



Research Paper

Challenges and Adaptive Strategies of Santals of Bnasbari Village of Rajshahi in Ensuring Healthcare

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Abstract

Healthcare challenges for indigenous communities are one of the burning issues in Bangladesh and many other countries. Dishonour for indigenous communities and discrimination against them put them under challenges that affect their daily lives and extend to their healthcare. Since indigenous communities are a significant part of the overall population, their healthcare disparities raise questions about the country's development. The natural growth of a country is not possible with a substantial amount excluded, and it may affect the country's achievement of the SDGs. However, existing literature lacks discussion on this particular issue, so information regarding indigenous communities' healthcare challenges and adaptive strategies is unavailable. Applying qualitative research methodology, this research found that Santals, a significant indigenous community in Bangladesh, are excluded from healthcare because of the negligence and disrespectful attitudes of people in the Bengali community and the decline of medical plants and forest-like settings, which leads Santals to adopt different strategies in ensuring healthcare. This research also shows that Santals are taking allopathic medicines from village doctors, buying allopathic medication without consulting with doctors, taking homoeopathic medicines, taking traditional medicine plants by planting them in their homesteads and buying drugs from street hawkers to

Keywords: *Santals; Indigenous Communities; Challenges in Healthcare; Adaptive Strategies; Medical Plurality*

INTRODUCTION

Healthcare challenges are burning issues in the current world. Many people in the world are barred from healthcare. According to UNDP, about 400 million people do not have primary healthcare, and 40% lack social protection. More than 1.6 billion people live in fragile settings, where protracted crisis combined with weak national capacity to deliver essential health services present a significant challenge to global health (<https://www.undp.org/sustainable-development-goals/good-health>, retrieved on February 10, 2023). Vulnerable and marginalized groups in society bear an uncertain proportion of health problems. Many health disparities have their roots in underlying social structural injustices, which are indissolubly linked to racism and other types of prejudice that exist (WHO, 2001; Marrone, 2007). In essence, the fact that ethnic peoples have limited access to healthcare is a global reality. The nature of services is also appallingly poor, and customers who identify as racial or ethnic minorities are more likely to lack medical insurance, receive subpar care, and have worse outcomes overall (Council of National Psychological Associations for the Advancement of Ethnic Minority Interests, 2003).

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Like other countries of the world, Bangladesh's population is incredibly diversified, having at least 45 distinct indigenous ethnic groups (ILO, 2017). All of Bangladesh's indigenous and tribal peoples have their own cultures, traditions, and customary laws, and all tribes differ significantly from the Bengali majority in terms of their ethnicity, culture, religion, and linguistics (ILO, 2017). The United Nations classifies Bangladesh as a developing country despite being previously known as a poor country. Bangladesh made significant progress in the healthcare system by attempting to establish medical colleges, supplying medicine, approving private hospitals, and implementing awareness activities (Directorate General of Health Service, 2022). Yet, the medical sector's progress does not only ensure citizens' health care. Like the indigenous communities of most other countries of the world, the indigenous communities of Bangladesh are also excluded from programs for primary healthcare and other forms of development. However, it is concerning that if a sizable sector of a country is left undeveloped, such as development in health facilities, then wholistic development of that country is not conceivable. A good understanding of the health difficulties facing each community is necessary to ensure the growth of their health security. A lot of study has indeed been done on health experiences. However, because research on the health issues that indigenous peoples face and their coping mechanisms has yet to be conducted, it is difficult to draw firm conclusions in this area and include indigenous communities in medical facilities.

In Bangladesh, one of the major ethnic groups is the Santals, who mainly live in the country's northwest part (Banglapedia, 2021 eds.). Their diversified lifestyles, cultures, means of subsistence, food patterns, etc., are intended to produce varied health outcomes and healthcare inequities. The healthcare issues and adaptive strategies of Santals have been explored in this study.

LITERATURE REVIEW

Rahman, Roy, Chowdhury, Hasan, and Saimun (2022) identified 134 species of medicinal plants, the leaves, fruits, trees, roots, barks, and seeds of which have been used as therapeutic agents. They also pointed out that Bangladesh has a fall in the number of traditional healers, a loss of their ethno-medical knowledge, and a lack of passion for passing on this knowledge to the coming generation. The impact of reducing medicinal plants on indigenous communities utilizing folk medicine still needs to be addressed by Rahman, Roy, Chowdhury, Hasan, and Saimun (2022). On the other hand, Shahan, Islam, and Ahmed (2020) listed the following as challenges for Bangladesh's health services: a lack of adequate infrastructure in the health sector, severe poverty, high birth rates, an insufficient overall budget in the health sector; a lack of drugs; a lack of adequate ambulances; a lack of proper hospital equipment; and administrative mismanagement. Yet, they neglected to mention in their article how the nation's indigenous communities, particularly the Santals, are coping with the medical problems.

Zakaria, Karim, Rahman, Cheng, & Xu (2021) discovered that Bengali patients experienced more supportive communication practices from Bengali doctors than patients from other ethnic groups. The study's findings revealed that higher PPCB scores were correlated with respondents' levels of education, internet use, health issue knowledge, pre-planned itinerary, information seeking, visits to female doctors, and the quiet atmosphere of the doctor's office. At the same time, according to Marrone (2007), Indigenous populations generally have significantly lower health than majority populations worldwide. The persistence of these health disparities shows that the social action taken so far needs to be increased to change these patterns. Consequently, a group still susceptible

to social inclusion and injustice must comprehend the specific factors that lead to these health disparities. Given the differences in health among Indigenous populations globally, it is imperative to conduct a study into the reasons why they have reduced access to and utilize fewer health services. Several potential factors, such as SES, isolation due to geography, racism, cultural disparities, and communication difficulties, have been discussed in writing as possible contributors to health disparities among Indigenous groups. However, the adaptive strategies indigenous peoples take to ensure healthcare was not mentioned in Marrone's (2007) work.

Khatun and Rahman (2019) assert that the Santals use medicinal herbs to treat illnesses they develop. They listed 105 medicinal plants that the Santals used to cure common diseases like fever, diarrhea, maladies, skin disorders, asthma, cough, and diabetes, using 67 criteria. Yet, they gave the Santals' access to healthcare a little thought. Similarly, Zahan et al. (2013) published details about the medicinal herbs utilized by the Tudu clan of the Santal community. Their article claims that the Santals' traditional medical knowledge is dwindling. However, their debate needed to make clear the tactics Santals are using in the event of losing ethnomedicinal ability.

Similarly, according to Hasan et al. (2012), the Soren clan of the Santal community uses various plants as needed for their medical needs. They discovered different medicinal plants that locals used in several places. The article does not, however, address the healthcare issues that Santals are facing or the alternative measures that Santals in these villages are taking.

Similarly, Rahmatullah et al. (2012) presented information about 53 medicinal plants divided into 32 families that are used by the Soren clan of the Santal community to treat a variety of illnesses, including diabetes, filariasis, gastrointestinal disorders, sexual dysfunctions, sexually transmitted diseases, helminthiasis, urinary problems, leprosy, tuberculosis, snake bite, epilepsy, an enlarged heart, pain, and paralysis. However, their essay still needs to address the Santal population's difficulties in accessing healthcare. Similarly, Rahmatullah et al. (2010) noted that the Santals rely on their folk healers, or Kaviraj, for their essential medical requirements. Additionally, they discovered that the Santal Kaviraj used medicinal plant species divided into

Twenty-eight groups to cure a variety of illnesses. However, they did not mention the coping mechanisms Santals used in the event of the loss of traditional ethnomedicine. According to Rahmatullah et al. (2009), the Santal healers used 47 medicinal plants (divided into 29 families) to treat various illnesses. The Santal healers' ethnomedical expertise results from their "gurus," experimentation, and knowledge-mingling with non-Santal traditional healers. Additionally, it was discovered that the Santals and the healer's family typically kept the ethnomedical knowledge they had obtained hidden, leading to the loss of most of their unique traditional medical expertise. They did not mention the coping mechanisms Santals used in the event of the loss of conventional ethnomedicine. At the same time, Shahidullah et al. (2009) discovered that the Santals' traditional medicinal knowledge embraces more than three hundred species of medicinal plants. They also gathered comprehensive data on 26 Santals' preferred medicinal plants. According to their article, The Santals rely on their traditional healers, ojha, to treat their illnesses. These healers drive away evil spirits and deities, ascertain the origin of diseases, and administer treatments based on their extensive knowledge of medicinal plants.

METHODOLOGY

This study was conducted using a qualitative research methodology. Due to the relevance of the research issue, Bnasbari village in Rajshahi district's Puthia Upazila was chosen as the research location. The respondents were selected using a random sample method to get primary data. We evaluated each respondent's knowledge, comfort level, and desire to engage in the interview to

target a particular respondent. We have gathered local and international literature that supports our research goals and categorized it under broader headings as secondary sources. We considered books and periodicals relevant to the topic of interest as secondary sources. The document review approach served as an alternative tool for gathering qualitative data. We spoke with various participants for the primary data sources, including wage workers for the Santal region, cowboys, chicken growers, and those who relied on fishing, hunting, and foraging. Primary data were gathered using observational techniques and unstructured interviews. Throughout the study, an individual has been used as a unit of analysis. In this study, inductive analytical methods were employed.

FINDINGS AND DISCUSSION

Findings

The Santal community of Basbari village has long depended on their traditional folk medical system when they were ill. The Santals of this village have long used a decoction of boiled *kundring* leaves in mental depression and physical pain; juice of *karla* leaves in purifying blood; juice of this plant in pain; gum of *toa ghas* in nail infection; and roots of *kermet* in restless feeling. Also, they have long taken the bark of *Goromosla Chaal* in sexual recovery, the leaves of nim in Abscess, *nibu* fruit in physical and mental restlessness, *fede* tree in decreasing childbirth pain and snake poison; the leaves of *chini sagor* in diabetic and roots in injuries by thrones; roots of *janum arak* in dysentery; leaves of *akaona sakam* in pain; and bark of *edel dare* in sexual recovery; fruits of *dhutra baha* in swelling of the finger; leaves of *aloe vera* for physical fitness and healing from the burn; roots of *bir bengar* in debility, and *turshi sakam* in cough and fever. They could easily avail themselves of the medicinal plants in the locality since they were abundant outside their homestead or in forest-like places. Again, some people knew which plants to use to cure illnesses. These traditional healers used to transfer their knowledge to their juniors. It was about the 1980s when Catholic missionaries built a residence near Bnasbari village and started to inform Santals of allopathic medicines besides preaching Christianity. When the Catholic missionaries permanently came to the neighbouring village, they advised people to take allopathic medicines when needed. The government also established a community clinic in a neighbouring village contemporary, where the medical officer sits regularly and provides allopathic medication. Again, while the Santals of Bnasbari village go to government offices, they see billboards with medical awareness posters attached. Although Santals of this locality are getting information regarding allopathic medicines and are aware, they very rarely go to local government community clinics and hospitals in case they are neglected and insulted by Bengali doctors and patients for their food habits, i.e., pork, rats, and other wild animals' meat, which are culturally forbidden to Bengalis. They are not permitted to sit and communicate with people from the Bengali community in and outside food shops and markets besides hospitals. Santals of this village, who go to the Government community clinics after thinking of being treated negatively by the Bengali patients as natural, sit on the last bench for patients who waste their time and patience. The previously mentioned things made them afraid to revisit visiting government-run local clinics. They only met with allopathic doctors at Rajshahi Christian Mission Hospital or Rajshahi Medical College when the case became critical.

But Santals' taking of folk medicines became challenging since the number of forest-like lands decreased gradually because of rapid population growth, so no more woods and jungles were left in this locality where they could find these medicinal plants. Sunil Tudu (55), a Santal farmer, states, "I saw many medical plants in some bamboo clumps, graveyards, and jungles that belong to Bengali people, but they no longer exist since Bengali people cut them down, not knowing their importance!" Again, when people from the Bengali community destroy the medical plants because they are expanding their cultivable lands without knowing their importance, the Santals have no say since the grounds do not belong to them. Most Santals in the research field are poor; many need their land. That's why they cannot grow medicine plants on their lands. There were a few little medical plants beside the village streets where poor Santals could collect them while needed; however, these plants died under shade after local government agencies planted trees on both sides

of the streets and paved roads 10–15 years ago. Limited opportunity to practice folk medicine because of the decreased number of forest-like settings results in losing traditional knowledge about medicine. People acquainted with traditional medicines cannot transfer their knowledge of traditional medicine to the new members of society since many of them are dead. Unlike their seniors, the new generation treats traditional medicines as false as soon as they are included in formal education.

In the contradictory socio-environmental reality, they are forced to take treatment from other alternative sources.

As soon as the number of medical plants decreases because of decreasing forest-like settings, some Santal families have recently started to plant these traditional medicine plants in their homesteads. Despite the advertisement of allopathic medicines, Santals' planting of medical plants is now able to prove that these medicines also perform well. People are also coming to them for medical advice. The people who get well-taking folk medicine advise their kin relatives to take these medicines when they catch ill.

In a recent case, the Santals of Bnasbari village have started to take allopathic medicines to get better treatment when they get ill. However, they are now going to private medical chambers instead of government clinics, where there is less possibility of discrimination by doctors. However, it is the costs of medical treatment that they always consider when meeting with doctors in private chambers. As a result, when they catch a fever and cough, they buy medicines rather than consult a doctor since treatment in private chambers requires more money. The same happens when they suffer from fever and diarrhea; they buy paracetamol medicine and saline from pharmacies without consulting doctors since they know many of the medicines for these illnesses. But when the illness is a little more serious, they consult with their kin relatives regarding which doctors to consult. In this case, they consider the reputation, low cost, and kin people's healing records. Generally, they call village doctors, most of whom do not have medical degrees, with the view to getting treatment at a low price. Again, there are some people whose relatives are now working in many hospitals and nursing homes. These people know the allopathic health system well since their kin relatives provide medical advice.

However, when they are not cured using allopathic medicines, they sometimes go to homoeopathic doctors, as they believe homoeopathy can cure them in this case. Generally, female members of the Santals of Bnasbari village go to homoeopathic doctors. But especially in the case of child diseases, i.e., fever and cough, they instead go to homoeopathy doctors rather than other types of healers since children take homoeopathy medicines quickly because of their sweet taste. Fewer people in the Bengali community go to homoeopathic doctors, which also leads Santal women and children to take allopathic medicines because they have the more occasional chance to be neglected and dishonoured.

The Santals of Bnasbari village also take medicines from floating hawkers because of their low prices. There are few village markets in neighbouring villages of Bnasbari village, where hawkers come to sell medicines at a low price. Santals of Bnasbari village generally buy medication for pain, teeth, sexual disease, etc., from them because of the low price. Sometimes, these hawkers come to their village to sell medicines, and the Bnasbari people buy them.

However, a problem occurs when competition among many types of doctors creates confusion among the Santals of Bnasbari village regarding what kinds of treatment to choose in case of their illness. The latest scenario in Bnasbari and nearby villages is that there are now more private homoeopathic and allopathic chambers. The competition among the different types of doctors, including hawkers, creates clarified among the Santals since all these doctors treat other medical systems as 'not scientific'. In this case, they take all kinds of medicines, i.e., allopathic, homoeopathic, and folk. These people do not reveal to the doctors to whom they go.

Discussion

Bangladesh has been known as a poor country for a long time, though it is moving towards development (UNCTAD, 2022). Being a developing nation, Bangladesh made significant advancements in the health sector by creating medical colleges, supplying medicine, approving private hospitals, and executing awareness campaigns (Directorate General of Health Service, 2022). Despite the nation's progress toward development, a significant portion of its population avoids its medical facilities due to a lack of adequate infrastructure in the health sector, severe poverty, growing people, inappropriate overall budget in the health sector, a lack of drugs, a lack of ambulances, inadequate hospital instruments, and administrative mistakes (Shahen, Islam & Ahmed, 2020). Indigenous communities of the country belong to the populations that are most frequently denied access to healthcare. It is usually believed that Indigenous people's access to health care is hampered by poverty, a lack of transportation, and a lack of adequate communication infrastructure (Davy, Harfield, McArthur, Munn, & Brown, 2016). In essence, medical discrepancies exist between indigenous and mainstream populations for the aforementioned condition. Yet, the causes of medical disparities between Bengali and ethnic communities vary widely. Medical differences among ethnic people are caused, among other things, by discrimination against ethnic minorities and Bengali dominance over other indigenous communities (Tabassum, 2017).

Discrimination towards ethnic rights is brought about by the cultural differences between mainstream communities and ethnic communities as well as by mainstream communities' lack of understanding and respect for indigenous peoples. Indigenous communities must be treated better in Bangladeshi schools, restaurants, and tea shops. Santals' cultural food customs lead to restrictions on eating in neighbourhood restaurants and grocery stores, as well as Bengali community neglect and dislike of ethnic food items (Sarker & Davey, 2009), which also affects neighbourhood clinics and hospitals. Santal patients must take the last bench in the patient row so that nobody from the Bengali group can insult them. Yet, it frequently leaves them hungry and exhausted. Their pain is made worse by the lack of appropriate respect and acceptance at neighbourhood eateries and grocery stores, which makes it harder for them to visit these Government community clinics and hospitals eventually. Contrasting the Santal and other indigenous communities within Bangladesh with the Bengali community has long been a source of discrimination. According to Zakaria, Karim, Rahman, Cheng, & Xu (2021), Bengali patients experienced more supportive communication patterns from Bengali doctors than ethnic minority patients. These behaviours included a cheery, warm welcome, encouraging patients to express health issues, listening intently, responding to queries and worries, describing to patients regarding checkup procedures, medication, and likely side effects, explaining treatment options, and involving the patients in decisions.

Aside from prejudice and hostility directed towards the Santal community of Bnasbari village, the degradation of forest-like regions is about to push Santals out of the health care system. It has been discovered that the older Santal generation in Bnasbari village relied on foraging for wild potatoes from the forests, including *dumra*, *bayang*, *sang*, and others. Also, they extracted numerous therapeutic plants from the forest. However, because of the tremendous population growth, these forests and other natural areas quickly disappear. As a result, santals in this community need help to gather what they need from the forests. Likewise, they have little opportunity to defend themselves because they do not own these forest-like regions, and most of them are poor due to land grabs and being taken advantage of. Once more, owners of these forest-like properties from the Bengali community cultivate crops to meet market demand. Hence, the area that would supply medicinal plants is headed for annihilation. Older Bnasbari village residents who were knowledgeable about medicinal plants and their applications could not put their knowledge to use. Since they cannot pass it on to the next generation and many traditional medical practitioners passed away without passing on their knowledge, whatever medical information they acquired from their ancestors is on the verge of being lost. As a result, the younger generation began to

disregard and dismiss conventional medical procedures. In addition to socioeconomic considerations, Rahman, Roy, Chowdhury, Hasan, and Saimun (2022) discovered that the reduction in ecological diversity made it more difficult for Santals to receive healthcare. Bangladesh is dealing with a decreasing number of traditional healers, a decline in their ethnomedical expertise, a lack of interest in passing on knowledge to the next generation, and a continuous decline in the accessibility of medicinal plants from forest and non-forest sources. In essence, the fact that indigenous communities are the ones who reside close to nature is a universal truth. Many indigenous tribes rely entirely on their natural surroundings for food, water, livelihoods, and culture (United Nations, 2021). They also obtain their medicine from wood plants, and their ethnomedical expertise is passed on from generation to generation (Mahapatra et al., 2019). However, it is shocking that efforts toward sustainable development were undermined by the global rise of neo-liberal economics and corporate power, which promoted privatization, the free market, flexibility in labour markets, and freer trade and led to environmental degradation and the loss of traditional lands and territories that affect the daily lives of indigenous communities (United Nations, 2009). It is well known that practically all ethnic tribes use traditional remedies derived from forest resources. So, traditional medical procedures employed by Santals and other indigenous communities around the world are in danger if these resources become scarce (UNDP, 2010). Indigenous peoples' traditional wisdom is also being lost as a result of forced relocation, eviction from their homes in the natural world, and a lack of respect for indigenous knowledge (United Nations, 2009).

Due to structural exclusion from healthcare services, poverty, deforestation, fast urbanization, and industrialization, the Santals in Bnasbari village are experiencing medical disparities and are turning to alternative forms of healthcare. Santals of this village occupy medical plurality, i.e., they use all allopathic, herbal, and homoeopathic medicines while in illness, in the given condition. To ensure healthcare from pluralistic sources, they plant medicinal plants in their homesteads or take medicines from other sources, i.e., homoeopathic doctors, allopathic doctors, hawkers, or medicine shops, without consulting doctors. In this instance, their kinship network also aids them in informing them about medications and illnesses. Since the Santals of Bnasbari village are poor and dishonoured, their economic poverty and the dishonour of people from the Bengali community leads the Santals of Bnasbari village to take low-cost medical treatments not practised by the Bengali people.

CONCLUSIONS

From the discussion above, it is clear that the Santals of Bnasbari village in the Rajshahi district of Bangladesh struggle to get healthcare due to poverty, discrimination, the ongoing loss of medicinal plants and forest-like environments, and the rising cost of allopathic medicine. They plant medicinal plants on their homesteads, buy allopathic medications from neighbourhood pharmacies without consulting doctors, and consult homoeopathic doctors in addition to taking both allopathic and homoeopathic medications to guarantee they receive proper medical care.

It is mainly their economic poverty and hatred of people from the Bengali community that leads them to take low-cost medical treatments not practised by Bengalis.

Considering the facts Santals and other indigenous peoples of Bangladesh face, this research recommends the following suggestions:

1. Indigenous Peoples' inclusion in government clinics has to be ensured.
2. Exceptional hospitals and community clinics can be built for indigenous peoples.
3. Racism and hatred towards indigenous people must be treated as a punishable crime.
4. Forests and local forest-like ecological settings need to be preserved.
5. The government should inspire indigenous peoples to develop community medical plant gardens.

LIMITATION & FURTHER RESEARCH

The current research has been done based on one Santal village. Research in a broader range is requested to know the overall healthcare situation of the Santals of Bangladesh.

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