

When 13-year-old Rafiul Islam Rabby was having trouble breathing, his mother Rabeya Begum didn't take it very seriously—not initially, at least. A week after, she noticed her son was coughing and wheezing throughout the night, unable to sleep. This time, Rabeya Begum took her son to the hospital.

The doctor diagnosed that Rabby had developed asthma. "I was wondering how he could have developed asthma; there's no family history of it," says Rabeya. "But when the doctor asked me where he spends most of his time during the day, I suddenly realised what had happened to my son. Every day, he would inhale construction dust on his way to school from Shewrapara to Taltola. When he came back from school, he would play with my neighbours' kids in an open space at the back of our building, adjacent to an automobile repair shop," she shares.

A 2016 survey shows that 22 percent of children between the ages of 1-10 living in Dhaka have abnormal lung function; this figure is 24 percent for ages 11-20.

The data was found after testing over 500 people across age groups, gender, and localities, where 410 of them were students of different schools, mostly from the Farmgate area of the city.

The survey titled *Impacts of Air Pollution on Future*



PHOTO: STAR FILE

Generations conducted by Bangladesh University Urban Lab was conducted at the request of Bangladesh Poribesh Andolon (BAPA) and under the direct supervision of the late National Professor Dr MR Khan, eminent paediatrician, and National Professor Brig (Retd) Abdul Malik, Founder of National Heart Foundation, measures function of the lungs using spirometers.

Dr Jotsna Ara Begum, Associate Professor of Paediatric Respiratory Medicine (Pulmonology) at Dhaka Shishu Hospital, informs us that children are more susceptible to the effects of air pollution and are at higher risk of respiratory diseases like pneumonia, bronchitis, asthma, Chronic Obstructive Pulmonary Disease, lung cancer and heart diseases, compared to young adults. "The lungs, brain, hearts and immune systems of children are immature and are in the process of developing. If they inhale particulate matter composed of various substances such as black carbon and mineral dust, the development process can be hampered to a great extent," she says.

Additionally, babies and children breathe faster than adults, taking in more air relative to their body weight. "Babies sometimes breathe through their mouths, which is why they cannot filter the air they inhale. As such, the particulate matter from polluted air enters their bodies directly, and eventually results in allergic problems along with respiratory diseases," she adds.

In fact, if a mother is exposed to toxic pollutants, the tiny particles can harm her developing foetus, which might cause miscarriages, early deliveries, and low

| AIR POLLUTION |



PHOTO: PALASH KHAN

I DESERVE THE BLUE

NILIMA JAHAN

birth weight.

Though the rate of respiratory diseases usually increases in winter, the number of children affected during monsoon is significant. "Recent data from the Dhaka Shishu Hospital shows that, every day, among the total admitted children, 25-30 percent get admitted to the Paediatric Pulmonology department. The number of asthma patients is also on the rise, compared to the past," says Dr Begum.

Apart from the admitted patients, a large number of parents come to the hospital with their children for diagnosis of respiratory problems.

A 2016 UNICEF report highlights that "around 300 million children currently live in areas, where outdoor air pollution exceeds international guidelines by at least six times. In total, around two billion children live in areas that exceed the World Health Organisation's annual limit. The problem is most severe in South Asia, which has the highest number of children—620 million."

If we analyse the Air Quality Index (AQI) data—which measures how clean or polluted the air is—of Dhaka, we find that last winter, the AQI was as high as 361 which is regarded as 'extremely unhealthy' by Bangladesh National Ambient Air Quality Standards (NAAQS).

Md Shamsul Hoque, Professor of Department of the Civil Engineering of BUET, believes that mismanagement of public transport and lack of regulations are two major causes of air pollution in the city. "Back in the day, we had open space on both sides

of the roads and dust got dispersed properly. Currently, we have no open spaces and the buildings are built one after another, leaving no space for the dust to disperse; rather the dust accumulates," says Hoque. "RAJUK has a lot to do in this regard. If we look at countries with good urban planning practices, they keep gaps between buildings, so that polluted air can disperse well. However, here in our city, buildings are being built without proper planning and specification," he adds.

Uncovered construction materials, excessive electrical workshops, different types of wastes (industrial, solid, medical and electronic) have been increasing the amount of these tiny particles rapidly, making Dhaka's air more polluted.

To protect our children as well as ourselves from air pollution, drastic action is required. When contacted, Quazi Sarwar Imtiaz Hashmi, Additional Director, Department of Environment (DoE) informs that the DoE is currently focusing on the "Clean Air and Sustainable Environment" project (CASE) project, in collaboration with the World Bank. CASE is working to catalyse the adaptation of Sustainable Environment Initiatives in key polluting sectors—urban transport and brick making. "We have already established 11 Continuous Air Quality Monitoring Stations countrywide that monitor major air pollutants and generate real-time air quality data," he adds.

However, Hashmi admits that the government's initiative is not sufficient to deal with the massive air pollution of Dhaka city as the number of vehicles, especially private cars, is on a rapid rise. "It's also very difficult to control the situation if citizens are not willing to obey laws and rules," says Hashmi.

Advocate and policy analyst, Syed Mahbul Alam, who is also the secretary of Centre for Laws and Policy Affairs, argues that though there are laws to keep air pollution in check—such as Bangladesh Environmental Conservation Act 1995, Smoking and Tobacco Products Act 2013; Building Construction Rules 2008; Smoke-Nuisance Act 1905; and Motor Vehicles Ordinance 1983—in reality, none of them are implemented properly. "There is always a lack of co-ordination, monitoring and technical expertise in implementing them," he says. "And that's the reason behind our continuous failure to prevent air pollution," he concludes.

Our continuous failure to keep our air free from pollution has already started to affect our future generations. Excessive air pollution may create considerable damage to our environment as well as us in the decades to come. Therefore, it is necessary to make a change today, before it is no longer within our capacity to manage. ■

| ETHICS |

An estimated 200,000-400,000 women and girls were raped by the Pakistani army and their local Bengali collaborators during the Liberation War of Bangladesh. Six days after the war ended on December 16, 1971, women raped during the war were designated birangonas, war heroines, in an effort by the fledgling Bangladeshi government to recognise and honour them.

After being widely publicised in the immediate aftermath of the war, post-1975, the issue of wartime rape almost disappeared from public discourse for about two decades. Dr Nayanika Mookherjee, Reader in Socio-Cultural Anthropology at Durham University and author of "The Spectral Wound: Sexual

book, testimonies gathered at the time did not take into account the wishes or the nuanced life experiences of the birangonas, and ended up silencing them further.

The research findings of Mookherjee's book form the basis for a 16-point ethical guideline drawn up for researchers, activists and journalists to use when documenting testimonies of wartime sexual violence. This was a collaborative initiative of Research Initiatives, Bangladesh and Durham University. Over two workshops held in November 2016 and August 2017, various stakeholders such as researchers, journalists and documentary filmmakers collaborated to draft the guidelines in English and Bengali.

ETHICALLY REPRESENTING NARRATIVES OF BIRANGONAS

MALIHA KHAN

Violence, Public Memories and the Bangladesh War of 1971", writes that though reportage resumed in the 1990s, and testimonies were collected, the individual experiences of the birangonas themselves were missing from the narrative. Though there was not silence per se about the birangonas, their portrayal became generic—the picture of a traumatised woman, ostracised by society—as if wartime rape is experienced the same way by all survivors. The documentation process, in many cases, was ethically objectionable.

For instance, in 1992, three birangonas had appeared at an event in Enayetpur, Sirajganj to demand the trial of local collaborator Ghulam Azam, which was widely publicised. This was the first time that birangonas had appeared in public to highlight the experiences of sexual violence during the war. But their presence served more as a symbol of wartime violence during 1971 (they were not asked to talk at the event)—they were photographed, and these were published, without their consent.

Oral histories are a powerful tool in building narratives of sexual violence faced by women during war and can be drawn on to make the political personal. However, as Mookherjee argues in her

In Mookherjee's experience of collecting 1971 testimonies, survivors and their families often did not wish to share their wartime experiences right away, or at all. More often, survivors were more interested in talking about their post-1971 lives. "Even if what we think is going to be said, is not said, we still have to change our preconceived ideas to fit the testimonies the birangonas and their families give," says Mookherjee. Instead of discounting their non-1971 testimony, researchers should prioritise issues important for the survivors themselves.

Life did go on after rape, thus the event alone does not define the birangona. Mookherjee, in her research, did not ask the birangonas what they had endured in 1971 because they themselves considered other issues more paramount, such as how people approached them afterwards and their lives after the war. Mookherjee also interviewed only those who had already spoken out in public, because they had come forward voluntarily.

Certain guidelines addressing more basic issues expected in journalism and research include ensuring enough time to set up a relationship with the survivors and their convenience in order for them to feel comfortable enough to share their experiences. Another would be asking consent before taking photographs and recording

conversations. "Consent is not a one-time event, there should be constant consent," emphasises Mookherjee. Even after speaking out, if birangonas and other victims of sexual violence choose to not say anything further or wish their names to be erased, their wishes need to be respected and complied with.

Survivors of sexual violence speaking out can lead to serious consequences in their families and communities. Mookherjee recounts the story of a birangona whose son had taken her [Mookherjee] to talk to his mother, saying she was willing to talk about her 1971 experiences. On meeting her,

testimonies. Assurances of jobs and medical treatment later remained unfulfilled. What Mookherjee found was that as a result, birangonas and their families were subject to *khota*, or scorn, from their communities. In their own words, birangonas described the change in their treatment in Dhaka, where they were accorded respect in the form of being given chairs to sit on, to how back in their village, these chairs were figuratively taken away and they were subject to *khota*.

"Villagers do not scorn birangonas because they were raped; they acknowledge that anyone could have been subject to it at the time and many



Manan Morshed, from the series *Leftover Stories*, 2016.

Mookherjee found out that the birangona did not wish to talk because her younger son, the breadwinner of the family, was against it and would deny her food. So, conducting a risk assessment, especially of the context surrounding the survivor, is important. In this particular case, Mookherjee asked forgiveness and left immediately as the mother asked, before her younger son saw her.

For researchers, it is imperative to ensure that their subjects do not come to any harm as a result of their work. This is pointed out by rights activist and vice-chairperson of Research Initiatives, Bangladesh, Hameeda Hossain, "Birangonas may not be satisfied afterwards with the reporting of their life's story; care should be taken that publishing their experiences does not have negative impact on their lives."

Another point of the guideline addresses the crucial problem of giving false hopes to the survivors. After that first event in Enayetpur in 1992 where birangonas were publicly 'revealed', many visited these women or took them to Dhaka for recounting their 1971

even witnessed these. But they did not understand the need of these women to speak out when punishment of the perpetrators is no longer possible," says Mookherjee. Thus, scorn was attributed due to perceived motives of financial gain and publicity.

A subsequent point addresses the importance of presenting an accurate narrative. "In falsely portraying the horrors in particular, the actual stories of the everyday lives of the birangonas are lost," says Mookherjee. Portraying the birangonas as traumatised victims, rejected by their families and communities, may not always be the case and serves only "to simplify and erase the complex experiences of the raped women" (Nayanika Mookherjee for *Himal Southasian*, Nov 2015).

With birangonas now accorded the same status as freedom fighters, and conversations initiated through research and journalism about the issue of wartime rape, this guideline can prove to be an important tool for those documenting testimonies of survivors of sexual violence. ■