## Shiree Q2 Research on Extreme Poverty in Bangladesh

### Author
Md. Ashraful Kabir

### Institute
Dushtha Shasthya Kendra (DSK)

### CMS Reference
1 326-99999_5264 (Household ID from CMS1)

### Interviewee name
**Name:** Marium Begum  
**Sex:** Female  
**Age:** 33 (Y)  
**Ethnicity/Religion:** Bangladeshi Muslim

### Union, Upazila and Zila
**Current Address:** Kamrangirchar, Dhaka  
**Permanent Address:** Father’s house of Marium: Upazilla: Naria, Zilla: Sariatpur, Division: Dhaka  
Father-in-law’s house of Marium: Upazilla: Kanaipur, Zilla: Faridpur, Division: Dhaka

### Date of Interview
April 06, 2015

### Well-being Status
- **Nov-Dec 2010** (Just before the intervention): Destitute(1)
- **Mar-Apr 2013** (after 34 months of intervention): Moderate poor
- **May 2015** (after 37 months of intervention): Working extreme poor

### Livelihoods before and after the intervention

<table>
<thead>
<tr>
<th>Before the Intervention</th>
<th>During the Intervention</th>
<th>After the Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Marium</strong> Housewife Badal (Husband)</td>
<td>1. Domestic helper</td>
<td>1. Domestic helper</td>
</tr>
<tr>
<td>1. Rented rickshaw puller</td>
<td>(since April 2013 doing part-time work for 1,000 taka per month plus some food)</td>
<td>(since April 2013 doing part-time work for 1,000 taka per month plus some food)</td>
</tr>
<tr>
<td><strong>2. Husband</strong></td>
<td>2. Pulling own rickshaw</td>
<td>2. Pulling own rickshaw</td>
</tr>
<tr>
<td></td>
<td>received via project compensation option</td>
<td>received via project compensation option</td>
</tr>
<tr>
<td><strong>3. Eldest son</strong></td>
<td>3. Working as a trainee</td>
<td>3. Working as a trainee</td>
</tr>
<tr>
<td></td>
<td>for a furniture-making</td>
<td>for a furniture-making</td>
</tr>
<tr>
<td></td>
<td>factory/ workshop with</td>
<td>factory/ workshop with</td>
</tr>
<tr>
<td></td>
<td>food and accommodation as</td>
<td>food and accommodation as</td>
</tr>
<tr>
<td></td>
<td>payment</td>
<td>payment</td>
</tr>
</tbody>
</table>
| Productive asset of IGA owned working capital | None | 1. They own rickshaw received via the project compensation option.  
2. Recently they have given 10,000 taka to her father-in-law to purchase 3 decimals of homestead land in the village | 1. Husband occasionally pull rickshaw as his health condition is not favourable to do so  
2. Wife regularly works as a housemaid.  
2. First and second son work as trainee in a furniture and tailor shop with no salary |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital status and household composition</td>
<td>Married with 5 children (between 6 months and 9 years old)</td>
<td>Married with 4 children (between 2.5 and 11 years old). The eldest son is now living with his employer’s family and is a trainee at a furniture-making workshop.</td>
<td>Married with 4 children (between 4 and 14 years old). The two eldest son are now living with his employer’s family and is a trainee at a furniture-making workshop.</td>
</tr>
</tbody>
</table>
| Keywords | Parent-in-laws, illiteracy, road accidents and sickness, Mastaans, child labour, domestic helper, life insurance, re-establishment. | Second son (12 Y) Working as trainee at tailoring shop with no payment  
Eldest daughter (8 Y) Attending a Madrasa (Islamic school) in Kamrangirchar  
Second daughter (4 Y) Attending a BRAC pre-primary school in Kamrangirchar  
Third daughter (3 Y) |
INTRODUCTION:

In 2013, Marium’s husband Badal got severe injury in his leg. The consequences were extreme as he took hospital admission at the Shohorawardy hospital in the capital city for consecutive 22 days. During this time, the household income dropped and even was stopped. They became highly dependent on their savings. The worst consequences of that injury lasted long and worsened the household’s well-being. He (Badal) had to stay away from regular rickshaw pulling. Therefore, the household’s income began to shrink. However Marium was keeping work continue as a housemaid with minimal salary. In slum setting, the social net-works seems loose; therefore, the community supports in any form either cash or kinds tend to be less in compare to rural location in Bangladesh. The household received no supports from neighbors or relatives either in the form of cash or kind. The relation between Marium’s family and her parents-in-laws was not good; therefore, they did not receive any financial assistance during that hardship. Although Marium had good relation and maintained regular communication with her own parent, they could not provide any financial supports during these bad days. Badal’s financial condition acerbated through the loss of working capital by a fruit business. Furthermore, he was defrauded a substantial amount on money by his uncle. Big family size (5 members) also contributed to descend his family well-being to extreme poverty level.

WELL-BEING STATUS OF THE FAMILY AT THE ENDLINE:

The well-being status of the family was measured by three basic elements i.e. diets, employment and assets (income generating). We have described what extent the family corresponds to three elements.

**Diets:** Due to the financial hardship in last one year, the household diets have been significantly reduced. The family tried to cope up with the reduced incomes through skipping number of meals and/or taking meals with cheap food stuff – mostly flat rice or rice with potatoes and lentils. Most of the days, the family took 2 meals in a day. The
mother of household stated “I try to take rice with potatoes or lentils as it costs minimal. My purposes are to feed my child at least 2 times a day. No matter if it is plat rice and/or potatoes. I took a piece of tilapia fish last week. Meanwhile, I skipped few meals but nobody knows it. It is matter of sorrow that I have no food in my home”. The situations got worsen as the longtime hortal and blockage was enforcing over the country. The income was shrunken due to hortal and blockade they stated. The family was highly relying on the cheap dishes. No side dishes were taken in the past 15 days.

**Employment:**

The family consists of five members. Husband is the key incomes earner; while wife is working as a housemaid in Kamrangirchar area. After losing major part of working capital in fruit business, the key incomes earners (husband) started pulling rented rickshaw. Then, they received another rickshaw from DSK-Shiree project intervention under the compensation package. Unfortunately, they lost it as the traffic police seized it in accuse of having no road permit or license. As result, the husband started pulling rented rickshaw aging. Meanwhile, he caught prolong typhoid which cost huge medical expense couple with abstain from regular work. Consequently, the incomes of the household dropped and expenditure went up due to medical cost. The husband usually pull rickshaw 3-4 days in a week earing 200-300 TK. per day. Marium earn TK 1000 in a month as a housemaid. 14 years Mominul, the eldest son is learning furniture work in furniture shop in the locality (Kamrangirchar area). He is not paid by cash. The middle elder son is 12 years old. He is learning tailoring work in Kamrangirchar with no cash payment. 8 years Khadiza, the eldest daughter goes to BRAC School in Kamrangirchar. Munna is 4 the smallest son also goes to BRAC School. And the small daughter is 3 years old.

**Household assets:** The family does not have any cash savings. They took a life insurance with Sadharan Bima Corporation where they deposited TK. 5400. Some household assets including ceiling fan and some furniture were sold out to meet medical expense. They have some cheap furniture and cooking pots now. Marium’s husband will be
expected to inherit 8 decimal homestead lands in her father in law’s village home. However, they are not very optimistic for that as they don’t maintain good relation with her father in law. Marium’s husband stated “I have been married with Marium for 15 years. I left my parental home since long age. I could not take the responsibilities for taking care of my parents. Therefore, I don’t expect their assets.” However, Marium’s parents have comparatively good financial ability. However, they hope no financial supports from them as they do not maintain good connections with them. They have TK 1200 as saving with DSK micro-credit program. Besides, they have load of TK 4000-5000 with local money laundering Samity (cooperation)

**IDENTIFICATION OF VULNERABILITI SOURCES AND LEVEL OF EXPOSURE TO/PREPAREDNESS FOR HAZARD:**

**Frequent health hazard and poverty:** According to Marium’s words “the underlying reason for trapping into poverty is the frequent health hazard. While we struggle for increasing our incomes; therefore, the family well-being, we are struck by health shocks. Frequent diseases of my husband pose us duel burdens - high health care expense and un-employment.” Marium’s husband health condition poses the family in a situation that hinders the upward mobility from poverty trap. As we mentioned that he got a severe motor (vehicle) accident in 2013 which required huge financial expense couple with ending family incomes. Following long time treatment regime, they started to pull rickshaw at the beginning of 2015. However, he was again caught typhoid fever. That fever requires longtime bed rest and abstains from work. Furthermore, adherence to treatment procedure is must to recover from illness. Due to having no other income or financial supports, he may not comply with the necessary medical treatment regime. For example, he could not take full-time bed rest during the fever. He had to work to run the family. The consequences of such non-compliance with treatment requirement acerbate his health further. Then, the illness requires higher expensive medical intervention. In him word “The doctor advised not to pull rickshaw for some days. How
can I obey the advices? I had to run my family. If I stay at my home it will cost higher as my family undergo huger. Today I have not gone for work. So, I don’t know how I can manage a minimum meal that is mandatory before taking drugs.” The fact is non-compliance with medicine and abstain from work during the illness deteriorated the health condition at large.

**Illness and access to medical information:** according to the information, the family informed that they did not have good information about where they can have good services for treatments and rehabilitation. The household affirmed that after being caught by fever, they went to local medicine shop and received some drug following the advices of shop keeper. Usually the medicine shop keepers lack adequate medical knowledge and perform wrong diagnosis in many cases. Consequently, the patients don’t get recover, instead, develop complications. In Badal cases, they received drugs from nearby medicine outlet several times; however, the condition got deteriorated. Finally, they visit a MBBS physician and typhoid fever was being diagnosed on February 28, 2015. In Badal words “I don’t have information on where to go in case of illness. I thought medicine shop keepers are doctors. They can give good medicine and advices. But they gave few medicines that were not working. My condition was going worse. They I went on Boro(a Bangla word means good or knowable) (MBBS) doctor. But it was late so I had to expense tk 2700.” Due the high medical expense, they borrowed TK. 3000 from money laundering samily (cooperation).

**PROGNOSIS FOR FUTURE RESILIENCE:**

The family has been facing a continuous health shock that impacted negatively over the well-being of the family. In future, there might have little scope for improving this condition as they have already spent their savings for medical expenses. But still, the husband is undergoing serious health problem. Access to care in public health families especially, for chronic disease is limited. Therefore, the likelihood of getting low cast health care in public health facilities might not supportive for this family. On the other
hand, the family has little or no access to social capital/network where they might be provided some sorts of help in regard to accessing health care. Considering all the current circumstances, in future, the family might have the following adverse circumstances and copying up mechanism.

**Resilience and coping up mechanism**

<table>
<thead>
<tr>
<th>Name: Marium</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SI</strong></td>
<td><strong>Type of hazard</strong></td>
</tr>
<tr>
<td>01</td>
<td>Health shocks</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>Irregular income</td>
</tr>
<tr>
<td>03</td>
<td>Hortal/Blockade</td>
</tr>
<tr>
<td>04</td>
<td>Dropout of child from school</td>
</tr>
<tr>
<td>05</td>
<td>Lack of cash</td>
</tr>
<tr>
<td>06</td>
<td>Seize rickshaw by traffic police</td>
</tr>
</tbody>
</table>

**ANALYSIS:**

The household well-being significantly influenced by health shock of a key income earner (husband) of the family. Some other, socio-economic factors i.e. seizing rickshaw by policeman, loss of capital in fruits business, ever long lasting hortal/blockade exacerbated the situation. The family had spent almost all their saving in medical treatment. Unfortunately, the outcomes of care seeking process are not
notable. They moved from one health facility to another (public vs. private hospital, general vs. specialized hospital) but their problem was not addressed effectively. This is not unusual among the poor in urban slum to move haphazardly while they get sick because of lack of adequate information. The consequence of such event is very negative as they spend their saving for medical expense with no health outcomes. This family might have limited communication over the program people (DSK); therefore, they failed to seek proper information over available health care facilities/services. Overall, they family has low resilience to cope up with this adverse circumstances. The family therefore dropped to lower level of well-being status. They belong to working extreme poor category from moderate poor category in the last ROI analysis.

**SWOT Analysis of Marium family**

<table>
<thead>
<tr>
<th>SI</th>
<th>Strengths</th>
<th>Weakness</th>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Two elder son are learning work</td>
<td>Prolong illness of the husband</td>
<td>Elder sons will enter labor marker approximately 2 year later.</td>
<td>House rent is gradually increasing. Income remain same or decreasing</td>
</tr>
<tr>
<td>02</td>
<td>Likelihood of getting back to ancestral home</td>
<td>Hortal/blockade</td>
<td>Sons have learning multiple work</td>
<td>Reduce income during hortal and blockade</td>
</tr>
</tbody>
</table>
INTERVENTION MAP FOR MARIUM (30 Y) FROM DATE OF INTERVENTION TO MAY 2015

2010 (July) - Enlisted in DSK-Shiree project

2011 (Jan) - Received 1st installment of assets and started buying and selling of fruits

2011 (May-Jun) - Husband suffered from depression. Simultaneously their three children were ill with Scarlet fever/ Measles. Had to rely on medical support and food from an NGO. Renovated it as a living space; took out 25,000 taka loan

2011 (Aug) - Her husband had another road accident

2011 (Apr) - Local Mastaans stole working capital; husband went back to pulling rented rickshaw

2012 (Jan) - Received a new rickshaw as compensation. Two eldest sons started worked for small earring factory

2012 (Oct) - Marium and two sons stopped working for the factory due to irregular payments; her eldest son have started as trainee in a furniture factory

2012 (May) - Marium started making earrings for a factory from home

Fall in sick (chronic) fever. Family income gone down significantly

2011 (Apr) - Local Mastaans stole working capital; husband went back to pulling rented rickshaw

2012 (Oct) - Marium and two sons stopped working for the factory due to irregular payments; her eldest son have started as trainee in a furniture factory

2012 (May) - Marium started making earrings for a factory from home

Fall in sick (chronic) fever. Family income gone down significantly