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QUOTATION



*Behind the gates of the wealthy
food lies rotting from waste
Outside it's the poor
Who lie frozen to death*

Du Fu (Chinese Poet). 8th Century

KNOWLEDGE BASE

famine

1. a severe shortage of food, as through crop failure or over population
2. acute shortage of anything
3. violent hunger

Source: Collins Dictionary of the English Language

The Bengal Famine of 1943

“Thousands of emaciated destitutes still roam the streets in the ceaseless quest for food, scouring dustbins and devouring rotten remains of castaway food and fruit. Rickety children clutching imploringly the tattered garments barely covering the bones of their mothers are seen in all quarters of the city.”

(Quoted in Manchester Guardian Weekly, U.K. October 15, 1943)

Zainul Abedin, born in Mymensingh district of Bangladesh in 1914 immortalized the 1943 Bengal Famine through hundreds of sketches (of which only 20 survive) drawn on tinted paper with black ink.

Art critic O.C. Ganguly wrote in 1944 on the Famine Sketches describing “the spontaneity, sincerity and uncompromising realism of his pitiless brushstrokes”. It was this daring in his art that opened the pathway to a new era of modern painting in Bangladesh, and even today opens our eyes to the devastating realism of inequities in society.



Zainul Abedin

Famine Sketch 2

A “man made” famine in Bengal

Bengal, the largest delta in the world, washed by the rivers Padma, Jamuna and Meghna was a thriving agricultural land in the 1940s. Its river communication system made Bengal a centre of wealth, commerce, education and culture. This region suffered from a famine in 1943-44 with a loss of about 4 million lives.

This famine did not result from a shortage of food caused by a natural disaster, but stemmed from the failings of the socio-economic system of the time. The images captured by Abedin were of rural destitutes who trekked from the districts into the city of Calcutta. They were in the main rural agricultural workers who were hard hit by food price rises in a war economy. The opportunistic hoarding of rice stock and panic purchases, coupled with a misguided ban of exports of cereals from other provinces in India exacerbated the situation. In comparison, those in activities

stimulated by war, largely the urban population, enjoyed an enhancement of their incomes and thus, purchasing power. Ironically, it was the urban population that was protected by subsidized prices and food distribution arrangements.

Amartya Sen’s view on famines suggests that a famine cannot be defined by a simple measure of the amount of food available. The understanding of a famine must include the different ‘entitlements’ given to different groups of people in society, and how variations in food supply in conjunction with other shifts in the economy affect these entitlements. An entitlement is the ability of a person to command that she/he have goods as well as the range of different goods she or he can acquire. An entrepreneur who buys goods and labour, produces other goods, sells them, and has the proceeds for personal consumption and reinvestment has a different command

over goods than an agricultural labourer who has only his labour to sell.

In any economy, ultimately the amount of food available to people is a question of income distribution. People starve when their entitlement is not sufficient to buy the food necessary to keep them alive. ■

Ref: Arrow K.J. *Why People Go Hungry?* 1982

Recent research findings: Better housing for slum dwellers improves IQ attainment by children

Summarised from

Building for the future: influence of housing on intelligence quotients of children in an urban slum

R.Chaudhary, A. Sharma KS Agarwal, A Kumar V. Sreenivas and J.Puliyel

Health Policy and Planning; 17 (4): 420-424

It is of great concern that children living in poverty may be deprived of their optimal physical and mental potential. The contribution of genetic factors to mental abilities is not disputed, however various studies have shown that mental ability is highly malleable and is influenced by environmental factors such as nutrition and nurture. For poverty stricken slum dwelling children environmental factors, such as poor housing, inadequate nutrition, parental illiteracy and infection, seem to override genetic factors so that IQ scores tend to decline with age. Since poor housing characterize slums, could the provision of better housing for slum dwellers improve prospects for IQ attainment by children?

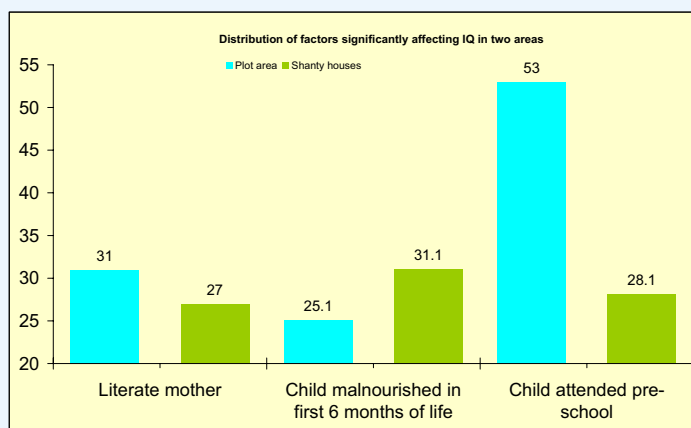
The Community Health Department of St. Stephen's Hospital has been working in the urban slum of Nand Nagari of Delhi for the last 20 years. Delhi like the capital cities of many developing countries attracts migrant workers from surrounding villages. Once in Delhi they live in urban slum clusters around construction sites; the government periodically relocates slum dwellers to areas in the outskirts of the city. Twenty years ago migrant workers living in different parts of Delhi were relocated to Nand Nagari and were provided with 250 sq. ft. of land and assisted in constructing one-room permanent houses of brick and cement on this plot. All came from the same cluster of villages surrounding Delhi and arrived in Delhi at around the same time and were supposed to be given a plot, but when the land earmarked for the project ran out the remaining families were left to live in shanty houses in an adjoining slum. Whether a family lived in a shanty house or in a plot area is thought to be a matter of chance. Twenty years later, young children who migrated with their parents have grown up and have children of their own.

During July 1998 to October 1999, the community health project, which has detailed information on all families living in the area carried out a study to look at the development of the children living in the two types of accommodation. 373 children, between the ages of 3.5 and 5.5 years were included; of these 200 lived in the project area and 173 lived in shanty houses.

Mean IQ (using the Central Institute of Education (CIE) test) of children living in the plot area was significantly higher (92.5) than those living in the shanty houses (89.4) ($p < 0.05$). Among factors known to influence IQ, malnourishment during first six months of life, education of mother and pre school attendance by children showed significant association with IQ in univariate analysis.

Other factors including education of father, sex of child, religion and family type (joint or nuclear) did not show any significant association with IQ. Multiple regression analysis showed that the most significant factors affecting IQ were malnutrition in the first 6 months of life and the attendance of preschool by the child.

When comparing by area of the factors significantly affecting IQ, maternal literacy was not significantly different in the two residential areas, number of children with malnutrition during the first 6 months of life was also comparable in the two areas. However the number of children attending pre-school in the two areas was significantly different almost twice as many children were going to pre-school from the plot area than from the shanty house area (28.1% vs. 53%, $p < 0.01$). After controlling for attendance at pre-school no difference in IQ for the two types of housing were found.

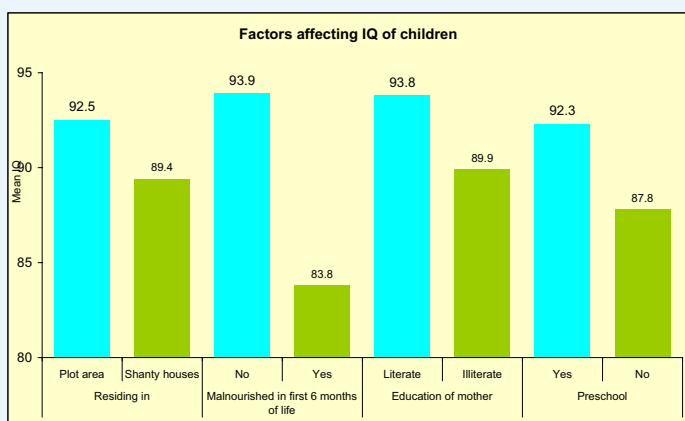


The authors conclude that housing per se is not associated directly but other factors associated with housing are important. Living in a slum is demoralizing and degrading, such parents are likely to have lower self-esteem and to have lower expectations of their children. However, people living in houses were more likely to send their children to pre-school due to an attitudinal change brought about by moving up the scale from living in a slum area to a house of one's own.

The authors conclude that aid in the form of simple houses is a powerful empowerment tool and could assist in lifting the poor out of the cycle of poverty, slum dwelling, low self esteem, lowered IQ of children and poverty carried over into the next generation. ■

Findings from Bangladesh Health Equity Watch survey presented at Bangladesh Institute of Development Studies

Findings from a cross sectional survey carried out during the first half of 2002 by BHEW in collaboration with BRAC Health Watch were presented at a seminar at the Bangladesh Institute of Development Studies on June 14th. The presentation was followed by a lively discussion in which BHEW forum members Mr. Mujibul Haque and National Professor, Prof Nurul Islam participated. ■



SEEBOHM ROWNTREE and POVERTY LINE DETERMINATION using the FIRST BASKET OF GOODS

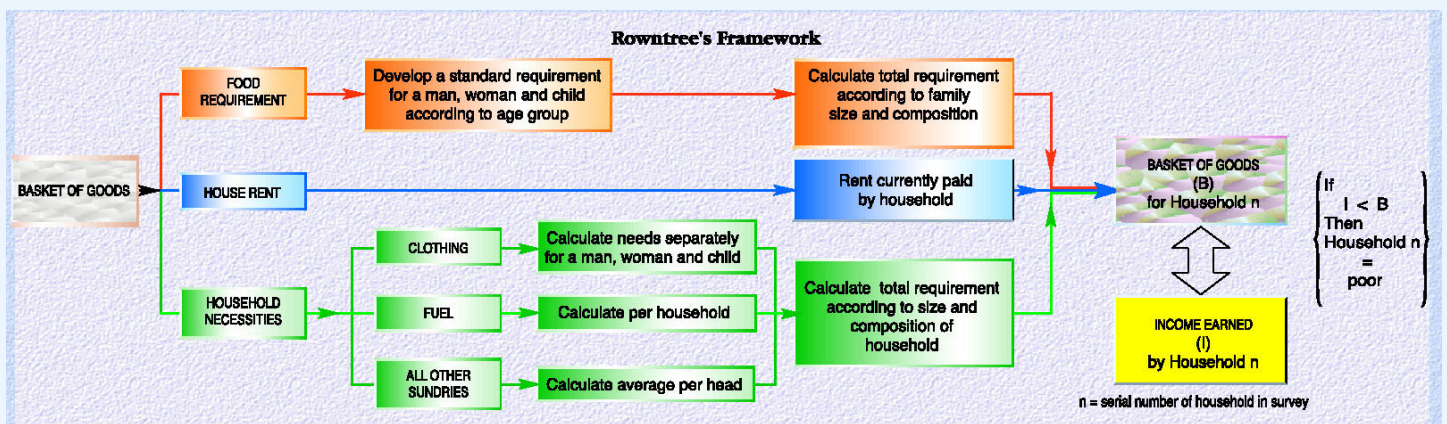
Benjamin Seebohm Rowntree, born in 1871, was the first to develop a “Basket of Goods” to define a poverty line. He came from a Quaker family and his father, Joseph Rowntree actively contributed to providing practical help for the poor and finding ways of reducing poverty. In the same spirit, Seebohm Rowntree believed it was his duty to help the poor and disadvantaged, and it was ultimately this sense of duty that motivated him to undertake his historic 1899 study of poverty in the city of York. Rowntree’s approach and groundbreaking work was responsible for influencing the policies of the Labour Government after 1945, which successfully dealt with the worst aspects of poverty he had recorded.

Rowntree divided the poor into two types of households: (1) Those who were living in PRIMARY POVERTY were “families whose total earnings are insufficient to obtain the minimum necessities for the maintenance of merely physical efficiency”; and (2) those in SECONDARY POVERTY were “families whose total earnings would be sufficient for the maintenance of merely physical efficiency were it not that some portion of it is absorbed by other expenditure, either useful or wasteful”. He went on to first examine

other individual types were 0.8U for a woman, 0.8U for a boy 14-16yrs., 0.7U for a girl 14-16 yrs., 0.6U for a child 10-13yrs., and so on. **Part three** involved finding the absolute value of the standard measure of “one man per day” obtained by assumption in part two. The question Rowntree tried to answer at this junction was: “What protein/calorie measure = 1 Unit ?” The answer to this question was sought by examination of various experimental studies of caloric measure. It was decided that 3500 cal/day with 125 grams of protein would be the appropriate measure for a man doing moderate muscular work.

STEP C. KIND OF FOOD: Translating nutrient requirement per individual per day into a basket of equivalent food items.

Rowntree found that the public workhouses displayed itemized and quantified lists of breakfast, dinner and supper menus for all days of the week for men, women and children of three age groups. He gathered this data and, discarding the menus containing any animal protein source due to their high cost, he analysed the remaining menus for a breakdown of their protein and caloric content. The analysis results showed that the workhouse food basket practically complied with the requirements developed by Rowntree for all individual categories. He subsequently adopted the workhouse menus as his food basket.



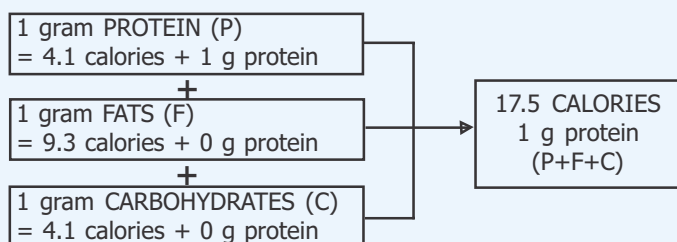
“Primary poverty” to find those who were poor through no choice of their own. This enabled him to develop an ‘absolute poverty line’.

1. FOOD REQUIREMENT

He established the food requirement by investigating **A**. The function of food in the body, **B**. Quantity required, **C**. Kind of food, and **D**. Cost of food. The steps in the logical sequence followed by Rowntree are described below:

STEP A. FUNCTION OF FOOD IN THE BODY: Rowntree took the essential constituents of food, protein, fats, carbohydrates, and outlined their functions.

STEP B. QUANTITY REQUIRED: Determination of the quantity of nutrients required by the human body was a three-part process. **Part one** calculated the food values of the essential nutrients.



Part two was the creation of a framework of protein-energy requirements for different individual types relative to a standard measurement of “per man per day”. In other words, the daily requirement of an adult male performing moderate muscular labour was taken to be 1 Unit (U). The derived relative requirements for

STEP D. COST OF FOOD

Rowntree noted “the poor buy their food in small quantities, and thus pay a higher price for it.” He used an average of the prices paid by the poor per item. This information was used to compile a table of weekly food cost for men, women and children of three age groups.

2. HOUSE RENT

Rowntree believed that rent is the first thing in which a poor family will try to economize. Therefore he took “actual sums paid for rent as the necessary minimum rent expenditure.” The actual house rent paid by each family was the expense recorded under this category.

3. HOUSEHOLD SUNDRIES

CLOTHING: The surveyors asked the men “What, in your opinion is the very lowest sum upon which a man can keep himself in clothing for a year?” keeping in mind that “the clothing should be adequate to keep the man in health, and should not be so shabby as to injure his chances of obtaining respectable employment.” Women in their account of their and children’s clothing were asked to include the “social respectability” factor. Data on clothing requirements were gathered item by item, along with the cheapest way to secure them, and the length of time they would last.

FUEL: the fuel cost was equivalent to a fire burning in the living room and was taken to be the same for all families.

ALL OTHER SUNDRIES: this was calculated per head and stood for the cost of soap and light.

The items listed so far under the three categories were determined to be the absolute necessities without which the poor could not do according to the research conducted by Rowntree. The following table reprinted from his 1901 publication sums up the findings for the creation of a basket of goods.

| Family. | Food. | Rent, ¹ say— | Household Sundries. | Total. |
|-----------------------------------|----------|-------------------------|---------------------|-----------|
| I man | 3s. | 1s. 6d. | 2s. 6d. | 7s. |
| I woman | 3s. | | 2s. 6d. | 7s. |
| I man and I woman | 6s. | 2s. 6d. | 3s. 2d. | 11s. 8d. |
| I man, I woman, I child | 8s. 3d. | | 3s. 9d. | 14s. 6d. |
| " " 2 children | 10s. 6d. | 4s. | 4s. 4d. | 18s. 10d. |
| " " 3 " " | 12s. 9d. | | 4s. 11d. | 21s. 8d. |
| " " 4 " " | 15s. | 5s. 6d. | 5s. 6d. | 26s. |
| " " 5 " " | 17s. 3d. | | 6s. 1d. | 28s. 10d. |
| " " 6 " " | 19s. 6d. | 5s. 6d. | 6s. 8d. | 31s. 8d. |
| " " 7 " " | 21s. 9d. | | 7s. 3d. | 34s. 6d. |
| " " 8 " " | 24s. | | 7s. 10d. | 37s. 4d. |

s. = shilling d. = pence

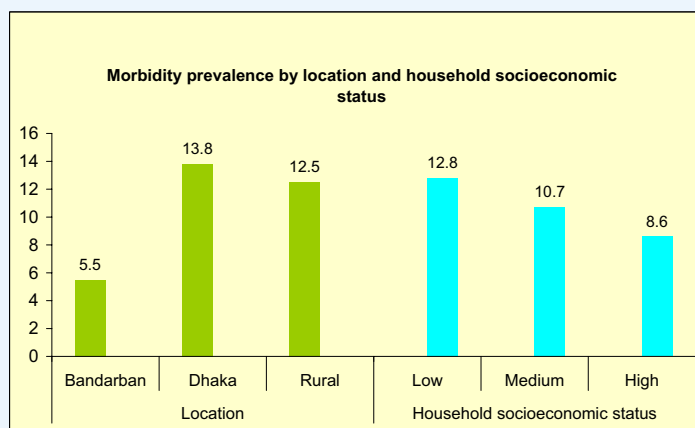
The results using the estimated poverty lines above showed that 9.9% of the people of York were living in primary poverty. He found the number of persons living in three poverty ranges, those below the "primary" poverty line, those less than or equal to 2s. above the "primary" poverty line, and those less than or equal to 6s. above the "primary" poverty line. He also calculated the percentage of wage earning classes for these groups. This type of tabulation of degrees of poverty shows the researcher's awareness of the psycho-social issues surrounding poverty as a human condition in spite of his having based the "primary" poverty line upon purely physical considerations.

Rowntree noted that his survey left certain questions unanswered. It was not known whether the family earnings comprise all of the family income and whether other sources of income had been taken into account. He was aware that the assumption was made that the income earned by all earners went into the common pool of the household. It is interesting to see that problems such as these in conducting a survey persist to this day. ■

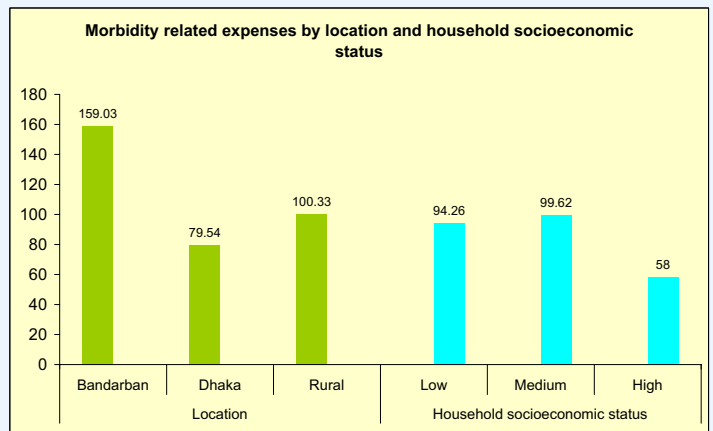
Source: Rowntree S. *Poverty, A Study of Townlife, 1901*

Recent findings from the Bangladesh Health Equity Watch survey

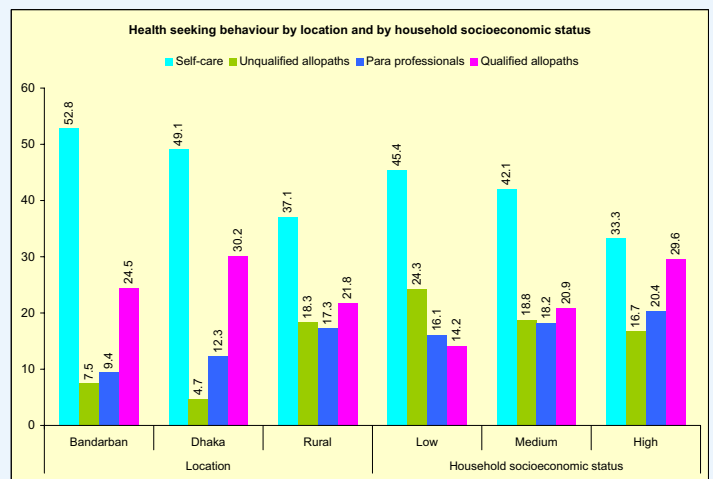
The survey conducted in early 2002, in collaboration with BRAC Health Watch, covered 11 rural sites (2220 households); urban Dhaka (201 households); and Bandarban of Chittagong Hill Tracts (201 households). A repeat survey is presently underway.



Residents of Bandarban, a hill tract area with ethnic population, are less than half as likely to suffer from recent illness compared to residents of Dhaka and rural areas, who are equally likely to suffer from recent illness. Morbidity prevalence decreases with improvements in household socioeconomic status. Residents of Bandarban are less likely to be currently ill, either because they under-report or because they are better off.



Mean illness related expenditure was Tk. 101. Residents of Bandarban spent more for illness episodes than those of Dhaka and rural areas. High socioeconomic status households spent less on recent illness compared to low and medium socioeconomic status households.



Self-care was by far the most common health seeking behaviour, for all socioeconomic statuses followed by care from unqualified allopaths. Qualified allopath care increases with improvement in socioeconomic status, the health seeking pattern is similar for low and middle socioeconomic status households. Self care is relatively more common in Bandarban and Dhaka, while in rural areas qualified and para-professional care is relatively more common. ■

Equity Watch Paper Series-Invitation for submissions

Submissions are invited to the Equity Watch Paper Series, an activity of BHEW, aimed at disseminating current equity relevant research findings and stimulating debate on equity issues. Papers for publication should be submitted to the BHEW Secretariat, electronic copies can also be submitted to bhew@icddr.org.

Papers are subject to peer review before publication. Published papers are widely circulated and are also made available online at <http://www.icddr.org>. ■

The Equity Dialogue is a joint initiative of the Bangladesh Health Equity Watch and the Poverty and Health Programme of ICDDR,B. Bangladesh Health Equity Watch is a collaborative initiative of four organizations that share a common concern for equitable health and development in Bangladesh. The organizations are the Bangladesh Bureau of Statistics, Bangladesh Institute of Development Studies, BRAC and ICDDR, B. The Rockefeller Foundation currently funds the project. The goal of the Poverty and Health Programme of ICDDR,B is to generate relevant knowledge to improve the health of the poor to reduce poverty. The project is presently being funded by the Department for International Development (DfID).

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