

Challenges of Aging and Coping Mechanisms among the Khasi and Garo Tribal Groups: An Ethnographic Observation

Faisal Ahmmed

Shahjalal University of Science & Technology

Drawing upon qualitative evidence from the Khasi and Garo communities of Bangladesh, the present study focuses on the problems of older people of these tribal groups and identify and explain some of the coping mechanisms used by the elders. Findings indicate that high status and support is extended to elders by family and community as part of tribal tradition and culture. Nonetheless, these elders still face problems that are largely a function of their age and economic and social circumstances. Lack of access to mainstream services is one of the major concerns among the older Khasi and Garo people. In addition with problems related to aging, the tribal older people experience negligence, exclusion, and the violation of rights. Although the tribal older people have their own system to encounter problems, they are sensitive to the fact that their community does not always have the financial capacity to provide the required support.

Old age is a critical phase of life. There is a tendency among researchers to view all older peoples as a homogenous group and for which age is a leveler of all other characteristics. Along with age, however, other factors including sex, socioeconomic background, family relationship and support, living situation, physical condition, cultural practices, and more can influence how a person will enjoy later life (Gelfand, 1982). This is particularly true if the older person is a member of a visible minority group, and particularly so in the case of non-conventional minorities such as tribal and indigenous peoples whose cultures tend to be treated as quaint and ancient (Manuel, 1982). Moody (1998) provides a ranking of the least advantaged elderly groups according to their vulnerability in which he puts tribal elderly on the top of the list. He documented the problems of tribal elderly as of an 'exclusive nature' in which they are usually excluded from all development or welfare programs initiated by the governments. This reality is now accepted by researchers and policy makers in developed countries and has brought to light the importance of aging issues in ethnic minorities. However, the topic has not yet entered the mainstream of Bangladesh scholarship and remains as a relatively new phenomenon. Given such a vacuum in sociological infor-

mation, the present study identifies the problems of the ethnic or tribal elder peoples of Bangladesh. The approach systematically explores the indigenous care systems; its values, traditions, and customs toward older people that encounter the complications by their own. To achieve these objectives, the current research covered and intensively studied two of tribal communities in Bangladesh, namely the Khasi and the Garo.

Methods

The research design of this study followed the guidelines of ethnographic research. Qualitative research method was used to analyze subjective interpretations of the participants, explore the impact of cultural difference on old age, and know the social positions of older people in their selected tribal communities. These techniques help to provide insights and enhance understanding about the experiences of the elderly tribal population. This research made use of transliterations of oral responses to questions posed by researcher during conversations and discussions. Researcher 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.

Brief Profile of the Tribal Communities Studied

Bangladesh is a country with a rich cultural heritage and a land of variety. It is not only the Bengalis (mainstream people) who have contributed to this culture, but also the tribal communities of the country who are distinctly different from the mainstream Bengali population in culture, religion, tradition, customs, ethnic origin, and more. More than 45 tribal communities are living in different parts of Bangladesh. Currently, the total number of tribal people of the country is about 2.5 million. Of the tribal groups, 12 are concentrated in the Chittagong Hill Tracts region and 33 groups live in plain lands scattered throughout the country (Mankhin, 2003). The Khasi and the Garo communities are plain land indigenous groups living in Sylhet and Mymensingh region of Bangladesh from time immemorial. An orientation on those two communities is given below.

The Khasis. Khasis are connected with people who inhabited the Molay Peninsula and Chota Nagpur at the time of the stone-age (Gurdon, 1996). Gurdon (1996) also opined that the Khasis were the race of the 'Mons' who migrated from China and their origin were in Burma or they were one of the races of "Turanian origin." A theory describes that the Khasis are the aboriginal inhabitants of the Khasi- Jaintia Hills (Bhattacharjee, 1984). They traveled westward migration through the Patkai route and finally encroached upon the Khasi-Jaintia Hills (Bhattacharjee, 1984). Jaintiapur, the capital of Khasi-Jaintia kingdom's capital was geographically located inside the Sylhet Division of Bangladesh. The duration of Jaintia Kingdom was from 1500 to 1835 A.D. This kingdom was spread over the areas of Jaintiapur, Gowainghat, Kanaighat, part of Companygonj of Sylhet District and Gova, and Dimarua regions of Naogon District of Assam in

India (Rahman, 2004). Currently, Jaintiapur is one of the Thana (smallest administrative unit under the district administration) headquarters of Sylhet District where a few archaeological sites of their kingdom remain uncared for. Some Khasi people are still living in the District. The largest settlements of the Khasi people live in Kulaura, Boroekha, Juri, Kamalgonj, and Sreemangal Thanas of Moulvibazar District. Almost all of these Khasi people are concentrated in deep remote hilly forest zones. It is said that there will be about 90 Khasi villages throughout the whole area where they are currently living (Rahman, 2004). The total number of the Khasi people is estimated at twenty-thousand. Similar to other tribal people in Bangladesh, the Khasis have laws, traditions and customs of their own which are distinct in character (Ahmmed, 2010). However, they have many similarities with the customs of the Garo tribes. The mothers' kinship is dominant among them. Although women hold the family property, they have no voice in public affairs outside the home. Any social judicial or political issues are operated by the males. The supreme God based traditional religion of the Khasis, "Ka Naim", underwent a dramatic change when the Jaintia king suddenly reformed to Hinduism (Dutta, 1982). After the intervention of the British, their religion came under threat again. Although some modern Khasis persist in claiming themselves as Hindus, their religious, cultures, and norms are not entirely similar with the mainstream Hindus of Bangladesh (Ahmmed, 2010). Currently most Khasis are Catholic and a smaller number are Protestants.

The Garos. The Garos originate from the Bodo family of Tibeto-Burman and have close racial relationship with the majority of the Tibeto-Burman tribes. The origin of the name 'Garo' has been the subject of inference. Though the words 'Garo' and 'Garo hills' are commonly used both officially and unofficially, there is no word 'Garo' in Garo language (Sangma, 1993). Sangma (1993), a member of the community, confirmed that the people themselves never use the word and it contains no meaning in their language. People introduce themselves as 'A chik' or 'Achik Manderany' which means hill man. Ethnologists have speculated that the origin of the word 'Garo' was derived from the migration history and living places of the tribe. However, this idea was recognized as being based on supposition. One mythical story describes how one of the early Garo chiefs named 'Garu Mandi' eventually introduced the tribe and the place where they lived by his own name (Playfair, 1909). The ancestors of Garos inhabited a province of Tibet that drifted into Eastern India and Burma. The time of their migration is still unknown in the historical field. From many records of different ethnologists, the Garos first occupied the plain of Assam to the north and the plains of Bangladesh to the south of Garos hills, roughly during the same period (Sangma, 1993). Currently, the Garos are concentrated in nine administrative districts in Bangladesh that include Mymensingh, Netrokona, Sherpur, Tangail, Gazipur, Rangpur, Sylhet, Sunamganj, and Moulvibazar (Chakma, 2003). According to Bangladesh Census Report 64,208 Garo people are living throughout the country. These statistics are not accepted by the Garos and different development agencies. They believe the number of the total Garo population is more than one hundred thousand (Mankhin, 2003; Pervin, 2002). The Garo society is matrilineal. Children adopt the clan of their mother. The mother is the custodian of

family rites and property. After marriage, the elder sisters generally makes a separate family with their respective husbands, but the youngest sisters commonly stay in their parents' residence along with her husband (Barch, 1974). The husband is called a Nokkrom who is living in his father-in-law's house as husband of heiress. He is placed next to his father in-law whose place he takes after the death of father-in law (Sangma, 1984). The property inheritance law that affects the Garos accepts the cultural tradition that property rights belong to the women and are passed from mother to daughters. If sons acquire property by their own labor, they are the sole owner of that property. Garo customary law is accepted by the government rule of law. This is a society where males do not possess inherent property rights. A mother's brother has more power over her child than the father. With the arrival of Christian missionaries and British colonial rule, most of the traditional judiciary systems were set aside in favor of British jurisprudence expect for customary family laws which remained under the authority of the chiefs. Presently, 95 percent of the Garos are Christian.

Nature of the Problems of Tribal Older People

Tribal older people are a diverse group that often experience multiple forms of discrimination based on age, ethnic discrimination, and more. This is a specific group with very specific needs. The situation is particularly difficult for older tribal people when they seek to access different services outside their communities. The present study shows that tribal older people experience some basic human problems including low income, absolute poverty, an absence of proper health and medical services, and overall negligence by service providing agencies.

Physical Ailments

Physical complexities at old age are universal and deemed as a natural process. There are many factors which influence the physical condition of the older people. Health behavior such as food habit, exercise, nature of work, medical treatment, 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 & Kunkel, 2001). The Garos and Khasis are no exception. Although older people of these two communities have almost common physical complexities, there are few exceptions observed due to their distinct life practice and geographical location. The geographical locations of Garo tribes are in hilly areas or in adjacent plains and have close contact with mainstream systems. Their living places are health friendly and so is their lifestyle. Despite these arrangements, more than half of the older people are found to have physical complications. These complications are not acute in most cases. Both chronic and curable physical illnesses hamper normality of life but most participants manage it without the help of others. Few participants from the Garo communities spoke of acute illness such as digestion problem, cold allergy, and viral fever as frequent threats for their health. Chronic illnesses considered as incurable are the major physical difficulties that the Garo and Khasi older people are struggling

with almost at the same degree. Physical weakness, poor eyesight, movement problem, poor hearing, stiffness, chronic pain, and rheumatic disorder are major chronic physical problems. High blood pressure and heart disease are other diseases that affected few Garo older people. The findings suggest that the suffering from chronic illness is more acute among the 'very old' than 'young old.' Among the participants who are in the age group between 60 to 69 years, most of them are relatively in good and sound physical condition. Longtime chronic illness has created disabilities among few of the participants. That situation restricts them from handling the ordinary activities of daily living like taking and cooking food, free movement, cleaning own cloths and even going for wash. Without exception, it was observed that most of the people of 75 or more years of age have developed some type of disability of varying degrees. Older people in the Khasi community are found with few exceptional physical complicacies. They live in isolated territories for many years without having any 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 consciousness of their health and hygiene is found to be very low. It results in poor health and low life expectancy. In two villages, only 27 people out of a population of 750 were found who crossed sixty years of age. Water and sanitation facilities are not hygienic in either village. The people collect water from down hill water-holes. Since the water comes from natural reservoirs which are not protected, it is likely to be contaminated. Moreover, they use the same untreated water for drinking, cooking, and for all purposes. The infected water poses a serious threat to health. Older people are often easy victims of water-born diseases. Nearly half of the participants described how they suffered from jaundice at least once in the last six months. Similarly, 45 percent of the participants had diarrhea, indigestion, and similar diseases in the last three months. Pneumonia and bronchitis were other mentionable diseases for Khasi elders. All of the male participants informed that they have smoking habit which may be a major cause of bronchitis. Low blood pressure is another illness that has affected nearly 30 percent of the participants. Three older persons are found to be suffering from paralysis following heart attack.

Economic Hardship

Economic hardship or material poverty has a long-term impact on older people as it relates to their capacity to meet their basic needs (Scobie, Jane, & Graham, 2002). Older people face economic hardship in large numbers due to lack of access to income-earning opportunities, social services, and other benefits provided by the state or family (Scobie, Jane, & Graham, 2002). Among the Garo and Khasi tribes, the contexts are different with respect to particular experiences. Most of them have some sort of income that allows them to meet their basic needs and fulfill other personal needs. They can depend on a strong kinship bond and the provision of caring and protection that is provided by family members and relatives. Thus, economic hardship is not severe among the tribal elders. It affects only a small number of older people. Few older people of Garo community are identified as severely poor, which restricts them from fulfilling

their regular needs. Tribal people are mainly dependent on agriculture. At old age, it becomes harder for an person to involve themselves directly in agriculture as it demands considerable physical strength. Therefore, they cannot utilize all of their cultivable land and sometimes have to invite sharecroppers. Landlessness restricts a few of the Garos to produce crops for their survival. As day laboring requires substantial physical strength which is compromised by age, those elders cannot sell their labor on a regular basis. Having no alternative, these *Garos* older people involve themselves in selling their skill as 'light' laborers. Furthermore, almost all of them have dependent children. The earning is not sufficient to meet their minimum needs. Older people who have economic hardship mentioned that their poverty is the combination of their own meager income as well as an absence of expected help from outside especially from their sons. Most of them did not have an adult son or the earning of adult sons is so minimal that they cannot offer the required support to their parents. However, fearing a backlash they do not express their problems to solvent relatives. One of them shared,

"I do not have a source of income. My sons support us. But their support is not sufficient to meet all of our needs. As a result sometimes we pass through a hard time. My old wife and I are living in this home alone. We do not share our problem because we may embarrass our sons. Our sons are very cordial and sensitive towards us. But they do not have available extra money they can send to us according to our needs."

Suffering from economic hardship is not acute among the Khasi older people. Although they are not affluent, most elders can meet their needs successfully. A few elders mentioned how they suffer from economic hardship. They do not have adult children who can work in betel leaf farming with them. Due to physical limitations at old age, their earning ability is significantly reduced. In some cases, they have to borrow money mainly from local businessmen of majority culture on various strict conditions.

Extra Family Burden

It is evident that most of the *Garos* young people are reluctant to take their parents' traditional occupations, mainly agriculture, handicrafts and housebound handloom enterprise, and they are venturing out into new ones on a large scale. The new economic engagement of young *Garos* has forced them to migrate into city areas resulting in parents living alone in the ancestral home. Data indicate that among the Manipuri and *Garos* participants who have sons, about half of them do not maintain contact with their parents. In the absence of a son, elders have to assume all of the responsibilities during the later years of their life. This consumes almost all of their time and energy and puts a strain on their physical and psychological well being. In addition, they are the sole income earners so that they have to remain engaged in agriculture, cultivating and supervising farmland, and performing all other family duties alone. Participants expressed their situation in the following harrowing statements:

"My son lives in town. My physical condition is not good. But I have to take care of my family. It is a burden for me. I do not get rest even at the time of my illness. I am tired. I

have no way of relieving myself of this situation.”

“I have to stay outside at night to protect my crops. During chilly nights, I feel very cold and can hardly rest. In the morning, I have to go to my farmland again. I cannot even sleep for a few hours. I have to take care of my cattle. My wife is also very old. Sometimes I have to cook food when she is sick. I have never imagined having such a miserable life at eighty years of age.”

“I was the secretary of central Manipuri village council. I resigned from the position due to physical illness. But I failed to resign from my family duty. I am the only male person living at home and that is why all the responsibilities have been on my broken shoulder. I am too tired to bear it.”

The conditions of older widows are more serious than that of older widowers. More than 64 percent of widows were found to live with their unmarried daughters. Dependency on the daughter compels them to be involved in both domestic as well as outside work because the daughters are also poor. Sometimes it becomes intolerable and painful for the older widows. One of the participants shared:

“I have to do everything for my family. I have four sons but all of them work and live in city areas along with their spouse and children. My only unmarried daughter is living with me. I have to supervise my farmland, sometimes even do labor myself. Upon returning from the field, I have to cook. My daughter is a student and she cannot help me much. Most of the times I have to go to my neighbor to seek help for shopping, bringing medicine and any other outside activities. I am living in a painful life.”

According to *Garo* customs, a married daughter and her family should live with her parents. Both husband and wife leave home in the morning leaving the care of their children to their elders and return in the evening. For the entire day, children are cared for by the older people. In addition, elders have to do domestic chores. Sometimes, it becomes too burdensome. One of the older widows described:

“I have to do lots of work. My daughter and her husband lives with me. Both are full-time employees. They have put all the responsibilities on my shoulders. She has two children. I have to look after them during the day. Moreover domestic chores are an extra burden. I have to sweep and clean the home. After collecting and processing firewood, I have to cook food. From morning to midnight, I cannot take rest. I am tired. I need to take off but who will do it.”

This study found another harsh reality faced by the older widows. They are constantly involved in family affairs. Even while sick, older widows have to ensure they perform their duty of caring for the sick in the family. Despite being an older person, the female has to act as caregiver of another elder. One of the participants described her duties:

“I am an old woman. My old mother lives with me. She is sick and totally dependent on me. I have to take care of her. I have to cook. I have a widowed daughter. She is disabled and also dependent on me. I am taking care of all of this but I have no one to give me a little

relief. For the last few months, I have very little sleep at night. I don't want this life. I want to die."

Some older people do not have adult children, so that they have to do everything for their families. If they have responsibility for young (grand) children, this sometimes requires extra work which may be beyond the capacity of an elder. The traditional relationship between older persons and their children and grandchildren is different in Khasi culture. The Khasi economy is based on betel leaf cultivation and has no or very little contact with urban centers and employment other than agriculture. Therefore, children stay with elders who do work voluntarily according to their physical condition without any obligation or pressure.

Widows and Widowers Face Special Problems at Old Age

The transition to widowhood is one of the most stressful events in human life and experiences a disruption in relationship networks (Morgan & Kunkel, 2001). Widows and widowers experience life in different ways. After the death of a husband, in Garo and Khasi system, women have to be dependent on daughters and have to live in a daughter's family. Despite having property ownership, their son-in-law's mentality and attitude might affect their life. Although the son-in-law is legally and socially obliged to take care of his wife's parents, the obligation is the result of tradition whereby a daughter assumes responsibility for the assets of a parent. An important dimension relates to inheritance of property among the Garos and Khasis. A widowed man is often denied access to resources because his wife's assets are distributed among the female children or the relatives of his wife. In a few occasions, it creates insecurity and dependency on the daughter's family. One of the Garo participants explained:

"After the death of his wife sometimes, we see the person is being humiliated by the member of his father-in-law's family. Even in a few cases, husbands are driven away from the residence of their father-in-law. On the other hand, the males usually do not receive any support from his parents. Under this circumstance sometimes male older people face insecurity. If he does not have acquired property, earning or children who can support him, the situation worsens. Although clan members help older people in crisis, the process is painful and it brings frustration to older people's psyche."

Although Garos and Khasis belong in a matrilineal family system, the division of household labor remains the same as patriarchal Manipuri society. At old age, males are cared by their wife. Therefore, the absence of a wife indicates absence of service. They are fully dependent on the wife for any service, so that they become helpless. Even if daughters and daughter-in-laws help their parents and in-laws substantially, the quality of the service remains questionable to the widowers.

Loneliness and the Insecurity Effects of Widowhood

Widowers mentioned that they enjoyed their life better when their spouses were

alive. They were cared for, could discuss family matters and share thoughts, feelings and emotions. They never felt alone. After the death of their wives, they felt all alone and helpless. Widows emphasized a feeling of insecurity. They observed that their husbands used to take care of the outside activities while they managed domestic issues. After their husband's death, their responsibilities significantly increased as they are busy with both domestic and outside activities. Although their children help them, this is regarded as insignificant compared to what was provided by the spouse. Sometimes children are not available in need and mother can not share all needs to them freely that they could share with spouse. So children can not be the alternative to spouse as source of supports. The widows who are very old and physically incapacitated experience different problems. Those who do not have a son were dependent on other males for assistance. Senility or cognitive impairment may restrict them from performing regular activities that result in dependency on neighbors and relatives. They reported being fully dependent on others if they have to access any service outside of their residence such as shopping, selling crops, treatment, and more. There were very old widows who do not have enough cultivable lands. Their economic hardship is another added problem that forces them to be dependent on relatives and neighbors. Emotional deprivation and loneliness affects some of the elders after the death of their spouses. In particular, they cannot talk to or share their thoughts, views and emotions as freely as before. Widowers and widows with physical disabilities are the major victims of such circumstances.

Problems of Older Person Living Alone

Living alone is a painful experience for every individual and is rarely a life-style that is chosen freely. One Khasi elder living alone in the research site is a special character. It was revealed that he has been suffering severely from loneliness. Despite support from the community and neighbors, he feels like his life lacks meaning. He observed:

"I am tired of my life. I cannot enjoy even for a moment. I can usually survive, however, I face severe problems when I am sick,. Though my neighbors supply food and bring medicine for me, there are many things that I cannot 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 am totally dependent like many of our older people, then what will happen? I am always worried and pray God for my early departure."

A Garo older male was also found who is living alone. He survives through support from relatives and neighbors. Although he does not have material problems, most of the time he has to be dependent on others. Such dependence revealed reactions similar to that expressed by the older Khasi male.

Transportation

This is a very specific issue that affects the Khasi more than the other communi-

ties. Although transport is a community problem, it bears particular significance for the older people. Road communication is almost absent to Khasi villages. The absence of any paved roads in the Khasi villages means that there is no access to facilitate emergency needs in the case of medical help and more. Seeking treatment at the proper time, therefore, is impossible. If an older person gets sick at night, he or she has to wait until morning to go for treatment. Village younger people carry the sick older people by hanging them in a bamboo made basket. After finishing a one hour walk, they may be fortunate enough to get a vehicle for fifteen kilometers to the distant missionary hospital. In many cases, the health condition of the older people deteriorates dangerously. A lack of available emergency treatment is considered 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. Poor transportation does not create treatment problems only, it also restricts older people's free movement. Given the circumstances, transport related communication is top of the list of the issues for the Khasi community.

Tribal Older People's Access to Mainstream Services

Lack of access to mainstream services is one of the major concerns among the older Garo and Khasi people. The Old Age Allowance (Boisko Bhata) program of the government has gained recognition as a welcome initiative that offers assistance to the older poor. However, the tribal communities are usually excluded from any assistance provided by the government. Thus, none of the elders was found to have received any benefit from the program. The same outcome is revealed in the Widowhood Allowance. Even the names of both schemes were unknown to most of the older participants, however, many older persons of the Garo community are qualified to receive these services. Although most Khasi people do not have valid documents of land property ownership, most have had at least the minimum amount of land as their ancestral property. As a result, the Khasi people can arrange their livelihood at least at a survival level. The Khasi community support systems for the older people were observed to have long-term viability. Due to this, the Khasi people tend to be very dismissive of the discriminatory practices of the government. The long history of discriminatory practices and recurring land related disputes with the government are other powerful factors that force them to avoid any involvement. Despite this, some of the elderly suffer from material poverty due to old age related to disability and having no one to take care of them. Although they get support from the community, the government support would make their lives easier and as the citizens of the country they have the right to all available government services. The Khasi older people noticed how the authorities have a judgment that these people are solvent enough and do not need such type of help. Similar to government programs, services from any non-government agencies are rarely available in tribal communities, the exception being selected services provided by certain Christian missionary organizations. Missionary hospitals provide health services for the older people with free or minimum of cost and they do have free access to those hospitals. Almost all of the government hospitals are designed for able-

bodied patients who can travel to urban towns and can meet the costs of such travel. Although Garo older people sometimes receive treatment at government hospital, the situation is almost impossible for the Khasis. As the Khasi people live in deeply remote settlements far from any urban centers, their access to government health services is non-existent. When the Khasis become sick they have to walk a great distance along hilly paths on foot before they are in proximity of a means of transportation that can take them to a Thana-based health service. The journey is impossible for an older person given their physical limitations and the mode of transportation. On reaching a service center, they face many other problems including complicated formalities related to admission, uneasiness in inter-personal contact with physicians and other health care providers, language barriers, and peculiar expenses related to supposedly free service. The current study found a strong trend among the Khasis to avoid government hospitals or health centers. One missionary hospital located about fifteen kilometers from Khasi villages is the only place where members of this group feel they can get acceptable health services. Even if they have to endure similar difficulties to get to the location, they find the environment culturally and medically welcoming. They do not fill complications during admission, can communicate with many of staffs in their mother tongue as few of their community people serve in those hospital. Medical doctors and other staffs are well-behaved. A similar hospital is also located within proximity of the Garos and which most members of that group have easy and comfortable access.

How Tribal Older Persons Deal With Problems?

The tribal people live independently without much interaction with the outside communities. Therefore, they always make the effort to keep their problems within the society and solve by themselves. The spirit of self-help and strong 'we-feeling' have led to creation of an effective network of support in all three tribal communities. This support is functional by the voluntary participation of all the members of the communities. It has three active layers—family members, neighbors, and community. Family members invest their time and resources to solve any crisis at the family level first and if it become unsuccessful they resort to the next level. It should be noted that these layers are not strictly structured in terms of accessibility. The family can seek direct support from the community if they wish. This network plays a central role in the welfare of the elderly. Since the society is sensitive to the issues of older people, therefore needs and problems are mitigated within the three layers of the network. The present study identified various mechanisms dealing with the daily problems of the older people in the studied communities. There are slight variations among the communities, however, they all follow the principle of support and reciprocity.

To deal with economic hardship, most of the elders engage in various earning activities, mainly in agriculture. Since agriculture is laborious and physically challenging, additional support is sought to reduce the burden. Sons, daughters, and relatives support them according to their capacities and needs. When older people are unable to perform any economic activity, their children and close family members support them financially. If immediate family mem-

bers are not available or do not have resources to support, neighbors step in with financial support or material aid. Villagers' Fund, an emergency community fund, supports poor older people of Khasi community. Similarly, church offers the economic support to the Khasi and Garo older people who face economic hardship.

Family members are the primary caregivers for older person in all studied tribal groups. It is almost a sacred practice for family members to nurse their elders. Relatives and neighbors also extend their cordial help as much as possible. Among the participants who do not have immediate family members to help in daily activities, neighbors and relatives volunteer so that the elders do not suffer. This support is not limited to a short length of time. Relatives and neighbors will continue to support the older person until there is an alternative to the arrangement. Therefore, strong community support remains a very useful system that meets the needs of the disadvantaged elders. Participatory observation in Khasi and Garo family indicated the gender differences of family responsibility and relationships. It is also distinct from the mainstream patrimonial system. Garo and Khasi communities are mainly matrimonial. Daughters usually take the full responsibility of their families. Parents live with daughters. Sons usually leave the parental home after getting married and settle in the father-in-law's home. Therefore, daughters take the major responsibilities of older parents in these communities. The support for older persons intensifies at the time of physical illness. Again, family members are the main source of caregiver support. It is a common practice that if a family is unable to pay for treatment or the older person does not have immediate family, the second tier of the support network, relatives, or neighbors intervene immediately. They nurse them until they are cured. In cases the older persons are unable to pay the expenses of treatment the Village Council, Villagers' Fund and church get involved and ensure that the older people receive proper treatment.

It is interesting to note the treatment practices of elders. To have a cure for common ailments such as cold, pain, and headache, older people usually avoid modern medicine and use traditional treatment based on bark, flower and leaf of some herbal trees. Every tribal group has its own traditional healer. This practice is more prevalent among the Khasi communities than the Garo. Members from Garo community rely more on allopathy. One reason surfaced for this difference is that Garo community is more educated than the rest and make use of medical facilities sponsored by the Church. The treatment practice has some degree of differences among the Khasi community. If traditional healers fail, they go to a pharmacy located in rural markets or urban centers and purchase medicine as per vendor's advice. Interestingly, they have to travel the same distance to get treatment from professionals but do not do so. Seeking support from medical doctor is treated as troublesome because this group can afford cost of treatment and find discomfort to communicate with physician as their language is different. Recently, a few of their members have paramedic training to treat common diseases. Participants mentioned that they also take their advice. If all medical options are exhausted or the older is in critical physical condition, they go to a Thana health complex. There is exception for economically well-off members. The Garo older people who are financially solvent go to village mar-

ket to have treatment from professionals.

Garos older women deal with loneliness by visiting or being visited by their neighbors. Thus, they enjoy the leverage of mobility. They also go to village market for grocery and selling their goods. However, this practice is class bound. Usually, economically solvent Garo older women do not go to village markets. Mobility is a privilege of older male in Garo community. Older males from this community can go to the village market at their leisure and they can mingle with groups of people. However, the Khasi older people do not have such opportunity because they are located in isolated and remote hilly areas. After returning home from the farmland, Khasi females are involved in household activities and males gather in their neighbor's place to chat. Playing with the grand children is accepted as a good way for the older people to overcome loneliness.

Summary and Conclusion

The findings of the study suggest that the overall economic condition of the participating tribal communities is comparable to majority Bangladeshis. Although none of the subjects could be described as affluent, basic needs were generally fulfilled and begging was not evident among them as the way of livelihood which is seen among poor older people of Muslim community in Bangladesh. The elderly community identified health complications and lack of treatment facilities as the most significant problem. This was especially prioritized by the elder people of the Khasi tribe who remain geographically isolated in hilly forest zones. They are, therefore, far less likely to have access to health services in comparison to the Garo tribe. Other problems identified by elders were loneliness and feelings of guilt by being a burden to others. In a few cases, economic hardship restricts the older tribal people from a better life and fulfillment of their basic needs. All of the older people reported that they were excluded from any form of government old age assistance. Government policy states that all the population of the country share equally in the benefits provided. However, the practice frequently discriminates people from the ethnic minority communities. Participants mentioned that there are two major reasons behind their exclusion from old age and widowhood allowance. First of all, none of the tribal people are included in the committee that selects eligible candidates. Selection is done by the mainstream Muslim people who always try to include their own community members. The tribal older people get less priority and are generally not eligible. Secondly, participants stated that tribal people are usually reluctant to express their hardship to other people outside their community. They are less interested to go to local leaders and authorities for help. The participants also noticed that the authorities have a prejudgment that tribal people are solvent enough and do not need such type of help. Contributory pension is another old age security scheme, which is only for the retired government employees. Since participants, except three Garo participants, have never formally worked in government organizations, they were excluded from this scheme.

Family members, mainly women, were the main care-giving source for the disabled, dependent, and sick older people. Close relatives, clan members, a limited number of neighbors, and community people also provided support to older

people. Interdependent family bonding, strong kinship ties, community feelings, customs, and traditions 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.

Agriculture is the principal livelihood of the tribal older people. Tribal groups traditionally enjoy an active life into old age. Many are still active in their 60's, 70's and even 80's. 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 relatives and community members. Despite critical physical conditions, the majority of the elder people 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, and more. Lack of knowledge about prevailing formal services, reluctance to use available services, fear of losing ethnic culture and practices, low expectations of services, and the lack of adequate transportation were factors identified as the main reasons why tribal older persons do not seek government social services. With the exception of the Garos all of these factors exist among the Khasis.

The tribal elders prioritized supportive services as their most important need. However; this requires that the support be available near to their community. There is the expectation that this should be managed within their own community so that there was cultural sensitivity to ethnic habits and food and that communications be in their own language. The older people who are in poverty, made a special plea for material support to reduce their burden on the community. The elders are sensitive to the fact that their community does not always have the financial capacity to provide the required support. 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.

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