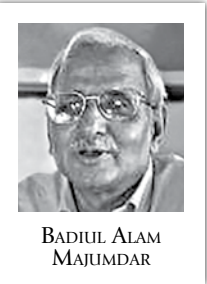


How do we tackle this new onslaught of the coronavirus?



BADIUL ALAM MAJUMDAR

THE infection rate and deaths from the coronavirus have been increasing after the Eid-ul-Fitr holidays. On June 26 the infection rate was 22.50 percent (with 4,334 cases) and there were 77 Covid-related deaths, fuelled by the Indian Delta variety, which is a lot more infectious and deadly.

Although the Delta variant was first detected in some bordering districts of Bangladesh in the second week of May, its community transmission has already taken place—and it has now spread throughout the country. According to the ICDDRB, 68 percent of the cases in Dhaka are of the Delta variant (based on the analysis of the genome sequence of 60 samples taken from Covid-19 patients, between May 25 and June 7). Samples collected earlier from different districts showed that 80 percent of the patients have this variety (Prothom Alo, June 18, 2021), indicating that the epicentre of the current wave is villages, not the big cities. Learning from our past experiences should be useful in confronting the onslaught of this current wave.

We have gained significant experiences in the last 15 months since the first detection of the coronavirus in Bangladesh in March 2020. When this deadly virus was causing havoc in Wuhan, we largely ignored it thinking that Wuhan is too far away, and we would be safe. However, the whole country became panic-stricken when the first wave of the virus hit Bangladesh. Some people at that time even abandoned their infected loved ones. We also saw patients dying because of the non-

availability of ventilators or while going from one hospital to another looking for beds.

When the second wave of the coronavirus hit us earlier this year, we again saw serious panic due to a lack of hospital beds, especially ICU beds, and uninterrupted supply of oxygen. These experiences caused us to think that the way to survive this deadly virus is through treatment, for which we needed adequate hospital beds, expensive equipment, and ultimately vaccines—that is, clinical solution and investment of big money.

However, reflecting on the experiences of the past makes it clear that treatment and spending big money are not the real solutions. Even the rich countries, which have more developed health infrastructure and more money to spend, could not cope with the onslaught of the virus. For example, the United States, with an enviable healthcare system and wealth, had to pay a high price—the lives of more than 600,000 of its citizens. Investment of huge amounts of money by the western countries also did not always lead to discovery of effective vaccines.

The experiences of the past 15 months have taught us that mitigation attempts in terms of treatment of coronavirus patients will definitely have to be a high priority, although we still do not have an acceptable treatment—scientists are still experimenting and learning. Investments in vaccines are also necessary. We have also learned that coronavirus will not go away quickly, and we must become resilient to it. More importantly, it is urgent for everyone to take the necessary steps to prevent the spread of the virus so that the number of patients do not increase, because every patient, even the asymptomatic ones, is a spreader of the virus. Thus, the key to most effective protection against the virus is its prevention. In fact, those



An elderly man with breathing difficulties due to Covid-19 is being treated at Kurmitola General Hospital.

PHOTO: STAR

The cost of preventive measures, other than vaccination, is quite reasonable. People's adherence to the health regulations and their behavioural change, which normally takes intensive efforts over a length of time. Washing hands can prevent diarrhoea. Similarly, wearing masks can prevent air pollution related diseases and protect from airborne pathogens.

The WHO has a technical guideline entitled "Risk Communication and Community Engagement" to prevent the spread of the coronavirus, which The Hunger Project has been using to create "Coronavirus Resilient Villages" in 1,200 villages around the country since April 2020. The guideline incorporating four distinct steps—community engagement, risk communication, patient management

and mitigating economic impacts—includes among others a "3W campaign" focusing on washing hands, wearing masks, and watching distances. As a result of this volunteer-driven, community-led initiative, the rate of wearing masks nearly doubled, and the infection rate and deaths also declined in our working areas relative to other areas, earning accolades from experts.

A similar community engagement initiative on a wider scale was recently launched in Chapainawabganj by Dr Samiuluddin Ahmed Shimul MP. He initiated a social movement against the coronavirus in his constituency, Shibganj, by mobilising the local administration, local government representatives, businessmen and the people, which has now spread to other Upazilas of the district. As part of this initiative, 70 hospital beds with high flow nasal canula were set up for corona patients. He and his associates delivered food, medicines, and other essential supplies to people's homes and he himself provided treatment. As a result of such praiseworthy effort, the infection rate in Shibganj came down from 66 percent to about 10 percent in just three weeks.

The reason for such success is Dr Shimul leading from the front and earning the trust, support and cooperation of others through his honesty and sincerity. If other Members of Parliament take similar initiatives by mobilising their communities, we are confident that we will be able to bring this new wave under control in a few weeks. Fortunately, the government appears to have become seriously interested in engaging the community to contain the onslaught of this deadly Delta variant.

Dr Badiul Alam Majumdar, Global Vice President & Country Director, The Hunger Project.

Adolescents' experiences of Covid-19 in Sylhet and Chittagong

SAMIRA AHMED RAHA

MORE than two years into the Covid-19 pandemic, we have witnessed how it has not only caused a public health crisis across the globe but also brought us face to face with a myriad of socio-economic challenges. The pandemic has exposed the structural flaws and ineptitude of the modern world, even more so in the case of least developed countries like Bangladesh. Indefinite school closures and recurring nationwide lockdowns have caused the country to come to a halt—slowing down the wheels of the economy and collapsing the education sector. According to the Asian Development Bank (ADB), Bangladesh's economic growth rate was 8.2 percent in 2019 which dropped to 5.2 percent during the nation-wide lockdown in 2020, and resulted in increased poverty levels, particularly in rural areas. The Household Income Expenditure Survey (HIES) of 2016 revealed that even in the pre-pandemic context, 8.4 million households with school-going children were living below the poverty line. A nationwide survey conducted by SANEM in 2020 anticipates an additional 7.7 million households to fall below the poverty line as a result of the Covid-19 crisis, which would cause the total number of households with school-going children who are living below the poverty line to rise up to 16 million. Moreover, a quantitative study conducted by Gender and Adolescence: Global Evidence (GAGE) on 2,095 school-going adolescents showed that adolescents' mental health has been adversely affected by the pandemic with 75 percent of adolescents feeling anxious or worried about Covid-19, and 80 percent reporting an increase in household stress since the advent of the pandemic.

Bangladesh Bureau of Statistics (BBS) and UNICEF reports from 2019 demonstrates lesser secondary school outcome rates compared to the national averages—for lower secondary school attendance, which stands at 58 percent nationally, the rates in Chittagong and Sylhet divisions are 55 percent and 54 percent respectively; and the attendance rates for higher secondary school in Chittagong and Sylhet are 44 percent and 37 percent respectively, whereas



the national average rate stands at 48 percent. According to a 2011 report of the Education Watch, Sylhet division has lower performance in secondary education compared to other divisions of the country because of its unique geography and lack of educational facilities. In collaboration with World Bank, the Bangladesh government is implementing a comprehensive Adolescent Student Program (ASP) in Chittagong and Sylhet regions with the aim to address adolescent-specific challenges, including high female drop-out rates in secondary school, and also to expand the most successful modules of the intervention to all schools by 2022.

Two renowned research institutes of the country, Brac James P Grant School of Public Health and Brac Institute of Governance and Development, thought that it is important to identify and understand in real-time the problems of school-going adolescents during this ongoing crisis. They conducted a qualitative study, funded by the World Bank and in collaboration with Gender and Adolescence: Global Evidence (GAGE) programme—a UK-based mixed-methods longitudinal impact evaluation study—on the schools located in rural and urban regions

of Chittagong and Sylhet. The study, titled "Adolescents' experiences of COVID-19 in Chittagong and Sylhet divisions, Bangladesh", collected data from 39 adolescents studying in 7th and 8th grades and 13 school teachers through interviews over the phone. The study collected data from a total of 20 schools and madrasas, with the aim to understand adolescents' knowledge about Covid-19 and to identify how the pandemic is affecting other aspects of their lives such as education and distance learning, personal and household income and livelihood, food security and nutrition, health and hygiene, mental health and coping, and voice and agency. The findings from the study were presented at a webinar titled "Adolescent Experiences in Chittagong and Sylhet: The Adolescent Support Programme and COVID-19 Impact" on May 24, 2021.

The study showed that most adolescents are aware of the basics of Covid-19 (symptoms and how it spreads) with urban adolescents having more specific knowledge about the virus than their rural counterparts. Some adolescents, however, had misconceptions about Covid-19 treatment which reflected the prevalence of misinformation in the

communities.

Protective measures such as wearing masks, washing hands and maintaining social distance were found to be practiced by most adolescents even after the lockdown was lifted. In response to the ongoing pandemic, increased emphasis on hygiene practices (e.g. washing and cleaning with soap and antiseptics) in households was reported by the adolescents.

Gender difference in terms of mobility restrictions was found as parents allowed adolescent boys to go out more frequently than girls. As a result of the new restrictions imposed by parents because of the pandemic added with the pre-existing gender differences regarding going out of the house, girls' mobility has been significantly curbed. "The girls in the family rarely go outside of the home. Only my father goes out regularly", said a 13-year-old girl.

Adolescents' education and learning were found to be greatly affected as their study hours have reduced and some of them, particularly rural adolescents, lack access to remote learning modalities (e.g., mobile phone, internet connectivity and TV). A girl attending grade 8 said, "I have stopped studying. How much can one study all by herself? Classes are held on television now. We don't have a TV in our home. Can you always go to someone else's house to watch TV? That's why I don't watch those TV classes. It is possible to watch YouTube [educational] videos on my father's phone but he doesn't stay at home all the time. So, the mobile phone is not available either." As a result, some adolescents are deprived from the benefits of government sanctioned televised lessons and distance learning measures, leading them to the risk of dropping out if school closures persist for a long time.

As a result of the continuous shutdown of schools and uncertainty around when schools will reopen, adolescents have become increasingly worried and anxious about exam results and the future of their education. All the adolescents shared being stressed and bored as they have not been able to meet up with their friends at school. "Now it has become intolerable. I have gotten extremely exhausted staying at home for so long. Actually, I miss

school. Also, the kind of fun we could have at school, we can't have that at home, like meeting my friends," a 13-year-old boy said.

According to the study findings, families of adolescents with low and unstable income are bearing the brunt of the economic crisis caused by the pandemic. It was found that some adolescents and their families are having to cut down their nutritional intake and reduce their daily expenditure to cope with the financial constraints.

Although the pandemic did not prevent most of the adolescents from visiting local doctors and pharmacists for non-Covid-related health issues, few adolescents reported obstruction in their health-seeking behaviour as a result of the social stigma and suspicion surrounding the people who visit doctors or hospitals. As a 15-year-old boy said, "I stay at home even when I have a cough and cold. I can't visit a doctor. If I say that I need to see a doctor, others doubt me, they think I have caught corona[virus]. Fearing such doubts, I can't go to visit a doctor." Moreover, due to the lack of local hospitals and clinics in rural regions of the country, some rural adolescents shared their difficulties in accessing healthcare services during the pandemic.

Based on the evidence from the study, some key priorities were proposed for policy and programmatic responses to mitigate challenges and recover from the crises faced by the most vulnerable adolescents and their households due to the Covid-19 pandemic. Urgently developing a plan and strategy by both government and private bodies to identify and address the educational gaps caused by the pandemic was suggested. Emphasis on raising awareness among service providers and policymakers about the impacts of pandemic on the mental health of adolescents was also proposed. Suggestions were made on the necessity to mitigate the immediate nutritional risks faced by the adolescents. Finally, it was recommended that the pre-existing online-based health services should be promoted further to the mass people to increase access to healthcare services, particularly in rural areas.

Samira Ahmed Raha is Research Assistant, Brac James P Grant School of Public Health.

PAUL SAMUELSON
(1915-2009)
American economist

Investing should be like watching paint dry or watching grass grow. If you want excitement... go to Las Vegas.

CROSSWORD BY THOMAS JOSEPH

ACROSS

1 Swiss cheese features

6 Jeans material

11 Grownup

12 Came up

13 Music category

15 Attempt

16 Gentle pull

17 Hoop attachment

18 Gym exercise

20 Volume-based

23 Remove, as a spill

27 Mile or meter

28 Existence

29 Gets some shut-eye

31 Stately home

32 Home of urban

alligators, perhaps

34 Inquire

37 Pulled off

38 Beat walker

41 Throw a tantrum

44 Visitor from afar

45 Prying tool

46 Software test versions

47 Weld, as power

DOWN

1 Hind's mate

2 Smell

3 Sister of Linus

4 Caribou's kin

5 Radio problem

6 Con-founded

7 Screw up

8 Lunch hour

9 Cruise stop

10 Dissolve

14 Cashew or pecan

18 Places

19 From the Arctic

21 First numero

22 Trade, for short

24 Sewing aid

25 Sky sighting

26 For each

30 Some cars

31 Interfere

33 Take the prize

34 Saudi native

35 Store event

36 Make sweaters

38 Spelunking site

39 Finished

40 Sassy

42 Pekoe or oolong

43 King, in Latin

WRITE FOR US. SEND US YOUR OPINION PIECES TO dsopinion@gmail.com.

YESTERDAY'S ANSWERS

C	A	M	O	D	E	C	O	P	S
C	A	M	O	S		A	D	E	P
A	R	E	N	A		B	E	R	R
P	I	L	E	U	P		K	I	N
O	N	E	S		S	T	R	U	T
N	E	T		S		Y	R	I	P
			A	P	A	C	O	N	
			A	P	A	T	H		C
M	I	L	I	E	U		M	A	M
E	R	A				P	R	O	P
A	S	Y	E	T		A	R	O	S
D	E	U	C	E		M	A	T	E
A	P	O	D			S	L	E	D

BETTER BAILEY

BY MORT WALKER

THE CAR STALLED!

I'LL GO HAVE A LOOK-SEE UNDER THE HOOD, SIR!

I HAVE NO IDEA WHAT I'M LOOKING FOR

LOOKING FOR A MECHANIC MIGHT BE AN IDEA, SIR

BABY BLUES

BY KIRKMAN & SCOTT

ZOE...

WE DID IT! I ADMIT IT!

WE MADE AN INDOOR PARKOUR COURSE AND JUMPED OFF ALL THE FURNITURE AND PROBABLY WRECKED SOME STUFF BUT IT WAS ALL HAMMIE'S IDEA WE'RE GUILTY GUILTY!

...UNLESS THAT WASN'T WHAT YOU WANTED TO TALK TO ME ABOUT.

TIMEOUT, HERE I COME.