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Exploring Livelihoods of Plain Land Indigenous People in Bangladesh: Baseline Findings of Integrated Development Programme for indigenous People

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Programme for Indigenous People

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ACRONYMS

Agri.	Agriculture
BBS	Bangladesh Bureau of Statistics
CHT	Chittagon Hill Tracts
CEP	Community Empowerment Programme
FGD	Focus Group Discussion
GD	Group Discussion
GO	Government Organization
HSC	Higher Secondary School Certificate
HH	Households
HIES	Household Income and Expenditure Survey
IDP-IP	Integrated Development Programme for Indigenous peoples
IFAD	International Fund for Agricultural Development
IGA	Income Generating Activities
ILO	International Labour Organization
KG	Kilo Gram
MDG	Millennium Development Goal
NGO	Non- governmental Organization
Non-agri	Non-agriculture
RED	Research and Evaluation Division
SPSS	Statistical Package for Social Science
SSC	Secondary School Certificate
UNDP	United Nations Development Programme
UN	United Nations
UP	Union <i>Parishad</i>
VGf	Vulnerable Group Feeding
VGD	Vulnerable Group Development

ABSTRACT

The survey aimed to assess current livelihood situation of small ethnic groups (*Adivasi*) living in the plain land. Both quantitative and qualitative methods were used to collect data. Data were collected from Joypurhat Sadar and Panchbibi *Upazilas* of Joypurhat district and from Patnitola and Badalgachhi *Upazilas* of Naogaon District. Findings of the survey revealed that majority of the families of small ethnic groups have low and inadequate income, poor savings, high rate of illiteracy, marginal land holdings and poor sanitation and hygiene practices. They are also less conscious about family planning, have limited access to GO/NGO facilities, less participation in local institutions and lack awareness on basic human rights. Death of the main income earner and incidence of natural disaster always bring major economic crisis in small ethnic families. The survey suggests that special efforts would be required to improve livelihood conditions of the small ethnic groups.

EXECUTIVE SUMMARY

BRAC has initiated a 3-years pilot projects titled “Integrated Development Programme for Indigenous Peoples (IDP-IP) for plain land in Bangladesh” to empower indigenous people through improved livelihood opportunities, leadership and cultural practices and advocacy support in an integrated development approach. This survey aimed to assess current livelihood situation of plain land small ethnic groups (*Adivasi*).

The study followed a quasi-experimental design. Both quantitative and qualitative methods were used to collect data. A two-stage simple random sampling technique was used to select 2,150 *Adivasi* households (experimental 1,040 and control 1,111). Simple statistical tests including test of equality of means and proportions were performed.

Socio-demographic profiles: The average size of households in the control group (4.7) was slightly higher compared to the experimental group (4.5) and the difference was statistically significant. On the other hand, average household income earner, annual income, age of household member and marital status were not significantly different between the two groups (experimental and control). It appears that the target population of both groups was representing a population with similar features. Most of the *Adivasi* groups were involved in non-skilled physical labour, e.g., day labour, rickshaw pulling and agricultural farming. Almost 32.5% of *Adivasis* were found to be more affiliated with different national and international NGOs like BRAC, ASA, CCDB, and CARITAS.

Education: A good number of *Adivasi* household members was found to be illiterate for both sex in the both groups (experimental- male 44.8%, female 53.6%; control- male 47.2%, female 57.1%). A small number of children (6-10 years) dropped out from primary school in both groups (experimental 2.2%, control 4.0%). The reasons for dropout were several and financial crisis or poverty was found to be the main reason in both areas.

Economic empowerment indicators: Five economic empowerment indicators, e.g., income, expenditure, savings, loan and land of *Adivasis* were assessed in the study. First, the average annual income was almost same in both the groups (control Tk. 79,184 and experimental Tk. 76,908). Second, the average annual expenditure of the observed households followed similar trend, i.e., average annual expenditure of households in the control group was Tk. 86,259 and in the experimental group was Tk.89,299. Food constituted over 60% of all the expenses in both groups. Third, the average savings of households in the experimental group (Tk. 7,468) was slightly higher than that of the control group (Tk. 5,819). Fourth, the percentage of landless households in the control group (14%) was higher than households in the experimental group (8.9%). Fifth, more than 50% of surveyed households in both the groups (experimental 55.3%, control 49.4%) did not receive any loan from any formal sector like bank or NGO in the preceding year.

Safe water, sanitation and hygiene practices: Almost all *Adivasi* households have access to safe drinking water like tubewell in both the groups (experimental 99.9%, control 99.7%). Only 36.2% of *Adivasi* households in the experimental group reported that they have sanitary latrine while control group has 24.2%. Similarly, 37.6% of *Adivasi* households in the experimental group (37.6%) reported that they washed their

hands usually with soap and water after defecation while in the control group it was practiced in 39% households.

Health, immunization and family planning: More than 45% of the *Adivasi* population suffered from illnesses in the last 15 days in both groups (experimental 45.2%, control 46.6%). Fever, common cold, different types of pain were the most commonly reported illnesses. A good proportion of *Adivasis* sought treatment from *Palli* doctors and traditional healers which appeared to be the major healthcare service providers (experimental 53.9%, control 44.9%) in the study areas respectively. Childhood immunization rate was 76% in the control group and it was 62.4% in the experimental group. Same proportions of eligible couples of *Adivasis* are using family planning methods in both groups (experimental 64.4%, control 61.9%).

Basic family practice and awareness: Practice of dowry is prevalent among *Adivasis* in both groups (experimental 71.1%, control 75.9%). In most cases, men as household heads were identified as the key decision makers for household matters, e.g., purchasing daily household things, earning income in both the groups (experimental 91.9%, control 88.0%). A good proportion of *Adivasis* was aware about legal age of female for marriage in both groups (experimental 56.9%, control 50.4%). Almost 39% of the respondents rightly said about the legal age for voting in both groups (experimental 41.8%, control 39%).

Violence against *Adivasis*: A small proportion of *Adivasi* reported that they had lost their land through the illegal occupation by Muslim in both groups (experimental 7.6%, control 8.6%).

Participation in local institutions and access to public resources: A small proportion of *Adivasi* household members got membership in different types of local institutions, e.g., Union *Parishad* (UP), school committee, temple/church/pagoda committee and market committee in both groups (experimental 17.7%, control 15.1%). A small proportion of *Adivasi* households have access to public resources i.e. *khas* land or water body in both groups (experimental 5.6%, control 8.4%).

Training: On an average 10% of the *Adivasi* household members received training (skills and human development) from GO and NGO in both groups (experimental 12.2%, control 10%) in the past three years.

Adivasi language and culture: It was found that most of the *Adivasi* groups widely used their own language at home and outside. Besides, a good proportion of *Adivasis* preferred *Bangla* language in primary school in both groups (experimental 93.7%, control 63.0%). Majority of the *Adivasis* observe worship of *Hindu* religious deities as major festivals, e.g., *durga puja*, *kali puja*, *dal puja*, *karam puja*.

Coping mechanism of *Adivasis* community in disaster and crisis: A small proportion of *Adivasi* households reported that death of the main income earner and natural disaster are the main crisis in their livelihoods for both groups (experimental 11%, control 14%). In that situation, they are practicing a variety of coping mechanisms to cope with the crisis, e.g., took loan from land owner, sell labour in advance, sell assets and livestock and eat one meal per day.

Adivasis groups suffer from lack of development interventions, e.g., income generating activities, access to safe water and sanitation, education, health and awareness. So, special efforts would be required to improve livelihood conditions of small ethnic groups.

INTRODUCTION

According to the International Labour Organization (ILO) convention, people are regarded as indigenous on account of their descent from the population which inhabited the country, or a geographic region to which the country belongs, at the time of the conquest or colonization, or the establishment of the present state boundaries, and who, irrespective of their legal status retain some or all of their social, economic, cultural, and political institutions (Godinho 2008). In Bangladesh a significant number of indigenous people are living with the mainstream Bengali nationals, along with their distinctive way of life, religions and culture for a long time. The population of *Adivasi* has concentrated in some particular areas including Chittagong Hill Tracts (CHT), greater Mymensingh and Sylhet in the north and greater Rajshahi, Dinajpur, Rangpur, Bogra and Pabna districts in the North West (Kamal *et al.* 2007). These *Adivasi* groups include *Chakma, Marma, Tripura, Santal, Warao, Munda, Mahali, Malo, Phari, Garo, Khasia* and a host of small groups. Over the years, indigenous people have encountered a gradual extinction of their distinctive identity and cultural heritage due to various political, cultural and economic reasons (Kamal *et al.* 2007). A continuous process of disenfranchisement and marginalization has brought them on the verge of extreme political, economic and social vulnerability. The socioeconomic profile of *Adivasis* from plain land provides a grim picture of this situation. Compared to the 39.5% of people in rural Bangladesh who belong to the group of absolute poor, 60% of *Adivasis* from plain land fall within the group of absolute poor. On the other hand, 24.6% of *Adivasis* from plain land belong to hard core poor group, which is 7% higher compared to the national figure. The status of *Adivasi* is also very low in terms of education, livelihood, as well as economic and human rights (Barkat *et al.* 2008). In this context, the *Adivasis* need to be brought under development intervention, so that they can overcome the deteriorating situation in their socioeconomic status and contribute in the development outcomes with their potentials.

A baseline survey is necessary for knowing the initial conditions of the community before the interventions. These initial conditions can be used later to compare the conditions after the interventions, which will support for settling future targets and understanding the possible changes while the project proceeds (World Bank 2007). The requirement of this baseline survey has emerged in this context to be a part of the effective intervention for BRAC's integrated development programme for indigenous people of plain land in Bangladesh.

OBJECTIVE OF THE STUDY

Main objective:

Assess the present livelihood condition of the targeted plain land *Adivasis*.

Specific objectives:

- Assess the overall socioeconomic status of plain land *Adivasi*
- Assess the present situation of health, education, access to safe water and sanitation, hygienic practices and use of family planning methods by *Adivasis*
- Measure the level of awareness on basic human rights, culture and language of the *Adivasi*

Indicators and topic overlap

The study covered the following indicators to meet the above mentioned objectives:

- Socio-demographic characteristics
- Education
- Income and expenditure
- Savings
- Land
- Loan or credit
- Dwelling condition
- Household economic status
- Water, sanitation and hand washing practice
- Health and healthcare facilities
- Family planning
- Basic family practice and awareness
- Legal and political awareness
- Participation in local institutions
- Training (skill and human development)
- Access to public resources
- *Adivasi's* language and culture
- Coping mechanism in disaster and crisis time

The main areas of overlap in quantitative and qualitative surveys were land holding patterns, participation in local institutions, access to public resources and private resources, basic family practice and awareness, culture and language and present crisis and coping mechanism.

METHODS

The study followed a quasi-experimental design to assess the present livelihood situation of plain lands *Adivasis*. Both quantitative and qualitative approaches were used.

STUDY AREAS AND POPULATION

The study was conducted in four *upazilas* (*Joypurhat Sadar*, *Panchbibi*, *Patnitola* and *Badalgachhi*) of *Joypurhat* and *Naogaon* districts. Five unions were selected from each *upazila* each with a high concentration of *Adivasis*. A total of 2,150 *Adivasi* households were considered as the study targeted population. A detailed description of the study areas and population is mentioned in Table 1.

Table 1. Study areas and target population

District	<i>Upazila</i>	<i>Adivasi</i> household	Sample household	<i>Adivasi</i> group
<i>Joypurhat</i>	<i>Panchbibi</i> (Experiment area)	4,855	625	<i>Rajbangshi, Santal, Oraon, Mahato, Pahan, Shing, Malo, Mahali, Rai, Turi, Munda and Koach</i>
	<i>Joypurhat Sadar</i> (Control area)	2,364	550	<i>Rajbangshi, Santal, Oraon, Mahato, Pahan, Shing, Malo, Mahali, and Bhuiya and Rajuar</i>
<i>Naogaon</i>	<i>Patnitola</i> (Experiment area)	3,517	415	<i>Rajbangshi, Santal, Oraon, Mahato, Pahan, Mahali and Paharia</i>
	<i>Badalgachhi</i> (Control area)	2,230	561	<i>Rajbangshi, Oraon, Mahato, Pahan, Shing, Malo, Mahali, Munda and Bhuiya</i>
Total:	2 4	12,966	2,150	15 <i>Adivasi</i> groups

Source: Small Ethnic Group Explorer Survey 2005, RED, BRAC

SAMPLE AND SAMPLING PROCEDURE

Statistical representation was not considered in determining sample size. A two stage random sampling technique was adopted for selecting the target population, i.e. *Adivasi* households (see annexure-A). Size of the total sample was targeted to be 2,150 *Adivasi* households (above 16% of the total existing *Adivasi* households). At the first stage, five unions were selected purposively from each *upazila* with larger concentration of *Adivasi* groups in both intervention and control areas. In the second stage, a total of 1,040 *Adivasi* households was selected randomly with proportional allocation among the 15 *Adivasis* groups in experimental areas. Similar procedure was followed to select a total of 1,111 *Adivasi* households as control.

METHODS OF DATA COLLECTION

Both quantitative and qualitative methods were used for data collection. A structured questionnaire was used to collect information. FGDs and in-depth interviews with

Adivasi groups were also conducted. Twenty two trained field enumerators assisted in collecting information.

SEMI-STRUCTURED INTERVIEW

Semi-structured interviews were carried out with *Adivasi* households. Field enumerators collected information from selected *Adivasi* households among the 15 *Adivasi* groups. The semi-structure interview covered *Adivasis* livelihood, i.e. socio-demographic characteristics, economic empowerment, education, health, safe water and sanitation, food habits, coping mechanism in crisis time, participation in local institutions, traditional and values and awareness on human rights.

FOCUS GROUP DISCUSSION (FGD)

Focus group discussion was conducted by the two lead researchers with 15 *Adivasi* groups' leaders and key informants. A total of eight FGD sessions were conducted by using prior guidelines coherent with study objectives. Six to eight *Adivasi* leaders participated in each FGD session.

IN-DEPTH INTERVIEW

Eight in-depth interviews were conducted by the two lead researchers with *Adivasi* group leaders like *Mondol* to collect information on *Adivasi* culture, ethnicity and livelihood.

DATA MANAGEMENT AND ANALYSIS

The quantitative data were analyzed by using SPSS. Number of statistical techniques were used ranging from simple frequency distribution to cross tabulation (with t-test and chi-square test). The qualitative data were analyzed manually by following coding and recoding process. In addition, qualitative techniques were employed to describe any particular situation of significance. Quality control was followed in every stage of the study. Extensive guidance was provided by supervisors, researchers and data management team of the Research and Evaluation Division (RED), BRAC. A number of randomly sampled re-interviews were carried out to cross-check reliability and validity of data.

LIMITATIONS OF THE STUDY

The study started data collection in the second week of November 2012 and ended in December 2012. It was a harvesting period for *Aman* rice. Most of adult *Adivasis* were involved in agricultural labour. It was difficult to reach them. On the other hand, *Adivasis* live in a scattered manner and sometimes it was difficult to reach the sampled household. *Adivasis* are also not well educated to understand what the researcher wants to know.

FINDINGS

SOCIO-DEMOGRAPHIC PROFILES

The study was conducted on two groups of *Adivasis* (experimental and control) to measure whether there was any statistical difference between the two groups.

In considering the first objective of study the socio-demographic characteristics focused on household size income earner, cultivated land size, adult literacy rate, age, marital status and main occupation of household members. Table 2 presents a summary statistics of socio-demographic characteristics of surveyed households in both areas (experimental and control). It was observed that there was no statistically significant difference between the experimental and control group respondents excluding average size of household and adult literacy rate.

Table 2 also compares the age distribution of experimental and control household members. On an average control households had a little higher number of members aged <5 years, 41 -60 years and above 61 years age-group compared to their experimental counterpart, but the differences were not statistically significant. On the other hand, the average experimental households had a little higher number of members aged 18- 40 years compared to their control counterpart and the difference was also not statistically significant. Almost an equal number of members distribution (experimental 23.7%, control 23.2%) was observed in 5-17 years age group in both the areas.

More than half of the population was married in both groups (experimental 52.5%, control 51.8%). On the other hand, equal percentage of unmarried population was observed in experimental groups (41.7%) and control groups (41.6%), and a few people were widowed and divorced/separated in both groups (experimental 5.8%, control 6.6%).

The majority of target population was involved in non-skilled physical labour intensive occupations, e.g., day labourer (agri, non-agri), rickshaw/van puller and agriculture farming in both groups (Box-1). Some of these activities were not directly income generating in nature (non-IGA) such as housework; and a good number of household members was involved in it in both groups (experimental 17.9%, control 11.6%).

In addition, a notable proportion of population was student in both groups (experimental 26.2% and control 22.8%). On the other hand, a little proportion of *Adivasi* household members was involved in government and non-governmental services in both groups (experimental 2.3%, control 2.2%). Similarly, a small proportion of *Adivasi* household members was involved in small business in both groups (experimental 1.4%, control 0.6%). In addition, a little higher proportion of household members (experimental 3.3% and control 2.3%) was involved in other occupations, e.g., tailoring/*katha* sewing, carpenter (work with bamboo, cane), handicraft, *Kabiraj*, and *Polli* doctor.

Table 2. Socio-demographic characteristics of surveyed household

Indicators	Experimental (n=1,040)	Control (n=1,111)	<i>p</i> value
Household			
Household size	4.5	4.7	.000
Household income earner	1.2	1.3	.366
Cultivated land (in decimal)	29.2	24.2	.065
Adult literacy rate (above 15 years)	49.9	45.6	.001
Age (%)			
<5	9.6	10.2	.289
5-17	23.7	23.2	.563
18-40	41.4	39.5	.069
41-60	19.8	20.4	.465
>61	5.5	6.6	.027
Marital status (%)			
Unmarried	41.7	41.6	.928
Married	52.5	51.8	.526
Widow	5.8	6.6	.135
Main occupation (%)			
Agriculture farming	8.6	5.8	
Small business	1.4	0.6	
Day labour (agriculture and non-agriculture)	25.7	35.4	
Service (GO & NGO)	2.3	2.2	
Rickshaw/van puller	2.9	1.7	
Housework	17.6	11.6	
Student	26.2	22.8	
Others	3.3	2.3	

Box. 1

Most of the *Adivasis* survive on agriculture including cultivating *borga* land or selling labour for agricultural work etc. The study found that landlessness was very common among the groups. For example, in a village of Orao people named '*Nanai, Goshnagar, (Upazila Patnitola)*, only a few families among 24 families have some land. Rest of them earns their livelihood by agricultural labour selling or *borga* (tenancy). Though, some *Adivasi* groups are famous for particular occupation like, *Mahali* whose main occupation is to make different products like handicraft including *dali* (a basket full of articles), *kula* (winnowing fan made of bamboo slips for separating dust), *chalni* (utensil for separating smaller particle) by *talla* bamboo (a variety of bamboo); now a days, hardly any group can maintain any traditional occupation.

Source: FGD, *Patnitola*

NGO affiliation

Among the surveyed population more than 27% of *Adivasis* are affiliated with different types of national¹, international², and local NGOs³ in both groups (experimental 32.2%, control 27.2%).

¹ National NGOs include national organizations such as ASA, BRAC, TMSS etc. Some have state and city branches and assist local NGOs. (As per Wikipedia definition)

² International NGOs range from secular agencies such as Redda Barna, Plan Bangladesh, World Vision, CCDB, CARITAS Bangladesh, Save the Children, CARE, OXFAM, Ford Foundation, Rockefeller Foundation to religiously motivated groups. They can be responsible for funding local NGOs, institutions and projects and implementing projects. (As per Wikipedia definition)

Table 3. Affiliation of household members with NGO (%)

Indicators	Experimental (n=2,553)	Control (n=2,783)	Total (n=5,336)
Affiliated with NGO	32.5	27.2	29.3
Type of NGO			
International NGO (World Vision, CCDB, Plan Bangladesh, CARITAS Bangladesh)	57.8	49.7	53.9
National NGO (BRAC, ASA)	23.2	33.0	28.0
Local NGO (Ashray, Alo Shikha)	27.4	28.4	27.9

Multiple responses

Table 3 shows that more *Adivasi* household members in the control groups are affiliated with different national NGOs i.e. BRAC, ASA compared to experimental. On the other hand, a good proportion of *Adivasi* household members are affiliated with different international NGOs, e.g., CCDB, CARITAS Bangladesh in both groups (experimental 57.8%, control 49.7%). Similarly, a small proportion of household members is also affiliated with different local NGOs i.e. Ashray, Alo Shikha in both groups (experimental 27.4%, control 28.4%).

Disability

Disability increases the risk of poverty and vice versa family insecurity (Barkat *et al.* 2008). From Table 4, majority of *Adivasi* population in both experiential and control groups were found to be physically healthy. However, a significant difference was observed between experimental and control groups for healthy *Adivasi* population.

Table 4. Type of disability of surveyed household members (%)

Type of disability	Experimental (n=4,211)	Control (n=4,646)	p value
No disability	99.0	98.4	.016
Having physically disability	.5	1.1	.002
Having mental disability	.5	.5	.959

Table 4 reveals that a small but equal proportion of *Adivasi* household members was mentally disable in both groups (experimental 0.5%, control 0.5%). On the other hand, a small proportion of household members were physically disable in both groups (experimental 5% and control 1.1%).

Religious status

In Bangladesh, majority of the people are Muslims and Hindus, *Buddhists* and Christians are minority communities. The Hindus are the main religious minority in Bangladesh. Most are Bengalis but a few are *Adivasis* who have adopted Hindu practices. Unlike the religion of mainstream population of Bangladesh, majority of *Adivasis* follow Hindu/Sanatan religion. Christian religion is in the second position and the percentage of Buddhist religion is very low (Kamal *et al.* 2005).

³ Local NGOs or Community-based Organizations (CBOs) arise out of people's own initiatives. They can be responsible for raising the consciousness of the urban and rural poor, helping them to understand their rights in accessing needed services, and providing such services. (As per Wikipedia definition)

Figure 1. Religious status of surveyed population

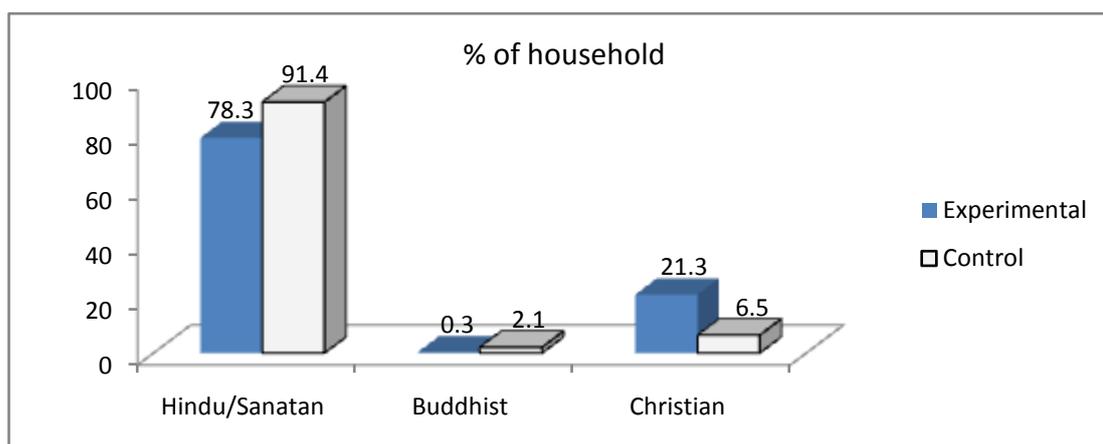


Figure 1 shows that among the 15 *Adivasi* groups Hindus/Sanatan and Christians are predominant followed by Buddhists.

EDUCATION

Table 5. Educational status of surveyed population (>5 years) (%)

Details	Experimental		Control		Total	
	Male (n=2,151)	Female (n=2,060)	Male (n=2,350)	Female (n=2,296)	Male (n=4,501)	Female (n=4,356)
Uneducated	44.8	53.6	47.2	57.1	46.1	55.5
I-V class	29.3	23.1	29.1	24.3	29.2	23.7
VI-X class	17.9	18.0	17.8	15.3	17.8	16.6
SSC	4.7	3.3	3.2	2.1	4.0	2.7
HSC	2.8	1.9	2.2	1.0	2.5	1.4
Diploma	0.3	0.0	0.0	0.1	0.2	0.1
Graduate	0.1	0.0	0.3	0.1	0.2	0.1
Masters	0.1	0.0	0.2	0.0	0.1	0.0

Table 5 shows that a good number of *Adivasi* household members was found to be uneducated in both sex in both groups (experimental; male 44.8%, female 53.6%, and control; male 47.2%, female 57%). The highest rate of having no education is among the females in both of groups. On the other hand, class one to five completed male proportion of *Adivasi* household members was higher compared to female in both groups. In the higher levels of education (HSC and above) among the *Adivasi* household members, male have better standing than in control groups.

Mahato people (48.6%) have highest percentage in control groups, while in experimental groups, *Rajbongshi* people (25.7%) are in the highest percentage for having no education (Figure 2).

Figure 2. Percentage of no education among the Adivasi groups

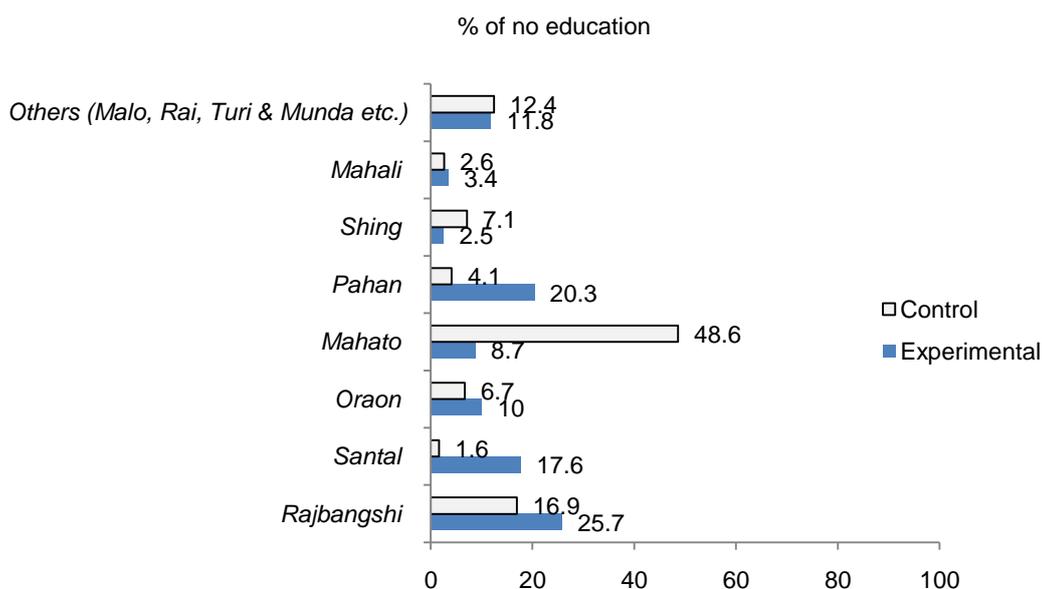


Table 6a. Educational status of 6-10 yrs children (%)

Indicators	Experimental (n=540)	Control (n= 578)	Total (n=1,118)
Presently studying	90.0	77.7	83.6
Dropout	2.2	4.0	3.1
Never schooling	7.8	18.3	13.3

Multiple responses

The study explored the educational status of children 6 to 10 years primary school (Table 6a). The study found that more than 75% children (6 to 10 years) are presently studying in primary school in both the groups (experimental 90%, control 77.7%). However, a small portion of children dropped out from primary school in both groups (control 2.2% and experimental 4%). Nevertheless, a fair proportion of children in the same age range never went to school in both the groups (experimental 7.8%, control 18.3%).

Table 6b. Reason for never schooling and dropout of children 6-10 yrs (%)

Reasons	Experimental (n=54)	Control (n= 129)	Total (n=183)
Financial crisis/poverty	22.2	23.3	23.0
Involved with work	38.9	10.9	19.1
Social insecurity	37.0	62.8	55.2
Failed exam	2.6	2.7	2.5
Disabled/Sickness	1.9	1.6	1.4
Distance of school/ bad communication	1.4	1.6	1.5

Multiple responses

The study found several reasons for dropout and never schooling among the Adivasis children. Among the reasons for dropout and never schooling in the age of children (6-10 yrs) were extreme poverty/financial crisis, social insecurity and

involvement with work were found to be the main reasons for dropout from the primary school and never schooling. On the other hand, a small proportion of children in the same age group failed in exam which acted a reason for dropout from school in both groups (experimental 2.6%, control 2.7%). At the same time, disability, distance or bad communication was a reason for increased dropout and never schooling rate in the same age group of children in both groups (Experimental 1.4%, control 1.6%) (Table 6b).

Figure 3. Children (6-10 yrs) involvement with educational institution (%)

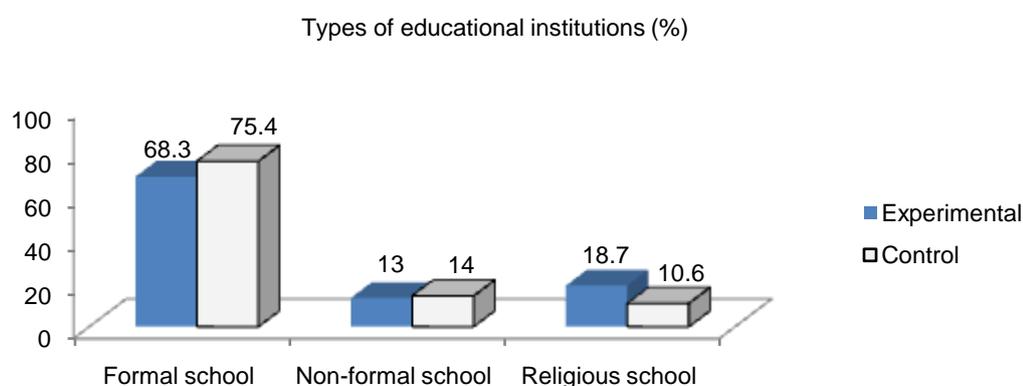


Figure 3 shows that a high proportion of 6-10 year children study in formal education institutions, i.e. Govt. primary school in both groups (experimental 68.3%, control 75.4%). On the other hand, all most the same proportion of children in the same age group is study in non-formal primary school like BRAC School in both groups (experimental 13%, control 14%). However, a good proportion of children in the same age group is studying in religious school like missionary school in both groups (experimental 18.7% and control areas 10.6%). Similar scenario was observed in qualitative findings (Box-2).

Box. 2

Adivasi groups also reported incidents of discrimination in admitting their children into formal institutions of *Bengali* medium like government primary school. Since *Adivasi* groups are keenly interested in sending their children to school, church's fathers help encourage them to send their children to missionary schools. As a result, preference for missionary school is increasing among some *Adivasi* communities like *Mahali* and *Santal*. This preference is also emerging due to economic vulnerability. Father of the church and Buddhist monk help them economically without any interest. In response, they feel highly motivated to send their kids to the missionary school. They also get job security from them, which they don't get from other formal institutions like government primary school.

Source: FGD, *Patnitala*

Table 6c. Educational status of 11 -15 years children (%)

Indicators	Experimental (n=403)	Control (n= 438)	Total (n=841)
Presently studying	87.6	78.1	82.6
Dropout	10.7	18.5	14.7
Never schooling	1.7	3.4	2.4

Multiple responses

The study also explored the student of children 11 to 15 years studying in educational institutions like high school (Table 6c). The study found that more than 78% of children (11 to 15 years) are presently studying in high schools in both groups (experimental 87.6%, control 78.1%). However, a small proportion of children dropped out from the high school in both groups (experimental 10.7% and control 18.5%). Nevertheless, a tiny proportion of children of the same age range never went to school in both groups (experimental 1.7%, control 3.4%).

Table 6d. Reason for never schooling and dropout of children 11-15 yrs (%)

Reasons	Experimental (n=50)	Control (n= 96)	Total (n=146)
Financial crisis/poverty	89.6	83.3	85.4
Marriage	4.2	2.1	2.8
Involved with work	2.5	3.6	2.1
Social insecurity	1.6	1.0	1.3
Failed exam	2.1	4.2	3.2
Disabled/Sickness	2.1	7.3	5.6
Distance of school/ bad communication	4.2	1.0	2.1

Multiple responses

The study also observed that the reasons for dropout and never schooling of 11-15 years children were several among the *Adivasi* communities in the study areas. Among the reasons for dropout, poverty/financial crisis was found to be the main reason (Table 6d).

ECONOMIC EMPOWERMENT INDICATORS

In this section, eight economic empowerment indicators, i.e. income, expenditure, savings and loan, land ownership, economic status, 100 days labour selling and housing structure were observed and assessed in the survey areas.

Income

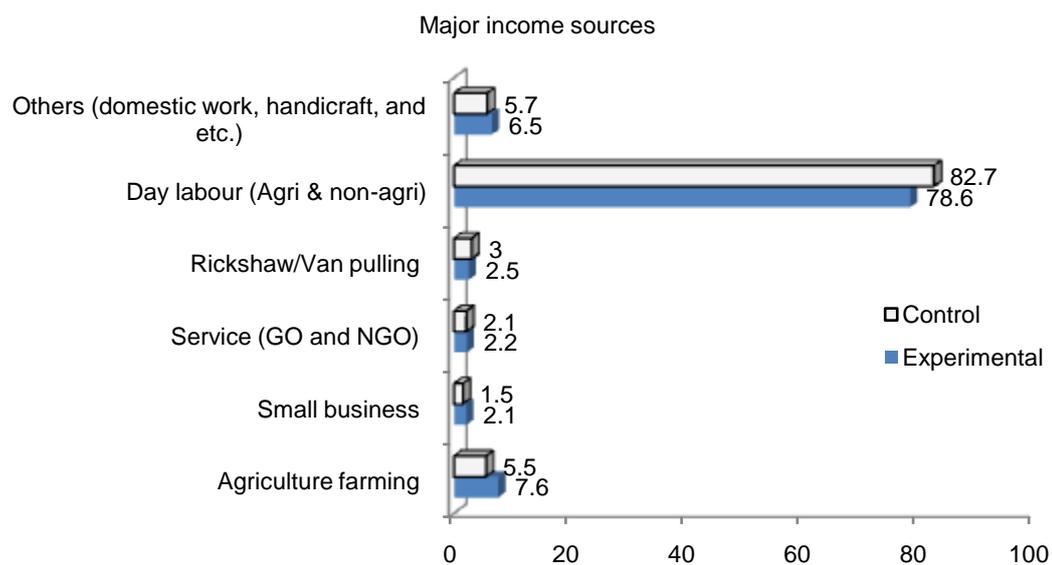
Table 7 shows that income of the control groups households was substantially better than that of the experimental groups households in the study areas. The experimental groups' household annual average income was Tk. 76,908 while in the control groups it was Tk. 79,184 and the difference was statistically insignificant.

Table 7. Household income distribution in a year (%)

Annual income	Experimental (n=1,040)	Control (1,111)	p value
Average income (Tk.)	76,908	79,184	.243
Income distribution (Tk., %)			
<25,000	4.2	3.9	.672
25,001-50,000	20.6	20.2	.811
50,001-75,000	35.0	30.8	.037
75,001-100,000	21.3	24.3	.097
100,001-125,000	9.2	10.4	.383
>125,001	9.7	10.5	.529

Table 7 also shows the distribution of annual income of *Adivasi* households in both the groups, experimental and control. The first highest proportion of *Adivasi* households with income distribution between Tk. 50,001-75,000 was observed in both groups (experimental 35%, control 30.8%) and the difference was statistically insignificant. The second highest proportion of *Adivasi* households with income between Tk. 75,001-100,000 was 21.3% as observed in the experimental and 24.3% in the control and the difference was statistically significant. A higher proportion of *Adivasi* households with income between Tk. 100,000-125,000 was observed in the control groups (10.4%) compared to the experimental groups (9.2%) and the difference was not statistically significant. Similar distribution of yearly income above Tk. 125,001 was observed in both groups (experimental 9.7%, control 10.5%) and the difference was also statistically insignificant.

Figure 4. Major sources of household income (%)



Diversification of income sources among the 15 *Adivasi* communities played a key role to raise households' income and capacity to cope with food security and other crisis. Figure 4 shows diversification of income sources in both the experimental and control groups. It was observed that day labour (agriculture and non-agriculture) was one of the major sources of income in both groups (experimental 78.6%, control 82.7%). On the other hand, agricultural farming was a less dominant source, e.g., agriculture, poultry, livestock and fishing in both the groups (experimental 7.6%, control 5.5%). However, rickshaw/van pulling was the third highest income sources in both groups (experimental 3% control 2.5%). Besides, a small proportion of households' income was coming from services mainly related to garments sector, support staff in GO and NGOs offices in both groups (experimental 2.2%, control 2.1%). Non-farm self-employment like small business appears to be a reliable source of income, which accounts for a smaller income in both the experimental (2.1%) and control (1.5%) groups. It was also observed that other income sources like domestic work, handicraft, etc. were little higher dominated compared to other income sources in both groups (experimental 5.7%, control 6.5%).

In qualitative findings, we observed that they get scope for work only during the '*Robi or Boro Maushum*' (February to May). Only in that time, landlords give them land for lease or tenant and they can cultivate. But, they have to bear the huge production

cost, with lots of risks of natural disasters. *Adivasi* groups have informed that it is better to take the lease or rent land during rainy season namely the ‘*Ropa Aman Maushum*’ (June to July). Because, cultivation of land is easier at that time. The share between landlord and farmer is determined by both cash and crop share. In this regard, landlord has one third of the share of crop, while the farmer will get two third of the total crops. Since the farmers are bearing huge production cost including huge cost of fertilizer, irrigation and labour, they can only get profit on one third portion. So they can gather 250 to 300 kg of rice in one season. One *Bigha* (33 decimals) land can give 640 to 900 kg of rice per Boro season. So, they get total 560 kg out of which the cost of 280 kg can be deducted because of making up the production cost.

Expenditure

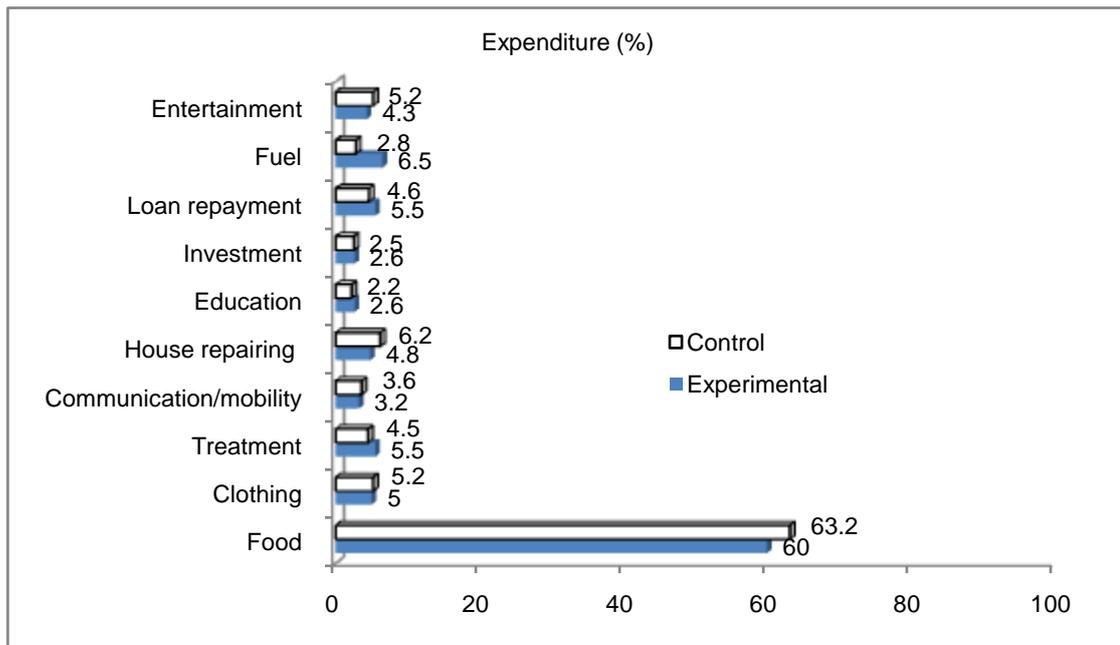
Household expenditures were estimated based on the average expenditures of the household head and other household members in the last one year. Table 8 shows that the annual average expenditures of households in the control groups were a little higher than the experimental groups. The average annual expenditure of *Adivasi* households was observed Tk. 86,259 in the experimental groups while in the control groups it was Tk. 89,299. However, the difference was not statistically significant.

Table 8. Household expenditure distribution in a year (%)

Annual expenditure	Experimental (n=1,040)	Control (n=1,111)	p value
Average expenditure (Tk.)	86,259	89,299	.157
Expenditure distribution (Tk.,%)			
< 25,000	2.3	1.3	.065
25,001-50,000	21.8	21.3	.456
50,001-75,000	29.2	25.8	.189
75,001-100,000	17.2	20.0	.099
100,001-125,000	18.7	20.7	.089
>125,001	10.8	11.0	.457

Table 8 also shows the distribution of yearly expenditure of households in both, experimental and control groups. Distribution of annual household expenditures was analyzed in six income categories for both, experimental and control groups. First, an annual expenditure of <Tk. 25,000 was a little higher in the experimental groups (2.3%) compared to the control groups (1.3%) and the difference was not statistically significant. Second, equal distribution was observed in the annual expenditure between Tk. 25,001-50,000 in both groups (experimental 21.8% and control 21.3%) and the difference was also not statistically significant. Third, among the *Adivasis*, 29.2% of the experimental households had an annual expenditure between Tk. 50,001-75,000 in a year, which was a little higher than that of the control households (25.8%) and the difference was not statistically significant. Among the *Adivasis*, 20% of the control households had annual expenditure between Tk. 75,001-100,000 in a year, which was higher than the experimental households (17.2%) and difference was statistically insignificant. Similarly, among the *Adivasis*, 20.7% of control households had annual expenditure between Tk. 100,001-125,000 in a year, which was much higher than the proportion of experimental households. The difference was also statistically insignificant. Annual expenditure above Tk. 125,001 in a year in both groups (experimental 10.8%, control 11%) was almost equal and the difference was also statistically insignificant.

Figure 5. Major items of expenditure of Adivasi households (%)



Different expenditure patterns between both *Adivasi* groups in the experimental and control households emerged when we looked at different components of household expenditure (Fig. 5). Expenditures on food constituted over 60% of total expenses in both groups (experimental 60% and control 63.2%). The second highest household expenditures was on house repairing and together with fuel were rather very low compared to expenditures on food in both groups. Among the non-food items, households spent a small proportion on loan repayment which was 4.6% in control groups and 5.5% in experimental groups. On the other hand, almost the same proportion of household expenditure was observed in clothing in both groups (experimental 5%, and control 5.2%). The households from both groups spent a small proportion of their money (control 3.6%, experimental 3.2%) for communication/mobility, i.e. bus, rickshaw, van, and train fares. Costs for healthcare or treatment for both groups of households were also part of their annual expenses, 4.5% in control and 5.5% in experimental. Households investment like small businesses or land leasing, were also part of annual expenditure that was in 2.6% experimental and 2.5% in control groups. Money spent for education was very small in both groups (experimental 2.6%, control 2.2%). A small proportion of households' expenditure on entertainment was observed in both groups (experimental 5.2%, control 4.3%) (Fig. 5).

Savings

Savings is vital for forming business capital and coping with unexpected crisis. *Adivasi* household savings were surveyed in terms of average savings and its distribution by households in both the experimental and control groups. The study observed that *Adivasi* household mainly saved a small amount of money in the formal and non-formal savings sectors like NGOs *Samity*, insurance company, bank, friends and relatives. Analysis of savings behaviour reveals that savings pattern/trend of *Adivasi* households in experimental groups was better compared to households in control groups (Table 9).

Table 9. Distribution of household savings (%)

Savings	Experimental (n=1,040)	Control (n=1,111)	p value
Average savings (Tk.)	7,468	5,819	.085
Savings distribution (Tk., %)			
No savings	10.4	9.7	.609
<1,000	16.6	24.6	.000
1,001 – 5,000	48.9	43.4	.010
5,001 – 10,000	12.4	12.6	.890
10,001 -15,000	4.4	4.2	.826
15,001-20,000	1.4	1.3	.714
>20,001	5.8	4.2	.078

Table 9 also shows that average savings of households in experimental groups (Tk. 7,468) was higher than households of control groups (Tk. 5,819) and the difference was not statistically significant. However, a moderately small proportion of households had no savings in both groups (experimental 10.4%, control 9.7%) and the difference was also not statistically significant. Among the control households, 24.6% of households had average savings less than Tk. 1,000 which was much higher than experimental households (16.6%) and the difference was statistically significant. On the other hand, among the experimental households, 48.9% of households had average savings between Tk. 1,001-5,000 which was slightly higher than control households and the difference was also statistically significant. However, almost the same proportion of experimental (12.4%) and control (12.6%) households had average savings range between Tk. 5,001-10,000. Similarly, the same proportion of experimental (4.4%) and control (4.2%) households had average savings range between Tk. 10,001-15,000. A small proportion of households had savings range between Tk. 15,001-20,000 in both groups (experimental 1.4%, control 1.3%), and the difference was statistically insignificant. On the other hand, among the experimental households, 5.8% of households had average savings above Tk. 20,001 which was a little higher than control households (4.2%). This difference was also statistically insignificant (Table 9).

Ownership of land

Historically in Bangladesh ‘land poor’ are the poor in general and there has always been a strong negative correlation between land ownership and incidence of poverty (BBS 2011). Similarly, instances of land dispossession suffered by the *Adivasis* of plain land are perhaps even more widespread than among the *Adivasi* communities inhabiting the hill areas of Bangladesh (Barkat *et al* 2008).

Table 10. Distribution land ownership (%)

Land owned (in decimal)	Experimental (n=1,040)	Control (n=1,111)	p value
Average homestead land	6.56	5.39	.057
Average cultivated land	29.18	24.23	.065
Average leased and mortgaged land	23.10	20.48	.141
Own land distribution (decimal, %)			
No land	8.9	14.0	.000
<10	47.4	46.9	.813
11-50	21.8	20.2	.343
>51	21.8	18.9	.092

Table 10 shows the proportion and distribution of land ownership of *Adivasi* households in both the groups (experimental and control). First, we observed that the average homestead land size was slightly higher in experimental groups (6.5 decimals) compared to control groups (5.4 decimals) and the difference was not statistically significant. Similarly, the average cultivated, leased, and mortgaged land sizes were slightly higher in the experimental groups compared to the control groups. These differences were also not statistically significant. Second, among the control group *Adivasi* households, 14% of households had no own land which was much higher than experimental group *Adivasi* households (8.9%) and the difference was statistically significant. It was found that the highest percentage of land holders in both groups (experimental 47.40% and control 46.9%) was holding less than 10 decimals. On the other hand, a moderate proportion of *Adivasi* households in both groups (experimental 21.8%, control 20.2%) were holding 11-50 decimals land and the difference was also statistically insignificant. However, a slightly higher proportion of experimental households (21.8%) had own land >51 decimals compared to control households (18.9%) and the difference was statistically insignificant.

Loan

Access to loan or credit is crucial for coping with unexpected crisis and smooth consumption in bad times for poor and marginalized community. It is also important for capital formation to expand or initiate new income generating activities (IGA) at community level for any vulnerable group (Barkat *et al.* 2008).

Table 11. Loan received by households last year

Loan amount	Experimental (n=1,040)	Control (n=1,111)	p value
Average loan size (Tk.)	11,401	10,934	.463
Loan distribution (Tk., %)			
No loan received	55.3	49.4	.006
<5,000	29.6	23.1	.009
5,001-10,000	39.5	45.1	.047
10,001-15,000	14.3	18.0	.076
15,001-20,000	7.1	8.5	.344
20,001-25,000	2.7	1.6	.209
25,001 – 30,000	2.8	1.3	.060
>30,001	3.9	2.3	.097

Table 11 represents amount of loan received by both groups of *Adivasi* households (experimental and control) last year. The average loan size for experimental households (Tk.11,401) was a little higher than control households (Tk.10,934), and the difference was not statistically significant. However, a good number of households in both groups (experimental 55.3%, and control 49.4%) did not receive any loan last year. On the other hand, a slightly higher proportion of experimental households (29.6%) took loan <Tk. 5,000 compared to control households (23.1%). The difference was statistically significant. However, a higher proportion of control households (45.1%) took loan between Tk. 5,001-10,000 compared to experimental households (39.5%) and the difference was also statistically significant. The rest of the *Adivasi* households took loans of different size in both groups and the differences were not statistically significant.

Figure 6 shows that a slightly higher proportion of household members took loan from BRAC in both groups (control 14.6%, experimental 10.1%), followed by Grameen Bank (control 10.8%, experimental 8.7%) and ASA (control 8.5%, experimental 5.4%). However, more than 38% of the *Adivasi* household members in both groups (experimental 46.5%, control 38.2%) took loan from international NGOs, e.g., CCDB, World Vision and CARITAS Bangladesh last year. On the other hand, a slightly good proportion of *Adivasi* household members also took loan from local NGOs in both groups (experimental 21.6%, control 23.4%). Nevertheless, a small proportion of household members in both groups (experimental 9.8%, control 5.9%) took loan from different types of informal sources, e.g., land owner, *Mohajan* and relatives or friends to meet their crisis.

Figure 6. Sources of loan taken last year (%)

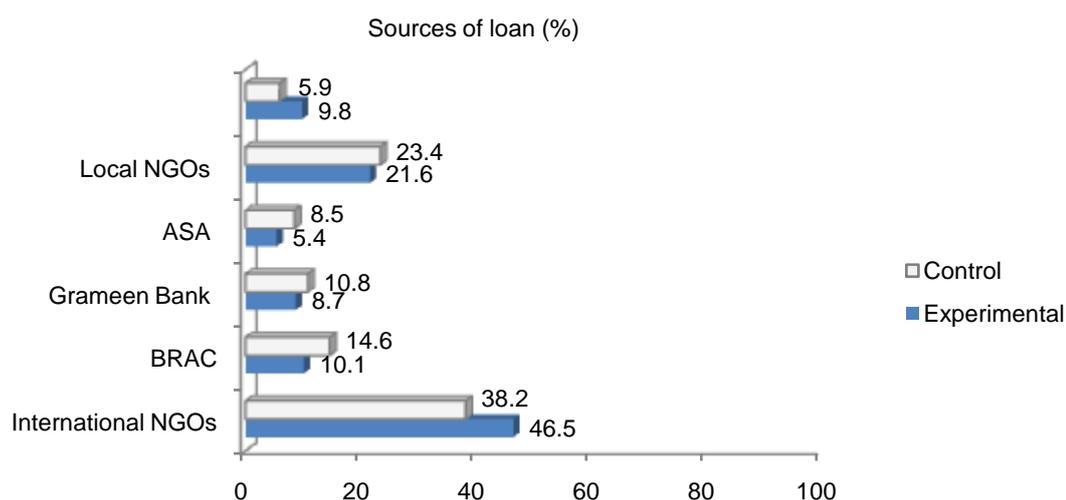


Table 14 shows that a good proportion of *Adivasi* household members received loan for IGA e.g., small business, livestock and poultry rearing, agriculture, fish cultivation in both groups (experimental 73.2%, and control 76.7 %) last year and the difference was statistically insignificant. On the other hand, a little good proportion households was received non-IGA loan, e.g., tubewell and sanitation, child education, house construction in both groups (experimental 26.8% and control 23.3%) and the difference was not significant.

Table 12. Types of loan received and invested last year (%)

Indicators	Experimental (n=635)	Control (n=610)	p value
Type of received loan			
IGA	73.2	76.7	.155
Non-IGA	26.8	23.3	.155
Type of invested areas			
IGA	69.8	63.0	.011
Non-IGA	30.2	37.0	.011

Table 12 also reveals that the experimental group members (69.8%) were more likely to be involved in IGA compared to control group members (63.0%) and the difference was statistically significant. Compared to control group members,

experimental group members were less involved in non-economic activities, e.g., household expenses, buying furniture, etc. As a result, spending loan money in non-proposed sectors emerges as a significant difference between the control and experimental group.

Table 13. Status of loan repayment last year (%)

Indicators	Experimental (n=635)	Control (n=610)	p value
Loan payment completed	6.5	2.8	.002
Loan payment not completed or defaulter	1.1	0.3	.107
Loan payment continue	92.4	96.9	.001
Reason for defaulter of loan repayment (%)			
Household daily expenses	57.1	98.2	.257
Treatment of family members	42.9	1.8	.168

Table 13 shows that a higher proportion of experimental household members (6.5%) paid loan installment compared to control household members (2.8%) in last one year and the difference was statistically significant. On the other hand, a slightly higher proportion of experimental household members (1.1%) did not to pay the loan installment in schedule time compared to control household members (0.3%) and the difference was not statistically significant. However, a large portion of household members was continuing loan repayment in both groups (experimental 92.4%, control 96.9%) and the difference was statistically significant.

Economic status of *Adivasis*

Most of the *Adivasi* groups especially plain land *Adivasi* in Bangladesh are living under extreme poverty and hunger. They do not have land for cultivation and no habit to save money for future. They are mostly displaced people and are denied of their rights to leave forest which used to be their main source of livelihood. Now they depend only on daily manual work like agriculture and non-agriculture labour to meet their daily expenses (Barket *et al.* 2008).

Table 14. Self perception of the respondents (*Adivasi*) regarding their economic status (%)

Economic status	Experimental (n=1,040)	Control (1,111)	p value
Extreme poor	16.4	20.0	.034
Poor	60.9	60.7	.925
Marginal/medium	21.3	18.1	.058
Rich	1.3	1.3	.861

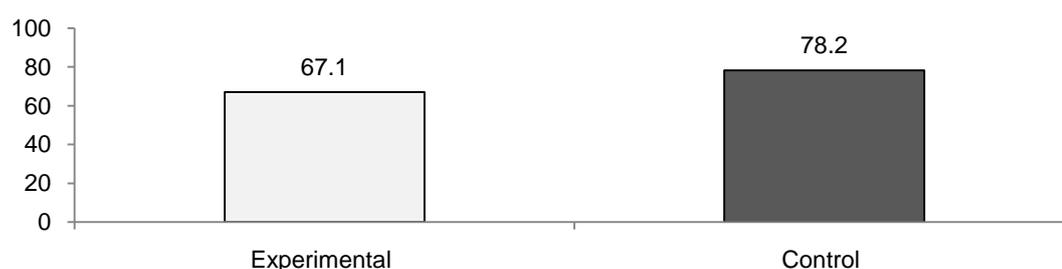
Table 14 shows that *Adivasi* households were found to be optimistic about their economic status compared to their present position. Almost 16% of the *Adivasi* households reported that their economic status is extreme poor in both groups (experimental 16.4% and control 20%). On the other hand, a good proportion of *Adivasis* reported that they are in poor class considering their economic condition in both groups (experimental 60.9%, and control 60.7%). However, more than 18% of the surveyed *Adivasi* households reported that their economic status is marginal or middle class in both, experimental (21.3%) and control (18.1%) groups. A very small proportion among the *Adivasi* households thought that their economic status to be in

rich class in both groups (experimental 1.3%, control 1.3%). Differences between experimental and control groups were statistically insignificant.

100 days labour selling

The household income and expenditure survey- HIES (2011) reveals that around 40% of the population live in absolute poverty (using the upper poverty line as per the cost of basic needs method) and about 25% in extreme poverty (using the lower poverty line). These two groups of *Adivasis* belong to the poor and extreme poor economic classes and are mainly involved in physical labour (agriculture and non-agriculture) selling whole year (Box-3). Similarly, among the 15 *Adivasi* groups, over 67% of the *Adivasi* households reported that they have sold their labour more than 100 days in a year in both groups (experimental 67.1%, control 78.2%) (Fig.7).

Figure 7. Status of 100 days labour selling in last year (%)



Box. 3

Poverty time for *Adivasi* groups is the Bangali month of *Ashwin* and *Kartik*, (September and October). They tackle this situation by borrowing money from ‘*Mohajon*’ (money lender) and selling trees and cattle. Some of them work in brick fields, and some borrow money from owners of brick fields. In tackling poverty, sometimes *Adivasi* groups are compelled to borrow money from land owners and sell labour in advance. In the case of selling labour in advance, they sell their labour at a rate below the market rate, (e.g. selling labour at Tk. 150 which would be Tk. 200 in market per day). Sometimes, they are found for selling labour in advance, which only brings Tk. 50 at the end of the day. Usually when they sell labour they are supposed to get Tk. 150 (for men) and Tk. 80-100 (for women) along with food – either puffed rice or bun (once a day). This rate can be increased in times of ripening *Boro* rice – men get Tk. 200, women get Tk. 150. Their working time begins at 8.00 am to 1.00 pm before lunch. Again after the lunch, the working hours carry on from 2.00 to 5.30 p.m.)

Source: FGD, *Panchbibi*

Dwelling condition

Housing status is an important indicator that is sensitive to the poverty scale. A comfortable housing condition with sufficient energy is also a key to healthy life (Kamal *et al.* 2007). In case of homestead ownership in the study areas, it was found that a slightly good proportion of *Adivasi* households do not own homestead land and they build their houses in govt. land or land owned by other people in both, experimental (11.3%), and control (14.7%) groups. On the other hand, overall 85% of the surveyed *Adivasi* households live in own dwelling in both areas, (experimental 88.6%, control 85.1%) and the difference was statistically insignificant (Table 15).

Table 15. Types of household holding (%)

Indicators	Experimental (n=1,040)	Control (n=1,111)	p value
Own	88.6	85.1	.020
Rented	0.2	0.2	.947
Own house built on others land	8.1	10.3	.080
Own house built on Govt. land	3.2	4.4	.134

Table 16 presents information on housing characteristics. Almost 20% of surveyed *Adivasi* households have access to electricity in both groups (experimental 21.8%, control 20.8%). Tin is the most common roofing material in Bangladesh. Overall, 96% of *Adivasi* households live in dwellings with tin roofs in both groups (experimental 96.5%, control 97.4%). On the other hand, a small proportion of *Adivasi* households lives in dwelling with straw and bamboo roofs in both groups (experimental 3.5%, control 2%).

Table 16. Housing characteristics (%)

Housing characteristic	Experimental (n=1,040)	Control (n=1,111)	p value
Have access to electricity	21.8	20.8	.256
Main roof material			
Straw with bamboo	3.5	2.0	.034
Tin	96.5	97.4	.249
Brick with cement	0.0	0.6	.010
Main wall material			
Tin	3.1	2.5	.434
Brick and cement	6.0	11.7	.000
Bamboo/straw/mud	91.0	85.8	.000

None of the *Adivasi* households live in dwellings with brick and cement roofs in experimental groups while it is 0.6% in control groups and the difference was statistically significant. Overall, 85% *Adivasi* households live with walls made of natural materials such as bamboo, straw, mud in both areas (experimental 91.0%, control 85.8%) and the difference was statistically significant. A slightly higher proportion of control households (11.7%) live with walls made of brick and cement compared to experimental (6%) and the difference was statistically significant. On the other hand, a small proportion of experimental households (3.1%) live with walls made of tin compared to control households (2.5%) and the difference was statistically significant (Table 16).

SAFE WATER, SANITATION AND HYGIENE PRACTICE

Safe water, sanitation and domestic hygiene were measured in terms of sources of drinking water, access to arsenic-free drinking water and period of test for arsenic, types of latrine used by household members and use of hand washing agent.

Safe water

Table 17. Access to safe drinking water (%)

Sources	Experimental (n=1,040)	Control (n=1,111)	p value
Tubewell (self)	50.6	46.3	.046
Tubewell (community)	49.4	53.7	.046

Table 17 shows that almost 99% of *Adivasi* households have access to safe drinking water, i.e. tubewell water in both groups. A slightly higher proportion of households in experimental groups (50.6%) have own tubewell compared to control groups (46.3%) and the difference was not statistically significant. On the other hand, a good proportion of control groups (53.7%) households have access to community tubewell compared to experimental groups (49.4%) and the difference was also not statistically significant.

In the qualitative part, from the FGD sessions, *Adivasis* said that most of community tubewell are situated in a majority community like Muslim or Hindues which are very far away from their own community as well as their own residences. Besides that, sometimes, they also faced many difficulties in collecting water from other community. Because, the tubewell owner does not like *Adivasi* groups considering purity pollution, norms, culture and beliefs.

Table 18. Access to arsenic free water and period of test for arsenic (%)

Indicators	Experimental (n=1,040)	Control (n=1,111)	p value
Tubewell tested for arsenic	10.9	23.9	.000
Tubewell not-tested for arsenic	57.0	58.9	.386
Don't know	32.1	17.3	.000
Period of arsenic tested by year			
<1	31.9	23.4	
1-5	61.9	67.9	
>5	6.2	8.7	

Table 18 reveals that a good number of control households (23.9%) reported, that they have access to arsenic free water compared to experimental groups (10.9%) and the difference was statistically significant. However, overall 57% of the respondents said that they have used tubewell water which was not tested in both groups (experimental 57%, control 58.9%) and the difference was not statistically significant. On the other hand, a slightly higher proportion of experimental households (32.1%) reported that they don't know whether the tubewell was tested or not compared to control groups (17.3%) and the difference was statistically significant. However, a good proportion of *Adivasi* households were using tubewell with arsenic testing 1-5 years ago in both groups (experimental 61.9% and control 67.9%).

Sanitation and hygienic practice

Table 19. Type of latrine used by adult members (%)

Type	Experimental (n=1,040)	Control (n=1,111)	p value
Sanitary latrine with water seal	36.2	24.2	.000
Sanitary latrine with broken water seal	19.1	24.1	.005
Pit/open/ <i>kucha</i>	44.7	51.8	.001

Table 19 shows that a slightly higher proportion of experimental group households (36.2%) have access to sanitary latrine⁴ than control groups (24.2%) and the difference was statistically significant. However, a significant proportion of *Adivasi* households has been using sanitary latrine with broken water seal in both groups (Experimental 19.1%, control 24.1%). They usually break the water seal while installing the latrines. On the other hand, a remarkable proportion of *Adivasi* households have been using a non-hygienic type of latrines, i.e. pit/open/*kucha* in both groups (experimental 44.7%, control 51.8%).

Table 20 shows the level of hygiene sanitation practices for children of 2-5 years and 6-14 years age groups in both areas. A good proportion of experimental household's children (20.7%) 2-5 years age group have been using sanitary latrine compared to control areas (11.7%) and the difference was statistically insignificant. On the other hand, almost the same proportion of children in the same age group have been using sanitary latrine with broken water seal in both areas (experimental 10.7%, control 12.5%). The difference was not statistically significant. However, overall 68% of *Adivasi* household's children 2-5 years age groups have been using non-hygienic type of latrine, i.e. pit/open *kucha* in both areas (experimental 68.6%, control 75.8%) and the difference was statistically significant. In group discussion, they said that this type of latrine is more accessible for children 2-5 year's age groups.

Table 20. Type of latrine used by children (2-5, and 6-14 yrs) (%)

Indicators	Experimental (n=280)	Control (n=343)	p value
Sanitary latrine with water seal	20.7	11.7	.028
Sanitary latrine with broken water seal	10.7	12.5	.207
Pit/open/ <i>kucha</i>	68.6	75.8	.005
Type of latrine used by children (6-14yrs)	(n=514)	(n=558)	
Sanitary latrine with water seal	37.7	24.2	.000
Sanitary latrine with broken water seal	19.8	21.7	.410
Pit/open/ <i>kucha</i>	42.4	54.1	.001

Table 20 also reveals that a good proportion of experimental household's (37.7%) children 6-14 years age group has been using sanitary latrine compared to control areas (24.2%) and the difference was statistically highly significant. In contrast, a slightly good proportion of household's children in control areas (21.7%) has been using sanitary latrine with broken water seal compared to experimental areas (19.8%) in the same age group. The difference was not statistically significant. On the other hand, more than 40% of household children 6-14 years age groups used a non-

⁴ Definition of sanitary latrine: latrine with two septic tanks and water seal or concrete ring (usually three rings) and slab with water seal was considered as sanitary latrine. If latrine's water seal is broken that latrine is not considered sanitary.

hygienic type of latrine, i.e. pit/open *kucha* in both areas (experimental 42.4%, control 54.1%) and the difference was statistically significant.

Table 21. Type of hand washing agent used after defecation (%)

Type of agent	Experimental (n=1,040)	Control (n=1,111)	p value
Soap and water	37.6	39.0	.512
Ash and water	33.8	34.3	.827
Soil and water	14.9	23.3	.000
Only water	13.7	3.4	.000

Table 21 shows the status of using hand washing agents after defecation in the surveyed households in both experimental and control groups. A good proportion of households in control groups (39%) were reported using water and soap as an agent after defecation compared to experimental groups (37.6%). The difference was not statistically significant. Similarly, a slightly higher proportion of households in control groups (34.3%) used ash and water as an agent after defecation compared to experimental groups (33.8%), and the difference was also not statistically significant. Hence, this practice, soap and water were found to be the most preferable washing materials in hand washing practice after defecation in control groups compared to experimental groups. However, in terms of comparatively non-hygienic hand washing practice after defecation like washing with soil and water and only with water, the difference between two groups (experimental and control) were highly significant.

HEALTH, IMMUNIZATION AND FAMILY PLANNING

Health

To analyse prevalence of disease among the 15 *Adivasi* communities in both groups (experimental and control) the respondents were asked to recall their illness in the last 15 days from the date of interview. A slightly higher prevalence of disease was observed in control groups (46.6%) compared to experimental groups (45.2%) (Fig. 8).

Figure 8. Status of household member illness in last 15 days (%)

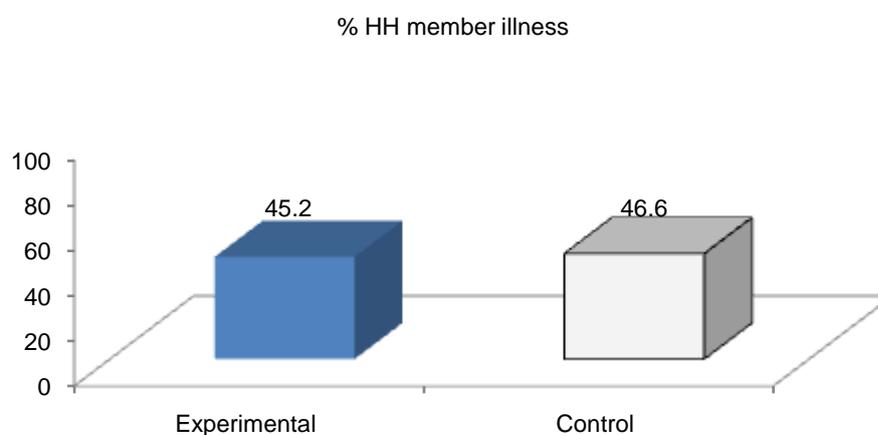


Table 22 shows that most of the *Adivasis* suffered from fever/common cold in the last 15 days in both groups (experimental 52.9%, control 59.1%). On the other hand, it was observed that different types of pain were the second most common illnesses

(experimental 16.4%, and control 13.8%). However, a substantial proportion of the *Adivasis* suffered from waterborne diseases like diarrhoea and dysentery in both groups (experimental 7.7%, and control 6.1%). The most common chronic illnesses *Adivasis* reported were gastric/ulcer (experimental 8.5%, control 9.6%), difficulty in breathing i.e. asthma (experimental 2.7%, control 3.4), and heart problem (experimental 5.1%, control 3.9%).

Table 22 also reveals the sources of treatment for *Adivasi* for curing their illness in the last 15 days. In this regard 53.9% of experimental and 44.9% of control groups household members went to *Polli* doctors or traditional healers. On the other hand, almost the same proportion of *Adivasi* household members received services from government hospital or clinic in both groups (experimental 24.8%, control 25%).

A good proportion of control group household members (28.4%) received services from drug shops compared to experimental areas (17.4). Though the literature narrates indigenous people's reliance on *Kabiraj* or indigenous doctors, empirical evidence found that only 10.1% of experimental and 12.2% control groups household's members reported visiting them. However, this trend does not hold when, according to Table 23, the health seeking behaviour in the last one year was looked upon. Traditional healers and *Kabiraj* retained a dominant position in providing services to *Adivasis* in both groups (experimental 51.8%, control 40.4%) (Table 22)

Table 22. Types of illness and sources of treatment in last 15 days (%)

Types of illness and treatment sources	Experimental (n=532)	Control (n=594)
Non-chronic illness (%)		
Fever/common cold	52.9	59.1
Pain (Abdominal pain and body pain)	16.4	13.8
Diarrhoea/dysentery	7.7	6.1
Chronic illness (%)		
Gastric/Ulcer	8.5	9.6
Blood pressure/ Heart problem	5.1	3.9
Asthma	2.7	3.4
Others	10.2	6.6
Source of treatment (%)		
<i>Polli</i> doctors	53.9	44.9
Govt./non-govt, hospital/clinic	24.8	25.0
Drug shop	17.4	28.4
Others (Homeopathy, <i>Kabiraji</i> , <i>Jhar-fook</i>)	10.1	12.2

Multiple responses

Table 23. Three most commonly visited health services/facilities in last year (%)

Indicators	Experimental (n=1,334)	Control (n=1,310)
Village doctor/Traditional healers	51.8	40.4
Government health facilities	19.0	33.0
Non-government health facilities	19.5	8.9
Others (Drug shops, Homeopathy)	5.4	2.9
Did not receive any services	5.4	16.0

Multiple response answers

The second highest number of household members went to the two most common sources for treatment i.e., government and non-government hospitals/clinics in both

experimental and control groups. On the other hand, seeking treatment from homeopathy doctors and drug shops was a slightly prominent among the *Adivasis* in the experimental groups (5.4%) compared to the control (2.9%) (Table 23).

In addition, a good proportion of household members, especially in the control groups (16%) either sought no treatment or self-treatment compared to the experimental groups (5.4%) (Table 23).

Immunization

Table 24 shows that childhood immunization⁵ rate was higher in control groups (76.0%) compared to experimental groups (62.4%), and the difference was statistically significant. On the other hand, almost the same proportion of children was partially immunized i.e. 3-5 doses of vaccine received in both groups (experimental 22.9% and control 22.6%). Nevertheless, a small proportion of under-3 children were not immunized in both groups (experimental 3.7% and control 1.4%) and the difference was statistically insignificant.

Table 24. Immunization and received vitamin A among under-3 children (%)

Indicators	Experimental (n=218)	Control (n=287)	p value
Immunization:			
Fully immunized	62.4	76.0	.001
Partially immunized	22.9	22.6	.939
Not immunized	3.7	1.4	.097
Vitamin A:			
Received vitamin A	72.5	85.7	.000

We also asked respondents of *Adivasi* households if there were any under-3 children who had not received vitamin A capsule in the last immunization date prior to the survey. Result shows that the rate of receiving vitamin A capsule was higher in control groups (85.7%) than the experimental groups (72.5%), and the difference was statistically significant (Table 24).

Table 25. Proportion of child death through pregnancy complications in the last one year (%)

Indicators	Experimental (n=1,040)	Control (n=1,111)	Total (n=2,151)
Number of child death incidence occurred	9	11	20
Causes of child death (%)			
Abortion	100.0	72.7	85.0
Baby's death in the womb	0.0	27.3	15.0

Table 25 reveals that the number of child death was few in both groups (experimental 9 and control 11) due to pregnancy complications in the last one year. However, the abortion rate was very alarming in both groups (experimental 100%, control 72.2%). On the other hand, children's death in the womb was found in the control groups (27.3%) and non-existent in the experimental groups.

⁵ According to WHO guideline for childhood immunizations that all children need to receive: a BCG vaccination against tuberculosis, three doses of pentavalent vaccine to prevent diphtheria, pertussis, tetanus, hepatitis and HIV, three doses of polio vaccine and measles vaccine. During interview our field workers asked mothers to show health card for checking whether the child had received vaccines.

Family planning

Population growth of a community depends not only on the use of and access to health services but, to a large extent, on the availability and use of family planning services by eligible couples. Contraceptive prevalence and type of methods used are discussed in this subsection.

Table 26 shows that a little higher proportion of married eligible couples in the experimental groups (64.4%) are using contraceptives compared to the control groups (61.9%) and the difference was statistically insignificant. The mean age of contraceptive user (male and female) was almost the same (38 years) in both groups (experimental 38.4 years, control 37.9 years).

According to Table 26, more than 65% of the married eligible couples are using pills and it was found dominant compared to other methods in both groups (experimental 69.6%, control 81.7%).

Table 26. Use of contraceptives (%)

Indicators	Experimental (n=786)	Control (n=788)	p value
Currently user	64.4	61.9	.314
Mean age of user (year)	38.4	37.9	.334
Methods used (%)			
Pill	69.6	81.7	.000
Ligation/Vasectomy	15.2	10.9	.042
Injection	7.9	4.7	.039
Condom	3.8	3.1	.555
IUD	3.6	0.2	.000

FOOD HABITS AND CONSUMPTION

Table 27 provides a glimpse of food from consumption. It was found that majority of the households did not consume egg, big fish, meat, milk and fruits in the last week in both groups. However, preserve of small fish was found to be dominant in the diet in both control (79.5%) and experimental (80.7%) groups.

In group discussion, we found that *Adivasi* groups prefer: rice, vegetables, fish, puffed rice, different kind of lentils milk and its products aborigine paste (*Baigul chaba*), potato-paste bread, potato of the jungle, pig, duck, hen, oyster, prawns, dried fish, pork and different types of *Bharta*. Use of alcohol is very common among *Adivasi* groups. They like to serve alcohol during different cultural and family functions. Most of the time, alcohol is made of rotten rice and sometimes from date juice named *Tari*.

Table 27. Food consumption pattern of *Adivasi* household (%)

Type of food consumption	Experimental (n=1,040)	Control (n=1,111)	p value
Egg:			
Consume >3 times/week	41.1	42.5	.503
Consume not once/week	58.9	57.5	.503
Big fish:			
Consume >3 times/week	41.3	40.7	.755
Consume not once/week	58.6	59.3	.721
Small fish:			
Consume >3 times/week	80.7	79.5	.488
Consume not once/week	19.2	20.5	.454
Meat:			
Consume >3 times/week	32.1	37.3	.012
Consume not once/week	67.8	62.7	.014
Milk:			
Consume >3 times/week	25.4	21.1	.018
Consume not once/week	74.6	78.9	.018
Fruits:			
Consume >3 times/week	20.5	19.3	.479
Consume not once/week	79.5	80.7	.479

BASIC FAMILY PRACTICES AND AWARENESS

In most *Adivasi* communities, the system of relationships among its members is extremely complex. In small villages, most inhabitants are somehow related to one another and could be assumed as belonging to the same extended family.

This study considers the family to be a socially and economically autonomous unit. According to M. Hasan⁶, in *Adivasi* communities the basis for the formation of a family is marriage. A family typically consists of one or two parents and their children. In some cases a family includes the parents of the head of the family and/or his/her parents-in-laws. Two married brothers are considered as heads of two separate families. We should keep in mind that *Adivasi* communities in the study areas are male-headed. Female-headed families are usually found where widows are responsible for the livelihood of their children and, in rare cases, that of their parents.

Marriage and dowry in *Adivasi* community

Table 28. Practice of dowry in marriage in the last three years (%)

Indicators	Experimental (n=128)	Control (n=133)	p value
Marriage without dowry	28.9	24.1	.375
Marriage with dowry	71.1	75.9	.377
Type of dowry (%)			
Things/goods and ornaments (Furniture, TV, By-cycle, Motor cycle, Wristwatch)	94.4	76.8	
Cash money	78.9	73.7	

Multiple responses

⁶ Mahbub Hasan, "Livelihood of the *Santals* – Contemporary Change Dynamics", Center for Applied Social Studies, Dhaka, 2006, p. 62

Table 28 shows that practice of dowry is prevalent among *Adivasi* households in the past three years. More than 70% of the surveyed households reported that they received different types of dowry⁷ (cash or goods) in wedding ceremony (experimental 71.1%, control 75.9%) and the difference was statistically insignificant. Among them, a large proportion of experimental group *Adivasi* households (94.4%) received dowry in goods like furniture, television, bi-cycle, ornaments compared to control groups (76.8%). Similarly, a good proportion of households in the experimental groups (78.9%) received dowry in cash money compared to the control groups (73.7%).

In group discussion, we found that among the *Adivasi* groups, dowry is not a part of cultural practice in their community. But, they have developed the practice of dowry over the course of time and dowry along with polygamy appears to be issue for concern for *Adivasi* communities. They said that if women are highly educated (SSC on average), they cannot work at field like a day labourer and they also failed to get any job due to high competition with the Bangali community. Even, they also face problem in marriage. Because, educated male is very rare in *Adivasi* community. Thus, dowry is higher for educated women. *Adivasi* community doesn't encourage higher education especially girl child.

Intra-household decision-making practice

In order to grasp gender relation, we have seen the exercise of authority in the decision-making process of households in study areas. In most cases, men as the household heads were identified as the key decision makers in the household matters, especially for purchasing daily household goods, family income, expenses, etc.

Table 29 shows that a good proportion of respondents in the experimental groups (91.9%) reported male as the key decision maker in household matters compared to female while of 88% control groups. The difference was statistically significant. Table 29 assists to understand the dynamics in a clear way with reference to Table 30.

Table 29. Decision-making for most important tasks (%)

Indicators	Experimental (n=1,040)	Control (n=1,111)	p value
Intra households decision-making			
Household head (male)	91.9	88.0	.005
Household head (female)	6.2	8.1	.080
Others (Grandfathers/mothers)	1.9	3.9	.007
Areas of decision (%)			
Purchases of daily household needs	82.6	39.5	
Family income and expenses	75.8	50.7	
Child health care and education	27.5	24.0	
Land leasing or mortgage for agriculture	21.7	13.2	
Adult health care	8.2	11.3	
Others (Family Planning, Marriage, religious and cultural)	6.3	6.8	

Multiple responses

Table 30 shows that among the *Adivasi* communities more than 50% of household head and spouse acted together for taking any household important decision in both

⁷ A dowry is money, goods or estate that a woman brings to a marriage. One function of dowry may be to provide the husband with "seed money" or property for the establishment of a new household and to help feed and protect the family.

groups (experimental 58.5%, control 53.2%). However, a small proportion of household heads took decisions for important household tasks in both groups (experimental 20.9%, control 24.7%). On the other hand, other household members had participation in household decision for 20.7% in experimental and 22.1% in control groups. Figure 9 is bringing up the same issue according to different *Adivasi* groups.

Table 30. Decision maker for important household task (%)

Decision maker	Experimental (n=1,040)	Control (n=1,111)	p value
Household head itself	20.9	24.7	.036
Household head and spouse together	58.5	53.2	.014
Discuss with other household members	20.7	22.1	.407

Awareness of *Adivasis*

In terms of human development index, *Adivasis* lack awareness on basic human rights issue, e.g., legal and political awareness in every state, every district and every village (Kamal *et al.* 2007).

Table 31. Knowledge on legal age of marriage and their practice (%)

Legal age of marriage and practices	Experimental (n=1,040)	Control (n=1,111)	p value
Correctly response for male marriage age (21 years and above)	12.9	14.0	.469
Correctly response for female marriage age (18 years and above)	56.9	50.4	.002
Family practice for marriage	(n=189)	(n=140)	
For male marriage (21 years and above)	66.7	72.1	.290
For female marriage (18 years and above)	50.8	50.6	.966

Table 31 shows that about 56.9% in experimental groups and 50.4% in control groups responded correctly regarding the legal age of female for marriage. The difference was statistically significant. On the other hand, only 12.9% in the experimental and 14.0% in the control groups responded correctly the legal age of male for marriage and the difference was statistically insignificant. Almost 50% of *Adivasi* households were practicing early marriage for female in both groups (experimental 50.8%, control 50.6%). However, early marriage for male was found to be less practiced in both groups (experimental 33.3% and control 27.9%).

Table 32. Knowledge of voting age and women abuse (%)

Indicators	Experimental (n=1,040)	Control (n=1,111)	p value
Correct response for voting age	41.8	39.0	.178
Correct response about physical abused on women as a crime	95.4	95.8	.664

Table 32 shows that about 41.8 % in the experimental and 39.0% in the control groups could rightly say about the legal age for voting and the difference was statistically insignificant. A huge number of people was found to be aware about the criminal nature of violence against women in both groups (experimental 95.4% and control 95.8%) and the difference was also not statistically significant.

Table 33. Percentage of marriage registration (%)

Indicators	Experimental (n=1,040)	Control (n=1,111)	p value
Marriage registration (yes)	10.2	7.6	.032
Reasons for not conducting registry marriage			
Absence of government set of laws	89.6	87.9	.000
Absence of religious set of laws	4.1	9.9	.000
Less important issue for them	6.3	2.2	.281

Table 33 shows that among the *Adivasi* communities, a small proportion of respondents reported they have registered their marriage in both groups (experimental 10.2% and control 7.6%). The main reason was the absence of government laws for regulating marriage registration of indigenous people in both groups (experimental 89.6%, control 87.9%) and the difference was statistically significant. The two *Adivasi* groups (experimental 4.1%, control 9.9%) pointed out the significant difference in providing the opinion that absence of religious set of laws was also a factor for not conducting registry marriage. Only few *Adivasis* acknowledged that they did not consider registry marriage to be necessary in both the experimental (6.3%) and control (2.3%) groups. This difference was also not statistically significant.

Violence against *Adivasi* community

According to Eshani Chakraborty and Md. Ayub Ali, in their study on women's positions and gender relations in *Adivasi* societies, violence against women within *Adivasi* communities is traditionally hindered by a strong social value system and can primarily be considered as a consequence of exposure to Bengali culture:

Adivasis are seldom harassed by their community. This is more or less a universal picture for all *Adivasi* societies residing in Bangladesh. There exists strict social sanction against its violation as decided by the traditional administrative structure in consultation with the members of the village. However, ethical values of the *Adivasi* are being contaminated over the years due to exposure to Bengali culture and association with them. Consequently, women's insecurity and vulnerability are increasing within their own societies. Some isolated incidents of *Adivasi* women's harassment in the hands of *Adivasi* men are being heard, but still to a very limited extent. The uniqueness of *Adivasis* societies is the in-built cultural values not to harass/assault women in public - which is indeed a valuable asset that has markedly differentiated them from Bengali society. This is to be further cultivated, nourished and disseminated in order to restrict its gradual erosion as well as to imbibe young *Adivasi* with the relatively progressive values of their own culture.

Bengali domination is one of the main reasons of oppression against *Adivasis* in general. The state machinery and mainstream culture are insensitive to *Adivasi* causes. Thereby, ethnic repression and human rights violations are quite common in *Adivasi* areas. Within this general setting, *Adivasi* women are particularly vulnerable. In many ways, they are especially targets of violence simply because they are *Adivasi* women.

Adivasi women, it emerged that all unanimously maintained that non-physical assaults even teasing, taunting, insulting and ill remarks by the Bengalis are common and widespread. Amongst all, harassments at work place especially in the wage labour sector by Bengali employers are quite rampant, alleged female participants. Sometimes, employers or their representatives offer "bad/indecent proposals" in exchange of providing employment or paying debts. It was also mentioned that Bengalis consider *Adivasi* women "cheap" and therefore easily available and anything can be done to them. Consequently, women do not feel safe to move around or go far

alone, and their men in the families are also unwilling to allow them to do so for security reasons. At times land related dispute is another source of violence against women. Getting hold of *Adivasi* owned lands and properties is easy by threatening women of the community/family. Hence, women are particularly targeted for something on which they have no or very little control and access. Still many of them felt that there were not many instances of harassment by the Bengalis in their villages.

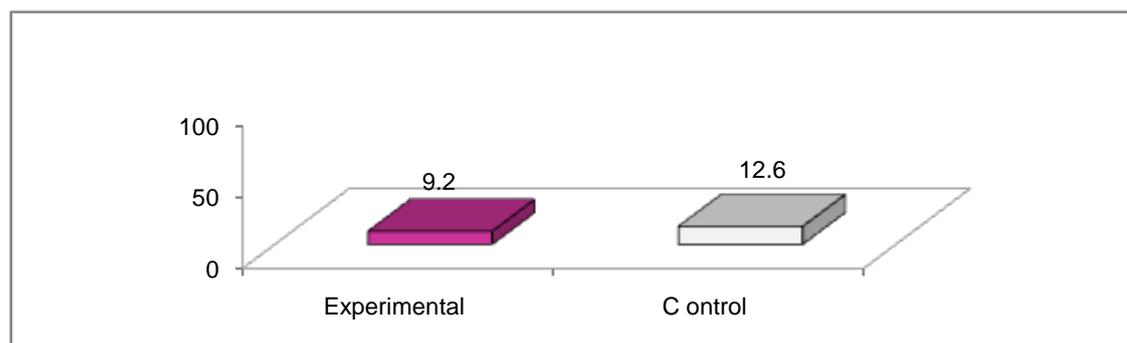
Apart from gender specific violence and general discrimination/violence are also common. Those who are still adhering to animist religion are reportedly often ridiculed by Bengali Muslims for their observance of their beliefs and practice. Their use of alcohol as part of cultural practice is also subjected to criticism by the Muslims; sometimes they pose threat, create chaos and resort to vandalism to foil the observance of *Adivasi* festivals. *Adivasi Santal* people reported that there are instances of being ridiculed, harassed and looted by non-indigenous people during wedding ceremonies. In all such occasions, women are particularly targeted and assaulted through many ways.

It was also alleged that police and administration often do not provide necessary support to deliver justice; they are even reluctant to accept cases filed by the *Adivasis* and carry out proper investigation into the matters. *Adivasi* women are discriminated for being *Adivasi*. Existing legal support from different development organisations is also inadequate and these people are unable to pursue a case by themselves for long primarily due to financial constraints and unfamiliarity with state judicial process. Moreover, the concerned family and sometimes the whole community are threatened if they pursue such cases or make such incidents publicly known. The fear of retaliation and reprisal thus resist many to disclose such matter.

(Source: FGD in *Panchbibi* and *Patnitala*)

Figure 9 shows that *Adivasis* tendency to protest against any form of violence against women was even lower - 9.2 % in experimental groups and 12.6% in control groups in the past three years.

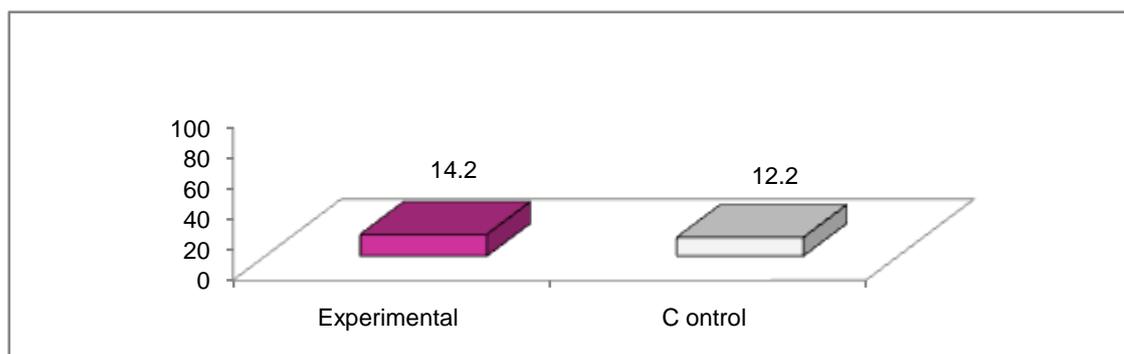
Figure 9. Protest violence against women in the last three years (%)



In a group discussion in *Panchbibi*, one *Adivasi* leader said “*We do not know about the legal aid services specifically. But we keep the people united to protect ourselves*”- They expressed that they have not yet faced any critical legal issue. They give assistance in resolving problem like quarreling among the *Adivasi* groups. They do not receive proper cooperation from the government legal action section because they are a minority community. This is their individual experience. They also expressed that they are very much neglected in legal assistance in local areas.

Figure 10 shows that a few people know about BRAC’s legal aid services in both groups (experimental 14.2%, control 12.2%).

Figure 10. Knowledge on BRAC legal aid services (%)



One of the main reasons for indigenous people's marginalization is the issue related to illegal land occupation. Table 36 shows that land of more than 7% of *Adivasi* households was captured by Muslim in both groups (experimental 7.6%, control 8.6%). The difference was not statistically significant. Most of the land was agricultural land. A good number of *Adivasi* victims had legal paper of land as a proof of their ownership in both groups (experimental 83.5%, control 82.3%).

Table 34. Land captured by influential person or family (%)

Indicators	Experimental (n=1,040)	Control (n=1,111)	p value
Captured own land (yes)	7.6	8.6	.376
Types of captured land			
House land	26.6	34.4	
Cultivable/agricultural land	73.5	66.7	
Legal status of land			
Having legal paper	83.5	82.3	.828

PARTICIPATION IN LOCAL INSTITUTIONS

Participation in local institutions has been assessed through this baseline survey. The study found that *Adivasis* have a membership in different types of local institutions including UP, schools, temple, church, pagoda and market committee in both groups (experimental and control).

Table 35. Participation in local institution in last three years (%)

Indicators	Experimental (n=1,040)	Control (n=1,111)	p value
Got membership in local institution	17.7	15.1	.107
Types of organization and membership			
Member of temple/church/pagoda committee	95.7	95.8	
Member of primary/secondary school committee	3.2	3.6	
Member of market committee	0.5	1.2	
UP members	0.5	0.6	

Multiple Responses

Table 35 shows that surveyed *Adivasi* household members got membership in different types of local institution in last three years. A little higher proportion of

household members in experimental groups (17.7%) got membership in local institution compared to control groups (15.1%). The difference was not statistically significant. A good number of *Adivasi* household members had a membership in temple/church/pagoda committee in both groups (experimental 95.7%, control 95.8%). On the other hand, an equal proportion of *Adivasi* household members participated in primary or secondary school committees in both groups (experimental 3.2%, control 3.6%). Poor participation of indigenous people was observed in the meetings of market committee and UP in both groups (experimental 0.5%, and control 0.6%).

Table 36 shows participation of *Adivasi*s household members in meetings and workshops organized by GO and NGOs in the last three years. A slightly higher proportion of control household members (18.5%) participated in different types of meeting, seminar, workshops compared to the experimental groups (17%) and the difference was not statistically significant. Among them, a good proportion of household members participated in meetings/*shovas* that were organized by NGOs in both groups (experimental 94.7%, control 97.2%) and the difference was not significant. The difference was highly significant with respect to participation in meetings of religious institutions in both groups (experimental 54.5%, control 26.7%). More than half of meetings/workshops were on the theme of *Adivasi*'s religion and culture in both groups (experimental 62.2%, and control 53.5%). However, the second dominant theme of meetings/workshops was on IGA for both groups (experimental 14.9%, control 21.6%).

Table 36. Participation in various meeting/workshop in last three years (%)

Indicators	Experimental (n=1,040)	Control (n=1,111)	p-value
Participation in meeting/workshop	17.0	18.5	.367
Type of meeting/workshop	(n= 189)	(n= 217)	
Meeting/ <i>Shova</i>	94.7	97.2	.193
Workshop	5.3	2.8	.193
Organized by			
NGO	33.9	58.1	.000
Government organization	6.9	6.5	.864
Religious organization	54.5	26.7	.000
Political organization	4.8	8.8	.114
Main theme of meeting/workshop			
Human rights	5.9	4.7	
Women development and awareness	6.4	10.8	
IGA	14.9	21.6	
<i>Adivasi</i> 's religious and culture	62.2	53.5	
Others	7.4	2.7	

Multiple responses

Participation in local judgment or *Shalish*

Shalish is a traditional dispute-resolution mechanism. A *shalish* committee can be formed upon request by the parties involved in the conflict or by the Union *Parishad* (UP) chairman or local elite members involved in the conflict-resolution process. The *shalish* is participated by local notables often including retired government staff, teachers, religious leaders and other local elites (Braun 2010). Normally, the *shalish* process starts with an interrogation of the parties and conflict related witnesses by the committee. After the interrogation, which considers the diverse opinions and ascertains the facts, the committee meets separately for a consultation. Within one

week (in some cases even on the same day) the *shalish* committee comes to a conclusion and proposes a solution to the parties. When a conflict is solved through *shalish*, the resolution is often a financial settlement up to Tk. 1,000 (From FGD findings).

In case of small conflicts the parties involved usually accept the proposed settlement. Nevertheless, if a conflict cannot be solved through *shalish* or the proposed solution is refused by one or more parties, the UP chairman decides whether to continue the negotiation himself or to suggest formal legal adjudication. On the one hand, a *shalish* is prompt to assemble, allows parties to freely express their opinion and provides justice quickly. Both parties can obtain justice free of charge. *Shalish* committee members usually don't have a professional knowledge on legal matters, nevertheless they know their own community and its social equilibrium better than any court and this can add significant level of quality to their decisions (Jakob 2010).

On the other hand we should mention that, according to Kamal Siddiqui (1998), while a *shalish* is supposed to lead to conciliation between the contesting parties, in the context of Bangladesh's rural social structure, it seems to have often been used as an appendage of the existing rural power structure, sometimes influenced by religious bigotry. In addition, often village based *shalish* have developed serious functional complications owing to intense factional infighting and rivalries in the villages and it must be remembered that the proposed solution is not binding and can therefore be refused by one or more parties involved in the conflict. The study also found that *shalish* was a major village judgment institution among the 15 *Adivasi* communities.

Table 37. Type of local *Shalish* performers in *Adivasi* community (%)

Types of local <i>Shalish</i> performer	Experimental (n=1,040)	Control (n=1,111)	Total (n=2,151)
<i>Adivasi's</i> leader (<i>Mondol</i>)	45.7	45.0	67.5
UP chairman/members	62.4	72.4	45.3

Multiple responses

Table 37 shows the scenario of local conflict resolution. Union *Parishad* (UP) chairmen and members were ahead to indigenous leaders in terms of conducting community based *shalish*. However, in this case, *Adivasi* leaders were preferred by *Mahali*, *Sing* and *Santal* communities in experimental areas:

In qualitative findings, the study usually found that, *Adivasi* groups first approach to the local elderly people, especially *Mandals* for resolving any dispute. Previously, many of them used to follow *Mandal's* verdicts. Now many of them do not want to follow due to liaison with local political parties. The issues for local dispute resolution are related to women, land and family disputes. If *shalish* in the village fails, the aggrieved party goes to the Union *Parishad* Chairman. If *shalish* also fails at this stage, they go to leaders of political parties or Thana or Court. However, *Adivasis* complained that they often don't get justice from local elites and political people as well as police due to bribery and corruption. However, they say, the importance of *Upazila* Chairman is increasing among the *Adivasi* communities.

Source: In-depth interview *Patnitala*

Table 38. Participation in local *Shalish* last year (%)

Indicators	Experimental (n=1,040)	Control (n=1,111)	p value
Participation in <i>Shalish</i>	8.1	10.8	.031
Type of participation	(n=84)	(n=120)	
As a victim	59.5	33.3	.000
As a perpetrator	21.4	13.3	.128
As a witness	3.6	0.8	.167
As a general participant	15.5	52.5	.000

Table 38 shows that a slightly better proportion of household members in the control groups (10.8%) participated in local *shalish* compared to the experimental groups (8.1%) last year. The difference was statistically significant. On the other hand, more people in the experimental groups (59.5%) participating in *shalish* as victims compared to the control groups (33.3%), while people of control groups (52.5%) were more engaged with *shalish* as general participants compared to the experimental groups (15.5%). The differences between two groups were statistically significant.

Access to public resources

Access to *khas* land or water body among *Adivasi* in the experimental groups (5.6%) was lower compared to control groups (8.4%) and difference was not statistically significant (Table 39).

Table 39. Access to public resources and social safety net (%)

Type	Experimental (n=1040)	Control (n=1,111)	p value
<i>Khas</i> land/water body	5.6	8.4	.720
Govt. reserve forestry/ road/embankment	0.4	0.5	.720
Social safety net support, i.e. VGF, VGD, Old age allowance	25.8	35.7	.043

A few *Adivasi* had access to government reserve forestry/road/embankment in both groups (experimental 0.4%, control 0.5%) and the difference was also not statistically significant (Table 43). On the other hand, only 25.8% of respondents in experimental groups reported that they have access to social safety net programmes, e.g., VGF, VGD, Old age pension while in the control groups 35.7% of the participation has access.

TRAINING

The skill development training courses help *Adivasi*'s make better and efficient use of resources they have and identify and tap underutilized local resources, i.e. open water bodies, denuded public forest land, and *khas* land etc. as well as cope with technical inadequacies for carrying out IGA. On the other hand, training on human and social issues increases literacy and social awareness among the poor and disadvantage communities like *Adivasi* (Kamal *et al.* 2007).

Table 40 shows that a slightly higher proportion of *Adivasi* household members in experimental groups (12.2%) participated in different types of training courses (skills and human developments) compared to control groups (10.0%) in the last three year. However, the difference was not statistically significant. On the other hand, the mean

training course duration was two times higher in experimental groups (15) compared to control groups (7) as observed and the difference was statistically significant. Among all types training courses, e.g., IGA, gender, human rights and women development, mother and child health, education, IGA training was on the top priority in both groups (experimental 71.1%, control 83.5%). The difference was statistically significant.

Table 40 also shows that two groups of respondents made significant difference in receiving training from BRAC (more training was received by experimental than control), and other national NGOs (more training was received by control). Though the two groups of people who received skills training on productive activities, but they could not apply the knowledge because of irrelevance to their context.

Table 40. Received training (skills and human development) in the last three years (%)

Indicators	Experimental (n=1,040)	Control (n=1,111)	p-value
Received training on average	12.2	10.0	.101
training course duration (day) on average	15	7	.031
Types of training courses	(n= 142)	(n=115)	
Income Generating Activities (IGA)	71.1	83.5	.020
Gender, Human rights, and women development	9.2	9.6	.911
Mother and child health care and nutrition	10.6	2.6	.013
Education	8.5	3.5	.102
Others	0.7	0.9	.881
Organized by	(n= 142)	(n=115)	
BRAC	38.0	5.2	.000
Other national NGOs	37.3	71.3	.000
Other local NGOs	11.3	14.8	.404
Government organization	13.4	8.7	.240
Areas for using the knowledge of the training	(n= 142)	(n=115)	
Children's school enrollment	3.6	4.6	
Awareness about dowry, early marriage, women abuse, women rights and leadership, health and nutrition	28.9	19.7	
Develop skill on productive activity	68.6	76.5	
Reason for not using the knowledge	(n= 142)	(n=115)	
Loan scarcity	1.7	1.9	
Time constraint	1.0	2.6	
Inadequate training or lack of understanding	1.4	1.0	
Not applicable	97.9	94.9	

Multiple responses

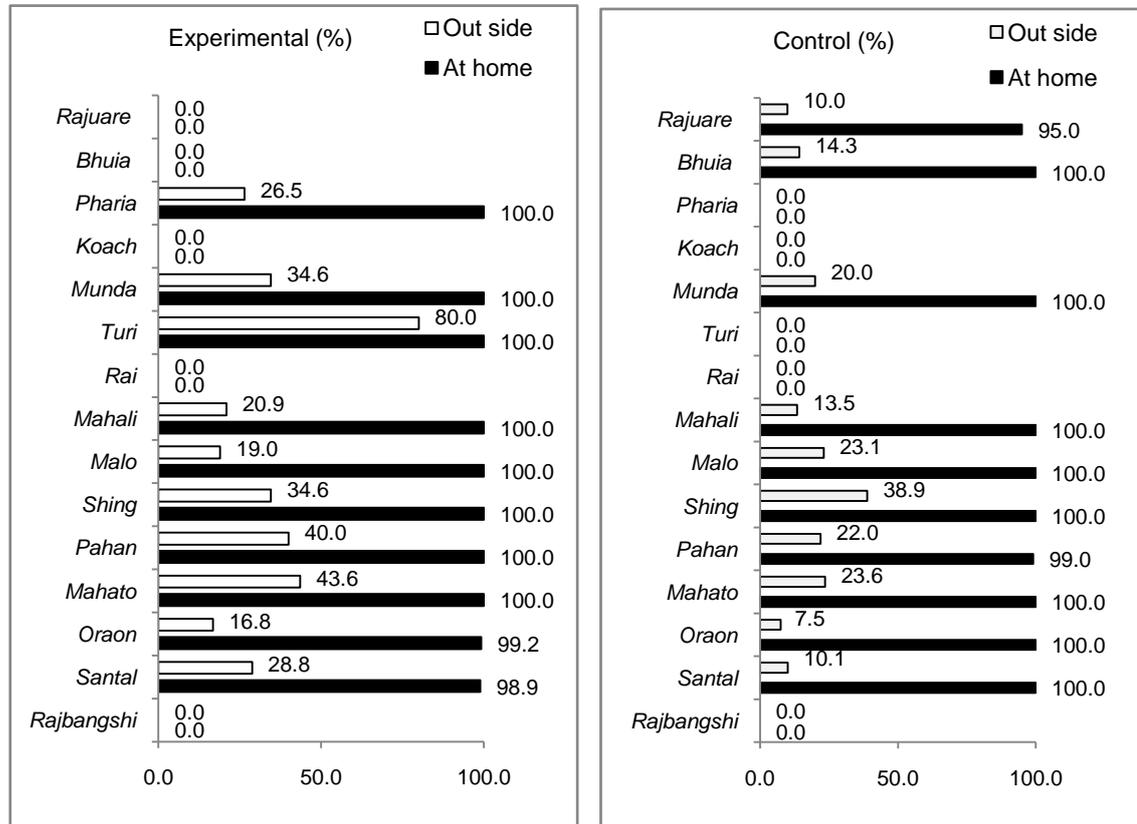
ADIVASI/ LANGUAGE AND CULTURE

Adivasi language

In Bangladesh nearly thirty *Adivasi* groups live in plain land and hill areas. Most of them have their own language and culture. Each *Adivasi* group has a different language and culture. They express themselves in their own language and follow their own cultural traditions. They speak in their mother tongue. They know and learn *Bangla* later (Kamal *et al.* 2005).

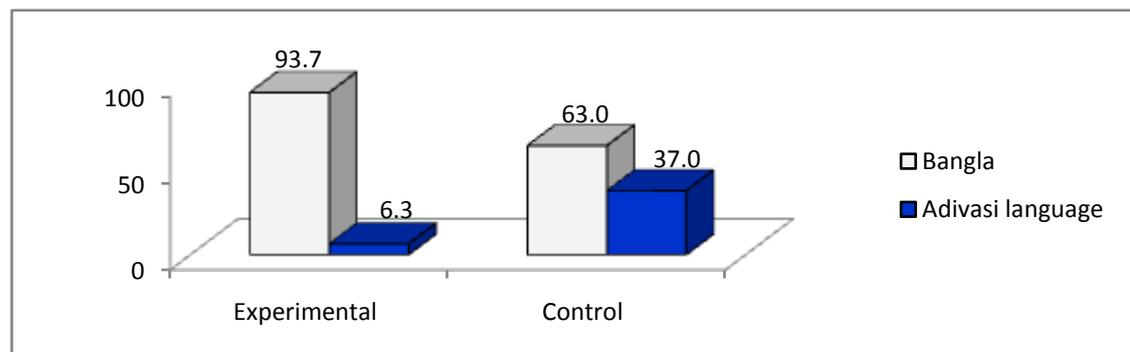
Figure 11 shows that majority of the *Adivasi* groups widely use their own language at home and also outside. *Turi, Shing, Pahan,* and *Mahato* are well ahead in using mother tongue both at home and outside in both areas.

Figure 11. Practice of *Adivasi*'s language at home and outside (%)



On the other hand, a majority of *Adivasi* households in experimental groups (93.7%) preferred *Bangla* language as medium of primary school compared to control groups (63%). In contrast, a good proportion of *Adivasi* households in control groups (37%) preferred *Adivasi* language as medium of primary school compared to experimental groups (6.3%) (Fig.12).

Figure 12. Preference for *Adivasi* language in primary school (%)



From in-depth interview with *Adivasi* leaders, they mentioned that almost all of their *Adivasi* languages have been lost in the course of time. Since, they do not have

any alphabet; preservation of language is not possible except in verbal ways. There is no practice of preserving the heritage, and name of languages can hardly be found in the history. There is an emerging practice of conversion leaving the indigenous faith. The role of traditional local elites and institutions are also declining in community life due to local government and new political elites.

Source: In-depth Interview, *Patnitala*

Adivasi culture

Each *Adivasi* group has its own culture which is rich, which has not been recognized yet. No measures have been taken for the development of *Adivasi*'s culture (Kamal et al. 2005).

Table 41. Cultural festival in *Adivasi* groups in a year (%)

Festivals	Adivasi groups														
	<i>Rajbangshi</i>	<i>Santal</i>	<i>Oraon</i>	<i>Mahato</i>	<i>Pahan</i>	<i>Shing</i>	<i>Malo</i>	<i>Mahali</i>	<i>Rai</i>	<i>Turi</i>	<i>Munda</i>	<i>Koach</i>	<i>Bhulia</i>	<i>Rajuare</i>	<i>Pharia</i>
<i>Durgha puza</i>	22.4	3.1	17.0	11.5	27.6	5.8	2.5	0.1	1.0	0.9	1.2	1.8	3.1	1.9	0.2
<i>Kali puza</i>	17.5	2.0	21.6	10.4	30.2	5.1	3.4	0.1	0.9	1.1	1.8	1.4	2.0	1.4	1.2
<i>Laksmi puza</i>	19.2	2.7	20.6	11.2	28.2	5.5	3.4	0.1	0.7	0.7	2.7	1.5	1.8	1.5	0.2
<i>Sharashati puza</i>	24.8	1.4	14.0	11.9	32.3	6.6	1.2	-	0.9	0.7	0.7	1.7	2.1	1.6	-
<i>Manasha/padma/shawal puza</i>	21.4	2.8	17.5	10.6	21.6	2.8	8.4	-	1.3	0.4	0.6	2.4	6.7	-	3.5
<i>Dal puza/karam puza</i>	-	0.7	25.6	13.0	45.7	6.6	4.2	-	0.3	-	2.6	-	1.2	-	-
Christmas day	0.3	53.8	16.3	-	1.0	0.3	0.7	27.4	-	-	-	-	0.0	-	-
<i>Nabayna/Paush puza</i>	20.1	6.2	26.2	5.9	33.6	1.2	1.5	-	0.3	1.2	1.5	0.6	1.5	-	-
Others	19.2	10.1	21.2	8.0	20.0	5.3	4.4	6.6	0.9	0.7	1.4	0.9	0.5	0.5	0.3

Table 41 shows that *Adivasi* festivals depict an enriched heritage. Except *Santals*, majority of the respondents from *Adivasi* groups worship *Hindu* religious deities as major festivals. *Durga*, *Kali* and *Laksmi* puja has been observed by all the *Adivasi* groups. On the other hand, majority of *Santals* (53.8%) observe Christmas. After *Santals*, a good number *Mahali* people (27.4%) observe Christmas day. According to Table 42, they hardly faced any conflict or threat in arranging these events. A small proportion of *Adivasi* households faced difficulty to observe their cultural festival last year in both groups (experimental 0.2%, control 0.1%).

Table 42. Difficulty faced in observing cultural festival in last year (%)

Indicators	Experimental (n=1,040)	Control (n=1,111)	p value
Faced difficulty	0.2	0.1	.843
Types of difficulties	(n=7)	(n=5)	
Internal conflict within <i>Adivasis</i> community	16.7	0.0	
Conflict between <i>Adivasi</i> and Bangali	16.7	20.0	
Destroy religious items by terrorist	83.4	80.4	

Multiple responses

Internal conflict within *Adivasi* community and conflict between *Adivasi* and *Bangali* was the highest proportion which they faced to observe their cultural festival in both areas. Though, they had informed in the qualitative investigation that financial crisis can be counted as one of the major obstacle for not observing the festivals properly.

From group discussions, the study found that the extinction of *Adivasis* distinctive identity is evident in losing some of their cultural and religious practices. This declination starts from simple clothing to language and local institutions. Though *Adivasi* groups have their own traditional attire and ornaments; at present, all of the *Adivasi* groups have adopted main stream *Bengale* dresses including *Shari* (for women), *Lungi*, *Shirt* and *Punjabi* (men). Though different names of ornaments were found in the history of *Adivasi* groups, now a day they hardly use those ornaments except *Shanka* (Bangles made of conch).

Source: FGD, Panchbibbi

COPING MECHANISM OF ADIVASIS COMMUNITY IN DISASTER OR CRISIS

Adivasi communities are generally very vulnerable group. Naturally this group is more prone to crisis events such as sudden illness of family members or natural disasters as they rarely have any means of tackling let alone overcome such situation on their own. Naturally in the event of such crises, they are plunged into even deeper poverty (Barkat *et al.* 2008).

Table 43 shows the frequency of different crises faced by *Adivasi* household in the study areas. It was observed that different types of natural disasters, e.g., over rainfall, flood, river erosion were occurred frequently in both areas (experimental 46.3%, control 39.2%) in last three years and damaged the most crops. Incident or accidental death of livestock animals was a main crisis of *Adivasi* communities in both areas (experimental 29.2%, control 40.8%). The illness of an earning member was a highest occurrence in the experimental areas (10.8%) compared to the control (0.6%) and the difference was statistically significant. A slight higher proportion of *Adivasi* reported in the control areas (8.3%) that death of earning member was happened frequently compared to the experimental areas (6.7%) in the last three years, which might be a big crisis for them. However, the difference was not statistically significant. They also reported that robbery or dispute for land was frequently happened in both areas (experimental 14.2%, control 7.0%) in past three years.

Table 43. Nature of disaster and family crisis in the last three years (%)

Indicators	Experimental (n=1,040)	Control (n=1,111)	p-value
Disaster and family shocks faced	11.0	14.0	.036
Causes of disaster or family shocks			
Crop damaged due to over rainfall and flood, and river erosion	39.2	46.3	.490
Death of livestock by incident/accident	29.2	40.8	.046
Illness of income earner	10.8	0.6	.000
Death of income earner	6.7	8.3	.617
Others (robbery, dispute for land and social issue)	14.2	7.0	.050
Coping mechanism			
Did not do anything	30.7	24.2	
Take social safety net support, i.e. VGF, VGD, old age allowance	25.8	35.7	
Saving household expenditure	22.6	27.4	
Selling fix assets (land, livestock, poultry, and tree)	14.2	8.3	
Look loan or financial support from relatives or land owners	10.8	3.8	
Leased land or other assets	5.0	0.6	

Multiple responses

Adivasi are not always able to cope with the difficulties that they face (Barkat *et al.* 2008). In the study, we found the number of incidences where the *Adivasi* household resorted to a negative or harmful coping strategy for instance selling off their main assets like livestock, land, etc. Besides they were also practiced such kind of the positive coping mechanisms in any crisis, i.e. use of saving household expenditure.

In cases of shocks where they suffer income erosion or need to incur further costs, households take up different types of coping mechanisms. However, a good number of *Adivasi* household in both groups (experimental 30.7%, control 24.2%), were left with nothing to do in response to particular shocks, e.g., death of income earner, death of livestock and damaged crops by natural disaster. Nevertheless, a good number of *Adivasi* household, who received the social safety-nets support to cope the crisis in both groups (experimental 25.8%, control 35.7%). Besides, a small proportion of *Adivasi* household was met their crisis through the saving household expenditure in both groups (experimental 22.6%, control 27.4%). Apart from this, a small proportion of *Adivasi* household, who sold their assets, e.g., land, tree, poultry and livestock to cope with crisis in both groups (experimental 14.2%, control 8.3%). Informal assistance like taken loan from friends, relatives, and land owner was particular importance to the *Adivasi* household in both groups (experimental 10.8%, control 3.8%) in crisis (Table 43). From FGD session they also said that they sold their labour in an advance, eat one meal per day to cope with the crisis.

Existing main problems of *Adivasi* community

According to International Fund for Agriculture Development (IFAD), *Adivasi* community suffer higher rates of poverty, landlessness, malnutrition, human rights violation, unemployment and internal displacement than other sects of the society, and they have lower level of literacy and less access to health services (Barkat *et al.* 2008).

Table 44. Nature of existing main problems of *Adivasi* community (%)

Major problems	Experimental (n=1,040)	Control (n=1,111)	Total (n=2,151)
Poverty and unemployment	36.4	24.6	30.6
Safe water and sanitation	30.9	63.5	47.7
Lack of agricultural and homestead land	13.7	19.6	16.7
Lack of education	6.7	7.5	7.1
Less access to health services	6.7	5.6	6.1
Social insecurity (i.e. eve teasing)	4.1	3.3	3.7
Others (i.e. political tension,	14.7	17.7	16.3
No comments	20.2	11.1	15.5

Multiple responses

Table 44 shows that present types of problem of *Adivasi* communities in study areas. First, access to safe water and sanitation was a problem of *Adivasi* communities in both areas (experimental 30.9%, control 63.5%). Second, poverty and unemployment was another problem for *Adivasi* communities in both areas (experimental 36.4%, control 24.6%). Third, a small proportion of respondents reported that they have no agriculture and homestead land which was a major problem in *Adivasi* communities in both groups (experimental 13.7%, control 19.6%). Fourth, a small tiny proportion of the respondents reported that they have to be problem less access to basic health and education services in both areas:

The qualitative investigation (in-depth interview) bought the *Adivasi* groups reported that women also face lots of eve teasing which is the major problem for their smooth mobility. Eve teasing is also found to be early marriage and transfer to Christian missionary school, where more security has ensured. The dominant reasons for conversion lie in poverty and lack of basic needs, e.g., health, education. It has found that when a particular family was badly in need of money for medical facilities or education, the religious organization extended helping hand with a tacit invitation for accepting the new faith.

Besides, *Adivasi* groups are found to be vulnerable in many ways. They also often face discrimination, because of indigenous identity from different government institutions. They have complained about incidents where they were verbally abused saying that '*they ate Indians, and should go back to India for food and clothing*'. Sometimes, main stream *Bengali* and other communities do not want to take *Santals* in work like day labour since they eat pork.

When they are supposed to arrange religious and cultural function, they need to manage permission from UP (Union *Parishad*) chairman. So, *Mandal* (*Adivasi* leader) has to take permission from UP Chairman. This dependency on UP chairman sometimes causes lots of political tensions among the community. Though the *Adivasis* have not shared any information regarding insecurity related to land, women, cultural issues, it was assumed that they voluntary refrained from sharing the information due to fear and cultural barrier.

(Source: In-depth Interview, *Panchbibi* and *Patnitala*)

DISCUSSION AND CONCLUSION

The discussion section particularly followed the stages of analytical schema considering factors that influence plain land *Adivasis* livelihood. This study was conducted to assess the present livelihood condition of the targeted *Adivasi* community before the project intervention.

The key findings show that the *Adivasis* are significantly more disadvantaged compared to the average population of the country virtually in all social and demographic characteristics. The average household size of *Adivasis* is higher than the national figure. Teen age marriage and widow are very high among the *Adivasi* community compared to the national rural figure. The average annual income (Tk.76,908) and expenditure (Tk. 96,259) of the *Adivasi* communities are lower than the national figure (income Tk. 115,776, expenditure Tk. 115,344).

Adivasi communities are generally less educated and own virtually no productive asset. Most of them depend on selling manual labour for their survival. The study found that adult literacy rate was higher in the experimental group (49.9%) compared to the control group (45.6%) while the national adult literacy was 59.07%. The rate of primary school enrollment (6-10 years children) was in 90% in the experimental groups and 77.7% in the control groups while the national figure was 93.4% (BBS 2011). Percentage of no education was notable and female no education rate was higher than that of the male. Among the *Mahato* community, the highest rate of having no education was found in the control group while *Rajbongshi* community was in the highest rate for no education found in the experimental group. Rate of drop out (14.7%) in the two groups of children (6-10, and 11-15 years) were observed higher than the national figure 10.1% (BBS 2011). The reasons for drop out were several and financial crisis was found to be the main reason in both the groups.

Adivasi communities are traditionally agricultural based. However, presently most of them being landless, they work as daily labourers or lease and mortgage land. Over the past years, however, their occupation became diversified due to economic pressure, land scarcity, education and external influences such as interaction with non-*Adivasis*, internal migration, development programmes of NGOs (Jakob P. Braun, 2010). *Adivasi* groups were found to be more affiliated with local and international NGOs rather than prominent national NGOs like BRAC, ASA.

The target of Millennium Development Goal (MDG) seven is to establish integrated development and management of water resource system. In response to the MDG target, Bangladesh has fixed its target to ensure that 100% of urban and 96.5% of rural population will have access to safe water by 2015. Government, NGOs and donor agencies are involved through soft and hardware programmes towards ensuring safe water in both rural and urban areas. The study findings reveal that a significantly higher proportion of households in the experimental group (99.9%) have access to safe drinking water like tubewell water compared to the control group (99.7%). This result substantiates existing research findings where >90% of the rural population use tubewell water for drinking. Nevertheless, a large number of *Adivasi* households (>50%) did not have the own tubewells.

A small proportion of *Adivasi* household had access to sanitary latrine (experimental 36.2% and control 24.2%) while the national sanitation coverage rate is

62.3% (BBS 2011). Pit/open *kucha* - a non-hygienic form of latrine was found to be most widely used by mention of the *Adivasi* communities. This latrine was also most accessible to children. It is essential to know the hygienic rules of using latrines. Only safe water cannot protect diseases like diarrhoea, dysentery and cholera (ICDDR,B 2008). Findings of hand washing practices were observed using soil/ash, soap and water after defecation. Findings reveal that hand washing practices with soap and water after defecation were better condition in the control group compared to the experimental group. FGDs in the experimental group reported hand washing with other agents like ash, soil and water after defecation particularly when soap was not available. The reason behind this might be affordability of buying soap, as most of them could not afford more than one soap for hand washing and other purposes. They kept the soap in or near the latrine or tubewell area, but not inside their latrine house (Akter and Ali 2010). However, in the FGD session participants mentioned that they have good knowledge of washing hands at critical times with soap (e.g., before and after eating), but it did not correspond to the knowledge retained in general. Another study with similar findings described that community people have good knowledge on hand washing with soap at critical times but few of them have the habit of practicing it (ICDDR,B 2008).

Conditions on health status and health services were seen in terms of illness and sources of treatment, death of child during pregnancy and immunization of child, where as use of contraceptive methods and in take of food were relied on to know family nutrition. Most of the *Adivasis* suffered from fever/common cold in the last fifteen days. Abdominal pain and body pain were in the second position in this matter. For cure of illness, a good proportion of *Adivasis* (experimental 53.9%, control 44.9%) went to *Polli* doctor. However, when health-seeking behavior of the last one year was looked upon, traditional healers and *Kabiraj* retained the less dominant position in providing services to *Adivasis*. More than half of the children (3 years) were found to be fully immunized and they received Vitamin-A while the national immunization rate is 75.1% and Vitamin A coverage 97% (BBS 2011). Though number of child death incidence was few, abortion rate was alarming by high in both the groups. Children's death was only found in the control group. More than half of the eligible couples were using contraceptive methods and use of pills was found to be dominant. It was found that majority of the households did not consume egg, big fish, meat, milk and fruits once a week. Small fishes were found to be dominant in the diet both in the experimental (80.7%) and control groups (79.5%).

Conditions regarding basic family and social practices and awareness are necessary to assess the picture of living conditions of *Adivasis*. Practice of dowry has been found to be prevalent. 71.1% of families in the experimental group and 75.9% of families in the control group had the practice of giving dowry. In most cases, men as the household head were identified as the key decision makers in household matters, especially with respect to purchasing daily household things, family income and expenses.

Empirical evidence tell about changes in this practice in traditional institutions. UP chairmen or members were ahead than indigenous leaders like *Mondal* in terms of conducting *shalish*. However, in the case, *Adivasi* leaders were preferred more among *Mahali*, *Sing* and *Santals* in the experimental group; where as they were resorted more by *Mahali* and *Rajure* in the control groups. Significant difference was noticeable between two groups of people in terms of participating *shalish* as a victim and as a general participant (having no interest in the issue of dispute). More *Adivasis* in the experimental group were encountering *shalish* as victims, while people in the control group were engaged with *shalish* as general participants.

Legal and political awareness was considered to be a very important tool to sketch intervention for the community. Therefore, the study had included this issue in the inquiry. 56.9% in the experimental group and 50.4% in the control group correctly answered regarding the legal age of female for marriage. On the other hand, only 12.9% in the experimental and 14.0% in the control group responded correctly answered the legal age of male for marriage. Early marriage was found to be practiced among a good number of people 49.2% in the experimental and 49.4% in the control groups. The legal age for voting, was correctly reported by 41.8 % in the experimental and 39.0% in the control groups. It was found that not many people know about the BRAC legal aid services 14.2% in the experimental and 12.2% in the control groups know about it. *Adivasi* tendency to protest against any form of violence against women was even lower 9.2% in the experimental and 12.6% in the control group. Among the *Adivasi* communities, only 10.2% and 7.6% registered their marriage. The main reason was absence of government laws for regulating the registration of indigenous people.

The study inquired into the question of illegal land occupation and found that on average 7.6 decimals of land in the control group and 8.6 decimals of land in the experimental group were captured or by people belonging to the majority community like Muslim. However, this finding needs to be taken into account with the status of landlessness and poverty of the *Adivasi* community. Among them, most of the land was agricultural land. A good number of people had legal paper as a proof of their ownership.

We found that 17.7% people in the experimental group and 15.1% people in the control group got membership in local institutions like temple/church/pagoda committees. On the other hand, among the attended meetings, more than half percentage of meetings had the theme *Adivasi* religion and culture; the second dominant theme for meeting was IGA. It was evident that the percentage of receiving training (both skills and human development) was low in both the experimental and the control group. Though two groups of people had received skill on productive activity, they could not apply the knowledge because lack of it relevance to their context. According to the findings, very few people got access to *khas* land and government reserve forestry/road/embankment.

Apart from knowing the conditions necessary for planning development interventions for the *Adivasi* groups, we also endeavoured to know *Adivasi*' culture, festivals and languages. We intended to extract information for assisting development intervention which would be sustainable to the development of *Adivasi* group's indigenous identity. It was found that almost all the *Adivasi* groups widely used their own languages at home and outside to somewhat extent. In this respect, the *Adivasi* group *Turis* were well ahead in using mother tongue both at home and outside. However, *Adivasi* groups preferred Bangla language as the medium of primary school.

The study was more focused on findings related to basic economic, social and cultural state of the *Adivasi* groups on the basis of empirical evidence. The research did not go deep about the issues of vulnerable indigenous identity like language, culture, etc; but these issues were included in the investigation. Increasing preference for the Bangla language, change in indigenous clothing and food, less priority to traditional conflict mechanism, conversion to Christian faith, as well as extinction of language were identified again like previous studies on *Adivasi* people of plain lands of Bangladesh (*Kamal et al.* 2007, *Barkat et al.* 2008) . However, in this regard, the distinctive feature of this study was to show that crude presence of poverty in *Adivasi* groups from more multi dimensions including issues ranging from income, land, water,

sanitation, educational level and issues like legal, and social. Though the presence of poverty had influenced them to over look the concerns related to their identity and culture, any development intervention to bring the *Adivasi* groups in the development activities should emphasize on preservation and promotion of indigenous culture and language as a part of development with cultural identity.

RECOMMENDATIONS

Adivasi communities suffered from lack of development interventions, such as income generating activities, access to safe water and sanitation, education, health and awareness. BRAC IDP-IP can take following initiatives to improve livelihoods of *Adivasis*:

- Provide IGA training and financial support to reduce their economic vulnerability.
- Education level among the *Adivasi* community was very low. A very small number of *Adivasis* have passed HSC examination. This scenario clearly indicated the literacy rate. Some people said that they wished to go to school but because of their poverty they could not go to school. In this situation, main stream education could not improve their life style because of poor economic system. On the other hand, job opportunity in the *Adivasi* community was not very prospective. Because of illiteracy and financial crisis they could not receive any technical training which may lead them to a sound life. So, IGA training and vocational training with financial support can be introduced among the *Adivasis* for betterment of their livelihood.
- The scenario of health in the study area was below the satisfactory level. They were not conscious about health issues like sanitation and hygienic practices, healthcare seeking behaviour. Because of ignorance still now they rely on village doctors or traditional healers for medicine. So, providing healthcare support for the *Adivasis* especially women and children to improve their health status.
- A majority of the respondents had no own land, and those who have own land, do not have any legal document on their land. So, the project can provide proper service to have legal documents. At the same time, project also can undertake some initiatives to organize all the *Adivasis* to protect their legal rights through grass root institution building.
- Finally, to protect *Adivasis* rights, traditional culture and their land, IDP-IP can go through the advocacy approach to negotiate with the government. GO and NGO must work on reducing the gap between *Adivasis* and local people and build a bridge.

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Annexure A. Study areas, name of *Adivasis* groups and sample size

Table 1. Study areas and sample

Name of <i>Adivasis</i> group	Intervention areas and households				Control areas and households			
	<i>Panchbibi</i>		<i>Pantitala</i>		<i>Joypurhat Sadar</i>		<i>Badalgachhi</i>	
	Total HH	Sample	Total HH	Sample	Total HH	Sample	Total HH	Sample
1. <i>Rajbangshi</i>	1,055	117	1,058	109	20	20	171	38
2. <i>Santal</i>	1,010	104	710	80	44	20	-	-
3. <i>Oraon</i>	857	100	1,363	147	148	34	674	165
4. <i>Mahato</i>	805	97	124	20	232	53	20	19
5. <i>Pahan</i>	547	66	156	19	1,419	294	1094	229
6. <i>Shing</i>	275	26	-	-	250	57	30	20
7. <i>Malo</i>	110	20	-	-	34	19	20	20
8. <i>Mahali</i>	78	20	45	20	20	17	62	20
9. <i>Rai</i>	58	20	-	-	-	-	-	-
10. <i>Turi</i>	20	15	-	-	-	-	-	-
11. <i>Munda</i>	20	20	-	-	-	-	20	19
12. <i>Koch</i>	20	20	-	-	-	-	-	-
13. <i>Bhuiya</i>	-	-	-	-	153	18	139	31
14. <i>Rajuar</i>	-	-	-	-	44	18	-	-
15. <i>Paharia</i>	-	-	61	20	-	-	-	-
G.Total	4,855	625	3,517	415	2,364	550	2,230	561

Source: Small Ethnic Group Explorer Survey 2005, RED, BRAC.