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Human Rights Imperatives in Ensuring Medical Facilities for Indigenous Children: A Case Study of Bangladesh

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This research illustrates ensuring medical facilities for Indigenous children. It is difficult for Indigenous people to get access to health care services also the government is showing negligence about the matter. They are experiencing poor health conditions due to food inequality, violence, and poverty. They are facing historical social discrimination. For this reason, the health condition of their children is becoming weaker day by day. That is why infant and child mortality is higher in comparison to the rest of the population in our country. Individuals, institutional racism, and inequitable society are responsible for this. It is also affecting the population of indigenous people. Even there is a lack of laws to protect their right. They need an equal treatment system and financial support to overcome this. Otherwise, the rate of diseases and mortality will increase among Indigenous children. This situation needs to be changed. They are entitled to get a proper medical system. Not only medical facilities but also everything connected to children's health.

Keywords: *human rights, indigenous people, children, health care, Bangladesh.*

INTRODUCTION

Bangladesh has approximately 54 Indigenous Peoples living in distinct locations and speaking at least 35 languages. The Chittagong Hill Tracts is a hilly region home to 11 indigenous

peoples.¹ **Santal, Chakma, Marma, and Mandi** are Bangladesh's most known indigenous communities. The term Indigenous people or Indigenous ethnic minorities and tribal groups describes a special group or social and cultural identity that is different from a non-indigenous group of society – approximately **476 million Indigenous people** around the world.² According to the 2011 Census, Bangladesh had 1,587,141 Indigenous people, accounting for 1.8% of the total population. In Bangladesh, most of the indigenous people live in Chittagong Hill Tracts. There are about **600,000 indigenous people** in Chittagong.³ Getting medical facilities is our human right and it is equal for non-indigenous people and indigenous people. As they are from minor society, they face many problems getting proper medical facilities. For that reason, the rate of diseases and mortality are higher among them, especially among children. They face many social, economic, and environmental changes that affect their health and well-being. Their life expectancy is up to **20 years** lower than non-indigenous people.⁴ For that reason, ensuring medical facilities for Indigenous children is our emergency now. Getting proper medical facilities from childhood will improve their life expectancy and help them be healthy in the future. **United Nations** tried to make easy access to health services by indigenous peoples in different regions. Also, suggested countries be more careful about this issue.⁵ This community worldwide faces health inequalities and gets minimum healthcare access. Some reasons for this issue are different cultures, lack of medical facilities, language, deprivation, inappropriate health care services, etc.

RESEARCH QUESTIONS

1. Whether medical facilities for Indigenous children in Bangladesh are ensured.

¹ Binota Moy Dhamai, *Human Rights Report 2014: On Indigenous Peoples in Bangladesh* (Kapaeeng Foundation 2015)

² Md. Sohrab Hossen et. al., 'Exploring barriers to accessing healthcare services for older indigenous people in the Chittagong Hill Tract, Bangladesh' (2023) 10(3) AIMS Public Health <<https://doi.org/10.3934/publichealth.2023047>> accessed 25 October 2023

³ Ahsan Ullah, *Globalization and the Health of Indigenous Peoples: From Colonization to Self-Rule* (Routledge 2016)

⁴ Hossen (n 2)

⁵ 'State of the world's indigenous people: Indigenous peoples access to health services' (*United Nations*, 18 February 2016) <<https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/03/The-State-of-The-Worlds-Indigenous-Peoples-WEB.pdf>> accessed 25 October 2023

2. Are there enough National and International Laws to ensure medical facilities for indigenous people in Bangladesh?

LITERATURE REVIEW

The research on Ensuring Medical Facilities for Indigenous children is a very important and vulnerable area of international human rights. Bangladesh's government is not giving enough attention to this issue. In the present time for not getting enough medical facilities their health situation is going out of control. This problem needs to be fixed by the government. Non-governmental organizations can also take steps about the problem. Several research studies and books have been written about Ensuring Medical Facilities for Indigenous children.

The Author AKM Ahsan Ullah: Globalization and the health of Indigenous people, 1st Edition-2017, chapter- 5 (Improving Health by Self-Governance)⁶ directed about the importance of 'Ensuring Medical Facilities of Indigenous Children. Where we can find the vulnerable situation of Indigenous people's health from the colonial system. It recommended that self-governance can help Indigenous people to gain control over the management of the matter. This book helps us to know that healthcare professional has an important role for Indigenous people and every country needs expert health professionals. The health of aging people, women, and children in this society is becoming crucial. Their aging population is lower than non-indigenous people. This book shows us how colonialism destroyed their health by not recognizing their right to land which causes them many diseases. Many countries separated indigenous children from non-indigenous children and they also faced high levels of racism which affected children's health badly. This book tells us about the importance of ensuring affordable and available health care. Also, the author tried to show the current situation of Bangladesh where he said there are **over 600,000 indigenous people** in Chittagong Hill Tracts (CHT). They are facing health issues because of inappropriate medical facilities. How indigenous people came to Bangladesh and their improvement from the colonial period till now. All over author tried to give us knowledge about indigenous peoples' chain of health from the beginning of this society.

⁶ Ullah (n 3)

Author MS. Oksana Buranbaeva, Dr. Myriam Conejo Maldonado, Dr. Ketil Lenert Hansen, Dr. Mukta S. Lama, Dr. Priscilla S. Migiro and Dr. Collin Tukuitonga and published by United Nation: State of the world's Indigenous people- Indigenous people access to Health-United Nation.⁷ First, we can get knowledge about the definition of indigenous people and its variation in different countries. The health of indigenous society is a concerning topic for the United Nations. It shows us how challenging it is for Indigenous people to get access to the medical sector. Specially **disabled children**, women, and elder persons are in a vulnerable situation. It suggests that the main reason for this problem can be cultural and language differences among healthcare providers. Also, a lack of economic capacity can be a reason for this problem. It separately provided the health situation of indigenous people living in Asia. Indigenous people here have limited healthcare access, they die younger and have higher rates of child mortality. In Asia Governments of countries don't give priority to this society. Countries can't collect information about the problem. Even the **United Nations** many times called them to solve the issue. Specifically, it talks about Bangladesh. There are almost **600,000 indigenous people in Chittagong Hill Tracts**. There is a higher rate of infant mortality, **mortality of children aged- 1 to 5**. Their immunity coverage is much lower. All over it provides us knowledge about how vulnerable is their situation now.

Authors Nicholas D. Spence and Fatih Sekercioglu in their book *Indigenous Health and Well-being in covid-19 Pandemic* investigate the impact of COVID-19 on the health of Indigenous people.⁸ It helps us to know the most drastic examples of the impact of COVID-19 on Indigenous people from the beginning. This tribe was hit by the pandemic the worst. They were in a vulnerable situation. They get **COVID-19-related** information lately than others because of distance. Their family usually lived in a crowded house so social distance was impossible and the entire family was affected. In some countries during covid-19 their mortality rate was twice as high as elsewhere. Though in some countries they have taken measures to prevent covid-19 and become quite successful. The author tried to blame their loss of control over their traditional lands, territories, and national resources for this issue. COVID-19 uncovered long-standing

⁷ State of the world's indigenous people: Indigenous peoples access to health services (n 5)

⁸ Nicholas D. Spence and Fatih Sekercioglu, *Indigenous Health and Well-Being in the COVID-19 Pandemic* (Taylor & Francis 2022)

socioeconomic inequalities and neglected society always faces public health crises. For this reason, Indigenous people also face chronic disease, mental illness, and premature mortality. Socioeconomic inequality is a huge risk factor. All over this book shows us through COVID-19 the original health situation of indigenous people.

Indigenous peoples' right to health Laws: National and International: Like everyone else, indigenous peoples have a right to the best possible level of physical and mental well-being. While there aren't any legally enforceable human rights documents that specifically address the rights of indigenous peoples, a number of the Indigenous peoples' rights to health can be advanced by using human rights instruments. Most UN human rights articles guarantee the right to the best possible standard of physical and mental health, including the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on Elimination of All Forms of Discrimination against Women, the Convention on the Rights of Child and Convention on the Rights of Persons with Disabilities.

Bangladesh didn't adopt the **United Nations Declaration** of the Rights of the indigenous people. The rights of indigenous people continued to be ignored. Bangladesh's government doesn't recognize indigenous people as indigenous people. After **the Amendment of the Constitution in 2011**, people with different ethnic identities are mentioned. Only cultural aspects are mentioned. Almost **80% of the Indigenous population** lives in the flatland district of the north and south of the country. While the rest reside in the Chittagong Hill Tracts. They are commonly known as 'JUMMAS'. ⁹**There are many Acts, Rules, and Conventions for the Health and Medical Facilities of Indigenous People. Such as the Chittagong of Hill Tract rules, the United Nation Declaration, The Indigenous and Tribal Populations Convention, 1957 (No-107), C169- Indigenous and Tribal People Convention 1989 (No-169), etc.** The contribution of indigenous people is undervalued. Their individual and collective human rights for health under national and international laws are continuously violated. The non-implementation of some of the most crucial elements of the **Chittagong Hill Tracts Accord of 1997** increased

⁹ 'Indigenous peoples in Bangladesh' (IWIGIA) <<https://www.iwgia.org/en/bangladesh.html>> accessed 28 October 2023

violations.¹⁰ **Bangladesh's constitution** ensures affirmative action to prohibit discrimination on grounds of race, religion, and birthplace under **Article 23A**. A major portion of them are deprived of socio-economic rights including health. But Bangladesh has accepted many human rights treaties and trying to implement them in our country.¹¹

HISTORY

History helps us to observe and understand how people behaved or what people suffered. By knowing history, we can know what Indigenous society suffered from the past and why they are still discriminated against. Indigenous people are known as, Adibashi, in our society. Their situation is vulnerable from the British period.

British Period: (1847-1947) - During the **British India Period**, there was a special status for Chittagong Hill Tracts. That was an '**Autonomous administered district**'. The Government of **India Act of 1935** declared the Chittagong Hill Tracts as a '**Totally Excluded Area**'. During this period Chittagong Hill Tracts people were enjoying '**Relative Autonomy**' under a traditional tribal chief.¹² Health equity among Indigenous people is inseparable from the experience of historical oppression by colonization. Historical oppression becomes the historical trauma. This historical oppression is localized to the distinct contexts and histories of indigenous people colonized throughout history. These contemporary forms of oppression have not ended. They continue their oppression which raises risk factors of economic, and environmental marginalization, discrimination, racism, health inequities, chronic stress and trauma, etc. Health inequalities and historical oppression are highly related and inseparable. Balance across ecosystem risk primitive and protective factors contribute to wellness across the physical, social, and mental dimensions.¹³

¹⁰ Raja Devasish Roy and Mangal Kumar Chakma, 'National seminar on Indigenous people of Bangladesh' (*Bangladesh Indigenous Peoples Forum*, 10 December 2015) <https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-dhaka/documents/publication/wcms_447669.pdf> accessed 05 November 2023

¹¹ Arif Ahmed, 'Rights of Indigenous people in Bangladesh' *The Daily Star* (09 August 2016) <<https://www.thedailystar.net/law-our-rights/rights-indigenous-peoples-bangladesh-1266478>> accessed 05 November 2023

¹² Ullah (n 3)

¹³ Catherine E McKinley et al., 'Mental, Physical and Social Dimensions of Health Equity and Wellness among U.S. Indigenous Peoples: What Is Known and next Steps' (2020) 30(1-2) *Journal of ethnic & cultural diversity in social work* <<https://doi.org/10.1080/15313204.2020.1770658>> accessed 07 November 2023

Pakistan Period: (1948-1970) - After the British-India partition Chittagong Hill Tracts came under the Pakistani Constitution 1963. This amendment eliminated immigration restrictions and allowed large-scale Bengali settlers into the Chittagong Hill Tracts. For this, their land becomes abused and misappropriated. The government of Pakistan built the **Kaptai Hydro-Electric Dam in 1962**. This project **inundated 40% of their agricultural land**. The impact of this Dam was so influential that a whole generation suffered physically and mentally. They call it a '**Kaptai Death Trap**'.¹⁴ For this indigenous people suffered higher suicide rates, infant and child mortality, etc. So during the British period, indigenous people faced discrimination about health and medical facilities. Because they belong to different cultural values and minor societies. Non-indigenous people always tried to dominate them and deprived them of their rights. They don't get access to health care facilities properly from childhood. For not getting proper treatment from childhood their life expectancy is lower than other people. And still for not getting proper identical rights their children are deprived of the proper medical system, medicine, and other medical facilities.

INTERNATIONAL LAWS AND RULES

International rules, norms, and conventions are binding upon states when any state adopts that rule as its law. International laws play an important role in maintaining world order, promoting peace, and ensuring the protection of human rights.

United Nation Declaration:

Article 23: Indigenous people have the right to be actively involved in developing and determining health.¹⁵

Article 24: Indigenous people have the right to use their traditional medicine and to maintain their health practice. Indigenous individuals have the right to access health services without any discrimination.

¹⁴ Ullah (n 3)

¹⁵ United Nation Declaration on the rights of Indigenous people 2007, art 23

Indigenous individuals have equal rights to enjoy the highest attainable standard of physical and mental health. States should take the necessary steps to provide this right. Bangladesh abstention from this declaration.¹⁶

Indigenous and Tribal Population Convention 1957 (No-107):

Article 20: Part-V (Social Security and health): The government has to assume the responsibility to provide adequate health services. The organization of such service shall be based on systematic social, economic, and cultural studies. Such service should be developed by coordinating with general measures of social, economic, and cultural development. Bangladesh adopted this convention on 22 June 1972.¹⁷

Indigenous and Tribal People Convention 1989 (No-169):

Article 25: Part-V (Social Security and Health): The government will ensure that adequate health service is available for Indigenous people or provide them resources and allow them to deliver this service under their responsibility. So they can enjoy the highest standard of physical and mental health. Health service should be community based and such service should be planned and administered in co-operation with indigenous people. While providing this service government should consider their economic, geographic, social, and cultural condition as well as traditional preventive care, healing practice, and medicine. Healthcare workers should be trained by health care services. The government should maintain primary health care services while maintaining strong links with other levels of health care service.¹⁸

UN Convention on the Rights of the Child (UNCRC) 1989

Article 2: The rights that are set under this convention will apply to every child whatever their race, color, gender, language, religion, ethnicity, disability, or any other status.

¹⁶ United Nation Declaration on the Rights Of Indigenous People 2007, art 24

¹⁷ Indigenous and Tribal Populations Convention 1957, art 20

¹⁸ Indigenous and Tribal Population Convention 1989, art 25

Article 24: Every child has the right to get the best possible health care. The state will ensure health care service, a clean environment, clean water, and health care information.

Article 25: Children who live away from home for healthcare have the right to know the update of their health.¹⁹

Bangladesh signed the Convention on 26 January 1990 and ratified it on 3 August 1990.

NATIONAL LAWS AND RULES

The Constitution of Bangladesh is the supreme law of our country. Article 23A of the constitution recognized indigenous people as a tribal community. As this law is our mother law it is important for establishing basic rights of indigenous people.

The Constitution of the people's republic of Bangladesh:

Article 23A: The State will take to protect and develop the unique local culture and tradition of the tribe.²⁰

The Hill District Council Act 1989: (As of amendment of 18 September 2000)

First Schedule, Function of the Council, Section 22, 4) Establish and maintain hospitals, clinics, and first aid centers. The government should establish mobile medical units and encourage society for medical aid. The government should arrange primary health care, train midwives, control and prevent Malaria and other infectious diseases, Adopt and implement family planning, establish inspections of health centers, and inspect duties of compounders, nurses, and health workers.²¹

¹⁹ UN Convention on the Rights of the Child 1989

²⁰ The Constitution of the People's Republic of Bangladesh 1972, art 23A

²¹ The Hill District Council Act 1989, s 22

Ministry of Chittagong Hill Tracts Affairs

Chapter 19: 3.1 The Government should ensure health services by supplying pure drinking water, tube wells, and health services. Health services should be provided through mobile clinics and a supply of pure water.

4.2 Provide health care service to eradicate the malnutrition of children. The infant mortality rate is decreasing as a result of targeted healthcare services for children along with the healthcare services provided to their mothers.²²

Indigenous Children's Health Status in Bangladesh: The largest area of indigenous people for a living is the Chittagong Hill Tracts. But this community also lives include Chittagong, Greater Mymensingh, Coastal Area, Southwest, North- Bengal, and Greater Sylhet. Indigenous people in Bangladesh called themselves 'Adivasi'. A significant portion of Indigenous people are deprived of basic socio-economic rights including Health. The reason for this deprivation is improper medical facilities. The situation of Indigenous children with disabilities is many times worse. Disabled children need special care and treatment also highly technological medical facilities. Nowadays Bangladesh is progressing to lowering infant and under-five mortality rates. Also improving immunization coverage and reducing the incidence of communicable diseases.²³ But still, this community is deprived in comparison with non-indigenous people. They need more access to medical facilities for their betterment. This community is living a different and adventurous life than normal people. So they face more health difficulties. Healthcare is problematic in these areas. In fact, in comparison with Urban and Suburban residents health care facilities are poorer in rural communities. Many barriers they are facing while using their right to proper medical facilities.

Medical Facilities in Different Residential Areas for Indigenous People: Indigenous people live all over Bangladesh. Such as Chittagong Hill Tracts, Great Mymensingh, Coastal Area, South-West, North-Bengal, and Greater Sylhet. The medical system in all these areas for

²² Chittagong Hill Tracts Affairs 1997

²³ Roy (n 10)

Indigenous children is not the same. Some area gets the attention of the government more and the government is trying to develop their medical system. Most of these areas still face discrimination and racism in case of getting proper medical facilities.

Chittagong Hill Tract: The Chittagong Hill Tracts area includes Rangamati, Bandarban, and Khagrachari districts. Where different types of Jumma people are residing. They are Chakma, Marma, Tripura, Bawm, Pangkhu, Lusai, Tanchangya, Kiang, Mru, Asam, Gurkha, Chak, Khumi. Chittagong Hill Tract has the worst health record. Infant and child mortality is the most crucial matter. The Buddhist population is spread across these areas and 90% of them are located in deep rural areas where healthcare access is very difficult. In Chittagong Hill Tracts 50% of government health care facilities are vacant. A limited number of Ambulances exist at the District level. Also, skilled people are not willing to work in such remote areas. Family Planning Association of Bangladesh (FPAB) is the leading NGO that works for Indigenous mothers and children. Birth attendants by skilled health workers in Bandarban is the lowest according to a Multiple Indicator Cluster survey in 2009. Rangamati and Khagrachari are in a better position. Due to this absence of skilled workers infant mortality rates are increasing. Under five mortality rates are 85 deaths per 1000 in the Chittagong Hill Tracts. The government of Bangladesh is trying to improve this matter. Already Bangladesh is making remarkable progress. Bangladesh is trying to complete the Millennium Development Goals (MDGs).²⁴

Greater Mymensingh: Greater Mymensingh included Tangail, Netrokona, Jamalpur, and Sherpur Districts. Different types of indigenous people are residing in these areas such as Garo, Hajong, Koch, Barman, Dalu, Hodi, Banai, and Rajbangshi. People in Urban and Peri-urban areas enjoy better health access than urban areas. In recent days Bangladesh has achieved significant achievements in health indicators. Almost 84% of Urban and 75% of rural people have private and small healthcare service providers. Where health workers are semi-skilled with no professional training. Of people in rural areas, 13% seek treatment from government services, 27% use private services and the remaining 60% rely on unprofessional service providers. Informal healthcare services are dominating those areas. Currently, many local governments

²⁴ 'Health indicators lag in Chittagong Hill Tracts' (*The New Humanitarian*, 14 July 2011) <<https://www.thenewhumanitarian.org/feature/2011/07/14/health-indicators-lag-chittagong-hill-tracts>> accessed 27 November 2023

and many non-governmental organizations are implementing children's health improvement programs.²⁵ They need to travel almost 7.5 kilometers to get nearest health facilities. In their area village doctors make minimum contribution to the health of indigenous people. Their children suffer several issues from childhood. The government needs to invest more to make available medical centers like Hospitals, clinics, and doctors' chambers. The physical status of a child is important because it makes their future healthy. It will increase life expectancy in this community.

Coastal Area: The Coastal Area included Patuakhali, Barguna, and Coxbazar District. 'Rakhain' ethnic community live in these areas. Accessing the necessary healthcare facilities is challenging for people living in Coastal Areas. Indigenous children in this area suffer from a lack of health facilities and healthcare providers. It's very difficult and costly to get there. Indigenous children in this area are deprived of proper medical facilities. The health care service does not provide medical rehabilitation for disabled children so they depend on informal providers. A minimum level of medical rehabilitation is through NGOs. The people living in this area suffer a lot from climate change. The need proper medical system to adapt to these changes. The majority of them preferred village doctors to government facilities due to time convenience, easy accessibility and short distance. Child mortality is high in this area among Indigenous people. Several doctors provide health care in the private sector and they give much attention to the patient. But they are quite expensive. Due to high expenses, Indigenous people couldn't easily get access to private medical facilities either.²⁶

South-West: South-West area included Jessore, Satkhira, and Khulna districts. Different indigenous communities live there such as Bagdi (Buno), Rajbangshi, and Santal. Infant and child mortality continues to be a major public health problem worldwide. Child health care service is poor in rural areas of the southwest and the child health care system among Indigenous society is more vulnerable. Though Bangladesh made significant progress in

²⁵ Ripan Debnath and Praghya Parmita Debnath, 'Comparing Healthiness across Urban, Peri-Urban, and Rural Communities in Mymensingh Region of Bangladesh' (2020) 14(1) GeoScope <<http://dx.doi.org/10.2478/geosc-2020-0002>> accessed 27 November 2023

²⁶ Department for International Development, *Analysis of Health Needs and Health System Response in the Coastal districts of Bangladesh* (2020)

reducing the Under-five child mortality. Pneumonia, Diarrhoea, and Respiratory diseases are common among them.²⁷ Also in the south-southwest of Bangladesh people face a safe drinking water crisis. The medical system in this area among Indigenous children is poor. Indigenous people usually face discrimination and not getting a proper medical system is one of them. Even if non-indigenous people get minimum health facilities in these areas Indigenous people face more problems while getting access to health facilities. They use their own customary medicine most of the time. Because they face problems getting access to the regular medical system. The availability of medical services determines the decision to seek healthcare with Socioeconomic factors like religious and cultural norms.²⁸

North-Bengal: North-Bengal included Rajshahi, Dinajpur, Rangpur, Gaibandha, Noagaon, Bagura, Sirajgonj, Chapainawabgonj, Natore district etc. There are different indigenous communities such as Santal, Oraon, Munda, Malo, Mahali, Khondo, Bedia, Bhumij, Kole, Bhil, Karmakar, Mahato, Muriyar, Musohor, Pahan, Paharia, Rai, Sing, Turi. The population of North Bengal is imposed with different ethnic groups. Smallpox and diarrhea cause a high child mortality rate in North Bengal among indigenous people.²⁹ Traditional beliefs have a significant influence on how individuals understand their health-related issues. Due to a lack of health understanding rural people of Bangladesh do not have the opportunity to access a specialist doctor.³⁰ Most of the tribes live below poverty and don't spend much on health care. They tend to ignore their illness and among them, the rate of utilization of public health care services is very low. These tribal communities have high maternal mortality and infant mortality rates with high rates of infectious diseases like Dengue fever, Malaria, Pneumonia Tuberculosis, etc. Most of the tribal communities don't get access to safe drinking water. So, they suffer from various

²⁷ Shahinur Akter, 'Factors Influencing Health Service Utilization among Mothers for Under-Five Children: A Cross-Sectional Study in Khulna District of Bangladesh' (2022) 17(9) PLoS ONE
<<https://doi.org/10.1371/journal.pone.0274449>> accessed 30 November 2023

²⁸ Debnath (n 25)

²⁹ Srabani Ghosh, 'The History of Medical And Health Care Systems of North Bengal From 1869 To 1969' (D'Phil Theses, University of North Bengal 2011)

³⁰ Tasmaha Tarafder and Parves Sultan, 'Reproductive Health Beliefs And Their Consequences: A Case Study On Rural Indigenous Women In Bangladesh' (2014) 20(2) Australasian Journal of Regional Studies
<https://www.researchgate.net/publication/264496775_REPRODUCTIVE_HEALTH_BELIEFS_AND_THEIR_CONSEQUENCES_A_CASE_STUDY_ON_RURAL_INDIGENOUS_WOMEN_IN_BANGLADESH> accessed 05 December 2023

diseases and for this, they need a proper medical system. But they don't get an equal medical system from the government.³¹

Greater Sylhet: Greater Sylhet included Sumangonj, Mouvlibazar, Sylhet, and Hobigonj district. Different tribal groups live there such as Monipuri, Khasia, Garo, Hajong, Patro, Kharia, Santal, Oraon, etc. Health is a fundamental need that improves the quality of life of people. It is the responsibility of the government to improve healthcare facilities. The effectiveness of a healthcare system depends on the availability and accessibility of services in a form that people can understand, accept, and utilize. Most of the indigenous children get health care services from informal health care services. As most of them live in rural areas. It is difficult to improve the medical facilities of Bangladesh without improving rural medical facilities and the health of people of ethnic communities. Medical facilities in this area mainly emphasize the construction of Thana Health Complexes and Union Health and Family Welfare Centers without giving much attention to their utilization and delivery services.³² The lack of skilled health personnel and skilled nurses is the main reason for this situation. Also, social discrimination is a huge reason for not getting proper medical facilities. Indigenous children are suffering a lot from this improper service.

Implementation of Laws

The rights of Indigenous children assumed a significant place in international human rights. Some most important laws that recognize the indigenous people of Bangladesh are the Chittagong Hill Tracts Regulation 1900, The Hill District Council Act 1989 and The Chittagong Hill Tract Regional Council Act 1998. There is a lack of proper laws about the health of Indigenous children.

Bangladesh adopted the Indigenous and Tribal Population Convention in 1957. This convention provides the importance of proper medical facilities among Indigenous people and suggested

³¹ Boby Sarker, 'Health Care Seeking Behavior among Indigenous People in Rural Areas of Dinajpur, Bangladesh (2023) 10(1) Journal of Emerging Technologies and Innovative Research <<https://www.jetir.org/papers/JETIR2311254.pdf>> accessed 06 December 2023

³² Md. Shariful Alam Khandakar, 'Rural Health Care System and Patients' Satisfaction towards Medical Care in Bangladesh: An Empirical Study' (2014) 35(2) Journal of Business Studies <https://www.fbs-du.com/news_event/14664850464.%20Md.pdf> accessed 06 December 2023

to ensure medical facilities for them. Bangladesh adopted this convention but didn't implement it properly.

In The Hill District Council Act 1989 it is stated that the government should ensure medical facilities for tribal communities and educate them about the health care system. The government of Bangladesh is trying to implement such laws but the progress is slow. Because this community is still discriminated against. Also, their geographical distance and cultural differences are a big reason.

Bangladesh adopted the UN Convention on the Rights of the Child in 1990. In this convention, it is clearly stated that every child has the right to have proper health care and every state who adopted this convention is bound to ensure this right. As Bangladesh adopted this convention and according to this convention Bangladesh should provide equal and sufficient medical facilities to indigenous children. Bangladesh adopted this convention in 1990 but is still not capable of ensuring 100% medical facilities.

National Case Laws: The reason for this situation is there are not sufficient laws to ensure medical facilities for Indigenous children. Our country doesn't even recognize them as indigenous so filing cases for medical issues is difficult for them. They don't have enough scope to take legal action for not getting equal medical facilities. I think this is a huge problem that should be resolved by the government as soon as possible. Lack of medical facilities is a crucial problem in society. Because health is the most important thing for a person. My thesis emphasizes the importance of adequate medical facilities. If I could refer to some National cases in my thesis that can strengthen my thesis more. However, I am unable to find any relevant national case laws for my dissertation. There is no case within my knowledge that is relevant to my topic and I can interpret it.

COMPARISON BETWEEN INDIGENOUS AND NON-INDIGENOUS CHILDREN: INTERNATIONAL PERSPECTIVE:

Very few studies have focused on health and healthcare-seeking behavior among tribal groups for their children. Bangladesh is a densely populated country. About 1% of the population is

termed a 'Tribal Group' due to distinct a unique language, culture, tradition, religion, custom, etc.³³ Indigenous people have less access to health services than non-indigenous people. They face more barriers in the use of health services. The rate of infant mortality among indigenous people is always higher than among non-indigenous people. Understanding the gaps in health service utilization between Indigenous and non-Indigenous children would facilitate early intervention and provision of appropriate medical services. Health service utilization measures at Three levels: Tertiary healthcare service, Secondary healthcare service, and Primary healthcare service. The difference in these services between Indigenous and non-indigenous people is huge. The economic situation position of Indigenous people creates a barrier to getting higher medical facilities by using the private medical sector. Also, the characteristics of children in indigenous and non-indigenous people are different. As non-indigenous children not only get a better health care system but also better education, social activity, and equal treatment. Non- indigenous people have enough scope to take legal action against the unavailability of medical facilities.³⁴

Comparison of health Services Among Indigenous and Non- Indigenous People

Comparison is the way to understand the level of unfairness and discrimination. Both Non-indigenous and Indigenous children live in this country. They were born in this country. Right should be equally applicable for both. But they are facing differences not only in the health sector but also in other sectors. For example: Education, Nutrition, Livelihood, Economic situation, etc.

Primary Health Care Service: Primary health care service means when the public faces any physical issue and contacts the hospital for treatment. It is not an emergency. This part of the health system people use most and provided by general practitioners. Community clinic is part of this service. Non- Indigenous children are getting easy access to primary health care services. Bangladesh is making progress in getting easy access to this service for general children. Infant and child mortality rates are also declining day by day for easy access to this service. The

³³ Sarker (n 31)

³⁴ Lixin Ou et. al., 'The Comparison of Health Status and Health Services Utilization between Indigenous and non-Indigenous Infants in Australia' (2010) 34(1) Australian and New Zealand Journal of Public Health <<https://doi.org/10.1111/j.1753-6405.2010.00473.x>> accessed 06 December 2023

government of Bangladesh has established a policy goal of ‘health for all’. The general services availability ranged between 47% for CCs and 83% for UHCs. However, all levels of primary health services are still not available.³⁵ the non-governmental organization also taking steps to ease the access at primary level for general people.

On the other hand, in Tribal communities, it is difficult for them to get access to primary health care services. For Indigenous children living with high rates of diseases, access to this service is crucial. Poverty was a prominent social determinant of health issues with some Indigenous peoples finding it difficult to afford either transportation to or the costs of, obtaining primary health service. Lack of basic Communication Infrastructure presents access to primary health care services. Primary health care service is the very basic level of treatment that is mandatory for the good health of children. Some services provide transportation but this is not enough to ensure primary health care service among all children. Also, due to a lack of community acceptance, they are deprived of this. So in comparison with non-indigenous people Indigenous children are in a very lower position in case of getting primary health services.³⁶

Secondary Health Care Service: It means when the primary care provider refers any specialist. That means transfers to someone who is more expertise. The government is trying to make available a secondary level of hospital for special treatment of general people. The government upgrading these secondary district hospitals for children for special treatment. Non-indigenous children get access to this level of treatment more easily for better geographical and economic places. The rapid expansion of the private hospital sector is also evident across the country with many new facilities opening. It makes it easy for general people to get easy access to special treatment.

But among Indigenous communities secondary health care service is rarest. Their children even don’t get primary health care services when they needed So getting access at the secondary level

³⁵ Ashraful Kabir et. al., ‘The capacity of primary healthcare facilities in Bangladesh to prevent and control non-communicable diseases’ (2023) 24(1) BMC primary care <<https://doi.org/10.1186/s12875-023-02016-6>> accessed 12 December 2023

³⁶ Carol Davy et. al., ‘Access to Primary Health Care Services for Indigenous Peoples: A Framework Synthesis’ (2016) 15(163) International Journal for Equity in Health <<https://doi.org/10.1186/s12939-016-0450-5>> accessed 12 December 2023

is tough for them. The first reason for this is their geographical location and economic situation. It is costly for them to come to Urban areas to get secondary health services. Most of them live in rural areas and Bangladesh is still not able to make secondary health care services available in rural areas.

Tertiary Health Care Service: Tertiary care refers to special care in a hospital setting. Bangladesh's government has been building tertiary-level hospitals to meet the complex and critical health situation. In Bangladesh, there are **25** tertiary-level hospitals and general children get easy access to them. Especially in cases of injury and accident tertiary-level hospitals are most needed. But Bangladesh government is still not capable of ensuring tertiary-level treatment for the overall population. Most of the tertiary-level hospital is located in Dhaka. So, people from outside Dhaka have to come here for better treatment which is costly.³⁷

In indigenous communities getting tertiary-level medical service is nearly impossible. This community always faces discrimination and inequality. Tribal people still fighting to get the basic primary level of treatment in their locality. However, the Bangladesh government failed to meet their need. In case of serious physical diseases and issues, they don't have other options other than taking their customary treatment. Every year under 0-5 age children's die of pneumonia.³⁸ Most of them are from rural areas and belong to ethnic communities. Lack of expert hospitals and upgraded settings are the reason.

Medical Facilities for Indigenous children in other Countries: In the basic steps of the medical system, there is a clear picture of differences. At every step, non-indigenous people are getting access to a medical system more easily. Their children are getting better health services than Indigenous children. The government as well as society shows discrimination. Not only in Bangladesh this community faces discrimination in other countries also. There are so many

³⁷ 'Where Should Bangladesh Build Its Next Tertiary-Care Hospital?' *The Financial Express*
<<https://thefinancialexpress.com.bd/views/views/where-should-bangladesh-build-its-next-tertiary-care-hospital>> accessed 12 December 2023

³⁸ 67 Children Die of Pneumonia Every Day in Bangladesh' *The Business Standard* (11 November 2020)
<<https://www.tbsnews.net/bangladesh/health/67-children-die-pneumonia-every-day-bangladesh-156727>>
accessed 13 December 2023

stories that create a clear picture of how Indigenous children are suffering from inappropriate medical systems in other countries. Some examples are:

- In Australia, a 6 years old Indigenous boy died from a sudden illness named Charlie. He grew up in a remote area of Queen's Land, Australia. After he became ill in January 2017 his parents took him to the hospital. Health staff told his parents it was just a stomach bug. After seeing no improvement his parents went to hospital five more times. 9 days later Charlie dies due to Melioidosis.³⁹
- A 12-year-old Indigenous girl died in 2019 names Sasha. She died from complications resulting from Pneumonia. She was transferred for emergency heart surgery. But she passed away. Her father had a heart issue but after informing her so many times they ignored her father's health history.⁴⁰
- In Canada an Indigenous child two-month-old child died in a hospital and hospital authority didn't even inform her parents. They heard about her death after two months. Because they were not allowed to accompany her. After investigation, it was revealed that more than 200 indigenous children died in this hospital and they did the same thing. All these children died due to the ignorance of the health workers and hospital.⁴¹
- In 2007 an unconfirmed number of Ngobe-Bugle Indigenous children died due to respiratory illness in Central America. High level of malnutrition, poor conditions, and limited access to health services have contributed to the death of almost 40 children.⁴²

In India, there are a significant number of native people. Here it is more difficult to deliver health services to remote areas for Indigenous children. For culture and language barriers it creates

³⁹ Sophie McNeill, 'Indigenous Australian Boy's Death and Inadequate Health Care (*Human Rights Watch*, 25 August 2020) <<https://www.hrw.org/news/2020/08/25/indigenous-australian-boys-death-and-inadequate-health-care>> accessed 13 December 2023

⁴⁰ Dechlan Brennan, 'Inquest into Death of 12-Year-Old Indigenous Girl in State Care Urges Greater Communication between Agencies' *National Indigenous Times* (08 September 2023) <<https://nit.com.au/08-09-2023/7584/coroner-recommends-improved-communication>> accessed 13 December 2023

⁴¹ Fanny Lévesque And Olivier Jean, 'At Least 200 Indigenous Children Went Missing or Died after Entering a Quebec Hospital' *Toronto Star* (7 September 2021) <https://www.thestar.com/news/canada/at-least-200-indigenous-children-went-missing-or-died-after-entering-a-quebec-hospital/article_e36f9053-e451-5aed-a20f-6954412cbee5.html> accessed 16 December 2023

⁴² 'Indigenous Children's Deaths Highlights Need for Better Health' (*IOM UN Migration*, 04 October 2007) <<https://www.iom.int/news/indigenous-childrens-deaths-highlights-need-better-health>> accessed 16 December 2023

significant challenges to ensure medical facilities. Also, there is limited access to healthcare centers and professionals. Healthcare professionals are scarce, including doctors, nurses, and paramedical workers, in these areas.⁴³

Developed countries are highly trying to solve this crisis and are already on the way to achieving the goal. Developing countries like ours are still in a bad position. The government should be more concerned about this.

Impacts in Bangladesh: Health is a fundamental condition for humans in developing countries like Bangladesh. Health comes after food and shelter on the scale of basic needs. A proper healthcare system can contribute to a significant part of a country's economy, development, and industrialization. Proper medical facilities help to determine in promoting physical and mental well-being among indigenous society. It will increase the mortality rate among Indigenous children. This community is an important part of our country. Their health is necessary for developing countries like Bangladesh. Health is a part of the economic growth of a country. Most of the indigenous society belongs to urban areas and they are involved with many agricultural professions. If they don't get adequate medical facilities from childhood their physical capacity will decrease day by day and in the future, it can hamper our economy.

CONCLUSION AND RECOMMENDATIONS

There are so many loopholes that facilitate the government to become ignorant about this community. **There are lack of laws, departments, finance, and power that can be used by tribal people to claim their human rights:**

Geographical Isolation is one of the reasons for inadequate medical facilities. Bangladesh is a developing country. The government of Bangladesh is trying to start at least primary-level health care in every remote area. But the process is still ongoing. Because it's challenging to start sufficient medical systems in remote areas. These areas are different due to their mountainous,

⁴³ Asitava Deb Roy et. al., 'The Tribal Health System in India: Challenges in Healthcare Delivery in Comparison to the Global Healthcare Systems' (2023) 15(6) *Cureus* <<https://doi.org/10.7759/cureus.39867>> accessed 16 December 2023

rough terrain, dense forest, lakes, and falls. For this kind of feature, they only have a few medical centers.

High cost in the medical sector is problematic for them. Most of the indigenous people come from lower or lower-middle-class backgrounds. They have to use the high cost of cost of transportation to get a proper medical system. Lack of qualified doctors. Also, nearby health services are quite expensive. They barely manage their food. Good medical facilities are a luxury for them.

Most of the Indigenous community **relies on traditional healing practices**. They use traditional medicine in the maintenance of health, in the prevention, diagnosis improvement, and treatment of physical and mental illness. Sometimes they don't use modern medical systems even if they are needed. Some people from this community don't rely on the modern medical system. They have their own beliefs about it. The reason for this thinking is illiteracy.

In Bangladesh, children are protected under the Children Act 2013 which doesn't discriminate based on Race, color, gender, language, religion, etc. But still, Indigenous children are not getting adequate medical facilities compared with non-indigenous children. Also, there are no case laws about the issue.

Lack of knowledge of healthcare services is a reason for the current situation. Indigenous society are still uneducated and they are unable to recognize their health need. As this community lives in a remote area their exposure to healthcare information and awareness is limited. Their parents are not aware of their children's health. For that reason, most of them don't know the importance of proper medical facilities.

The language barrier is a reason which is an underrated problem. Most of the indigenous people don't understand Bangla. For this reason, they don't feel comfortable exploring the outer world. Also, skilled health workers don't want to work in remote areas because they don't understand their language. Finally, unskilled health workers are common in the area where indigenous people live. Skilled and educated health workers don't feel comfortable to live in that remote area and serve them.

RECOMMENDATIONS

Bangladesh always falls into a lower position in the case of the medical system especially when it is about the medical system of indigenous society. Indigenous society is not careful about their children's health. Their health problem is not a major concern. Government and non-government organizations **should work together to create awareness** among them. The community leaders should help tribal people **gain knowledge about the importance of good health**. The government should be aware of their rights to get a proper medical system. Social workers by using **pictures, diagrams, and simple language** can educate them. The government should create more scope for them in **education and job fields**. So that they can bear the cost of getting good medical facilities. Government and NGOs should make more medical centers for them in their area and **appoint skilled health workers**. **Availability of medicine stores** at cheap prices is also needed for them. General people should help them. Children are the future of any community so their good health is very important. Non - indigenous people should not discriminate against them and we should try to help them by showing responsibility. Their hospital accommodation is limited and of poor quality. The government should pay heed to this issue. Bangladesh's government should help them to take legal steps if their right becomes violated. By taking this step their medical system will be more accessible and there will be a significant reduction in health issues among Indigenous children.

CONCLUSION

From the above discussion, we can say that the reasons for an improper medical system are non-implementation of laws, lack of awareness, discrimination, illiteracy, and so on. Children of indigenous communities are suffering for no reason. We can see that they are still geographically isolated. People from urban areas are getting more and more facilities and modern livelihoods but their way of living and living facilities are the same as before. For this reason, they are still dependent on traditional health care services which are not capable of fighting with modern viruses. Professional healthcare providers are very costly for them as they belong to a poor society. The government couldn't provide them with free medical services because of a lack of budget. Also, they become discriminated against. Most of our urban society couldn't accept them as part of our society. The Bangladesh government failed to give them facilities as non-

indigenous children. They can't take steps. Governmental, non-governmental, and international organizations can make people aware of the issue. This issue can hamper their future generation. If this situation remains the same, they will have a very unhealthy and weak generation. Every year many children are dying from inadequate medical facilities and many of them are suffering dangerous diseases. Children are the future of any generation. Their health is most important. Improving their medical system is needed for the development of our country.