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Santal Christian Women's Cultural and Religious Practices during Pregnancy: A Qualitative Study

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Abstract

Religious and cultural beliefs have a significant influence on the maternal experience across many societies, including those of the Santal in Bangladesh. During pregnancy, Santal women often practice several cultural and religious rules for protection, mental peace, and well-being. This study analyzed the religious and cultural beliefs and practices of Santal women during the antepartum period. A qualitative phenomenological approach was applied, involving eight women and eight men from the family who had a recent experience of pregnancy. The data were collected from October 2023 to December 2023. All the respondents were selected through purposive sampling. Individual in-depth interviews were conducted in Bangla. The interviews were audio-recorded and transcribed. The analysis was done employing a thematic approach. Ethical approval was obtained for the study, and confidentiality and anonymity were ensured. The findings of this study revealed that three main types of cultural and religious practices were available among the Santal Christian women during pregnancy. These are religious faith-based maternal practices, traditional protective cultural beliefs and practices, and family-imposed rules. Faith-based maternal practices included personal and combined prayers, vow making, church-based thanks, consultation with priests, and the use of sacred objects such as blessed water, the Bible, Jop mala (rosaries), and stickers. Traditional safeguarding practices and cultural beliefs during pregnancy included movement restrictions, the belief in the evil eye, clan-based protective measures, food restrictions, and avoidance of activities during eclipses. Moreover, family influence during pregnancy highlighted how women followed cultural and religious practices due to social and family pressure. The Santal Christian women adhered to deeply rooted religious and cultural practices during pregnancy. The study suggested that religious and cultural beliefs should be an integral part of healthcare providers' training, enabling them to understand and provide holistic services that cater to the diverse needs of their patients.

Keywords

Santal, Christianity, Pregnancy, Spirituality, Women.

1. Introduction

Bangladesh is among the most diverse countries in the world. It is eclectic in various aspects, such as ethnicity, culture, language, religion, and tradition. This rich diversity has given rise to a unique composite culture in Bangladesh. Indigenous peoples, also known as *adivasis*, are among the most crucial contributors to this diverse culture. Bangladesh is often regarded as a melting pot of diverse ancient ethnicities (Shamsuddoha & Jahan, 2018). Many of these communities are

now recognized as indigenous communities. Over 54 indigenous communities, comprising approximately 2% of the total population, have lived in the Chittagong Hill Tracts and in various pockets of the plains, coexisting alongside the Bengali majority population (Chowdhury & Chakma, 2016).

Santals constitute the second-largest tribal group in Bangladesh, after the Chakma. Naturally, they are physically very robust and assiduous. They typically have a medium stature, dark skin tone, round-shaped faces, high cheekbones, a large mouth, voluptuous lips, and a wide nose. The Santal community traditionally inhabits West Bengal's Midnapur district, and the name Santal basically originates from the word "Saint." They also mention themselves as 'Horhopon', which means 'Sons of Man' (Debnath, 2010). According to the 2022 Population and Housing Census of Bangladesh, there are 1,650,478 individuals identified as belonging to ethnic communities, accounting for approximately 0.97% of the total population, as well as 129,049 Santal people residing in various districts of Bangladesh (BSS, 2022). They primarily reside in the Rajshahi, Dinajpur, Bogra, and Rangpur districts in northwestern Bangladesh, which are predominantly plain land regions (Pinku, 2020).

Santals possess a rich and ancient socioeconomic and cultural heritage that distinguishes them from the mainstream Bengali population(Shamsuddoha & Jahan, 2018). The Santal people have a deep connection with nature, particularly with forests, wildlife, and other natural resources. Traditionally, they have been hunters and gatherers, depending on community resource sharing and an agro-based economy for their living (Razzaque Sarker et al., 2016). According to a comparative study, a significant portion of the Santa population has historically faced numerous challenges, including poverty, landlessness, and limited access to healthcare and education (Hossain & Uddin, 2020). Because they are economically poor and ethnically segregated, Santal women are more vulnerable to parental and pregnancy health risks. The Santal population also has a culture of following various religious and social beliefs and norms during pregnancy. There are various social and traditional folk restrictions that they observe to protect the unborn child from "bad influences" and to avoid pregnancy and birth-related problems such as miscarriage, maternal death, and newborn malformations.

Most Bangladeshi Santals follow different types of religions. Some practice their traditional religion, known as Sonatan, while others have adopted Christianity. Therefore, there are differences between *Sonatan* and Christianity. *Sonatan* is quite similar to Hinduism, and its followers perform their religious duties through worship and various festivals. They do not have any temples of their own. However, *Sonatan* Santals believe that spirits surround them and that only those spirits can assure their well-being. However, the distinct religious practices of the Santals have been changing. To achieve a better life and escape poverty, many of them are converting to Christianity and adopting Christian culture and traditions (Shamsuddoha & Jahan, 2018).

Pregnancy is a common phenomenon in all societies. According to medical research, becoming pregnant is a biological event, but women perceive it as both a biological and a social phenomenon. Pregnancy and childbirth are not only considered biological processes in all societies, but also have varying social significance (Helman, 2007). For example, a study of Javanese people in Buntu Pane Village, Ashahan, Indonesia (Rholand Muary, 2021), found that pregnancy has many varied interpretations and meanings, and people practice numerous pregnancy rituals based on their traditions and beliefs. During pregnancy, women enter a new phase of their lives as parents, assuming new roles as mothers. Pregnancy, on the other hand, is regarded as a potentially hazardous period for both mothers and children. Another study revealed that women in all societies pray to God more frequently for protection, safe delivery, and blessing during pregnancy (Jesse et al., 2007). Practicing religious activities and rituals is a common practice during pregnancy in various cultures. A safe motherhood project implemented in seven states of eastern Nigeria between 1992 and 1996, with rural women and traditional birth attendants, demonstrated that some women hated hearing the word “cesarean section” because they were afraid of dying during the procedure, and many of those who had one were socially deprived. This wickedness persisted in their generation (Okafor, 2000). Therefore, pregnant women use all spiritual and traditional techniques to guarantee a standard and safe delivery. Women pray to God alone or in groups. Pregnant women often pray to God to strengthen their faith and hope, and they receive the assurance of a safe delivery (Jesse et al., 2007). Moreover, many pregnant women follow various religious rituals throughout their pregnancies according to their faith. During prayers, women may use religious artifacts such as blessed water and oil, believing that the Holy Spirit (Spirit of God) uses the blessed water and oil as a medium to impact the user (Fouka et al., 2012). Some women recite bible verses while praying (Jesse et al., 2007). Some ladies sing loudly when praying to their God, which may offend those who are unfamiliar with this style of devotion. Some religious sects require specific dress requirements, particularly for prayer in places of worship (Griffith & Young, 2014).

However, Research on pregnancy and health-seeking behavior in the indigenous community is not something new globally. However, very little research has been conducted focusing on Santal Christian service-seeking behavior and the social and religious norms they follow during pregnancy. Therefore, this study aimed to investigate the social and religious norms observed by Santal Christian women in Bangladesh, particularly during the prenatal and postnatal periods. The specific objectives of this study were -

1. To identify the religious practices followed by Santal women during pregnancy.
2. To examine the traditional customs and protective beliefs surrounding the antepartum period.
3. To explore the influence of family and community on the adoption of these religious and cultural practices.

2. Methodology

This study employed a qualitative phenomenological approach to examine religious beliefs and practices during pregnancy and labour. This approach was deemed suitable because it focuses on exploring women's personal experiences, thereby uncovering the specific religious beliefs and practices of Santal pregnant women. This research was conducted in Godagari Upazila, Rajshahi District, where Santal Christianity were available to understand the social and religious practices followed by Santal Christian pregnant women during pregnancy.

The data were collected from October 2023 to December 2023. The primary data were collected through 16 in-depth interviews (IDIs) with individuals using a set of guidelines. The interviews focused on individual cases to gather diverse social perspectives and gain an in-depth understanding. Before the interview, we conducted a preliminary field visit to the project villages to gather basic information about postpartum women.

This study adopted a purposive sampling technique to recruit women who had become pregnant and delivered spontaneously within 6 months, and some men who had recently become fathers and were Christian. The sample size was determined when no new finding was generated (saturation). Saturation was achieved with eight women and eight men. Postpartum women were identified at the villages of Sursunipara and Mandali. A semi-structured interview guide was used to collect all the data in this study. The interview guide was developed based on the study's objectives, and probes were used to elicit further elaboration. The interviews were conducted in Bangla. Open-ended questions were asked to allow participants to express their thoughts, and probes were used to follow up on participants' comments and emerging themes. Individual interviews were audio-taped with a digital audio recorder and later transcribed. The collected data were reviewed and transcribed at the end of each day for analysis. To ensure validity, the researcher and research supervisor independently read and reread the transcripts, repeatedly listened to the interview recordings, and cross-checked their findings as a team to produce consistent results. Following the thematic analysis, several major themes were identified, and the findings were organized into major themes and subthemes. To maintain ethical consideration, all participants enrolled in this study provided informed written consent prior to their interview and assured us that they would keep the information confidential. Additionally, we confirmed that no individual identities resulting from the study would be used in any reports or publications.

2.1. Ethical Considerations

Ethical considerations were strictly followed throughout the study. Informed consent was taken from the respondents after explaining the study objectives and methods. Respondent's participation was voluntary, and they were free to withdraw at any time during the study. Confidentiality and anonymity were ensured by using pseudonyms in reporting the findings. The respondents' cultural and religious sensitivities were properly respected during data collection. The research results were obtained from respondents' interview responses. Each person who was doing an interview at the beginning was given the following information: "I would like to ask you to provide your responses based on your feelings, knowledge, and experience. The results will be used exclusively for scientific purposes in the form of a summary". The study was conducted in accordance with the principles of the Department of Anthropology, University of Rajshahi, and with local legislation and guidelines on research involving human subjects; therefore, ethical approval was not required.

3. Findings

Description of Themes and Subthemes

The themes were as follows: sacred shields: religious interpretations and faith-based maternal practices (personal or communal prayer practices, the role of religious leaders in interpreting dreams or providing assurance, vow-making and ritual commitments, thanks to churches, use of religious objects for protection and comport); traditional safeguarding practices and cultural beliefs during pregnancy (movement restrictions and abstaining behaviors, belief in evil eyes, protective cultural practice of the Sharif clan, restrictions during eclipse, food restriction); and family influence during pregnancy.

3.1. Sacred Shield: Religious Interpretations and Faith-based Maternal Practices

This theme encompasses sub-themes such as personal or communal prayer practices, the roles of religious leaders in interpreting dreams or providing assurance, vow-making and ritual commitments, the use of churches, and the utilization of religious objects for protection and comfort.

3.1.1. Personal or Communal Prayer Practices

There was no alternative to asking God for peace of mind, and people increasingly prayed to God for help in matters beyond their reach.

An analysis revealed that the individuals who did not regularly visit the church in their daily lives also prayed in the church during pregnancy for the well-being of their unborn baby. Additionally, those who were unable to attend church for any reason began chanting from home, reciting prayers such as the "Hail Mary" and the "Our Father," believing that these practices would ensure protection and well-being.

Similarly, one participant described how she used to visit the church every morning and pray with devotion. At home, she continued to chant God's name quietly in her heart and sought help from Mother Fatima, believing that a mother would never push her child away in empty hands" (Laboni, 24, female, Sursunipara, IDI-4).

During pregnancy, not only did pregnant women increase their visits to churches and prayers, but many male members also visited churches to pray for the blessing of the unborn child.

> "One male participant quoted that he used to visit the church, at least once a week, to pray for the safe and normal birth of his unborn child" (Joseph, 27, male, Mandali, IDI-9).

Indigenous women held certain beliefs regarding pregnancy and childbirth. Primarily, they believed that the outcomes of pregnancy could be harmful. To avoid such adverse outcomes, they engaged in extensive prayer. Additionally, many believed that during pregnancy, there was a strong influence of malevolent spirits or opposing forces. To protect themselves from these harmful influences and prevent unfavorable pregnancy outcomes, they increased their prayer frequency.

> "A participant shared that a woman who rarely attended church or prayed and roamed outdoors untimely during pregnancy. She often went to the field taking cattle at unusual times, too. Later, she delivered a stillborn child. Following this incident, elderly women in the community interpreted the loss as a result of roaming at an unusual time and a lack of prayer" (Sabitri, 21, female, Sursunipara, IDI-7).

Fear and anxiety during pregnancy were not limited to first-time mothers but were experienced to varying degrees by all pregnant women. However, this fear tended to intensify among those who had previously experienced adverse experiences during pregnancy. For some women, past negative experiences became a source of ongoing fear, from which they sought relief through prayer to God. In this regard,

> "One participant described that she had earlier lost a child during delivery, and this loss caused her emotional distress. Losing a child after ten months of carrying was an unexplainable pain. When she became pregnant again, the previous fear haunted her throughout the pregnancy. She constantly questions herself about whether the same things might take place. It scared her, and she blamed herself, thinking she might have committed a fault. Although she reassured herself that this time would be different, the fear never left her alone. She even dreamt of delivering a stillborn baby again. She shared about the dream with her mother, who advised her to seek inner peace by praying to Mother Fatima" (Laboni, 24, female, Sursunipara, IDI-4)

Women had another group outside of their family members with whom they talked and shared many things. During pregnancy, hearing any bad news or stories related to delivery from someone, or learning about harm to the child or mother due to injury or illness, created fear in them. They prayed to God so that nothing bad like that would happen to them.

> "One participant described that when she saw or heard about any pregnancy complication in others, it enhanced her own fear. Whenever she came to know that someone had lost her baby during delivery or was rushed to the hospital with difficulties, she felt worried that the same things might take place with her. There were a few family members. Therefore, she was worried that if she fell ill or was wounded, who would take care of her? At that moment, she often prayed to God, asking Him to protect her. Throughout her pregnancy, she believed that these prayers protected her from all kinds of difficulties" (Raishen, 26, female, Mandali, IDI-5)

During pregnancy, many women experience severe pain due to fetal movements, physical weakness, and other reasons. To find relief from intense pain, women often increased their prayers to God.

> "One participant shared that during pregnancy she was thin, so that even a slight move of the unborn baby often caused stomach pain. That is why she often thought that the child was suffering in her womb or that something might be wrong with the baby. Whenever the pain intensified, she prayed to God to keep her baby healthy" (Maria, 23, female, Sursunipara, IDI-3).

Many women suffer from hypertension when they hear the word "cesarean section". Santal women were usually ready to give birth at home and therefore tried to avoid a cesarean section. Additionally, there were several other reasons behind this fear, such as the fact that Santal families were financially weak and could not afford the cost of a cesarean. In addition to Santal men, women are also involved in agricultural work and all household work, but children delivered through a cesarean required their mother to stop working for a few months. As a result, it became difficult to run the family normally, so they worried about how the delivery would be and wanted to avoid a cesarean section. They often prayed fervently to God to have a standard delivery and to avoid a cesarean section.

> "One participant described her worry about delivery. She was concerned about whether she would deliver at home or at the hospital. She often felt that if she faced a C-section, she would die. Her mother always advised her to keep faith and pray to God so that the delivery would be normal" (Sabitri, 21, female, Sursunipara, IDI-7).

> "Another participant described that due to a lack of financial condition, she was worried about how to manage her medical costs of surgery. Therefore, hoping for a normal delivery at home, she intensified her prayer to God and Mother Fatima" (Rebecca, 20, female, Sursunipara, IDI-2).

> "One participant explained that in their Santal community, most of the people preferred normal delivery at home over hospital. She believed that when delivery happens naturally, the mother's body recovers more quickly and can assist in daily activities within a shorter time than c-sections. She also believed that home delivery was always more comfortable. For this reason, she visited church every Sunday morning and asked the priest for a safe, normal delivery. The priest prayed for her safe delivery and well-being according to what she wished." (Raishen, 26, female, Mandali, IDI-5).

3.1.2. Role of Religious Leaders in Interpreting Dreams or Providing Assurance

Among Santal pregnant women, the experience of pregnancy often generated fear, which was perceived as a distressing event. This psychological fear is frequently manifested through nightmares, hallucinations, and insomnia. Not only first-time pregnant women but also those who were pregnant for the second or subsequent times often experienced anxiety and concern about the health of their unborn child.

Many women reported having troubling dreams during this period and sought interpretation and relief by consulting the local church priest. In this context,

> "One participant described that she had a lag disability since childhood. From the birth of her eldest child, she often dreamed that her child would also be unable to walk properly or play like other children. This dream made her scared and anxious. To understand the dream's meaning and find emotional relief, she shared it with the priest. Then the priest advised her to continue certain daily prayers to reduce her fear and anxiety" (Rebecca, 20, female, Sursunipara, IDI-2).

Beyond the fear of death during pregnancy, many women also worried that the physical ailments they experienced might adversely affect their unborn child's health. This anxiety often became a source of great distress. During such times, the priest's advice and prayers provided significant comfort and reassurance.

3.1.3. Vow-making and Ritual Commitments

Religion had a significant influence on pregnant women in our study area, as it does in other regions. They felt there was no alternative to asking God for peace of mind, and they prayed to God more frequently for help with all the things fear and worry had affected. An analysis of data from the study area revealed that people who never attended church or temple during normal times also visited churches to pray for their child during pregnancy. In addition, many times, pregnant women made a vow to God for a good delivery and healthy and beautiful babies, so that God fulfilled their desires. They believed that this was where their well-being lay. In this regard,

> "One participant described that she had a long-standing leg issue, which was why she worried about her unborn child. She always thought her child might face similar problems, and it made her cry. For this, she used to vow more and intensify her prayers. As part of her vow, she promised to give a candle at the church if her baby was born without any disability" (Rebecca, 20, female, Sursunipara, IDI-2).

3.1.4. Thanks to Churches

Every Sunday morning, when the church held a prayer service, many pregnant women visited others. At that time, special prayers were said for them. Many women received guidance from prayer leaders on safe pregnancy and childbirth. Many women in our study area expressed gratitude to priests and others who prayed for them after they had a safe delivery.

> "One participant shared that when her labor pain started, and gradually her health condition worsened, she was rushed to Rajshahi Medical College. During this time, she was deeply reliant on prayer, believing that God would guide and support her. Elderly family members, neighbors, and the priest also prayed for her safe and normal delivery. After returning home with the healthy newborn baby and recovering from her health condition, she visited church with her mother to express gratitude toward the priest and neighbors" (Monica, 24, female, Sursunipara, IDI-1).

> "One male participant described that he often visited the church to pray for his wife's safe delivery. A few days after a healthy and normal delivery, he brought the newborn baby to church with a candle as a sign of gratitude" (Samuel, 35, male, Sursunipara, IDI-10).

Not only as a thank you, but also after a good pregnancy outcome and a safe delivery, many people donated animals to various churches as a sign of gratitude.

> "One local priest shared that a person donated a goat to the church. A couple of years ago, he made this vow when his eldest daughter was born in poor condition. After doctors said little hope for her survival, he prayed to God for her recovery. After she recovered from all of the critical health conditions, he believed it was important to fulfill his commitment and shared the gratitude toward the priest" (Paul, 52, male, Sursunipara, IDI-11).

3.1.5. Use of Religious Objects for Protection and Comport

In our study area, most pregnant women received blessed water (prayed over by a priest) as a religious artifact. They believed that no matter what kind of ailment arose during pregnancy, if they drank or washed their face with blessed water while saying the name of God, they would be healed from this ailment. After drinking this blessed water, inner peace came into their hearts, which also helped them heal from physical problems more quickly.

> "One participant described that during pregnancy, they depended on faith-based practice for comfort, protection, and mental strength. As spiritual support, most of the women used blessed water. When she was four months pregnant, her mother brought blessed water from the nearby church, which was then mixed with mineral water and consumed whenever she felt unwell" (Laboni, 24, female, Sursunipara, IDI-4).

> "Another participant reported that no matter what the situation was, good or bad, she used blessed water to wash her face at both times. Using it made her comfortable and provided inner strength" (Maria, 23, female, Sursunipara, IDI-3).

Some of the women in our study area used to read the Bible for prayer during pregnancy. Generally, every morning, there was a prayer in the church. Some women also read the Bangla translation of the Bible as part of their participation in the program. They believed that reading it was necessary to protect themselves from the evil forces that were believed to be present during pregnancy.

> "One participant described that attending daily morning prayers and reading the Bible played a significant role during pregnancy. Since the church was close to her house, she could easily go there and participate in prayer. She also felt that reading the Bible brought inner peace and protected her from the harmful influence of outside" (Monica, 24, female, Sursunipara, IDI-1).

During pregnancy, many Christian Santal women also used the Jop Mala (Rosary), which the women described as a prayer bead to seek protection and spiritual strength. They wore it around their necks and used it while praying. Priests from

the church often distributed rosaries, but sometimes women brought them from outside, and the priest would instruct them on how to recite the prayers.

> "One participant described that during six months of pregnancy, she received Jop Mala from a priest after experiencing severe stomach pain. When medicine failed to ease the pain, she turned to spiritual objects. She was advised specific recites like 'Hail Mary', 'Our Father', and 'Glory Be' every morning and night, a prayer she continued until the delivery" (Sabitri, 21, female, Sursunipara, IDI-7).

These descriptions highlighted how spiritual practices such as reading the Bible and chanting the Jop Mala provided pregnant women with mental peace, a sense of control, and a sense of protection.

Many women carried a cross sticker with them during pregnancy. Many also used it at the entrance to their homes as a symbol of blessing and protection. Women who were afraid during pregnancy for various reasons slept with a sticker with a cross next to their pillow. They believed that if this sticker were placed next to them, evil forces would be unable to approach them.

In this regard,

> "One participant narrated that in the early phase of her pregnancy, she was very sick. One day, she shared it with a priest, who then provided a cross-marked sticker to wear at all times. Within a few days, she noticed her gradual recovery by keeping this cross-marked sticker close, believing it saved her from evil forces during pregnancy" (Rani, 23, female, Mandali, IDI-8).

It also illustrated how religious artifacts such as cross-marked strikers were used as spiritual tools for mental peace, well-being, and protection during pregnancy.

3.2. Traditional Safeguarding Practices and Cultural Beliefs During Pregnancy

This theme describes traditional practices and cultural beliefs observed during pregnancy. Sub-themes such as movement restrictions and abstaining behaviors, belief in evil eyes, protective cultural practices of the Sharif clan, restrictions during eclipses, and food restrictions.

3.2.1. Movement Restrictions and Abstaining Behaviors

One of the social norms observed among pregnant women in the research area was the restriction on going outside the house or field at specific times of the day during pregnancy. By untimely, they meant dawn, mid-afternoon, twilight, and midnight. According to them, if a pregnant woman left the house during these times, stormy wind or something inauspicious forces could affect her. In addition, it is bad for the health of the pregnant mother as well as for the unborn child. They also considered some birds, especially those that call loudly at midnight, as symbols of inauspiciousness. Santals believed that if these birds flew over a pregnant woman in the middle of the night, then the child of that woman could die.

> "One participant described that pregnant women were often discouraged from being outdoors at specific times, especially at noon. They believed that being outside or going to the field around noon means breathing "bad air", according to local knowledge, which could cause harm during pregnancy (Shamoli,18, female, Mandali, IDI-6).

> "Similarly, another participant shared that elderly family members frequently reminded pregnant women to stay home in the evening. They marked this time as harmful, so if any pregnant women stayed outdoors with a swollen belly, they were urged to return home. Even normal household chores, like feeding cattle in the field, were also restricted at noon and in the evening. Elders often warned them not to stay in open places at midday and evening" (Maria, 23, female, Sursunipara, IDI-3).

> "One participant shared that some people believed that if a certain bird, which calls a lot at night, flew over the head of a pregnant woman who was outside in the middle of the night, it could lead to danger for the unborn child. That is why pregnant women were forbidden to go out alone at midnight" (Rani, 23, female, Mandali, IDI-8)

3.2.2. Belief in Evil Eyes

In Santal culture, pregnant women were prohibited from visiting marriage houses, funeral homes, and places where a new baby had been born. It was also prohibited to go to crowded places. One of the reasons behind this prohibition was to protect pregnant women from the effects of the evil eye. Although no one in society had a clear idea of which eyes were evil and which were good, everyone was terrified of the bad eye. If this evil eye fell on someone during pregnancy, it was

believed that something bad could happen, so women usually tried to stay at home during pregnancy. Additionally, women were asked to avoid crowded places to protect themselves from infectious diseases.

> "One participant described how elders imposed restrictions against roaming around while pregnant. Because they believed certain gazes could bring misfortune or harm to the unborn child" (Raishen, 26, female, Mandali, IDI-5).

However, not all these social rules were accepted by everyone; many educated and conscious women did not give them much importance in their lives.

> "Another participant explained that pregnant women were often discouraged from attending Hindu worship ceremonies or watching snake game, because they believed that attending these events was unsafe during pregnancy" (Rani, 23, female, Mandali, IDI-8).

3.2.3. Protective Cultural Practice of the Sharif Clan

In many countries, there are castes or groups associated with specialized tasks that are performed by no one else. For example, the Harijan community of Hindu society is associated with cleanliness from the beginning; similarly, there is a group in the Santal community that worships Jinn to perform Kaviraj. Therefore, for professional reasons, pregnant women in these groups were asked to move carefully and follow specific guidelines. In response,

> "One participant described that households belonging to the Sharif clan followed additional cultural rules due to the practice of Kabiraji and jinn worship. As per her comment, the household of this clan was believed to maintain relationships with both benevolent and malevolent jinn. Sometimes the malevolent jinn pose a specific risk to pregnant women. As a result, certain foods such as beef were not allowed inside Sharif homes, because the harmful jinn did not like it" (Maria, 23, female, Sursunipara, IDI-3).

3.2.4. Restriction During Eclipse

In Santal culture, lunar or solar eclipses are believed to be related to pregnancy. They believe that if a pregnant woman cuts anything during an eclipse, it will hurt the unborn child. It is also believed that if women sew anything during pregnancy, the child may be born with a defect.

> "One participant described that sewing anything with a needle or cutting vegetables was discouraged from the third or fourth months of pregnancy. Additionally, a pregnant woman was not permitted to sew or cut curry during lunar or solar eclipses. They believed that engaging in these activities at such a time could result in congenital abnormalities such as a cut lip or other deformities in the newborn baby" (Monica, 24, female, Sursunipara, IDI-1).

However, not all pregnant women wanted to follow this restriction; older generations, such as mothers, grandmothers, and neighbors, forced them to follow it.

3.2.5. Food Restriction

Culture and food are interrelated. Although the (2016) recommends a more balanced diet during pregnancy, culturally, many Santal women avoid consuming nutritious foods such as raw papaya for various reasons. Pregnant women consume several foods to meet their body's iron and nutritional demands.

> "One participant explained that during pregnancy she used to consume several foods such as bananas, small fish, gudu (mice), pumpkin, red vegetables, and drumsticks to meet her nutritional and iron needs. However, elders, especially mothers, were discouraged from consuming certain vegetables. For example, spinach curry was avoided due to the belief that it could cause colds. They also believed that consuming raw or half-ripe papaya could cause a miscarriage, so it was prohibited, too. Pregnant women were scolded if they ignored such advice" (Shamoli,18, female, Mandali, IDI-6).

Many study participants did not consume these foods during pregnancy for fear of high blood circulation that leads to miscarriage and other complications.

> "Another participant shared additional dietary restrictions imposed by her family. Her mother discouraged her from consuming foods containing ginger, garlic, or mustard oil. Because they believed eating these food items would cause the body to overheat and potentially create difficulty during childbirth or harm the unborn child. Certain vegetables, including eggplant and beans, were also forbidden for the allergy-affected individuals" (Rebecca, 20, female, Sursunipara, IDI-2).

These findings illustrated that cultural beliefs influenced food habits and dietary rules during pregnancy in the Santal Christian community. Sometimes, these beliefs did not match the doctor's advice.

3.3. Family Influence During Pregnancy

The people in the study area placed great importance on folk healers, alongside modern medical knowledge. During pregnancy, elders in the family were more important to folk healers than the youth. Therefore, pregnant women were constantly faced with harsh words if they did not listen to the words or advice of their elders. Regarding this,

> "One participant shared that she did not take all the medicines provided by the local hospital regularly. She would often skip doses, because her mother had warned that taking all the prescribed medicines caused the baby to grow "too large," making delivery more difficult. Her mother also advised that the child would be healthy if she drank blessed water given by the priests. Believing her mother, she often skipped doses, sometimes taking medicine for a week and avoiding it the next. In that time, she relied on blessed water" (Laboni, 24, female, Sursunipara, IDI-4).

Women did not use much medicine during pregnancy, and even if they wanted to use it, their families did not give them the opportunity. Most women said that they did not visit a doctor if they felt weak or slightly tired during pregnancy because they thought that more prayer and blessings from the priest would solve all these problems. However, not everyone believed in this idea.

> "One participant described how her mother highlighted that pregnancy naturally connected pain, and as a mother, she was expected to endure it. She was inspired to pray sincerely, with the assurance that praying with all her heart eases her difficulty. Although she believed that nutritious food improved her health, she was unable to act against her mother's instructions. So, she silently followed her mother's advice" (Maria, 23, female, Sursunipara, IDI-3).

Many pregnant women disliked certain social beliefs and customs, yet they were compelled to follow them due to pressure from family and relatives.

> "One participant explained that, after becoming pregnant, she was only allowed to visit the nearby shop. Her mother and husband both discouraged her from going to Kakonhat market or other crowded areas due to fear of "evil eye". Therefore, she could not go outside despite believing that these rules and restrictions were irrational. This moving restriction also affected her business. She mentioned that if she had been allowed to go to the market, she might not have been forced to shut down her clothing business so early" (Rani, 23, female, Mandali, IDI-8).

This statement highlighted how the complex intersection between cultural beliefs and family influence shaped pregnancy-related health behaviors among Santal Christian women.

4. Analysis

In our research, we examined the significance of Santal Christian women's social and religious practices during pregnancy and childbirth. Religious practices play a vital role as coping strategies in this community. The findings revealed that most participants prayed to God for safe delivery and the birth of a healthy baby. Similar to the Santal Christian community, in many countries, pregnancy and childbirth are closely tied to religious beliefs and practices (Elter et al., 2016; Okafor, 2000). During pregnancy, women often increase their prayers to God for protection, a safe delivery, and blessings (Jesse et al., 2007). Their opinion was that pregnant women should be careful because evil forces or evil spirits become active during pregnancy. They emphasized that pregnant women should pray more (Aziato et al., 2016).

Going to church, the Santal Pregnant women often prayed both individually and collectively for their own health, the well-being of unborn children, and protection from evil spirits. Those who were unable to pray go to the church in the morning for various reasons, including sickness, and sent prayer intentions to the church poster through other family members; the poster then prayed on their behalf. This practice aligns with previous findings that pastors often pray for pregnant women (Liamputtong et al., 2005).

Santal women always preferred an expected delivery at home over a hospital or cesarean section. Many women felt a significant fear of cesarean section procedures. To avoid a cesarean section during childbirth, they increased their prayers to God. They believed that only God could ensure the expected delivery at home, decreasing labor pain. Praying in groups, individually, and at various times of the day, as well as singing and reciting the word of God, were standard practices among Santal Christian women during pregnancy. Moreover, although the number was minimal, some women read the Bible in church after completing morning prayer.

In this study, many women reported making a vow in church during pregnancy for a positive outcome and a safe home delivery. These Vows took several forms, such as offering candles or donating a cow or a goat. The type of vow depended entirely on the family's financial condition. If they made any vows to the church, they felt more confident and experienced inner peace, and believed these vows would positively influence the outcome of their pregnancy. At the same time, they believed that if anyone failed to fulfill a vow after making it, it could displease God.

During pregnancy, many women experience negative dreams and face mental stress. To eliminate this mental stress, they focused on spirituality or worship. Spirituality is about connecting with basic human needs (Breen et al., 2006). Many women approached church pastors to seek an explanation of a negative dream and guidance on redemption. Pastors interpreted dreams to alleviate their mental stress and prayed for women, placing their hands on their heads to protect them from evil spirits and provide guidance, such as using a Jop Mala. This suggests that spiritual guidance serves as both emotional support and a culturally accepted approach to risk management during pregnancy. With respect to churches, many women offered thanks to pastors after having a positive pregnancy outcome.

Our findings showed that during pregnancy, Santal Christian women used several religious artifacts, including blessed water, the Bible, Jop mala, and religious stickers. They used blessed water in several ways. Many women mixed it with mineral water and drank it when they felt sick, whereas others often washed their faces with blessed water. They felt a special strength in themselves after using blessed water. However, not all pregnant women in our research area followed this practice of receiving blessed water from a priest; only a few did. The use of blessed water during pregnancy has been reported by other researchers (Fouka et al., 2012).

Many Santal Christian women often used Jop Mala to chant the name of God during pregnancy. Women believed that if they took Jop Mala from a priest and chanted the name of God, they would recover from all types of illness, even if the sickness was not possible to heal by taking medicine. The priest informed them of the chanting time and what had to be chanted. They also believed that if they regularly used Jop Mala according to the priest's rule, they would overcome many ailments and that God would be satisfied with them. In addition to Santal women, the Bible and Jop Mala have been used by women elsewhere during pregnancy (Johnson, 2004).

Although pregnancy is normal and often desired by an adult woman, it is not unusual for many to experience physical and emotional anxiety during pregnancy (Hofberg & Ward, 2003). To overcome fear and emotional anxiety, many women often used stickers bearing the symbol of the cross. A cross-marked sticker was used in various forms, such as wearing it around the neck or displaying it on doors or walls inside the house. Priests placed the cross on their forehead while praying and provided a wearable form to protect pregnant women from anxiety and the influence of evil spirits. The woman believed that the cross protected them from anxiety and the influence of evil spirits. Moreover, many women hung a cross inside their house so that any evil spirit could not enter their home. Others displayed images or stickers of Jesus Christ and Mother Mary in their homes for protection and blessings.

Cultural beliefs and attitudes strongly influenced diurnal behavior. Movement restrictions, abstaining from certain activities during certain times, avoiding certain places due to harm or misfortune, and food restrictions were common. A few participants also reported that traditional beliefs and practices restricted them from going outside at specific times of the day, such as noon, evening, and midnight. These restrictions were based on the belief that evil spirits might affect pregnant women if they went outside during this time. To save women from evil spirits, it was also prohibited for pregnant women to visit a home where a new birth or death had occurred. Additionally, to avoid the impact of an evil eye during pregnancy, pregnant women were discouraged from visiting crowded places such as markets, wedding venues, and any other occasion. Although there is no scientific explanation behind this practice, socially, everyone follows these rules. In addition to the Santal Christian community following these traditional beliefs and practices, traditional practices during pregnancy are still applied worldwide in countries such as Turkey (Ayaz & Yaman Efe, 2008), Africa (Kaaya et al., 2010), Thailand (Liamputtong et al., 2005), and China (Lee et al., 2009).

In the Santal community, certain behavioral restrictions, such as moving heavy objects, sewing, and cutting curry during lunar or solar eclipses, were prohibited. A reasonable explanation for avoiding lifting heavy objects is that it prevents pregnant women from becoming overtired, which could lead to a miscarriage. Symbolically, the action of sewing and cutting curry during lunar or solar eclipses was believed to produce a cleft lip or cleft palate in babies. Although such a restriction may seem unscientific and logically unrelated to the outcome, some women still believed that such behavior could have unfortunate consequences (Anderson, 2002).

A healthy diet always plays a crucial role in ensuring a healthy pregnancy. Therefore, pregnant women in Katakhali, Rajshahi, avoided consuming hot foods, such as ginger, garlic, and those cooked with mustard oil. They believed that if these foods were consumed, the blood circulation might be high, which could negatively affect the fetus or lead to miscarriage. Therefore, they advised pregnant women to avoid consuming these foods. However, to meet the body's iron requirements during pregnancy, they often consumed many items, such as bananas, small fish, pumpkin, red amaranth, dumbur, and guddu (mice). Due to their financial condition, pregnant women were dependent on cheap and available fruits and vegetables to meet their nutritional needs.

The analysis also demonstrated that several clans exist within the Santal community, but a unique dietary restriction applies only to the Sharif clan. In these households, consuming beef is prohibited during pregnancy. The restriction is connected with the belief that many individuals of the Shorif clan often practice witchery, so it is feared that bringing or consuming beef at home may displease witches, who could then harm the unborn baby. These unique cultural rules reveal how different identities and community norms can influence maternal behavior and compel them to follow protective practices.

The findings suggested that family members, particularly older individuals, had a significant influence on pregnant women. Decisions about taking medicine, diet, mobility, and even the use of blessed water were often made by elders. However, not all pregnant women followed religious and cultural rules out of their own wish; in many cases, they were forced to follow these rules, afraid of their elder family members.

Culture, religion, and health are interrelated. Hence, gynecologists and midwives need to understand the cultural and religious practices of Santal Christian women in order to provide adequate medical care during pregnancy. Additionally, there are multiple cultures, roles, and practices associated with pregnancy, the prenatal period, and childbirth. Some of these beliefs, practices, and rituals are beneficial, while others are harmful, and some do not impact the health of the mother or her child (Chand, 2016).

The present study was conducted in only two villages of the Rajshahi district. Santal communities have been living in various areas of Bangladesh; therefore, the findings should not be generalized to all Santal communities in the country. Acknowledging this scope limitation ensures transparency and helps stakeholders interpret the results appropriately. The study shows that the religious leaders, such as pastors, priests, and local faith practitioners, play a vital role in influencing pregnancy-related behaviours. Therefore, they can promote awareness of harmful myths, encourage regular medical checkups, and support safe delivery. Collaborating with local churches and community leaders, monthly community workshops should be introduced to provide women with guidance on both spiritual and medical matters. Local health workers also need to be trained about culturally and religiously sensitive approaches. Future research should find out how faith-based practices influence maternal health outcomes, especially for those who are living below the poverty line. This knowledge can help reduce maternal mortality in the Santal Christian community and contribute to achieving SDG 3.

5. Conclusion

This is a qualitative study that concludes that Pregnancy and childbirth are crucial moments in a Santal Christian woman's life. For Santal Christian Women, the pregnancy period is closely linked to religious and cultural beliefs. The study shows that during pregnancy, many women rely on prayer, blessed water, Jop mala (Rosary), and the advice of priests to cope with anxiety, fear, and uncertainty. These practices make them feel safe and enhance their spiritual confidence. Cultural safeguarding behaviours, including avoiding untimely movement, fear of stormy wind, belief in evil eyes, restrictions related to eclipses, and several food restrictions, shape daily routines. Although few women recognise these rules as irrational, most continue to follow these rules, believing the well-being of the mother and unborn child relies on these rules. Family members, especially mothers and elders, often discourage medical treatment. Therefore, many pregnant women follow cultural advice rather than biomedical advice. Overall, the findings indicate that maternal health behaviours in this community are embedded in a broader system of religious faith, cultural rules, and family pressure.

Declarations

Author(s) Contributions

Conceptualization: Md. Mostafizur Rahman
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Analysis: Md. Mostafizur Rahman
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Finally, all authors reviewed the results and approved the final version of the manuscript.

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Conflict of Interest

There is no conflict of interest.

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