

Marginalization of Aged *Khasi* Indigenous Community: An Ethnographic Exploration

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ABSTRACT: *It is assumed that the situation of ethnic older people is similar to the majority elderly population. However, this assumption ignores the fact that the elderly ethnic minorities experience unique and severe problems. Based on an ethnographic research, this paper aims to identify the problems and its coping strategies of the Khasi indigenous elderly people of Bangladesh. The Khasi elderly community identified health related complications and lack of access to treatment facilities as the most significant problem. Other important problems identified by them were lack of access in existing formal support systems, transportation and feelings of guilt by being a burden to others. Although there are government supports for the older people, they are more likely to rely on inherent informal support than on formally organized support. Community responsibility for the older people is observed to be very strong in the Khasi community. However, the elders are sensitive to the fact that their community does not always have the financial capacity to provide the required support. The study reveals that though the community and family support systems are very strong, there is still the need for some amount of government assistance.*

Keywords: Indigenous, Aging, Khasi, Bangladesh, Ethnographic, Exploration

INTRODUCTION

Linking aging and ethnicity is not a new sociological paradigm nor is it a new development or discovery. The development of social gerontology in the 1930's took place without giving much special attention to ethnic minority people (*Markides and Mindel, 1987*). This was due to a widespread presumption of a common pattern of behavior of the older mainstream societies and the ethnic minorities with whom they share geo-political and cultural space. Ethnic minorities have distinct cultural practices that each community is accustomed to and which inherently affects the way the aged perceive of themselves and are perceived by others. This reality is now accepted by researchers and policy makers in developed countries and has brought to light the importance of aging related issues in ethnic minorities. However, the topic has not yet entered the mainstream of Bangladesh scholarship and remains as a relatively new phenomenon. The prime cause of such limited knowledge on ethnic minority aging is societal assumptions. It is assumed that the situation of ethnic older people is similar to the majority elderly population. However, this assumption ignores the fact that the elderly ethnic minorities experience unique and severe problems including being by-passed by the development activities of the Government and non-Government agencies. In this respect, their situation has become more critical than that of the majority elderly population. Based on ethnographic investigation, this paper aims to identify the problems of the Khasi indigenous elderly

people of Bangladesh. The *Khasis* are one of the 45 indigenous groups who are living in hills of the Sylhet area of Bangladesh from time immemorial. Like all other indigenous groups, these people have their distinct cultural practices and they have a unique way of living that administer the process and experience of aging among their members. The objective of this study is to depict the realities of aging among the Khasi indigenous group which are closely related to their distinct socio-cultural life.

Methodology

Following ethnographic design qualitative techniques are used in the study in order to analyze subjective interpretations of the participants, explore the impact of cultural difference on old age problems and its coping mechanisms during old age and the social positions of older people in their communities. This technique helps to provide insights and enhance understanding about the experiences of the elderly *Khasi population*. The research has made use of transliteration of oral responses to questions posed by researcher and his assistant during conversations and discussions. Researcher and his assistant actively participated in the social settings and used in-depth interviewing and observations over a long period in the formal and informal group discussions that were used in gathering empirical data and information.

Problems of the *Khasi* Elderly People

The Khasi elderly community identified health related complications and lack of treatment facilities as the most significant problem. They remain

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geographically isolated in hill forest zones, and are, therefore, far less likely to have access to health services. Other problems identified by elders were feelings of guilt by being a burden on others. The overall economic condition of the participating tribal community is comparable to majority Bangladeshis. Although none of the subjects could be described as affluent yet their basic needs were generally fulfilled and begging was not evident. In few cases, economic hardship restricts the older tribal people from a better life and fulfillment of their basic needs. However, the nature of problems encountered by the Khasi older people can be pointed out in the following headings:

❖ Physical Ailment

There are many factors which influence the physical condition of the elderly people. Health behavior such as food habit, exercise, nature of work, medical treatment and access to health care, exposure to occupational and environmental hazards as well as heredity and social environment affect one's health throughout the life cycle (*Morgan and Kunkel, 2001*). The *Khasis* are no exception. They have lived in isolated territories for many years without having good link with modern ways of life. They enjoy their lives in their own ways. The manner in which they lead their life might be deemed as primitive to a modernist. The level of awareness of their own health and hygiene was found to be very low. Water and sanitation facilities are not evident and what has been there is far from health friendly. Only twenty seven persons were found in two villages who had reached sixty years or older in age. None of the participants had good physical condition without any disease. They are suffering from both chronic and acute illness. Chronic illness, considered as non-curable, are one of the major physical difficulties the Khasi elderly people are struggling with. Physical weakness, senility, poor eyesight, movement problem and rheumatic disorder were the main chronic ailments among the participants. One of the participant's narration reflects this,

"I cannot walk due to my knee pain. I feel very bad. I have taken treatment several times from the missionary hospital but treatment does not work for long time."

Portable water is an acute problem in the *Khasi* settlements. Most sources of drinking water are absent from the community. They collect water from down hill waterholes. Since the water comes from natural reservoirs and these are not protected,

it is highly contaminated. Moreover, they use the same untreated water for drinking, cooking and for all other purposes. The infected water poses a serious threat to health and older people are often easy victims of water-borne diseases like jaundice, diarrhea, indigestion etc.

Pneumonia and Bronchitis were other mentionable diseases that caused suffering for older people. All of the male participants informed us that they have a smoking habit which is a major cause of Bronchitis. Low blood pressure was another health problem commonly seen amongst the *Khasi* older people. Three older persons were found to be suffering from paralysis following a heart attack.

Among those in the age group of seventy years and above, cognitive impairment was mentioned as a problem. Back pain, knee pain, poor eyesight, etc., are aggressively restricting their movement, work and other activities. The cohort suggested that they did not feel any problems in the past but are presently facing these problems and they are getting worse day by day.

❖ Economic Hardships

Material poverty is not wide spread among the *Khasi* community. Although they are not affluent, most people can meet their daily requirements. Suffering from economic hardship is not as acute among the *Khasi* elderly people as it is in mainstream older people of Bangladesh. A few older people mentioned how they experience economic hardship. They did not have adult children who could work in betel leaf farming with them. Due to physical restrictions at old age, their earning ability is significantly reduced and in some cases they had to borrow from local businessman. According to the participants this situation doesn't usually affect the fulfillment of their basic needs.

❖ Problems of Older Person Living Alone

Living alone is a painful experience for every individual unless one chooses to do so. Physical ability declines at old age and so does self-esteem. Older people become frustrated and suffer from psychological disorders. It becomes a real struggle to lead a normal life. The one person living alone in the research site is a special character. From his assertion it was revealed that he has been suffering severely from loneliness. Despite support from the community and neighbors, he felt like his life is dragging. He observed,

“I am tired of my life. I can not enjoy even for a moment. I can usually survive, but when I am sick, I face severe problems. Though my neighbors supply food and bring medicines for me, there are many things that I can not expect from them. They ask me to call them when needed but it is not decent to expect all help from them. All of my neighbors are very busy with their work. So usually I try to do everything by myself. My physical condition is getting worse rapidly. I am afraid of my future. If I be totally dependent like many of our older people, then what will happen? I am always worried of it and pray God for my sooner departure.”

❖ Older People Consider Themselves as Problem

Since the concept ‘work until death’ sets the mindset of *Khasi* people, loosing the ability to work compels them to conclude that they are ‘worthless’. After a long hard-working life when they found themselves incapable of doing all types of work, older people become frustrated. This has been a widely perceived view uttered by most of the older participants. This cohort suggested that they have become dependent on others and such a dependence coupled with a workless life does not give them peace. Therefore, they wish for an early death. Younger people, especially the adult sons of the participants, were asked about the issue. They opposed the attitudes of their parents and expressed their frustration fearing that perhaps they have failed to ensure a peaceful life for their older parents. All of them echoed,

“When we go to our farmland, our older parents must go along with us. They want to do the hard work. When we forbid them, they start shouting and do not listen to us. They do the hard work making their health condition more vulnerable. We feel very badly of it but they do not understand our pain.”

Taking an opposite stand, older people justified their attitudes and activities. Without work they feel worse and it leaves the impression that they have become totally disabled and dependent. They also uttered that being the head of the family, they must contribute to the family. Dependence is not something good and therefore, doing something is better for their health and mind. But, their children do not understand them.

❖ Widows and Widowers Face Special Problems

As part of their family norm, the *Khasi* couple maintains obligations to each other. Spouses become highly dependent on each other. Dependence continues to increase along with increasing physical limitations. If one of them passes away, pain and frustration grips the other. There was no exception

to this universal phenomenon among the *Khasi* community. However, there is some degree of difference felt by the widow and widower. Widowers mentioned that when their spouses were alive, they enjoyed their life better. They were cared for by them, could discuss family matters and share thoughts, feelings and emotions. They never felt alone. After the death of their wives, they felt all alone. Widows emphasized a feeling of insecurity. They observed that their husbands used to take care of the outside affairs while they managed domestic issues. After their husband’s death their responsibilities have significantly increased as they are busy with both domestic and outside affairs. Although their children help them, this is insignificant compared to their husband’s.

❖ Transportation problem

Although transport is a problem for the whole community, it bears particular significance for the older people of the *Khasi* community. As mentioned earlier, road is almost absent in *Khasi* villages. Due to the absence of road, people use muddy canals as pathways. In rainy season, water flows up to three feet on these paths. Lack of proper road restricts older people from going outside of their residences for any purposes. At the time of their illness they cannot move on such bad pathways. So, seeking proper treatment at the proper time becomes impossible for them. If someone gets sick suddenly during night, s/he has to wait till daylight before attempting to get treatment. Remote, hilly, muddy, and insecure lanes become more risky at night for travel. As there is no scope for any vehicle to use these lanes, the sick person has to be moved by a bamboo made basket carried by four to six persons. After finishing a one hour walk, they may be fortunate enough to get a vehicle for fifteen kilometers to the distant missionary hospital. Due to these circumstances, in many cases the older people’s health condition deteriorates dangerously. Lack of the availability for quick treatment was considered as one of the major problems to almost all participants. They mentioned that many of their members died because it was not possible to reach hospitals quickly. Bad transportation creates not only treatment problems; it also restricts older people’s free movement. Given the circumstances, transport related communication problems were on the top of the list of problems the participants described.

❖ Access to Governmental Services

Lack of access to social services is one of the major concerns among the older *Khasi* people. Although the “Old Age Allowance” (*Boisko Bhata*) program of the Government has gained recognition as a welcome initiative, the scheme has failed to cover most of the older people throughout the country. In tribal concentrations, the beneficiaries of this program are almost absent. None of the older persons were found to have received any benefit from the program. The same outcome was revealed in the ‘Widowhood Allowance’ as not a single person was found. Even the names of both of the schemes were unknown to most of the older participants. Those who knew about the program did not show any interest to receive it. One of them said,

“It is simply time consuming. The money they offer, you will have to spend more than that in order to collect it from the thana headquarter.”

The amount that the schemes offer was not attractive to any of the participants. One of the female older persons expressed,

“I do not consider it as something special or essential. The amount is very small. If someone has to go to thana headquarter to collect it, s/he will have to spend larger amount. An old man will not be able to move alone from this remote location. So s/he has to hire one who will accompany the older person. The travel expenses and cost of food will be almost the same as the allowance. So there is no benefit. Furthermore, there is chance that the older person will get sick after traveling that far.”

The government’s old age allowance and widowhood allowance target the very poor older people of the rural areas of the country. Although most *Khasi* people don’t have valid documents of land property, all have minimum forest land under their control from decades ago as their ancestral property. As a result, the *Khasi* people can arrange their livelihood at least to a survival level. Furthermore, their community support systems for the majority of older people were observed as very strong. Due to these circumstances, the *Khasi* people don’t bother with government services. Long time deprivation and land related disputes with the government are other powerful factors that force them to avoid any involvement with the government. Despite this, some of the elderly suffer from material poverty due to old age related disability and having nobody to take care of them. Though they get support from the community, government support could make their lives easier and as the citizens of the country

they deserve to obtain all available Government services. Yet the government maintains ignorance and a tendency to avoid every matter related to the ethnic minority communities. Without keeping a close contact or involvement with tribal people, government authorities try to execute programs for their communities. As a result none of the tribal people are involved there. Old age allowance recipients are selected by the mainstream local government authorities and are the members of mainstream society. The participants noticed how both of these authorities have a prior judgment that *Khasi* people are solvent enough and therefore they don’t need such type of help. Contributory pension is another old age security scheme, which is only for the retired government employees. Since participants have never formally worked in government organizations, they were excluded from this scheme.

❖ Access to Non-Government Programs

Like government programs, services from any non-government agencies were not available in the *Khasi* community. Though a few organizations were found to be working in the *Khasi punjees* (villages), they were involved in health care services for the women and children, some microfinance operations aimed at betel leaf cultivation and basic education for the children. An organization was found to be working as the partner agency of the government in National Nutrition Project which focuses exclusively on women and children. Older people were not beneficiaries of any of those programs. In Bangladesh, there are few non-government organizations working for the wellbeing of the older people. But all of those are urban based and their catchment areas cover only urban centers. As a result, rural older people who are the largest part of the total older people of the county as well as a poor and needy section with numerous crises are always left out of any institutional service. Quite naturally, older people in remote and hilly areas never get exposed to activities. None of the older person of the *Khasi* community was found to even know about any of the programs operated by the NGOs for the wellbeing of the older people.

❖ Access to Health Services

Existing medical facilities and necessary infrastructures cannot meet the needs of a rapidly growing number of older people of the country. In

government hospitals, there is no provision of health care for the older people neither does there exist any separate arrangement to address their special needs. There is no initiative for physicians to get specialized training in geriatrics. Furthermore, almost all of the government hospitals are designed for ‘able-bodied patients’ who can travel to urban towns and can bear the expenses. As the *Khasi* people live in deeply remote settlements far from any urban centers, their health situation is worse than mainstream older people. When they become sick they have to travel long, hilly paths on foot before getting a vehicle to reach *Thana* headquarters. Once there, they have to face many other problems. Participants mentioned some of their experiences that include complicated formalities to be admitted in health centers and hospitals, uneasiness to contact physicians due to language barriers, ‘other’ expenses to have free services, etc. Therefore, there was found a strong trend that the *Khasi* people usually avoid government hospitals or health centers for treatment. One of the participants shared,

“To avoid formalities and uneasiness with the service delivery system of the hospitals, we are not interested in going to Government hospitals or health centers for treatment”

Very few of the older participants mentioned that they received treatment from the private practitioners paying a high price.

No NGO’s were found to be working on health care for the older people in the research sites. Only one missionary hospital was located about fifteen kilometers away from their residence. This hospital is the only place where the *Khasi* people can go for modern treatment. Even though they have to endure almost the same trouble to reach a government hospital, they prefer to go to missionary hospitals as they provide a better environment and treatment. One of the participants said,

“We like to go there. Everybody (health staff) do care us, they give us good treatment. We are also familiar with their services and systems. Services are good, cordial and less expensive.”

How They Encounter Problems at Old Age

Ethnic minority people have a higher level of inter-generational exchange and a more extended support system than the majority people of Bangladesh. Traditionally older people have a high position in the *Khasi* community. Within the family, older people enjoy a high status on the basis of their cultural base,

socially constructed rules and social norms. Without exception, family members treat older people with deep respect and honor. In the presence of an older person, younger usually do not take community and household headship. Like their counterparts, older women’s position is higher and more powerful than in mainstream society. Interdependent family bonding, strong kinship ties, community feelings, customs and traditions, etc., motivate the community to show deep respect and care for the older person. This creates an extensive informal support network for the tribal older people. They are more likely to rely on this inherent informal support than on formally organized support. Kinship and family bondage was observed to be stronger in *Khasi* communities than in mainstream society. Traditionally, the extended family arrangement or joint family provides the main support for older members of the *Khasi* community. Family members, mainly women, were the main care-giving source for the disabled, dependent, and sick older people. Close relatives, clan members, and in few cases neighbors and community people also provide support to older people. Community responsibility for the older people was observed to be very strong in the *Khasi* community. There are support systems in place by which older people of special circumstances are able to survive. Community members feel ashamed if someone seeks outside help. In times of need, the community ensures at least a minimum arrangement of material and other supports for the person in difficulty. The *Khasi* people usually follow a few steps to meet the end. According to the participants’ view,

“First of all, our community leaders go to those persons’ relatives. If the relatives are financially solvent, responsibility is given to them so that older person gets support. If the older person does not have a solvent relative, leaders delegate responsibilities to wealthy neighbors. Neighbors share responsibilities e.g. one cooks food for the person, one cleans the house, another brings water, others take care of the person, etc. Usually very close or next door neighbors are assigned to constant care of the older person. Above all, the Church fund and community peoples’ contributions remain ready for providing material support.”

The *Khasi* people hold an attitude of self dependence. It is not limited to the case of the older people; all types of individual problems are usually treated as a community problem and people work together to solve it. Strong community feeling helps them to be sensitive and responsible to each other.

Older people usually avoid modern medicines and take traditional *ayurvedic* treatment in order to cure common ailments e.g. cold, pain, and headache. If that fails, they go to a pharmacy located in urban centers and purchase medicine as per vendor's advice. Interestingly, they have to travel the same distance to get treatment from professionals. Recently, one of their members has taken vocational training on the treatment of common diseases. Participants mentioned that they also take his advice.

Agriculture is the principal livelihood of the *Khasi* older people. They traditionally enjoy an active life into old age. Many are still active and many of the older people manage the family by themselves except in cases of physical disability. This practice helps the older person to be valued by the family and community. The study found that both males and females made major contributions to their older relatives and community members. The majority of the elder people despite critical physical conditions continue to contribute to their own domestic existence and try to avoid being dependent on others for financial support and activities of daily living such as cleaning, bathing, personal care, etc.

Conclusions

Despite living in a rapidly developing society, the *Khasis* still maintain a primitive system of living. Therefore, the nature of the problems of the older people of their community are influenced by their traditional way of life as well as influenced by their ethnic background. They tend to solve all problems on their own by not going outside. Lack of knowledge about prevailing formal services, reluctance to use available services, dissatisfaction towards the attitudes of service providers, fear of losing ethnic culture and practices, low expectations of services, lack of adequate transport facilities, etc., were identified as the main reasons why tribal elderly persons do not seek government social services. The study reveals that although the tribal older people have their own system of survival, they face many problems which need to be solved. Though the community and family support systems are very strong, there is still the need for some amount of government assistance. If the economic crisis of tribal people continues or becomes more acute over time, the traditional support systems might be threatened. The elderly people are sensitive also to the fact that their community does not always have the financial capacity to provide the

required support. From this point of view, *Khasi* elderly people prioritized support services as their most important need. However, this requires that the support be available near to their community. They expect this to be managed within their own community and that communications should be in their own language. The poorer older people made a special plea for material support to reduce their burden on the community. Older people in critical situations such as those living alone and without property, or a very old couple without children and property, expect both material and intangible support from the community.

The influence of modernization seems to have a negative impact on the existing traditional support systems. Policy makers, planners, government and non-governmental service agencies should seek to develop an understanding towards the difficulties that the *Khasi* older people encounter. In order to understand the nature and extent of the problems of all indigenous older people, there is need for direct contact by government agencies and adoption of a new non-discriminatory attitude by the government. It is evident that indigenous older people maintain a distinct character of life which should be explored and programs should be developed on the basis of their distinct needs. The services should be acceptable to the elders and their families and consistent with community value. This also requires intensive research to be conducted separately on different indigenous groups living in Bangladesh in order to understand their distinct needs. As the government's contemporary old age allowance scheme does not benefit the *Khasi* older people, steps should be taken so that they can be included within the scheme. If government officials and *Khasi* community leaders jointly identify and select poor older people for old age allowance, the needy older people can be benefited from the scheme. Side by side services should be introduced which will reflect the overall vision and plan for a long-term care system to support elderly people and their families so that older people of poor and disadvantaged families can survive within their own home arrangement.

Medical facilities are limited among the *Khasi* older people. Health centers are mainly urban based in Bangladesh. As old age complications restrict older people from free movement and long journeys on hilly or muddy lanes without vehicles, most of the *Khasi* older people do not get proper treatment. High

cost of treatment, less education, language, etc., are other important factors that restrict *Khasi* older people from receiving medical services. Because of the lack of education and the history of government hostility towards them, they hesitate to use the public facilities of majority culture. Moreover, the language barrier makes it difficult for a member of any indigenous community to express their problems to the health staffs that belong to the majority community. Therefore, medical facilities should be available nearer to their communities which are culturally sensitive and affordable. Indigenous community leaders and older people must play a significant role in participation and identifying needs for launching appropriate programs for the well being of indigenous older people. The indigenous older people's issues should be considered distinct from majority people. In a few cases, indigenous older people are neglected by the service providing agency staffs because of their ethnic identity. This must be regarded as a gross violation of human rights of indigenous older people and also a great shame for the nation. All of the indigenous communities still maintain an excellent indigenous care system for their older members. Although their societies are modernizing and people are receiving higher education, it has failed to fade their strong family and kinship bond. The older people always prefer to enjoy an active life and they contribute both to their respective families and community which is highly recognized by the younger generation. Majority people's family relationship and community tie's which were once strong like indigenous communities are unfortunately declining due to globalization resulting in the changes in society for people to become more mobile and adaptable. Older people's contributions are barely recognized and their participation in different family and community affairs is discouraged in mainstream culture. This reiterates the argument that older people are back-dated.

Therefore, the way that indigenous groups preserve and maintain their customs and traditions towards older people and how older people enjoy active life and contribute to their family and society for centuries should be a lesson for the majority people. If an informal care system could be maintained among majority people as strong manner as is evident in indigenous communities, then the expenditure for the worldwide formal care system could also

be reduced substantially. This may help to initiate alternative development programs and older people could enjoy their lives with a high degree of physical and mental satisfaction which would otherwise not be possible within the formal care system.

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