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Saamaka uwii: Saramaccan medical plant knowledge, practices and beliefs for local health care in Suriname

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Summary

Samenvatting

Summary

This thesis describes Saramaccan medicinal plant knowledge, practices and beliefs in relation to local health care, education and biocultural conservation. The ethnobotanical study for this thesis has been conducted in the Saramaccan area in the village Pikin Slee, which is situated along the Upper Surinam River in the Sipaliwini district in the interior of Suriname, South America. This area is known to be the center of Saramaccan cultural traditions. Fieldwork data were complemented with data retrieved from unpublished and published ethnobotanical databases. Departing from the inter-disciplinary character of ethnobotany, this thesis includes quantitative and qualitative research methods of data collection and analysis, drawn from botany, ecology, anthropology and linguistics.

In **Chapter 1**, I introduced the importance of traditional ecological knowledge and traditional medicines and provided information about the background of the study and study site together with some ethical considerations. I framed the general aim of the study and main objectives which were further addressed in the four following chapters by formulating specific research questions to be answered in this thesis. The results of this thesis contribute to the existing body of knowledge on the history and origin of the Saramaccan, the diversity of plant species used in traditional medicines among Saramaccan, but also Ndyuka (Aucan) Maroons, the importance of medicinal plants for local health care vis a vis locally available modern healthcare facilities, the intergenerational dialogue on medicinal plant uses (which was stimulated via a homework school assignment to preserve traditional knowledge for future generations), the importance of bilingual and environmental education and conservation of plants and preservation of the associated traditional knowledge in general.

Although traditional medicines provide a primary source of health care to many people world-wide, little was known about the importance of medicinal plants used in traditional medicines for primary health care by the Saramaccans living in Pikin See, and how medicinal plant use co-existed next to the biomedical health care facilities provided in the village. In **Chapter 2**, we addressed this knowledge gap by providing information on the diversity of medicinal plants used by the Saramaccan in Pikin Slee and their associated medical knowledge. We showed that a large number of medicinal plants were regularly used for local health care, and mostly leaves from trees and herbs were used in the form of decoctions, especially in their herbal bathing practices. We distinguished between plants used for health promotion, disease prevention and cure and found that most plant uses were related to cure. Still many plant uses were related to health promotion, especially to

strength. This finding showed that the Saramaccan ethno-medical system focuses next to cure also strongly on the well-being of the body and mind. Both need to be strong to survive in the rainforest, which encompasses living in harmony with the various types of spirits that inhabit their village and direct surroundings. A disturbance in health caused by external agents, such as evil spirits, often needed to be treated by performing cultural practices (e.g. bathing) in which plants played an important role. One of the main conclusions of this chapter is that the people in Pikin Slee made a deliberated choice for using traditional medicines, even though most health concerns could be treated by the nurses and doctor in the health center as well. We therefore reject our previous assumption that health concerns that could be successfully treated by the health center would be less salient in their herbal medicine practices. As the health center focusses on disease prevention and cure and less on health promotion, treatments for general health promotion and cultural illnesses were only treated with traditional medicines. This finding shows that herbal medicine is not only a necessity, but also a deeply rooted cultural preference.

We further assessed the type(s) of medicinal plant knowledge transmission and showed that vertical transmission was often complemented with horizontal transmission of knowledge as medicinal plant knowledge was gained from family members (parents, sisters, cousins) and friends. However, plant related knowledge was also gained via spirits and dreams, further contributing to the variation in medicinal plant species knowledge found between respondents. The gained medicinal plant knowledge was mainly shared again with family members (sisters, children etc.) and some close friends. Our assumption that medicinal plant knowledge would be kept secret within families, which was said to be a Saramaccan tradition, proved to be incorrect when looking on species level only. It may be possible that the secret family knowledge refers more to specific preparations (recipes) or applications (e.g. bone setting), associated incantations or prayers, which could be investigated further.

In **Chapter 3**, we further explored the use of medicinal plants in herbal bathing, as this is the most important application of Saramaccan traditional medicines. We examined plant use in six herbal baths types documented for Saramaccan and Ndyuka (Aucan) Maroons, which showed that many different plants were used in these bathing practices. Plant use was strongly influenced by study site (and thus Maroon community) and then by ethnicity, but less by application which could indicate that each Maroon community has adapted its plant use to the species that were locally available. This large variation in plant use, found at the Saramaccan and Ndyuka study sites we compared, corresponded with our hypothesis that plant use differed among Maroon groups as they had little opportunity for ethnobotanical

exchange in the past centuries. The existing overlap in plant species used among the Saramaccan and the Ndyuka could be a result of a more recent knowledge exchange that took place via markets in Paramaribo, where both Maroon groups sell their medicinal plants to city-dwelling Maroons of different ethnicities.

Traditional knowledge is essential to learn by children in any society, but particularly for those living in remote areas where people depend directly on their natural surroundings for their survival. Now most children in Pikin Slee attend primary education, they have less time to go with family members into the forest to learn about plants. This disrupts the intergenerational transmission of plant related knowledge.

In **Chapter 4**, we investigated what knowledge on medicinal plants pupil's family members found important to share with them, by giving the pupils (4th and 5th graders) a homework assignment on medicinal plants, for which they needed to bring one plant to school and document one medicinal use from their family members. We hypothesized that the knowledge shared with the children for the assignment would concentrate on illnesses familiar and useful to children and acceptable to share with the researcher and the school. We found that most health uses related to baby care, headache, high blood pressure, stomachache, hand/foot fungus and eye infections, which were all health issues that regularly occurred in the village. We concluded that the type of knowledge generated with this assignment concentrated on physical ailments and health issues easily understandable for children and that could be treated by laymen. None of the interviewees shared herbal medicines to cure supernatural illnesses with the children, nor ritual plant uses or plants used as aphrodisiacs. Other sensitive information on medicinal plant uses, such as those related to sexual disorders or pleasure, often mentioned when interviewing adults in the village, were also left out. Mothers shared information on female-related health issues and baby care only with girls, which suggests that this knowledge might be gender-specific. This pattern corresponds with the strict gender-based labour divisions in the village which leaves the women in charge of food production and childcare as their main responsibilities. We further examined the plant names and languages used on the assignment cards, which revealed that Saramaccan medicinal plant names were written in numerous ways and were increasingly influenced by other languages, mainly by Sranantongo, which both will have a negative effect on the transmission of their cultural knowledge. This study addressed the importance of environmental and bilingual education at school. This could be developed further, aligned with the Saramaccan people's worldview, interests and needs to safeguard their traditional knowledge. It is essential for children to learn how to read and write in their own language, as cultural and traditional knowledge is stored in their plant names, as also addressed in the next chapter.

In **Chapter 5**, we examined the origin of Saramaccan plant names and how traditional oral knowledge is stored in these names and contributes to the conservation of their biocultural heritage. This thesis showed that plant names provide a large body of knowledge on where people historically came from and with whom they had contact or exchanged knowledge with. One of the main findings is that Saramaccan plant names were influenced by European, African, as well as Indigenous languages. The Saramaccan plant names were most strongly affected by European languages spoken by the English, Dutch and Portuguese plantation rulers. On the plantations, but also after they escaped into the forest, the Saramaccans were in contact with people from Indigenous communities, which is reflected in their plant names. Most of the plant names based on Indigenous languages were of Carib and Arawak origin, while others stemmed from languages spoken outside of Suriname such as Tupi, an Indigenous language spoken in Brazil. The Tupi words were often introduced in Suriname via the Sephardic Jewish plantation owners that fled from Brazil.

We found that the ancestors of the Saramaccan Maroons, who were brought as enslaved Africans to Suriname, also used their own ethnobotanical knowledge and native languages from Africa to name the flora in their new environment. In line with our expectations, we concluded that Saramaccan plant names for which we found botanical evidence to related species in Africa (retentions) were specifically influenced by Central African languages, much more than described in previous ethnobotanical studies, as data of the Central African region was limited so far. Almost half of the African-derived plant names were based on retentions, while the rest was based on innovations (referring otherwise to Africa) or were so called ‘misidentifications’, plant names given to species that resemble other species with an existing botanical link to Africa.

We further found that most languages used in the Saramaccan retentions belonged to the Bantu language group (Central Africa), followed by Kwa (West Africa), which corresponded with historical research that showed that from 1675 to 1719, most enslaved Africans in Suriname were Eastern Gbe from the Slave Coast and Kikongo-speaking people from the Loango Kingdom. The Bantu language that contributed most to Saramaccan plant names was Kikongo, spoken in the Central African coastal areas where the Dutch colonizers purchased the enslaved Africans (e.g. Malembo and Cabinda). A number of other less obvious Bantu languages that are spoken deeper in the interior of the DRC seem to have contributed to the Saramaccan plant naming as well, which confirms the conclusion of Eltis and Richardson (2010) that enslaved Africans were captured hundreds of miles inland by traders and took months to reach the coastal areas, where they were sold to the Europeans.

For those Saramaccan plant names with a possible African origin based on innovation only, we found similar African words in dictionaries, historical and linguistic literature. We therefore concluded that the enslaved Africans used words of their own lexicon to give new names to Surinamese plants they were not familiar with, based on their color, shape, growth form, habitat or uses. The majority of these African-based innovations were influenced by Kwa languages (mainly Fon), followed closely by Bantu languages (mainly Kikongo), while the rest related to other often smaller language groups. We furthermore concluded that the Saramaccan plant names (retentions and innovations) contained all sorts of cultural information referring to African places, animals, people and their body parts, to habitats, morphological characteristics, illnesses and supernatural beings as expected. Since the Saramaccan have an oral culture, plant names have helped them to classify their natural surroundings, safeguard their cultural knowledge, and remember aspects related to plants. Overall, we can conclude that ethnobotanical research can add valuable information to the existing linguistic and historical studies on the origin of the enslaved Africans in the New World.

Finally, in **Chapter 6**, I addressed all the research questions again (as formulated in Chapter 2 to 5), to discuss the main outcomes of this study together with some methodological issues and implications of this research. I highlighted the possible applications of the research results and closed the chapter with my general conclusions and gave recommendations for future research. The ten most important conclusions described in this thesis were (1) Herbal bathing plays a significant role in providing local health care in Pikin Slee, (2) The geographical separation and limited contact between the Saramaccan and Ndyuka Maroons have led to distinct plant use in their herbal bathing practices, (3) The Saramaccan ethno-medical system in Pikin Slee focuses primarily on cure followed by health promotion, and to a lesser extent on disease prevention, (4) People in Pikin Slee made a deliberated choice for traditional medicines, even though most health concerns could be treated in the village health center, (5) The use of herbal medicines is not only a necessity, but a deeply rooted cultural preference, (6) Writing of proper Saramaccan plant names and the translation of health issues from Saramaccan into Dutch seems to be a challenge for pupils in Pikin Slee, indicating a gap between the official school curriculum (in Dutch), traditional Maroon knowledge and literacy in Saramaccan, (7) The growing influence of Sranantongo on Saramaccan plant naming interrupts the conservation of Saramaccan traditional ecological and cultural knowledge stored in plant names (8) Saramaccan plant names are mostly influenced by European languages, followed African and Indigenous languages. Central African Bantu languages contributed most to the Saramaccan plant names for which we found botanical related species in Africa (retentions), followed by

West African Kwa languages, (9) Kikongo was the most important Bantu language for the African retentions, contributing mostly to the formation of Saramaccan plant names, and (10) Saramaccan plant names store large amounts of traditional knowledge and therefore play an important role in the conservation of Saramaccan biocultural heritage.

As showed above, the broad scientific approach taken in this thesis highlighted many intriguing aspects about Saramaccan medicinal plants and their associated knowledge. Yet, it also shows that much more research needs to be conducted to contribute further to the preservation of their bio-cultural heritage, preferably in a multi-disciplinary setting which should include both native speakers and researchers if possible. More ethnobotanical research on African plants and their names is essential as well to fill the existing knowledge gap.