



**POVERTY AND ETHNIC MINORITY IN BANGLADESH: A SOCIOLOGICAL INVESTIGATION ON CHAKMA COMMUNITY**

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**ABSTRACT**

This paper attempts to depict the deteriorating socio-economic status of the indigenous community as an ethnic minority in Bangladesh. The study focuses on the poverty of the community, which is deprived by the majority of Bengalis. This is explained through a broad spectrum of issues that constructed the structure of the discrimination occurring against the community in Bangladesh. The article is based on an empirical study in Rangamati through a survey method using a structured questionnaire. The structure of poverty and its correlates thereof were explained following a systematic poverty measurement technique. The study includes measuring the Headcount ratio, Poverty gap, Squared poverty gap, and Gini- coefficient that made poverty rate and extent of poverty. The major findings reveal that the Chakma community is not only suffering from severe poverty but also faces discrimination and deprivation to a great extent. Results reveal that the Chakma community's large extent of poverty is caused by belongingness to the minority group while the group has lower inequality or Gini-coefficient among the group. Based on the findings, the study suggests specific policy guidelines for comprehensive poverty alleviation programs in order to improve the socioeconomic conditions of the indigenous community in Bangladesh.

**Keywords:** Chakma community, ethnicity, ethnic minority, poverty, poverty measurement minority.

**INTRODUCTION**

Poverty is a crucial and worldwide problem that is highly recognized and mainly concentrated in South Asia and sub-Saharan African countries. These two areas contain nearly 70% of all people living in extreme poverty (Beck and Nesmith 2001). Todaro and Smith (2003) stated that the world's population increased by nearly a billion people during the period from 1987 to 1998 – from a population of just over 5 billion to just under 6 billion- and virtually all of that increase occurred in the developing world, much of that in the low-income countries where poverty is concentrated.

Bangladesh is a South Asian country with the largest number of poor just after China and India. According to BER (2007), about 40% of the total population of Bangladesh lives in extreme poverty, after ten years, the poverty rate in Bangladesh in the fiscal year 2018-19 has been 20.5 percent according to the Bangladesh Bureau of Statistics which was measured by the measurement tools using the cost of basic needs in terms of income and expenditure (Ahmed 2020). While the

poverty level has come down, income inequality has increased, as reported by the Bangladesh Bureau of Statistics (BBS)- the country's Gini coefficient stood at 0.482 in 2016, up from 0.46 in 2010 (Ahmed 2020). But the level of poverty and inequality varies according to class position, geographical position, gender, ethnicity, and minority.

Minority itself is the zone of poverty at both the international and national levels. In the United States, minorities comprise half of all poor Americans living with socioeconomic deprivation concerning education, health care insurance coverage, employment opportunity, and wage rate (Gradín 2012). That's why, Gradín (2012) mentioned that the poverty rate of the African American and Hispanic minorities as ethnic minorities in the United States stood at 24.3 and 20.8 percent respectively, both were about three times higher than the majority of Whites in 2006. These reports assure the factual relationship between the position of minorities and the economic disparity as well as poverty. Therefore, minority people are considered the poorest of the poor and the minority position is closely related to poverty and discrimination. Since minorities are subordinate social groups, their members suffer disadvantages resulting from discrimination.

Besides, minorities have non-dominant positions and majorities are dominant social groups, so the majorities can easily exclude minorities. This problem is also common in many developing countries as well as Bangladesh. In Bangladesh, there are ethnic, religious, racial, and linguistic minorities. Minorities in Bangladesh are politically oppressed and powerless, economically deprived and discriminated against, and socially depressed and excluded, which seriously affects their lives and generations. The economic situation and pattern of deprivation among ethnic minorities in Chittagong Hill Tracts (CHT), located in the south-eastern part of Bangladesh, are harsher than that of the people in the Monga-prone plain lands in the north, as per a study report in 2010 (CHT 2010). Surveyed from 1,012 households in greater Rangpur as well as *Bandarban* and *Rangamati* in 2009-10, the study conducted by the Bangladeshi Government and the United Nations released that almost 65 percent of the study population in CHT was found to live below the poverty line, compared to nearly 60 percent of plain lands 2010 (CHT 2010). Most of the non-Bengali or ethnic minorities are living in CHT which made a difference.

In short, the economic, political, social, or cultural exclusion of minorities determines a large form of poverty creating tremendous miserable conditions. With its effects, minorities suffer from educational and occupational facilities experiencing poor housing, poor health, and poor treatment. Most ethnic minorities are strongly dominated by the majority of Bengalis. In this regard, the main focus of our research is to study poverty, inequality, and deprivation of ethnic minorities in Bangladesh following empirical data and the most updated measurement scale. Since there is very limited research on poverty and relevant factors of poverty and deprivation of the Chakma community, the research requires an investigation of poverty and its correlated factors to the community. That means the research requires an empirical study that aims to measure the poverty and inequality of the Chakma community as part of the study of ethnic minorities and to assess the co-related aspects of poverty in terms of material condition, deprivation, health, and necessities of the community.

### **OBJECTIVES OF STUDY**

The main objective of this study is to examine the extent of poverty and inequality among the members of the Chakma community in Bangladesh. In this context, the present paper highlights those socio-economic factors that represent poverty and inequality of the Chakma. The study also focuses on the co-related issues of poverty and inequality among the Chakma community in Bangladesh. To materialize the specific focuses, particularly the paper addresses following objectives and research questions:

- i. To measure the extent of poverty and inequality among the members of the Chakma community in Bangladesh
- ii. To evaluate the co-related issues of poverty and deprivation among the Chakma community in Bangladesh

### **MATERIALS AND METHODS**

#### **Research method and sampling**

The study is based on both primary and secondary sources of information. Primary information was collected from quantitative measures of the survey method, and the secondary sources involve national and international articles, websites, and books. The Chittagong Hill Tracts (CHT) cover 10 percent of the total area of Bangladesh and are home to twelve or thirteen different indigenous peoples of which Chakma, Marma, and Tripura total approximately 90 percent; though their proportion in the population is much smaller: official figures suggest around 1.8 percent, amounting to around 1.6 million, therefore the indigenous peoples are regarded minority and Bengalis as a majority (“World Directory of Minorities” 2018). To study the poverty of minorities we have chosen the Chakma community as an ethnic minority as a field of study. The field survey was conducted in 2010 and studied the households of the Chakma community at *Bonorupa* in Rangamati. 75 respondents were selected as the sample size was randomly nominated. Respondents were selected from different professions and categories and in terms of age, priority was given to the older people who are usually the head of the households. Most of the information was found from the housewives of indigenous people. The respondents provided the approximate value of household income and expenditure on food items and non-food items such as housing, household sundries, clothing, educational utensils and medicine which are essential for daily lives and culturally determined. We tried to find out the total monthly income of households by counting not only the husband’s income but also the total income of family members. Respondents provided information on their physical as well as cultural needs and requirements adding their present condition and standard of living.

#### **Measurement techniques and constructing poverty line**

Though Rowntree’s poverty line for the measurement of absolute poverty is widely used, Sen’s poverty line is applicable here regarding the cultural standard of community practice. We have constructed a poverty line mostly based on Amartya Sen’s method<sup>1</sup>. Based on the poverty

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<sup>1</sup> Sen’s Poverty line is constructed by considering minimum desired needs (Food cost and non-food cost- clothing, education, medicine, bills and festival) according to market value.

measurement method and field data, we found individual income that helped to construct the poverty line and to calculate the Income Gap (income shortfall), Poverty Gap (aggregate shortfall of income of all the poor), Squared Poverty Gap (severity of poverty), and Gini-coefficient (inequality ratio) (Sen, 1982). Through the survey research, we have found the items of minimum desired needs which correspond to the socially approved practices. Their needs are divided into two parts: (i) food items (ii) Non-food items. Food items include rice, oil, pulse, vegetables, small fish, etc. and non-food items include medicine, clothing, sundries, educational sphere, and religion in a festival sphere. According to the market price of the survey period, the total account of food cost Tk 170 per day or Tk 5100 per month per household of 5 members. According to the responses of survey households of 5 members, the minimum average non-food needs including costs are measured. The total non-food costs are Tk1900 per month per household of 5 members. So, the total costs of food and non-food items are Tk 7000 per household of 5 members. Per head or individual costs (minimum) = Tk1400 = individual income = poverty line.

## RESULTS AND DISCUSSION

### Poverty measurement by income method

Our survey research shows that 41.3% are poor considering culturally determined absolute poverty, the inequality level below the poverty line is 19.3% and the mean income is Tk 2093 per capita per month in the community. Survey data shows the calculative form of mean, median, and standard deviation in the way that the mean household income is 8367 TK per household per month, whereas 11480 Tk is the national mean income., the median income or income of central value is Tk7428, the Average per head income is 2093 TK, the standard deviation (square root of variance) is Tk5679 and the coefficient of variation or C.V. is 67.9 percent. There is no difference in average family size in comparison with national data. Although the family size of the community is as same as the national data, the mean income and income inequality show a difference in comparison with national data.

**Table 1.** Index of poverty by income method

Poverty Measures	Index	Percentage
Headcount ratio	0.413	41.3
Poverty gap	0.158	16
Squared poverty gap	0.089	9
Gini coefficient	0.193	19.3

Through accounting for the Headcount ratio, Aggregate poverty gap, and Gini coefficient below the poverty line, the extent of poverty<sup>2</sup> in Chakma is 13.1%. The table shows that the headcount ratio of the Chakma community in Rangamati

<sup>2</sup>. Extent of poverty is measured by Headcount ratio, poverty gap, squared poverty gap, and Gini-coefficient.  $q=31$ ,  $n=75$ ,  $n$ =population ( $q/n$ ),  $q$ =no. of people; Poverty line  $:z=1400$ , ;  $y_i$ =individual income; Poverty gap  $= \frac{1}{n} \left( \frac{z - y}{z} \right)$ ; Squared poverty gap  $= \frac{1}{n} \left( \frac{z - Y_i}{z} \right)^2$ ;

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is 41.3%. Absolute poverty may be measured by the headcount ratio but this does not indicate the extent of poverty, as the headcount ratio ignores the extent of income shortfalls. Measuring the extent of poverty<sup>2</sup> requires calculating the poverty gap, squared poverty gap, and Gini-coefficient. The Table depicts a poverty gap of 16%, a squared poverty gap of 9 %, and a Gini- coefficient of 19.3%. The US Bureau of the Census (2001) reports that- 14.4% of White children lived in homes at or below the poverty line in 2000, whereas 30% percent of African American children and 29% percent of Latino children lived in families below the poverty line. This statistical report of different minority groups does not manifest the poverty gap and Gini-coefficient, thereby, the findings clarify well understanding of poverty and inequality in the community. As the Chakma community is more homogenous, within the community its income gap and level of inequality are not large enough. The extent of poverty in the community became meager at about 13 %. The data prove that the headcount ratio is more than three times higher than the extent of poverty. At the national level, 31.5 %t are poor, the inequality level is 32.1 %, mean income is Tk 2553 per capita per month according to national data. (Bangladesh bureau of statistics, 2010). The absolute poverty rate of the community (41.3 %) is higher than the national data (31.5 %). But the community's inequality level (19.3 %) is lower than the national inequality level (32.1 %). We know that the country is comprised of various classes with large class differences, so its inequality level is much higher than the Chakma community.

### Poverty and its Correlates

#### *Earnings and expenditures*

According to survey data, the broad categories of occupation are official job, business, weaving, and day labor. Official jobs including clerical jobs are the highest percentage of various occupations in the community about 33.3 %. As the sample area was selected nearby a suburban area, most of the occupations belong to low-paid official jobs.

**Table 2.** Distribution of income sources and expenditures as correlates to poverty

Indicators	Categories	Percentage
Earning sources	Low paid jobs	33.3
	Business	21.3
	Tiny business	10.7
	Day laborers	16
	Housewives	77.3
Expenditure (monthly)	For food items	58.4
	Necessary items (non-food)	41.6
	Child education	17.5
	Clothing	7.2
	Treatment	5.1

*Gini coefficient,  $G_i = \sum X_i * Y_{i+1} - \sum X_{i+1} * Y_i$ ;  $X_i = Proportion Population, I = Cumulative Income, * = Multiplied.$*

The second-highest category is business including a tiny business that is 21.3 %. The third-largest type is day labor which accounts for 16% of husbands. Most of the females in the community are housewives that are 77.3 %. The data reveals that (Table 2) in the Community, 58.4 % of total expenditure is used on food items, and the rest of the expenditure is used on non-food expenditures (clothing, education, medicine, bills, sundries, festival cost). Of the non-food expenditure, a higher percentage (17.5 %) was used for educational purposes and the lowest percentage was used for treatment. It is seen that most people’s earnings are so limited that they have to spend the highest percentage for their sustenance. They have to spend a limited share on child education and the worst condition is that a very poor amount has been spent on health care and treatment.

**Deprivation and material condition**

Spicker (2007) argues that poverty is the lack of basic security which would be possible for a poor person to be subject to multiple deprivations even though that person was not experiencing a specific deprivation at a particular point in time. However, the arising conflict between the minority and the majority population in Bangladesh causes displacement in the region which is associated with poverty and deprivation (Council, 2006).

**Table 3.** Distribution of deprivation and material condition as correlates to poverty

Indicators	Categories	Percentage
Deprivation sundries	There is no sofa set	49.3
	There is no cot for each adult	54.7
	There is no book self	58.7
	There is no Almirah	40
	There is no TV	37.3
	There is no Radio	93.3
	There is no Charger	52
	There is no light-fan	49.3
	There is no Gas stove	69.4
Deprivation of food and clothing	Cooking meals per day(<3times)	37.3
	Not having fish/meat most days of the week	54.7
	Babies get insufficient mother milk	25.3
	Babies do not get milk powder	52
	All members do not get a new dress	38.6
	Household members get the old dress from relatives	58.7
	Inability to provide new dress during the festival	16
Material condition of living house	Brick-built house ( <i>Pacca</i> )	6.7
	Semi brick-built house (brick with tin)	33.3
	Straw-wood made house	60
	Tin made roof	72
	Straw made roof	13.3
	Damp wall	32.7
	Raw floor	42.7
	No ventilated house	82.7
House without windows	42.7	

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*N.B. In 'Housing condition'- Pacca= brick built and cemented, Katcha= soil or bamboo made, Katcha floor= not brick made or not cemented; In 'Sanitation'- Pacca latrine= Brick built and cemented, Semi pacca= Brick built and cemented but the roof is tin made.*

In this context, Table 3 represents the relative percentage of different household sundries that are essential for their living. The table shows that 60 % have a minimum of a piece of Almirah, 51.7 % have a minimum of a piece of a Sofa set and 45.3 percent have one cot for each adult. Households are deprived of household items such as bookshelves 58.7 %, sofa sets 49.3 %, and gas stoves 69.4 %. 37.3 % of households are also deprived of TV, whereas radio is 93.3 %, and chargers 52 %, light fans 49.3 %. Due to having cheap rate furniture and availability of wood, nearer to about 50 % have sofa set, cot, *Almira* and bookshelves. As the necessity of TV replaced the necessity of radio, the highest percentage of the deprivation of radio is insignificant. The table shows that 40 percent

of households have brick-made houses which 6.7 % are brick-built and 33.3 percent are semi-brick-built, the rest are made of wood and straw. 13.3 % of households have straw-made roofs; 72 % have tin-made roofs. 42.7 % have houses with damp walls, 82.7 % have no ventilation and 42.7 % of houses have no windows.

Table 3 depicts that the highest percentage of the community is deprived of good quality housing whereas only 6.7 % have cemented brick-made houses. The vulnerable situation can be seen clearly when we know that 33 percent of households have a damp wall and 43 % have raw or soil-made floors. According to data on food and clothing, 37.3 percent take cooking meals 2 times per day, 54.7 % take pulses-vegetables or don't have fish/meat most days of the week. That means most people cannot provide nutritious food to their families. 25.3 % of respondents say, their children get insufficient mother milk whereas 52 % of heads of households can't provide milk powder to their children. 58.7 % of households are getting old dresses from their relatives as well as 30% of heads of households cannot provide new dresses during the festival.

The data signifies the vulnerability of the Chakma people. More than 50 % of households have to depend on relatives for their clothing which implies the social exclusion of the community. The data presents the percentage of land ownership in which 20 % of indigenous have less than 1 *bigha* of land, 8% have less than 1 acre of land and 26.7 % have more than 1 acre of land. The highest number of households (45.3 percent) have no arable land. That means about 45 percent of households are deprived of agricultural products and their benefits. Around 26.7 % of households have a satisfactory amount of land so they get better benefits from land. Overall, 54.7 % of households have more or less arable land that is helpful for their livelihood and better living standard. The table shows that 20 percent of households have brick-built (paved) and semi-brick-built latrines, and 69.3 % of households have sanitary latrines made of pit and tin. Only 10.7% have unsanitary or raw latrines which are unhygienic. Overall, most of the households have a better quality of sanitation as 89.3 % have sanitary latrine although 69.3 percent of latrine is not well cemented and are brick-made. As the area is suburban, a proper drain system is essential, but most households are deprived of a drain facility.

Collected data on health and illness depicts that (Table 4), 29.3 % of households have a minimum of one infant death. Although the services and treatment facilities are not well enough, 40 % of households take treatment from Govt. hospitals, in which poverty is a major concern. 46.7 % take treatment from the clinic as they have better solvency. Generally, well-being people give priority to medical checkups in a clinic or private hospital for pregnancy treatment. Most of the poor get treatment from Govt. hospital but their facilities are not well enough. The data shows that 69.3 % of mothers did not take medical checkups in the last pregnancy. Due to the economic problem, 37.3 % of mothers did not take medical checkups. 20 percent of mothers went to the clinic for delivery but 77.3 % of mothers took delivery at home in the traditional way. 45.3 % of mothers did not take a balanced diet (egg, meat, milk, fruit, fish) during the last pregnancy. Among them, due to economic causes, 50 % of mothers did not take a balanced diet. So, the cause of the economic problem as well as cultural backwardness most of the mothers didn't take proper medical checkups and balanced diets. Overall, the rising discrimination, harassment, and segregation created little control over minority rights that enhanced huge deprivation, inequality, and poverty crisis at large in CHT areas in which indigenous ethnic minorities have lost their general human rights and right to live without discrimination.

***Health condition and treatment***

**Table 4.** Percentage distribution of the quality of treatment and health condition

Health, Illness& treatment:	Percentage
Households affected by a minimum one infant death	29.3
Households take treatment from Govt. hospital	40
Households take treatment from Clinic	46.7
Mothers had no medical checkups in the last pregnancy	69.3
Financial problems to take a medical check-up	37.3
Child delivery case in Govt. hospital	2.7
Child delivery case in the clinic	20
Delivery at home	77.3
Mothers didn't take a balanced diet in the last pregnancy	45.3
Due to the economic problem, they lacked a good diet	50

**CONCLUSIONS**

Findings reveal the result that 41.3 % are absolutely poor in the Chakma community which is economically measured by the headcount ratio. Also, the community has a 16 % poverty gap, a 9 % squared poverty gap, and a 19 % Gini- coefficient (Inequality among the poor). With the mathematical use of the Headcount ratio, Aggregate poverty gap, and Gini coefficient, the extent of poverty in the Chakma is 13 %. The results indicate that the poverty of this community is higher than the poverty ratio of the country while its inequality level within the community is low. It is because homogeneity in the minority has lower inequality but higher poverty. Besides, demographically, the average family size of the community is found as 4.88, which means



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there is no difference in average family size in comparison with Bangladesh national data. As most households have job insecurity and limited income, a very small amount is used for education and treatment. A large extent of households has deprivation of household sundries and poor housing conditions. It remarks that the socio-economic status and poverty situation of Chakma households is in worse condition. Due to the poverty situation, a higher ratio of family members takes treatment from Govt. hospitals avoiding private hospitals. The worst situation is that two-thirds of mothers

did not take medical checkups during the last pregnancy, and due to economic problems, most of them did not take medical checkups. Also, more than two-thirds of mothers took delivery at home in a traditional way and they did not take a balanced diet during the last pregnancy. Due to its minority position, the Chakma community doesn't get the educational facility, job security, and Govt. support to enhance its income ability- the poverty situation is the fortune of the community.

Under these circumstances the study produces suggests that the government should develop a comprehensive poverty alleviation policy and plan of action at all levels. We need to undertake research and study in all areas of poverty in a specific field such as minority communities whether ethnic minority or religious minority. Govt. should construct sufficient educational organizations such as schools and colleges providing free educational services and increasing the percentage of quota in public universities for higher education. Also, there is a need to establish and develop linkages and networking, cooperation, and consultancy between Government, international agencies, and NGOs to work on the issues fruitfully. Alongside, they should be given governmental credit at the minimum interest rate for operating a small-scale business or self-employment. The government should formulate an annual budget for special measures that should be taken for vulnerable ethnic minority people.

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