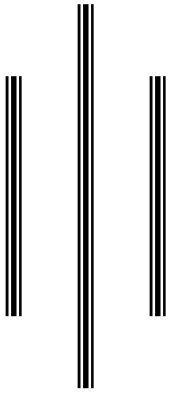
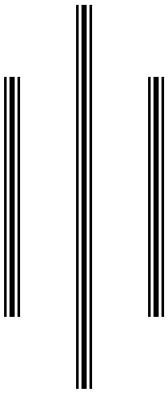
HEALING SYSTEMS AND PRACTICES: AN ANTHROPOLOGICAL STUDY OF CHHATARA VDC IN BAJURA DISTRICT



Submitted to
Nepal Health Research Council
Ramsahapath, Kathmandu



Submitted by
Krishna Prasad Chapagai
Principal Investigator

ACKNOWLEDGEMENT

This research has benefited enormously from the assistance of a great many individuals and institution; to all I after my thanks.

The research was under written is the main by a Nepal Health Research council (NHRC) Regional research grant which provide financial assistance. During the data collation period, was supported by the Motherland development forum, bajura, not only providing map but also in the form of able-bodied field assistants.

I am indebted to lecturer S.P. Kattel of the central department of sociology/Anthropology, Tribhuvan University for much helpful advice, counsel and guide during field work and report writing. I am grateful to Ram Thapa, Man bahadur Thapa, Nar Bahadur Buda and Gajendra Shahi, each of whom helped during field study. I thank Ajay mahara for giving me beneficial suggestion and advice.

Finally, I am grateful to all my friends, villagers, respondents, and contributors under whose aegis I have finally succeeded in presenting this report. Last but not the least I awe thanks to NHRC personals, members and all my well-wishers for bolstering my spirits time and again.

Krishna Prasad Chapagai

Principle- Investigator

TABLE OF CONTENTS

LIST OF TABLE

ACRONYMS

CBS	-	Center Bureau of Statistics
CERID	-	center for educational Research and Innovation Development.
CNAS	-	Center for Nepal and Asia studies
HMU	-	His majesty's Government
INGO	-	International Non-Government Organization
NGO	-	Non-Government Organization
SC/UK	-	Save the children, United Kingdom
TU	-	Tribhuvan University
UNDP	-	United Nations Development Program
UNFPA	-	United Nations Fund for Population
UNICEF	-	United Nations Children's Fund
VDC	-	Village Development Program
WHO	-	World Health Organization

ABSTRACT

Nepal is a developing country, where most of the people are suffering from many health problems, most of these are preventable in nature. These health problems could not be prevented as expected due to the less effort and commitment, clear Ideas and specific planning, the modern health care service has been expanded significantly over the last two three decades. It is not accessible to the population of rural areas. The contributing factors to inaccessibility and less utilization of the modern health care services are pove, ignorance and other socio-cultural factors.

Most of the medical doctors prefer to work in urban areas where they get more opportunities. In Nepal, traditional healing practices play a strong role in maintaining psychological and physical well being of the majority of rural people who do not have access of satisfactory modern health services.

A study on "Healing Systems and Practices; An Anthropological Study of Chhatara VDC in Bajura District." has alone to fulfill the objectives to identity the attitude, existing situation and influencing factors towards the traditional healing practices.

Out of 528 households, 15 percent (i.e. 80 households) were selected by using proportional stratified random sampling Procedure. Data was collected from the selected household head using questionnaires. Data were tabulated in a chart to prepare analytical tables under different headings and sub-headings. Interpretation was made on the basis of percentage, causes count and comparing with other variables.

Majority of people (60%) had positive attitude on traditional healing practices. In their opinion, it was cheap, locally available and regular service, that's why they went to the traditional healing practitioners for their treatment. The study also revealed that significant numbers of people (45%) were not satisfied with modern health cares only 22.5 percent people were highly satisfied.

On the basis of the interview taken with the people of village, this present study tries to give suggestions to the government, related institutions and to the concerned NGO, INGO and other social institutions. It tries to give suggestion to them about training to the traditional healing practitioners about health education, self-awareness and encourage them to use modern health service and so on.

CHAPTER – I

INTRODUCTION

1.1 Background:

Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity (WHO, 1978). Every state of this globe has an objective to be in such position and Nepal is also trying its best for the same.

Each individual is concerned to their health. In every kind of society, people show deep interest in their health. Health is a unified state of human, which is integrated with other human and their biotic and abiotic component of the environment. Health care is basic need, basic human right and every body's responsibility.

Health is one of the most important and fundamental need of human life. There is no importance of life without good health. Unhealthy person is a burden or an obstacle for the upliftment of the country. In this context population should get rid of disease and should be able to live a healthy life. Healthy people are the foundation of development and betterment for society/country.

Studies in this widely accepted treatment system are inevitable because of its contribution for the improvement of the health status of millions of people. Innovation and the advancement in the field of modern medicine have brought drastic changes in the health status of people but it is not applicable for majority of poor people and for those who dwell in rural

and remote areas. Most of the modern health centers and hospitals exist; all are located in urban centers. In such, situation the majority of people is deprived of getting benefit from existing modern health facilities. The use of modern medicine seems almost impossible for them so they are still competed to knock the door of indigenous/ traditional healers like Dhami-Jhakri, Sudeni, Baidhya and other herbal practioner found in their community or societies throughout the country.

Nepal is still practicing traditional type of treatment like aayurbedic, shamanistic, Lamaism, astronomy (Graha herne), worshiping and other super natural feeling and practices. Until this time these are influencing health services even in town areas. However use of modern medicine in many rules places is relatively new and unrecognized in comparison to the traditional methods.

Traditional healing in Nepal includes a wide variety of practices carried out by Jaributi wala or Vaidya (herbalist) , Sudeni (birth attendants), Dhami-jhadri, Janne Manchhe, Faith healers and diviners depending their own word view (subedi 2007). Tremendous ethnic diversity contributes to further variability in healing practices. Moreover many indigenous Nepali healers combine modern health care technologies with traditional practices, making the modifier "traditional" somewhat in appropriate. Because of the heterogeneity and fluidity of indigenous health care in Nepal, one must carefully avoid over generalization. In formation of Nepal's rich heritage of indigenous health care can be drawn primarily from ethnographic studies of healers in particular communities (ibid 2004). Traditional medicine has been widely practiced in Nepal from time immemorial. The varying systems of

traditional medicine provide wide range of preventive, promotive, curative and rehabilitative services (Ministry of Health 1999).

This study attempts to analyze healing practice of Chhatara VDC of Bajura district in the present changing context.

1.2 Statement of the Problem

Health is very important indicator of measure the development of nation. In our country, most of the people are living without minimum health care facility in the rural area. Although the national health policy has declared that one sub-health post will be established for per VDC, integrated health post for each ilaka, one primary health care center for each electoral constituency level and one district hospital in every district of the country. These health care facilities are not functioning appropriately because of the lack of health manpower, proper equipment and budget mechanism (Regmi, 2000).

Nepal has one of the worst health and demographic statistics in the world. The IMR is 64.2/1000 live birth, similarly the CMR (under five) 91\1000.the avaibality of essential health service is 70% and the average life expectancy is 61.9 years (according to 9^{th} plan review on 10^{n} plan).

As 1 mentioned above the modern health care is not accessible for all people of the nation. The people who dwell in rural and remote area they haven't access to modern health care because of long distance of health center, lack of health personnel and so on. So, those people are practicing the traditional or folk healing system to cure their health problem. However, the traditional healing system is also rational, which depend upon the

practicing expert. Some times, the rural inhabitator also goes to modern health centers and hospital while the traditional practice failed, this means that the rural inhabitator have taken modern medicine as an alternative.

The practices of healing of rural people are depending upon the access of modern health center, health worker, health education and traditional system. Overall, the bad health condition, high CMR. high MMR, low life expectancy, inadequate infrastructure, lack of education, cultural tradition and lack of proper equipment are the problem of rural people to maintain their health and solve their health problem.

1.3 Objectives of the Study

The general objective of the study is to found out the real situation of traditional & modern medicine to cure the disease relate to the rural people and their healing practices. The study focus on the following specific objectives

- To explore the existing situation about healing practices.
- To examine the attitude of people toward traditional and modern healing practices and
- To identify the influencing factors on healing practices.

1.4 Significance of the Study

The purposed study is expected to fulfill the necessary/requirement of academic degree through developing a thesis as well as carryout an extensive fieldwork to fulfill the requirement of belonging organization. A very important aspect of the healing practice of rural peoples. Traditional to modern and the changing health pattern and practices through the education

and expansion of modern medicine or health services. This research therefore is expected to contribute toward a better understanding of this aspect in the medical anthropological perspective.

The research finding will also be helpful to those who are interested and involved in healing/treatment practice among the rural people. For instance, how people perceive their traditional and folk healing practices vis-a-vis the modern healing treatment practice and health personnel.

1.5 Limitation of the Study

Every study has its own limitation. No study can be free from some constraints. And this study is not exceptional one. The limitation of the present study is follow:

1. This study is an academic study. Therefore large area was not incorporated in the study; it will cover only Chhatara VDC of Bajura District because of limitation of time and financial constraints. So, this study can't be generalized through out country.
2. The finding of the study is carried out in a VDC so it will have micro level implication, in the VDC or similar areas of the country.
3. This study presents only the healing practices of the Chhatara VDC of Bajura district.

1.6 Definition of Term used

a) Dhami / Jhakri:

Dhami / Jhakri is a Nepali word for shaman, who is regarded as a healer of sprit.

b) Traditional Healer:

Traditional healer is a person who works as a medical practitioner on the basis of tradition experiences and belief, with out any formal study. Dhami / Jhakri also include as traditional healer.

c) Baidya:

A person who treats patients with Ayurvedic or herbal medicine. In other word, Baidya is a herbalist who, today owes a great debt to those centuries of practical experiences.

d) **Aurvedic medicine:**

Medicine made by Jadibuti (different vegetational plants) to cure the patient.

e) Faith Healer:

Faith healers are those who have been chosen by the god to nourish the creation. They always try to put link with supernatural power and the universe.

f) Jhotisi (Astrologer):

An artist or scientist who counts the influence of the star or planets on human body.

g) Lagu / Bhagu:

It is a illness caused by evil sprit such as sola hannu, ganojanu, kokhahannu etc.

h) Masan / Bhut:

Where the died body are burnt, burial ground, cemetery, ghost, demon soul.

i) Sudeni:

Local mid-wife who serves during the pregnancy period.

CHAPTER – 2

LITERATURE REVIEW

This chapter has made an endeavor to review the pertinent studies previously carried out by anthropologist and other social scientists.

Healing practices could be determined by various factors i.e. avaibility of service, resources and related structures. Casl and Cobb (1966) in an extensive review of the literature on health and illness behavior have concluded that the decision to take a particular course of action a person decides when he\she is unwell is influenced by the perceived value of the action when weighed considering cost of action past civilization of service, personal factors e.g.; age, sex, race, marital status etc. perceived threat of disease, psychological distress brought by disease etc.

Many developing countries tend to be medically pluralistic societies, with different kind of medical system existing side by side (Young; 1993). Dunn (1976) has defined a medical system as: "the pattern of social institution and cultural tradition that evolves from deliberate behavior to enhance health, whether or not the outcome of particular item of behavior is ill health". Foster and Anderson (1978) all of the opinion that medical system include all the health knowledge, beliefs, values, skills and institutional formal or otherwise of all the members of the group who subscribe to a particular system.

Similarly, Kroeger (1983), in a review of literature from developing countries as factors associates with the case and non-use of health services

formed that perceived morbidity interact with; characteristics of the such as age, sex and the severity of the disorder such as: causation of disease severity of the disease.

To many health worker in the past have concentrated on teaching their own ideas rather than understanding those of other people. Success on the management and prevention of disease depend on: identification of the causes of disease the resources of the patient, the cultural pattern and outlook of the patient both as group and individual. "Medical teams are often encouraged to seek advice from social anthropologist; in order to understand culture pattern by which their works can be most effective and their collaborative efforts fruitful. Since it is the health workers who see people and communities in time of crisis they can often add to the information collected by the anthropologist (Cicely and Williams; 1985).

Many developing countries tend to be medically pluralistic societies, with different kind of medical system existing side by side (Young; 1993). Dunn (1976) has defined a medical system as: "the pattern of social institution and cultural tradition that evolves from deliberate behavior to enhance health, whether or not the outcome of particular item of behavior is ill health". Foster and Anderson (1978) all of the opinion that medical system include all the health knowledge, beliefs, values, skills and institutional formal or otherwise of all the members of the group who subscribe to a particular system.

Medical pluralism-the use of different type of health care resources either alternatively or in union probably occurs in every century of world (Stoner, 1986). Heggen Hougen and Sesid Lewis (1988) further say medical in general are central to the study of medical anthropology. Traditional medicine must be taken in to account when assessing primary health care

because it is used by many people of all classes and educational background throughout the world in both urban and rural areas either as their only health care resource or as an alternative to that of western medicine.

Traditional healer may be defined by the way in which they were trained their method of healing or by the elements they treat. When the categorizing them it must be recognized that in any healers use a variety of approaches and that the above distinctions cannot always be sharply drawn. Much of traditional practices is both supernatural and traditional with consideration being given to psychological spiritual and social as well as physical factors (katzetal, 1982).

However, the health status and health service available to the people in rural Nepal are among the worst to be found in modern world (woollard, 2005). Health care centers are frequently lacking in trained personnel and medical supplies. A large segment of the population relies on traditional healer (subedi, 2006). Pandey, 1993, also agree with Subedi and writes that Dhami-Jhakri(shamans) have higher prestige in rural Nepal and they play significant role in health care.

Adhikari (1:1997), mentioned in his study that because of lack of medical 'facilities and inability to purchase allopathic medicine 97.75 percent respondents choose due to their belief on tradition.

Devkota (9:1983) explained that the illness caused by super-natural forces, the local curers is appropriate persons to diagnose and cure them. he traditional medical practitioners of Kirtipur exert a significant influence in the community health of decisions. From the time immemorial, they have used the local medicine and spelt to diagnose and cure illness. Therefore, their skills to diagnose diseases and their knowledge in herbs and spelt to cure illness have remained a matter of major concern to the community.

Besides, their curing technique includes both the harbal and psychological level.

Dhakal et al (10: 1986) studied on "Traditional healers and primary health care in Nepal". They have done the study based on Chepang, Gurung about dwelling, clothing, environmental deterioration and food habits in terms of socio-ecological status. According to their study most of the people believe in Dhami/Jhankri and they don't have knowledge about modern health and sanitation.

Khadka (13:1996), stated that 74 percent people have strong traditional beliefs on diseases. Due to poor health care service, the people of that area use traditional medical system.

Miller (16:1979) stated that the function of Dhamis and Jhankris can be complementary to both priests and doctors. The priest required any service, rather than any conceivable aspect of man's life cycle and man's relationship with God. On the other hand, illness, misfortune; a person's sound health etc. are credited as being the cause of God or (kindness of God) to perform any of religious function to drive away illness or to satisfy God. Dhamis and Jhankris always refer 'Santosh Garnu. Hence it is clear that the concept of the position of Dhamis and Jhankris is deep-rooted in religion of Nepalese society.This statement can be further supported by quoting a statement from villagers as reported by Miller... we do not rely on doctors but we need these Dhamis and Jhankris and other people too. Miller again points out that the Jhankris and doctors differ in their interpretation of the origin of psysical causes of disorder, and hence methods of healing differ correspondingly. The doctor gives medicine to treat the physical

causes of disease, while the Jhankri pin-points the spiritual causes to his clients that he is in controlled contact with those causes and can negotiate their withdrawal. When his clients see the Jhankri in his trembling state then they believe that a person from his visible world is standing on the threshold of the invisible world. People in rural area believe this trembling as a way of communicating with the invisible world that controls the well being of the universe.

Myrdal (17:1968) in his "Asian Drama" suggests that for south Asia, since indigenous medical practitioners will continue to minister to the needs of the rural population for long a time to come, there is a good reasons for the health authorities to be well disposed toward a development that would give these practitioners some instruction in Western medicine. In view of their trusted position in the rural areas (among the people); native doctors had given some training in Western medicine, could undoubtedly play an important role in various health programmes now getting under way in rural areas. Myrdal, again in a wider context tries to explain matters through the patients' eyes. He states that although indigenous medicine has deteriorated and receives little official support, it has not yet lost its grip in the rural areas or among the poorer people in the cities. One might argue that the high cost of Western type medicine and medical practice play an important role in maintaining the constant use of the Dhamis and Jhankries. Myrdal in this regard thinks that this is not merely due to economic reasons. Other reasons may be that Dhamis and Jhankris do not isolate the patients from their family. They treat the patients with their own hand; they are always available and never say that they do not know what

the difficulty is. The Western trained doctor tries to treat the patients completely, where as Dharni and Jhankris treat the patients and try to eliminate the cause of disease, by linking with supernaturalism.

Peter (20:1981) mentioned that spirit possessions faith healing and ecstasy and shamanism are prevalent in Nepalese societies mostly in the context of mental distress, grief, emotional tension etc. This finding is based on the research of Tamang communities of Nepal.

CERID (21: 1987) in this study of Praja Development Program (PDF) launched in Dhading, Chitwan and Makanwanpur districts. The study covered seven VDCs which focused on drinking water, health education and other development activities of the chepangs residing in these districts. The study showed that 52 percent of the Chepangs in Chitwan district were in favour of traditional faith healers only 40 percent preferred combination of allopathic medicine and traditional faith healers. Only 8 percent of the respondents showed their positive consent on allopathic medicine.

SC/UK (22:1997), the evaluation study revealed that a majority of trained traditional healers have a good knowledge of modern health care. However, about half of them did not promote the modern health care to the community. In most of the communities, villagers do not distinguish between trained and untrained traditional healing practitioners in the use of their services. Their preferences for traditional healers are generally based on easy, accessibility and the popularity of traditional healers.

Shrestha et al.(24: 1980) in their study "On faith healers: a force of change" have mentioned that the faith healers especially Dhamis/Jhankris can play a culturally appropriate and compellingly cost effective role in Nepal's

struggle to come to grip with its population crisis. In this study traditional healers are stated that they may be the leader of all population crisis of Nepal. Stone (25:1976) his finding in a village in Nuwakot district showed that villagers have faith on Western allopathic medicine but they are some what reluctant to accept it because the service provided by the hospital, health post, is discriminatory and quality depending on one's own wealth and status. Dhamis and Jhankries. On the other hand treat people equally, irrespective of caste, age, sex and wealth.

Upreti (27:1990) in his Benighat health post case study, focused on overwhelming illiteracy in practice of Shairanistic cult prevailing in Chepang community at Benighat area. He observed that due to lack of education, Chepangs suffers from various epidemic and endemic fatal disease.

We can summarize from above paragraph that most of the people believed on traditional healing practices because of their poor economic condition, lack of modern health services, lack of-health education, traditional belief about disease, good relation with traditional healing practitioners and its accessibility.

The proposed-study was the first in Chhatara VDC, Bajura district and significantly differs from the above mentioned studies. This study basically concerned with the healing systems and practices of the study area.

CHAPTER- III

METHODOLOGY

This study has been made to assess the current state of the changing healing practices. This section describes the study area, research design, nature and source of data, sampling procedure, tools and techniques of data collection and data analysis and presentation.

3.1 Study Area:

As the health condition of Nepali people is worst, most of the rural areas health condition is not so sound. Rural people of Bajura also haven't so good health status than other rural areas. The study was conducted in the Chhatara VDC of Bajura district, which is located in the southern side of the district headquarter, martadi, three days walking distance from martadi. This study focused on the health status of local people, their healing practices and available medical option.

3.2 Research Design:

Exploratory cum descriptive research design has been used to study the healing practices among the people of the study area. The research is exploratory because it find out the health seeking behavior and healing practices among the people. It is a descriptive study because a substantial part of the report deals largely with giving an account of the village setting, social cultural, political, environmental and prevailing health status of community. The study is respective in the sense that people were asked question about healing practice made for illness in the recent past.

3.3 Nature and source of Data:

The study relies mainly on the primary data and the secondary data was also used. Primary data was collected from the field survey through, field study, household survey, case study and key informant's interview.

Secondary data had collected from government records, INGO / NGO report, books, journals relevant literature and other available source, this secondary information was helpful to check validity and reliability of empirical data.

3.4 Sampling Procedure:

The universe of the study is the total population of the Chhatara VDC of Bajura district. The total household of Chhatara is 528. The household is divided on the basis of caste and ethnicity, further they also divided on the basis of their settlement and distance from health centers. From each caste and ethnicity 15% of the total population was chosen as sample, considering the caste ethnicity, settlement and so on.

After preparation of the total household list they divided according to above mentioned criteria and elected 15% of the total house holds as sample, that became 80 household, they are elected using proportional stratified random sampling.

3.5 Tools and Techniques of data collection:

a.) Households survey:

One of the techniques of primary data collection is household survey; it is useful to get reliable and valid data, therefore, socio-economic demographic information were collected through household survey. Household survey was conducted using interview schedule (questionnaire).

Questionnaire was prepared to generate the realistic and accurate data form community. The respondent was requested to filled up the questionnaire, in the case of respondents who can't fill up the questionnaire, the question were asked to the respondents ad answer were filled up by researcher himself to collect the required data.

b.)Observation:

Besides collecting data with the help of scheduled questions, the observation on unscheduled questions became very much helpful together information. Observation has been carried out to collect the relevant data for the study. It also validates the data collected through household survey, key informant interview and case study. the observation was became helpful to find living style, housing pattern, technology, custom, rituals, healing procedure, healing behaviors, sickness behaviors, health related infrastructure and other activities.

c.) Key Informant's Interview:

Some primary data was collected from key informant's interview using the questionnaire the known people about healing approaches and practices, health worker, local healer and senior member of society were selected as key informant in order to collect historical information about healing system and their present strategies of healing or treatment in the study area.

d.) Case Study:

The case studies were carried among healers and their patients. The main purposes of conducting case studies were to support the information collected from other sources. The case study gave emphasis on healers and their patient's perception, behavioral health practices, the effect of various factors for example social and cultural habits and adaptation of any specific treatment methods. During the case study sick persons were also visited and interview/discussion with the patient was conducted to know the health seeking behaviors and cause of sick ness. A check list was prepared to get all the required information.

3.6 Constraints in data collection:

In general, no serious problem was encountered during the research period. This could have been the result of the researcher's direct involvement with the people. However, in some cases such as when asked about their husband's name with women, about recently death on their family, cause of death, about income source etc. they used to be a little reserved. While dealing with the illiterate and women due to language problem it was also some times difficult to communicate. However, problem was solved by using a local interpreter.

3.7 Data analysis and presentation

The data were analyzed using SPSS software of the computer and before starting the tabulation of data, it was rechecked in the field. Data was tabulated under different headings and subheadings, according to the objective of the research presentation of the tables were made on the basis of percentages, cases count and comparing with other variables.

Chapter – IV

Socio-demographic characteristics of Chhatara VDC.

Chhatara VDC is in southern side of Bajura district. chhatara VDC consist nine wards. there are mostly, live Chhetri, Brahmin, Kami Damai, Sharki etc. caste people from very ancient. they are able to save traditional cultural practices. Agriculture is the main income source of them.

There for, this chapter consist socio-demographic characteristic of study area. To obtain the information related to socio demographic characteristics, interview schedule was administrated to the sampled households. Total 15 percent households were selected by using proportional stratified random sampling method. On the basis of answers given by the respondents, their age caste education occupations were examined.

4.1 Population Composition of sampled household

According to a recent record of Chhatara VDC in Bajura District, the total population of chhataraVDC is 3495, where as 528 household are in the Chhatara VDC. In this study, altogether 15 percent was selected as sample. The total sampled household is 80. The total population of sampled household is 481. Among them 256 are males and 225 are females.

Table No. – 1

No. of population of sampled household by age and sex.

Age Group	Male	Female	Total	Percent	Sex Ratio
0-10	52	62	11	23.70	1:0.84
11-20	72	63	135	28.07	1:1.14
21-30	46	30	76	15.80	1:1.53
31-40	26	22	48	9.98	1:1.18
41-50	18	16	34	7.69	1:1.12
51-60	25	21	46	9.56	1:1.19
60 +	17	11	28	5.82	1:1.54
Total	256	225	481	100	1:1.14

The Table No. 1 shows the population composition of Chhatra VDC of Bajura district. The sex ratio of this VDC is 1:1.14 (male: female). It is higher than the ratio (1:1) recorded in national record.

We can conclude that the dependency population and sex ratio of this VDC is higher. Agricultural dependency, socio-cultural norms and value (Like give high emphasis to the son) poverty, are the main cause of the growth of the dependency population and sex ratio. High dependency ratio is economically and socially, not favorable to the community as for as to the country. We can control the dependency ratio by managing the population and balancing the sex ratio giving equal emphasis on male and female.

4.2 Caste/Ethnic Composition

Caste group is one of the major compositions of population in the community. The word caste denotes such a group of people who is identified

on the basis of common culture, work, and has a sense of collective identity. These groups have common occupation, language, religion and may occupy a given territory.

Table No. – 2

Caste Composition:

S.N.	**Caste group**	**No of household**	**Percent**
1	Upper Caste (Brahmin, Chhetri Thakuri)	53	66.25
2	Lower Caste (Kami, Damai, Sarki)	27	33.75
Total		80	100

Table No. – 2 show that this community has upper caste majority. It is clear that highest position is occupied by upper caste (66.25% of total household) where as lower caste people are fewer in number (33.75% of total household).

According to CBS 2001, 3.94 percent population is occupied by kamis, 12.74 percent is occupied by Brahmin, and 1.72 percent occupied by Damais and 15.80 percent is occupied by Chhetries. From this study, it has come to know that the total percent of every caste in this VDC is higher than the national record.

upper caste include the Brahmin, Chhetri Thakuri, who are also known as Tagadhari and lower caste include the Kami, Damai, Sarki, who are also known as Dalits.

4.3 Religion and religious Beliefs:

Every people have their own religious beliefs. The people, who do not have belief on god, also involve directly or indirectly in religious activities. The religion gives us lots of knowledge as well as moral lessons.

The total (100%) population of this VDC has strong belief on Hindu religion. It is higher than the national record (80.62%) (CBS: 2001) out of the total population of Nepal.

4.4 Educational Status of sampled household:

It is saying that "Education is the basic human right". According to sociological implication "by life chances we refer to such thing as the chance to survive the year of life to get a good education." Every people have to get the chance of higher education. Because of interest, economic status, lack of opportunity, cultural traits, norms values etc. Every people have unable to gain the same level of education as show in the following table:

Table No. 3

Educational Status

Categories	**No. of Population**	**Percent**
Children Below 6years	59	12.27
Illiterate	151	31.39
Literate	62	12.89
Primary	164	21.62
Lower Secondary	44	9.15
Secondary	38	7.90
Higher	23	4.78
Total	481	100

According to the rule of government, the children below 6 years do not join the formal school. In this case 59 (12.27%) children in this community are below 6 years. 151 (31.39%) people are illiterate (over six years). It is lower than the illiteracy rate of Nepal as 46.3 percent. In this community, 56.34 percent people are literate, which is higher than the national record as 53.74 percent. About 21.62 percent people attend primary education, 9.15 percent people attend lower secondary education, 7.90 percent people get secondary education and only 4.78 percent people have the opportunity for higher education. It is better than the national record but not satisfactory because every people has right to get the higher education.

The educational status of this community is low because of lack of knowledge on education, because of the poor economic condition, because of traditional concept and due to the lack of availability of formal or non-formal educational opportunity. Therefore, people should be aware themselves about the importance of education. The government has to pay more attention to improve the lower economic condition of the citizens and citizens also should improve themselves to change the traditional concept. Educational opportunity should be given by conducting formal and non-formal educational programme.

4.5 Economy and occupational Involvement Status:

Majority of respondents do not have any occupational chances. They have limited job opportunity in the rural areas. Occupation is very important factor to improve human life. It is determined by their choice, interest, qualification, inclination, capacity and opportunities.

Table No. – 4

Occupational Involvement Status

Occupation	No. of Household	Percentage
Agriculture	56	70
Service	3	3.75
Agriculture + Service	8	10
Agriculture + Business	3	3.75
Agriculture + Others	10	12.5
Total	80	100

(Others include the daily wage labor, porter, tailors Iron workers and Leather Worker)

The Table No. – 4 shows that the main occupation of 70 percent people is Agriculture, 3.75 percent people are involved in service, 10 percent people are involved in both agriculture and service , 3.75 percent are in agriculture and business, 12.5 percent people are involved in agriculture and other (like daily wage labor, porter, tailoring, Iron worker and leather works). Most of the people (approximately more than 95 percent) are dependent more or less in agriculture. Lots of people are involved in agriculture but their production is insufficient for feeding their own family because they are unable to apply new technology in their farming. There is negligence about seed and fertilizer. As a result they get less production from their land. Therefore, they should have been make aware about modern technology of farming and government should provide them modern fertilizer, technician and seeds.

Chapter – V

Existing Situation about healing practice

Existing situation is the most important factor which helps to give the base line to the other activities. The existing situation of this community shows that many people believe in traditional practices in their life and they are satisfied with these services. Some points related to existing situation about healing practices are briefly discussed under this section.

5.1 Existed healing practices

During the research period the general information on existed healing practices was collected. People mentioned various things in their own ways as how they understood .these options, for example, seeking treatment from Dhami, Jhakri, Janne-manchhe etc. In some cases they also mentioned that they themselves knew different herbs from their field and forest which they use with out consulting any one.

In Chhatara VDC different ways of healing practices were available. They are broadly classified in to three categories as follows:

- Self medication/home treatment
- Traditional healer
- Modern medicine

5.1.1 Self medication/home treatment:

Self medication deals with self-prescribing and prescribing by non-medical agent or family member. Self medication practice includes the use of herbal medicine, allopathic medicine and physical therapy.

Generally, people use herbal medicine for self medication. Herbal medicines are made out of simple ingredients, which are usually available in the

villages. They include seeds, roots, bark, leaves of the trees and flowers etc., which are easily prepared by the family at home and consumed when they fell sick.

5.1.2 Traditional healers:

Traditional healers are considered as the social volunteer in the societies. They are the administrator of the social and cultural orders. traditional healers include the,

- Dhami/Jhakri
- Baidya
- Jyotishi
- Sudeni
- Janne-manchhe,etc.

The traditional healers are well accepted by the villagers and are well respected for their ability to medication and mediate between individual in the community and the holly spirit that cause illness.

5.1.3 Modern medicines:

Modern medicinal treatment is provided by the government through sub-health post and by private sector through medical shop. There are one sub-health post and two medical shops are located in the Chhatara VDC. The sub-health post provides primary health care service to the people. People also consult with the owner of private medical shop.

5.2 Knowledge of Healing

According to the response given by respondents many people have heard about traditional healing, some people have got training about modern medicine and some house hold's people are unknown about them.

Table No. – 5

Knowledge of Healing

Type of knowledge	No. of household	Percentage
Traditional Healing	13	16.25
Modern Healing	5	6.25
Unknown	62	77.5
Total	80	100

The calculated data show that 16.25 percent households have knowledge about the traditional healing practices, 6.25 percent household have knowledge or training about the modern medication and 77.5 percent household have not any knowledge about healing or they are unknown about healing procedure of both type. Even though, they use these services in their practice. Lack of interaction among villagers. That's why they should be aware and the villagers should interact with each other about modern and traditional treatment practice.

5.3 Source of knowledge of Healing:

Everything has it's source to rise. So, knowledge also can't be spreaded without any source. Traditional knowledge tended on the base of society and every procedure is learned by other. In this chapter we are going to discussion about source of knowledge of healing.

Table No. – 6

Source of Knowledge of Healing

source	No. of Healer	Percentage
Ancestor	11	61.11
Health Institute	5	27.78
Other (guru)	2	11.11
Total	18	100

According to Table No. – 10, 61.11 percent of healer gets knowledge on healing from their ancestor, 27.78 percent of healer gets knowledge on healing form health Institutions (modern medicine) and 11.11 percent of healers get knowledge on healing from their guru. Thus, every healer had a source of knowledge they are learnt healing therapy from others.

5.4 Place of Treatment:

The villagers do not go to the same place for treatment. The researcher found that the people who are educated and have high economic status give high priority to hospitals but who are poor in every aspect choose traditional method for treatment. Same as economic most of the Dalit of the study area choose traditional healing as first choice of treatement and they goes to other options i.e. sub health post , health post, Phc etc. later.

Table No. – 7

Place of Treatment

place	No of Household	Percentage
Sub Health Post	38	47.5
PHC	11	13.75
Dhami / Jhakri	31	38.75
Total	80	100

The table no 11 shows that most of the people (49 household and 61.25 percent) believe in modern method of curing their diseases. Only 31 household's (38.75%) people believe in traditional method of treatment. Those people who have modern concept about treatment also consult Dhami / Jhakri and Jyotisi before going to the hospital. The reason of attraction towards traditional healing method is; that is cheap and locally available. To make it reliable, training should be given to the traditional practioner. Then the people become aware about their health. It makes modern service cheap, regular and locally available and it will be accessible for the community people.

It is concluded that till now significant number of people visit traditional healer. In so many cases, even in easily curable diseases they get severe problems due to improper treatment and sometimes they may lose their lives. Because of the lack of good health education and due to easily unavailability of medical facilities they are compelled to choose such traditional practices.

5.5 Location of Health Center

Geographical location of the village also affects the people to reach to the health centers in time. Some people cross some distance quickly but it takes little more time to the other people. However, it makes not so different to reach to the health center.

Table No. – 8

Location of Health centre

Health centers	Time to reach	No of Household	Percentage
Hospital	1 day	80	100
PHC	1- 2 hour	36	45
	2-4 hour	44	55
Total		80	100
Sub Health Post	0-15 minutes	27	33.75
	15- 30 minutes	53	66.25
Total		80	100
Medical Shop	0-15 minutes	62	77.5
	15- 30 minutes	18	22.5
Total		80	100

There is no any hospital near to this VDC. It takes 1 day (10-12 hours) to reach to the hospitals. There is no any facility of modern vehicles in this village. They have to go by foot. There is one sub health post which is located in the center of the VDC and two medical shops are there, both takes maximum 30 minutes time to reach there. There are one PHC lies on the VDC Toli, which take 1-4 hours to reach there. Health workers do not regularly attend the sub health post. Even though, the sub health post is open but there is no medicine. Patients have to purchase medicine form the medical shop. On the other hand, the medical shop does not open regularly, when it is opened, it takes more money as they likes. The hospital takes 10 - 12 hours to reach and the charge is also expensive. So the medical service is very far from their reach. To solve this problem, the government should provide sufficient medicine to the sub health post. Health workers should be removed. People should be aware about their health.

Chapter – VI

People's attitude about traditional and modern healing practice

An attitude is a predisposition to think, feel and perceive certain statements and issues. The researcher had collected data on people's attitude about traditional and modern healing practices on that community, which are briefly discussed under this section.

6.1 Peoples opinion on sickness:

Every body has different opinion about the same things. Social trends, norms, values, educational level, interaction with other people, service facility, teach people to give their different ideas and opinion about the same things.

Table No. – 9

People's opinion to become ill

Reason	**No. of house hold**	**Percentage**
Lack of Sanitation	44	55
Bad habits	13	16.25
Devine Power	10	12.5
Change in climate	4	5
Both change in climate & sanitation	6	7.5
Do not know	3	3.75
Total	80	100

Table No. – 5 show that most of the people (55 percent) believe that disease may spread due to lack of sanitation (lack of safe drinking water, lack of cleanness, lack of personal hygiene and poor environment). 16.25

percent people argue that disease may spread due to bad habits like smoking, chewing tobacco, drinking alcohol and eating damage or bad foods. Like wise 12.5 percent people belief that disease spread from divine power. According to this traditional concept people think that when god is angry then we human beings become ill. These people think that when the god is happy, then the people will be released from illness. 5 percent people are claimed that climate change is the cause of illness, 7.5 percent people argued that human become ill because of lack of sanitation and change in climate and only 3.745 percent people of the community said they do not know how human become ill. Many people think that, lack of sanitation, bad habits, change in climate are the main cause of sickness but their life is not for from these kinds of things. They have some knowledge but they should be trained to apply this knowledge in their practical life.

But people also classify the illness like ROG (caused by physical factors i.e. Germs and others) DOKH (caused by super natural power i.e. Devta (god) Bhut (evil spirit) Masan (demons) etc). So, ROG and DOKHA are caused by different factors and people perceive them separately. To describe the cause of illness on the case study, a Dhami says "most of the illness is caused by the man's own negligence."

6.2 prevalent Service for Health

Knowledge ideas service facilities make people to think about that which service is useful or which services is not useful. Because of many reason people can't apply useful service in their practice.

Table No. – 10

Useful Service for Health

Health service	No of Household	Percentage
Traditional Service	13	16.25
Modern Service	32	40
Both of them	35	43.75
Total	80	100

The table No. 6 shows that 16.25 percent house hold's people believe that traditional service is useful for their health than the other services. Same table states that 40 percent people believe in modern services than others, where as 43.75 percent people believe in both traditional and modern health service equally.

As mentioned earlier, majority of the people in this VDC believe in modern health services rather than traditional services but lack of availability and irregularity of modern service they use traditional healing method in their practice. That's why modern service should be expanded, traditional practioner should be trained and people should be aware about health education.

6.3 Attitude toward Tradition & Modern Healing.

Every people express their feeling if they are given alternatives. Their feelings depend upon the knowledge about subject mater, their, ideas practices etc. The feeling about traditional and modern healing practices of this community is presented in Table No. – 7 and 8.

Table No. – 11

People's Attitude about traditional healing practices.

Attitude	No. of household	Percentage
Positive	48	60
Negative	32	40
Total	80	100

The Table No. – 7 show that majority of people (60%) have positive feeling toward traditional healing practice and 40 percent people have negative feeling about traditional healing.

Table No. – 12

People's Attitude about modern healing practices.

Attitude	No. of household	Percentage
Positive	67	83.75
Negative	13	16.25
Total	80	100

Table No. – 8 show that the majority of people (83.75%) have positive feeling toward modern healing practice and 16.25 percent people have negative feeling about modern healing practice.

Researcher found that the people who have got educational opportunity, knowledge about treatment practices, don't belief in traditional treatment method but the people who have not got chance to understand about the method of treatment practice, advantage and disadvantage of traditional and modern treatment practices, they have the positive attitude toward traditional healing practices. So, that we can conclude that lack of educational awareness, poor economic condition, and the chance to select the treatment methods are the main causes of giving positive and negative attitude about healing systems.

As mentioned above socio-cultural norms and values, economic condition, availability, reliable ness, cost for treatment, course of treatment

and procedure of treatment are responsible to determine the positive and negative attitudes about healing practices. To avoid this problem, people should be made aware economically and culturally.

6.4 Knowledge, attitude and practices of recipient and provider in the study area

It was found that majority of recipient were well familiar with the existing traditional healing practices and they had positive attitude to all different cultural and traditional rituals, customs, beliefs and performances. In practice, people also used these traditional ways for treating different sickness rather than searching for allopathic cure. Very few patients were familiar with the availability of the modern medical treatment method in the local area. People also mentioned that if one took traditional medicine or advice prescribed from traditional healer it was always safe even if the medicine was not needed for that particular illness. But on the other hand, if one used allopathic medicine then that might cause serious problems sometime even death if it was not the right medicine for the disease.

Chapter – VII

Influencing Factor on healing practices

(Changing traditional to modern)

Respondents know that modern health service is better than traditional service but people believe and attend traditional health service in their life rather than the modern health service. Many factors such as level of health education, economic condition, Tradition, Traditional belief, norms values, faith etc. Which are known as the influencing factors lead to accept or reject available service in the context of traditional healing practice, there are some reasons for giving high priority by the community.

7.1 State of Treatment

Most of people of that community do not get regular treatment by health workers. The health services (specially the modern service) are not regular. That is expensive and out of ordinary people's reach. The following table shows from where people get treatment long time.

Table No. – 13

State of Treatment

Treatment center	No of Household	Percentage
Traditional Healer	26	32.5
Modern health service	54	67.5
Total	80	100

The table no 13 shows that 32.5 percents people are getting regular treatment from traditional healers and 67.5 percent people are use modern service for their regular long term treatment. Sometime they also visited the traditional healers. To justify this table we can see the case study of Dhanbir

Nepali when his daughter became ill at first he consult with Dhami and after that he goes to sub health.

There is one sub health post and two medical shops in the VDC but they are not regularly opened. There is no sufficient medicine and the health workers do not provide regular services. Due to this reason, many people of this area do not get regular treatment from the health workers. To solve this problem health centers and health workers should be regular and ready to serve people as soon as they can and the government also should provide sufficient medicine to the sub health post and should check regularity about the service of the health workers.

7.2 Perception of people toward health worker

The people of Chhatara VDC prefer to see traditional healers as compared to modern health services. These are the reason of ignorance of the village people and they seems sometimes irresponsible to the patient on some cases.

Table No. – 14

Perception of people toward health worker.

Categories	No of Household	Percentage
Highly Satisfied	18	22.5
Satisfied	26	32.5
Not satisfied	36	45
Total	80	100

The table no 14 shows that 45 percent people are not satisfied with the health worker. 55 percent people are satisfied with health workers. Among them only 22.5 percent people are highly satisfied.

Due to lack of regularity and quality services, some people are satisfied with health workers. Only those people who have close relation with the health

workers are highly satisfied. Irrespective of relation, the health workers should give equal services to the entire patient.

7.3 Influencing factor for choosing healing options

Various reasons were given by the respondents in choosing different methods of healing. The choice was very much dependent upon perception of the causation of illness and its severity.

In general the following factors were more responsible:

- Knowledge about the etiology (cause) of the illness.
- Severity of the illness.
- Previous experience with the similar illness.
- Faith in the particular healing alternative.
- Convenience Previous experience with the similar illness e as well as ability to cope in terms of availability of time and cost involved.

7.3.1 Knowledge about the etiology (cause) of the illness:

Different people have different opinion regarding the cause of the illness and the actual causative agent. If the people feel that a disease has personalistic origins, faith healers are invariably consulted. People in the sample household suspected their illness were due to a personalistic cause much more than they suspected that it was due to naturalistic cause.

Perception of disease causations were classified to simplify analysis in to those related to naturalistic perception such as cold entering the body. And personalistic perception which is defined as super natural or magical possession.

7.3.2 Severity of the illness:

If the illness is perceived as mild with short duration then home remedies tend to be the first choice. It was very interesting to know the local people's own way of categorizing mild, moderate and severity of illness. Sometimes, to an outsider a particular patient seemed seriously ill but they considered it to be mild and did not pay so much and prompt medical advice. Generally, their way of treating a patient with mild to moderate illness was with Dhami/Jhakri and then only if the patient got very serious they would seek allopathic treatment.

7.3.3 Previous experience with the similar illness:

If the people had some experience in the past about a particular disease and if the disease had followed same cyclic or seasonal pattern then they would be quite confident about the causation and severity of that illness. Because of the past experience and knowledge, people categorize the disease as mild, moderate or severe and make appropriate choice for treatment.

7.3.4 Faith in the particular healing alternative

The choice of treatment was found highly influenced by the belief/trust upon specific healing method. In the study area, people made first choice of healing as consulting with faith healers because these faith healers lived together with them and had been known to be each other from a long period of time. As they lived with in a village and had family relationship, both the provider and recipient have common understanding.

Another positive aspect that was, the traditional healers were always found close to the patient's home and they were flexible in their time table and rigid as government health workers who works only from 10am to 5pm. In the study area, very few people were found to be choosing modern medicine, because they felt that the disease was something which was beyond the capacity of traditional healer. Another interesting thing was that, there were some people, who choose their first choice of treatment as modern medicine and still performed worship to their old deities just to make sure that his choice for medication would not harm him.

7.4 Convenience Previous experience with the similar illness e as well as ability to cope in terms of availability of time and cost involved:

The economic status of sick person and his ability to pay for appropriate treatment method was found very crucial. Those people who had good economic background sought help from modern medicine whenever it was needed. Similarly, availability of time to travel up to a specific treatment place was another factor for influencing the selection of healing method.

For disease which are perceived as mild, home therapy tend to be the first choice and for moderate to severe Dhami and Jhakri tend to be the best choice for the healing among people of chhatara VDC.

CHAPTER-VIII

CASE STUDIES

The main purpose of conducting case studies was to collect more in-depth information regarding people's perception on illness and their health seeking behavior in the study area. The case study provided a good opportunity to obtain more comprehensive data. The study was also equally important to cross check the information collected earlier from household survey.

8.1 Case Study: I

Dhanbir Nepali a resident of Ward No. 8, of Chhatara is a 45 year old and has a wife and four daughters. In his family all are illiterate. He is very clever and talkative. He quite frequently visits Mahendranagar and Delhi for different reasons. Three months back his younger daughter, aged 6 years, complained of severe pain in abdomen and had diarrhoea. After two days of illness, the family decided to consult a Jhankri from his own village. Jhankri said that his daughter was attacked by some evil spirit so that she got this severe pain and vomiting. Jhankri made a simple worshipping and prayed to all deities to remove the evil spirit from the sick person's body. Then for nearly another three weeks Dhanbir's daughter was alright. She was eating, playing and sleeping well as a normal person. But after one month, she again complained similar problem. She was vomiting, not eating and not sleeping well. The frequency of diarrhoea also increased. Again, Dhanbir went to consult the Jhankri and he did the same thing as earlier. The Jhankri also advised to visit health post because he thought the child might also have some worms in her stomach. She was occasionally vomiting worms. After listening the whole history from Dhanbir and looking child's condition. I

advised him to visit the health post for proper diagnosis and treatment to his daughter. But he was not confident and not so happy to visit the Health post because of his past bad experience from the health post staff. He complained that the, people in the health post did not listen to him and they always scold why they have brought the case so late. So he asked me to go with him to the health post. On his request then I went to health post with him nd his daughter. There was a AHW in the health post. He examined the case and diagnosed that Dhanbir's daughter was suffering from round worms and amoebic dysentery. AHW prescribed three tablet of piperacite and two bottles of Flagyl syrup for dysentery. Only worm medicine was available from the health post and Dhanbir brought Flagyl syrup from the near by.medical shop which cost him Rs.80 for the medicine, After -two days of treatment his daughter passed 30 roundworms and her dysentery was also controlled.

The above case study shows that the first "choice of medical treatment was made from traditional healer and the second only from the health post. Priority was given to allopathic medicine because of their cultural economic background, their perception of causative agent on illness.

8.2 Case Study: II

Dutte Buda is senior and oldest Jhankri of Chhatara VDC ward no.3. He does not know his exact date of birth but he guesses that he must be around 75 years old. He has no schooling but he can read and write. Now he is too old so that he has some difficulty to hold pen and had also has a severe problem on his vision. He has 4 daughters and a son. The oldest daughter is 35 years old and youngest son only 18 years old. Three of his daughters are

already married, Kancha, 18 year old son was married two years ago and he has one son . so in Datte's family there are altogether 5 members now - including the smallest grand son. his died five years ago at the age of 61 who was suffering from chronic cough and asthma, Kancha had five years of schooling, now whole family is heavily involved in agriculture and animal husbandry. According *to* the family source they have enough dry land but they lack khet or wet land where they can grow rice. Due to a very sloppy and rocky soil the production is simply too little. Anyway the family manages to survive out of what they produce.

Now Datte is too old to work in the fields so his main task these days is to look after the young grandson. Besides, he is equally busy on receiving sick people in his home. He is senior old jhankri in this village. Everyday he sees three to seven patients. Most of the cases he sees are suffering from headache, diarrhoea, vomiting, convulsion in children, loss of appetite and fever. He is very proud that all the cases that he has seen until this period are fully satisfied with his treatment. Before examining the patient he always prays to different Gods and Goddess to give him power to diagnose the case properly and so that he could give good advice to the patient. He very seldom prescribes any herbal medicines, which he prepares himself; otherwise the treatment procedure is mainly blowing ritual words and prayers.

Sometimes, he would ask the patient to perform special Puja to please the angry deities. Villagers are also very happy with his performance. He has already trained three other people in Jhankrism. All his three trainees respect him very much as GURU. So now he is confident that his work will be carried out without any problem by his followers. He has no such criticism

about modern medicine but he complains that the HP staff is not cooperative with the patients as well as with Jhankris. He feels that most of the ill health is caused because of man's own negligence. He said that if we try to break down the social and cultural rules and regulation in the society then human beings suffer with many problems.

This case study gives a clear picture on how Dhami- Jhankri look upon the diseases and at the same time the way the people perceive their healing powers.

8.3 Case Study: III

At the start of his illness over 2 years ago Sarjane Mijar was living in Terai with his wife and three children. He had his own land worth about Rs.30, 000. He developed burning pains in his feet and his right toe was dying as the wood dies out. His initial reaction was to go to the hospital with the suggestions of his neighbors. His neighbors thought that he may have cancer and the hospital was the only place to go. He showed us his old hospital notes which he had carefully kept and diagnosis was "Burgers disease" and "dry gangrene of the .right big toe". His toe was amputated. He still did not feel well and decided to consult a Dhami, Jhankri alongside the hospital treatment. This did not help him much either.

Finally he went to the hospital in where he had an abdominal operation. His hospital notes described the operation as "lumbar sympathectomy" All these treatments cost a lot of money. He spent 10-12 thousand rupees at Dhangadi hospital, 4-5 thousands rupees on Dhami Jhankris and 15-20 thousand rupees in Bareli. He and his wife sold their land in the Terai to meet these expenses. Finally they decided to move into the hills with the hope that the

cooler climate would help him. They bought some land here with the little money had. At the moment they are in debt. They have borrowed money to build their house and to buy small plot of land. They have to pay interest regularly on this money. The food grain they produce on their land lasts only 5 months of the year. He and his wife have to work as laborers on other people's farms to supplement their food deficit. He still does not feel well, but is no longer willing or able to spend much money on his health now that he is plagued by increasing poverty;

The current state of the above case study provides a clear picture on how people cope with the economic situation when they become sick, and they have to choose medical treatment. In this case, the sick person still does not feel well but is reluctant to seek treatment because of economic reasons. This sort of cases is not uncommon in the study area. Especially among the poorest household, cost are sometimes a barrier to medical care. In such cases, people simply choose to wait and see and stay without any treatment.

Similarly, the time and other indirect costs of medical care can be just as important as the actual service cost. Landless labors and households with small plot of land which cannot produce enough food grain to support the family are especially vulnerable to time cost. The same applies to the women in the households. Households, who can afford to hire labors to work in their farm can cope better in such cases.

CHAPTER – IX
SUMMARY, FINDINGS, CONCLUSION AND RECOMMENDATION

9.1 Summary

This research is requirement for the masters degree of arts required by Tribhuvan University, central department of Sociology / Anthropology. This study is mainly related with traditional and modern healing practices. The main objective of this research is to find out the real situation of traditional and modern healing system in Bajura district of Chhatara VDC. For this information interview, observation, case study, key informant's interviews are conducted.

Traditional healing practice is the most popular in our country Nepal, but it has some limitations. This community is not separate form other communities and researcher like to know the changing element of it. So the little "changing healing practice, traditional to modern, an Anthropological study of Chhatara VDC of Bajura district" was proposed.

Literature review is one of the most important parts of this study. Researcher formulated objectives and methodologies followed by literature review.

Although Chhetri / Thakuri caste occupies the major parts of this community the other ethnic groups also play equal role in this study.
In the VDC 528 households in total. Using proportional stratified fandom sampling, 15% of household were sampled. The main questions were asked

to the head of the family, in his absence, sub head of the family responded. All caste groups of this village were included in this study.

This is a descriptive research.

Another important part of this research is analysis and presentation of data. This part play vital role to find traditional health condition, concept, information and it helps to formulate recommendation.

Population, traditional healing concept, health post, health workers,. Health facilities, healing options, Dhami, Jhakri, Jyotisi, Baidya etc. are basic elements of this study. Simple mathematical tools are used to describe data. Through this it is easy to read, the attitude of the people towards traditional and modern healing practice, their beliefs, their positive concepts toward it.

9.2 Findings

Main findings of this study were:

a) In the process of this study, we found that all of the people of this community (100%) are strong believers of Hindu religion and total population of this community speak local Bajureli language as mother tongue, they also speak and understand Nepali language.

a) Caste composition of the community, 12 household (15%) Brahmin, 41 household (51.25%) Chhetri/ Thakuri, 11 household (13.75%) Damai, 14 house hold (17.15%) kami and 2 house hold (2.5%) sarki live in this VDC.

b) Out of total 481 persons, 225 (46.78%) people are female and 256 (53.22%) people are male.

c) On the basis of age factor, 23.70 percent people are below 1 year old, 28.07 percent people are from the age group 11-20, 15.38 percent

people are above 51 years old and 33.47 percent are from the age of 21-50.

d) Among the total population, 12.27 percent people are not in the age of schooling, 31.39 percent people are illiterate, 12.89 percent people are just literate, 21.62 percent people have got the primary education, and 9.15 percent people have got the education of lower secondary level. 7.9 percent people had secondary level education and 4.78 percent people have got higher education.

e) From occupational point of view, 70% are depend on agriculture , 3.75% have their own service, 10% are depended on agriculture and service both, 3.75% are depended on agriculture and business both and 12.5% are depended on agriculture and other activities like wage labour, porter etc.

f) 38.75 percent people first visit to traditional healer like Dhami Jhakri, Baidya and 61.25 percent people first visit to modern health centers for treatment.

g) 55 percent respondents believe lack of sanitation is the main cause of sickness, 16.25 percent believe bad habits are main cause for sickness, 12.5 percent believe on Devine power and 12.5 percent believe that bad sanitation and change on climate is the main cause of illness.

h) 43.75 percent people are practicing both traditional and modern healing practice, 16.25 percent are favor traditional healing and 4 percent people believes modern treatment is good for them.

i) 22.5 percent respondents have knowledge on healing practice among them 13 respondents (72.22%) have knowledge on traditional healing and only 5 respondents (27.78%) have knowledge on modern medicine.

j) 77.5 percent respondents have not any knowledge on healing.

k) 61.11 percent healer get healing knowledge form their ancestor, 11.11 percent healer get healing knowledge from their guru and 27.78 percent healer are trained from modern health institute.

l) 83.75 percent respondents believe that modern healing system is more advantageous than the traditional healing system.

m) Higher percentage of respondents (60%) have positive concept toward traditional healing system where as 40 percent have negative concept toward it. People feeling positive feeling about it view that this method is cheap and locally available. The other who has negative attitude toward it view that it is unreliable and it makes diseases more complicated.

n) 61.25 percent people consult health worker at first and 38.75 percent people consult traditional healer first. But both of them visited traditional healer and modern health centre as their need.

o) There is one sub health post and two medical shops are in the VDC but there is no hospital. The hospital is very far from the village and the service is also expensive. So, to get hospital service is very far but medical shops are near the village. Due, to their irregularity in service, people feel that their service is not for them. They are expensive too. So the people think that the traditional healing method is better than the modern service. The traditional healing method is cheap, available in local area and quick too.

q) The people of this village are not satisfied from the modern health service the health worker do not visit their home during illness. If they visit, they do not come in time, additionally they take high

charge. That's why most of the people of this village are attracted toward the traditional healing system.

9.3 Conclusions

Health is a valuable asset for the socioeconomic development of the society. Proper care of health helps to improve the quality of manpower far the nation building. In fact health is both an instrument and a product of development and can not be viewed in isolation from other social elements. Health is decisively affected by the cultural norms values, socio-economic status, education and the social environment.

The economic condition of the people live in this area is not so sound. The majority of population of this area is farmers, who live on a subsistence economy. As heath condition and attitude toward health is directly related to the economic condition of the people. It was found that the people with better economic conditions had more access on treatment. On the other hand, the poorer households have less access to choose healing options.

There is one government sub-health post which covers whole VDC and two private medical shops located in the center of VDC. The staff in the sub-health post does not have right approach to assist these poor and ignorant people. Due to this reason, the sub-health post is very much underused. There for people use other healing options, which the people choose on the basis of several factors such as, belief on the particular option, availability, distance, cost, traditional norms values, and other cultural factor.

In general some of the main conclusion from this study could be summarized in the following points:

a) The household economy of the study area mostly depend on agriculture, most of people apply agriculture as their profession.

b) There are dual situation on healing practices most of the people apply both traditional and modern healing practices for treatment.

c) First choice of treatment was found consultation with traditional healer (Dhami, Jhakri, Baidhya) and then they go to sub-health post, medical shop and other side.

d) Most of people giving positive response to modern healing system but unavailability of service, distance and irregularity of health personals are obstacle for this.

e) People belief in traditional healing practice because of its regularity, cheapness, availability and cultural traits i.e. traditional trends, norms values, traditional belief system etc.

f) Reason for choice of one particular method / practice was influenced by several factors e.g. cause of illness severity, level of awareness of client, economic condition, cost for treatment, cultural norms values etc.

9.4 Recommendation

Health is the most important thing which is one of the basic human rights. His Majesty's Government has given the most priority to fulfill the theme "Health for all". Although majority of Nepalese people are unable to

get the basic health services. In this condition, the role of traditional healing practice is important. Especially the proposed community is remote and they are facing problems like; economic, educational, the problem of modern communication system, the problem of transportation etc. They are unable to use the modern treatment system.

From this study and findings the researcher has given the following recommendation to the concerned and authorized people to solve the problem.

a. Training should be given to the traditional healing practitioners

The researcher finds, through his study, that most of the people of this community believe in traditional healing practices and most of the traditional healing practitioners are interested to be well trained in some aspects of modern approaches of health care. The training program should be conducted by the government for making it effective treatment practice. It has also the possibility of including traditional medicine in national health plans for developing the manpower of health and providing the good services to the people.

b. Health education and health awareness programme should be conducted

Health education helps to change the behavior and traditional concepts of people by giving essential health information to all people in a simple, direct and effectiv3e manner. Health education motivates people to evaluate their habits and practices, and help them to modify themselves according to the requirements of health protection and promotion.

Health education and health awareness programme make people aware about their health condition and they become ready to go for treatment in proper time and in proper place. That's why they can save their health and life from fatal condition.

Behavior change, however, is a complex process to be initiated simply by providing a set of facts. The motivation to break habits must be stronger than the force of habits or the pleasure derived from a certain practices. Different simple reading materials and books on health care in Nepali version are very useful in such cases. It should be done by the government for primary health care. The government should prepare health information and should also the information emphasize to honor cultures, values and traditions.

c. The professional health workers should be encouraged to give the regular service to the people

Many people are facing difficulties form health institutions and health workers. Their services should be made regular, more reliable and cheaper as far ass possible.

d. Knowledge on pros and cons of traditional healing practices to the people should be imparted

Everything has positive and negative aspects. Traditional healing practice is not bad in its own. Proper knowledge should be given to the villagers about its positive and negative aspects. After the pros and cons of the traditional practices they should be able to deci8de themselves and utilize the services available to them.

e. The community people should be encouraged to participate on the sanitation program

Lack of sanitation is the most important source of contamination by the diseases. Sanitation programme can not be succeeded the interest and effort of a person. That's why community should cooperate and conduct action programme like sanitation of the villages, proper management of waste disposal, construction and use of toilets etc.

f. Recommendations for further study

Due to time, financial and methodological limitation, this study is conducted in small scale. Therefore, following are recommended for the further study.

a. A study should be conducted on traditional healing practices at national level (Broad level)

b. A comparative study should be on traditional healing practices and Modern treatment practices at national level (Broad level)

REFERENCES

- Acharya, S.P. (2005) *Use of health services Among Freed Kamaiya in Dang District*. An unpublished dissertation submitted to Faculty of Humanities and social service, T.U. Kirtipur.

- Adhikari, Kamal (1947*) Indigenous healing practice in Nepal.* An unpublished Dissertation Submitted to faculty of Humanities and social Science, T.U., Kirtipur.

- Center Bureau of Statistics 2002*, Nepal in Figures*, (Kathmandu National planning commission)

- Devkota, P.L, 1984. "Illness interpretation and modes of treatment in Kirtipur". *Contribution to Nepalese Studies*, CNAS. TU Vol II No. 2: 11-20.

- Devkota, P.L. (1985) *the use of Traditional healer in family health and family planning,* Kathmandu ENAS, T.U.

- Dhakal, R. Graham-Jemes, S. and Lockett, G. (1986) *Traditional healness an dprimary health care in Nepal.* Save the children fund (UK), Kathmandu, Nepal.

- Dixit, Hemang (1999) *the quest for health*, educational euter prises, kathmandu

- Foster, G.M., and Anderson, BN. (1978*) medical Anthropology*, John wiley And Sons, ine.New york.

- HMG-N/NPC (2003) *Tenth plan* (2002-2007). Hma nional planning commission, Kathmandu.

- Khadka, Balram (1996*) A study on the use of Traditional medical practitioners in family health care*, thesis submitted to faculty of education, T.U., Kirtipur.

- Kroeger, A. 1983. Anthropological and Socio-Medical Health Care Research in Developing Countries. *Social Science Medicine*. Vol. 17. No. 3: 147-161.

- Last, J.M. (1987) *public health and human ecology*, prentice hall.

- Miller, casper J. (1979) *Faith healers in the Himalayas*, CNAS, Kathmandu.

- Myrdal, cunnar (1968) *Asian drama, An inguiry into the poverty of the Nations,* Vol 3, middles, peliean books.

- Nabarro, D. 1983. "Influence on the Growth of Children". J. NEPAS Vol.11 No.2: 167-204

- NESAL (1998) *Nepal human development r4eport*, NESAC Kathmandu.

- Pandey, K.P. (1993) *A medical Authropalogical persopeetive; An individual health care practice*, An unpublished dissertation to facultuy of Humanities. and social science, T.U., Kirtipur.

- Peter, L. (1981) *Ecstasy and healing in Nepal* (Anthropological series-4) malibuy undena publishers.

- SC/Uk-Nepal (1997) *Traditional healer and health post peons as atternative health care provider.*

- Shrestha, R.M., and Lediord, M. (1980) *Fath heales: A Farse for change*, UNFPA, Nepal.

- Stone, L., (1976) *concept of illness and curing in a central Nepal village*, contribution to Nepalese studies 3: 35-58

- Subedi, M.S. (2004) *Indigenous Knowledgre and health development in Nepal: an Authropological inquiry*, Kathmandu, Manav Samaj/

- Subedi, M.S. (2006) *making health a public agenda in Nepal*, Jaurnat of SASS, SASS, TU. Kirtipur.

- Upreti, L.P. (1990) *Benighat health case studys A Report submitted to John Saw public health group,* Kathmandu, Nepal.

ANNEX-I

QUESTIONNAIRE FOR HOUSEHOLD SURVEY

1. Name of Household Head

Age: Sex: Ward No.:

Occupation: Education: Religion:

2. Since how long have you been living here?

……. years or ……generation

3. Household Information

S.N.	Name of Family Member	Sex/Age	Marital Status	Education	Occupation		Remark
					Primary	Secondary	

4. How do you define or know ill or healthy?

5. What is cause of illness?

6. What do you do at first when any one becomes ill in your family?

6.1 Why do you consult indigenous healer at first?

6.1.1 Since how long have you been going to indigenous healer?

6.2 Why do you consult health post/hospital at first?

6.2.1 Since how long you been going to health post/hospital?

7. Do you have any knowledge on treatment?

7.1 If yes, what type of knowledge do you have?

7.2 What is the source of your knowledge?

7.3 Have you got any training in modern medical system?

7.4 If yes, which training you have?

8. If you don't mind, could you tell me any incident took place in your family in the last five year?

8.1 Did you identity the disease?

8.2 In that case, who had you consulted at first for treatment?

8.3 Who treat him/her for long time?

9. How can you be healthy?

ANNEX-II

CHECKLIST FOR THE CASE STUDY

1. Name Age: Sex:

2. Literacy: Marital Status: Occupation Religion:

3. Have you ever become ill?

4. What type of illness did you suffer from?

5. What kind of treatment did you adopt at first and then?

6. What are the causes of illness in your opinion?

7. Do you have knowledge on treatment?

8. If you have, how could you get it?

9. If you serve as healer, how much fee do you charge from the patient?

10. Is your service sufficient to meet the health need of people?

11. Do you have any heart felt case study of treatment?

12. Yes, please describe

ANNEX III

CHECKLIST FOR KEY-INFORMANTS

1. Name Age: Sex: Ward No.:
2. Literacy: Marital Status: Occupation: Religion:
3. What kind of health problem are their in your locality?
4. How do you define the main source of illness?
5. What types of healing facilities are available in your locality?
6. What do you do often when you become ill?
7. Have you seen the role of Dhami-Jhakri, Herbalist, traditional birth attendance (Sudeni) in your locality?
8. What kind of response do you get from the health post/hospital personnel?
9. Why do most peoples prefer indigenous healers?
10. What suggestion do you give for the better treatment in locality?