

Eat vegetables, save farmers!

Reflections of a rapid assessment



NAZBUL H KHAN

DURING the lockdown, people stay at home unless there's an emergency. Market places are shut down. Kitchen markets and super-shops are open for a short span. Evidently, the lockdown has compelled people to buy less.

During this unusual phase, two behavioural trends are noteworthy. Consumers are trying to be minimalist in choosing their priority items. They are less attentive in buying perishable agricultural products. Households are also sceptical of eating fresh vegetables when they are repeatedly told to wash vegetables to avoid health hazards. However, the vegetables and local fruits that are grown to reach the table have very little shelf-life and are becoming a headache for farmers. How far consumers are concerned about those colourful sources of nutrition that could strengthen their immune system?

The supplies of perishable items in the capital, dietary behaviour, and access to the market of harvestable vegetables have put producers and consumers at risk from economic and nutrition point of views. PART II has conducted a rapid assessment with NEXEL Research LTD to highlight the constraints which could be supportive for market actors as well as policymakers. This assessment covered the majority's perceptions of changing dietary patterns during this pandemic and how this will have a negative impact on the immune system and the challenges marginal vegetable producers are dealing with.

As part of the research, a couple of questions were asked to dwellers of Dhaka city. An electronic version of the questionnaire was sent to the city dwellers using web-based platform. City dwellers from 27 areas came back with

their answers. The average age of the respondents is 39 years of which 54.5 percent are female. It is obvious that the participants are all able to use the internet and modern communication tools thus representing the educated middle class.

While they have reduced buying vegetables, 45.5 percent of respondents identified this as due to the unavailability of fresh vegetables in the market, 37.5 percent of the respondents said that they are not finding their preferred items through existing sources.

According to the Bangladesh Bureau of Statistics, 51.8 of Bangladesh's people are in agriculture work. 60 percent of these functional farmers are sharecroppers. While sustainability in farming is a major challenge in a fragile market like ours, farmers have been coping with this fragility with their sweat and efficiency by diversifying the crop yields.

Fresh vegetables and indigenous fruits such as banana, papaya, guava, watermelon, mango, and litchi are becoming increasingly popular in agriculture. Especially in the field of vegetable cultivation, the nature of Bangladesh's land is very favourable in size. In the past few years, there has been a significant diversity in the cultivation of vegetables, farmers are getting good prices from summer tomato or capsicum which are high-valued crops. International Food and Policy Research Institute (IFPRI) shows in research (Desirable Dietary Pattern and Actual Food Intake) that during 2011-12 to 2015 average Bangladeshis have increased fruits and vegetable intake (fruits 35 g from 10 g, leafy vegetable 41 g from 38 g) in both the cases desirable daily intake should be 100 g. While this change in diet was making us optimistic, the corona will inevitably interrupt this trend.

The findings from the rapid assessment are quite alarming. During this crisis, when half of the city dwellers are unable to buy their preferred fresh vegetables, at that very moment farmers

are worried about getting into the market with huge harvestable crops in the field. The assessment team interviewed the farmers randomly from four major vegetable growing regions: Jessor, Bogra-Sirajganj, Narshingdi, and Manikganj over the phone through a set of questionnaires.

The calls were made to the farmers, where the primary list was prepared from different farmers' groups. The average volume of sales from vegetables of these farmers from last season was Tk 76,000. The telephone interview was

is the use of a new tool in qualitative research methodology. On April 15 a panel discussion was conducted to validate the data derived from the quantitative assessment. The panel consisted of farmers who participated in the data collection process (Rofikul Islam, Jessor) and outside the process of the aforementioned region (Shoriful, Rajshahi). A nutrition expert (Dr Shaiqua Siraj, Country Director, Nutrition International) joined as one of the panelists to provide her professional views.



PHOTO: RAFIKUL ISLAM (FARMER FROM JESSORE)

conducted on April 13 and 14. These farmers were asked about the crops that need to be harvested during the next four weeks in a row (weekly forecast). It is found that on average a single farmer has 415 kgs of the pointed gourd (potol), 16 kgs red amaranths, 117 kgs of bottle gourd, 305 kgs of bitter gourd, 340 kgs of eggplant, and 200 kgs of tomatoes on the field. Many of them have sponge gourd, okra, drumstick, pumpkin. However, on average they have more than 2,500 kgs of different harvestable vegetables on the farm.

An important part of this assessment

This panel discussion was broadcasted live on Facebook for about an hour to make it inclusive and validate the findings and the trends. This initiative proved to be very effective when participants and Facebook users expressed their concern about the issues of farmers. It brought the farmers and consumers in a platform where clarifications were given by the nutrition expert about the consumption of vegetables during this amid risk of contamination. Dr Saiqua reminded us that WHO guidelines say that vegetables should be washed with soapy water

at least for 30 seconds. She remarked that the way Bangladeshi cuisines are prepared (temperature) is perfectly safe. Dr Saiqua categorically mentioned that seasonal vegetables and fruits are essential to fight against any outbreak during that season.

Two important issues came up in the live broadcast. Due to the disruption of the supply chain, regional intermediaries and whole sellers (*aaraidar*) are being encouraged to sell the purchased vegetables to the local retailers. By doing so, small farmers who sell their commodities in the local market are facing another level of competition. The other factor is many city dwellers have returned to their area on the eve of lockdown. In that case, some level of demand creation is observed in the local market. However, that volume is not equal to the size of the national supply chain. Both of these findings were not revealed during the data collection process. During the panel discussion, many consumers expressed their concerns about what will happen to the long awaiting seasonal fruits like watermelon, litchis, mango if this situation prevails.

The assessment, conducted within a short period, confirms a couple of hypotheses. Fresh vegetables and fruits are the most dependable option for nutrition and immunity. The farmers of Bangladesh are ready with the supplies. There is no risk if these fresh vegetables and fruits are consumed if proper hygiene is maintained. For that consumers must rethink. Reaching these perishable items to the consumers' table is not too difficult. Many innovative entrepreneurs have begun to work out alternative ways during social distancing.

Outside the established vendors, new actors (online vendors) are overcoming this challenge through innovation. To reduce the health risks, eat fresh vegetables and reduce the economic risks for farmers.

Nazbul H Khan, founder and CEO, PART II

Home isolation in the complex context of Bangladesh

NUSRAT HOMAIRA, SAIFUL ISLAM and ZAKIUL HASSAN

THE number of COVID-19 patients in Bangladesh continues to increase every day. The vast majority (approximately 80 percent) of COVID-19 patients will develop mild symptoms including fever, cough and sore throat. Most countries are advising COVID-19 patients with milder symptoms to stay home and self-isolate themselves. This is a pragmatic decision to reduce the anticipated surge in healthcare use, more so for low- and middle-income countries. However, even people with milder symptoms will have to be cared for, especially when the patient is a child or an elderly household member.

Home caring for patients with infectious disease, can be a complex issue within the cultural context of Bangladesh. The prevalent social norms are when someone becomes ill, family members provide close "physical and emotional" care which expose them to patient's oral and nasal secretions. It is also common to share the same bed with the sick individual. Such practices are exceptionally challenging to address when trying to contain household transmission of disease like COVID-19 which is predominantly spread through respiratory droplets and contact. There is no easy solution.

The first big question is "how and where to isolate a COVID-19 patient within the household?" The WHO suggests possible COVID-19 patient should be placed in a separate well-ventilated room. This is a luxury for many households in Bangladesh. Most households have five or more family members and many houses have only one shared



ILLUSTRATION: NOOR US SAFA ANIK

sleeping area. When there is no separate room, the patient can be placed in one corner of the house maintaining at least one metre distance from other household members.

Patient should restrict movement within the household and avoid all contacts, especially with infants, elderly or other family members with underlying chronic conditions

such as heart and lung diseases. Windows of the house should be kept open to ensure ventilation. A medical/surgical mask (not cloth mask), when available, should be worn by the patient and changed every day. The mask should be disposed off safely in a closed bin or bag. If masks are not available, coughing on bent elbows and using a tissue

or a cloth piece to blow noses will limit exposure to infected respiratory droplet. The tissue or cloth must be disposed off immediately.

Second question, "who cares for the COVID-19 patient?" Caring for COVID-19 patient, whenever possible, should be done by specific family member, preferably someone in good health without underlying chronic conditions. If any household member has recently recovered from COVID-19 he or she can also provide care. The carer has to wash hands with soap and water after every contact with the patient. Hands should be washed for at least 20 seconds or in such a way that both the surfaces of the hands including the fingers, the finger gaps and the nail beds including the tip of the fingers are thoroughly cleaned.

Caregivers can also keep their faces turned away from the patients' face when feeding them. When the caregiver has to sleep next to the patient, maintaining a distance of at least one metre and avoiding sleeping face-to-face can reduce the risk of exposure to contaminated respiratory secretion.

Third question, "how to maintain cleanliness within the household?" Avoid contact with contaminated items from the patient including toothbrush, utensils, towels, leftover food, drinks, bed linen and wash clothes. Patients' clothes should be washed separately with household detergent and dried under the sun.

It is advisable to disinfect toilets after being used by COVID-19 patients. Most households will have one toilet for the whole family. Additionally, in some settings, households clustered within the same compound

will have family members from multiple households sharing single toilet. Regular cleaning of shared toilets is challenging, but doable.

Low cost soapy water prepared by mixing 30 grams of regular detergent with 1.5 litres of water can be stored in disposable water bottles and used as a disinfectant to clean toilets in shared points. In households using mounted toilets, the toilet lid should be put down after use to avoid generation of faecal droplets through flushing. Regular cleaning of household surfaces (including doorknobs) is also important to prevent household transmission. Soapy water can be used to clean household surfaces and hands as well.

COVID-19 patients should be closely monitored for worsening symptoms such as difficulty in breathing and should be shifted to hospital immediately. All household members will subsequently need to quarantine themselves from the time the patient has been confirmed for COVID-19 till 14 days after the patient has recovered.

Caring practices that are embedded within the cultural context of the country are hard to modify. However, during moment of crisis, the human brain can adapt quickly. The government should continue to engage heavily in evidence-based risk communication with the community so that people can trust public health authorities and make decisions based on science.

Dr Nusrat Homaira, MBBS, MPH, PhD is a respiratory epidemiologist and senior lecturer with the University of New South Wales, Sydney, Australia. Saiful Islam is a social scientist and a PhD researcher at the University of New South Wales, Sydney, Australia. Dr Zakiul Hassan is an Infectious Disease Researcher at International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b).

ON THIS DAY IN HISTORY



AMERICAN REVOLUTION BEGAN

April 19, 1775

Launched this day in 1775 with the Battles of Lexington and Concord, the American Revolution was an effort by 13 British colonies in North America (with help from France, Spain, and the Netherlands) to win their independence.

CROSSWORD BY THOMAS JOSEPH

ACROSS

- 1 Some babies download
- 5 Castle rings 33 Apiece
- 10 Stockpile 34 Drake's music
- 12 Boredom 35 Marine mammal
- 13 Make fresh 37 Letter before
- 14 Paris divider iota
- 15 Caribou's kin 39 Surgery tool
- 16 Greek vowel 40 Flanks
- 18 One of the 41 Small porch
- 19 March sisters 42 Frosh housing
- 21 Fast runner
- 22 Forgoes spirits
- 24 Concise
- 25 Kitchen cloths
- 29 Cotton pod
- 30 M and N, in pronunciation
- 32 Phone
- 21 Uncovers
- 22 Diner dish
- 23 Big Apple player
- 24 Toronto-to-D.C.
- 25 dir.
- 29 Monument Valley
- 30 sight
- 31 Tic
- 32 Early hour
- 33 Busted party
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TUESDAY'S ANSWERS

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BEETLE BAILEY



BABY BLUES



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