It says: "The setting up of a uni-

versity and providing it with huge administrative paraphernalia is such an expensive affair that we would strongly advise the use of extreme cautions in embarking upon this venture. Political considerations, though important, should not in this matter be treated as decisive. The practice hitherto followed for setting up a university without buildings, without staff and without essential teaching facilities soon creates problems which assume agitational problems as time goes on.

And, agitation has indeed become a pain in the neck with other university colleges demanding the same promotion. Facelift, in the face of political pressure, is certainly not the way to face the problems at the tertiary level. Stress should be given on the maximum use of existing facilities. In this regard, vis a vis the resource constraint the Cluster College concept seems feasible than indiscriminate upgrading. This clustering idea will help the university colleges to share facilities, i.e. library, laboratory or even teachers, with their neighbouring universities or university colleges.

Those who think that

quantity will eventually lead to quality are living in Fools' Heaven. We have already devalued our system enough: a master's degree holder appears for clerical job, an architect opts foreign service, university teachers join customs service, doctors launch garments business and so on. Foreign universities do not recognise our degrees and foreign good-will missions wind-up or squeeze their offices.

Jagannath university college is indeed an age-old seat of learning. But time has been its enemy. Its teacher students ratio now stands on an absurd figure; its libraries and laboratories are not equipped for post-graduation research, and its teachers, mostly appointed politically, are engaged more on private tuitioning than in taking classes.

The quoted Commission Reports and Year Plan reflect a vision. Guided by our past mistakes, let us make rational use of this vision instead of venturing new dreams. We can indulge ourselves into celestial/political dreams only to wake up to a reduced garden just like Bottom in *A Midsummer Night's Dream*.

# Language Lessons

by Farah Ghuznavi

LANGUAGE is not only our most basic means of communication on a day-to-day level, it is also the way in which we seek to make ourselves understood beyond the superficial stages of human interaction, at a deeper and more profound level. Yet this most essential tool of communication can also give rise to some truly painful misunderstandings by a virtue of the vast number of existing languages in the world today, as well as the use of words and dialects to convey various nuances of meaning in the same language.

A hilarious example of this was provided by an anthropologist working with an African tribe, whose language was extremely difficult to learn because tonal variations gave completely different meanings to the same words. This man painstakingly began to learn the language of the tribe after moving to their village, and was puzzled when people who had initially been friendly, eyed him in a hostile fashion when he greeted them with the traditional greeting of "How is the sky looking to you today?" It was several weeks before he discovered that because of a slight tonal "mispronunciation", what he had actually been asking them was, "How is the sky looking to you, bastard?!"

An English friend of mine, who is a documentary filmmaker, described a similar incident, which took place when she had gone to make a film about peasant women in South America. Since her Spanish was non-existent, she had been taught to compliment the women on their homes when she was taken inside and shown around. Unfortunately, instead of saying, "You have a lovely kitchen" (cochina), Kim disgraced herself by saying, "You have a lovely cochinera (pigsty)!" Luckily, there was a

translator around to clarify the issue, but it took some fast explaining to the offended householder!

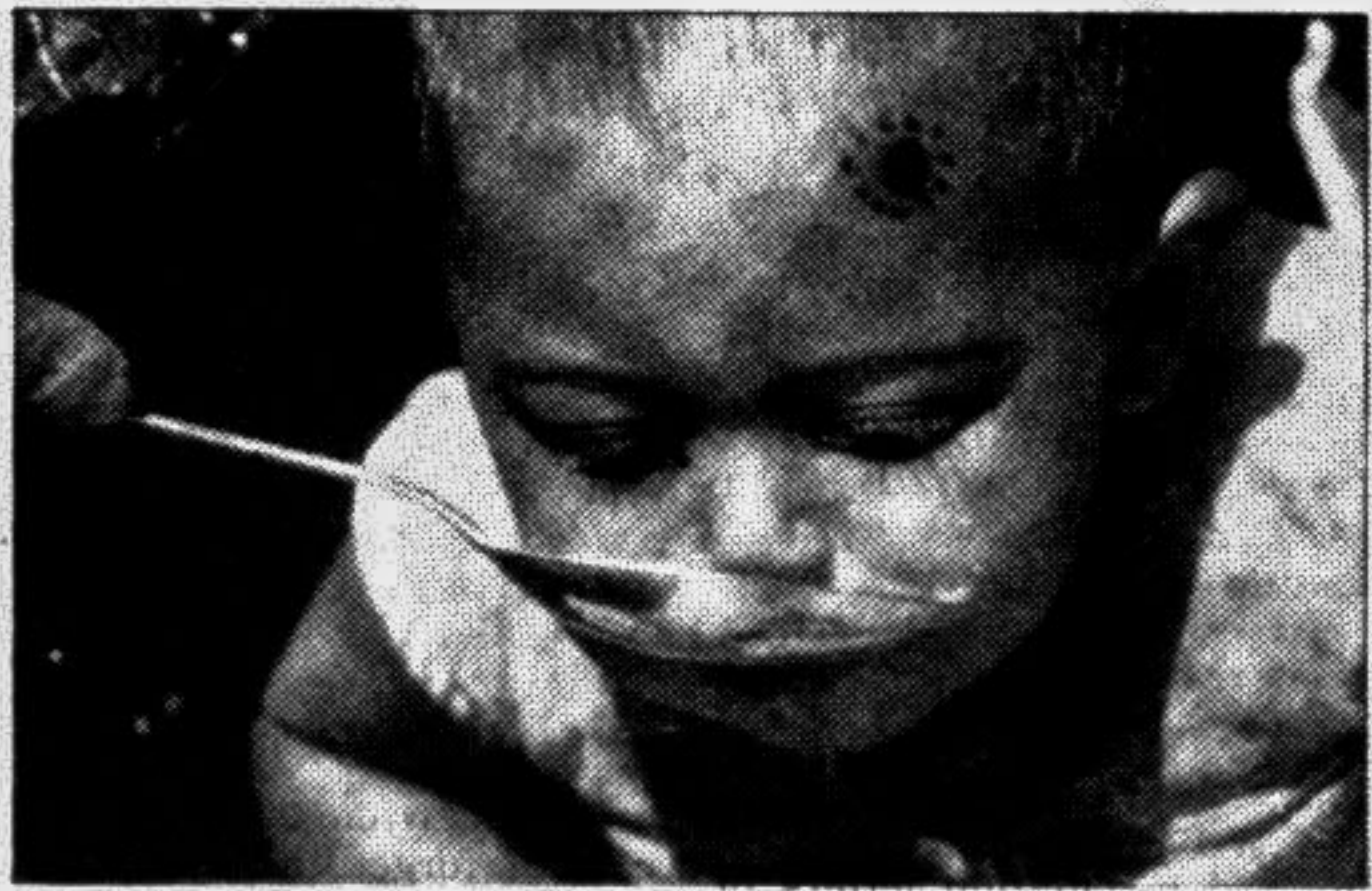
A number of these mistakes seem to occur when English speakers attempt Spanish, since recently another friend told me about how a group of Peace Corps volunteers posted to another Latin American country saw one of their number make a similar memorable mistake. When going off to take a bath, while attempting to say, "I want to shower with a soap" (jabon), he ended up saying, "I want to shower with a pig (jamon)!" The natives, needless to say, were somewhat puzzled at his peculiar tendencies and almost wrote him off as a foreign pervert...

Closer to home, a friend of mine living in Dhaka sent her husband (a foreigner) out to buy some curtains. When he got to the shop, he was a little confused about the word for curtains. Not as confused as the shopkeeper was, however, when the husband asked for some "burkha" instead of "purdah!"

Finally, as mentioned earlier, these mistakes often happen even when someone knows the language they are speaking in, if a dialect is involved. Hence a Bangali friend invited to a Sylheti wedding was very embarrassed when he was unable to understand a question put to him by the bride's father. Hazarding a guess, he assumed the man was asking him whether he had eaten yet (a logical question to ask a guest at a wedding). Since he was fairly confident that he had assessed the question correctly, he said very politely, "Yes, thank you. The food was very nice." He couldn't understand why everyone burst out laughing, until somebody pointed out to him that what he had actually been asked was, "How many brothers and sisters do you have?".....

# Pneumonia in Childhood Present Situation Analysis and Standard Case Management

by Md Salim Shakur



Providing balanced diet and checking exposure to cold (right): Some preventive steps.



Photo: Courtesy — UNICEF

CUTE respiratory tract infections (ARIs) continues to be the largest single cause of childhood death. Out of 12.9 million childhood deaths under five years 1990 (WHO statistics), about 4.3 million children die due to ARI, mainly pneumonia all over the world but predominantly in developing countries. ARIs are also a major cause of childhood sickness, accounting for 30-50 per cent of visits by children to health facilities and 20-40 per cent of hospital admission of children increasing the burden of health service. They are also the diseases most frequently associated with unnecessary use of antibiotics and other drugs.

Overall ARI incidence is same in both the developed and the developing countries, but incidence of bacterial pneumonia and its severity is higher in the latter (accounting for more than 75 per cent of all ARI deaths) for high prevalence of risk factors like malnutrition, low birthweight, pollution, overcrowding, low socio-economic condition with poor housing condition, low vaccine coverage and difficulties to deliver the necessary drugs, supplies and trained health workers to remote areas and to poor communities.

Prevention is always better than cure. This also holds good for prevention of pneumonia. Therefore to prevent pneumonia its predisposing causes as mentioned earlier, should be removed. Prevention strategies, therefore consist of improving child nutrition, especially exclusive breastfeeding for the first 4-6 months of life and to feed the child with protein energy and vitamin-rich semi-solid and solid diet (which can be obtained from cheap indigenous foods suitable to the child's age, reducing indoor air pollution (for example, prohibition of smoking in child's presence, prevention of smoke from cooking stoves etc. prevention of premature delivery and low birthweight, baby (by correcting and improving pregnant mother's general medical and nutritional condition by regular antenatal medical check-up etc.

However, research studies underway in western countries found the vaccine can be made more effective and protective if it can be conjugated with a protein-carrier and if given with Hib vaccine like pertussis (whooping cough) vaccine which is given in combination with diptheria and tetanus (DPT) vaccine to improve its efficacy. Therefore both the above two vaccines seems to have promising role for prevention of pneumonia in Bangladesh in future.

While prevention is the

key to the future, in the short term early maternal recognition of signs of pneumonia and prompt care seeking are essential to prevent deaths. WHO developed the strategy called standard case management (SCM) of ARI present it is appropriate to manage pneumonia at the community level of developing countries which can be practised even by trained health workers in remote rural areas, where qualified medical graduates and other health facilities are not easily available. It has already proved effective in managing and reducing death from pneumonia in many developing countries including Bangladesh. To detect pneumonia, SCM relies on simple clinical signs - fast breathing or chest in-drawing (visible depression of lower chest wall during breathing). These two signs if present can be considered and treated as pneumonia for general practice at community level. Although by this method only in few cases there may be over diagnosis and over treatment (as in few other clinical conditions there may be the above two signs) in majority of cases if practised at community levels, it will help in early diagnosis and treatment of pneumonia and will reduce the overall mortality from childhood pneumonia in countries like

Bangladesh. The above two simple but important signs of pneumonia are very sensitive for diagnosing pneumonia. Some studies Philadelphia, USA) have found that listening to the child's chest for sound of pneumonia (rales, rhonchi, etc) by doctor's stethoscope do not have significant advantage over fast breathing and chest in-drawing. Similarly X-ray chest, blood culture and even lung aspirate culture may not have added advantage and some times may not help for confirmation or supporting the diagnosis of pneumonia. On the basis of fast breathing or chest in-drawing, pneumonia is divided into severe pneumonia with chest in-drawing, pneumonia (only fast breathing) and no pneumonia (cough or cold) if neither of these signs are present. If danger signs (inability to drink, convulsion, drowsiness and malnutrition) are associated, it is regarded as severe disease.

Some clinical features tempt parents and even doctors to overdiagnose bacterial pneumonia. For example high fever with cough (without fast breathing or chest retraction) does not necessarily mean pneumonia or bacterial infection (except infants below two months where body temperature either high or low is important association

of bacterial infection) and do not usually require antibiotic. Similarly a more severe cough or a more audible noisy sound from the chest or throat does not necessarily mean pneumonia although it may cause much discomfort to patens but may not life threatening like pneumonia. Most of these are features of upper respiratory tract infections.

There is no evidence that antibiotics are effective against these uncomplicated upper respiratory tract infections (common cold) or prevents the child from developing pneumonia. According to SCM, children with severe disease and severe pneumonia should be referred and treated in hospital by parenteral (intramuscular or intravenous) antibiotics, whereas simple pneumonia can be treated at home by oral antibiotic with medical supervision. Patients with no signs of pneumonia (in fact, majority of visits of children to health facilities with respiratory symptoms have simple cough and cold with no pneumonia) should be managed without antibiotics by simple home care. Streptococcus pneumoniae and haemophilus influenza account for three quarters of bacterial aetiology of pneumonia which can be treated in majority of cases with low-cost antibiotics either cotrimoxazole or amoxicillin or ampicillin or procaine penicillin.

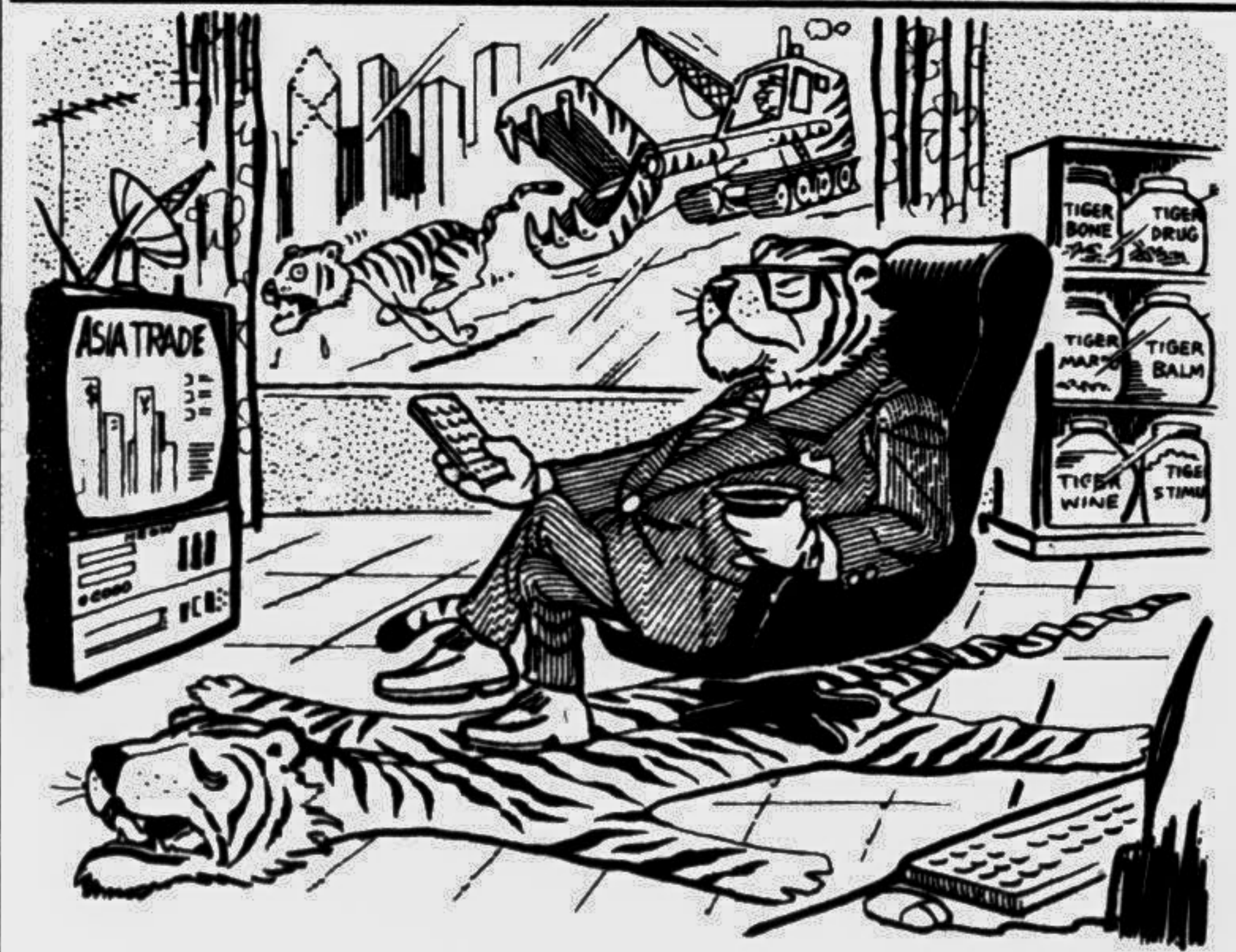
Aminoglycosides (Gentamycin) can be added in more serious condition. However in addition to above antibiotics, as recommended by WHO's standard case management, depending on patients clinical condition, availability and affordability, other antibiotics like cephalosporins (cephalexin, cefotaxime, ceftriaxone etc), cloxacillin, Macrolides (Azithrocin, Erythromycin) can be used in pneumonia by qualified physicians, preferably by children's physician. Young infants are more vulnerable to ARI-related deaths due to non-specific clinical signs (causing de-

layed diagnosis) and rapid progression of disease and therefore hospital admission is strongly advised. By restricting the use of antibiotics to children with pneumonia associated with fast breathing and chest retraction, SCM will reduce the overall use of antibiotics, and prevent the unnecessary use of cough and cold remedies. Most coughs and colds can be and should be managed by simple home treatment like clearing the nose, giving the child more liquids.

The writer is an associate professor, BICH Dhaka Shishu Hospital

# Economic Tigers Kill Tigers

Conservationists fight hard to save Asia's tigers from the growing demand of East Asia's newly-affluent tiger economies. **Johanna Son** of Inter Press Service reports from Manila



EATING the parts of a tiger is said to give you its legendary sexual prowess, says the voice-over for a 30-second television commercial that shows two big cats mating. "You too can make love for a full 15 seconds."

The ad debunked the myth of tigers' virility, and deliberately packed a powerful sexual punch. It was meant to join millions of Asian viewers who have been seeing it on satellite TV in recent months.

The campaign strikes at traditional beliefs that fuel demand for tiger products — including tiger penises believed to be an aphrodisiac in countries like China, Taiwan and South Korea. Destroy the myth, not the tiger, is the theme of the awareness campaign.

Ironically, it is the economic success of East Asia's "tigers" that is making the tiger extinct.

Animal experts say demand by newly-affluent East Asians fuels the killing and poaching of the jungle cat from the rest of Asia, and is fast pushing the region's once-thriving tiger population to extinction.

Fewer than 5,000 tigers are left in the wild today. Three of the eight tiger subspecies have already become extinct in the last decade.

"At the current rate of extermination the tiger will be extinct in the wild before the

year 2000," warns the New York-based Wildlife Conservation Society (WCS), which this year launched a five-year campaign to save the tiger.

"Almost without exception, tigers are killed by poachers to supply the illegal traditional Chinese medicine trade," it says.

The Chinese believe tiger parts, used in traditional medical preparations, heal ailments ranging from backaches to poor eyesight. Tiger penis soup, which can cost US\$350 a bowl, is supposed to increase libido, though no scientific proof supports this.

Under trade and political pressure, China, Hong Kong, South Korea and Taiwan have now banned the manufacture and sale of medicines made from tiger parts.

But TRAFFIC East Asia, which tracks trade in animal parts, says it is "impossible" to estimate the size of the lucrative black market. Tiger products are still sold clandestinely in China and Taiwan, TRAFFIC says they are sold openly in Japan.

TRAFFIC East Asia director Judy Mills says Asian demand for tiger-derived medicines seems to be declining, but "those willing to risk breaking the law are still buying and selling these products."

China is the largest manufacturer of tiger products, but experts say it uses mostly non-native tigers because its own tigers were depleted

since declaring the animal a pest decades ago. WCS says cruel methods of "farming tigers" to supply the medicine trade exist in Thailand, Taiwan and China.

Mills also worries about other markets for tiger products, mainly "Japan and Western countries with large Asian populations" that may have more lenient laws and are less aware of the gravity of the problem.

India and Nepal are home to over 3,000 tigers or about half of the world's tiger population. But their numbers have been declining over the decades due to poaching, human intrusions into sanctuaries and massive misreporting in India in previous years.

The tiger situation in the rest of Asia is much worse. The Siberian tiger remains only in 10 per cent of its former range in the Russian Far East and fewer than 500 tigers are known to live within protected areas.

Experts note "intense pressure" along the Chinese border for tigers, and are wary over new roads that opened the region's interior. A tiger can fetch US\$4,000 to US\$10,000, so "the poaching incentive for local people is extreme," says a WCS report.

And even when sanctuaries are provided them, serious problems continue to hound tigers.



## TOM and JERRY



**CORRECTION**  
In Focus page on Thursday November 16, 1995, entitled "Caring for the Mentally Retarded," the caption of the photo should have read "one of the founder members of SCEMRB" instead of "founder of SCEMRB". The name should have been "Shahar Banu Salam", not "Shah Banu Salam".