



Experience of Aging in Indigenous Communities: A Qualitative Study of the Ngäbe-Buglé Community in Coto Brus, Costa Rica

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BACKGROUND

Indigenous communities grapple with unique challenges in the aging process, often encountering amplified barriers to healthcare and resources, possibly due to their remote locations and distinct cultural backgrounds. Limited research exists on aging within Costa Rica’s Ngäbe-Buglé Indigenous community, particularly the La Casona community in Coto Brus. This study explores the aging experience of the Ngäbe-Buglé community in La Casona, aiming to identify challenges and potential resources to enhance the quality of life and aging experience for elderly community members.

METHODS

This qualitative study utilized semi-structured interviews to collect data from fourteen elderly participants (6 female, 8 male), aged 52-90, living in the La Casona community. Participants were selected through purposeful snowball sampling techniques, and individual interviews were conducted at their residences. Interviews were conducted with assistance from an interpreter and lasted approximately 30-60 minutes. Thematic analysis was used to examine participants’ responses in order to understand their experiences with aging.

REGION

La Casona Indigenous Community

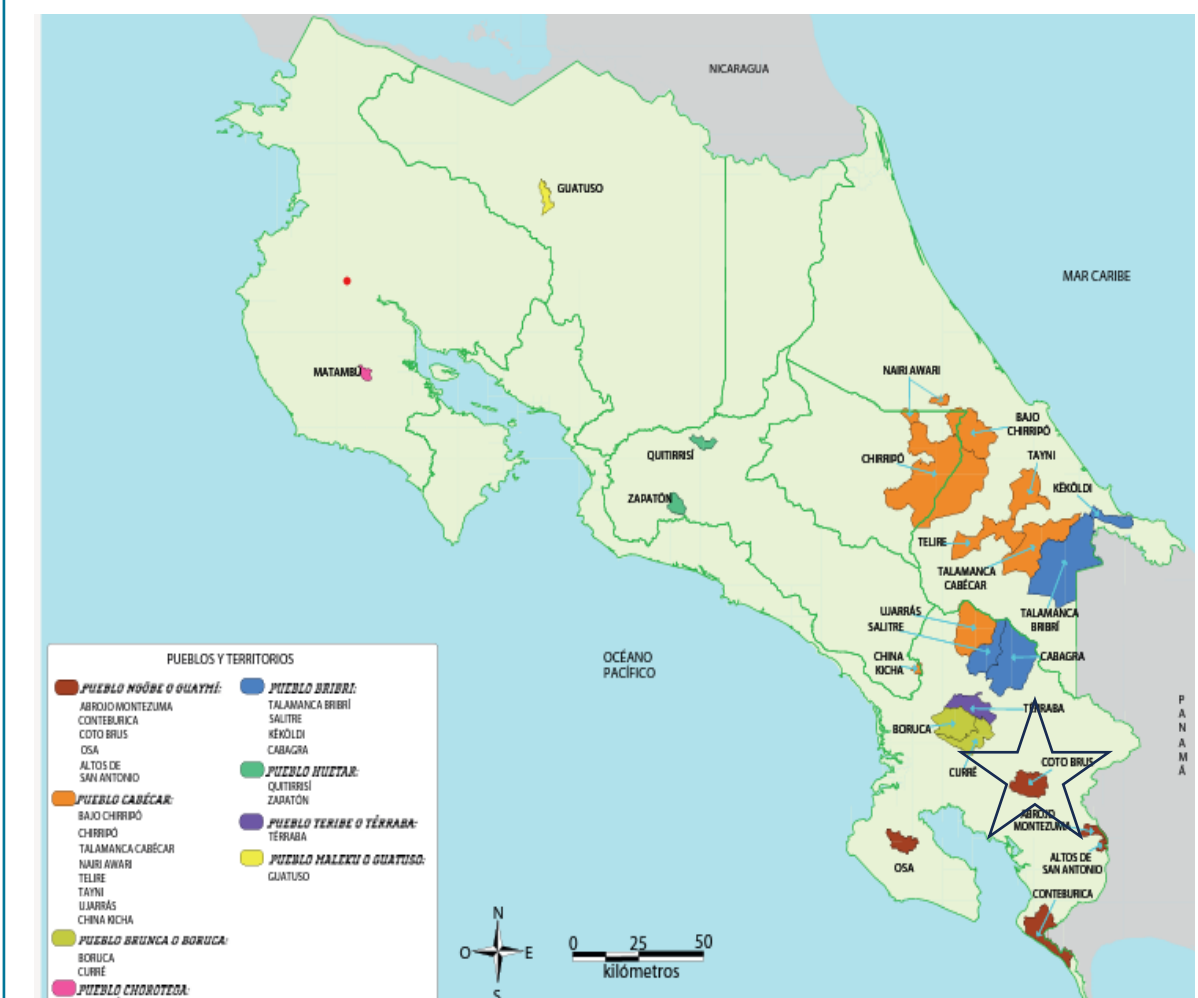


Figure 1: Indigenous Communities in Costa Rica¹

- Population Facts:
- 104,143 individuals identify with one of the 8 Indigenous communities in Costa Rica, making up 2.4% of the population²
 - 1,612 Ngäbe-Buglé residents living in La Casona²
 - Indigenous communities constitute the majority of the workforce in Costa Rica’s coffee industry, contributing significantly to the nation’s economy³
 - 87% of the Ngäbe-Buglé population in Costa Rica falls below the poverty line, compared to 20% of the overall population⁴
 - 30% of the total Indigenous population is illiterate, compared to 2% of the overall population⁵
 - 38% of Indigenous land in Costa Rica is owned by non-Indigenous people⁶

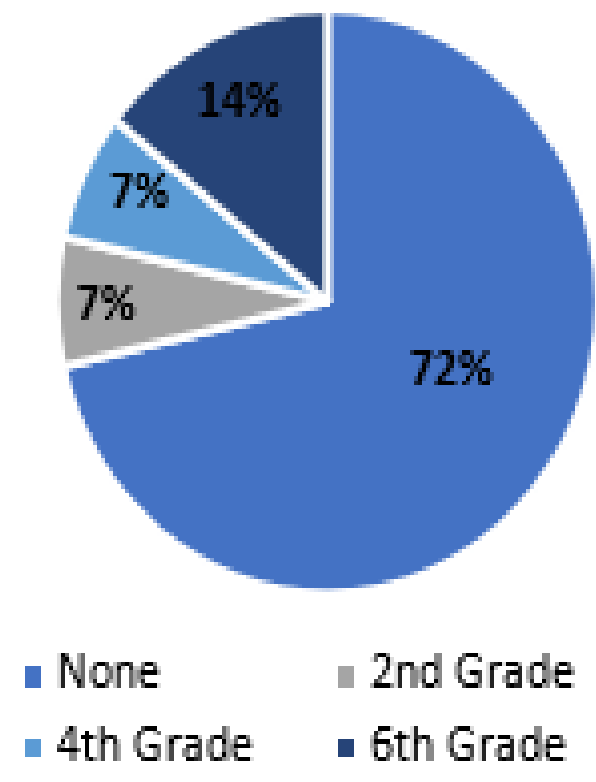
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References:

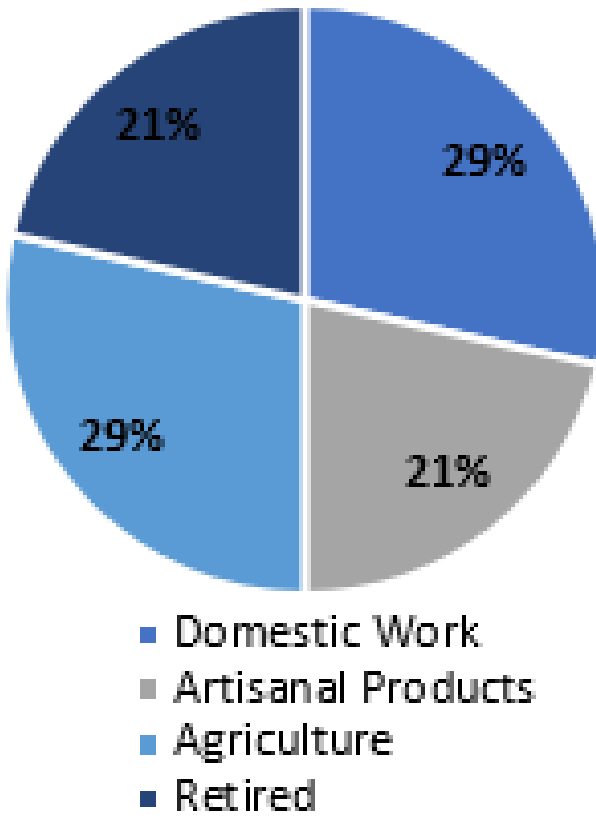
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PARTICIPANT DEMOGRAPHICS

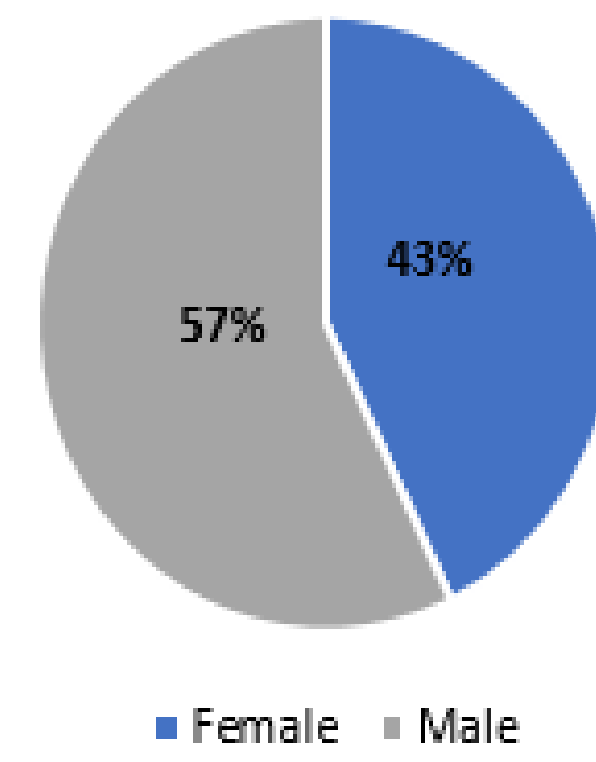
Highest Education Level



Occupation



Sex Assigned at Birth



RESULTS – SELECTED QUOTES

Themes & Subcategories

Selected Participant Quotes

Economic Difficulties

“We need everything. Things (in my house) are broken. I need furniture, a washer, things for our houses...this will help older people in my community. We need food, we need money. Everything comes down to money.” (P1)

“A lot of people go (to EBAIS) and walk hours, and they get there and it’s full. We need more healthcare, more doctors.” (P10)

“What we need is another doctor. We need another doctor, because there’s so many people. And the poor doctor, even the best doctor doesn’t have a chance, there are too many people who have different issues.” (P12)

“Everyone is preoccupied with themselves because sometimes there is no food, no money. There’s a lot of grandkids, so older people are a bad investment for the family’s money.” (P8)

Insufficient Social Support

“Family takes care of everyone. I took care of my kids, so now that I am older, they have to repay that by taking care of me.” (P7)

“There is no dedicated attention to older people, like saying what do you want to eat today or even if you do want to eat. What’s given to you is given to you and that’s that.” (P8)

“In La Casona, older people do nothing...There is no one to talk to all day, that also makes me sad.” (P5)

“There are no activities for older people in La Casona. You can take the bus to San Vito for more things. Sometimes I do exercise or dance there in San Vito. Here there is nothing.” (P6)

Cultural Aspects related to La Casona

“There are a lot of beautiful things about our culture that are lost on younger people. Culture, greater ways of thinking, greater ways of living, have already been lost because the larger society is invading it... the Indigenous cultural identity, like education and language, is being lost. If I had more money, I would write a book about our culture, so it is not lost on the younger generation.” (P8)

“We know the history of the land, of medicine. We know how we used to live, before Cristobal Colon. There were millions of Indigenous people from Argentina all the way to Canada. It was all mountains, full of livestock that didn’t destroy the land, because to us, the land is sacred. You could live until 100, still walking well. And then arrive the Europeans. They destroyed everything.

I very much agree that organizations, companies, foreigners should support the Indigenous people, because the government of the country is indebted to us...they exploited our land. They exploited the Indigenous people. They are indebted for killing the land, and thus the lives of Indigenous people.” (P10)

DISCUSSION

While interpreting the interview statements, three themes emerged, with a total of 8 subcategories:

- **Economic difficulties**
 - Financial constraints and food insecurity, infrastructure, healthcare access
- **Insufficient social support**
 - Reliance on family, limited community support, absence of engaging activities
- **Cultural aspects related to La Casona**
 - Importance of nature, generational gap

For economic difficulties, an emphasis was placed on the ability to walk limiting access to funds and social interaction. Participants noted that limited pension amounts can create challenges for larger families, where some may need to prioritize grandchildren and great grandchildren over elderly adults. Cultural aspects highlighted the community's deep connection to nature and concerns about the fading cultural heritage among younger generations, especially fear of losing the Ngäbere language. For the older generation, cultural heritage is a key source of identity and value in aging, providing opportunities to share traditions and foster a sense of community.

CONCLUSIONS

Opportunities exist for enhancing aging and healthcare in the Ngäbe-Buglé community of Coto Brus, Costa Rica. Key areas for improvement relate to the overarching themes of the present study, including economic support, social support, and culture. Based on these findings, our team has come up with general areas of improvement for elderly community members and the related institutions:

1. Increase access to resources for elderly adults, especially food and safe living environments. Providing food directly to elderly adults can be a protective measure against inadequate pensions not covering basic needs or funds being allocated to younger family members.
2. Improve healthcare access through increasing the number of providers and offering a means for community members to see specialists as needed. Significant steps have already been taken to integrate Indigenous representation into the local hospital system, including a full-time care coordinator from La Casona
3. Promote social connectivity and cultural preservation, potentially through social gatherings tailored to the needs of elderly adults, providing opportunities to foster interactions beyond the family unit and alleviate the sense of isolation.

One pitfall of this study is that it is not broadly generalizable and focused a deep understanding of aging in a single community. The participant sample, drawn exclusively from Ngäbe-Buglé individuals in La Casona, potentially limits the transferability of results to other Indigenous communities in Costa Rica or Ngäbe-Buglé individuals living elsewhere