

Factors Responsible for the Current Contraception of Khasia Ethnic Women of Sylhet District, Bangladesh

S.Akter¹, M.S. Mazumder¹, N.Pal¹, M. Alam¹ and M.A. Khatun²

¹Department of Agricultural Statistics, Sylhet Agricultural University, Bangladesh

²Department of Agricultural Statistics, Bangladesh Agricultural University, Bangladesh

Abstract: The explicit traits of the ethnic communities are very much cast-back within their distinct ways of life. These palatable natures are seen in every sphere of their life whether in case of marriage age or even the contraceptive use from the mainstream Bengali women. Along with this norm, through Bi-variate analysis the chi-square test revealed two factors i.e., having children or not and the number of children were significantly associated with the contraceptive use. Among all the respondents, women who were bearing children (64%) used contraceptive and rest of this group (only 36%) did not use contraceptive. It is evident that the respondents with children used contraceptive more as they already have children but women with no children were totally reluctant about contraceptive use since they wanted to have baby. Respondents with more than two children used contraceptive to the fullest extent (83%) because they did not want to enlarge their family even more. A binary logistic regression model was employed to identify the influence of different demographic and socio-economic characteristics on contraceptive use. Among all the important independent variables only one independent variable "Number of Children" had significant effects on contraceptive use.

Key words: Khasia, Ethnic Community and Contraceptive use.

Date of Submission: 03-09-2017

Date of acceptance: 14-10-2017

I. Introduction

Introduction

Bangladesh is home not only to mainstream Bengali's but also to more than forty five indigenous groups mainly residing throughout the hilly forest areas of the country [1]. The total population of ethnic minorities in Bangladesh was estimated to be over 2 million in 2010 [2]. Each different indigenous group has distinct cultural practices which distinguishes one indigenous group from another and these distinct characteristics of the indigenous communities are reflected within their distinct way of life. Presently, indigenous people are congregated mainly in the districts of Rangpur, Dinajpur, Rajshahi, Mymensingh, Sylhet and the Chittagong Hill Tracts. The main ethnic groups in the plain lands of Sylhet are Khasia, Garo, Patro, Bishnupriya and Tripura, although ECDO's non-formal research has indicated that there are approximately 30 different indigenous communities living in Sylhet region. Among these groups, the Manipuri and the Khasia are the largest in population [3] Ethnic people specially the women all over the globe are living under a constant threat of violence, discrimination and violation of human rights. Bangladesh is no exception to this scenario, the attitude towards indigenous minorities, embodied and perpetuated by all levels of society from its constitution, administration and legal system to its dominant population and culture is consistently undermining the rights of the minority indigenous female. Women are considered to be the protectors of the clan, ancestral wealth, home, culture, tradition, and religious rites. Since the woman is the founder of clan, she is respected by every family member and household. A careful analysis of the institutional settings of the ethnics can provide explanations of the fertility differentials existing between them. As described, in each society the norms about these vital matters are consistent with social institutions in which they are deeply embedded [4] This study will contribute to filling the shortage of information about the responsible factors of contraception behavior of Khasia women as well the confronted socio-economic problems of them. Moreover, there is no research works still found on the selected issues in Bangladesh. It can be noteworthy that this type of social research are always lacking with remarkable statistical analysis. This study is trying to give an effort to the analytical discussion over the motif. A few studies have been conducted on indigenous issue in general. The number of studies particularly on Khasia community is very scarce. Most importantly, there is still minimal evidence that insignificant interest is paid by the past researchers on the socio-economic, demographic specially the contraceptive norms of Khasia women in Bangladesh. On this circumstance this study will definitely bring an outstanding result satisfying most of the determined objectives as it is really bearing interesting and undiscovered areas. The general objective of the

study is to ascertain significant socio-demographic factors influencing the current contraception behavior of Khasia women in Bangladesh. The specific objectives of the study are as follows:

- a) To investigate the significant socio-demographic factors associated with the contraceptive use of Khasia ethnic women.
- b) To determine the factors responsible for the contraceptive seeking behavior of Khasia women of Bangladesh;
- c) To draw a snapshot on the needs and problems of Khasia ethnic women;

II. Review Of Literature

2.1 Definition of the concept of 'indigenous peoples'

There is no universal and unambiguous definition of the concept of 'indigenous peoples', but there are a number of criteria by which indigenous peoples globally can be identified and from which each group can be characterized.

Martinéz Cobo's working definition

Martinéz Cobo's Report [5] to the UN Sub-Commission on the Prevention of Discrimination of Minorities identified indigenous peoples as follows: "Indigenous communities, peoples and nations are those which, having a historical continuity with pre-invasion and pre-colonial societies that developed on their territories, consider themselves distinct from other sectors of the societies now prevailing in those territories, or parts of them. They form at present non-dominant sectors of society and are determined to preserve, develop and transmit to future generations their ancestral territories, and their ethnic identity, as the basis of their continued existence as peoples, in accordance with their own cultural patterns, social institutions and legal systems."

Ethnicity and ethnic groups – an explanation of these terms

An 'ethnic group' has been defined as a group that regards itself or is regarded by others as a distinct community by virtue of certain characteristics that will help to distinguish the group from the surrounding community. Ethnicity is considered to be shared characteristics such as culture, language, religion, and traditions, which contribute to a person or group's identity [6].

Ethnicity has been described as residing in:

- The belief by members of a social group that they are culturally distinctive and different to outsiders;
- Their willingness to find symbolic markers of that difference (food habits, religion, forms of dress, language) and to emphasize their significance; and
- Their willingness to organize relationships with outsiders so that a kind of 'group boundary' is preserved and reproduced

This shows that ethnicity is not necessarily genetic. It also shows how someone might describe themselves by an ethnicity different to their birth identity if they reside for a considerable time in a different area and they decide to adopt the culture, symbols and relationships of their new community.

2.2 Review of Literature on the Khasia Community

It is said that the Khasia were earliest immigrant tribes who came from Myanmar, and settled down in the plains of east Assam. Earlier the Khasias had their own kingdom, until the British exercised control over them. The word "Khasia" find mention in the Shankradeva's 'Baghavata Purana', an Indo Aryan literature [7]. The Khasia matrilineal culture comes from the kur. Long Kur Na Kakynthei means woman produce clan. The clan is a pivotal issue among Khasia. Most of the cultural practices happen because of the clan. All children use their mother's clan as last name. A father's clan is inactive at the wife's residence. He keeps his mother's clan membership. All clans have their own legal system. All internal clan issues are overseen and monitored by the head of clan and elders [8]. There is an iing (natal house) for every clan. The natal house is the centre of all family rituals. It is a centre of gathering of all relatives. It is a house of solidarity. Religious rituals bring the relatives together under iing. All family members come and join religious functions such as hoktoy (religious ceremony) and funeral. They show loyalty, solidarity, and respect to their natal house [9]. After a mother's death, ancestral property is handed down to and controlled by the youngest daughter. Ancestral property cannot be disbursed to other siblings. After marriage, a sister to the youngest daughter can build a house and that can be considered as new iing for the second generation. It means that this newly built house will be the new natal house of their children. Every third generation can form a fully independent iing [10]. Women are considered to be the protectors of the clan, ancestral wealth, home, culture, tradition, and religious rites. A woman is not only the guardian of the family, but also of her clan. Her duty is to expand the clan through marriage. The status of Khasia woman is high in the society because of her inheritance and significant liberty in choosing a partner [11]. The reproduction of human beings is

formulated as a sexual and biological process. Biological relations have unique qualities; they create and constitute attachments, ties, and cohesive relations proportional to the biological closeness of the kin. These are natural ties inherent in the human condition, distinct from the social or cultural ties [12]. Shikder [13] explored from their research that the socio-cultural condition of the Khasia community of Bangladesh. Both primary and secondary data were used in conducting that study which found that the Khasia's descended to the Khasia hills and Jaintia hills from Cherapunji and Shilong regions. They migrated to Bangladesh from Assam where they came about five hundred years ago, presumably from Tibet, and now form one of the major matriarchal tribes in Bangladesh. Khasias are short people with flat noses and mouths, high jaws, and small and straightened black eyes. This matrilineal ethnic group resides mainly in 11 Upazillas of the greater Sylhet District in the Northeastern region of Bangladesh. Singha [14] explored how the Khasia retain their matrilineal culture and what factors play an important role in that. The study also touched on some of the key challenges the Khasia face in maintaining their matrilineal culture. Most Khasia live in ancestral forests, but most of their land is formally lease-based from the Government of Bangladesh. The migration of non-tribal populations into the Khasia areas threatens the Khasias culture, livelihoods and even existence as an ethnic minority in Bangladesh. The Khasia matrilineal system is a unique system that is rooted in rich culture and needs urgent protection by the State and development stakeholders. They also believe that women bring the destiny to their children. A woman is the mother of all of the Khasia. They believe that the Goddess has sent women to reproduce the clan and to preserve it. If a woman fails to fulfill her primary duties, such as reproduce and performing religious rituals, she will be considered a meaningless woman. In addition, she will be looked down by Khasia society. Exogamous clan system is strictly followed by the Khasia and that is why male can't get married within his own clan. If someone violates the rule, he is looked down upon by the society [15] and its consequences are painful for the individual. For to marry within the clan is treated as greatest sin and it may cause excommunication by his kin-folk and the refusal of funeral ceremonies at deaths and his bones would not be allowed to resting-place in the sepulcher of the clan. Polygamy and Polyandry does not exist among the Khasias but remarriage is acceptable in their custom. Although divorce is not uncommon among them, it happens at small scale due to different circumstances. According to the Khasia custom, nobody can enforce anybody for divorce. It is a mutual process where both parties must agree and if someone divorce spouse without spouse's consent, must pay compensation. Divorce is occasionally happens because either the husband or the wife usually do not agree to divorce. Side by side divorce is not allowed at the time of pregnancy [16]. Saikia [17] in their study established the fact that a high level of female autonomy does empower women in making decisions, especially decisions regarding reproduction and health, but it does not necessarily mean that these decisions will be anti-natalist. The higher level of female autonomy has allowed Khasia women to delay their marriage to the age of 21, but once they are married they do not want to delay the start of child bearing or to control the number of their births. According to Khasia traditional belief or thought, the intrinsic value of the family is considered not only in terms of possessions, wealth and well-being, but also in the numbers of children born and reared. The qualitative data from the focus group discussions and from in-depth interviews indicate that most Khasia women are still of the view that *"that every child that comes into the world, comes with two hands and a bag of rice"*. The symbol of 'two hands' offers a pragmatic and utilitarian image relating directly to its inherent ability to enhance production. This traditional view means that God the Creator will always provide, and that in a short time a child will cater not only for his/her own needs, but also for the needs of others around him or her. A majority of the Khasia women who participated in the focus-group discussion expressed their strong support of this particular belief. This tradition has encouraged Khasia women to produce children without much fear about the survival of the newborn. Family planning methods like vasectomy and tubectomy are considered anathema by the Khasia. This explains the very low use of permanent methods of family planning among the Khasia. Abortion is deemed equivalent to murder. One participant (a Khasia married woman of age 30 years) in that focus-group discussion mentioned - *"those, who for no great and weighty health reason indulge in abortion, will invite the fury, and curse of God"*. This is one of the major reasons why the incidence of induced abortion is negligible among the Khasia community.

III. Methodology

3.1 Selection of the study area

The present study was conducted in three selected Khasia punji named as Sangram punji, Nakhshiar punji and Lama punjis of Guwainghat upazilla of Sylhet district, Bangladesh purposively to achieve the objectives of the study and 31 ever-married 15-49 aged respondents of these punjis were selected randomly. The data were collected from the individual women through the direct interview method. For the present study, data were collected during the period from January to May 2016.

3.2 Groundwork on Survey Schedule and Pre-testing

A draft schedule was first devised and pre-test was conducted for collecting reliable information from the respondents of selected areas.

The final schedule included the following information:

- i. Identification of the respective respondents and her family composition
- ii. Educational qualification and occupation of the respondents
- iii. Information on monthly income and expenditure of the respondents
- iv. Respondent's information on her marriage age and after marriage life
- v. Respondent's information on contraceptive use
- vi. Respondent's faced problems and their suggested solutions.

3.3 Selection of Sample and Sampling Technique

A reasonable size of sample to achieve the objectives of the study was taken into account. It is known that there is higher concentration of Khasia community in Sylhet region. Keeping in mind this, among the four districts of Sylhet Division, Sylhet district was selected. In this district Gowainghat upazilla was selected purposively on accounts of availability of a large number of respondents; easy accessibility and good communication facilities; no study of this type is conducted previously and it is also economic to conduct survey in that place. From these Punjis 31 respondents were chosen randomly for the present study.

3.4 Data processing

Responses of the completed questionnaires were numerically coded and analyzed. In addition, figures and tables were also used to interpret the findings.

3.5 Analysis Plan and Procedure

Univariate Analysis

Univariate analysis is used to know the frequency distribution of the selected variables and to realize the nature of the sample data.

Bi-variate Analysis

In a Bi-variate analysis, the percentage is an advantageous first step for studying the relationship between two variables viz., dependent and independent variables. But this does not allow testing of that relationship. For this purpose, it is useful to consider various indices that measure the extent of association as well as statistical test of hypothesis that there is no association. Chi-square test of independence is performed to test the existence of interrelationship among the categories of two qualitative variables.

Cross tabulation & Chi-Square Test of Independence

A cross tabulation is a joint frequency distribution of cases based on two or more categorical variables. Displaying a distribution of cases by their values on two or more variables is known as contingency table analysis and is one of the more commonly used analytic methods in the social sciences. The joint frequency distribution can be analyzed with the chi-square statistic (χ^2) to determine whether the variables are statistically independent or if they are associated.

Binary logistic regression

Binary logistic regression estimates the probability that a characteristic is present (e.g. estimate probability of "success") given the values of explanatory variables, in this case a single categorical variable; $\pi = Pr(Y = 1|X = x)$.

Variables:

Let Y be a binary response variable

$Y_i = 1$ if the trait is present in observation (person, unit, etc.) i

$Y_i = 0$ if the trait is not present in observation i

$X = (X_1, X_2, \dots, X_k)$ be a set of explanatory variables which can be discrete, continuous, or a combination. x_i is the observed value of the explanatory variables for observation i .

Model:

$$\pi_i = \Pr(Y_i=1|X_i=x_i) = \frac{\exp(\beta_0 + \beta_1 x_i)}{1 + \exp(\beta_0 + \beta_1 x_i)}$$

or,

$$\text{logit}(\pi_i) = \log(\pi_i / (1 - \pi_i))$$

$$= \beta_0 + \beta_1 x_i$$

$$= \beta_0 + \beta_1 x_{i1} + \dots + \beta_k x_{ik}$$

The binary logistic regression was fitted and the odds ratio of occurring an event was calculated for different independent variables using SPSS (Statistical Package for Social Science) Windows version 20. Besides SPSS other well-known packages viz., Microsoft Word and Microsoft Excel were also used.

IV. Results And Discussion

Differentials of Demographic and Reproductive factors of Khasia Community

The association between the selected independent variables and contraceptive use has been tested through the chi-square test. Results of Chi-square tests between the selected important independent variables and the Khasia respondents' contraceptive use are shown in Table 4.1. The differential of impact of independent variables is explored by cross tabulating the important selected variables with contraceptive use. Results of Chi-square tests between the selected important independent variables and the Khasia respondents' contraceptive use are shown below: The result of the Bi-variate analysis (Table 4.1) revealed that having children or not and numbers of children were significantly associated with the use of contraceptive by the Khasia women. Among all the 31 respondents 28 respondents were having children and 18 (64.3%) of them used contraceptive and 10 respondents (35.7%) did not use contraceptive of this group. Rest (03) of the women did not bear any children yet. This group of people who did not bear any children was totally reluctant about using contraceptive because they hardly wanted baby thus unwilling to use contraceptives. About 08 respondents had two children, 06 (75%) of them used contraceptive and only 02 (25%) did not use contraceptive. The contraception seemed even higher among the women having more than two children. It indicates that the women belong to this category had utmost efforts to keep their family size small. This was evident by the findings that 83.3% respondents with more than two children had used contraceptive while only 16.7% did not use contraceptive. Likewise, the contraceptive use was less to the respondents having no children. Which shows that as the children number increases the propensity of contraceptive use increases.

Table 4.1: Differentials of Demographic and Reproductive factors of Khasia Community

Associated Factors	Contraceptive Use		Total	Chi-square value	p-Value
	No	Yes			
Respondent age					
Optimum fertile age (15-35 years)	10(40.0)	15(60.0)	25	0.199	0.656
Fertile age (36-49 years)	03(50.0)	03(50.0)	06		
Respondent Education					
Literate	09(45.0)	11 (55.0)	20		
Illiterate	04(36.4)	07 (63.6)	11	0.217	0.641
Education of husband					
Literate	09(40.9)	13 (59.1)	22		
Illiterate	04(44.4)	05 (55.6)	09	0.033	0.856
Age of husband					
Optimum fertile age (20-35 years)	09(39.1)	14 (60.9)	23	0.288	0.592
Less fertile age (37 through highest)	04(50.0)	04 (50.0)	08		
Have you any child?					
Yes	10(35.7)	18 (64.3)	28		
No	03 (100)	0 (0.00)	03	4.599	0.032
Number of children					
No children	03(100)	0 (0.0)	03		
One children	02(25.0)	06 (75.0)	08		
Two children	02(25.0)	06 (75.0)	08	11.835	0.008
More than two children	02(16.7)	10 (83.3)	12		
Family Type					
Nuclear	06(40.0)	09 (60.0)	15		
Joint/Extended	07(43.8)	09 (56.2)	16	0.045	0.833
Electronic Devices					
Mobile Phone	04(50.0)	04 (50.0)	08		
TV, Mobile	06(37.5)	10 (62.5)	16		
TV, Fridge, Mobile	03(50.0)	03(50.0)	06	1.225	0.747
TV, Fridge, Mobile, Laptop	0 (0.00)	01(100)	01		

Outcome pregnancy from the very first					
Live Birth	07(30.4)	16 (69.6)	23		
Still Birth	01(33.3)	02 (66.7)	03	5.485	0.140
Spontaneous Abortion	01 (100)	0 (0.00)	01		
Live and Still birth	02 (100)	0 (0.00)	02		
Age at first marriage					
Less than 25	10(40.0)	15 (60.0)	25		
25-less 36	02(40.0)	03 (60.0)	05	1.431	0.489
36 through highest	01 (100)	0 (0.00)	01		
Health facilities					
Yes	01 (100)	0 (0.00)	01		
No	12(40.0)	18 (60.0)	30	1.431	0.232

*p-values are based on Chi-square test. Within brackets add to row percentages

Determinants of Contraceptive Use for Khasia Community

Among the variables considered in logistic regression analysis, only the explanatory variable “number of children” had significant effect on the contraceptive use. Respondents having no children were 0.678 times significantly less likely to experience contraceptive use than the respondents having more than two children (Table 4.2). The respondents having one child were 0.475 times significantly less likely to experience contraceptive use than the respondents having more than two children (Table 4.2).

Table 4.2: Determinants of Contraceptive Use for Khasia Community

Multiple Logistic Regression Analysis					
Independent variables	Co-efficient (β)	p-value	Odds ratio	CI of Lower CI	Odds ratio Upper CI
Intercept	-0.192	0.876	0.913		
Number of children*					
More than two children [®]	---	---	---	---	---
No children	-3.720	0.022**	0.678	0.001	0.589
One children	-0.745	0.061*	0.475	0.025	8.947
Two children	2.720	0.822	0.789	0.501	6.589
Have you any child?					
No [®]	---	---	---	---	---
Yes	1.628	0.385	3.618	0.234	5.994
Age at first marriage					
36 through highest [®]	---	---	---	---	---
25-less 36	-0.955	0.456	0.599	0.028	1.174
Less than 25	0.473	0.784	1.605	0.054	47.55
Age of respondents					
36 through highest [®]	---	---	---	---	---
15-35	-1.959	0.482	0.141	0.001	33.33
Education of respondent					
Literate [®]	---	---	---	---	---
Illiterate	-1.796	0.225	0.166	0.009	3.029
Age of husband					
Else [®]	---	---	---	---	---
20-40	0.458	0.813	1.581	0.035	71.07
Education of husband					
Literate [®]	---	---	---	---	---
Illiterate	-0.173	0.891	0.841	0.070	10.091

Here, [®]denotes the reference category; * p< 0.10, and **p< 0.05 are the levels of significance.

V. Needs And Problems Of Khasia Women

Ahmed [18] found out, Khasia are the most vulnerable group of population in Bangladesh. Although they have great contribution in natural resource management of the country, the Khasia always have been discriminated, tortured and threatened both by the government initiatives and mainstream people. In the great liberation war many of the Khasia took part directly. But after independence any of the governments have taken any initiative which could develop the quality of life of this disadvantaged people, rather different policies and program routed out them from their ancestral land. Till now they have to pass every moment with insecurity, fear of discrimination and exploitation. They never equally treated in any development activities. Within their own country they are living as refugees with low status and opportunities. Like other indigenous groups in Bangladesh, they are in continuous struggle to establish their rights. In the Khasia community there also exist some other problems like education is very low among Khasia community where education of children rarely progresses past primary level as about 35 percent women had never been to school! There are no secondary schools located nearby. Language also creates a problem as many lessons are conducted in Bangla and not the mother language. Employment problems are prevalent throughout indigenous communities. These problems are a product of the isolation of their communities and an unwillingness to integrate into mainstream society. They are mainly involved with agricultural activities especially betel leaf cultivation, lack of diversification of employment was seen clearly. The communities lack official documents which certify ownership of their land and therefore have no legal support for their land. On the other hand remote locations of village means that medical facilities are far and very difficult to access. There are generally no people with formal medical training in the villages. Surprisingly, even a primary health care center was not available here; neither the government nor any NGOs are taking any initiatives to set up any hospitals or medical centers. Khasia women have to cross the river and then go to nearest poor servicing medical centers or travel to 68 kilometers to come Sylhet town for having their reproductive health services or other basic medical treatments. The respondents of this community told us that Mantri (local leader of Khasia community) did not actually take any fruitful initiatives to overcome the problems peoples faced.

VI. Conclusion

This study has discussed the findings of associated socio-demographic indicators with the norms of contraceptive use of Khasia ethnic women. Number of children influenced the contraceptive norms of Khasia women to the greatest extent. Different programs can be initiated which can provide basic education, basic health care facilities, capacity building opportunities, etc for the Khasias. Safety and security network may be established so that they can enjoy secured life and can practice their own culture and tradition without fear and discrimination. Road infrastructures, water supply and proper sanitation system might be developed as priority basis. Government and non-governmental organization can take effective initiatives collaboratively for the sound livelihood of this ethnic community along with proper reproductive health care facilities especially the rate of contraceptive use may be on prime concern. Finally, this study strongly emphasized the active roles of their representative leaders for the development of their reproductive norms along with their socio-economic conditions. As the member of the state the Khasia have the equal rights in every development initiatives which must be protected and ensured by the state.

References

- [1] Ahmed, M.F. and Singh, L. 2006 The State of Rural Khasia's in Bangladesh. Ethnic Community Development Organization: ECDO, Sanwar Mansion (1st Floor) Near Farhad Kha Pool, Shibgonj Sylhet, Bangladesh.
- [2] <http://www.minorityrights.org/?lid=5632>.
- [3] http://www.ecdo-bd.org/?page_id=830 viewed at 11.15 PM on 14.11.2016
- [4] Freedman, R. 1963. Norms for Family Size in Underdeveloped Areas, Proc. Royal Statistical Society 1963, 159, 220-234.
- [5] https://www.un.org/esa/socdev/unpfii/documents/MCS_intro_1981_en.pdf viewed at 5.00 PM on 26.09.2017
- [6] <http://www.intercultural.ie/content/ethnicity-and-ethnic-groups-%E2%80%93-explanation-these-terms> viewed at 5.30 PM on 26.09.2017
- [7] <http://www.ecoindia.com/tribes/Khasia.html> viewed at 10.30 AM on 15.11.2016
- [8] Gopalakrishnan, R. 1995. Meghalaya, Land and People. New Delhi, India: Omsons Publications
- [9] Chowdhury, J. N. 1996. The Khasis. Calcutta, India: Jeetraj Offset
- [10] Shadap, S., and Namita, C. 1981. The Origin and Early History of the Khasi-Synteng People. Calcutta, India: Firma KLM Private Limited.
- [11] Costa, T. and Dutta, A. 2007. The Khasis of Bangladesh: A Socio-economic Survey of the Khasi People (Dhaka, Bangladesh: Society for Environment and Human Development (SEHD)
- [12] https://schwarzemilch.files.wordpress.com/2009/02/013_schneider-d-kinship_.pdf
- [13] Shikdar, M. K., Biswas, A. K. and Mollick, R. 2013. The Socio-Economic Background of Khasia Ethnic Community of Bangladesh. IOSR Journal of Humanities and Social Science (IOSR-JHSS). www.iosrjournals.org.
- [14] Singha, R. 2014. Kinship and Marriage System among the Khasis of Bangladesh: A Study of Khasi Culture and Identity. Bangladesh Development Research Center (BDRC), 2508 Fowler Street Falls Church, VA 22046-2012, U.S.A.

- [15] Dutta, P.N. 1982. *Impact of the West on Khasi and Jaintias (A survey of political, economic and social change)*, Cosmo Publications, New Delhi, India.
- [16] Gurdon, P.R. 1996. *The Khasis*. India: New Delhi, Low Price Publication.
- [17] Saikia, U.S. Steele, R. and Dasvarma, G. 2001. *Culture, Religion and Reproductive Behaviour in Two Indigenous Communities of Northeastern India: A Discussion of Some Preliminary Findings*. IUSSP General Conference.
- [18] Ahmmed, M. 2005. *The Khasis in Bangladesh*. Ethnic Community Development Organization – *Journal of Ethnic Affairs* Volume I, No. 11, pp. 18-26.

S.Akter. "Factors Responsible for the Current Contraception of Khasia Ethnic Women of Sylhet District, Bangladesh." *IOSR Journal of Economics and Finance (IOSR-JEF)* , vol. 8, no. 5, 2017, pp. 24–31.