

The NEHU Journal

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KETSHUKIETUO
DZÜVICHÜ
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The NEHU Journal

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Editorial

With January 2004 issue *The NEHU Journal* enters the second year of its publication. During 2003, the year of its birth, we at the editorial office were successful in obtaining the ISSN for the journal, getting the editorial board approved by the Governing Body of the University Publications, and starting the process of

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We begin this year with a regret about not being able to utilise the services of our very able copy editor, but are happy to announce that we have now an assistant editor who is on a full-time job related to the journal. With his editorial assistance, Kynpham Sing Nongkynrih, the Associate Editor, and I, hope to be able to pay some attention to the promotion of the journal both within and outside North-East India, which we realise is as important as raising its standard.

As we wish you all a very happy 2004, we would like to request you to kindly send your valuable articles, review essays, book reviews and academic papers for possible publication in the journal. We would also like to inform you that though we have revised our subscription rates, they are still much lower than the actual expenses involved in the publication. We shall be ever grateful if you consider patronising the journal not only by contributing to it academically but also financially by subscribing to it.

NEHU

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T B Subba
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Health Problems of the Aged among the Angami Nagas

KĒTSHUKIETUO DZÜVICHÜ

Human organs gradually diminish in function over time, although not all organs do so at the same rate in every individual. By itself, this gradual diminishing of function is not a threat to the health of most old people unless they fall prey to some disease. Diseases are the chief barriers to extended health and longevity. And when they accompany normal changes associated with biological ageing, maintaining health and securing appropriate health care becomes especially problematic for older people.

Health in simplest term is defined as the absence of disease or illness. Health is not only a biological or medical concern, but also a significant personal and social concern. In general, with declining health, individuals can lose their independence, lose social roles, become isolated, experience economic hardship, be labelled or stigmatised, change their self-perception, and some of them may even be institutionalised.

According to Phelps and Henderson, “old age is a natural and normal condition... Its pathologies are the same as those that occur at any other age period, but they are intensified by illness, family disorganisation, unemployability, reduced income and dependency” (1952: 217). Of all the problems of old age, the problem of health is major because it is accentuated by an “increasing number of physical handicaps, more frequent and serious illness, more mental disturbances and a general reaction among the aged that ill health is their major problem.” (ibid: 225).

Health status of the aged people varies significantly. In this

regard De Souza (1982) describes four factors which determine the health status of the aged: (i) the nature and condition of their hard work combined with poor nutrition leads to the state of general disability and most of the aged suffer from what may be called 'deficiency' illness; (ii) environmental conditions such as poor sanitation, lack of basic amenities such as water and proper drainage system tend to make the environment itself a health hazard; (iii) inadequate and unbalanced diet; and (iv) the availability and quality of health services.

In terms of health status, difference between the sexes are clear and women have higher rates of morbidity, though, in fact it has long been observed that "women are sicker but men die sooner" (Wan 1982).

The Study Area

The Angami Nagas, one of the major tribes of Nagaland, live in the southern part of Nagaland, i.e., Kohima District. The district lies between 25°11' and 25° 58' North latitudes and 93° 20' and 94° 55'E longitudes. It is the largest and physically most developed district of Nagaland. It covers an approximate area of 4041 square kilometres (Census 1991), i.e., 24.27 % of the total area of the state. Kohima, the capital of Nagaland, is situated at 1444 metres above sea level. The district is strategically located as the gateway to the state of Manipur, Phek and Wokha districts of Nagaland, a factor which has further enhanced its importance in the commercial and administrative spheres. It was formed in December 1973 by bifurcating the original Kohima district of Nagaland into Kohima and Phek districts. The Kohima district was further bifurcated into two districts, i.e., present Kohima district and Dimapur district on 28th April 1998. It is situated in the south-western corner of Nagaland. It is bounded on the south by Manipur, west by Dimapur, north by Wokha district of Nagaland, and east by Zunheboto and Phek districts of Nagaland.

Methodology

The data have been collected from four villages in Kohima District. The aged population in this district is found to be 3.6% of the total population. So the total sample size is 380, which constitutes 3.6% of the total population of the four villages. By using the multi-stage sampling design, first the Angami region has been classified (stratified) into four categories (each region forming a stratum). Then the nearest village from Kohima town in each of the four Angami regions in four directions has been selected. As for the aged population they have been stratified into four strata: Literate Male, Illiterate Male, Literate Female and Illiterate Female. Out of the total sample size 280 respondents are from Kohima village, 44 from Phesama village, 42 from Jotsoma Village and 14 from Piphema Village, making use of such device as stratification and sampling with "probability proportionate to size". Household census is used as the sampling frame and the respondents were finally identified by applying systematic sampling, selecting every k^{th} aged person on the list for each village. The health status of the Angami aged is discussed on the basis of the parameters like physical ailments, physical disabilities, mobility and medical facilities for the aged.

Physical Ailments among the Angami Aged

Illness is defined as "any condition, i.e., any disease, impairment, symptom, or a group of related symptoms which was reported by the aged as having bothered them" (Shanas 1968). Illness affects both the society and the individual in a variety of ways. For the society, ill health exacts a high cost in economic terms by both loss in economic production and the cost in providing health care services. Illness also has consequences for the individual. Those who are ill cannot perform their normal economic and social roles properly. As a result they often become victims of stress and depression, which complicate their illness further making it often difficult for the doctors to be able to treat such individuals.

Table 1.01**Physical Ailments among the Aged**

Sl. No.	Ailments	Men	Women	Total	Percentage
1	Cough & fever	18	21	39	10.26
2	Sore throat & running nose	6	28	34	8.94
3	Indigestion	11	9	20	5.26
4	Vomiting	-	2	2	0.52
5	Abdominal pain	34	26	60	15.78
6	Constipation	18	20	38	10.00
7	Frequent headache	48	56	104	27.36
8	Backache	37	92	129	33.94
9	Fever with shiver	3	9	12	3.15
10	Night blindness	-	-	-	-
11	Skin diseases	-	-	-	-
12	Tuberculosis	4	-	4	1.05
13	Cancer	2	1	3	0.78
14	Blood Pressure	13	4	17	4.47
15	Joint pain	42	33	75	19.73
	Total	236	301	537	100
	Percentage	43.94	56.05	100	

Source: Fieldwork.

Table 1.01 shows the incidence of different physical ailments among the aged Angamis. It is evident that many of the aged among them suffer from a combination of ailments. 10.26 percent of the aged are found to be suffering from cough and fever. But none of the aged Angami respondents is found to be consulting doctors for this. Sore throat and running nose are complained by 8.94 percent of the aged. Women are found to be affected by sore throat and running nose more frequently than men.

Indigestion was a complaint made by 5.26 percent of the aged respondents. It is found to be more in men than in women. None of the respondents is known to be consulting doctors for this ailment. Indigestion is often aggravated by poor mastication of food. A possible cause of indigestion among the aged, apart from faulty food and insufficient intake of fluid, would be their capacity to chew food properly. According to Becker (1959: 13), "Teeth are essential for the proper mastication of food, and much flatulence and dyspepsia in the older person can be corrected by obtaining properly fitted dentures".

Table 1.02 indicates that only 28.15 percent of the aged have most of the natural teeth intact, and 41.57 percent of the aged have only some natural teeth. These conditions are not conducive to proper mastication of food.

21.05 percent of the aged are toothless and 9.21 percent have false dentures. Though majority of the aged Angami respondents are either toothless or with only some natural teeth intact, they do not consult doctor for denture. This does not seem to bother them much since they have become old and denture is not necessary, which is a misconception among the aged.

Table 1.02**State of Dentures of the Aged According to Age Group**

State of denture	60-65	65-70	70-75	75-80	80+	Total	%
Majority teeth intact	68	30	5	3	1	107	28.15
Some natural teeth intact	45	42	21	28	22	158	41.57
Tooth-less	2	10	23	19	26	80	21.05
False denture	6	12	9	1	7	35	9.21
Total	121	94	58	51	56	380	100

Source: Fieldwork.

About 62.62 percent of the aged need dentures for proper mastication of food, lacking which they are likely to continue suffering from indigestion and other related ailments.

Vomiting could be due to various reasons such as over-eating, stomach upset, severe cold or due to other problems but this is a very insignificant problem as far as the Angami Nagas are concerned. The present study shows that only 0.52 percent of the aged complained about vomiting.

Abdominal pain is a common ailment in the Naga villages but it is rarely considered important enough to be reported to others. Most people continue to perform their normal function despite abdominal pain for several days. They begin to take medicine or talk about it only if the pain persists and becomes unbearable. This is perhaps the reason why only 15.78 percent of the aged

respondents reported that they suffered from abdominal pain. One would otherwise expect the figures for this category of people to be much larger than the present study shows. That it is more frequent in men than in women is also due, to some extent, to cultural factors. The women complain about their ailments much later and much less frequently than the men do. Many men stop doing work immediately after such a complaint but women usually continue even after they begin to suffer from similar ailments. The present study also shows that only 36.66 percent of the respondents have consulted doctors for treatment.

Ten percent of the aged interviewed suffer from constipation. It is more so in women than in men, although it is difficult to explain in terms of socio-cultural variables why it happens so. None of the aged respondents has reported having consulted the doctor in this respect and most of them are on self-medication.

Frequent headache is bothering 27.36 percent of the aged. It is more pronounced in women than in men, although the reason for this difference is not known. None of the aged respondents has consulted any doctor in this respect.

Backache is also found to be more frequent in women than in men. 33.94 percent of the aged respondents complained about backache. Out of this, only 8 (6.20 percent) of them had consulted doctors for treatment. Some of them reported that it was common in old age and treatment was not necessary. 3.15 percent of the aged respondents complained about fever with shiver. It is also more common in women than in men.

Only 1.05 percent of the aged complained about tuberculosis. None of the women is reported suffering from it and those who are infected are under medical treatment. There is some reason to suspect that the figures on tuberculosis-affected persons are lower than the actual figures because of a fear that such a person would be socially boycotted. Under reporting could also have taken place due to the habit of Angamis not to go to doctor until it is really

important for them to do so or until some one forces them to see a doctor. Many such persons may simply pass off as those suffering from fever and shiver or simply from severe cough.

Cancer is found only in 0.78 percent cases of the aged respondents, which could again be due to lack of facilities for detection of the same. It is more pronounced in women than in men.

4.47 percent of the aged have high blood pressure as diagnosed by the doctors whom they consulted. It is found to be more in men than in women. The detection of blood pressure is often very tricky and eludes those who suffer from it. In a society where seeing a doctor is not something that happens easily, it is quite possible that there are more people suffering from it than reported by the present study. It is also expected to be higher in the urban areas than in the rural areas, where the present study was mostly done.

Joint pain is a common complaint for 19.73 percent of the aged. None of them has consulted doctors for treatment on this problem. And none of the respondents is found to be suffering from night blindness and skin diseases.

Most of the aged respondents complained about frequent headache and backache but only 8 (6.20 percent) of them had consulted doctors for treatment. According to them, it is common in old age and it occurs because of the nature of work in their youth. So it is not considered necessary to understand the people's perception of the cause of a sickness or ailment. The people consult doctors only if they perceive an ailment to be unnatural for their age or sex. Such perceptions often lead to complications of health, making it that more difficult to cure a person. There is, of course, a brighter side to it as well. If they do not go to a doctor immediately or do not start medication considering an ailment as natural, such persons often develop immunity and the ailment does not repeat itself easily.

Tuberculosis, cancer and blood pressures are more among the aged men than aged women. In general, women complained more of ailments than men.

Physical Disabilities among the Aged

The term 'physically handicapped' includes "the blind, the partially sighted, the deaf, the dumb, the epileptics, the cripple, the cardiac patient, the spastics, the diabetic and includes all persons who have either completely lost the use of or can make only a restricted use of one or more of their physical organs" (Planning Commission 267-268). For the purpose of this study a person is considered blind if he or she cannot "count the fingers of an outstretched hand held at a yard's distance", which thus covers all the persons who cannot see for ordinary purposes of life (Hasan 1960:2). Any person whose "sense of hearing was non-functional for the ordinary purposes of life", was considered deaf, and one whose sense of hearing was not non-functional but impaired to the extent that he experienced difficulty in communicating easily with others, was considered 'hard of hearing'. A person was considered dumb if his power of speech was non-functional for the ordinary purposes of life and who could not express himself or herself in an articulate manner. A person who had lost "the power of motion, sensation or function or any part of the body" and who was deprived of the power of action was considered paralytic (Chamber's Dictionary).

Table 1.03 shows the number of aged with different physical disabilities according to age groups. The physical disabilities among the aged are discussed below:

30 percent of the aged complained about impaired eyesight. Out of this, most of them are found in the age group of 75 to 80 years. Impaired eyesight was actually a common complaint in all the age groups. Only 11 (4.64 percent) of the aged are wearing spectacles prescribed by doctors. 95.36 percent of the aged complaining about impaired eyesight have not taken care of their eyesight. The reasons for not using spectacles are reported as

follows:

- (1) It is common in old age,
- (2) They could not afford to buy spectacles,
- (3) It is inconvenient to wear spectacles, and
- (4) Without wearing spectacles also they can carry on with the daily activities.

Table 1.03

Nature of Physical Disabilities among the Aged According to Age Groups

Physical disabilities	60-65	65-70	70-75	75-80	80+	Total	%
Impaired eyesight	25	19	25	27	18	114	30.00
Blind	1	-	-	-	-	1	0.26
Hard of hearing	35	40	25	22	32	154	40.52
Crippled	-	-	-	-	-	-	-
Paralytic	-	-	5	2	6	13	3.42
Deaf & dumb	-	-	-	-	-	-	-
Diabetic	2	1	-	-	-	3	0.78
No disabilities	58	34	3	-	-	95	25
Total	121	94	58	51	56	380	100

Source: Fieldwork.

Only 1 (0.26 percent) aged respondent is blind and belongs to the age group of 60 to 65. There are however many among them

who have various degrees of blindness. Some of them cannot put the thread across the eye of the needle, whereas others cannot recognise a person approaching until the same arrives very near. There are still others who need to adjust the distance of the book or newspaper in order to be able to read the same.

Hard of hearing is a major complaint for 40.52 percent of the aged. Among the physical disabilities, the aged complaining about hard of hearing is the highest in all the age groups. But only 5 (3.06 percent) of the aged are using hearing aids. Maximum of them said that they could continue with the daily chores without any problem. So hearing aids are not considered necessary.

All the paralytic respondents are bed-ridden. 3.42 percent of the aged are paralytic and are found only in the later aged groups. 0.78 percent of the aged complained about diabetes. All of them have consulted doctor for treatment. Diabetes is totally absent in later aged groups and is found in the lower aged groups only.

Thus, hard of hearing and impaired eyesight are common complaints among the aged but only 4.21 percent were found taking care of themselves. 25 percent of the aged respondents reported no disabilities at all. None of the aged is found to be crippled or deaf and dumb.

Among the respondents complaining about hard of hearing, it is found to be the highest among the 80+ age group and lowest among the age group of 75 to 80. Impaired eyesight is the highest in the age group of 75 to 80 and lowest among the 80+ age group. Blindness and diabetes are found only in the lower age groups. Thus, blindness and diabetes are more common among the younger group than the aged. Aged persons having no disabilities are found only in the lower age groups. Thus, it appears that as they become older the physical disabilities also increase.

Thus, most of the aged respondents have been suffering from one disability or the other. In spite of the disabilities, some are continuing with their daily chores. Of those who are still working,

they often have to continue with the daily chores in order to maintain their family and some said that they felt bored remaining idle. So they wanted to do some work for exercise and to pass their time.

Table 1.04

Physical Mobility among the aged

Extent of Physical Mobility	60-65	65-70	70-75	75-80	80+	Total	%
Move freely everywhere	118	86	42	22	5	273	71.84
Neighbourhood only	2	4	7	17	18	48	12.63
Inside the house only	1	4	3	10	27	45	11.84
Bedridden	-	-	5	2	6	13	3.42
Total	121	94	58	51	56	380	100

Source: Fieldwork.

Physical Mobility among the Aged

Physical mobility may be defined as the ability of a person to move from one place to another. The study on the physical mobility of the Angami aged reveals that though 75 percent of the aged complained about their disabilities, 71.84 percent of the aged respondents moved freely without requiring any assistance. Table 1.04 shows that 12.63 percent of the aged respondents roam about only in their neighbourhood, 11.84 percent inside the house only, and 3.42 percent

are bed-ridden. Of those aged who are moving freely everywhere, the number of respondents decreases as the age increases. In the age group of 60 to 65, there are 118 (43.22 percent) aged respondents moving freely but in the 80+ age group only 5 (1.83 percent) are moving freely. Reverse is the case with those who are confined only in the neighbourhood and within the house. Thus, it has been found that in all the age groups, physical mobility decreases as age increases.

Medical Care for the Aged

The aged people, like others, receive free medical assistance from the government hospitals and dispensaries, the local bodies and other charitable organisations. If they can afford it, they consult private practitioners. But it is a common experience that the outpatient departments in every hospital or dispensary are overcrowded and the economically poor and aged persons have to wait for hours to get their turn, as they cannot afford to see a private doctor. This is despite their belief that the same doctors give much better attention at their private clinics than at the government hospitals. There is no separate geriatric unit for the aged in any of the hospitals or dispensaries in Nagaland. Going to these outpatient departments thus proves such a traumatic experience for most of them that the aged patients prefer to refrain from visiting them unless it is unavoidable.

Since all the villages under study are within the vicinity of Kohima town, the capital of Nagaland, they were all expected to have better medical facilities than the other remote villages. However, the present fieldwork showed otherwise, as revealed in Table 1.05.

Table 1.05**Experience of the Aged about Medical Facilities**

Medical facilities	No.of cases	Percentage
Health centre nearby	113	29.73
Health centre far away	267	70.26
Satisfied with treatment	218	57.36
Not satisfied	162	42.63
Total	760	

Source: Fieldwork.

The study reveals various experiences of the aged respondents about medical aid. Only 29.73 percent of the aged respondents have medical facilities nearby where they can get access to it any time. 70.26 percent of the aged have to go to far off places to get the treatment. Of those who are getting medical treatment in hospitals and primary health centres, 57.36 percent are satisfied with the treatment but 42.63 percent are not.

Though most of the aged respondents go for the medical facilities available in government-run hospitals and health centres, some are compelled to go to private clinics or hospitals since there are not enough facilities in the former.

The present study shows that there is insufficient supply of medicines in government-run hospitals and as such it prevents the aged from receiving proper medical treatment. In the health centres and dispensaries insufficient supply of medicine is usual. Besides, the doctors and staff hardly do their duty of taking care of their health needs. They are either absent from duty or do not treat the visiting patients with due care and attention.

Table 1.06 shows the type of medical treatment the aged people generally seek when they fall sick. 26.84 percent of the aged go for treatment in government hospitals, 38.42 percent in

primary health centres, 16.84 percent in private clinics, and 2.84 percent go for indigenous medicine. 15 percent of the respondents reported that they did not go anywhere for any type of treatment.

Table 1.06

Sources of Medical Treatment

Types of medical treatment	No.of cases	Percentage
Government hospitals	102	26.84
Primary health centres	146	38.42
Private clinics	64	16.84
Indigenous medical treatment	11	2.84
No aid sought	57	15.00
Total	380	100.00

Source: Fieldwork.

Conclusion

The aged respondents are normal people. They may also become ill like others. Old age in itself is not a disease. It is normal and natural condition. Every living organism has weaknesses and disabilities. Among human beings too, the pathologies of old age are the same except that they are intensified with advancement in age. The aged people are likely to suffer a number of physical ailments and handicaps, and more frequent serious illness. Chronic and degenerative diseases and physical immobility are some major causes of dependency among the aged.

The present study has revealed that most of the aged people suffer from one or a combination of ailments. Many of them either regard themselves to be in excellent condition or are indifferent to their health despite their suffering from illness. When asked about their physical ailments or handicaps common in old age it was reported by many that they often consider such problems to be

natural. Most aged respondents were found indifferent to their health because their illness had not disturbed them sufficiently or no medical facilities were available nearby or because of lack of money to consult doctors and undergo treatment.

Most of the aged complained about frequent headache, backache and joint pain but they consider it as common in old age and consulting a doctor is not necessary. Only few have consulted doctors for treatment. Because of such notions of the aged, their health problems are likely to be further complicated, although they are likely to develop immunity from many ailments. Women respondents complaining about physical ailments were more in number than the men respondents.

Most of the aged respondents have only some of their natural teeth intact. But this does not seem to bother them much. Since they have become old, falling of teeth is seen as something natural and denture is not considered necessary, is a misconception among the aged Angamis. The aged with complaints of tuberculosis, cancer and blood pressure are very few. They consulted doctors and received periodical medical assistance if they were diagnosed to be suffering from such diseases.

Physical disabilities are some of the problems that prevent the aged from attending their daily chores and put them in isolation. Among the physical disabilities hard of hearing and impaired eyesight are the common complaints among the aged but this does not seem to bother them much since they can continue with their daily chores without using hearing aids or spectacles.

It is encouraging to note that in spite of their physical ailments and disabilities, most aged respondents could move about freely as they like and did not require any personal attendance. At the same time, they continued with their daily chores.

Though the health status of the aged among the Angamis is generally quite satisfactory, the present medical facilities are far

inadequate if the aged people start visiting the government hospitals and dispensaries. Most of the aged people seek medical aid from government hospitals and primary health centres where the facilities are always inadequate. Some of course can afford to seek help from private practitioners.

Thus there are three major health needs of the aged. One, the concept of illness as 'common in old age' should be removed from their mind and for any type of ailment or handicaps, proper medical treatment should be given to them. Secondly, medical facilities in government hospitals and primary health centres should be improved. Thirdly, geriatric units should be set up to let the aged people get easy access to the medical facilities.

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Most of the aged respondents have only some of their natural teeth intact. But this does not seem to bother them much. Since they have become old, falling of teeth is seen as something natural and denture is not considered a nuisance. The aged Angamis are afflicted with complaints of tuberculosis, cancer, ischaemic heart disease, stroke, hypertension, diabetes, and other chronic diseases. The aged Angamis are also afflicted with mental health problems. The concept of illness as 'common in old age' should be removed from their mind and for any type of ailment or handicap, proper medical treatment should be given to them. Secondly, medical facilities in government hospitals and primary health centres should be improved. Thirdly, geriatric units should be set up for the aged people to get easy access to the medical facilities.

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Book Review

Elizabeth Dell (ed), *Burma: Frontier Photographs: 1918-1935*, James Henry Green Collection, Merrel Publishers Ltd, London, 2000.

The British presence in the Brahmaputra valley loomed large from 1825. This thinly populated, little exposed, and highly forested region was destined to be the pioneer tea plantation of the empire. The tea industry attracted numerous fortune seekers, influential industrialists and even some British bureaucrats preferred planting tea bushes to serving the empire. These potential tea-growing areas were also the play fields for the various tribes in search of slaves and trophies of human skulls. These tribal raids in the later British tea growing territories led to numerous pacification expeditions to the hills resulting in carving out of the various hill districts as loosely administered 'excluded areas'. That is how Garo Hills, Mikir Hills, Naga Hills and Lushai Hills districts were created in the province of Assam by the turn of the nineteenth century. Through the same process the northern triangle of Upper Burma, soon to be known as Kachin Hills, were carved out as a distinct administrative arrangement in 1895 in the northernmost part of the British Indian Empire. The book under review refers to the region, its resident Singphos of classical British ethnography (now Jingphaw) and their past heritage.

James Henry Green (1893-1975) was a soldier of the British Indian Empire in its waning period. He joined the Burma Rifles as its recruitment officer and worked up to 1935 in the 'Excluded Areas' Kachin Hills, northern Burma. He left Rangoon (now Yangon) in 1937 for Singapore to take up the post of military intelligence officer. After the fall of Singapore in 1942 during the World War II, he returned to London, where he remained for the next ten years in the British Foreign Office. He was a photographer

par excellence, who used classical ethnographic technique as a tool for military intelligence and recruitment. In course of his nearly twenty years of stay in the Kachin Hills, he took numerous photographs, collected ethnographic exhibits, and wrote his tour diaries containing priceless data on the lives of the people and events of the region. The James Henry Charitable Trust placed 1600 photographs, 200 textile exhibits and diaries with the Royal Pavilion, Library and Museum, Brighton, England for up keep and research. *The Burma: Frontier Photographs: 1918-1935* is based on photographs and accompanying texts, spread in five chapters and contributed by four scholars. These chapters are lavishly illustrated with appropriate photographs from Green's collection. The book contains 230 photographs of different sizes, a priceless collection of photographic album running into 90 pages. Biographic note on J H Green, bibliography and index at the end enhance the utility of the book for the readers.

Elizabeth Dell in her 'Introduction' to the book, titled "Mapping Burma: the James Henry Green Collection of Photographs", found that the photographs formed a part of a particular unequal transaction between peoples, and stand as a record of those transactions and points of contacts. They also have a life and meaning beyond intentions, skill, luck and vision of the photographer and as archival evidence they are witness to an era, events and institutions long gone by (p.9). As a recruiting officer with the Burma Rifles he travelled to remote northern hills previously unmapped by Europeans. His fascination with the people of the region aroused a life long interest culminating in a fellowship of the Royal Anthropological Institute in 1928, and a diploma in Anthropology from Cambridge University in 1934 on "The Tribes of Upper Burma North of 24 degree N and Their Classification". He studied the nuances of the customs, beliefs, languages and physical attributes that distinguished neighbouring groups and recorded these according to the anthropological practices prevalent in those days.

On the basis of Green's archives of notes, diaries, speeches, publications and photographs, the volume under review records his role as military intelligence officer and an amateur anthropologist, his observations on peoples and collection of artifacts—specially textiles. Green's photographs should be seen in the line of photography as a tool of descriptive ethnography and as a part of the colonial anthropological heritage since 1860s, which began with E T Dalton's *Descriptive Ethnography of Bengal*. This ethnographic collection of strong visual record of Kachin State also highlights the tension between the past and present of Kachin people engaged in negotiating the place of these records within the contemporary construction of their national identity. Burma proper was administered as a province of India and frontier areas were identified as 'excluded areas'. Even in 1935 the residents of this region had not heard of Burma or Burmans, leave alone of India. Green was aware that many of the ethnological problems were baffling, but thought that "a study of physical anthropology, technology and mythology will solve a good many of them" (p.15). Physical attributes were clearly of importance in recruiting 'types' for military as well as for racial classification of the people, a pet project of the colonial days. He advocated a general knowledge of the culture of people to be of greater importance to the administrators than that of the language.

The strongest part of Green's photographic collection is the portraiture, though there is little in his diaries or route notes that refers directly to the process of capturing images of people. The images of people show Green's interest in physical types, their costumes and their evolution. He was clearly a product of his time and of beliefs and motivations of the empire. His Anthropology, like his photography, was in harness to his official role in military surveillance and control. However, the images collected in the book can point to an understanding of modern construction of identity, nationhood and unity as they are analysed, incorporated, rejected or used as evidence in contemporary Burma. After all, Green's is

part of a tradition of ethnographical documentation through photography, which stretches back to mid nineteenth century. That was the time bulky camera was considered indispensable documentary tool for the benefit of colonial ethnography and useful to the administration.

It goes without saying that publication of the *Peoples of India* between 1868 and 1875 containing 500 photographs of racial, ethnic and caste types was part of an ideology to tabulate, synthesize and ultimately control the culture of India in the aftermath of the mutiny of 1857-58. In spite of the individual photographers' skill to overcome the limitations imposed by the cumbersome camera, the photographs were invariably unsatisfactory: "the people always seemed nervous, their expressions were invariably stupid or stolid and they posed very unwillingly". By 1920s the camera was improved to the extent that its intimidating size was reduced; its portability was increased and its intrusive features were minimized. But by then science of ethnography itself had changed and thus postures and intimacy of camera began to be questioned.

David Odo notes that Green's images attest to the unprecedented access he had to his subjects. Perhaps he was the first European to encounter many of the people he had photographed and studied. Through out the nineteenth and early twentieth centuries photography was largely considered a simple recording, truth revealing, mechanism. Photography played a major role in Salvage Ethnography of the period and much of Green's work can be located within this tradition. Heavily influenced by existing anthropological paradigm of race and evolutionism many of his images are of the homogenizing and dehumanizing 'physical type'. "This is evident from large number of images in which body functions as an object of study. His photograph of two Naga men is one the more extreme examples of this position (No. 0625). Two men are posed in naked and are shown in full length... it nevertheless reduces its human subjects to mere physical specimen...the men's facial expressions attest to their distress at the time they were photographed. They

are pictured without clothing. The subjects are located in 'nature', employing none of the signs such as material artifacts or built environments, typically used to provide information about cultural context. Rather, it is absence of clothing that here serves as cultural marker, for Nagas were stereotyped as 'lazy', preferring to go naked than weave cloth... We learn virtually nothing of the conditions of their lives from this photograph, rather it is informative of the photographer's intentions and ideology and unequal power relation that enabled Green to create it" (pp. 43-45).

For David Odo, Green's photography suffers from two qualities: dehumanising physical types and images of exceptional intimacy and sympathy. Through these photographs of physical typing not only could the subjects of dying races be studied, but they could also be preserved. For him authority also provided a way to salvage the subjects' culture, which was highly paternalistic. Green did not work within Malinowskian model: rather he favoured close-ups and portraits, posed his subjects and tended to eliminate context from his images. By 1920s, the view that photography afforded an objective window to reality that had largely been discredited. These changes contributed to a decline in the anthropological use of photography, as new anthropology was interested in culture, now constructed, and not as visible.

Mandy Sadan's two chapters on 'Contemporary Context' and 'Documentary Record of Contact' raise the issue of the relevance of colonial anthropology to ethnic groups and nationalities on the one hand, and negotiating a relationship with the animistic heritage by contemporary Christian nationalities such as Kachin, Naga and Mizo on the other. She began her research on a selection of Green's archives in Rangoon in 1996. Kachin State emerged as a political entity after the Burmese independence in 1948 and Kachin identity is itself largely political in origin. However, it was the British who initiated the process in 1895 through the Kachin Hill Regulation, an Act labeling hill tribal villages as 'Kachin' for the use of administration. It is also a fact that Kachin soldiers were mainly

drawn from Jingphaw (Singpho) community besides Lisus and others. In this way, the term 'Kachin' was artificially created, like the word 'Nagas' some two decades before that and an ethno-political composition of six parts such as Jingphaw, Lisu, Maru, Nung-Rawang, Zaiwa and Lacid was imposed on northern Burma.

The world of Green's photographs, taken 75 years back, is not only difficult, but also discomfiting and contemporary Christian Kachin nationalists would like to dissociate themselves from their animist past. For many Kachin Christians, their animist cultural context displayed through these photographs can be immensely disturbing. The Kachin theologians frequently cite the oppressive burden of animist rituals as the main reason for their rapid conversion to the Christianity. Against the Burmese attempt to make Buddhism the official State religion, Christianity was drafted as the symbol of Kachin nationalist resistance against the Rangoon regime. Kachin missionaries emphasised on the superiority of Christianity to animism. However, there is a deep-rooted insecurity about how the animist relates to the Christian present and whether such photographs should ever be considered more than simply a record of a degenerate culture. To advance the worth of Green's photographs exposes danger of undermining the foundations of unity expressed through the symbol of Christian faith. Modern Kachin nationalist discourse demands a level of 'standardization' of ethno-cultural uniformity and a level of quality in cultural practices and symbols free from potential ridicule from others. Odo rightly identifies ambivalent interpretations of Green's photographs of the animist past and its role for future (p. 61).

The commonest social and economic opportunities that existed for ambitious Kachin youth in recent years were to enter theological college to train as pastors or priests or to enter K (aching) I (ndependent) A (rmy) as officers. For these young and articulate leaders Kachin identity is a current obsession. In this context, Green's archive seems to offer little towards enabling evidence to them. There are very few Kachins who still believe in animism and

still fewer who practise it. Choosing this as an area of study is to illuminate a world that no longer exists, and few mourn its disappearance. It can also be a potential bone of contention between the past and the present. Green's collection presents a heritage, which is difficult to disown and embarrassing to own up by the contemporary Kachin people.

Green chose to remain a career soldier in preference to a career in anthropology. Green's work in Kachin hills was mainly oriented to military related survey or recruitment or to provide slave-release campaign of the civil administration. The British identified the pre-eminent Kachin socio-political structure as prop to their need in the form of Jingphaw hereditary chiefs - *Duwa*. However, it was not always clear whom to delegate local power as the *Duwa*, because of conflicting over-lap of institution of hereditary chiefs and hereditary headmen. The case of *Duwa Htingna Khuma* (p. 74) is an illustration. The British administration would opt for the enhancement of powers of those chiefs and headmen, who could demonstrate willingness to be co-operative. The District Commissioner would stand as *Duwa Kaba* (great /big chief) to the then Kachin power structure with Union Jack flying atop. Was it not reminiscent of the Red Indians terming the President of USA as the big father/ chief? Here also the administration gets embroiled in the chiefs' demands for communal dues from the Christian villages for animistic festivals as it happened in the Naga Hills District.

Impact of slave-release should have been one the most rewarding exercises for historians and anthropologists with a view to understand the modern Kachin social formations. But for obvious reasons, it is one of the most impenetrable areas of study (p.85) Green's photographs may be seen as one of the personal response to the British encounter to the Kachin primitive world. It was the pattern of Kachin relation building that enabled Green to be intimate and sympathetic to the people. As a result, he developed a uniquely rich heritage of records that is still relevant for a proper understanding

of the lives and vanishing world of the northern Burmese frontiers. A similar situation may be noted from Kachin's western neighbouring Naga Hills, where one finds M/S J H Hutton, J P Mills, Charles Pawse, and Furer Haimendorf empathising with the Naga cause. Green's collection presents a highly romanticising image of tribal life from a distant frontier in to a typical Kipilinsque style of paternalistic approach to simple societies. Inadvertently, the Empire through its omission and commission laid the foundation of nationality formation among the distinct ethnic groups such as Kachins, Nagas and Mizos. In the final analysis, Green clicked his camera for the cause of the Empire, but inadvertently, he contributed to the preservation of the Kachin heritage and priceless source of data for the 'science of man'.

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Temsula Ao, *The Ao-Naga Oral Tradition*, Bhasha Publications, Baroda, 2003, 185 pp, Rs 125/-.

Temsula Ao's study is an attempt to understand the culture of the Ao tribe of Nagaland in North-East India through their oral tradition. The book is divided into eight chapters. Chapter 1 introduces the Ao civilization as oral tradition, textiles and artefacts. Chapter 2 discusses the indigenous Ao society. In Chapter 3 the "authentic" Ao belief system is presented. Chapter 4 forms the main part of the book and presents some Ao myths and tales. In Chapter 5 a large number of tales are given under various headings such as "Transformation tales", "Some animal tales", "Some tales of the Supernatural", "Some other tales", and "Some heroine-oriented tales". Chapter 6 provides some linguistic details on the

Ao language and a few paragraphs on Ao time reckoning, numbers and weights and measures. In the concluding chapter (Chapter 7) a few words are devoted to changes in contemporary Ao society.

The study is based on the author's personal knowledge and experience as an Ao, her frequent field trips to the Ao area and a writing-up phase at the University of Minnesota. It is a thorough and serious study of oral tradition of a small scale but dynamic culture. The book has an important documentary value as it gives a large number of Ao narratives. Being an Ao herself and a Professor of English at NEHU, the author deserves all praise for her sincere effort to gain insight into her own culture. Not being trained as an anthropologist the result of her work is a well-written historical document for which the Aos have to be grateful. It will be of interest to all those interested in Ao culture as well as to linguists and anthropologists.

My perspective in reviewing this work is that of an anthropologist. For me the importance of this work lies in bringing together cultural data and narratives of the Ao tribe by a native speaker. The collection of texts shows a high degree of variation, often subtle, which makes oral tradition so rich, so beautiful, and so relevant for both modern Aos with an interest in their own culture and contemporary anthropologists. The study is a rich source of data, but its analytical framework is weak. For example, the data on society, civilisation and belief system are presented without a connection with those of the stories. The structure of the book, by and large, follows that of the early scholar-administrators such as Hutton and Mills. A truly integrated analysis would have helped in mapping out the original Ao mentality.

In her attempt to grasp the totality of the Ao culture and to make it understandable to contemporary readership, the author imposes two sets of classifications on the data that seems to me arbitrary. The oral tradition is divided into Primary, Secondary and Tertiary. This division presented in the first chapter does not serve

any purpose, not even in the rest of this book. Another division relates to worship and sacrifice. These are classified as “regular” and “irregular”. This division also does not add to our understanding. The intention might have been to demonstrate historical developments or the dynamics of the Ao culture. On page 29 Ao society is called ‘loosely’ democratic in its structure. This is, however, contradicted by the description of the Village Council (*Putu Menden*) as being a legislative, executive and judiciary power all in one institution (p.34) as well as by the existence of patrons and slaves (p.59). The “highly egalitarian society” (p.29) is thus not so egalitarian having slaves and a strict hierarchy of three high and many lower ranking clans.

While a beginning of an integrated approach to culture and narratives is made on page 15ff about names and narratives, such an approach is missing in the presentation of all other myths, legends and tales. In most cases the author’s comments do not go beyond a kind of functionalistic comment: the myth is told to justify a particular practice or custom (for example on pages 54 and 56). This is rather surprising for the Select Bibliography mentions the works of Claude Levi-Strauss, Brenda Beck, Stuart Blackburn and A.K. Ramanujan who all have analysed oral traditions with a structural rather than a functional approach.

This is a pity for the author shows great sensitivity while commenting on some myths. Commenting on the belief system, for example, she remarks, “their belief about tiger-souls is more akin to the concept of a person having more than one soul” (p.66). Indeed, the Ao concept of personhood needs to be studied on the basis of their narratives. The Ao view on another important cultural aspect – mortality – lies between the lines of the narratives entitled “A girl who was Loved by a Tree-Spirit” (p.122) and “Revenge for a Father’s Death”(p.135).

This book lies at the junction of two traditions. The old tradition of scholar-administrators is followed in its structure and

descriptive nature. At the same time it falls under a recent tradition of anthropological activities by other than anthropologists. The author frankly states in the Acknowledgement (p.iii) that she is "yet only a tentative amateur". As such she displays an emotional involvement. Striving for objectivity she leans on her training and experience in literary criticism. The lack of anthropological knowledge, for instance, appears in the use of the term patriarchal instead of patrilineal; distinguishing clans as major and minor is not incorrect, but it is a more common anthropological convention to describe their ranking in terms of high/low social and/or ritual status; the observation that the family is the first social unit in any culture (p.43); the absence of information on dates and methods of data collection and the years in which the field trips were undertaken.

Notwithstanding these critical comments, I wish to recommend this book to all anthropologists. I sincerely hope that Professor Temsula Ao will continue her journeys into Ao culture while making them anthropologically stronger so that her desire to "understand the intricate interweaving of the oral tradition with the culture" can be truly fulfilled.

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