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Vulnerability in rural Bangladesh: learning from life history interviews

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What is Chronic Poverty?

The distinguishing feature of chronic poverty is extended duration in absolute poverty.

Therefore, chronically poor people always, or usually, live below a poverty line, which is normally defined in terms of a money indicator (e.g. consumption, income, etc.), but could also be defined in terms of wider or subjective aspects of deprivation.

This is different from the transitorily poor, who move in and out of poverty, or only occasionally fall below the poverty line.



Abstract

This paper explores the nature of vulnerability and its relationship to chronic poverty in rural Bangladesh drawing from 293 life-history interviews conducted by the author and a small team of researchers in rural Bangladesh in 2007. The aim of the paper is to provide insights into causal processes, within contextual detail, in order to complement quantitative research into patterns of vulnerability and to inform social protection policy. The paper explores vulnerability as a key aspect of poverty and takes a longitudinal and multidimensional perspective. The paper focuses on causes of long-term wellbeing decline in poor people's lives, explored as the combination of: a lack of opportunities, or impeded ability to exploit opportunities; exposure to acute 'shocks' and chronic downward pressures; and the long-term diminution of coping resources. It considers how short-term coping with shocks and downward pressures can sometimes affect prospects for long-term improvement, including the danger that poverty traps may be deepened by destructive coping strategies. It also discusses how perceived future threats to life and livelihood can have present consequences, again particularly for the poorest, who tend to be most exposed to key causes of decline and least protected when they happen. The paper provides evidence that poverty traps are linked to vulnerability. It argues that this linkage occurs not only because of the denuded endowments of key assets and capabilities of vulnerable people, but also because of liabilities and disabilities. Increased exposure to the most damaging forms of shocks and downward pressures, and impeded or damaging coping strategies result. These all combine to contribute to patterns of cumulative decline for the most vulnerable.

Keywords: vulnerability, social protection, poverty dynamics, chronic poverty, Bangladesh

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Contents

1 Introduction	5
2 Methods	7
3 Conceptualising vulnerability to explore causes of decline or entrapment.....	12
4 Vulnerability in life trajectories.....	15
4.1 Patterns of improvement and decline	15
4.2 Patterns of coping in crises	20
4.3 Looking forward	23
4.4 Exploring mechanisms behind patterns.....	24
5 Conclusion: Vulnerability and social protection in rural Bangladesh	33
References.....	36

1 Introduction

In this paper I explore vulnerability and its relationship with poverty dynamics in rural Bangladesh. I draw from a unique mixed-methods study which included 293 life history interviews conducted by a small team of researchers, including myself, in rural Bangladesh in 2007. Our life-history participants were selected as a subsample of a larger longitudinal 2,152-household study. The overall project investigated poverty dynamics and the impact of development interventions in rural Bangladesh (see Davis and Baulch, 2010 for a more detailed description of the full project).

There is an expanding literature exploring the relationship between vulnerability and poverty in developing countries. Some of this literature has been usefully reviewed by others.¹ This paper focuses on what can be learned from life-history interviews about the relationship between poverty and vulnerability in rural Bangladesh in order to provide insights into causal processes and their contexts, and to complement quantitative research into vulnerability.

Rather than attempting to separate ‘the vulnerable’ from ‘the poor’, it seemed most useful, given the nature of the life-history information available, to focus on the multifaceted nature of vulnerability in poor people’s lives, in order to explore aspects of the experience of poverty which tend to be neglected – particularly when narrow and static conceptions of poverty are used. This is useful for understanding how people become trapped in poverty and for informing social protection policies aimed at reversing these processes.

The learning associated with conducting this research prompts an exploration of:

- (1) causes of long-term decline in people’s lives – explored as a dynamic combination of a lack of opportunity, or impeded ability to exploit opportunity; the degree of exposure to acute ‘shocks’ and chronic downward pressures; and the diminution of coping resources;
- (2) the ways that coping with shocks and downward pressures affects prospects for long-term improvement; including the danger that poverty traps may be deepened by destructive short-term coping strategies; and
- (3) how the future-oriented perspective afforded by the idea of vulnerability leads us to consider how perceived future threats to life and livelihood can have present consequences, again particularly for the already poor who tend to be most exposed and least protected.

The question of whether poverty traps are linked to vulnerability has been raised by Barrientos (2007). The life history findings support the idea that poverty traps are likely to be

¹ See Barrientos (2007); Barrientos and Hulme (2005); Barrientos *et al.* (2005); and Dercon (2005) for reviews of this literature.

linked to vulnerability. Here I explore the processes through which poverty traps are experienced using information derived from the set of life histories and learning from individual cases. The life histories suggest that people in declining life trajectories are more likely to lack key assets and capabilities, and are also more likely to be exposed to the more damaging forms of crisis, compared with people on improving trajectories. Strategies for coping in crises, in the absence of key assets and capabilities, also tend to be more destructive for those already in declining trajectories, producing negative feedback and potentially catastrophic downward spirals. In addition, people who have declined in the past also tend to present profiles of risk that include greater exposure to harm in the future, compared with people who have already been on improving trajectories. This dynamic combination is likely to be contributing to the increasing inequality observed in rural Bangladesh in recent years, and also supports the idea that poverty traps may be linked to vulnerability.

Based on these observations I argue that the vulnerability of the most disadvantaged is best understood as the combination of restricted ability to exploit important poverty-exiting opportunities, greater exposure to shocks and downward pressures, reduced ability to buffer these when they happen, due to having few assets or other power resources, and weakened capacity to absorb repeated or continuing downward pressures, leading to catastrophic damage to lives and livelihoods. However the whole combined effect of these dimensions needs to be examined in order to explain how poverty traps may be exacerbated by vulnerability. Unfortunately much of the research into poverty traps investigates only part of this complex picture – most commonly focussing only on assets and asset thresholds (see Carter and Barrett, 2006; Naschold, 2005; Baulch and Quisumbing, 2009) which may exclude other important barriers to improvement faced by disadvantaged people, including liabilities and disabilities. While our research shows that assets are a key part of the picture, they are only part of what could be seen as a vulnerability-related poverty trap.

The next section of the paper describes the methods used to conduct the life-history component of this research programme, and the approach taken in exploring and presenting what was learnt. Section 3 expands on the above conceptual approach to thinking about the dynamics of vulnerability and poverty traps. Section 4 then examines patterns that arise from the life histories in this project – with both aggregate and within-case analysis. Section 5 then concludes with a discussion of vulnerability in rural Bangladesh and implications for social protection policies.

2 Methods

The author led a team of researchers from Data Analysis and Technical Assistance (DATA) Ltd in conducting the 293 life-history interviews in the eight districts in Table 1 (below) between April and October 2007.² The households were selected as a subsample of a CPRC-IFPRI-DATA longitudinal study of poverty dynamics in rural Bangladesh, which covered 2,152 households (1,907 original households) from 14 districts.³

As part of this study, three intervention types – microfinance, educational transfers and agricultural technologies – corresponded with initial evaluation studies in the quantitative survey, which were initially conducted separately, with baselines in 1994 for a microfinance study, 1996 for an agricultural technology study, and 2000 for an educational transfers study. These interventions are described in Zeller *et al.* (2001), Hallman *et al.* (2007), Ahmed (2005), Kumar and Quisumbing (2009), Baulch (2010) and Davis and Baulch (2009, 2010, 2011).

Households from the three initial evaluation studies were combined for the 2006-2007 three-phases of sequenced qualitative-quantitative-qualitative research, to allow analysis of an entire panel of households, as if they had been part of the same longitudinal study. This was possible because the initial studies had used similar survey methods, all administered by DATA Ltd, who also conducted the 2006-2007 fieldwork.⁴

For the subsample of life-history interviews (phase 3 of the 2006-2007 research), eight of the original 14 districts were selected in such a way that a range of geographic and agricultural conditions typical of rural Bangladesh were represented. Sites were selected across the initial evaluation studies, and two villages per site⁵ were selected in different unions. In each

² Data Analysis and Technical Assistance Ltd is a consultancy firm based in Dhaka with well-established expertise in conducting large-scale social surveys and other research activities.

³ The dataset from this study is publicly available at: <http://www.ifpri.org/dataset/chronic-poverty-and-long-term-impact-study-bangladesh>

⁴ The 2006-2007 study aimed to integrate and sequence quantitative and qualitative methods, in three phases: Phase I involved focus-group discussions with four groups (of poor and better-off women, plus poor and better-off men) in each village. The focus groups aimed to elicit perceptions of changes, group members' perceptions of the interventions under study, and the degree to which these interventions affected people's lives (compared to other events in the community). Phase II was a quantitative survey of the original households and new households that had split off from the original households but remained in the same district. The household survey took place from November 2006 to February 2007, the same agricultural season as the original surveys, with multi-topic questionnaires designed to be comparable across sites and with the original questionnaires from the evaluation studies. Phase III consisted of a qualitative study based on life histories of 293 men and women in 161 selected households in 8 of the districts in the original quantitative study. The aim of this phase was to understand the processes and contexts which influence individual and household livelihood trajectories. Fieldwork for this final phase of the study was undertaken between March and October 2007.

⁵ 'Sites' refer to districts in all cases except in Mymensingh and Kishoreganj districts where the 'site' and the two selected villages spanned the district boundary.

site, 20 households were selected from the original panel, across these two villages. Five households were randomly selected from each of four poverty-transition categories⁶ which used per capita household expenditure calculated from the quantitative survey (see Davis and Baulch (2010) for a more detailed explanation of these selection methods).

Table 1. Locations of the life history research villages

Original Intervention Type	District	Number of Villages	Number of Life Histories Conducted
Microfinance (MF)	Manikganj	2	36
	Kurigram	2	39
Educational transfers (ET)	Nilphamari	2	38
	Tangail	2	39
	Cox's Bazar	2	32
Agricultural technology (AT): household-based fish farming	Mymensingh	1	18
	Kishoreganj	1	19
Agricultural technology (AT): group-based fish farming	Jessore	2	36
Agricultural technology (AT): improved vegetables	Manikganj	2	36
	Total	16	293

In the life history interviews, one man and one woman were interviewed separately in each household. Research participants were often husband and wife, but in some cases, such as when a partner had died, we interviewed one parent and their son or daughter. When a household member wasn't available – which was more often a man than a woman, especially during the main April-May rice harvest – or when there was only one adult household member, we conducted one life history interview in the household. In the end we conducted 293 life history interviews in 161 households (133 men and 160 women) in 16 villages and eight districts. Interviewing two adult household members allowed immediate cross-checking, gave a gendered perspective, an alternative view of household dynamics, and allowed a mixed-sex team to work effectively, with men usually interviewing men and women interviewing women.

On the same day of each life-history interview, interviewers wrote up the interview in Bengali in a format which had been devised in an initial workshop and refined in field discussions with the author and research team. In addition to the more formally-agreed write-up of the life history interviews, interviewers also wrote fieldwork diaries containing reflective impressions

⁶ These categories are chronically not-poor, chronically poor, move up and move down with respect to the per capita expenditure national poverty line at the time of the baseline and 2006-2007 surveys.

about the households and communities interviewed plus lessons-learned about methods. These diaries were translated and became a part of the qualitative data set. When the author was with the team, he participated in interviews with either men or women.

Interviews and focus-group discussions were recorded, with permission of the research participants, with small unobtrusive digital voice recorders. We did not attempt to write full transcripts, but digital recordings were used for checking back on interviews for the initial same-day write-up of the life-history narrative in Bengali, for later analysis, and for the final anonymised write-up in English.⁷

The life history was written as a chronological account of life events, identifying causal mechanisms and drawing from discussions which had encouraged counterfactual thinking. The aim was to produce, as accurately as possible, the participant's perspective on his or her life trajectory, the causes behind improvement or decline in wellbeing, and how life could have been if the events that emerged – both positive and negative – had not occurred.

During the initial days working in each village we also arranged a time for 'knowledgeable people' to attend a focus-group discussion on the last day of our research in the village. This was usually held in a school building or in a near village leader's house. We tried to have a *Union Parishad* (Union Council) member and a number of elderly people in attendance.⁸

We spent about two weeks in each of the eight sites during the life-history phase of the research and later revisited most of the households to check and discuss texts and diagrams with participants. As the principal analyst of the findings, I visited and discussed the research with participants in every household in the life history study.

During the life-history interviews we used national and local historical markers, such as the 1971 war of independence or the 1988 floods, to pinpoint years of events described by the research participants. As an interview progressed, a chronological timeline of life events was built up. At the end of a life history interview, the researcher who had facilitated the interview, in discussion with the interviewee, drew a line depicting ups and downs in wellbeing in a trajectory using this timeline of events. After this the interviewer reviewed the main points of the life trajectory and asked the interviewee to identify and rank the three or four most important sources of opportunity that had made the most difference for his or her long-term wellbeing. Similarly the three or four most important sources of downward pressure were also identified and ranked. These choices were recorded and used to generate frequencies of upward opportunities and downward pressures, as shown in Tables 3 and 5. The other researcher wrote the narrative-based life history from notes taken during the interview and

⁷ Examples of these life histories are provided at <http://www.sdri.org.uk/bangladesh.asp>.

⁸ In this paper focus-group discussions refer to these exercises rather than a separate set of 116 focus-group discussions conducted in 2006 with findings reported in Davis (2007).



the recording of the interview. Only two interviews were conducted per day by each pair of researchers, to allow time for the diagram to be finalised and the interview to be written up in Bengali on the same day.

Life history diagrams were then traced, translated and anonymised by the author and made available with the final anonymised, translated and edited narrative life histories. The level of wellbeing (or 'life condition' – *obosta* in Bengali) at different points in the life trajectory was indicated on the diagrams using a scale of one to five, using the categories described in Table 2 below, based on life-conditions described by the research participant in the interview, and cross-checked in the focus groups.

We considered that the line between levels 2 and 3 corresponded roughly with the national poverty line used in our quantitative household assessments. These five levels were defined by the qualitative research team in advance, and were applied consistently across villages. To minimise recall errors and other forms of misreporting, the wellbeing levels were verified by the focus-group discussion with local people who knew the households well, and then finalised in a round-table discussion of the qualitative research team at the end of fieldwork in each village. In these meetings all information about households and members was used, and levels of wellbeing were agreed by consensus after discussion. These discussions were also digitally recorded for later reference. The various forms of data generated in this research were then coded and analysed using NVivo 8 by the author.⁹

⁹ NVivo is a qualitative data analysis software package developed by QSR International. See: <http://www.qsrinternational.com>

Table 2. Qualitative wellbeing levels for individuals

Level	English	Bengali	Guideline
1	Very poor or destitute	<i>khub gorib, na keye chole</i>	Suffering tangible harm to health because of poverty, generally due to insufficient food. Tend to be landless or near landless.
2	Poor	<i>gorib</i>	Very vulnerable but eating reasonably well. Could easily move into level 1 due to a common shock. If land is owned, it is equivalent to less than an acre for a medium-sized household.
3	Medium	<i>madhom</i>	A common shock would not result in tangible harm or going without food. Have household assets, or generate household income, equivalent to between one and two acres of land for a medium sized household.
4	Rich	<i>dhoni</i>	Hold household assets or generate household income equivalent to that generated by two to ten acres for a medium-sized household.
5	Very rich	<i>khub dhoni</i>	Hold household assets or generate household income equivalent to that generated by ten acres or more for a medium-sized household.

The qualitative methods drew on a life-histories approach developed by Davis (see Davis 2005, 2009), which is relatively new to Bangladesh although well-established for poverty research in other countries. The life-history approach draws on a long tradition in social research which began with the Chicago School of sociology (see Thomas and Znaniecki, 1958; Miller, 2000; 2007 and Dewilde, 2003). The conceptual approach was also informed by multidimensional approaches to poverty research, as illustrated in studies of social exclusion, human development and capabilities, and participatory research methods (see Stewart *et al.*, 2007) for a useful discussion of these approaches).

3 Conceptualising vulnerability to explore causes of decline or entrapment

In recent years much has been learned about the relationship between poverty, vulnerability and social protection in developing countries. Barrientos and Hulme (2009) draw attention to this ‘quiet revolution’ in social protection theory and practice. However there are knowledge gaps that continue to open up, especially as societies change. Profiles of risk, the means by which people manage that risk, and the capacity of the social protection mix to mitigate these risks, also change over time. Some parts of poor people’s risk profiles persist, as in continuing problems experienced due to vulnerability to illness or to violence, while new risks emerge, such as those associated with the rise of international labour migration and garments sector work (employing large numbers of young women in Bangladesh), or as populations age and households become smaller, increasing the vulnerability of the elderly.

Much of the research on the dynamics of poverty and vulnerability in developing countries is based on quantitative data from household surveys. The research reported here aimed to complement quantitative research by exploring causes and processes of improvement or decline in people’s lives using a medium-sized sample of longitudinal and fairly detailed personal life-history narratives. In Figure 1 below, I depict an ideal-typical declining trajectory in order to clarify the conceptual approach taken in the analysis of the life-histories in the following sections.

Figure 1: Conceptualising vulnerability within an ideal-typical declining trajectory

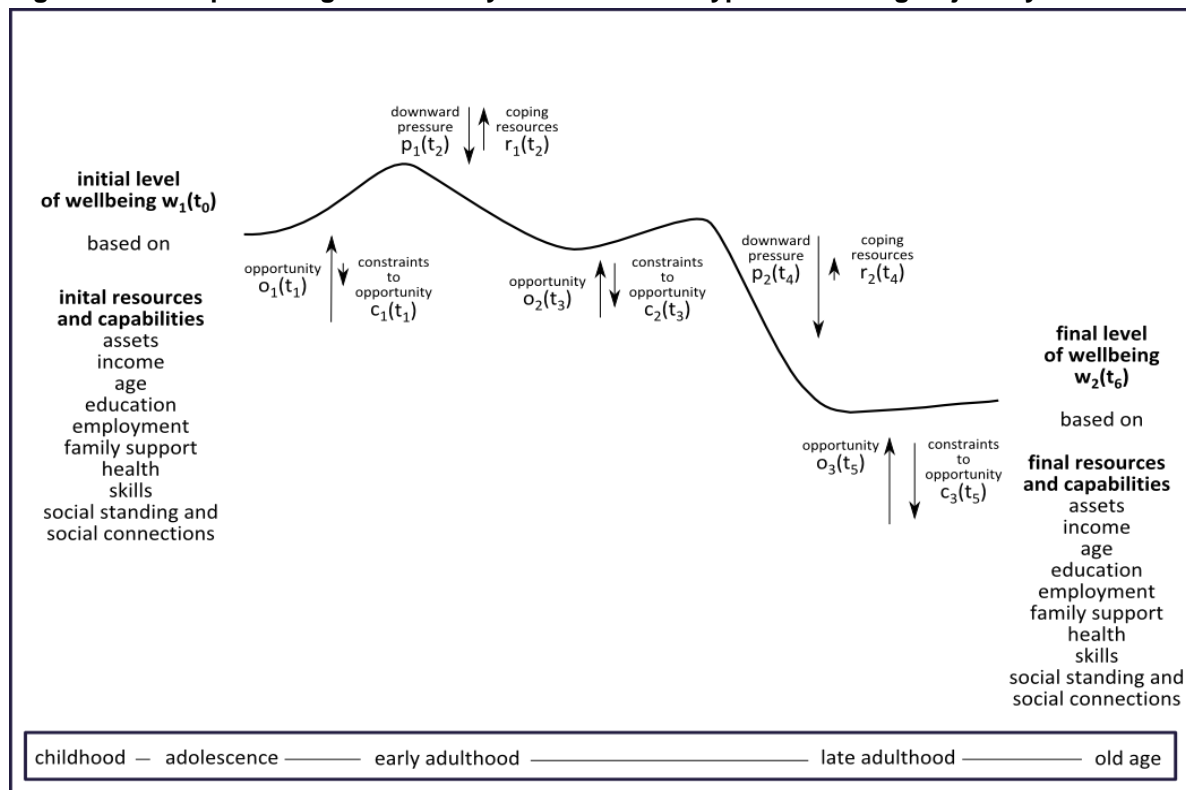


Figure 1 shows a stylised declining life trajectory illustrating how socio-economic mobility is the outcome of the interaction of upward opportunities and downward pressures, combined with the ability a person has to exploit opportunity and buffer downward pressures, over time. A person's set of resources and capabilities, at any point in time, both constitutes their current level of socioeconomic wellbeing, but also determines their future ability to cope with further downward pressures, or exploit future upward opportunities.¹⁰ Also while a downward pressure can be buffered by a coping resource, any one cause of downward pressure can be exacerbated by pre-existing liabilities or disabilities, which function like negative assets or capabilities, since they counter the benefits of 'positive' assets or capabilities.

The figure shows a stylised process of entering a poverty trap due to a cumulative series of negative events. Life events can be either sources of (chronic or acute) downward pressure (p) or of upward opportunity (o) and downward pressures can be buffered by coping resources (r).¹¹ The conversion of opportunity into improvements in a person's life can be hindered by various constraints (c). At time t₁ the person enjoys an improving trajectory in a period of opportunity (o₁) coupled with few constraints (c₁) due to sufficient endowments of resources and capabilities. The length of arrows represents strength of influence. At time t₂ a medium external downward pressure (p₁) is experienced – perhaps an illness – and an episode of decline occurs, but because coping resources (r₁) are available – such as land to sell to pay for medical costs – a steep decline in wellbeing is avoided. Then (at t₃) a modest improvement in wellbeing occurs – more modest this time because the ongoing constraint (c₂) (perhaps chronic illness) hinders the conversion of a second episode of opportunity (o₂) into wellbeing improvement. Then at t₄ a more serious downward pressure (p₂) is experienced and this time coping resources (r₂) have become so denuded that a harmful decline in wellbeing is unavoidable, and there are few buffers to protect from constitutive harm to wellbeing. This harm could typically result in a further decline in health. Following opportunities o₃ are then seriously constrained (c₃) leading to what could be seen as a poverty trap. All this is played out in the context of a life cycle, illustrated by the life stages in the lower part of the figure.

Cumulative decline into a poverty trap can occur when downward pressures (p) and constraints (c) overwhelm upward opportunities (o) and coping resources (r), for example; when an illness is coped with by selling land to pay for medical care. This can lead to lower production and incomes, as well as a denudation of resources available for coping in future crises. Cumulative decline therefore creates trajectories where long-term harm to constitutive wellbeing becomes more and more difficult to avoid.

¹⁰ This constitutive/ instrumental distinction is made by Amartya Sen (2000) with regard to social exclusion.

¹¹ Previous poverty research in rural Bangladesh (see Davis, 2005; 2009) shows that while declines in wellbeing can be either sudden or gradual, improvements are nearly always gradual.



This conceptual scheme prompts us to investigate the complex and dynamic interaction between events bringing either upward opportunities or downward pressures, and the changing levels of resources and capabilities, or, liabilities and disabilities, a person is endowed with over time. As we apply this conceptual approach to the life history material we see that we need a combined perspective to understand how trajectories of decline and poverty traps, framed in this way, are caused. Our findings support a combined approach to poverty reduction that involves reducing exposure to downward pressures, strengthening buffers, creating opportunities, and removing constraints to exploiting opportunities, particularly for the most vulnerable.

The rest of this paper uses frequency tables and illustrative examples from the life histories to explore vulnerability in this combined dynamic way. In this paper I focus particularly on research participants in trajectories of wellbeing decline. A similar exploration of poverty exits from the same set of life histories are considered elsewhere (see Davis, 2011).



4 Vulnerability in life trajectories

4.1 Patterns of improvement and decline

There are various ways that the life histories could be classified. For this paper I chose to distinguish life histories showing improvement from those declining, over the long term. I did this by examining the life history narratives, and our assessments of them, on a case-by-case basis. 79 life histories clearly showed an overall pattern of long-term improvement and 71, clear long-term decline. Trajectories that could not be clearly classified either way, if a long-term (ten years or more) improving or declining trend was not clearly apparent from the life history interview, were placed in a 'level' group, which contained 143 cases.

Table 3 (below) shows the main opportunities cited by life-history respondents using data from the entire set of 293 life histories. The life histories show that particular sources (causes) of improvement and decline occurred with differing frequency across the whole set of research participants. For example the categories: business activities – which usually involve accumulation of assets (such as shops, buildings, vehicles, machines, land and livestock) – land, livestock, sons or daughters working, agriculture and fish farming, and help from relatives and inheritance, were most frequently cited as causes of improvement across the whole set of life histories.

We can reasonably conclude that the most frequently cited sources of opportunity are probably also the most important for lifting people out of poverty. Other studies also support similar patterns of causes of improvement and decline in rural Bangladesh (see Sen and Hulme, 2006; Quisumbing and Baulch, 2009; and Davis, 2005; 2009).

Table 3. Main causes of improvement in people's lives¹²

Cause	Number of life histories showing this as a main cause (of 293)	Percent of life histories showing this as a main cause
business activities	135	46
accumulation or use of land assets	113	39
income from livestock	80	27
sons and daughters working	71	24
income from agriculture and fish farming	69	24
help from relatives or inheritance	65	22
income from day labour	53	18
benefits from micro-finance	52	18
benefits from all official programmes	49	17
unspecified loans (including from neighbours and relatives)	47	16
salaried work	42	14
dowry receipt or favourable marriage	34	12
household or property division	25	9
official educational transfers	22	8
domestic labour migration	21	7
building a house	12	4
benefits from irrigation	11	4
benefits from having a united family	10	3

Frequencies of citation of these causes can also be examined across the declining and improving trajectory groups as in Table 4. The table shows that the important causes of opportunity cited overall tend also to be those cited by people on improving trajectories: business (53.2%), the accumulation of land (44.3%), agriculture (26.6%), livestock (26.6%) and loans (24.1%), inheritance and help from relatives (22.8%), and salaried work (17.7%). Thus asset-based sources of opportunity (such as land, business, agriculture and fish, livestock, and loans) and key capabilities (such as having salaried work) tend to be cited more frequently by those on long-term improving trajectories.

The pattern is slightly different for those on declining trajectories. While business is also the most commonly cited source of opportunity for this group (32.4%), the number of opportunities reported overall is lower, and the ranking of the other opportunities is different: with benefits from official programmes (25.4%), sons or daughters working (22.5%), the accumulation of land (19.7%), and help from relatives or inheritance (19.7%), day labour (16.9%), and livestock (16.9%) appearing in that order.

¹² Categories with fewer than ten cases have been omitted. Events from each life history were coded to a list of categories: three or four events representing opportunity were coded in each case, and any one event could be coded in several categories due to opportunities with multiple causes.

Thus it seems that those on improving trajectories enjoy key opportunities more frequently overall and the order of frequency of types of opportunities is different. This suggests that people on improving trajectories may be benefitting more from key types of opportunity than those declining, or that those declining may have less capacity to convert these key opportunities into wellbeing improvement. It seems that those declining do benefit from some assets and capabilities, but they are less effective in exploiting the key areas of opportunity overall, and the opportunity categories they enjoy are skewed towards less effective forms of improvement. These include the targeted official programmes (such as the Vulnerable Groups Development programme, the Primary Education Stipend programme, the The Old Age Allowance Scheme and the Allowance Scheme for Widowed and Distressed Women) and opportunities involving less-tangible assets linked to social capital of relatives (sons and daughters working, inheritance and family help) and/or less effective human capital (mainly day labour). This does not mean that these sources of opportunity are less effective in protecting people from further decline, but it seems that they are not the most important causes of long-term improvement.

**Table 4. Frequency of causes of improvement or opportunity¹³
(Ranked according to difference in percentage)**

cause of improvement or opportunity	all life histories	percent	improving trajectory	percent	declining trajectory	percent	% difference
accumulation of land	113	38.6	35	44.3	14	19.7	24.6
business activities	135	46.1	42	53.2	23	32.4	20.8
agriculture or fish farming	69	23.5	21	26.6	7	9.9	16.7
loans	47	16.0	19	24.1	7	9.9	14.2
income from salaried work	42	14.3	14	17.7	3	4.2	13.5
all livestock production	80	27.3	21	26.6	12	16.9	9.7
household or property division	25	8.5	9	11.4	2	2.8	8.6
irrigation	11	3.8	6	7.6	2	2.8	4.8
help from relatives or inheritance	65	22.2	18	22.8	14	19.7	3.1
domestic labour migration	21	7.2	9	11.4	6	8.5	2.9
house building or improvement	12	4.1	4	5.1	2	2.8	2.2
sons and daughters working	71	24.2	19	24.1	16	22.5	1.5
dowry receipt or favourable marriage	34	11.6	10	12.7	8	11.3	1.4
day labour	53	18.1	14	17.7	12	16.9	0.8
the benefits of a united family	10	3.4	0	0.0	5	7.0	-7.0
benefits from official programmes	49	16.7	11	13.9	18	25.4	-11.4

¹³ Causes of opportunity which were cited in fewer than 10 life histories have been omitted.

In the same way, when we consider patterns of shocks and downward pressures, we also see a differing pattern between people on improving and declining trajectories.

Table 5 shows that, for the whole set of life histories, the most frequently cited causes of chronic downward pressure, or acute shock were, in order of frequency: illness and injury (75%); dowry and wedding expenses (39%); death of family members (33%); division of household or property (22%); theft or cheating (20%); litigation (19%); and weather-related events such as floods, cyclones and storms (17%). Such findings highlight the need for better quality, reasonably priced health provision as a poverty reduction measure in Bangladesh. They also draw attention to the serious impact – including the depletion of assets – dowry has on families with girls (see Davis and Baulch 2009). In addition other life-cycle related events such as the death of parents, and household and property division seem to mark particularly risky times of life. Also adverse weather events causing damage to property and crops are significant causes of decline, as would be expected in Bangladesh.

Table 5. Frequencies of causes of decline in people's lives

Cause	Number of life histories showing this as a main cause	Percent of life histories showing this as a main cause
illness and injury	220	75
dowry and marriage	114	39
death of family member	97	33
household and property division	63	22
theft or cheating	59	20
litigation	56	19
floods, cyclones, or storms	49	17
crop damage	42	14
violence, conflict or physical insecurity	41	14
family or village disputes	29	10
death or illness of livestock	28	10
disability	27	9
unemployment or low income	26	9
business loss	25	9
sale or mortgage of land or house	25	9
debt	21	7
supernatural causes and superstition	20	7
divorce and abandonment	19	6
migration	19	6
extortion corruption and harassment	17	6
lack of food	12	4
education and other expenses on children	11	4
fire	10	3

Again when we compare the frequencies of citation of the common downward pressures on life trajectories across the declining trajectory/ improving trajectory groups, we observe key sources of downward pressure overall being more frequently experienced by those in decline. The sale or mortgage of land, for example, is more often cited by the declining group. Also some events, such as household and/or property division, are more often a source of opportunity for those on improving trajectories (Table 4) but frequently a source of downward pressure for those declining (Table 6). Also illness and injury – the most common and most serious source of downward pressure overall – seems to be more frequently experienced by those on declining trajectories.

Table 6. Frequencies of causes of decline, comparing improving and declining trajectories (ranked according to difference in percentage)

cause of improvement	all life histories	percent	improving trajectory	percent	declining trajectory	percent	percent difference
crop damage	42	14.3	20	25.3	9	12.7	12.6
floods cyclones storms	49	16.7	17	21.5	11	15.5	6.0
death or illness of livestock	28	9.6	8	10.1	3	4.2	5.9
family and village disputes	29	9.9	12	15.2	7	9.9	5.3
extortion corruption and harassment	17	5.8	9	11.4	5	7.0	4.4
business loss	25	8.5	4	5.1	3	4.2	0.8
divorce and abandonment	19	6.5	6	7.6	5	7.0	0.6
theft or cheating	59	20.1	12	15.2	11	15.5	-0.3
supernatural causes and superstition	20	6.8	7	8.9	7	9.9	-1.0
fire	10	3.4	1	1.3	2	2.8	-1.6
lack of food	12	4.1	3	3.8	4	5.6	-1.8
debt	21	7.2	6	7.6	7	9.9	-2.3
litigation	56	19.1	18	22.8	18	25.4	-2.6
dowry and marriage	114	38.9	34	43.0	33	46.5	-3.4
unemployment low income	26	8.9	7	8.9	9	12.7	-3.8
education and other expense on children	11	3.8	3	3.8	6	8.5	-4.7
death of family member	97	33.1	23	29.1	24	33.8	-4.7
disability	27	9.2	3	3.8	8	11.3	-7.5
illness or injury	220	75.1	55	69.6	56	78.9	-9.3
migration	19	6.5	2	2.5	9	12.7	-10.1
sale or mortgage of land or house	25	8.5	6	7.6	13	18.3	-10.7
violence, conflict or physical insecurity	41	14.0	4	5.1	15	21.1	-16.1
household and property division	63	21.5	13	16.5	25	35.2	-18.8



Thus while key forms of wellbeing-enhancing opportunities seem to be disproportionately enjoyed by those on improving trajectories, at the same time those in declining trajectories seem to be more frequently experiencing the most serious causes of decline. This is not surprising, but it illustrates that in order to understand vulnerability and its relationship with poverty dynamics we need to analyse the combined effects of more limited opportunities; greater exposure to downward pressures and shocks; and the tendency of those most vulnerable to cope in damaging ways – such as by selling or mortgaging land.

4.2 Patterns of coping in crises

In addition to differing patterns of opportunity or downward pressures cited across the improving and declining trajectories, patterns of coping in crises can also be compared between these two groups. In order to explore patterns of coping, accounts of the four most frequently cited causes of downward pressure, or shock, were explored. Where the ways that the respondent coped was described in the life-history narrative, the relevant sections were coded using the categories in Table 7. It was difficult conceptually to separate coping strategies from harmful impacts – as being harmed is sometimes the only form of coping able to be deployed by very poor people – so both are listed in the table.

The four most frequently cited causes of downward pressure in the life histories were: illness, dowry, household or property division, and the death of relatives. The table shows that loans of various kinds (e.g. NGO loans, informal interest-free loans from relatives and neighbours, and loans from moneylenders) are a very common form of coping with crises. In many cases these were also subsequently paid off through mortgage or the sale of land and other assets. Many crises cause a loss of income – for example when business capital is used to cope, or illness leads to a reduced capacity to work. We have already seen that those on declining trajectories cited the sale or mortgage of land as a cause of decline more frequently than those on improving trajectories. Here we also see the sale of land and livestock as a frequent means of coping. Help from relatives and neighbours – also often through loans – is also common, as is the sale of other assets such as crops, various stored commodities and food stuffs, trees, bamboo, building materials, rickshaws and bicycles.

Table 7. Forms of coping and impacts of dealing with illness, dowry, household or property division, and the death of relatives, when cited as one of the three or four most serious negative events

Form of coping or impact	Life histories citing this form of coping	Percent of life histories citing this form of coping
all loans	101	34.5
loss of income	97	33.1
sale or mortgage of land	86	29.4
sale of livestock	68	23.2
help from relatives or neighbours	58	19.8
non-NGO loans	49	16.7
psychological distress	46	15.7
other asset or crop sales	40	13.7
non-specified loans	39	13.3
disability or chronic illness	28	9.6
loss of savings	23	7.8
NGO loans	21	7.2
premature death	20	6.8
going without food	16	5.5
family disputes	15	5.1
capital from business	14	4.8
women's extra labour	14	4.8
loss of education	11	3.8
problems with division or inheritance	8	2.7
no medical treatment due to poverty	8	2.7
litigation	6	2.0

When we compare coping patterns between improving and declining trajectories (Table 8) we see that those on declining trajectories tend to use more destructive means of coping, (such as the sale or mortgage of land, the sale of livestock, women's extra labour and going without food) more frequently. Illness, disability and family disputes, which are probably better regarded as impacts of downward pressures rather than forms of coping, also appear to be more frequent for those who are declining. The only positive difference for the declining group is that they more frequently cited help from relatives or neighbours as a means of coping. This probably reflects moral economy (Scott, 1976) norms of informal helping. These are supported by norms of helping relatives and neighbours when levels of destitution become extreme. However they are not without reciprocal expectations and cannot always be relied on.

Table 8. Forms of coping: comparing improving and declining trajectories (ranked according to difference in percentage)

form of coping	all life histories	percent	improving trajectory	percent	declining trajectory	percent	difference in percentage
loss of savings	23	7.8	10	12.7	3	4.2	8.4
non-NGO loan	49	16.7	15	19.0	9	12.7	6.3
other asset or crop sales	40	13.7	12	15.2	7	9.9	5.3
psychological distress	46	15.7	15	19.0	10	14.1	4.9
litigation	6	2.0	3	3.8	0	0.0	3.8
loss of income	97	33.1	24	30.4	20	28.2	2.2
all loans	101	34.5	26	32.9	22	31.0	1.9
NGO loan	21	7.2	6	7.6	6	8.5	-0.9
premature death	20	6.8	6	7.6	6	8.5	-0.9
no treatment of illness due to poverty	8	2.7	0	0.0	1	1.4	-1.4
loss of education	11	3.8	2	2.5	3	4.2	-1.7
money from business	14	4.8	4	5.1	5	7.0	-2.0
non-specified loans	39	13.3	7	8.9	8	11.3	-2.4
problems with property division or inheritance	8	2.7	1	1.3	3	4.2	-3.0
going without food	16	5.5	2	2.5	4	5.6	-3.1
women's extra labour	14	4.8	1	1.3	4	5.6	-4.4
disability or chronic illness	28	9.6	3	3.8	6	8.5	-4.7
family disputes	15	5.1	2	2.5	9	12.7	-10.1
help from relatives or neighbours	58	19.8	12	15.2	19	26.8	-11.6
sale of livestock	68	23.2	13	16.5	21	29.6	-13.1
sale or mortgage of land	86	29.4	15	19.0	34	47.9	-28.9

These findings support the view that when individuals, households and families face the kinds of shocks and downward pressures described above, they most commonly cope by depleting the assets they hold. Wealthier people with more assets at their disposal tend to be able to do this with relatively less impact on their long-term wellbeing because asset holdings can usually buffer or mitigate crises. For example, money can be raised to pay for medical care or dowries, crop damage or business losses. The chronic poor tend to hold fewer assets and are therefore more vulnerable when a crisis hits; and they are more likely to deplete assets and further diminish their long-term resilience. The types of crises experienced also seem to be those that tend to damage what is constitutive of wellbeing (as opposed to what is only instrumental for it). They allow the crises to damage their health; they go without food; they sell homestead land and housing materials; they withdraw their children from school; and they undertake tasks that damage their social status. These create future constraints and undermine what is both constitutive, and instrumental, for long-term wellbeing.

4.3 Looking forward

Finally at the end of each life history interview we discussed future prospects with our research participants, based on their life history narratives, and recorded their hopes and concerns.

Table 13 shows frequencies of concerns about future vulnerability for people in declining trajectories. Again illness is a major concern followed by a lack of assets, impending dowry, debt or disability. Disability creates both unstable and low future incomes plus social exclusion. Generally people had quite realistic expectations of the future, often linked to ongoing problems – such as chronic illness, impending dowry, debt and disability – which can be seen as liabilities, defined broadly.

Table 13: frequency of causes of predicted vulnerability in declining trajectories

cause of predicted vulnerability	number of trajectories (out of 71)	percentage of declining trajectories
illness	40	56.3
lack of assets	40	56.3
impending dowry	23	32.4
debt	20	28.2
disability	17	23.9
low income or lack of work	16	22.5
household separation	15	21.1
lack of power, dependence or stigma	14	19.7
old age	13	18.3
physical insecurity	11	15.5
litigation	8	11.3
vulnerability of a female headed household	7	9.9
lack of education	5	7.0
lack of support from children	3	4.2

Among these research participants in declining trajectories the predicted means by which they considered they would cope with likely future downward pressures appeared in the following frequencies. It seems that as these people were looking forward, they frequently hoped that they would be helped by their children, through their own labour and in some cases, through official social protection programmes such as the Vulnerable Groups Development Programme, The Rural (Infrastructure) Maintenance Program or allowances for widows, the disabled and elderly. They also looked to their own, usually diminished, assets, and to their relatives and neighbours as a form of coping.

Table 14: predicted sources of coping in predicted future crisis

predicted source of coping in a future crisis	number of declining trajectories (out of 71)	percentage of declining trajectories
support from children	20	28.2
labour	17	23.9
official programmes	14	19.7
land or house assets	13	18.3
help from relatives or neighbours	10	14.1
livestock	7	9.9
agriculture	6	8.5
business	6	8.5
women's extra work	4	5.6
loans	3	4.2
salaried job	1	1.4
savings	1	1.4

4.4 Exploring mechanisms behind patterns

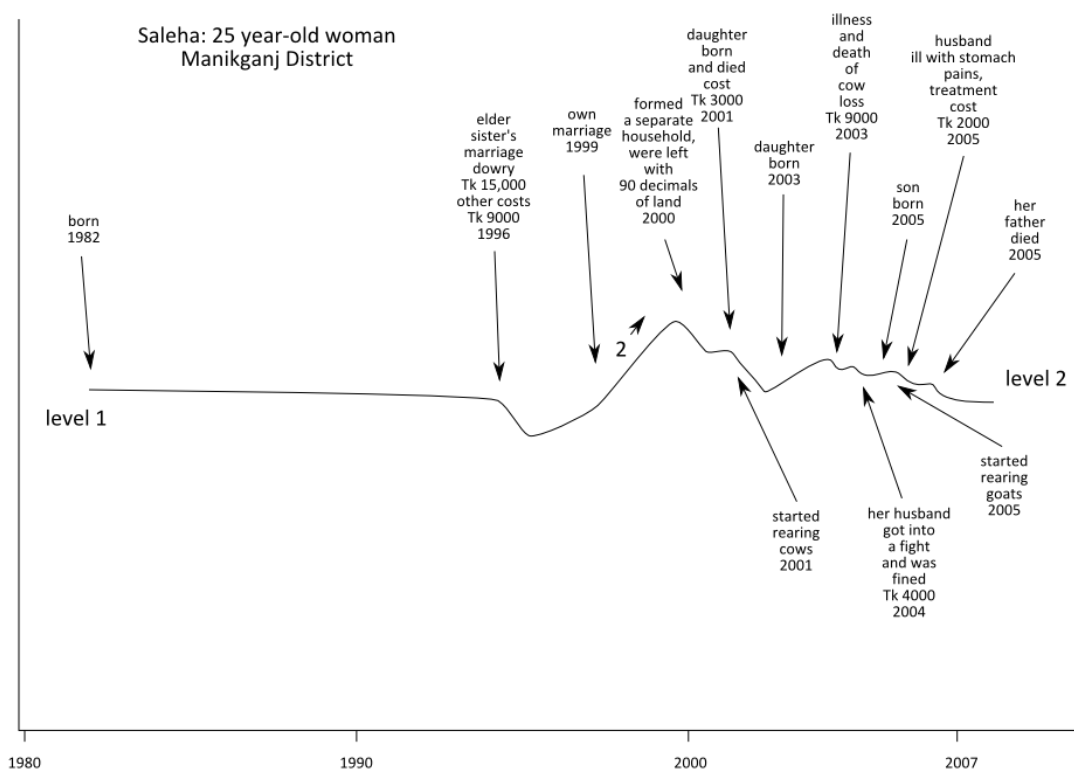
In this section the conceptual approach developed in Section 3 is applied in exploring how causal processes affecting improvement or decline are illustrated in individual life-trajectories. One advantage of a qualitative case-based research approach is that once aggregate patterns are observed, as above, individual cases can be explored in more detail to explore causal processes and their contexts.

4.4.1 *Slow decline due to downward pressures overwhelming upward opportunities*

Saleha's life trajectory diagram (Figure 2) illustrates how downward pressures can overwhelm upward opportunities, especially when there are serious overarching constraints, in this case her husband's disability, which limited his income-earning potential.¹⁴ Saleha is a 25 year-old woman who lives with her husband, Akbar (30), and her two children (a daughter aged five, and a son aged two) in Kachua village in Manikganj District, about one and a half hours by road from Dhaka. Her children have not started school yet.

¹⁴ All names of people and villages have been changed to protect the anonymity of our research participants. District names remain unchanged.

Figure 2. Saleha: 25 year-old woman, Manikganj District



Akbar's right hand and right leg have been paralyzed since birth. Because of this it has been very difficult for him to work on his own land or to earn as an agricultural day labourer. This has had a detrimental effect on Saleha's life, particularly after she and Akbar were separated from his brother's household in 2000. Akbar's father and older brothers live more comfortably but in separate households (*ghor*) in the same homestead area (*bari*) as Akbar, Saleha and their children. The condition of Saleha's home is very poor and she has to cook outside with a mud oven as they don't have a kitchen room to cook in. Also they have been selling land in order to buy food. From time to time Saleha's brothers help her by providing clothing, cooking oil and soap, but this help is quite limited.

Over her married life Saleha has been forced to work the land in ways that are unusual for a woman in rural Bangladesh. And since her father died Saleha has been forced to do this work alone because they don't have enough resources to employ people to help on their land. This work has taken its toll on Saleha; she said that that a miscarriage occurred while she was harvesting rice, and because she does what is seen as man's work, she faces social stigma, and she and her husband are the butt of many jokes in her neighbourhood.

Saleha also has some income from rearing goats but this does not make a sufficient contribution to their living expenses. They cultivate 70 decimals of land which Akbar inherited from his father and have a further 45 decimals of land mortgaged out. They also receive Tk 2836 annually from 8.5 decimals of land leased to a brick makers for a brick field, and Tk 700 annually from an additional 12 decimals of land leased out.

However Saleha's living conditions have gradually become worse since she was first married due to the hardships associated with Akbar's disability and low income and are exacerbated by Saleha's extra work which has affected her own health and social standing. The sale and mortgage of parts of their land to pay for living expenses has further undermined their future prospects.

4.4.2 *Disadvantage that crosses generations*

Ali's life trajectory (Figure 3 below) shows, among other things, how it is possible to trace the impact of a series of health related misfortunes across generations from his parents, through his own, and on to his children's current level of wellbeing. Ali is a 45 year-old man living in Tangail District, about three hours drive north of Dhaka. His life-trajectory improved slightly over the long-term, but not enough to rise above the 'poor' level 2, which is about the level of the poverty line.¹⁵ The death of Ali's father when Ali was an infant can be seen as a large shock which has undermined Ali's ability to improve his life, and in turn has led to disadvantage for his children. Opportunities to improve have not been absent; and ongoing constraints present throughout his family history have restricted his ability to convert these opportunities into life improvement.

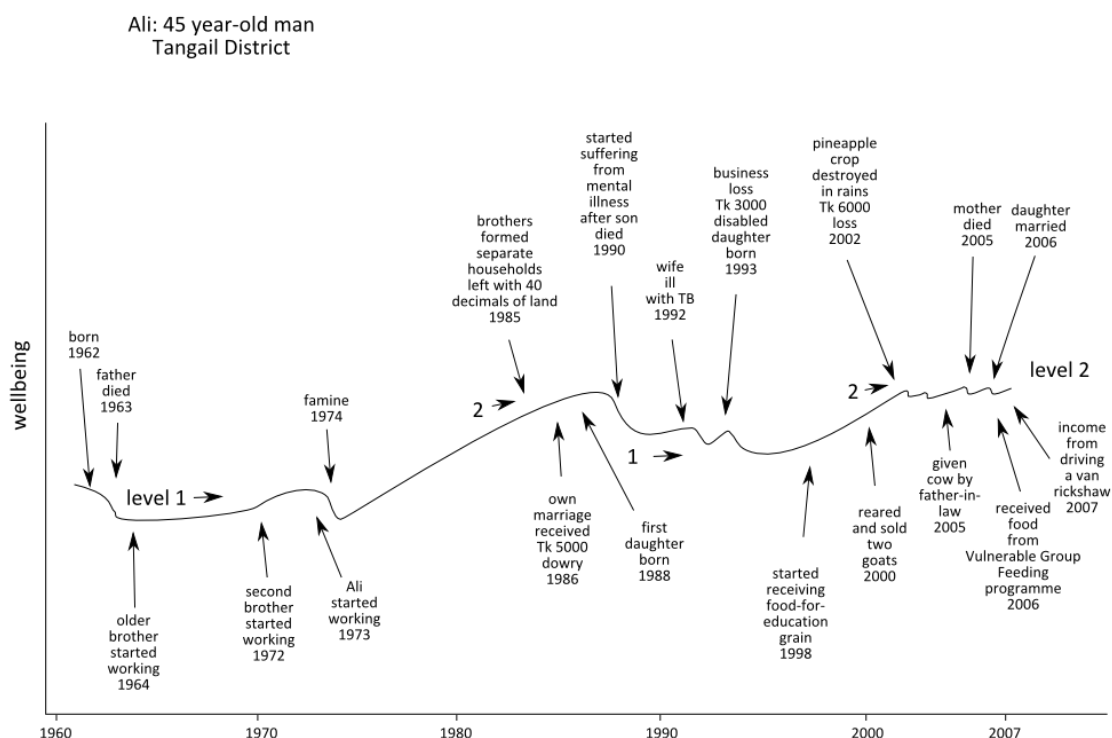
Ali's father had been an agricultural worker and earlier in his life had owned about 5 *bighas* of land.¹⁶ He died from TB when Ali was a year old in 1963. Before he died the family sold land to pay for his treatment leaving 2 – 2.5 *bighas* for the family to live on. Ali and his brothers all missed out on learning to read or write and other forms of elementary education as they were forced from a young age to work as day labourers to keep the family going.

Ali started work in 1973, when he was about 11. He worked for four different neighbours who fed, clothed and housed him. He worked tending cows and earned about Tk 750 annually at the start but after seven years was earning about Tk 4500 annually. In 1980, at the age of 18, Ali returned home and started work as a regular agricultural day labourer.

¹⁵ Ali's household per capita expenditure rose from about half the poverty line in 2000, to just over it in 2007, in our quantitative assessment. However with household instability and health-related expenses, including Ali's ongoing mental illness, it is unlikely that the observed rise in household expenditure accurately reflected a corresponding rise in wellbeing for the same period. See Davis and Baulch (2009) for a discussion of disagreements of quantitative- and qualitative-based poverty assessment.

¹⁶ In this area there are 48 decimals per *bigha* or *pakhi* of land; there are 100 decimals in an acre of land. It is difficult to determine whether Ali's father would have been classified as poor or not poor earlier in his life before his illness from the life-history interview. Five bighas of land was less productive in 1962 than in 2007, and an asset-based classification would need to account for this. Certainly once Ali's father became ill and land was sold to pay for treatment he would have been classified as poor using our qualitative criteria.

Figure 3. Ali: 45 year-old man, Tangail District



Ali's brothers formed separate households in the same neighbourhood by 1985 whilst Ali stayed with his mother. His brothers believed their situation would improve if they were by themselves and so they chose to be separated. Ali said to us that his wellbeing was not affected much when his brothers were separated, as at the time he was working by himself. When his brothers separated, their 120 decimals of paternal land was split three ways, and Ali received 40 decimals - out of this, 16 decimals was public land (*khas jomi*).

Ali was married in 1986, a daughter was born in 1988, but his first son died as an infant from typhoid in 1990. The baby was treated by the traditional healer (*kobiraj*), which cost TK 400-500, then he was taken to the local government hospital where he died the same day. The death of their son affected Ali and Hasina profoundly, Ali became mentally ill and Hasina suffered from depression.

Due to Ali's mental illness he spent several years wandering and sleeping rough. Ali said that he was possessed by a supernatural being (*jin*). He wandered around the district being fed by others, sleeping rough and being treated as a madman (*pagol*). He only came home from time to time. After seven years Ali began to suffer from abdominal pain for which he received extensive hospital treatment which cost a total of Tk 20,000. This money was raised through the sale of pineapples and with help from his father-in-law.

During this time his wife, Hasina, had to try to survive without any income from Ali and as a result they were forced to mortgage land and take loans in order to live. In 1992 Hasina

contracted a fever and a cough and was later diagnosed by a doctor in a nearby town as having TB. She was taken to the local government hospital for treatment and then was sent to a specialist TB clinic in a hospital near Tangail. The treatment cost Tk 1500 which they again raised with help from Ali's father-in-law. Hasina recovered after 6 months, but she had been pregnant with a daughter who was born (in 1993) blind, partially deaf and with severe learning difficulties.

A second son was born in 1995, and another son in 2000. The older son now attends primary school and has received the Primary Education Stipend (cash-for-education) for the last three years. Their eldest daughter also receives a stipend for attending school. Most of this money is used to pay for the children's education and clothing expenses. Ali said that if he didn't receive this money they would have to cut back on food and eat only twice a day.

However their disabled second daughter is unable to attend school due to her disabilities. Even though her condition is deteriorating, they have been unable to seek treatment for her because of the cost. They worry for her future as it is unlikely that they will be able to find a husband due to her disabilities.

In recent years Ali has had medication for his mental condition and has returned home and has been working as a day labourer, driving a van rickshaw and growing pineapples on their small plot of land. However without this string of health problems and other pressures, which can be traced back to vulnerability created by his father's illness and death, he and his family would be in stronger position today.

It is difficult to make linkages like this with absolute certainty; however the death of Ali's father caused the sale of assets and loss of income which increased Ali's vulnerability for a long time due to a resulting lack of coping resources. The 'bad luck' experienced is an outcome seen again and again in the life histories and this case is typical in as much as it shows how idiosyncratic spates of bad luck commonly emerge due to the long-term vulnerability caused by denuded coping resources. The observation that common, yet idiosyncratic, 'bad luck' is more frequently experienced by the chronically poor also problematises the popular distinction between idiosyncratic and covariant shocks: idiosyncratic shocks tend to be experienced disproportionately by the poorest and are therefore patterned – as are covariant shocks.

4.4.3 *Future insecurity due to an impending dowry and intermittent ill health*

Amena (Figure 5) is a 54 year-old woman who lives in a village near the district town of Nilphamari with her two younger children – a son, aged 11, and a daughter, aged 16. She has two other sons who are married and live separately, although her second son, Entehar and his wife, Shuli, live in the same homestead area (*bari*), but keep a separate household (*khana* or *ghor*). The eldest son and his family lives in a different district.



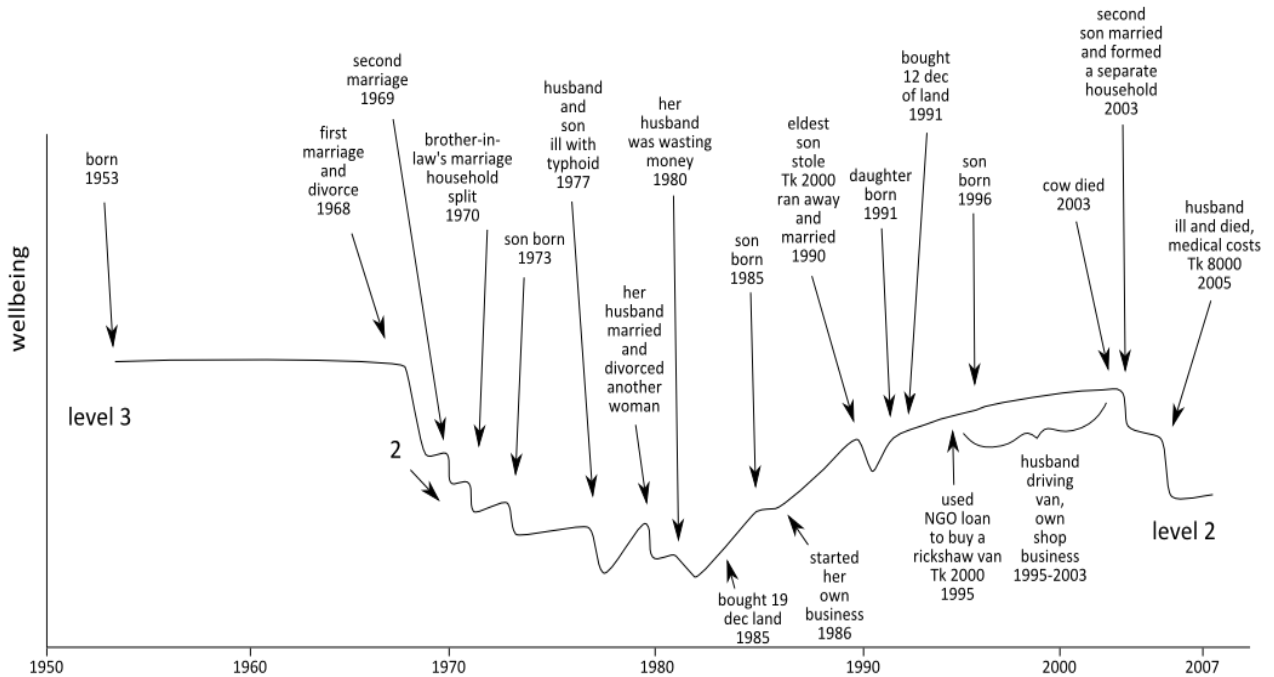
Amena's husband, Mafuz, died in 2006 after small injury on his foot became infected. He was ill for several months before he died. Before he died he had worked driving a bullock cart, and more recently, as a van rickshaw driver.

Amena now makes a living from a very small shop, selling everyday items such as soap and biscuits, beside her home. She also owns about an acre of land and a pond. Her second son, Entehar, works as a rickshaw driver in Dhaka some of each year, and the rest of the time does agricultural labouring work locally. He suffers from a bad back and so his trips to Dhaka and income are intermittent.

Amena has managed to slowly improve her situation through hard work and astutely running a small business, making use of loans from a number of different NGOs. However, at the time of the interview she was worried about arranging for her daughter's marriage as she was 16 and therefore of marriageable age. She told us a dowry of Tk 25,000 would be required for a groom from a family with a similar status as hers or Tk 35,000 for a higher status groom. This was her main worry at the time of the interview.

Amena is vulnerable because she heads her small household alone and they have limited assets. Her son would help her in a crisis but his small family is also vulnerable because he suffers from intermittent back pain which from time to time prevents him from working and therefore earning income. Amena's future prospects will depend of the balance of opportunities, enjoyed from her small shop business and living next to her son's family, and the downward pressures they will inevitably face – probably associated with raising a dowry for her daughter and future health problems.

Figure 5. Amena: 54 year-old woman, Nilphamari District



4.4.4 Destructive versus non-destructive coping

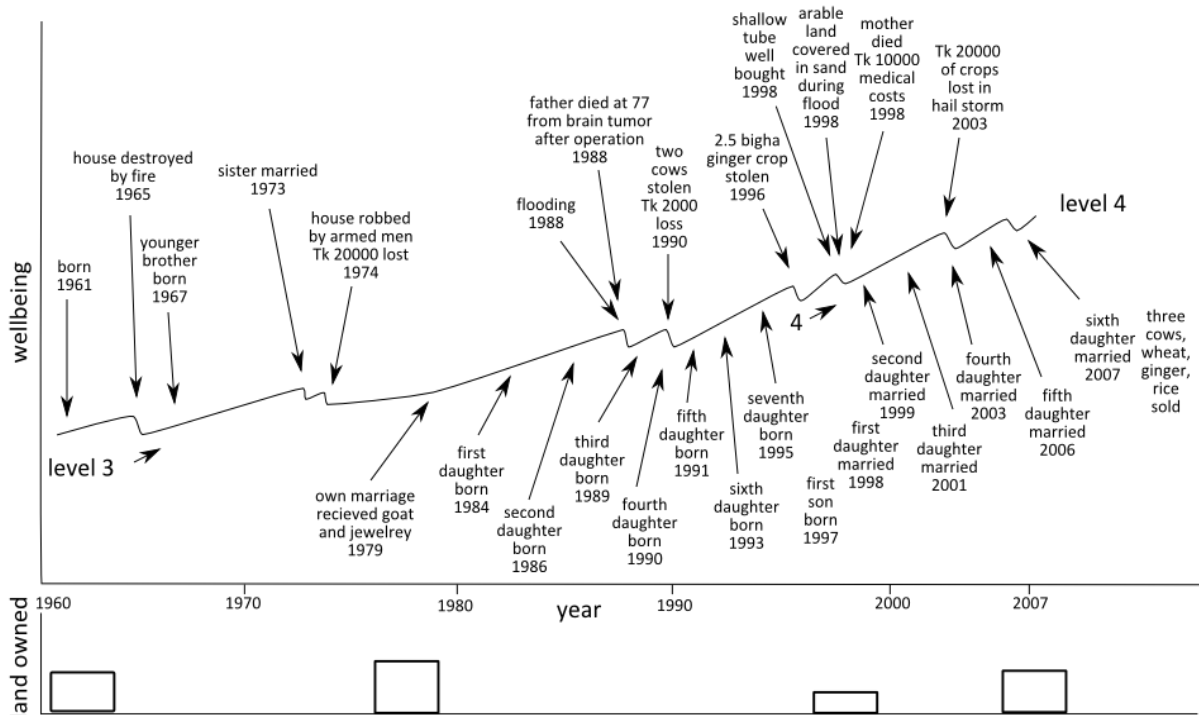
A comparison of the life histories of Monir and Zehaan (see Figures 6 and 7 below) illustrates the difference, observed across many life histories, between the coping strategies of a person in long-term decline and someone in an improving trajectory.

Monir is a 46 year-old man who has been not-poor for most of his life and Zehaan is a 52 year-old woman who has declined from moderate poverty into extreme poverty in recent years. Both are from the same village in Nilphamari District in the North-West of Bangladesh and both have struggled with arranging marriages for an unusually large number of daughters. Monir married off his six daughters and paid hefty dowries to manage this, and Zehaan paid dowries for the marriages of seven daughters – with one more daughter yet to be married.

However the trajectory diagram illustrates how Monir has been able to cope with these downward pressures and to continue to accumulate land assets despite the pressure of dowry expenses while Zehaan (Figure 6) has been forced to sell land in order to arrange marriages. This difference is mainly because of Monir's (Figure 7) relatively larger land holdings and other productive assets in the form of livestock and agricultural machinery. When Monir married, his father owned 20 *bighas* (6.6 acres) of land and they lived in an extended household with his parents and brothers. From the time of his marriage, he and his wife Bimola started to accumulate assets. The pattern of accumulation was from smaller livestock (goats and poultry) to larger livestock (cattle) and then to land. In the year following the death of Monir's father, the family's then 15 *bigha* homestead was divided and in Monir

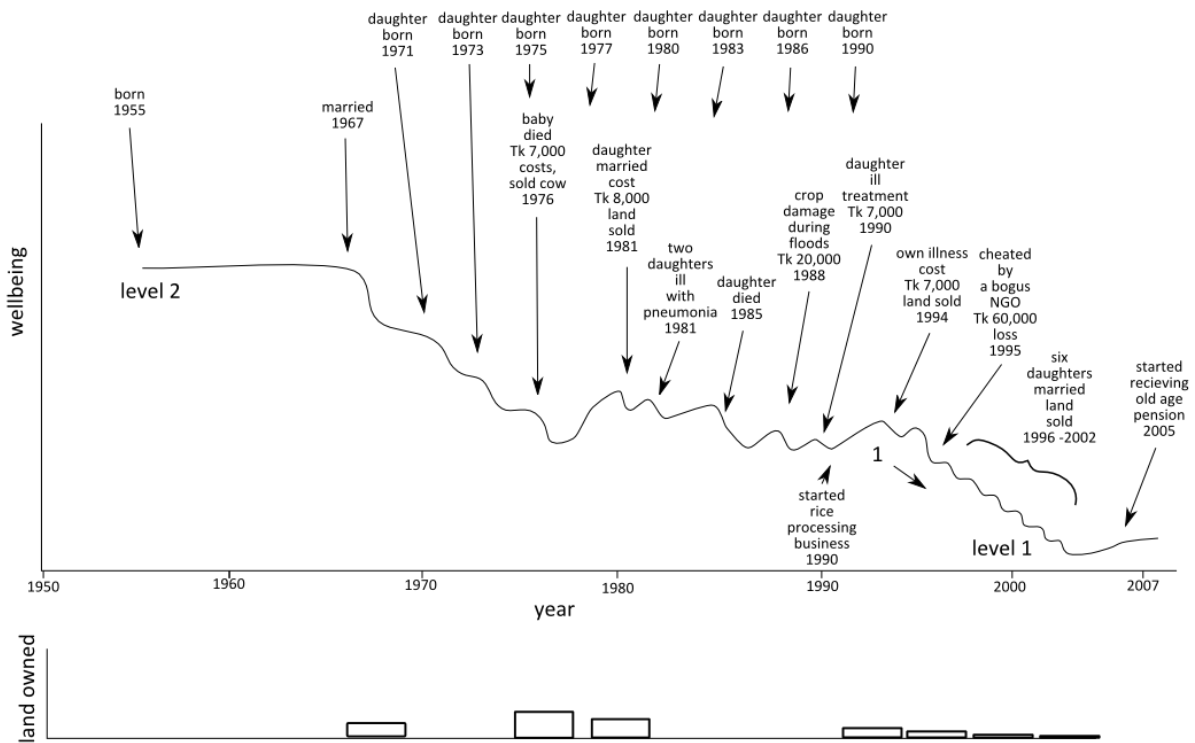
received 8 *bighas*. Since then Monir and Bimola increased the amount of land they own to 16 *bighas* in 2007. Over the years Monir raised large dowries to arrange for suitable marriages for his six daughters, but each time was able to raise the money through the sale of crops or livestock, without the need to sell any land.

Figure 6. Monir: 46 year-old man, Nilphamari District



Zehaan (Figure 7), on the other hand, started out with a smaller area of land, and sold land each time one of her daughters was married. When Zehaan was married they owned and cultivated only 4 *bighas* (1.3 acres) of land. When their first daughter was married in 1981 they sold 16 decimals (0.16 acres) of land in order to raise the Tk 6,000 dowry. Then from 1996-2002 six other daughters were married and each time between 8 and 24 decimals of land was sold to raise the dowries of between Tk.6,000 and Tk. 18,000 for each marriage. In addition in 1989 Zehaan lost Tk. 60,000 which she had deposited with a bogus NGO – money which she got from some land her father had left her when he died. In the end Zehaan and her husband were left with only the small plot land their house is built on.

Figure 7. Zeehan: 52 year-old woman, Niphamari District



This is the kind of difference that lies behind the higher frequency of destructive coping observed among those on declining trajectories, as in Table 8. Our examination of individual cases suggests that destructive coping strategies cause trajectories of decline and vice versa. When a calamity befalls an individual or household with few coping assets available and/ or liabilities, then decline and destructive coping is unavoidable creating a mutually reinforcing destructive downward spiral with both ‘causing’ each other.

5 Conclusion: Vulnerability and social protection in rural Bangladesh

A number of lessons can be learned concerning vulnerability and social protection in rural Bangladesh from the exploration of our medium-sized sample of life histories. Life in rural Bangladesh has improved for many people over recent years, as evidenced by falling headcount poverty levels (see Sen and Hulme, 2006; World Bank, 2008). However there are still many challenges and problems, including extreme poverty and growing inequality separating those who have benefitted from successes from those left behind. Unfortunately the much publicised success of the NGOs in microfinance has not been matched with success in programmes that support the most vulnerable. Also it became clear to us that official social protection programmes for supporting the poorest are patchy, poorly coordinated and hampered by corruption and administrative inefficiencies. As a result many chronically poor people are extremely vulnerable, especially when they become ill, disabled, socially stigmatised, isolated, or lose their ability to earn an income.

From the life-history research it is clear that the most important forms of protection from decline for the poorest come from their own meagre resources, from their labour, or from informal relationships with relatives, friends, neighbours and employers. However some of the poorest engage in the lowest paid, most dangerous, and most exploitative work. Others are forced to rely on charity from the better off and can become vulnerable to exploitation and abuse. Many who are disabled, mentally ill, or chronically ill are extremely vulnerable. And the downward spiral linking extreme poverty to ill health is a two-way causal relationship: with poverty often causing ill health, and ill-health often leading to further impoverishment.

Because the most effective forms of social protection are based around personal resources or informal relationships, people with few assets, capabilities, or weak social connections tend to lose out. Households headed by women – due to divorce, being widows, or abandonment – and orphans – are particularly vulnerable.¹⁷ Many survival strategies of the destitute result in long-term harm, because they are forced to mortgage or sell land, withdraw of children from education, become indebted, exploited, or socially stigmatised – which can lead to exclusion from other forms of social protection based on maintaining a good reputation. Thus the very poor often have to make very difficult choices in order to survive. Some have called these trade-offs ‘Faustian bargains’ (Wood 2003) or ‘adverse incorporation’ (Hickey and du Toit, 2007) – illustrating how short-term coping strategies can preclude long term improvements in poor people’s lives.

¹⁷ Other groups particularly vulnerable in Bangladesh more generally, are poor people from ethnic and religious minorities, sex workers, urban street children, people in remote areas (char areas and the hill tracts) and those living in cyclone and flood-prone areas.

Indebtedness is one of the problems that arise when there is insufficient social protection of the poorest. Among many in the development industry there is a widespread assumption that even the most vulnerable can use micro-credit to become entrepreneurs and by this means graduate from poverty. From our exploration of life histories we see that this is unrealistic for many of the extremely poor – especially those who have become poor due to constraints on income earning ability, such as the chronically ill, mentally ill, socially stigmatised or disabled. Instead some vulnerable people access micro-credit in order to cope in crises and end up in unsustainable debt rather than being able start small businesses. This does not mean that microcredit for the vulnerable is always detrimental, but the high incidence of harmful debt draws attention to the need to provide more effective forms of support for the poorest in crisis, which do not involve unsustainable debt.

Poverty of the elderly also seems to be becoming a problem on the increase: the combination of an aging population, smaller households, continued pressure on parents to sell assets to pay for dowries and weddings, and expensive private healthcare being the only effective option for many; all contribute to problems for the elderly poor. Also the continued stigmatisation and vulnerability of poor unmarried women continues to fuel extortionate dowries and unnecessarily high wedding expenses, and encourages continued child marriage.

Many opportunities for the poor are coupled with high health risks. Very dangerous jobs in places such as brick factories, tobacco processing plants, garments factories, and in urban transport work can also cause long-term health problems and injuries from dangerous and unhealthy work environments, and exposure to pollution. These chronic illnesses are a major cause of impoverishment. The life histories also drew attention to widespread mental health problems among the chronically poor, with damaging consequences for sufferers and their families. In the public health sphere there are low numbers of births attended by skilled health personnel, emergency obstetric care is poor, medical absenteeism in rural areas is high, and there is insufficient support for disabled and mentally ill people. The poor condition of public health clinics and hospitals, and absenteeism of medical personnel are continuing problems.

Long-term wellbeing decline in poor people's lives occurs as the combination of: a lack of opportunities, or impeded ability to exploit opportunities; exposure to acute 'shocks' and chronic downward pressures; and the long-term diminution of coping resources. The paper provides evidence that poverty traps are linked to vulnerability and argues that this linkage occurs not only because of the denuded endowments of key assets and capabilities of vulnerable people, but also because of liabilities and disabilities. Increased exposure to the most damaging forms of shocks and downward pressures, and impeded or damaging coping strategies result. These all combine to contribute to patterns of cumulative decline for the most vulnerable.



Bangladesh has been able to achieve impressive successes in many areas. However the most important challenge ahead is to include the most vulnerable in this success. A large part of the answer lies in more coordinated and effective social protection. This should be seen as wide ranging in scope, in order to create real opportunities and strengthens people's capacity to convert these opportunities into wellbeing improvement, while at the same time strengthening protection from shocks and downward pressures and more effectively mitigating the hindering effects of liabilities and disabilities.

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