

Save Me From Arsenic Poisoning

Bangladesh

Lafayette College

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SUMMARY

The goal of our project was to establish a knowledge base for villagers in Gutia, Barisal, Bangladesh regarding arsenic poisoning in their tubewell water. By giving the villagers the knowledge to detect the symptoms and treat the arsenosis, we sought to foster empowerment in their community and the ability to help themselves.

PROJECT DETAILS

Our project consisted of interviewing and surveying villagers about their knowledge of arsenic and arsenic poisoning, and how arsenic poisoning affects villagers. For the first part of our project, SAINT-Bangladesh (an NGO) helped us test the tubewells for arsenic using HACH Arsenic Testing Kits. Before testing the tubewells, we collected water samples from villagers by conducting door-to-door visits with households that had tubewells. Among the six tubewells tested, two are deep tubewells (DTW), the rest are shallow (STW). The test results reported that the Arsenic limit is nil in DTW and considerably higher in STW. After that, we conducted our initial survey, which had two components to it. The purpose of the initial survey was to get an idea of how much the villagers knew about arsenic poisoning; the second the survey included information regarding their household income, which will be used for our future projects in Bangladesh. We used information from the interviews and initial surveys to create an education program for the adult villagers. The program consisted of an overview of our project and its goals, a motivational speech from the Chairman of the village and an overview of resources provided by the local health complex given by the regional Health Inspector followed by a question and answer session for the villagers. We did a similar education program for the children of the village. We went to their schools and talked about arsenic and arsenic poisoning as well as how important an education is to staying healthy. Additionally, we supplied the children with books on diseases and with school supplies. After the education program we conducted a third survey to determine if our education program created greater awareness on arsenic poisoning and how to treat it. Grameen Development Society (GDS) was our main contact in Barisal. GDS committed to providing manpower and other resources necessary for our project. The executive director of GDS helped us when we were preparing to leave for Bangladesh by giving us an estimate of the material and other necessary things that we needed. Throughout our project, GDS helped us with surveying, interviewing and any other necessities.

Difficulties

Two sources of unanticipated difficulties were (1) the executive director of GDS was not as helpful as we expected and (2) the weather. ZK, the director of GDS, lead us to believe there would be more bilingual assistants available to help with the surveying and interviewing as well as daily interpreting for those of us (Taneesha) who didn't speak Bangla. As a result, at times we found it a bit difficult to communicate with the villagers. However, having a native speaking partner (Thafhim) was very beneficial to our project. In the end, we were only provided with one other volunteer to help with our project. This lack of manpower made it difficult for us to interview and survey the villagers. Additionally, ZK proved not as trustworthy or as forthcoming as we had anticipated. For instance, he provided us with incorrect information about the village and the area. ZK did not have any prior knowledge of arsenic prone areas and took us to a village that benefited from one of his NGO programs but still needed help. But the village did not have any arsenic affected patients or tubewells. More significantly, however, we found that he wanted to control the direction of our project. When we declined, his attitude toward us slowly changed. He began making decisions for our project without our permission and expected us to reimburse him for it. He became very difficult to work with.

Because of the heavy rain, the area where we did our project had a high risk for flooding. Barisal is surrounded by water and there had already been floods in other areas near the coast. It was also rainy

season. When it rains the roads in the village are inaccessible. This made it hard for us to conduct our surveys and interviews. We walked in the mud to get to villagers.

Beneficiaries

During the early stages of our interactions, some villagers provided us with helpful suggestions and tips for how to approach others within the village and for working with the community as a whole. Working with the village chairman and villagers was very successful. They received us well and were open to our project.

We believe our project benefited the entire Gutia village. Over 300 villagers attended our education programs. They assured us that they will use the information and will take what they learned at our education programs back to members of their families as well as friends. Prior to leaving, we conducted a survey (our third) to assess the impact of our work. The results indicated that the villagers had gained the desired knowledge and welcomed more programs and help from us. In fact, the village chairman, with whom we are still in contact, recently stated that his villagers are more aware of how to detect and treat arsenosis since our project.

Future Goals

As a continuation of our project, we plan to build an arsenic removal system for the villagers of Gutia., which will provide a better life for them. Continuation of this project is necessary to make sure that the villagers are able to obtain clean drinking water and can focus on their dreams. Our project will also educate the Lafayette community on this issue by holding brownbags and building a prototype of an arsenic removal system in hopes of gaining more interest in and awareness of this slow killing poison called Arsenic.

PEACE AS IT RELATES TO OUR PROJECT & OURSELVES

After working in a developing country, the definition for peace changed for us. We no longer think that peace is just about settling conflict, obtaining freedom and stopping violence. Peace means acquiring access to comprehensive health services. Peace is being happy with what you have, even if that is materially little. Peace means being accepted by your community, being understood by others and having the opportunity to chase your dreams.

The education portion of our project brought villagers together. It also cleared up some of their misconceptions about arsenic and those afflicted with arsenosis. For example, the villagers used to think that arsenosis was contagious but after our education programs they walked away with a completely new perspective. For us, witnessing the villagers helping arsenic affected patients or children accepting their afflicted peers really made us feel like we have greatly contributed to creating a sense of interpersonal and community peace through our project.

While villagers did know that a health complex existed, they did not know about the services the health complex could provide them. By bringing in the health inspector, we helped the villagers to open up to the health inspector, which, in turn, created a personal connection between the villagers and the health complex. For us, that was an aspect of peace and security. The knowledge gained from our education program will stay with the villagers. That, too, is a form of peace.

Peace: Our Personal Statement

This project made us appreciate the things we take for granted such as clean water, electricity and paved roads. Our experience taught us how to be flexible and to respect other people's culture. This project shows that "two people can have an impact on many with the right help and determination" (statement provided by Taneesha Tate-Robinson).

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