

The Vanishing People and Vanishing Community- A Case Study in Bangladesh

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Abstract

Development, inequality and poverty are perhaps the most important issues in Bangladesh. Politicians, academics, NGO leaders, concern citizens—all try to emphasize the need to enhance the resilience of the poor by reducing their marginalization and vulnerability. The majority of indigenous people are poor, particularly in India and Bangladesh; they constitute a significant proportion of the rural poor and are the most vulnerable and marginalized in category. The following concept can play an important role in reducing poverty by addressing indigenous people's development needs. These concepts highlight the problems and challenges faced by the (*nomadic/ bede*) people. As most (*nomadic / Bede*) people live in marginal areas where property rights are ill-defined, secure access to land, forests and water is necessarily a major issue. It is also important to address nomadic e.g. Bede community basic human rights to food, health, education, culture, dignity and peace.

Keywords: Bede-Community; Development; Education; Health; Sanitation

1. Introduction:

The word nomadic comes from Greek word '*nomádes*'. The nomads are communities of people who move from one place to another, rather than settled permanently in one location. There are an estimated 30-40 million nomads in the world. Bede, a nomadic community and is regarded as water gypsy or river gypsy.

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Bangladesh perspective. The community leader Noya Miah give rational explanation of the term Bede' and defends their Arab origin on the basis of similarity with the Arab Bedouin. Although the Banglapedia mentioned them as descendents of Montong tribe of Myanmar [1]. Bedes are engaged in the snake charming, catching of snakes, curing snakes bites, traditional and spiritual healing services, magic show and monkey show, selling of bangles and trinkets[2].

1.1 Background and Justification:

Cultural diversity is one of the crucial driving forces of development. More than 80 percent of Bedes are still illiterate. About 2 percent Bede children got the opportunity to be immunized against vaccine preventable deadly diseases. More than 90 percent Bedes still could not enlist themselves in the voter list since they are nomad and they don't have any house on land. Govt., UN agencies, NGOs have launched numerous programs for the poor and marginalized people but almost no development program was launched for the socially excluded and stigmatized Bede Community[2]. So, this study has initiated to take an opportunity to explore the unfocused as well untouched community i.e. Bede in Bangladesh.

Bedes have some skills, which are related to traditional healing services, entertainment services, petty trading etc. but *now-a-days*, their traditional services and products are losing market demand.

Bedes are not counted as an ethnic group in census by the Bangladesh Bureau of Statistics (BBS). So they are deprived of to be benefited from the programs, which are designed to launch for ethnic minorities or marginalized groups in Bangladesh. Though everybody acknowledged, the cultural diversity of the Bedes and their special identify but absence of official recognition unable them to establish their needs for education and health and other facilities even the right of citizenship.

The Bede community is severely deprived from all types of necessities of life e.g. food, shelter, education, medical care, water and sanitation etc. Although many researchers worked on the culture of the Bede community but no research was done on the development on this community. Our studies realize the needs to conduct a study and initiate to explore the human development situation in Bede community.

Edward Dalton mentions in his famous publication (1978) Beday as a gypsy-like tribes. Anthropologist Arefeen Siddique mentioned 'Bede as a marginalized Muslim community in Bangladesh perspective[2]. The community leader Noya Miah give rational explanation of the term Bede' and defends their Arab origin on the basis of similarity with the Arab Bedouin. Although the Banglapedia mentioned them as descendents of Montong tribe of Myanmar. Bedes are engaged in the snake charming, catching of snakes, curing snakes bites, traditional and spiritual healing services, magic show and monkey show, selling of bangles and trinkets[3].

1.2 Objectives of the Study:

The objectives of the study are to document and analyze the state of education, health care facilities, and sanitation and water facilities in the nomadic Bede community in Bangladesh. The study center on to reduce the human deprivation in Bede community. We want to introduce moveable education, health care and sanitation facilities for them[4].

In the study, out of 60 Bede families, there are only 6 percent of the families were taken for sample survey i.e. 10 families were randomly chosen from the survey area. Two were in-depth cases studies. By using questionnaire from the head of the families were targeted for the face to face interview session by the students and faculty members of Economics Department respectively of IUBAT-International University of Business Agriculture and Technology, Uttara, Dhaka Bangladesh.

To explore the study we had to use survey, in-depth interview and group discussion techniques to collect data. After the data collections, we had to evaluate and compare with the national level, which were collected from secondary sources e.g. BBS. Initially we had to collect the samples by using the broad-spectrum survey to explore as well as to capstone the real situation in Bede community of Bangladesh.

1.3 Survey Location:

Data were collected from two locations mainly Kamarpara and Abdullahpur near ‘IUBAT-International University of Business Agriculture and Technology’, a university campus at Uttra Sector 10, Dhaka-1230 adjacent to the bank of the river “Turag”. These nomadic Bede groups traveled all over 5-10 districts of Bangladesh. Researchers and research associates visited these places in several times.

1.4 Poverty Situation in Bede Community:

1.4.1 Education:

A large majority of the children 100% cannot attend schools because they stay all the year with their parents outside home, and travel from one place to another. So, Bedes are to be excluded from the government’s intervention to ensure universal primary education for the children. Neither Govt. nor NGOs intervention found to reach basic education to this nomadic group. Because of illiteracy of Bedes cannot enjoy the freedom to choose any other profession except the hereditary and traditional ones[5].

1.4.2 Health:

Poor health retains the poor in poverty and poverty retains the poor in poor health. Bede children who roam around the country with their parents on boat and hut in the town side fail to avail the opportunity of getting vaccinated and health services. According to a recent assessment, it was found that only 2 percent of Bede children were immunized against diseases[6]. According to the following table assessment it was also revealed that less than 2% percent Bede women received TT during their last pregnancy.

Table-1: Distribution of mothers who received TT during their last pregnancy.

Indicator	Bede	National	Rural	Urban
TT Received	2	69.9%	67.7%	74.1%
TT Not Received	98	30.1 %	32.3%	25.9%

Source: Bangladesh Bureau of Statistic, Sample vital registration system (SVRS)

1.4.3 Nutrition and Food Security:

Bedes belong to the lowest earning group within the entire society. So they become severely stricken by the price hike of daily consumer products. Bedes had to fall in severe food shortage for at least two months with their children and old people[7]. Moreover, by nature, the Bedes’ economic situation has deteriorated drastically due to climate change and other obstacles. So, hunger is a good friend of Bedes which never leaves them. The situation entails malnutrition in fetal of the infants’ life that leads to stunting of both physical and intellectual growth of the future generation of the Bedes community in Bangladesh.

1.4.5 Water and Sanitation:

One of the remarkable problems in Bede community is water and sanitation. Those who live on a boat have to defecate and urinate in the river or canals water. This practice of 0.5 million Bede people pollutes enormously and unrestrictedly the environment of Bangladesh. When Bedes travel from place to places they always face difficulties in collecting safe drinking water. The following table shows the reality in Bede community. In Kamarpara, there are 648 persons staying but they have only 3 toilets[8].

Table -2: Access to Safe Drinking Water

Year	Bede	National	Rural	Urban
1990	0	89.0%	88.0%	96.0%
2003/2009	60	97.4 %	97.0%	99.0%

Source: Bangladesh Bureau of Statistic, Sample vital registration system (SVRS).

2. Gender Disparity:

Bede women usually walk about 10 miles a day for their professional earning. Women in this community work harder and longer than the men. Although the Bede women earn for their families, but in decision making their role is found negligible. In Bede community, no women inherit paternal property[9]. Masum Khan-55 , a Bede who had 8 daughters with the hope of getting a son so that his son can inherit their property otherwise after their death all the property will be owned by his brothers.

3. Marriage:

All most all the Bede female children and adolescents get married usually at the range of age from 12 to 15 years. Early marriage is a serious problem in Bede community. In the case of divorce and aftermath, Bedes do not have to pay any subsistence allowance to their wife or children. And the father has the right to take away all the children from wife[10].

4. Recommendation:

a) It is universal true that ‘everyone has the right to education’. Education is the fundamental right for all community. At least in the elementary level education should be free especially for the backward community. But study revealed that the 100 percent of Bede community are illiterate. Moreover, the children of the nomadic Bede community far away from many more social safeties net. Therefore, naturally these children are compelled to accept their hereditary occupation. For instance, we suggest to the Govt., NGOs and other Donner agencies to provide the moveable education program to expedite the growth and development of the Bede community.

b) The primary school teachers do not want to enroll in to teach in the Bede children community because they know after a certain period of time they have to move to other places. If the government official found the school enrolment was high but dropout rate also very high, then it will be treated as low graded school. So, the teachers are not interested to enroll them to their school. So, formal education is not possible for them. In such case base situation, it is recommended that the non Govt. University named IUBAT will take informal education for the said community.

c) Bedes community use the same river or canals water for drinking, cooking and using in other household purposes. Since the natural situation system, sanitation and hygiene factors practiced by the Bede community are highly injurious to their own health and disastrous to the surrounding environment as well. So, intervention of the Govt. and NGOs to provide safe water, health and sanitation and other environmental safety net should be implemented within Bede community.

d) Bede women are traditionally good entrepreneurs. But to cope with the emerging crises, they need leadership and entrepreneurship development training to uplift their social status. The Women of this community can be introduced to a modern version of paramedical and nursing training that can be more suitable for the betterment of their own community health services. Since the Bedes are traditionally recognized as a healing service rendering community, so it would be convenient to develop themselves as community health service providers as a whole.

e) Bedes should be counted as a minority group like ethnic minorities in census by the Bangladesh Bureau of Statistics (BBS), Ministry of Planning, and Government of the People's Republic of Bangladesh so that they can establish the rationale for their special needs.

5. Conclusion:

From the socio-economic point of view Bede communities are living under the poverty line. They are deprived of the education, health, water and sanitation condition. In the context of Bangladesh, all those socio-economic indicators found significant fall short than the average. The study revealed and expected to help the Bede community not only by the government but with the help of NGO's and social solicitors and other well wishers also for their continued existence. Moreover, to uphold their ethnic culture, the world heritage should pay attention for stopping to vanish the Bede community. Each and every country should respect their own culture to develop themselves as well as for exogenous and endogenous growth of development. However, we should more emphasis the project on them to protect and enrich the Bede community to fulfill and blossom up the world heritage and culture.

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ANNEX – Table

Table-1: Socio- Economic Conditions Bede Community and National level at a glance

Socio- Economic Factors	Bede Community	National Level
Household's Size (Number)	10.8	4.9
Enrollment ratio (Percentage)	00	Boys-84.4, Girls-85.6
Birth rate per 1000(adult) per annum	83.30	U-16.8, R-21.6
Death rate per 1000 per annum	18.51	U-4.6, R- 5.9
Natural growth rate	6.4	1.58
Maternal Mortality rate	16.6	U-2.48, R-3.84
Life expectancy rate	60	61
Literacy rate in Percentage	20	65
Illiterate adults(% of population)	80	35
Infant mortality rate	49	M-42, F-38 (2007)
% Population without access to safe water	40	2.6 (2003)
% Population without access to health services	80	55
% Population without access to sanitation	40	46.8
% of households using lighting facilities	0	17.39

Source: Bangladesh Bureau of Statistic, Sample vital registration system (SVRS), 2008, Indicates: U = Urban, R= Rural, M- male, F= Female

Table-2 : Primary School Net Enrolment Rate General and Bede's

Sex of Children	Net Enrolment Rate in %					
	2009 (Bede)	2008	2003	2000	1999	1997
Both sex	0	85	83	81.8	78.3	81.5
Male	0	84.4	81	80.7	76.9	80.0
Female	0	85.6	84	82.8	79.7	82.9

Sources: Bangladesh Bureau of Statistic, National Report on follow up to the World Summit for Children and MICS.

Table-3: Access to Safe Drinking Water in %

Year	Bede	National	Rural	Urban
1990		89.0	88.0	96.0
2003	60	97.4	97.0	99.0

Source: Bangladesh Bureau Statistic, Sample vital registration system (SVRS).

Table-4: Access to Safe Toilet in %.

Year	Bede	National	Rural	Urban
1990		21.0	16.0	40.0
2003	40	53.2	48.2	70.7

Source: Bangladesh Bureau Statistic, Sample vital registration system (SVRS).

Table-5: Maternal Mortality Rate in %.

Year	Bede	National	Rural	Urban
2000		3.18	3.29	2.61
2001		3.15	3.26	2.58
2002		3.91	4.17	2.73
2003/2009	16.6	3.76	4.02	2.70

Source: Bangladesh Bureau Statistic, Sample vital registration system (SVRS)

Table-6 : Fertility Rate in (000)

Residence	Bede	2003	2002	2001	2000
National		2.57	2.55	2.56	2.59
Rural		2.70	2.69	2.84	2.89
Urban	7.7	1.91	1.94	1.73	1.68

Source: Bangladesh Bureau Statistic, Sample vital registration system (SVRS)

Table- 7: Distribution of mothers who received TT during their last pregnancy in %.

Indicators	Bede	National	Rural	Urban
TT received	2	69.9	67.7	74.1
TT not received	98	30.1	32.3	25.9

Source: Bangladesh Bureau Statistic, Sample vital registration system (SVRS)

Table-8: Using family planning Method (%) by currently Married woman age (15-49) year in %.

Method	Bede -2009	2004	2003	2002
Pill	00	32.8	32.4	30.4
IUD	00	0.60	0.60	0.80
Injection	00	10.2	10.0	7.6
Condom	00	5.6	5.3	9.4
Traditional	5	5.0	4.9	5.8

Source: Health and demographic survey 2000.bbs, SVRS (Sample vital registration survey-2004.

Table- 9: Mothers consulted for antenatal care during their last pregnancy by type of care and number of visits in %.

Type of care	Bede	National level				
		Total	1	2	3	4
Doctors with degree	2	14.2	41.3	36.9	9.6	11.2
Doctor without degree.	00	11.2	79.7	11.5	5.4	3.4
Health complex	00	6.9	56.0	13.2	5.5	25.3
FWV/FWA/HA	00	35.5	57.4	11.2	11.3	20.6

Source: Bangladesh Bureau Statistic – 2009.