

PSYCHOLOGICAL IMPACT OF CONFLICT ON TRIBAL GIRL IN NORTH EAST INDIA AND ITS INTERVENTION

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Abstract: Conflict has been occurring since the forty years for Bodo tribal peoples in Assam, directly or indirectly involved into it, is called social movements, community violence and community cleansing. During conflict, violence against girls in Assam is a widespread but hidden phenomenon because girls are in afraid to disclose their experiences for various reasons. There is clear evidence that women suffer severe forms of abuse during, and often after, armed conflict (Moser and Clark 2001). Sexual violence occurs frequently in all phases of armed conflict and may be carried out by armed forces, military groups, or civilians. Girls become the systematic targets of sexual violence while directly or indirectly rape and sexual assault are used as weapons of conflict. The adverse effect of conflict hits girls harder than it does male counterparts. Frequent violence may lead to feelings of insecurity, deprivation, anomie, alienation, mental disorder and loosening of social bonds, social disorganization, disintegration, of interpersonal and initial relationship. Psychological impact on tribal girl in North East India emerges up some more aspects rather than the type given by author Byrd McDaniel i.e., fear, feeling of insecure, distrust, depress, anxiety and anger. Certain approaches for intervention can help to reduce this problem. The mixture method of qualitative and quantitative approaches was practiced using non-probability accidental sampling while author visited several times to relief camps. The author expects this particular 'study on Tribal girls and women with reference to Bodo Community' will throw light into the psychological problems to solve and will be a piece of helping instrument of policy and plan makers.

Keywords: Conflict, Intervention, Psychological impact, Tribal girls, Violence

Introduction: According to the *American Heritage Dictionary* 'psychological' denotes 'arising from the mind or emotions or influencing or intended to influence the mind or emotions'. Psychological impact means affecting of the thoughts, emotion or feelings that arises by a person. This affecting of the feelings and emotion may occur when a person face conflict and violence. "Endemic violence may lead to feelings of insecurity, deprivation, anomie, alienation, mental disorder and loosening of social bonds, social disorganization, disintegration, of interpersonal and initial relationship etc." (Shuseela Vhan, 1999). The mind of individual is influenced by the anxiety, stress or tension that is having link or is the outcome of conflict in positive or negative; extreme or mild. Psychological impact is bound to reflect itself on one's own personality as well as on one's behavior and attitudes, vis-à-vis others. But the impact itself may vary depending not only on the personality structure and the character orientation of the person concerned but also on the level of his cognitive growth and development, the activities, schooling, and the daily living style. The psychologically impacted people could be comprehended with their emotional states in conjunction with other conditions. This psychological condition may include feelings of 'emotional insecurity', anger, apprehension about future, distrust, tension in living with other groups, anxiety, alienation, revenge, aggression, shock, indifference, depression, frustration, nightmares and sleeplessness. And also it may be known through the inter-personal relationships with friends, classmate, teachers and neighbors.

The psychological impact in this article means the affect that has been emerged from conflicts. The psychological

impact on Bodo tribal girl in North East India may cover some more aspects rather than that the type given by author Byrd McDaniel i.e., Post Traumatic Stress Disorder, Feeling of Revenge, Psychological collapse and Feeling of listlessness. These four type of psychological impact, as per written by Byrd McDaniel, is generally not enough considered to the level of psychological impact on tribal girl in North-East India since it (Byrd McDaniel's) signifies only the extreme situation of victim. In this paper the author would like to explain more aspects of psychological impact which are not extreme but easily faced by tribal girl in North East India with reference to Bodo community. The features of the impact may extend into Socio-economic life (economic activities, education, occupation, political system, mental illness), Behavior (personality, trust, revenge, depression and anxiety, eating/drinking, feelings and thoughts) and Socio-cultural (family environment, home activity, daily living style, etc.). Some recent overflowed aspects of psychological impact on tribal girl are seen during Tribal-non tribal, Tribal-Immigrant conflicts, and not to say the militant related conflicts which influence on tribal girl of North-East India.

Background of psychological impact of conflict on women and girls: Modern conflict has had a devastating effect on the lives and dignity of women and girls, as well as on the health and educational services that are essential to family and community survival. Along with reproductive health complications, the adverse effects of conflict hit women and girls harder than it does their male counterparts, since deliberate gender-based violence and discrimination are rampant in these settings. Essential services such as basic health care, including reproductive health care and counseling,

are often disrupted or become inaccessible during conflict situations. This compounds health risks for all affected populations, at times when public health needs soar. Women and girls become the individual and systematic targets of sexual violence, specifically when rape and sexual assault are used as weapons of conflict directly or indirectly. Conflict increases the rate of new infections across affected populations, but women and girls are significantly more likely to become infected than men and boys. A recent post conflict study in *Africa* found that the HIV- infection rate of adolescent girls was four times that of adolescent boys. Rape, high-risk behaviors, the inability to negotiate safe sex, and sexual exploitation are risks that have disproportionately impacted women and girls. In ideal, adolescence is a challenging time of life. When conflict erupts, the risks associated with adolescence increase for boys, but multiply for girls. Trauma and lack of social support and services are especially harmful to young people and may have lasting effects on their physical and mental health. When social structures break down in the face of conflict and instability, young adults frequently engage in high-risk drug use or sexual behavior. Personnel and military forces openly or secretly demand for the commercial sex trade has serious ramifications for the entire community, particularly through the presence of sexual, physical and economic exploitation.

Violence against women in Assam during conflicts is a widespread but hidden phenomenon. It is impossible to know whether this is the case, since there is no reliable pre-conflict information about violence. It is likely that the number of victims who are emboldened to seek help and shelter as well as increased discussion about violence gives the impression of a growing problem. It is known that numerous women were raped, but it has been difficult to provide concrete evidence of what really happened. It is hidden phenomenon within the boundary of women and girls' mind. Women are afraid to disclose their experiences for various reasons. They suffer from intense feelings of shame and fear of being shunned by their families. The tribal women and girls of Assam suffer from psychological related problems which are beyond *Byrd McDaniel's* type, mentioned above paragraph. Many personal stories involving rape cases are existed, so, among the tribal women in Assam frequency of psychological problems is elevating.

There is clear evidence that women suffer severe forms of abuse during, and often after, armed conflict. An example of sexual violence, four girls were forced inside the *Yankeli Baptist Church* by the commanding officer and his subordinates; there the girls were interrogated, tortured and raped by the army personnel, girls were all under 18 years of age, and *Miss Rose* of *Ngaprum* village, *Ukhrul*, committed suicide the day after she was raped by two army officers. (Case studies from Nagaland and Tripura, *National Commission for women*, *New Delhi*, 2005). No doubt, these forms of violence during or after the conflicts emerge the psychological related problems among women. In

Mozambique and *Rwanda* mass rape was used as an instrument of war; women were abused both by their rapists and by their husbands, families, and communities who afterwards rejected them (*Turshen* 2001). Sexual violence occurs frequently in all phases of armed conflict and may be carried out by armed forces, military groups, or civilians. Here are three further examples: The rape of Somali women in refugee camps in Kenya while they were gathering firewood (*Diaz* 2001). *Refugee* women were forced to exchange sex in return for being allowed to cross a border into South Africa (*Dodson* 1998). The abduction of girls in northern *Uganda* by the Lord's Resistance Army, the girls was forced to work as domestic and sex slaves (*Waliggo* 1999). The sexual violence against girls and women may result in pregnancy. Children born of forced maternity are more likely to suffer infanticide, stigma, neglect, and discrimination, and their mothers may be rejected and ostracized by their communities (*Carpenter* 2000). Domestic violence affects women during peace and war, but may be increased in situations of general poverty, disempowerment, and frustration, which frequently occur following displacement (*Kumar* 2001). Unequal access to essential services and goods, such as food, water, shelter, and health care, is a problem faced by many displaced women. Female-headed households may encounter discrimination when access to services and goods is controlled by men. Decisions about food distribution in refugee camps, for example, are often made by international organizations in consultation with male leaders who may have little understanding of the needs and circumstances of the women who prepare the food (*Forbes* 1992). Women may find it difficult to access general or reproductive health care in situations of armed conflict: services (e.g., gynaecological services) may be absent, inappropriate (e.g., only male medical staff is available where this is culturally or religiously unacceptable), or inadequate. Widowhood is one of the consequences that many women face in situations of armed conflict. Widowhood frequently changes the social and economic roles of women in the household and community. While the impact varies widely between communities and societies, widows may struggle to gain access to basic goods and services, may have their rights to inheritance and land challenged, and may be relegated to a position of lesser social status in their community. In some communities, widows may not be allowed to keep their children or may have to care for dependants in the deceased husband's family. So, *Lindsey* (2001) pointed out that many women have organized themselves into groups to fight for their recognition and rights. Other issues affecting women are lack of freedom of movement due to harassment and attack; access to education and training for girls and young women; and the challenges of becoming involved in income-generating activities (*Diaz* 2001).

Aspects of psychological impact on women and girls

in Assam violence: In North East India many conflicts have been taking place since the twenty years past. Most of the tribal communities in Assam are directly or indirectly involved into the conflicts within tribal and non-tribal community that may be called social movements, community violence and cleansing community etc. For example, there was a conflict in Assam on 8th August 2012, 77 people died and over 4,00,000 people took shelter in 279 relief camps in Kokrajhar, Chirang and Dubri districts of state, displaced from 400 villages. Author wants to show some important areas of psychological related problems that can be considered as 'psychological impact', emerged among the women and girls after the conflicts, are as follow. **Stress:** It means pressure, mental or emotional strain; affects the mind, body, and behavior in many ways, and everyone experiences stress differently. The factors of stress base on loss of property, relatives, friends and the loved one in conflicts. This is mostly related to the psychological feelings among the women and girls in North-east India. Both physically and mentally weak were depicted from the explanation of Mainao, age 29, who was resident of a relief camp at *Helena Nursing Center in Kokrajhar*.

Feeling of Revenge: The topic 'feeling of revenge' is very interesting to discuss, almost human being have existed in it. Conflict may let to grow bitter experiences that make community sentiment among women and girls. It may lead them to think of taking revenge against other communities. For example *Santhal* and *Bodo* conflict occurred when the dead bodies of three *Bodo* girls' were found at a forest which situated in *Shantal* Community dominated area in *Kokrajhar*. It's only the women or girls who are victim of rape or molestation though it may be the effects of conflict or solution. Women and girls are always insecure in every place. When they are raped or molest they feel of taking revenge openly and insult in a public place but many women or girls are scared that they might not be accepted by the society normally and the girls are scared that no one might marry them, what their friends and society would treat them. Still in this modern age some women or girls take revenge by different ways- murder, police case, insult etc. The feeling of revenge does not come only in case of rape or molestation but also in different reasons – insult, scold, conflict, torture, fraud, failure, accident etc. Ninety five percent of pre-tested respondents support in revenge out of 100%. The feeling of revenge is a psychological impact which may create another ethnic conflict again. Sometimes feeling of revenge lead to end up their lives by committing suicide if they become helpless to take revenge and that incident is unforgettable.

Emotional Insecurity: Among women and girls in conflict affected area, impact demonstrates constant anger, low self-confidence, feeling vulnerable and over dependency are symptoms of emotional insecurity. It develops compensatory behaviors such

as arrogance, aggression, or bullying, in some cases. *Abraham Maslow* describes an insecure person as a person who "perceives the world as a threatening jungle and most human beings as dangerous and selfish; feels rejected and isolated person, anxious and hostile; is generally pessimistic and unhappy; shows signs of tension and conflict, tends to turn inward; is troubled by guilt-feelings, has one on another disturbance of self-esteem; tends to be neurotic; and is generally selfish and egocentric." (*Maslow, 1942, pp 35*). Conversations with them reveal that they feel insecure, lack of confidence in their own value, and no more of their capabilities, lack of trust in themselves or others, or have fears that the present positive state is temporary, and will let them down and cause them loss or distress by "going wrong" in the future.

Aggression: Such a form of psychological extortion - an attempt to force reality to produce the desired feedback, even by acting out in bullying by individuals and groups in various social contexts. Aggression occurs mainly when someone disagree your opinion or someone is against you. The author could observe such behaviors among the women and girls which are related to the experience of the conflicts while he visited to several relief camps at *Henena Nursing Center, Hati Mata, Cultural Complex, Madan Dubi, Malundubi, Naigaon, Maider Koro, Titaguri M.E. and High School in Kokrajhar*. He has observed that the aggressive is to do something against the culprits for which they had to stay and spend sleepless nights in the relief camps.

Depression and frustration: Besides first and second person the concentration and attention of individuals toward the daily activity become irregular or postpone. The pressure of influence may depend how much the injured person is closed to individuals, sometime that may be loved one or relative, due to this there will be in great pain of depress or frustration of feeling and thinking what to do? When a person gives up hope of achieving what she was dreaming of become frustrated. It happens when she fails after trying many times but goes in vain. *Sukhushree*, age 30 a resident of relief camp said, "I have no more hope since the helping of government never reach to our need." Because they can't still take place at their own land, further their all flock of animal were seized. Typically, people with depression find it hard to go about their day-to-day activities, and may also feel that life is not worth living.

Trust: Trust is the biggest thing to build up and continue a relation. Trust let us to form healthy relation and depend with one another i.e., for love, for advice, for help with our plumbing, but as trust also risk, it breaks the relationship, brings hate, hostile, phobia. It's being observed that most of the trust is broken. For example, *Udang(21)*, resident of relief camp at *Hatimata* said, "I don't trust the people of this community." She discussed with author for long hour duration, the practice of some anti social activity was explained. Such, girl of communities have been exhausting their trust since there were conflicts. If that community genuinely wants

to help them it would be quite difficult to trust them though it's easy to bring trust amongst women and girls especially from a tribal community.

Feelings and thoughts: Feelings and thoughts along ethnic lines among the women and girls could be considered as an area of psychological impact since this can be observed among the women and girls of conflicts. To know exact one's feelings and thoughts are very difficult to be known and predicted unless it's being expressed. And no one can stop someone's feelings and thought of course it can be changed to some extent by counseling and motivating. To cite an example, the researcher asked a girl, "Why did you not join the job?" She answered the researcher that the place where she worked was dominated by another community. Such considerations are increasingly visible now. She had a feeling that she might not be treated equally with other community's staff.

Personality and attitude: Several negative attitude and weak personality rather than positive forms were observed at relief camps in Kokrajhar. They are in suspicious, unable to express due to confusion and doubt. Most of them are not willing to express their hopes i.e., "I don't want to study anymore. Our land has been occupied by other foreigner." The attitude, which consists of three components i.e., affective- feeling, cognitive-beliefs, and behavior-predisposition to act, of women and girls are impact due to the conflicts. The women and girls involved into the conflict in the name of rescuer, warrior or helper to the victims, they are impact through feeling, beliefs and it leads to their actions.

Psychological interventions for conflict-affected women and girls: The UN report on the promotion and protection of the rights of women and girls (Machel, 1996) made an important contribution to this recognition by pointing out the psychosocial and social needs of women. Commonly, there are two common approaches (Brechtje Kalksma-Van Lith, 2007) to psychological interventions with regard to youth in conflict-affected areas have emerged. At one end of the spectrum we find interventions from a curative point of view, aimed at psychological treatment of conflict-affected youth. The approach is strongly trauma oriented; helping youth to deal with the stressful experiences they survived. At the other end, we find an approach that is more preventative in nature. Both of these are explained below.

a. The curative approach: The curative approach is highly focusing on the effects and symptoms of disproportionate stress situations on youth. Response from a curative angle is based on psychotherapeutic approaches related to Western mental health concepts (Lowry in: Barenbaum, Ruchkin & Schwab Stone, 2004) such as post traumatic stress disorder (PTSD) (Allwood, Bell-Dolan & Husain, 2002), which single out individual or small groups of youth and focus on confrontation of experience to help them deal with mental and social disorders as a result of conflict. This approach generally

implies the involvement of mental health specialists, such as psychiatrists, psychologists and creative therapists. As curative programmes focus on mental health, they include a variety of methods such as: psychotherapy, individual and small group counseling, and creative therapy (Fazel & Stein, 2002). The approach is treatment oriented; it usually aims towards capacitating local (mental health) service providers to deliver therapy to trauma affected youth. Curative programmes, when they are part of an emergency and rehabilitation programme often have a clearly demarcated ending, although the 'long-term' nature of these interventions is sometimes difficult to match within a concise time frame.

b. The developmental approach: This developmental approach towards psychological intervention sees people as part of a wider social fabric of relationships and structures. There is a constant interplay and exchange between the youth's internal, psychological development and its external, social environment. This approach does not focus on the symptoms and disorders of youth, but on their ways of coping with stress situations, and the after-effects of trauma. The most important concepts of this approach are resources and protective factors. The resources that may help a youth to deal with trauma and crises are dependent on culture and local context, as well as individual circumstances. Protective factors are factors that shield youth from the worst effects of stress, such as a stable emotional relationship with a parent or caregiver, social support within and beyond the family, an emotionally positive, open, guiding and norm oriented educational climate, cognitive competence, and a positive sense of self-esteem (Tolfree, 1996). Programmatic response is geared towards promoting coping skills, and to restoration of normal life. Family and community relations are regarded as key factors that enhance youth's coping potential (Summeffeld, 1999; Stichick Betancourt, 2001; Loughry & Eyber 2003). The developmental approach is inspired by research on the psychosocial functioning of youth in crisis situations. For example, research in Colombia shows that social support and family cohesion reduced the risk of psychopathology, or distress, in coping with severe violence against family members (Stichick Betancourt, 2004). A literature study to review stress reactions among children and adolescent refugees revealed that reactions to stress might be mediated by coping strategies, belief systems and social relations (Lustig, Kia-Keating, Knight, Geltman, Ellis, Kinzie, Keane, & Saxe, 2003). In general, social support and parental wellbeing were identified as key protective factors. Tibetan refugee children indicated that factors such as religious belief, solidarity and active community involvement helped them to cope with stress related symptoms. Boothby's studies of Palestinian children (Arafat & Boothby, 2003) shows that youth are able to clearly identify strengths, coping mechanisms and resiliency that they and their families possess. Stichick Betancourt (2004) conducted a study into the role of

social support and connection with family, peers and the larger community, as protective factors against internalizing mental health problems of adolescents displaced by the war in *Chechnya*. His study shows that family, peer and community connection has a positive influence on the mental health and adjustment of war-affected youth, hence being effective protective factors in reducing the chances of internalizing stress. Developmental approach usually include restoring a sense of normalcy by offering youth opportunities to participate in community-based recreational, cultural, sport and other non-formal activities i.e., guidance for parents in the form of material and psychosocial support, strengthening the role of schools as multifunctional centers, normalizing and restoring stable living conditions, e.g. rehabilitation of schools, community rites, helping groups of youth deal with specific situations through various methods and focusing on youth's social environment with supporting and informing parents and teachers. Developmental programmes are future oriented, aiming at structural strengthening of youth's psychosocial wellbeing.

World Health Organization puts some important points that can be applied for Psychological impacted youth, are as following:

- Create opportunities for youth to talk and share experiences in supportive groups. This is often done best in familiar surroundings such as religious places, schools or community centers.
- Provide accurate and practical information especially concerning the larger recovery efforts. Special attention to the needs of relief applicants is necessary as relating to the rules and regulations of the relief organizations during the crisis can be overwhelming.
- Give particular consideration to needs of special groups such as youth, those who have been most intensely exposed or had a history of previous events (exposure to trauma), rescue workers and people with pre existing mental health condition.
- Youth will need the support of their care givers. This support should reflect accurate concerns, and diminish any words or actions that would increase the child or youth's anxiety. Caregivers should offer reassurance as to their presence and availability during this time.
- A percentage of people, as high as 30%, who experience the most direct exposure to the events may go on to develop more serious mental health concerns and should be referred for service if they develop persistent issues. (*WHO, Geneva, October 2001*)

Additionally followings important points are psychological care programme described by NIMHANS (2012):

- ❖ Psychological care is an integral part of the overall care. The effort is to move the agenda from deviancy to normalcy and give to labels to people or stigma to the affected people. There is an effort not to talk of 'mental cases' and 'people going mad' which give derogatory connotation to an essentially normal reaction to an abnormal experience.
- ❖ Relief rehabilitation and reconstruction need to take place as rapidly as possible, and with the greatest degree of transparency and community involvement. They can make about sharing, choosing positive lifestyles, and utilizing community support and people's faith in religion to help them in recovery.
- ❖ All community level workers engage in relief, rehabilitation and reconstruction to receive skills for essentials of psychosocial care (ventilation, empathy, active listening, social support, externalization of interests, recreation and relaxation and spirituality) as part of the overall rebuilding process.
- ❖ The needs of youth to be addressed through training the school teachers in psychosocial care, using storytelling, games, drawing and group activities.
- ❖ Support by medical health professionals for preparation of educational materials, for training the community level workers and give specialized care to those needing more intensive care.
- ❖ The administrators to recognize this need and integrate psychosocial care as part of the overall care programmes.

In day to day life we have seen and read in news papers that a girl infant is found in a dustbin, a woman is killed by her in-laws for dowry, a woman or a girl has committed suicide for being cheated, a girl is being raped and killed, a girl is sold for marriage, a girl is forced to go for prostitution, a group of ladies have become the victims of human trafficking. This type of news has created insecure feeling among the women and girls which made them depress and frustration. Conflict is seen almost everywhere in the world though human being knows its roots and causes. "Conflicts have far more negative than positive impacts on all aspects of life in the community. Very seldom does the threat of conflict lead to positive effects." (Louis Mosake Njomo, 2006). It is not new that conflict brings war. The responsibility for the protection of the women and girl's rights is not only of the government but every individual has the responsibility to protect them. Awareness and motivational session should be given to them by the society, organizations, institutions, schools, government bodies and NGOs. This will help them in recovering their feelings of revenge, depress frustration and develop personality, make positive attitude and trust again.

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