Rethinking medicalization through the lens of cultural hegemony: traditional healing and societal wellbeing of Chakma ethnic community in Bangladesh

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Abstract

The Chakma community is the largest ethnic minority group of Bangladesh primarily living in the Chittagong Hill Tracts (CHT) region of the country. CHT is one of the most vulnerable regions according to almost all major development indicators. The Chakma community has well-established cultural heritage and traditional healing practices. Treatment seeking behaviour of Chakma community was investigated using an ethnographic approach based on key informant interviews and focus group discussions. Unlike previous studies findings from this study argues that due to the recent trend of medicalization traditional healing practices have decreased sharply in recent years. According to all study participants, biomedicine has become dominant to such an extent that it is often considered to be the only credible treatment option, especially to people who can afford relatively high expense of biomedical treatment and live near towns and cities. It has created an impact on the sociocultural landscape of the Chakma community as prestige previously enjoyed by the traditional healers is being jeopardized because of the growing authority and influence of biomedical practitioners. It is argued that this trend of medicalization may create a negative impact on the societal wellbeing of the group by moving the focus from healing (a holistic concept towards the improvement of the ailing body and the societal well-being of the ill person) to cure (a comparatively narrow concept that entails the expulsion of disease from the body). Increasing medicalization needs to be critically understood through the lens of cultural hegemony as a threat to Chakma ethnic identity and cultural heritage given the group’s historical and contemporary minority status. Based on the discussion presented in this paper a list of directions has been outlined relating to future research and policy formulation.

Keywords: Medicalization, cultural hegemony, traditional healing, societal wellbeing, Bangladesh
1. Introduction

The Chakma community is the largest ethnic minority group of Bangladesh, primarily living in the Chittagong Hill Tracts (CHT) region in the southeastern part of the country (Malek et al., 2014). This region has been disadvantaged and isolated for many years, owing in part to twenty-five years (1975-1997) of insurgency and political turmoil (Chakma, 2010). CHT, still is one of the most vulnerable regions in the country according to almost all major conventional development indicators, including: income, employment (of both men and women), poverty, health, access to safe drinking water and sanitation, education, access to infrastructure and national building institutions, and peace, inter-community confidence (Barakat et al., 2009). The Chakma community has well-established cultural heritage and traditional healing (both spiritual and medicinal) practices (Malek et al., 2014). Most previous studies being ethno-botanical in nature focused only on medicinal plants and their use as part of traditional Chakma healing practice. Few studies used quantitative surveys to understand treatment seeking behaviour of Chakma community with an underlying assumption that traditional healing practices and local health beliefs are inherently cultural barriers to effective biomedical healthcare (Uddin et al., 2013). The process of medicalization encompasses the extension of biomedicine into areas that were previously considered social rather than medical as well as the expansion of the authority and influence of biomedical practitioners (Pool & Geissler, 2005). By pursuing a qualitative approach, the study reported in this paper seeks to identify the recent change in treatment seeking behaviour and then to critically understand the process of medicalization and its potential influence on the societal well-being of the Chakma community through the lens of cultural hegemony.

2. Methodology

An ethnographic approach based on key informant interviews (N=15) and 10 focus group discussions (N= 80 participants, 8 participants in each focus group session) was used to collect qualitative information during fieldwork in order to elicit different perspectives and enable data triangulation (Bernard, 2017). All participants were from Chakma ethnic group but varied on the basis of age, sex, education,
location of residence and occupation. In addition to the 15 key informant interviews and 10 focus group discussions, 3 focus group discussions and 5 in-depth interviews were conducted to obtain qualitative data from Chakma traditional healers. Throughout the study, international ethical standards were strictly maintained. Informed consent was taken from the participants. Sufficient information about the research was given to all participants. Information collected from the fieldwork has been anonymised before conducting data analysis, documentation and dissemination to protect participants’ anonymity and confidentiality.

3. Findings and Discussion

Most of the study participants reported that they have sought traditional Chakma healing as well as biomedical treatment. Most of the participants informed that they believe in both physical and supernatural causes of health problems. Interestingly, few participants also mentioned that they have used both traditional Chakma healing and biomedical treatment at the same time. Similar to Chaklader (2018), findings from this study suggests that the relationship between perceived causes and treatment seeking behaviour among study participants is not linear. Cost and availability of treatment and distance are important factors that determine what kind of treatment Chakma people would seek. Since traditional Chakma healers are part of the community if a treatment seeker cannot pay in terms of money during the visit, traditional healers still provide service. Sometimes people seek treatment from the healers and pay them later. Sometimes people pay not in terms of money but with agricultural produce which is not possible in the case of taking treatment from a doctor (Chaklader, 2018). A traditional Chakma healer mentioned that:

My only motivation in life is to serve my community. I don’t want to be rich. My father and grand-father were also traditional healers who served their community with great diligence. I am trying to do the same. I only charge what is absolutely necessary for me to sustain my life with dignity. Sometimes I waive fees for people who are very poor.
Study participants have mentioned that people who are educated, wealthy and live near urban areas tend to seek biomedical treatment. On the other hand, Chakma people who are poor and live in remote areas tend to be reliant on traditional healing practices.

According to all study participants, biomedicine has become dominant to such an extent that it is often considered to be the only credible treatment option, especially to educated people living near urban areas and who can afford relatively high expenses of biomedical treatment. One participant informed that:

*In the past traditional Chakma healing practice was the main treatment option for the Chakma community. But now traditional healing practice has declined drastically due to the availability of biomedical treatment, especially in areas near towns and cities. Health problems for which Chakma people used to seek help from traditional healers are now treated by biomedical doctors.*

Participants have identified several reasons for this trend of increasing medicalization. One participant stated that:

*Biomedical treatment is based on scientific processes, may be that's why young and educated Chakma people have more faith in the effectiveness of biomedical treatment. Chakma people are migrating from remote rural areas to urban centers. Not only biomedical treatment is readily available to these people but these people living in urban areas think despite being more expensive, biomedical treatment is superior. Increase in literacy rate and awareness created by media and public health campaigns are also important reasons for the growing popularity of biomedicine among Chakma people.*

When asked about the current trend of increased medicalization, a traditional Chakma healer mentioned that:

*Yes, it is true. More and more Chakma people are seeking help from doctors for health problems that were previously managed by the traditional healers. Young Chakma people are forgetting the history and cultural heritage of the Chakma community. They are forgetting their*
roots. They don’t understand and value the concept of community. They are becoming more individualistic. They don’t understand the importance of traditional Chakma healing practice and its connection with Chakma culture and heritage.

Another traditional Chakma healer stated that:

*I became a healer following the footsteps of my father and grand-father. Traditional healing techniques are special knowledge transmitted from one generation to another. Being a healer was a matter of great pride. Healers served their communities. Now, my own son doesn’t want to follow my footsteps. He wants to migrate to urban areas and doesn’t think about his responsibility as a member of the community. Another problem we (healers) are facing is that we cannot find many herbal plants and roots that were previously available in abundance in the area but because of rampant deforestation many of these plants and roots are gone and some are very hard to find.*

Participants reported that increased medicalization has created an impact on the overall sociocultural landscape of the Chakma community as status and social prestige previously enjoyed by the traditional healers are now being jeopardized because of the growing authority and influence of biomedicine and its practitioners. Apart from healing individuals with different types of health problems, traditional healers used to play multiple important roles in the Chakma community. They were always invited to conduct special rituals and cultural ceremonies. These days Buddhist monks are invited to perform many rituals and ceremonies such as wedding ceremonies. However, in remote rural areas traditional healers are still invited to conduct different rituals and ceremonies related to childbirth, marriage, harvest, sowing seeds, appeasing evil spirits, protection from evil eyes, death and funeral etc.

Based on empirical evidence, this paper argues that increased medicalization has not only altered the use of traditional healing practices but the overall sociocultural fabric of the Chakma community by reducing the influential role of traditional healers and healing practices that stem directly from Chakma ethnic identity and cultural heritage. Medicalization aided by urbanization and modernization coupled with increased literacy rate and a decreased sense of Chakma identity have made
Chakma people increasingly individualistic through their alienation from nature (changing livelihood strategies, migration to urban areas and rampant deforestation) and from other Chakma community members. Biomedical domination has moved the focus from healing (a holistic concept towards the improvement of the ailing body and the societal well-being of the ill person) to cure (a comparatively narrow concept that entails the expulsion of disease from the body). Concept of a Chakma community and the sense of belonging to this community seem to have been lost in recent years due to several complex reasons identified by study participants.

The contribution of traditional and indigenous treatment practices to the development of many life-saving biomedical drugs is immensely significant yet underrated. For example, traditional Chinese herbal medicine and herbal medicinal practices of South America have directly helped in creating effective biomedical drugs for malaria treatment which saved millions of lives worldwide (Eldeen et al., 2016). Moreover, biomedical research has proved the effectiveness of traditional Indian Ayurvedic medicinal plants in the treatment of numerous neuro-degenerative disorders, skin diseases, cancers, digestive disorders and infertility (Chopra & Doiphode, 2002). Many scholars have proved conceptually and empirically that preservation of cultural heritage is a necessity and a human right issue (Silverman & Ruggles, 2007). Indigenous communities all over the world have the right to practice and preserve their cultural traditions and heritage (Logan, 2012). Therefore, similar to land disputes and language concerns- traditional Chakma healing practices should also be given urgent attention by different relevant stakeholders so that it can be effectively preserved in the face of aggressive medicalization in the CHT region.

Societal wellbeing may be considered as a positive and negative mental state arising not only from the actions of individuals but from a list of collective goods and interactions with other individuals (Knight & McNaught, 2011). In order to achieve societal wellbeing basic needs must be addressed and individuals need to be integrated through a collective sense of purpose, achievement of goals and participation in society (La Placa et al., 2013). Other important elements within this broad concept are cultural identity, economic and physical security, political and geographical integrity of the country,
pride and self-determination, equity and social justice (Knight & McNaught, 2011). Chakma (2010) has argued that marginalization of the Chakma community in CHT region of Bangladesh and destruction of their cultural identity have taken place in the post-colonial era when the state in the form of nation building process asserted bureaucratic, political, economic, cultural and military penetration into the ancestral territories of the Chakma community. It created a demand for autonomy by the Chakma people and the state pursued a combination of militarized and bureaucratic security agenda to confront Chakma people’s struggle for autonomy (Chakma, 2010). Findings from this study indicates that increasing medicalization is threatening Chakma culture and heritage as traditional Chakma healing practices are integral part of ethnic Chakma identity and heritage. Moreover, social justice and the preservation of cultural identity and heritage are core elements of the concept of societal wellbeing. Therefore, it can be reasonably argued that due to the recent trend of aggressive medicalization Chakma ethnic group’s societal wellbeing is being adversely affected.

Ethno-medicine refers to the beliefs and practices relating to health and illness which are the products of indigenous cultural development (Pool & Geissler, 2005). Previously the term ethno-medicine was used to indicate medical systems of ‘primitive’ or non-Western societies (Morsy, 1996). However, in contemporary medical anthropology biomedicine is not uncritically privileged above other non-biomedical systems (Pool & Geissler, 2005). Hence, many medical anthropologists now consider biomedicine to be a form of ethno-medicine (Scheper-Hughes, 1990). Then again biomedicine has become so dominant that it is often perceived to be the only relevant aspect of medical systems as mentioned by many study participants. Increasingly, people especially formally educated, urban, young and wealthy along with health professionals are socialized into a biomedical subculture that they have internalized that they can no longer view critically (Kleinman, 1980). Proponents and practitioners of biomedicine often take their own view as objective and ‘scientific’ by totally rejecting local and traditional beliefs and practices of health and illness as ‘unscientific’ and a hindrance to development (Kleinman, 1980). Many critical medical anthropologists have argued conceptually and empirically that biomedicine under its veil of ‘scientific rigor’ is actually a cultural system – culturally de-
terminated rather than neutral and objective- and hence should be viewed as critically as one among many ethno-medicines (Rhodes, 1990).

Research shows that mainstream biomedical healthcare delivered to indigenous people in many post-colonial countries is located within an ethno-racialized social structure where the ideas, values and practices of the dominant, racial and ethnic group are accepted as the norm by totally ignoring and understating the traditional healing practices of the indigenous communities stemming from their ethnic heritage and cultural rituals and traditions (Durey, 2015). Antonio Gramsci’s concept of cultural hegemony is particularly relevant in this regard. Cultural hegemony refers to the oppression maintained through ideological or cultural means and it works by shaping the worldview (norms, values, ideas, expectations, behavior etc.) of the dominant ethnic group and the social and economic institutions that embody it, as legitimate, fair and designed for the benefit of all (Mouffe, 2014). This is an invisible form of power exercise and is quite distinct from domination by direct force as cultural hegemony facilitates the dominant ruling class to exercise their authority through the rather “peaceful” means of ideology and culture (Zakaria & Zainal, 2017).

Findings from this research suggest that most young, educated and urban Chakma individuals are not aware of the important link between Chakma traditional healing practices and the overall Chakma identity, tradition and cultural heritage. Although many scholars, policy-makers and activists (both from Chakma and other communities) are aware of the historical and contemporary political, military and bureaucratic oppression of the state and the dominant Bengali group especially in the case of land disputes, critical political awareness related to the recent medicalization in the CHT region at the cost of decaying Chakma traditional healing practices which is embedded into the overall Chakma tradition, rituals and heritage is fairly absent in the relevant scholarly literature (Panday & Jamil, 2009). Rather similar to the state (consisting predominantly of the dominant Bengali group), many researchers, development experts and members of civic society (both Bengali and Chakma) are considering the spread of biomedical practices in the CHT region as a strong indicator of development (Haque et al., 2010). The purpose of this research is not to undermine the success of public health interventions
in Bangladesh especially with reference to family planning, child and maternal health but to obtain a holistic understanding of the process of medicalization and its observed and potential impact on the Chakma community, culture and tradition.

Given the situation discussed above it could be reasonably argued that we should start thinking critically about the process of medicalization in this complex context (historical and contemporary) marginalization of the Chakma ethnic group by the state and dominant Bengali ethnic group through the lens of cultural hegemony. Conceptualization of health and wellbeing as well as health care sectors should not be considered as a separate entity but an integral part of the overall sociocultural landscape of any community. Then few relevant questions may arise - Is biomedicine a new cultural tool through which the state and the dominant Bengali group seek to exercise and maintain an invisible form of power and domination of the Chakma community? Is the state moving away from the application of direct force through military and bureaucratic tools to more subtle, “peaceful” and invisible tools based on ideology and cultural elements such as healthcare and education system? Future ethnographic research is urgently needed to answer these questions.

4. Conclusion

It is clearly evident that traditional Chakma healing practice is an integral part of Chakma cultural heritage and needs to be preserved in an urgent manner. Unlike other studies, this study suggests that due to several interconnected reasons Chakma people are increasingly seeking biomedical treatment. What might this entail? Firstly, this trend of medicalization should not be viewed as an isolated change in treatment seeking behaviour rather researchers should consider this change as being embedded within the larger socio-cultural change experienced by the contemporary Chakma community. Scholars have argued that by ignoring the social causes of health problems biomedicine has a tendency to focus on individual risk factors (Pool & Geissler, 2005). Therefore, researchers must critically analyze the process of medicalization and its potential impact on the Chakma community by taking into account the historical, socio-cultural, economic, political and military oppression (Farmer et al., 2004). Moreover, further research needs to be conducted to understand the power dynamics of the process of medicaliza-
tion through the critical gaze of cultural hegemony. Researchers and policy-makers also need to employ a more holistic solution for societal well-being that not only recognizes and retains the sociocultural significance of traditional healing and healers in the context of the Chakma society given the group’s minority status but also facilitates the preservation of the Chakma ethnic identity, cultural heritage and the sense of belonging to a community at large.

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6. References


