

Sherlock Holmes of the internet

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NARMIN TARTILA BANU
A paltry one-tenth of my undergraduate class of final year students raised their hands in response to my question, "How many of you have read the newspaper this morning?" A decade ago, when staying updated, being competitive and having an edge on an interview could hinge upon possessing newspaper reading habits, placing advertisements in the dailies was sure to reach a captive audience. Today, however, with various forms of screens swiping away newspapers, marketers have been forced to tweak their tricks, or retreat. Don't get fooled into thinking that the basics of marketing have experienced astronomical changes, because they really haven't. What has actually changed is the form in which marketers now reach the new breed of gadget-wielding, attention-switching, hyper-connected youth of today.
 How does this happen? Let's take a mundane slice of your daily doings, for instance, an innocuous status update, an accidental (or even intentional) like on a Facebook page, a random search for a song on YouTube. No matter how inconsequential you might think they are, these activities are anything but!
 Each one of those actions you perform in the virtual



SOURCE: MARKETOOINIST.COM

world, leaves behind your digital footprint, a trail that hungry marketers sniff at, and tediously track down to know more about you. Knowing more does not stop at your name, age and gender only. Information-hungry companies snoop further into the more personal aspects of your life that you (in a sane state of mind) would probably keep to yourself, things such as your family size, your kid's age, your income, where you go for holidays, which restaurants are your favourite, what kind of gadgets you use, and whether you are a Narcos fan. Companies go to great lengths to be on top of these information.
 So, why put the likes of Sherlock Holmes to shame when profiling consumers? That's because on average, a Bangladeshi digital consumer spends about 5.6 hours every day on social media and browsing the internet, while they spend 1.6 and 2 hours reading newspapers and watching television respectively (LightCastle Partners Survey on Digital Consumers, 2015). The bread

and butter (and jam and omelet) of many companies depend on knowing these consumers, serving them and laying a first claim on their purse before a competitor can usher them away.
 Say a new retailer focusing exclusively on branded makeup prepares a launch plan in Bangladesh. The traditional way of placing advertisements during target audience's prime TV viewing time, inferred from Television Rating Points (TRP), would only do the job partially. For the tech savvy millennial Bangladeshi youth, a greater strike rate is possible if marketers follow their clickstream rather than chase their TV habits.
 Just to drive the point further, the same class of my 20-something students displayed a certain apathy towards television watching, citing lack of time to be the main reason for not watching TV. Does that mean these youngsters do not consume news or entertainment? Of course they do. They are voracious consumers of contents and spend hours downloading movies, browsing social media sites, streaming videos, absorbing information like a sponge! It's just that they would do so when they want to, not per the schedule of the traditional print or electronic media. And wooing them requires some serious detective work!
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Four days in a top hospital

ABDUL HANNAN
I was suffering from fever, with severe shivers, for about a week without any sight of remission. My daughter-in-law, a doctor, said that for an 82-year-old person with diabetes, the illness seemed serious and took me to one of the top hospitals of the city in our neighbourhood. The consultant professor physician, who looked tough and taciturn, examined me in earnest and looked at documents of my previous treatment of prostate surgery at a clinic not known for hygiene and cleanliness. He suspected infection and at once prescribed blood and urine culture exams and an antibiotic injection. He said I needed to be hospitalised, and that he would pass instructions for my admission next morning. Next morning, at 9 am, I reported to the admissions office of the hospital and showed the admission clerk the consultant physician's prescription. The lady said that without his written instructions, she could not admit me. I asked her to get in contact with the doctor, to which she said that she was not permitted to call him. I was puzzled. My son moved from pillar to post to get hold of him and at last at 10 am found him doing his daily rounds.
 I was duly admitted in a shared cabin. It was 10.30 in the morning, and I asked the nurse to immediately push the prescribed antibiotic injection as I was on a 12 hourly dose of injection and the last dose I took was at 10 pm last night. The nurse said that she had called the doctor on duty, without whose order, she could not get delivery of the medicine. I reminded the nurse at 11 o' clock about the need of getting the injection urgently. She



said she had again called he doctor. I again reminded the nurse at 12 noon and her reply was the same. At last at 1 pm, the young doctor showed up and asked me why I had not brought the injection from home. I was flabbergasted. With raised brows, I looked at him and quipped, "Do I need to?" He said that there is usually procedural delay in starting the treatment. I retorted, "Does the procedural delay indicate the absence of the doctor on duty?" He left the room in a huff with an angry look and never visited me again.
 It was 1 pm the following day. The nurse did not check my blood sugar, temperature or blood pressure. When

asked, she replied that she was under the impression that the nurses on night duty might have taken the tests. I asked her if there was no rule to put on record the results of the tests at the duty register. She gave me a vacant look.
 I am a diabetic patient, and the hospital is expected to provide me a diabetic diet. Normally, my fasting blood sugar test is between 7 and 8. Suddenly it rose to 8 and 9. I discovered sugar in tea and the firmi (sweet dish) provided to me, although I had asked the nurse several times to inform the food department that I was a diabetic patient. When called, a person from the food department said

that there was some confusion of identity and apologised for the mistake.
 The professor seemed like a good doctor. Luckily, my fever had gone. He said that he would be discharging me the next morning. My son, an IT consultant, repeatedly requested the doctor on duty to prepare the discharge report and the bill by 11 the next morning, as he had to attend an urgent meeting at the World Bank at noon that day. But despite repeated reminders, the discharge report was not available until 1 pm. The wait was exasperating and the hospital could care less.

The cost of treatment at the hospital I am talking about is very high and patients expect the hospital to provide world class healthcare. Doctors and nurses at the hospital, however, seem remote with a sense of clinical detachment.
 The hospital walls are plastered with photos of the late philanthropic founder of the hospital. Has his dream and vision come true? The hospital has clearly degenerated into a commercial proposition. Apparently, there is a decline in efficiency. There is a lack of supervision and accountability. Yet, doctors of our country have earned name and fame in England, America and Australia. With a little more dedication, sincerity and seriousness by the doctors and other staff, and strong oversight and administrative checks and balances, there is no reason why the hospital cannot be turned into an international hospital, on par with those of Singapore or Thailand.
 As I was leaving the hospital, I reminisced about the days when hospitals like the Dhaka Medical College Hospital actually took care of their patients with utmost care and warmth. As a patient admitted in a two-rupee per day ward in 1962, I was nevertheless treated like a lord. My surgeon, Professor Alam, always had a smile during his daily rounds. A little genuine concern for their patients, a bit more warmth, diligence and attention to the patients' needs cannot be so impossible to deliver that the hospitals, be it private or public, and doctors of today, completely do away with them, focussing instead on profits over devotion or commitment.
 The writer is a former diplomat.

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QUOTABLE Quote

VIRGINIA WOOLF
 English modernist writer
 (January 25, 1882 – March 28, 1941)

One likes people much better when they're battered down by a prodigious siege of misfortune than when they triumph.

CROSSWORD BY THOMAS JOSEPH

ACROSS
 1 Chatter
 7 Sets the price at
 11 Lens cover
 12 Spiced tea
 13 Make void
 14 Gifts for kids
 15 Burglar alarm part
 17 Party leader
 20 Bumbling
 23 Cabinet wood
 24 Long-horned grazer
 26 Letter after pi
 27 Flamenco cry
 28 Descartes conclusion
 29 Disney's Ariel, e.g.
 31 Quick bite
 32 Unable to eat another bite
 33 Departed
 34 Dog star
 37 Surrounded by
 39 Makes suitable
 43 Gambling city
 44 Darius's kingdom
 45 Understood
 46 Adage

DOWN
 1 Stiller of films
 2 Yeoman's "yes"
 3 Entreat
 4 Big party
 5 Lo-cal adjective
 6 Serpent's spot
 7 Play opener
 8 Coast
 9 Bandleader Kyser
 10 Bro's kin
 16 Measured
 17 Damages
 18 Milo of "The Verdict"
 19 Monopoly railroad
 21 Unembellished
 22 Entice
 24 Urges on
 25 Will smith biopic
 30 Grazing spot
 33 Exhausted
 35 Easy targets
 36 Notion
 37 Noah's boat
 38 Chess pieces
 40 Next-to-last letter
 41 Malleable metal
 42 Slump

YESTERDAY'S ANSWER

R	E	T	R	O	J	A	C	O	B
O	C	E	A	N	O	B	A	M	A
T	H	E	M	U	S	I	C	M	A
S	O	N	S	I	N	O	N	E	
					H	E	X	E	S
J	A	N	U	S	R	O	B	E	S
E	X	A	M		U	R	G	E	
D	E	B	I	T	S	T	A	G	E
					D	U	T	C	H
S	O	B	L	E	E	A	L	E	
T	H	E	P	I	A	N	O	M	A
O	N	T	A	P		T	R	E	N
P	O	S	T	S		S	E	N	D

BEETLE BAILEY by Mort Walker

BABY BLUES by Kirkman & Scott