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Spatiotemporal Mapping and Modeling Hotspot of PM_{2.5} in the Central part of Bangladesh

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Abstract Particulate matter (PM_{2.5}) is one of the critical sources of ambient air pollution and poses the most significant public health threat. In Bangladesh, particularly in the major urban cities, PM_{2.5} has been identified as an important public health hazard. This research aims to perform a spatiotemporal mapping of PM_{2.5} from 2002-2019 to determine the hotspots in central Bangladesh. A time series of remotely sensed PM_{2.5} is used in mapping spatiotemporal and hotspot analysis, applying Geographic Information Systems (GIS) and remote sensing. This research reveals that the annual concentration of PM_{2.5} increased by 47% during 2002-2019. On the other hand, the high hotspot zones are found in the middle of the study areas, the core urban areas of Dhaka, Narayanganj, and Gazipur Districts. Moreover, this research found that 16.5% (3,640,748 persons out of the total population) were in the age group 0-9, 0.95% (2,109,99 persons) were in the age group 60⁺, 5% (12,062,419 persons) were pregnant women, and 1% (24,621 persons) were pneumonia patients in very high-and high-hotspot zones. The relevant policymakers and departments may use these findings on the policy applications for health hazard risk reduction and local and regional air pollution mitigation.

Keywords Air pollution, GIS, MODIS recorded PM_{2.5}, Spatiotemporal PM_{2.5}, Geostatistical analysis.

Introduction

Particulate Matter (PM_{2.5)} is one of the primary pollutants for ambient air pollution, which often imposes the greatest threat to public health, causing about 4.2 million global deaths a year (Godoy et al. 2021; Landrigan et al. 2018; Srivastava et al. 2021; WHO 2016). The PM_{2.5} (diameter < 2.5 µm) has been exposed as the fundamental biological and environmental aspects by creating an adverse impact on regional and local public health (Bayat et al. 2019; Hossen et al. 2018). Long-term and short-term exposures to the high-level concentration of PM_{2.5} are correlated with various public health problems, including death, respiratory difficulty, coronary disease, lung cancer, cardiac pain, asthma, and skin problem predominantly in urban and peri-urban areas (Andersen et al. 2012; Hoek et al. 2013; Raaschou-Nielsen et al. 2013; Beelen et al. 2014; Dirgawati et al. 2016; Chen et al. 2018).

PM_{2.5} has been considered one of the leading air pollutants in Dhaka and its adjacent areas, which has also been evidenced as an inevitable threat to human health and all living organisms (Kim et al. 2015; Liang et al. 2016a). It happens because a large share of Dhaka's air (~58% of total PM2.5) and its adjacent areas are mixed by the toxic gasses mainly from brickfields operated in and around Dhaka (Begum et al. 2013). Moreover, other reasons are motor vehicles (10.4%), road dust

(7.70%), fugitive Pb (7.63%), soil dust (7.57%), biomass burning (7.37%), and sea salt (1.33%) (Begum et al. 2013).

Geographic Information System (GIS), together with remote sensing techniques, is a widely used method for mapping spatiotemporal and modeling hotspots analysis of PM_{2.5} (Hoque et al. 2014; Cao et al. 2018). In Bangladesh, especially Dhaka city and its surrounding, the spatiotemporal mapping of PM_{2.5} has been done considering small geographic areas with specific sample points (Begum et al. 1970; Islam 2000; Pavel et al. 2021). The samplebased PM_{2.5} data collection and analysis were also found in some areas of Bangladesh too (Arif et al. 2018; Begum 2016a, 2016a; Hossen et al. 2018; Tiwari et al. 2015a). On the other hand, mapping and modeling hotspot areas is also observed in very few areas in Asian and other countries (Bank 2018; Jana and Sar 2016a; Liang et al. 2016b; Songchitruksa and Zeng 2010a). However, it is still unknown what is happening in larger cities and places. To fill this knowledge gap, this paper has considered a wider geographic area to map spatiotemporal scenarios and modeling a hotspot using multidate satellite data and ground information. which will play an instrumental role in policy formulation and proper mitigation of PM_{2.5}. Therefore, this research aims to (i) map spatiotemporal mapping and (ii) identify a hotspot zone applying GIS using remotely sensed pixelbased time series PM_{2.5} data in a broader geographic areas.

Study Area

The study area of this research is located in the Dhaka Division of Bangladesh, covering its five central industrial Districts: Dhaka. Munshigani, Narshingdi. Narayangani, Gazipur (Fig. 1). It lies between 23°20'N-24°20'N latitudes and 90°00'E-91°00'E longitudes, covers about 6,043 square kilometers, including 22,066,710 populations (Fig. 1). This study area was selected due to some pragmatic reasons: (a) colossal population pressure, (b) massive industrial

developments, (c) higher level of traffic concentration, (d) internal migration, and (e) unplanned urban products, which are the key controlling factors for its local and regional atmospheric conditions. Many industries operate in the study area, which is the critical trigger for producing enormous emissions and gaseous particulates (Salam et al. 2008). These industries include, e.g. ready-made garments, textiles, pharmaceuticals, cement, brickfields, fertilizer, motorcycle assembly, bus, trucking Compress Natural Gas, raw material processing, food and sugar, and electrical power.

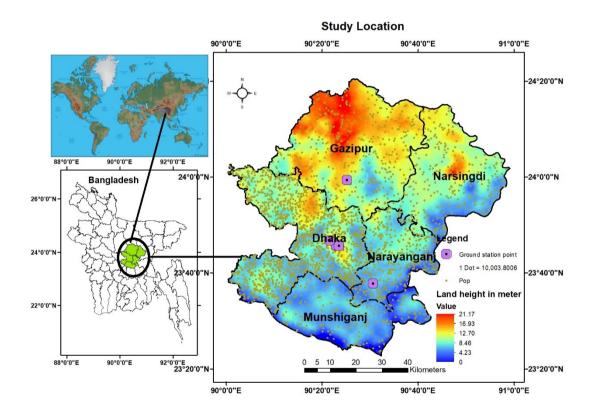


Fig. 1 The location of the study area with ground stations' place for PM_{2.5} measurement, topography (The National Aeronautics and Space Administration-NASA 2019), and population data (Bangladesh Bureau of Statistics-BBS 2020).

Data and Methods

This study used the annual average data of PM_{2.5} between 2002-2019 for the quantitative measures. The detailed methodological steps are described below:

Retrieving PM_{2.5} data

The annual average data of $PM_{2.5}$ were collected in raster-ASCII format with a 0.01 X 0.01 deg spatial resolution from Van Donkelaar et al. (2016), a study group at the Atmospheric Composition Analysis Group of Dalhousie

University, Canada. They derived the PM_{2.5} from Aerosol Optical Depth (AOD) using the Moderate Resolution Imaging Spectroradiometer (MODIS), Multi-angle Imaging SpectroRadiometer (MISR), and SeaWiFS sensors. A robust Geographically Weighted Regression (GWR) method and GEOS-Chem Models were applied to simulate the spatiotemporal variations across the world (Van Donkelaar et al. 2016). The raster data were converted to point feature data within the study area using a district boundary (shapefile) as a mask applying open-source GIS software, QGIS 3.14 (QGIS 2016), where each pixel generated one point

feature. The shapefile (mask) was collected from Bangladesh Local Government and Engineering Department (LGED 2020) with a coordinate reference system, World Geodetic System 1984 (WGS84). The converted point features were further used for geostatistical, hotspots, and risk zone analysis.

PM_{2.5} data validation

The PM_{2.5} derived from satellite images was validated using ground stations' data during 2002-2019 from the Department of Environment, Government of Bangladesh (CASE 2019). Only five ground stations (Fig. 1) are available in the study area. The annual average MODIS and ground-measured PM_{2.5} data were used in a statistical correlation (Ni et al. 2018a).

Mapping Spatio-temporal analysis

In the paper, the Spatio-temporal analysis considered the basic statistics, e.g., minimum, maximum, and mean value of PM_{2.5} during 2002-2019. Time series analysis of PM_{2.5} is an important and reliable source for local and regional level planning and mitigation in urbanized areas (Hu et al. 2014a; Ni et al. 2018b, 2018a; Rao et al. 2014; D. Zhao et al. 2018).

Modeling Hotspot area

The spatial process of the statistical clustering method was considered to identify the concentration of PM_{2.5} pollutants in the long-term spatiotemporal pattern of air pollution (e.g., Habibi et al. 2017). In the hotspot analysis, the Getis–Ord Gi*cluster statistic method was selected as a local spatial statistic using average temporal vector data (point feature) of PM_{2.5}. The Gi*cluster statistic works based on the weights and heterogeneity in each data point of PM_{2.5} (Songchitruksa and Zeng 2010b). The Gi* statistic uses the following measures as mentioned by Environmental Systems

Research Institute (ESRI) (ESRI 2019) to identify the hotspots areas:

$$G_{i}^{*} = \frac{\sum_{j=1}^{n} w_{i,j} x_{j} - \bar{X} \sum_{j=1}^{n} w_{i,j}}{\sqrt{\frac{\left[n \sum_{j=i}^{n} w_{i,j}^{2} - \left(\sum_{j=1}^{n} w_{i,j}\right)^{2}\right]}{n-1}}}$$

where, x_j is the value of j, $w_{i,j}$ is the spatial weight between feature i and j, n is equal to the number of

features,
$$\bar{X} = \frac{\sum_{j=1}^{n} x_j}{n}$$
, and $s = \sqrt{\frac{\sum_{j=1}^{n} x_j^2}{n} - (\bar{X})^2}$. A Getis–Ord Gi* produces z-scores and p-value. A

higher z-score and a small p-value of a cluster signify the hottest spot while a negative z-score and a small p-value present the coldest area (Jana and Sar 2016a). Then the raster overlay was applied using the resultant hotspot areas, area-specific population, and most critical public health data to find the riskiest zones (e.g., Kumar et al. 2015). Further, the hotspot map was overlaid with Upazilas' total population (Fig. 5b), population 0-9 (Fig. 5c), population 60⁺ (Fig. 5d), pneumonia patients (Fig. 5e), and pregnant women (Fig. 5f). The Upazilas' specific population data was collected from the Bangladesh Bureau of Statistics (BBS) (BBS 2020) to calculate area-specific, most vulnerable population groups whose ages between 0-9 and 60⁺ years. The Upazilas' specific pregnant and pneumonia patients were collected from the Bangladesh Directorate General of Health Services (BDGHS) (DGHS 2019).

Results

PM_{2.5} data validation

The Correlation Coefficient (R^2) and the Adjusted Correlation Coefficient were estimated (Fig. 2). The extracted PM_{2.5} data from MODIS provided a good fit with the ground base measurement as R^2 = 92.05% (Fig. 2). It revealed that the derived PM_{2.5} data were estimated with high accuracy.

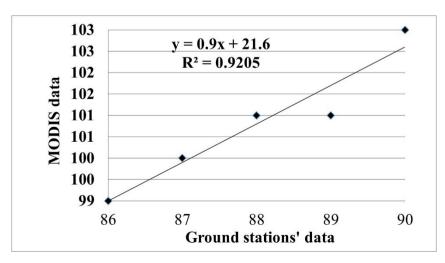


Fig. 2 A linear regression of estimated PM_{2.5} using MODIS data in the x-axis (Sat) and ground monitoring data in the y-axis (CASE 2019).

Spatio-temporal analysis

The mean annual rate of PM_{2.5} increased by \sim 42% in the study area (Fig. 3a-c). The yearly trend of minimum values of PM_{2.5} increased by 40%. In comparison, the maximum value is increased by 37% (Fig. 3). The concentration of PM_{2.5} is almost stable to 60±2 μ g/m³ during 2003-2008 (Fig. 3b). The highest variation of PM_{2.5} is 8%, found from

2012 to 2016 (Fig. 3b). Besides, an upward trend of the mean values is observed from 2013 to 2019 (Fig. 3b), and the highest (Dhaka District) and lowest (Narsingdi District) increment happen with the gradient of 1.82 and 1.74, respectively (Fig. 3d, h). All these statistical values exceed the annual standard limit of the World Health Organization (WHO), which is $15 \,\mu\text{g/m}^3$ (Fig. 3a).

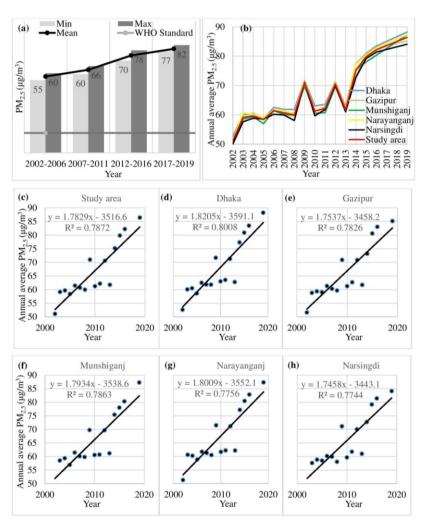


Fig. 3 A minimum, maximum, and mean value of $PM_{2.5}$ (µg/m³) from 2002-2019 (a) and annual average $PM_{2.5}$ (µg/m³) in the study area in a different year (b). District-specific linear regression analysis is also presented here (c-h).

A time-series mapping was created using a specific year's average values of $PM_{2.5}$ between 2002 and 2019 to visualize the spatiotemporal trend of $PM_{2.5}$ (Fig. 4). However, to identify the most pollutant and affected zones in the study area, a general map was prepared using average value considering the entire study period (2002-2019), the average map in Fig 4. In the Dhaka District, the average annual $PM_{2.5}$ is 65-67 $\mu g/m^3$, while it is 62-

65 μg/m³ in Narayanganj, 60-66 μg/m³ in Gazipur, 61-64 μg/m³ Narshingdi, and 63-67 μg/m³ in Munshiganj Districts (Fig. 4). The Dhaka District, the central part of the study area, has more signatures of air pollution than other parts. Predominantly, all urban cities in the middle part have higher concentrations of PM_{2.5}. On the other hand, the northern and southern parts of the study area have less pollution because of peri-urban and less industrial and brickfield activities (Fig. 4).

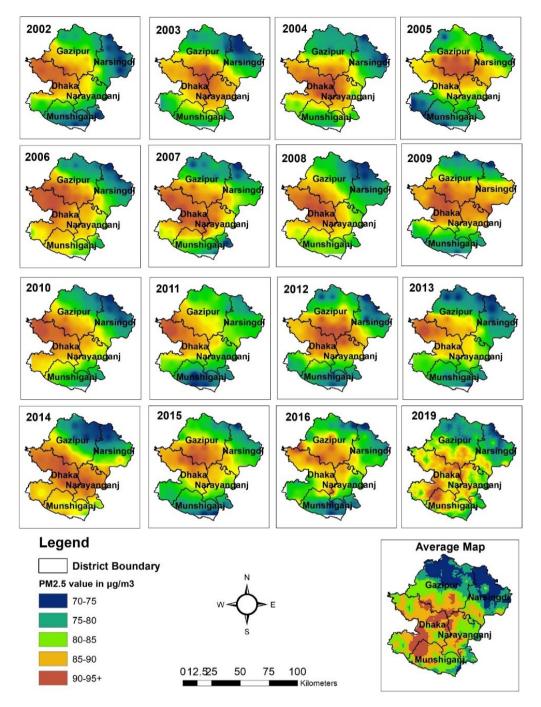


Fig. 4 The average concentration of $PM_{2.5}$ from 2002-2019.

Hotspot analysis

Near about one-third area is found as very highand high-hotspot zones in the study (Fig. 5a). The spatial difference between the very high- and highhotspot zones is almost negligible (Fig. 5a). Most of these very high-spot zones were found in all city areas of Dhaka, Gazipur *sadar*, Kaliganj, Rupganj, Sonargaon, Savar, and Dhamrai areas. Moreover, this research found that 16.5% (3,640,748 persons out of the total population; Fig. 5b), 4.39% (9,692,61 persons) were in age group 0-9 (Fig. 5c), 0.95% (2,109,99 persons) were age group 60^+ (Fig. 5d), 5% (12,062,419 persons) were pregnant women (Fig. 5e), and 1% (24,621 persons) were pneumonia patients (Fig. 5f) in very high- and high-hotspot zones.

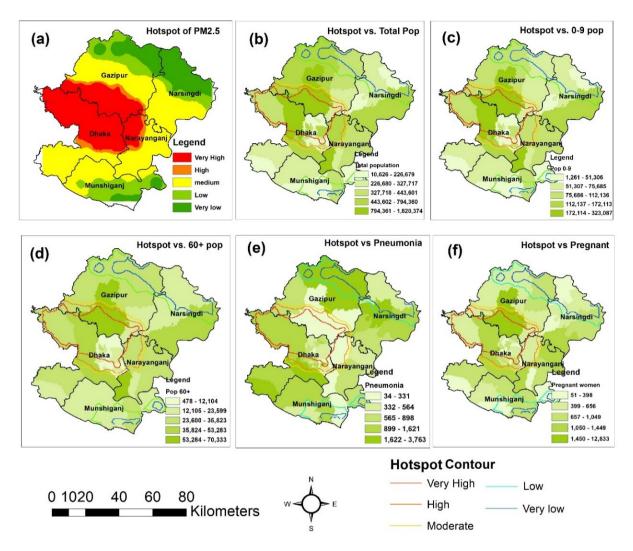


Fig. 5 The extracted (a) hotspot map was overlaid with (b) total population, (c) population age 0-9, (d) population age 60^+ , (e) pneumonia patients, and (f) pregnant women.

Discussions

For a better understanding of the spatial effects of PM_{2.5}, this study is unique, particularly in the context of Bangladesh in many ways; e.g., (i) a large-scale geographic area is considered what is usually ignored in many pieces of research (e.g., Begum et al. 2010, 2013; Azkar et al. 2012; Hoque et al. 2014; Rana et al. 2016; Begum 2016; Cao et al. 2018; Rahman et al. 2019; Zhao et al. 2019), (ii) remotely sensed PM_{2.5} data is used that can be applied as an independent data source of PM_{2.5} (Cao et al. 2018; J. Zhao et al. 2019). However, it is further validated using ground-based stations' data. A group of researchers conducted a validation of extracted PM_{2.5} values from satellite images with ground station data, resulting in $R^2=0.54\%$ in Beijing, China, which is less than this study (~0.92%) (Ni et al. 2018a). The Chinees research group has used a very scattered location of many ground stations' data (Ni et al. 2018a). Han et al.

(2018) found a very high R^2 -value ranging from 0.72% to 0.97% using 35 ground-based monitoring station data. Therefore, it is recommended to use many scattered locations of ground stations' data for statistical validation of satellite-recorded PM_{2.5}. However, validity estimation also depends on regional topography and weather patterns, e.g., relative humidity, atmospheric temperature, wind speed, and sessional climate variability (Al-Hamdan et al. 2019).

Estimating the spatiotemporal concentration of PM_{2.5} is a critical issue for managing local and regional atmospheric pollution strategies and a public health concern. The average annual concentration of PM_{2.5} is increased by 42% during 2002-2019 (Fig. 3). It is because of excessive emissions of different kinds of diesel and petrol vehicles, as well as poorly maintained automobiles, that are generating PM_{2.5} pollutant in urban areas of Bangladesh (Begum 2016b). Begum et al. (2013) suggest that motor vehicles (10.4%), road dust

(7.70%), fugitive Pb (7.63%), soil dust (7.57%), biomass burning (7.37%), and sea salt (1.33%) are responsible for PM_{2.5} in the Dhaka city and its adjacent areas. In Bangladesh and megacities like Dhaka, $\sim 35\%$ of ambient PM₁₀ and $\sim 15\%$ of PM_{2.5} are generated from brick kiln emissions and transportation systems (Motalib and Lasco 2015). Comparable to China (60 µg/m³), Bangladesh (77 μg/m³) generated a higher level of PM_{2.5} in 2016 even though both countries have a similar pattern of population growth (Cao et al. 2018). Likewise, in Bangladesh, ~88% of the areas in China had an increasing trend of PM_{2.5} in the last 18 years due to huge traffic, transportation, and industrialization (J. Zhao et al. 2019), that is also similar in India (Kandlikar and Ramachandran 2000). However, dominant factors for increasing concentration of PM_{2.5} in Vietnam are mainly agriculture, cooking, heating, construction, and urbanization (Nguyen et al. 2018). However, the concentration of PM_{2.5} in the atmosphere depends on several anthropogenic factors such industrial developments, transportation, cooking and heating activities (Gautam et al. 2016; Al-Hamdan et al. 2019). It also depends on meteorological factors like wind speed, air relative humidity, cloud cover, and ambient temperature (Al-Hamdan et al. 2019). They suggest a large geographic area for investigation, and it is considered in this study.

The results of this study reveal that the areas, i.e., Dhaka, Narayangani, and Gazipur, have more anthropogenic sources like manufacturing factories, high traffic congestion, and other combustion activities, ultimately leading to a relatively higher annual PM_{2.5} concentration, which is similar to the PM_{2.5} concentration in the other developing countries like China, India, Iran, and Tanzania (Mkoma et al. 2010; Tiwari et al. 2015; Arfaeinia et al. 2016). The other two study areas, the Narsingdi and Munshigani Districts, have a relatively low level of PM_{2.5} concentration (Figs. 4, 5a). The central part of the study area has been found in a higher concentration of PM_{2.5} than the northern and southern parts (Figs. 4, 5a). However, the incorporation of meteorological factors and seasonal variations could give more precise information about the concentration of PM_{2.5} fluctuation instead of just depending on annual average concentration, which could often be misleading in describing the short-term anthropogenic activities or weather conditions, such as in Beijing-Tianjin-Hebei regions of China (Rajput et al. 2013; Mangal et al. 2018). There are more than 1,850 ground-based air pollution monitoring stations in European cities, and among all, the sources of the maximum concentration of PM_{2.5} in 12 cities are traffic-related (Kiesewetter et al. 2015), which is also similar in Bangladesh. The Saharan desert advection in the Mediterranean area (Adães and Pires 2019) and the relative humidity with the traffic dust in Sacramento and California in the USA is the dominant factor for PM_{2.5} (Mukherjee et al. 2019), which may not be comparable with PM_{2.5} in this study.

Urbanization, road vehicles, brickfield and construction activities, and industrial emissions are the key controlling factors for increasing PM_{2.5} in the study area. These are common phenomena in most Asian countries (Autrup 2010). Besides, chemical and physical components like sea salt, biomass burning, Pb, road dust, black carbon, SO₂, NO₂, O₃, and CO are also responsible for PM_{2.5} concentration (Rahman et al. 2019). Note that the concentration level of PM_{2.5} and other metal substances in the air of Dhaka and its adjacent areas is higher than in Europe, East Asia, and other South Asian countries (Salam et al. 2008).

Conclusions and further research

In this research, the concentration of PM_{2.5} during 2002-2019 and the identification of hotspots are mapped in the central part of Bangladesh using spatiotemporal PM_{2.5} datasets. The results of this study can be summarized as followings:

- The concentration of PM_{2.5} increased by 42% during 2002-2019.
- The susceptible hotspot zones are located in the central part of the study area, the urban areas of the Dhaka, Narayanganj, Munshiganj, Narsingdi, and Gazipur Districts.
- This research found 16.5% (3,640,748 persons out of the total population) were in the age group 0-9, 0.95% (2,109,99 persons) were in the age group 60⁺, 5% (12,062,419 persons) were pregnant women, and 1% (24,621 persons) were pneumonia patients in very high- and high-hotspot zones.

Suppose the concentration of $PM_{2.5}$ and its highspot zone increase, the vulnerability of public health along with all strata of the population will be affected over the next period. Moreover, overall urban ecology and morphology will be affected the most due to $PM_{2.5}$.

Note that this study may be helpful for the government of Bangladesh, particularly for the Ministry of Environment and Climate Change and their urban and environmental officials for designing an appropriate plan for local and regional air pollution mitigation. The Ministry of Health may consider the outcomes of this research to identify the most hotspot zones for establishing

mobile health services and public-awaeness activities. The methodology of the paper may be replicated to research other areas of Bangladesh. Future research is recommended based on (i) high-resolution (spatial and temporal) PM_{2.5} of satellite data as it can be used as an independent data source for PM_{2.5} concentrations where the ground-based stations' data are time-consuming and expensive, and (ii) a sufficient sample of primary health data from different respondents and communities. Future studies, including a wide range of scientific data, may be considered in a wider geographic area to overcome these limitations.

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