Social determinants of health with reference to communicable and non-communicable disease in Ilam district: A Sociological study of Ilam municipality, ward number 5 Barbote, Koshi Province, Nepal.

A Dissertation

Submitted to Faculty of Humanities and Social Sciences, Tribhuvan University, MahendraRatna Multiple Campus, Ilam,under the Department of Sociology, in Partial fulfillment of the requirements of the thesis (So-593) for the Master's Degree in Arts in Sociology 4th Semester.

Submitted By

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2024

Recommendation Letter

This is to Certify that this dissertation entitled, "**Social determinants of health with reference to communicable and non-communicable disease in Ilam district: A Sociological study of Ilam municipality, ward number 5 Barbote, Koshi Province, Nepal**" has been prepared by **Mr. Bal Krishna Phuyal**for the partial fulfillment of the requirements for the master's degree of arts in Sociologyunder my direct supervision and guidance. He has given his hard labor to prepare this research study. So, I hereby forward this research study for its evaluation and approval.

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Approval Letter

I hereby heartly that the thesis "**Social determinants of health with reference to communicable and non-communicable disease in Ilam district: A Sociological study of Ilam municipality, ward number 5 Barbote, Koshi Province, Nepal**" submitted by **Mr. Bal Krishna Phuyal** in partial fulfillment of the requirements for the Master's Degree (M.A.) in Sociology has been approved by the evaluation committee.

Evaluation Committee

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Mr. Santosh Parajuli
(Thesis Supervisor)
Date:2081/08/22(B.S.)
A.D.:8-12-2024

DEDICATION

I dedicate this research study work to my revered parents, Mr. Gopila Mani Phuyal and Mrs. Bishnu Maya Gadtaula (Phuyal). Their continuous, selfless love in every aspect of my life and academic endeavors, their support towards my success and reaching my goals, and their encouragement to move forward with positive actions are deeply appreciated. With heartfelt respect, I wish to express my special gratitude and thanks to them.

Bal Krishna Phuyal

DECLARATION

I hereby declare that the research entitled **"Social determinants of health with reference to communicable and non-communicable disease in Ilam district: A Sociological study of Ilam municipality, ward number 5 Barbote, Koshi Province, Nepal".** Completely original work created under my supervisor's direction and supervision was submitted to MahendraRatna Multiple Campus in Ilam. Throughout the preparation of this research, I have given proper credit to all concepts and data that I have taken from other sources. This research's findings haven't been submitted or presented anywhere else for a degree or other reason. I guarantee that none of the information in this study has ever been published before in any format.

Student Researcher

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AKNOWLEDGEMENT

This dissertation entitled, "**Social determinants of health with reference to communicable and non-communicable disease in Ilam district: A Sociological study of Ilam municipality, ward number 5 Barbote, Koshi Province, Nepal**", is completed to fulfill a portion of the requirements for the Master of Arts in Sociology degree. I received a lot of assistance while I was preparing this dissertation. I am really appreciative of the locals who live close to my study location since they have given me useful information. My sincere gratitude goes out to Mr. Santosh Parajuli, a lecturer at MahendraRatna Multiple Campus in Ilam and my esteemed guru's research supervisor, for his unwavering support and constructive criticism during the planning and writing stages of this work. I want to express my gratitude to the department leader, Mr. Mohan Singh Thebe. I also want to express my sincere gratitude to all of the affiliated faculty members of the MahendraRatna Multiple Campus Ilam's sociology department. I would want to express my appreciation to everyone who helped with this research, both directly and indirectly. Furthermore, I would like to extend my sincere gratitude to the national women community health volunteers, the elected ward chairperson, elected representatives, political parties, ward office, and all of the employees at the health facility of Ilam Municipality Ward number 5. Lastly, I would like to express my gratitude to the respondents from Ilam Municipality's Ward number 5 (previously Barbote 3) for giving me their invaluable time and data for this study. This is necessary for this report to be in this format.

Last but not least, I owe a debt of gratitude to my parents and relatives for their unwavering encouragement, support, and cooperation throughout my life, which has helped me reach this point.

Thank you

Bal Krishna Phuyal

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ABBREVIATION

AHW: Auxiliary Health worker

AIDS: Acquired Immune deficiency Syndrome

ANM: Auxiliary nurse midwifery

BMI: Body mass index

CBR: Crude birth rate

CDs: communicable disease

COPD: Chronic obstructive pulmonary disease

CVDs: Cardio vascular disease

DOHS: Department of health service

EDPs: External development partners

FCHV: Female community health volunteer

FGDs: Focused group discussion

GAP: Global action plan

GBD: Global burden of disease

GDP: Gross domestic product

GoN: Government of Nepal

HA: Health Assistant

HIV: Human Immune Deficiency Virus

HMIS: Health management information system

HTN: hypertension

IEC: Information education communication

IGM: international society for gender medicine

IMR: Infant mortality rate

INGOs: international non-governmental organization

KAP: Knowledge, attitude &practice

MMR: Maternal mortality rate

MOHP: Ministry of health and population

MSAP: Multi-sectoral action plan

NCD: non-communicable disease

NCDI: Non-communicable Diseases and Injuries

NCDIs: Non-communicable disease and injuries

NDHS: Nepal demographic health survey

NGOs: Non-governmental organization

NTDs: Neglected tropical disease

ODF: Open Defecation free

PEN: Package of essential non-Communicable disease

SDG: Sustainable Development goal

SLTHP: Second long term health plan

STEPS: Stepwise approach to NCD risk factor surveillance

TB: Tuberculosis

U/LRTI: Upper /Lower respiratory tract infection

UHC: Universal health coverage

WHA: World health assembly

WHO: World Health Organization

SDH: Social determinants of health

CHAPTER-ONE

Introduction

1.1Background of the study

Social health refers to the aspect of overall well-being that involves how individuals interact with others, form and maintain relationships, and function within their community or social environment. It encompasses the ability to build healthy, supportive relationships, communicate effectively, and contribute positively to society. Good social health is characterized by strong, fulfilling connections with others, a sense of belonging, and the ability to manage social roles and responsibilities. The key components of social health include the quality of personal relationships, the broader social networks individuals maintain, and effective communication skills. Social health also involves having access to emotional and practical support, being engaged in community activities, and the ability to resolve conflicts in a constructive way. Maintaining good social health is important for overall well-being, as strong social connections can provide emotional support, reduce stress, and contribute to a sense of purpose and happiness.

A communicable disease is an illness caused by infectious agents, such as bacteria, viruses, parasites, or fungi that can be transmitted from one person, animal, or environment to another. These diseases are often spread through various modes of transmission, including direct contact with an infected individual, exposure to contaminated surfaces or objects, airborne droplets, or vectors like mosquitoes or ticks. Key aspects of communicable diseases include their causes, modes of transmission, and methods of prevention and control. Causes include bacteria, viruses, parasites, and fungi. Diseases can spread through direct contact, indirect contact, airborne transmission, vector-borne transmission, and contaminated food or water. Prevention and control measures involve vaccination, good hygiene practices, quarantine and isolation, vector control, and public health interventions such as education and screening. Communicable diseases can range from mild to severe and can affect people globally. Public health strategies are essential to control and prevent the spread of these diseases.

A non-communicable disease (NCD) is a medical condition or disease that is not caused by infectious agents and cannot be transmitted from one person to another. Instead, NCDs are often the result of a combination of genetic, physiological, environmental, and lifestyle factors. These diseases are typically chronic, meaning they develop slowly and last for a long period, often for the rest of a person's life. Key aspects of non-communicable

diseases (NCDs) include their causes, types, prevention, and global impact. Causes and risk factors involve genetics, lifestyle choices, environmental factors, and aging. Major types of NCDs include cardiovascular diseases, cancers, chronic respiratory diseases, diabetes, chronic kidney disease, neurological disorders, and mental health disorders. Prevention focuses on a healthy diet, regular physical activity, avoiding tobacco and alcohol, regular health screenings, and stress management. NCDs are the leading cause of death globally, with a significant burden on low- and middle-income countries and a substantial economic impact. Addressing the rise in non-communicable diseases requires a multi-faceted approach, including public health initiatives, education, healthcare access, and lifestyle changes.

The relationship between health and society is deeply interconnected, with each influencing the other in various ways. Health is not just a personal matter; it is profoundly shaped by social, economic, cultural, and environmental factors. In turn, the health of individuals and communities has significant impacts on the functioning and development of society as a whole. The relationship between health and society is shaped by various factors, including social determinants like economic status, education, environment, social support networks, and cultural influences. These determinants impact access to healthcare, lifestyle choices, and overall health outcomes. Health affects society through its influence on economic productivity, social stability, education, and the quality of healthcare systems. Health inequalities often mirror broader social disparities, requiring targeted social and policy interventions for equity. Public health initiatives play a crucial role in improving population health, while cultural and ethical dimensions shape societal approaches to healthcare and health-related decisions. Health and society are mutually dependent, with societal conditions shaping individual and community health outcomes, and the health of the population influencing the overall functioning and development of society. Addressing health in a societal context requires a holistic approach that considers the broader social determinants of health, promotes equity, and integrates public health with social policies. By improving the social factors that influence health, societies can create environments that support healthier populations and, in turn, more vibrant, prosperous communities.

In Nepal, the prevalence of non-communicable diseases is increasing day by day as compared to communicable diseases. Various statistics have shown that the infection and death rate of communicable diseases were very high in the last few decades, and now the incidence of non-communicable diseases is more than that of communicable diseases. Based on the results obtained from different studies at different times, the no of people dying from non-communicable diseases, especially diabetes, high blood pressure, cancer, chronic

respiratory diseases, etc.is increasing.

As compared to communicable diseases, the incidence of non-communicable diseases isincreasing day by day, social reasons are connected with personal reasons. Personal factors include unhealthy diet, physical inactivity, sedentary lifestyle, etc. Under the social cause, the understanding of the disease of the individual and the society includes social values, recognition, customs, etc.As explained by various social theories that the cause of disease is not only biological but also social, it is found that social factors have an effect on the cause of communicable and non-communicable diseases.This research was conducted to investigate the factors contributing to the prevalence of non-communicable diseases among urban residents compared to those in rural areas. The research is focus on Ilam Municipality, specifically Ward number 5, Barbote, formerly known as Ward number 3.

In Nepal, while the burden of infectious diseases is decreasing, there remains a significant challenge in addressing emerging and re-emerging infections. Concurrently, the rapid rise in non-communicable diseases (NCDs) such as cardiovascular conditions and cancers is exacerbating the situation, leading to increased opportunistic infections. The WHO has recommended a multifaceted approach to tackle these health challenges, including innovative disease management, preventive chemotherapy, studies on vector control, veterinary public health services, and enhanced sanitation and hygiene. These efforts should be integrated with the global action plan from the World Health Assembly 2015, which focuses on addressing drug resistance, improving antimicrobial awareness, strengthening surveillance, and optimizing investment in new medical interventions and technologies. Nepal has put in place a number of strategic programs to enhance sanitation, hygiene, and disease management in response to growing health issues. In order to address non-communicable diseases (NCDs), which have emerged as the primary cause of death in Nepal, these include the "ODF Campaign" under the Sanitation and Hygienic Master Plan-2011, the "Nepal Water Supply, Sanitation and Hygiene Sector Development Plan 2016–2030," and the "Multisectoral Action Plan for The Prevention and Control of Non-Communicable Diseases 2014–2020 plan," which is in line with international standards. These conditions now account for a significant portion of national fatalities, highlighting the urgent need for comprehensive strategies to tackle their growing impact. The increasing burden of NCDs such as cardiovascular diseases, cancers, and respiratory illnesses, along with rising injury rates, underscores the urgent need for enhanced prevention and control measures. Recent data reveals high prevalence rates of conditions like COPD and diabetes, indicating the need for

improved early screening and research. To address these issues, Nepal has adopted the WHO's Package of Essential NCD Interventions (PEN) and formulated a Multi-Sectoral Action Plan, emphasizing the need for continued multi-sectoral collaboration to meet global NCD reduction targets by 2025 and achieve Sustainable Development Goals by 2030.

Barbote was one of the wards, except 12 wards, of Ilam municipality. It was located near Ilam Municipality headquarters. Barbote ward was one of the wards of Ilam municipality. It was lie in the northeast part of Ilam district, with its northeast border adjoining old Sumbek VDC, its northwest border with old Maipokhari, its southwest border with old Santidanda, and its southeast border with Ilam municipality. As it was lie in a hilly region, its climate was subtropical. Brahmin, Chhetri, Rai, Gurung, Limbu, Dalit, etc., was the predominant inhabitants of Barbote ward. Nepali was the main language, but people was also spoken mother languages like Kirati, Tamang, Tamu, etc., in their respective communities. The majority of people was followed Hinduism, while some others was Christian, Buddhist, etc. It was having 1135 households with a total population of 4979, comprising 2527 males and 2452 females, respectively. (Source: Ilam municipality Ward profile 2079). The community in this area is characterized by its diversity, with people from various castes, ethnic groups, and religions living together in mutual respect, honoring each other's customs, rituals, festivals, and beliefs. Each group maintains its distinct identity, reflecting a high degree of social integration and unity. Despite ongoing efforts to minimize social conflicts, racial discrimination persists, particularly as some higher castes continue to regard Dalits as inferior and untouchable. While Dalits are not excluded and have equal opportunities in social, political, and religious spheres, instances of discrimination still occur. There is considerable socio-economic cooperation among different groups, with most families adhering to a joint family structure, though nuclear families are also common. Marriages are celebrated according to religious customs but include invitations to neighbors of all castes and religions. Public health standards are generally satisfactory, with good access to hospitals and health services, and people are attentive to sanitation and family planning. However, traditional practices and superstitions, such as tantric rituals and beliefs in dhami and jhankri, remain prevalent. Men typically have higher literacy rates and more decision-making power in households, though women's participation in social and developmental activities is on the rise, supported by various NGOs, INGOs, and local government efforts that focus on empowering lower-ranked women.

1.2 Statement of problem

Nepal, a developing country in South Asia, is bordered by India to the south, east, and west, and China to the north, covering an area of 147,181 km². Its geographical diversity results in varied climatic conditions and contributes to its multi-religious, multi-ethnic, and multi-cultural landscape. Despite being the second richest country in water resources, Nepal faces significant developmental challenges, including widespread poverty and low educational levels. Significant disparities in health outcomes are revealed by important health indicators as life expectancy, crude birth rate (CBR), infant mortality rate (IMR), maternal mortality rate (MMR), and early marriage rates. Progress is further impeded by conservative attitudes and superstitious beliefs. The limitations of current preventive healthcare efforts are highlighted by the frequent outbreaks of infectious diseases that can be prevented, such as typhoid, diarrhea, and dysentery, as well as the increasing prevalence of non-communicable diseases (NCDs), such as cancer, diabetes, hypertension, and chronic obstructive pulmonary disease (COPD). As a result, Nepal performs worse than other countries in the Human Development Index. Non-communicable diseases (NCDs) are becoming more common worldwide, and throughout the last 20 years, Nepal has seen a notable rise in NCDs. A significant problem is the rising incidence of diseases like cancer, diabetes, high blood pressure, and respiratory disorders, which is detracting from the previous emphasis on controlling communicable diseases. The primary question being looked into is why illness and disease prevention are not being sufficiently addressed in the community. The problem is made worse by the growing financial burden that NCDs are placing on households as well as a lack of health-related knowledge, attitudes, and behaviors. Race, ethnicity, and caste are examples of social variables thathave an impact on how these diseases are managed and disseminated. This study's research challenge and research gap is primarily the community's knowledge, attitudes, and practices about communicable and non-communicable diseases. Understanding how the local community views illness and researching the social determinants of health are the main goals. The purpose of this study is to examine the causes of the rise in non-communicable diseases, particularly in metropolitan areas. Thus, in order to accomplish my research goals, the following research questions have further directed my study:

- How the community people perceive the disease?
- What methods the community people have adopted in the treatment and diagnosis of the diseases?

- What are the most common causes of communicable diseases (CDs) and non-communicable diseases (NCDs) in the community?
- What social determinants affect the health of people in a community?
- What are the practices of the local community people about the diagnosis of the diseases?

1.3 Objective of Study

In research, objectives are regarded as the essential recommendations that provide the basis for subsequent investigations. It provides guidance on how sector studies should be carried out.

General objective

- The general objective of this study is to obtain information about the knowledge, attitudes, and practices (KAP) of the local community regarding communicable and non-communicable diseases, with a focus on the social determinants of health. The study also explores how these knowledge, attitudes, and practices influence health behaviors and outcomes. Additionally, it examines whether the community's practices related to communicable and non-communicable diseases, as influenced by social determinants of health, directly affect individual health and associated health behaviors.

Specific objective

The specific objective are as follows

- To study the impact of communicable diseases (CD's) and non-communicable diseases (NCD's) in the community level.
- To study the response of community peoples towards communicable disease (CD's)and non-communicable diseases (NCD's)
- To study the local people's practice and behavior of finding the methods of solution regarding communicable diseases (CD's)and non-communicable diseases (NCD's)

1.4 Importance of the Study

This research helps to change the knowledge, attitudes, and practices of the people in the local community towards communicable and non-communicable diseases. It helps develop awareness among the local people that social and cultural factors, as well as biological causes, play a role in disease. This research plays an important role in developing knowledge and skills related to healthy and unhealthy eating, behavior, and lifestyle. The research process itself, if participatory, can empower the local community by involving them in

identifying health issues and potential solutions, fostering a sense of ownership and agency. The study provides localized insights into how social determinants like income, education, housing, and access to healthcare influence health outcomes in a specific community in Nepal. This knowledge is crucial for designing effective interventions tailored to the local context. The findings can be compared with other regions, helping to identify unique or common patterns in health determinants across different geographical and cultural contexts. The study could reveal the role of cultural practices, social norms, and community networks in health behaviors and outcomes, enriching sociological theories on health and illness. By identifying vulnerable groups and key social determinants, the study can guide the development of targeted health interventions and programs, thereby improving public health strategies. The research can inform local and national policymakers about the specific social determinants that need to be addressed to improve health outcomes in rural areas, particularly in relation to both communicable and non-communicable diseases. Communicable and non-communicable diseases persist as significant challenges in these regions. Factors such as underutilization of health facilities, poor dietary habits, physical inactivity, and sedentary lifestyles exacerbate the health issues individuals' face. Throughout the 20th century, the prevention and control of communicable diseases posed challenges not only in Nepal but also in many countries worldwide. However, in recent times, the prevention and control of non-communicable diseases have emerged as pressing concerns. Current statistics reveal a staggering no of deaths globally attributed to non-communicable diseases. Consequently, this study is instrumental in fostering positive changes in the community's knowledge, attitudes, and practices concerning communicable and non-communicable diseases. It aims to promote increased utilization of health services and raise public awareness about health-related issues. Furthermore, this study sheds light on pertinent issues, offering valuable insights for policymakers. It is anticipated that the findings of this research will significantly inform decision-making processes within relevant departments, thereby contributing to the improvement of the status of both non-communicable and communicable diseases.

- This study helps to find the present situation of NCDs&CDs.
- It helps to find the trend of health service utilization, morbidity and mortality pattern of NCDs&CDs.
- This study helps to explore the social determinants of health and their impacts on individuals' health and related health behaviors.

1.5 De-Limitation of the study

Every type of research was conducted within a certain region of limitation. However, it establishes its needs, circumstances, and field of study. Additionally, this study was constrained by the following scope and limitations:

Methodological Limitation: The household survey and participative techniques served as the main foundation for this study. The locals' memories and views were what determined how reliable the data was. Utilizing contemporary software and technologies, further methods could be employed to triangulate and quantify the outcomes.

Result Limitation: The examination of the sample and results was limited to a few families; therefore, it might not be enough to draw generalizations. If statistical analysis is used to represent a bigger population, the outcome can be different.

Area Limitation: The study was carried out inside a predetermined geographic area. For a better examination of the results, the study might be carried out in a more varied and expansive geographic area. It's possible that the generalization drawn from this study won't always apply to other kinds of geographic regions.

- The study's conclusions and findings were based on the validity of primary and secondary data gathered using a variety of data collection methods.
- The sample data used in this study was gathered from the Barbote neighborhood of Ilam Municipality's ward number 5.
- As part of the partial fulfillment, data was gathered from particular sources and within a limited time span under the department's supervision. As a result, it might not always be appropriate in all situations.
- The study's scope was restricted to examining environmental factors, communicable and non-communicable diseases (CDs and NCDs), health status, and other relevant knowledge, attitudes, and behaviors.
- This study was only used for educational purpose.

1.6 Organization of the study

This study is structured into six chapters:

- Chapter One introduces the subject matter.
- Chapter Two provides a review of the existing literature.
- Chapter Three explains the research methodology adopted for the study.
- Chapter Four describes the study area and its population.

- Chapter Five examines the social and economic conditions, along with the environmental impact of the study area.
- Chapter Six concludes with a summary, key findings, and recommendations.

1.7 Ethical consideration

- Before the study begins, the study work was only be carried forward after permission is sought from the ward office of the said area.
- The data was collected while maintaining the privacy and confidentiality of the respondents.
- In this research, no action was taken that was affect the personal life of the respondent.
- The data collection was proceeded only after the respondent gives their informed consent (verbally).
- The positive and negative aspects associated with the socio-cultural economic conditions of the study area was not be evaluated.
- The study was conducted in a manner that is responsive to the respondents.
- Personal information was not be made public without the respondent's permission.

CHAPTER-TWO

Literature review

2.1 Theoretical review

In this research, efforts were made to demonstrate the knowledge, attitude, and practice of communicable and non-communicable diseases among the people living in the community. By engaging with the community and integrating studies conducted at the microscopic level with sociological principles, significant changes was occurred in the knowledge, attitude, and practice of the community members. Consequently, various sociological theories were theoretically reviewed in relation to this research.

The social determinants of health refer to the conditions in which people are born, grow, live, work, and age, and how these conditions impact their health outcomes. Sociological theories provide frameworks for understanding how these determinants interact and influence health outcomes. Here are a few examples of how sociological theories link to social determinants of health.These theories provide different perspectives on how social determinants of health are shaped by broader social structures, interactions, and power dynamics within society. Understanding these linkages can inform efforts to address health inequalities and promote health equity.

2.1.1 Modernization perspective on health and health care

Modernization theory portrays development as a consistent evolutionary path that all societies take, moving from traditional, rural, and agricultural societies to postindustrial, urban, and modern forms (Bradshaw, 1987; Escobar, 1995; Chirot and Hall, 1982; Shrum, 2000). This is in line with the International Encyclopedia of the Social and Behavioral Sciences, Second Edition (2015). According to Chirot and Hall (1982: 82), all societies that embark on the modernization process go through a specific developmental sequence that includes traditional economies, the transition to takeoff, the takeoff itself, the drive to maturity, the age of high consumption, and postindustrial society. Formal education, market-based economies, and democratic and secular political systems are among the internal forces and sources of socioeconomic progress that are highlighted by modernization theory. Modernization theory places less emphasis on outside influences, even while it does not exclude outside forces and sources of social change and economic development (Jenkins and Scanlan, 2001; Shrum,2000). However, science stands out among external impacts since it is thought to help developing nations through "knowledge and technology transfer" from industrialized nations (Shrum, 2000). In other words, by "importing" Western technological capital, organizational structures, science, and technology to emerging nations, society can be accelerated toward modernization (Herkenrath and Bornschier, 2003; Shrum, 2000). According to W.W. Rostow, the "transition to takeoff" stage of development is crucial for the acceptance of scientific procedures, scientific ways of thinking, and the development of technoscientific skills (Chirot and Hall, 1982). In essence, modernization theory proponents see science and technology as development accelerators. Through its capacity to offer logical procedures in decision-making for the effective use of material and human resources, science and technology create favorable conditions for economic progress in emerging nations (Shrum and Shenhav, 1995).

Rostow, W. W. (1960), modernization is a process of economic development characterized by distinct stages of growth. In his influential work, "Stages of Economic Growth: A Non-Communist Manifesto" (1960), Rostow outlines a linear model of economic development that societies undergo as they transition from traditional to modern states. He identifies five key stages:

- **Traditional Society: The society** characterized by limited technological and scientific progress, with economies based primarily on subsistence agriculture and a static social structure.
- **Preconditions for Take-off:** In this stage, societies begin to develop the conditions necessary for economic growth, including improvements in infrastructure, education, and investment in new technologies.
- **Take-off:** This phase marks a period of rapid industrialization and economic growth, where societies experience significant advancements in technology and productivity. Economic activities expand, and the society starts to experience significant economic transformation.
- **Drive to Maturity:** At this stage, the economy diversifies and industrializes further, with technological and industrial innovations spreading throughout various sectors. The society undergoes a broad-based economic transformation and increasingly experiences sustained growth.
- **Age of High Mass Consumption:** In this final stage, the economy shifts towards a focus on consumer goods and services, leading to high levels of consumption, economic stability, and improved standards of living for the majority of the population.

Rostow's theory suggests that all societies can follow this sequential path of development, moving from traditional economic systems to advanced, industrialized economies through these stages The field of modernization theory emerged in the 1950s and 1960s.It certainly had significant ideological overtones, and the demands of the Cold War and the idea that the world was divided into two opposing ideological blocs framed some of its thinking. Nonetheless, a number of intriguing arguments were developed during this time, such as the distinctions between Parsons and Germani about the conflictive or cooperative character of modernizing societies, or between Rostovian and Gerschenkronian conceptions of economic change. Later criticisms of modernization theory have sought to associate it with the consensual perspective of Parsons in sociology or the unilineal approach of Rostow in economics. However, the modernization theorists' paradigm brought harsh criticism to both of these approaches, a point that later critics "conveniently" ignored. This article's goal was to demonstrate that the corpus of modernization thought was not a homogeneous collection of concepts, but rather one that varied greatly in terms of disciplinary focus and policy suggestions. Furthermore, in nations that are struggling with the modernization process, the

issues of modernity and modernization remain important topics for research and instruction. In this regard, Germani's methods, together with the related ideas and practices of Gerschenkron and Hirschman, have had a longer-lasting impact in Latin America than Parsons and Rostow's. Finding the theoretical and empirical foundations of the economic and social dynamics driving the modernizing process is still important, even though the term "modernity" has tended to supplant "modernization." A framework for comprehending how societies evolve economically is offered by Walt Rostow's Stages of Economic Growth hypothesis, which has a connection to social determinants of health. Rostow's hypothesis can be connected to socioeconomic determinants of health in the following ways: The five phases of development are described by Walt Rostow's Stages of Economic expansion hypothesis, which starts with a traditional society with little technology and ends with an era of great mass consumption and rapid economic expansion. Changes in the social determinants of health correspond to each stage:

- **Traditional Society**: Poor health infrastructure, leading to high rates of communicable diseases.
- **Preconditions for Take-off**: Initial improvements in healthcare reduce communicable diseases.
- **Take-off**: Advances in healthcare shift focus from communicable to non-communicable diseases.
- **Drive to Maturity**: Advanced healthcare systems manage non-communicable diseases.
- **Age of High Mass Consumption**: Fully developed healthcare, with low communicable disease prevalence and focus on lifestyle-related non-communicable diseases. Application to Ilam Municipality, Barbote involves assessing its current stage of economic growth, analyzing health outcome changes across stages, and evaluating how improvements in infrastructure, education, and economic development affect health outcomes.

According to Alley et al. (2010), modernization theorists predict that developing countries will experience health improvements similar to those observed in developed nations as they undergo economic development. This process, known as the epidemiological transition, involves a shift from high rates of infectious diseases and high mortality rates to lower death rates and improved health outcomes as countries industrialize and urbanize. Key to this

transition are improvements in nutrition, hygiene, and sanitation resulting from economic growth.

Key Points:

- **Health Patterns and Development:**
- Developing countries are expected to follow a health trajectory similar to that of developed nations, moving from high infectious disease rates to improved health as they industrialize.
- **Role of Economic Growth:** Industrialization, urbanization, and economic growth are believed to lead to significant health improvements. Investments in these areas are seen as essential for enhancing national health.
- **Targeted Aid:** Selective biomedical interventions, such as mass immunization, vitamin supplementation, and mosquito net distribution, are crucial for improving health in developing nations.
- **Socioeconomic Inequality:** Socioeconomic disparities are linked to health outcomes. Access to healthcare advancements is uneven, with economic, educational, and logistical barriers affecting many people's health.
- **Healthcare Modernization:** The modernization of healthcare involves adapting to global changes, including updated financing models and leadership practices. Leadership development, particularly with a focus on cultural humility and shared leadership, is essential for effective healthcare modernization.
- **Leadership and Cultural Humility:** Effective healthcare leadership requires understanding cultural identities and integrating leadership development with organizational needs. This is particularly relevant in countries like Hungary and Serbia, where healthcare leadership is evolving but still faces challenges.

In summary, modernization theorists emphasize that economic development and targeted healthcare interventions can significantly improve health outcomes in developing countries, while also highlighting the need for modernized healthcare systems and leadership practices to address health disparities and adapt to global changes.

2.1.2 Review of Social stratification and differentiation perspective on health and health care

Tumin, M. M. (1953), has done analysis of social stratification which focuses on the complexity and implications of how societies organize individuals into hierarchical layers. According to Tumin, social stratification refers to the way society categorizes individuals into

different strata or layers based on factors such as wealth, power, prestige, and social status. This hierarchical arrangement is not merely a reflection of individual differences but a systemic structure that perpetuates inequality. Key aspects of Tumin's perspective include:

- **Hierarchy and Inequality:** Social stratification involves a hierarchical organization where people are ranked based on social and economic factors. This ranking leads to unequal access to resources and opportunities.
- **Critique of Functionalism:** Tumin critiques the functionalist view that stratification is necessary for societal efficiency and that it ensures that the most capable individuals occupy the most important roles. He argues that this view overlooks how stratification reinforces existing inequalities and fails to address how it can perpetuate social disadvantages.
- **Reproduction of Social Inequality:** Social stratification tends to reproduce itself over generations. Tumin points out that the social advantages and disadvantages associated with one's position are often passed down from one generation to the next, thus maintaining the status quo.
- **Power and Prestige:** Tumin examines how power and prestige are distributed unequally across different strata and how those in higher positions often use their power to maintain their status, further entrenching social inequalities.
- **Role of Social Institutions:** Social institutions such as education, family, and government play a role in perpetuating social stratification by reinforcing existing hierarchies and limiting opportunities for those in lower strata.
- **Relation to Social Determinants of Health:**
- Social determinants of health are the conditions in which people are born, grow, live, work, and age, and these factors have a significant impact on health outcomes. Tumin's views on social stratification can be related to social determinants of health in the following ways:

Access to Healthcare:

- **Communicable Diseases:** Lower social strata often have limited access to healthcare services, which can increase vulnerability to communicable diseases (e.g., tuberculosis, influenza) and reduce the effectiveness of treatment and prevention efforts.

- **Non-Communicable Diseases:** Individuals in lower socioeconomic groups may also face barriers to accessing preventive care and treatment for non-communicable diseases (e.g., heart disease, diabetes), exacerbating health disparities.

Living Conditions:

- **Communicable Diseases:** Poor living conditions, such as overcrowded housing and inadequate sanitation, are linked to higher rates of communicable diseases. Tumin's idea of social stratification helps explain how these living conditions are more prevalent among lower social strata.
- **Non-Communicable Diseases:** Poor living conditions can also impact non-communicable diseases by influencing factors like diet, exercise, and exposure to environmental pollutants.

Education and Health Literacy:

- **Communicable Diseases:** Lower education levels and health literacy in lower social strata can result in a lack of knowledge about disease prevention and treatment, increasing susceptibility to communicable diseases.
- **Non-Communicable Diseases:** Education and health literacy are crucial for managing non-communicable diseases. Individuals with lower education levels may have less knowledge about healthy behaviors and preventive measures, contributing to higher rates of chronic diseases.

Economic Inequality:

- **Communicable Diseases:** Economic disparities can affect access to resources that prevent and treat communicable diseases, such as vaccination and healthcare services.
- **Non-Communicable Diseases:** Economic inequality influences lifestyle factors such as diet and exercise, which are linked to non-communicable diseases. Tumin's critique of functionalism highlights how economic disparities can lead to unequal health outcomes.

Social Stressors:

- **Communicable Diseases:** Chronic stress associated with lower socioeconomic status can weaken the immune system, making individuals more susceptible to communicable diseases.
- **Non-Communicable Diseases:** Chronic stress is also linked to the development and progression of non-communicable diseases through mechanisms such as hormonal changes and behavioral responses.

In summary, Tumin's perspective on social stratification provides a framework for understanding how hierarchical social structures contribute to health disparities. The social determinants of health, shaped by these stratifications, influence both communicable and non-communicable diseases by affecting access to resources, living conditions, education, and overall well-being.

According to Max Weber (1922), social stratification theory is a multi-dimensional approach to understanding social inequality. Weber's theory expands on the idea of social hierarchy by incorporating not only economic class but also social status and political power. He argued that social stratification is determined by three interconnected but distinct components:

- **Economic Class (Wealth):** This refers to an individual's position in the economic hierarchy, based on wealth and income. Economic class influences one's access to resources and opportunities.
- **Social Status (Prestige):** Social status relates to the social honor, respect, and prestige an individual or group commands within society. It is often linked to lifestyle, education, and occupation.
- **Political Power (influence):** This component involves the ability to influence or control social and political decisions. Political power can affect one's status and class standing.Weber's theory highlights that these dimensions of stratification—economic class, social status, and political power—interact in complex ways to shape an individual's position in society. Unlike earlier theories that focused primarily on economic factors, Weber's approach provides a more nuanced understanding of social inequality by considering multiple factors that contribute to one's social position.

2.1.3 Review of functionalist perspective

According to Durkheim, É. (1893), functionalism is a sociological viewpoint that sees society as a complex system whose components cooperate to uphold social order and stability. The focus of Durkheim's functionalism is on the ways in which different social structures and activities support the cohesiveness and smooth operation of society as a whole.

Key aspects of Durkheim's functionalism include:

- **Social Cohesion:**According to Durkheim, social institutions like the family, education, and religion are essential for preserving social cohesiveness and assimilating people into the greater social structure.

- **Functions of Social Facts:**He popularized the idea of "social facts," which are institutions, norms, and values that are external to the person but have a significant impact on behavior. According to Durkheim, certain social realities serve particular purposes that support social order and stability.
- **Mechanical and Organic Solidarity:**According to Durkheim, social solidarity can be divided into two categories. Modern communities with intricate work divisions and interdependence among people are characterized by organic solidarity, whereas older cultures with high collective consciousness and regularity are characterized by mechanical solidarity.

Role of Social Institutions: He explored how institutions like religion and law function to regulate behavior, provide meaning, and reinforce social norms, contributing to the overall stability and continuity of society. Durkheim's functionalism thus focuses on understanding how different elements of society work together to maintain social order and promote cohesion.

The concepts of social stratification and functionalism provide important frameworks for understanding the social determinants of health, particularly how they influence both communicable and non-communicable diseases. From the above different sources of referential literature reviewed, the analogical conclusion of these above reviewed theories are tried to analyzed and relate with community's health issues from different perspective and approach.

Social Stratification and Health

Hierarchical Structure and Health Inequality: Social stratification creates a hierarchical arrangement where individuals or groups have varying access to resources and opportunities based on wealth, power, prestige, and social status. This hierarchy directly affects health outcomes:

- **Communicable Diseases:** People in lower socio-economic strata often have limited access to healthcare, sanitation, and preventive measures, increasing their vulnerability to communicable diseases like tuberculosis or influenza.
- **Non-Communicable Diseases:** Higher socio-economic groups typically have better access to resources such as nutritious food, healthcare, and education about healthy lifestyles, reducing their risk of non-communicable diseases like diabetes or heart disease.

Access to Resources: Social strata with higher economic and social status have greater access to healthcare services, healthy environments, and health-promoting resources:

- **Communicable Diseases:** Access to timely medical interventions and preventive measures can significantly reduce the spread and impact of infectious diseases in higher strata.
- **Non-Communicable Diseases:** Resources like gyms, healthy food options, and regular health check-ups are more accessible to those in higher strata, contributing to better management and prevention of chronic conditions.

Social Mobility: Social mobility affects individuals' ability to improve their health outcomes.

- **Communicable Diseases:** Individuals who move up the social ladder often gain better access to health services and living conditions that reduce their risk of exposure to communicable diseases.
- **Non-Communicable Diseases:** Social mobility can also lead to improved health literacy and access to preventive care, helping individuals manage or reduce the risk of non-communicable diseases.

Functionalism and Health

Social Integration and Health: Functionalism, as outlined by Émile Durkheim (1893), emphasizes the role of social integration and cohesion in maintaining societal stability.

- **Communicable Diseases:** Social cohesion and collective action can enhance public health responses and community-based interventions to control outbreaks of infectious diseases.
- **Non-Communicable Diseases:** A cohesive society with integrated social institutions can foster support systems for chronic disease management and health promotion, contributing to overall well-being.

Function of Social Institutions: Functionalism highlights the roles of institutions such as healthcare, education, and social welfare in maintaining societal stability.

- **Communicable Diseases:** Institutions like public health agencies and hospitals play crucial roles in preventing, managing, and treating infectious diseases, thereby supporting societal health.
- **Non-Communicable Diseases:** Educational institutions and social services contribute to health literacy and the development of healthy behaviors, which are crucial for preventing and managing chronic diseases.

Social Solidarity and Health Outcomes: Durkheim’s concept of social solidarity, whether mechanical or organic, impacts health by fostering collective norms and values.

- **Communicable Diseases:** High levels of social solidarity can lead to effective public health campaigns and community support systems that enhance disease prevention and control.
- **Non-Communicable Diseases:** Organic solidarity in modern societies often supports diverse health initiatives and personalized care approaches, improving management and prevention of chronic conditions. In summary, social stratification and functionalism provide a comprehensive understanding of how societal structures and inequalities impact health outcomes. Social stratification affects access to resources and opportunities that influence health, while functionalism explains how societal institutions and cohesion contribute to overall health stability and disease management.

Parsons, T. (1951), functionalist perspective emphasizes that good health and effective medical care are vital for societal function. According to Parsons, ill health disrupts individuals' ability to perform their societal roles, and widespread illness or premature death impairs societal stability and productivity. Premature death is particularly detrimental as it represents a poor return on societal investments in an individual's upbringing and socialization. Poor medical care exacerbates these issues by making recovery more difficult and increasing the risk of illness. Parsons introduced the concept of the "sick role," outlining specific expectations for those deemed legitimately ill. For someone to be considered sick, they must not be blamed for their condition, must desire recovery, and must follow medical advice. Failure to meet these expectations can lead to a loss of their sick role status. Those who fulfill these criteria are exempt from normal obligations and are often instructed to rest. In this framework, physicians play a crucial role by diagnosing illnesses, prescribing treatments, and guiding patients toward recovery. Parsons saw the physician-patient relationship as hierarchical, with physicians providing directives that patients are expected to follow.

Despite its contributions, Parsons' perspective has faced criticism. It primarily addresses acute illnesses rather than chronic conditions, which can confine individuals to a prolonged or permanent sick role. Additionally, Parsons' theory overlooks how social backgrounds influence health and the quality of care received. His endorsement of a hierarchical medical relationship is also questioned, with modern views advocating for a more collaborative approach where patients actively engage in their care. Overall, the functionalist approach views society as an interconnected system where institutions like medicine play crucial roles in maintaining social order. Effective healthcare is essential for the smooth functioning of

society, impacting various aspects, including family dynamics and economic productivity. The functionalist perspective views society as a network of interconnected institutions, each playing a role in maintaining social stability. Key institutions like family, education, religion, and medicine work together to uphold societal norms and behaviors. Medicine, as an essential institution, includes hospitals, clinics, and healthcare professionals such as doctors and nurses, and addresses health and illness within society.

This theory suggests that society is structured hierarchically, with different levels of access to resources, power, and opportunities. Social class, race, gender, and other factors determine one's position in this hierarchy, which in turn affects access to healthcare, education, employment, and other social determinants of health. For example, individuals in lower socioeconomic classes may have less access to quality healthcare, leading to poorer health outcomes.

2.1.4 Conflict perspective on health and health care

Marx, K. (1867), conflict theory is a sociological framework that views society through the lens of ongoing conflicts between different social classes. Marx's theoryposits that society is fundamentally divided into two primary classes: the bourgeoisie (owners of the means of production) and the proletariat (working class). Here are the key elements of Marx's conflict theory:

- **Class Struggle:** Marx's conflict theory is the concept of class struggle. Marx believed that the history of society is a history of conflicts between classes with opposing interests on basis of economic strength and access over the different economic and production sources. In capitalist societies, this struggle is primarily between the bourgeoisie, who own and control the means of production, and the proletariat, who sell their labor to survive.
- **Economic Determinism:** Marx argued that economic factors are the primary drivers of social structure and change. The economic base (or infrastructure) of society, which includes the means of production and the relations of production, shapes the superstructure, which includes politics, ideology, and culture.
- **Exploitation:** Marx believed that the bourgeoisie exploit the proletariat by extracting surplus value from their labor. This means that workers are paid less than the value of what they produce, and the difference (surplus value) is appropriated by the capitalists as profit. This exploitation creates an inherent conflict of interest between the two classes.

- **Alienation:** Marx also introduced the concept of alienation to describe the estrangement that workers experience in a capitalist system. Workers become alienated from the products of their labor, the labor process itself, their own humanity, and their fellow workers, as their work is reduced to a means of survival rather than a fulfilling activity.
- **Ideology and False Consciousness:** Marx argued that the dominant ideology in any society reflects the interests of the ruling class. This ideology often perpetuates false consciousness among the working class, making them unaware of their exploitation and the possibility of collective action against it.
- **Social Change and Revolution:** Marx predicted that the tension and conflict between the bourgeoisie and proletariat would eventually lead to revolutionary change. He believed that the proletariat, once conscious of their exploitation and unified, would overthrow the capitalist system and establish a classless, communist society.

In summary, Marx's conflict theory focuses on the power struggles between social classes as the driving force behind social change and the shaping of societal structures. It emphasizes the role of economic factors in influencing social relations and highlights the inherent inequalities in capitalist societies. From this perspective the differentiation and the stratification has arrayed the society in different hierarchical order which are related to class theory created on the basis of economic and political variation, Weitz (2013) has related and interpreted the conflict approach to health highlights how societal inequalities—based on social class, race, ethnicity, and gender—are reflected in health and healthcare disparities. This perspective argues that people from disadvantaged backgrounds are more likely to experience illness and receive poorer quality healthcare, exacerbating existing social inequalities.

Key points include:

- **Health Inequality:** Disparities in health and healthcare are stark, with disadvantaged groups facing higher rates of illness and receiving less effective treatment.
- **Medicalization Critique:** Physicians have historically sought to control and medicalize various social problems. While this can stem from a genuine belief in their ability to diagnose and treat, it also has financial motivations. Medicalizing social issues can obscure their underlying social causes and solutions.
- **Examples:**

- **Alternative Medicine:** Physicians criticize alternative medicine partly because it competes with their practices financially.
- **Eating Disorders:** Defining eating disorders as medical issues provides income for healthcare professionals but can distract from cultural factors influencing these conditions.
- **Obstetrical Care:** In the 19th century, physicians lobbied to take over childbirth from midwives, both to enhance their own status and to benefit financially from obstetrical care.
- **ADHD:** The diagnosis of ADHD and the use of medications like Ritalin illustrate how medicalization can be profitable while potentially ignoring social factors such as parenting and educational environments.

Criticisms: The conflict approach, according to critics, may be unduly pessimistic and ignore the real health gains brought about by scientific advancements. Notwithstanding these criticisms, the method successfully draws attention to important problems with inequality and the driving forces underlying medical procedures. All things considered, the conflict approach highlights the ways in which social power dynamics impact health and healthcare, exposing inequalities and the nuanced reasons behind medicalization. From the standpoint of a struggle for resources, conflict sees society. Sociologists view health care as a resource in this way. There is a limit to the number of physicians, hospital beds, and pharmaceuticals. Conflict theorists inquire about the distribution of these items. A society's power imbalances often dictate how health care is distributed. In the US, a person's capacity to obtain and receive high-quality healthcare is closely correlated with their wealth or employability. However, if other types of prejudice are present, even affluence might not guarantee high-quality care. Research has shown that physicians typically prescribe less painkillers to Black women than to white women because they think the former are overstating their pain. Patients who are obese frequently struggle to persuade medical professionals that they have legitimate illnesses that require care. Transgender individuals frequently face blatant denials of medical care. Conflict theorists study these differences to learn more about the relationship between power and health. This idea draws attention to social injustices and power relationships. It implies that conflict results from unequal resource allocation and conflicting interests. Through this lens, social determinants of health, like wealth inequality and limited access to healthcare, can be seen as the result of power conflicts in society. Policies that put

corporate interests ahead of public health, for example, may make health disparities among underserved groups worse.

2.1.5 Symbolic Interactionist perspective on health and health care

Mead, G. H. (1934), concept of social interactionism centers on how individuals develop a sense of self and social reality through social interactions. Mead, a foundational figure in symbolic interactionism, introduced several key ideas that explain how human behavior and social structures are created and understood through interactions. Here are the core elements of Mead's social interactionism:

- **The Self as a Social Product:**

  Mead argued that the self is not an inherent trait but a social product. The self emerges from social interactions and is shaped by how individuals are perceived by others and how they perceive themselves in their social contexts. This process involves internalizing the expectations and attitudes of others.

- **Role-Taking and the Generalized Other:**

  Central to Mead's theory is the concept of role-taking, where individuals understand social situations and themselves by adopting the perspectives of others. This allows people to anticipate how others will react and adjust their behavior accordingly. Mead introduced the idea of the "generalized other," which refers to the common behavioral expectations of society. By taking on the role of the generalized other, individuals learn to see themselves from the perspective of the broader social group, which helps in developing a coherent self-concept.

- **The "I" and the "Me":**

  Mead distinguished between the "I" and the "Me" as components of the self. The "I" represents the individual's spontaneous, creative aspect, while the "Me" represents the socialized aspect that conforms to societal expectations. The interaction between the "I" and the "Me" helps shape behavior and self-perception.

- **Significant Symbols and Communication:**

  Mead emphasized the role of significant symbols (such as language) in social interactions. These symbols have shared meanings within a society and are crucial for effective communication and the formation of social bonds.

Through the use of these symbols, individuals can coordinate their actions and build shared understandings.

- **Social Behaviorism:**

  Mead's approach, often referred to as social behaviorism, posits that behavior is a result of social interactions and not merely individual psychology. Social behaviorism emphasizes the importance of social processes in shaping individual behavior and self-concept. In summary, according to George Herbert Mead, social interactionism is a framework for understanding how individuals develop their self-concept and navigate their social world through interactions with others. It underscores that our identities and behaviors are continuously shaped and reshaped through the ongoing process of social interaction.

In the context of health, symbolic interactionism examines how social meanings and interactions influence health behaviors, experiences, and perceptions. It highlights:

Health as a Social Construct: Health and illness are understood through social interactions and cultural meanings, which can vary across different societies.

- **Health Behaviors:** Actions related to health, such as seeking treatment or adhering to medication, are shaped by interactions with healthcare providers, family, and peers, as well as by the meanings attached to health and illness.
- **Self-Identity and Illness:** Individuals' perceptions of their health are influenced by social interactions and labels (e.g., chronic illness), affecting their self-identity and coping strategies.
- **Stigma and Social Roles:** Stigma associated with certain health conditions impacts social interactions and health management. Social roles and expectations significantly shape health experiences. Overall, symbolic interactionism underscores the importance of social contexts and meanings in understanding health and illness, emphasizing that health behaviors and experiences are shaped through social interactions and cultural perceptions.

The symbolic interactionist approach, as discussed by Buckser (2009), Lorber & Moore (2002), and other scholars, posits that health and illness are social constructions rather than objective realities. This means that conditions are defined as healthy or ill based on societal definitions and cultural interpretations rather than intrinsic qualities.

Key points include:

Social Construction of Health:

(Musto, 2002) Health and illness are not inherent traits but are defined by societal norms and interactions. For example, ADHD was not recognized as an illness until it became associated with Ritalin, and opium use shifted from being common to stigmatize due to changing social and legal attitudes.

- **Dynamic Definitions:**
- (Diamond, 2011) Conditions like obesity are continuously redefined. Current debates include the "fat pride" movement challenging the perceived health risks of obesity, reflecting ongoing social negotiations about what constitutes health.
- **Interactions and Authority:**
- The symbolic interactionist approach examines the dynamics between patients and healthcare providers, highlighting how medical authority and professional interactions are socially constructed. For instance, the formal attire and language of physician's impact patient perceptions and interactions.
- **Criticisms and Contributions:**
- Critics argue that symbolic interactionism may downplay the objective reality of certain health conditions and the impact of social inequality. However, it underscores that health and illness are shaped by subjective meanings and societal constructs.
- **Focus on Meaning:**
- Symbolic interactionism emphasizes how meanings attached to health and illness emerge from social interactions and cultural contexts. For example, the Body Mass Index (BMI) reflects societal norms about body weight rather than purely medical assessments, influencing how health conditions are perceived and treated. In essence, symbolic interactionism reveals how health and illness are not just medical states but are defined and experienced through social processes and interactions, shaping individuals' perceptions and societal attitudes toward health.

2.1.6 Feminist perspective on health and health care

The feminist contributions of key thinkers such as Mary Wollstonecraft, Simone de Beauvoir, Betty Friedan, Audre Lorde, Bell hooks, Judith Butler, Kimberlé Crenshaw, Angela Davis, and Chandra Talpade Mohanty offer profound insights into how gendered experiences and social constructs impact health disparities and healthcare systems. These feminist perspectives underscore the importance of addressing gender-based discrimination, which has historical roots in societal perceptions and biases.

Historical Context and Gender-Based Discrimination: Wollstonecraft's| (1792), advocacy for women's education challenged the perception of female inferiority, laying the groundwork for subsequent feminist critiques of healthcare systems that historically marginalized women and other disadvantaged groups. Similarly, de Beauvoir's examination of women as the "Other" in a male-dominated society highlights how these societal structures contribute to unequal health outcomes.

Intersectionality and Health Disparities: Crenshaw's (1989) concept of intersectionality reveals how overlapping social identitiessuch as race, gender, and class—intersect to impact health disparities. This intersectional approach is crucial for understanding how marginalized groups face compounded barriers to accessing healthcare and achieving positive health outcomes.

Feminist Bioethics and Gender Medicine: Feminist bioethics, as discussed by feminist theorists like Friedan and Lorde (1963), challenges traditional bioethics for its lack of gender sensitivity and aims to integrate gender perspectives into medical ethics. Gender Medicine (GM) further examines the impact of biological differences on health, though it must also consider broader societal factors, such as gender-based violence and poverty, which critically affect health.

Knowledge and Attitudes towards Health: Feminist epistemology, including critiques of objectivity and the focus on situated knowledge, enhances our understanding of how gendered experiences shape knowledge about health. It argues that knowledge production is influenced by the values and perspectives of its producers, which can affect attitudes towards health issues and the practices within healthcare systems.

Feminist Methodology

Feminist methodology is an approach to research that centers on understanding and addressing gender inequalities while challenging traditional notions of objectivity and neutrality in research. It emphasizes the interconnectedness of social categories like gender, race, and class (intersectionality) and advocates for amplifying the voices and experiences of marginalized groups. This methodology critiques conventional research practices that may perpetuate biases, promoting instead reflexivity, where researchers examine their own positionality and the power dynamics within the research process. Often employing qualitative methods such as interviews, ethnographies, and participatory action research, feminist methodology prioritizes collaboration and empowerment, aiming not only to generate knowledge but to contribute to social justice and transformative change.

Feminist Methodology in Health Research: Feminist methodology emphasizes reflexivity, ethical considerations, and the inclusion of marginalized voices in research. By challenging traditional power dynamics and advocating for participatory and qualitative approaches, feminist research practices aim to produce more inclusive and equitable knowledge about health. In essence, the feminist approach to health underscores the need to address gender disparities and integrate gender-sensitive practices into healthcare systems. By recognizing and addressing the historical and ongoing discrimination faced by women and marginalized groups, feminist theory provides a framework for understanding and improving health outcomes. This approach also highlights how societal norms and gendered experiences shape knowledge, attitudes, and practices related to both communicable and non-communicable diseases.

Through feminist epistemology and methodology, researchers and practitioners can better address health inequalities and advocate for more inclusive and equitable health interventions, ultimately contributing to a more just and effective healthcare system.

Feminism, a multifaceted movement advocating for gender equality and women's rights, intersects significantly with the social determinants of health and influences knowledge, attitudes, and practices towards both communicable and non-communicable diseases. By analyzing feminist theories and their historical evolution, we can understand how gender-based disparities shape health outcomes and practices.

Theoretical Contributions and Health Implications:

- **Mary Wollstonecraft (1792),** Her advocacy for women's education challenges historical gender biases that have impacted women's health literacy and access to healthcare. Improved education for women has been linked to better health outcomes and more informed health decisions.
- **Simone de Beauvoir (2017),** Her examination of women's oppression highlights how societal roles and expectations contribute to health disparities. Gendered roles can affect health behaviors and access to resources, impacting the management of both communicable and non-communicable diseases.
- **Betty Friedan (1963),** Friedan’s critique of limited roles for women has implications for women's mental and physical health. By advocating for women's liberation beyond domesticity, she supports the idea that gender roles and expectations significantly impact health attitudes and practices.
- **Audre Lorde (1963),** Lorde’s focus on intersections of race, gender, and sexuality underscores how marginalized groups experience unique health challenges. Her work

emphasizes the importance of considering these intersections in health policies and practices.

- **Bell hooks (1981)**, By exploring race, class, and gender intersections, hooks highlight how multiple forms of discrimination affect health outcomes and access. An inclusive feminist approach to health must address these intersecting factors.
- **Judith Butler (1990),** Butler's theory of gender performativity illustrates how socially constructed gender roles influence health behaviors. Gender norms can impact how individuals perceive and respond to health issues.
- **Kimberlé Crenshaw (1989),** Crenshaw's concept of intersectionality is crucial for understanding how overlapping oppressions, such as those based on race and gender, affect health disparities. This framework helps in designing more effective health interventions.
- **Angela Davis (1983),** Davis's examination of race, gender, and class intersections informs the understanding of systemic health inequalities and supports advocacy for health justice and equity.
- **Chandra Talpade Mohanty (1991),** Mohanty's critique of Western feminist perspectives on Third World women calls for a more nuanced approach to health disparities that considers local contexts and experiences.

Historical Context and Health Impact:

- **First Wave:**The First Wave of feminism primarily took place in the late 19th and early 20th centuries, focusing on legal rights, such as suffrage and property rights, as well as social reforms including healthcare access. Focused on legal rights, including healthcare access, which laid the groundwork for future health rights advocacy.
- **Second Wave:** The Second Wave of feminism spanned from the early 1960s to the 1980s and focused on a broader array of issues, including workplace rights, reproductive health, and access to healthcare services. This period was marked by significant activism, particularly in response to the limitations on women's rights in both the workplace and in healthcare. Addressed workplace rights and reproductive health, influencing policies on women's health and access to healthcare services.
- **Third Wave:** The Third Wave of feminism emerged in the 1990s and continued into the 2000s, lasting roughly until the early 2010s. This wave emphasized diversity, inclusion, and intersectionality—concepts that broadened the feminist agenda to address the needs and experiences of diverse populations, including women of different races, sexual orientations, classes, and abilities. Emphasized diversity and

intersectionality, affecting how health policies address the needs of diverse populations.

- **Fourth Wave:** The Fourth Wave of feminism is generally considered to have begun around 2012 and continues to the present day. The Fourth Wave's influence on public health campaigns and health advocacy is significant. It has brought attention to the intersection of gender, race, and power in healthcare systems, advocating for a more inclusive approach to addressing sexual harassment, mental health, reproductive rights, and healthcare access. Social media platforms like Twitter, Instagram, and Facebook have played a major role in these campaigns, allowing feminists to reach global audiences, share personal stories, and mobilize support for changes in policies related to women's health, sexual health education, and healthcare equity.

Core Concepts and Health Applications:

- **Patriarchy:** The dominant male-centric health models can perpetuate gender biases in health research and care.
- **Intersectionality:** Recognizes how overlapping social identities impact health disparities and access to care.
- **Gender Socialization:** Societal norms shape gender-specific health behaviors and attitudes.
- **Agency and Empowerment:** Focuses on enabling individuals to make informed health choices despite systemic constraints.

Feminist Epistemology and Methodology in Health Research:

- **Epistemology:** Advocates for incorporating diverse gendered experiences into health knowledge, which can lead to more comprehensive health research and interventions.
- **Methodology:** Emphasizes ethical, reflexive, and participatory approaches, ensuring that health research is inclusive and considers the perspectives of marginalized groups.

Overall, feminist theory provides a critical framework for understanding how gender inequalities and social determinants of health influence attitudes and practices towards both communicable and non-communicable diseases. It advocates for a more inclusive and equitable approach to health that addresses the diverse needs and experiences of all individuals. Aschcroft, R. (2007), feminist theory is linked to activism for gender equality, fighting violence against women, advocating for reproductive rights, and challenging societal norms. It continues to evolve, addressing new issues in gender and social justice. Feminist epistemology explores how gender affects our understanding of knowledge and belief

justification. It challenges traditional, often male-dominated theories and highlights how gendered experiences shape knowledge. Key themes include:

- **Situated Knowledge**: Knowledge is shaped by the perspectives of marginalized groups, leading to more nuanced understandings.
- **Social Epistemology**: Examines how social dynamics and institutions influence knowledge production.
- **Critique of Objectivity**: Argues that knowledge is influenced by the values and perspectives of its producers, challenging the idea of value-neutral objectivity.
- **Intersectionality**: Focuses on how overlapping social identities impact experiences and knowledge.
- **Reclaiming Voices**: Aims to validate and elevate the knowledge of women and marginalized groups.

Feminist epistemology provides a critical perspective to make knowledge practices more inclusive and reflective of diverse experiences. Feminist methodology involves research practices that are informed by feminist theory and focus on addressing gender inequality and challenging traditional research norms. Key aspects include:

- **Reflexivity**: Researchers examine their own biases and how these affect their work.
- **Participation and Collaboration**: Involves participants as active collaborators, valuing their perspectives.
- **Contextual Understanding**: Analyzes phenomena within specific social and cultural contexts.
- **Intersectionality**: Considers how multiple identities intersect and impact experiences.
- **Ethical Considerations**: Emphasizes ethical practices such as informed consent and respect for participants.
- **Challenging Power Dynamics**: Seeks to disrupt traditional power imbalances between researchers and participants.
- **Qualitative Approaches**: Utilizes methods like interviews and focus groups to capture diverse experiences.
- **Advocacy and Action**: Aims to contribute to social change and address issues of inequality. Overall, feminist methodology aims to produce inclusive, equitable, and socially relevant research.

The feminist approach to health, as discussed by Aschcroft (2007), is centered on addressing gender-based discrimination within healthcare systems. Historically, women, children, and

the disabled have faced significant discrimination due to perceptions of weakness and lesser capacity. Feminist theorists have critiqued traditional bioethics for its lack of gender sensitivity and have worked to integrate gender perspectives into mainstream bioethics.

Key points include:

Historical Discrimination: Feminist theorists highlight how historical views, such as Aristotle's notion of women's physical weakness, have shaped discriminatory practices in healthcare. This historical bias has led to unequal treatment and responsibilities for women compared to men.

Feminist Bioethics:

Feminist bioethics has sought to correct gender biases in healthcare by emphasizing women's health issues and advocating for a more inclusive approach in medical ethics. This approach aims to address hidden discriminatory practices and improve the health of women and disadvantaged groups.

Intersectionality:

The feminist perspective recognizes that gender intersects with other social categories such as race, class, and sexuality. This intersectionality affects access to resources and opportunities, influencing health outcomes. For instance, gender-based discrimination can create barriers to accessing healthcare and impact health equity.

Gender Medicine (GM):

Gender Medicine studies the impact of sex and gender on health. Despite its focus on biological differences, critics argue that it often neglects the societal factors affecting women's health, such as gender-related violence, poverty, and discrimination. The International Society for Gender Medicine (IGM) has been criticized for focusing too narrowly on biological aspects and ignoring broader social influences.

Feminist Influence:

The feminist health movement has empowered women by challenging paternalistic practices and advocating for a more equitable approach in healthcare. Integrating feminist principles into medical science and policy is seen as a way to create more substantial and beneficial changes in women's health.

In essence, the feminist approach to health emphasizes the need to address gender disparities and incorporate gender-sensitive practices into healthcare to improve health outcomes for women and marginalized groups. While progress has been made, ongoing efforts are required to fully integrate feminist insights into healthcare systems and policies.

In conclusion, this research illustrates the intersection of various sociological theories with the healthcare landscape in developing countries like Nepal. It underscores the persistently low levels of healthcare consumption and access, juxtaposed with the escalating prevalence of non-communicable diseases when compared to communicable ones. Consequently, there arises a reliance on developed nations for support, a dependency underscored by events such as the coronavirus pandemic. Echoing the sociological theories discussed earlier, it becomes evident that health outcomes are not solely determined by biological factors; rather, social and cultural dimensions hold equal significance. This understanding prompts a shift in treatment methodologies and emphasizes the interconnectedness of these factors. Therefore, this study delves into the sociological theories surrounding community health conditions, spanning both communicable and non-communicable diseases, alongside exploring individual knowledge, attitudes, and practices regarding healthcare utilization. Its aim is to uncover the reality of healthcare consumption within the community." This research investigates how knowledge, attitudes, and practices related to communicable and non-communicable diseases evolve within communities. It integrates microscopic studies with sociological principles, leading to notable improvements in community health understanding. Sociological theories are reviewed in relation to social determinants of health—conditions impacting health outcomes shaped by broader social structures. Modernization theory, which examines how economic development stages influence health, and functionalism, focusing on how societal components like healthcare contribute to social stability, are highlighted. Modernization theorists argue that health improvements follow economic development, while functionalist perspectives, including Parsons' sick role theory, emphasize the role of health and healthcare in maintaining societal order and stability.The conflict theoretical perspective on health and healthcare posits that societal inequalities significantly impact health outcomes and access to care. This perspective views society as divided by competing groups, particularly highlighting the struggles between the affluent bourgeoisie and the working proletariat. Conflict theory asserts that the ruling class controls resources and ideologies, perpetuating health disparities along class, race, and gender lines. For instance, marginalized groups often face worse health outcomes and limited access to quality care. The theory critiques how medical professionals and institutions may prioritize economic interests over genuine healthcare needs, sometimes medicalizing social issues for financial gain. Conflict theorists examine how power dynamics and systemic inequalities shape health disparities, challenging the fairness and distribution of healthcare resources.

2.2 Empirical review:

The process of reviewing reference literature involves examining various sources such as pre-published articles, journals, and other relevant materials to advance scientific research. In the context of my research, which focuses on exploring knowledge, attitudes, and practices towards communicable and non-communicable diseases, particularly addressing the social determinants of health in Ilam Municipality, Ward number 5(former ward number 3), Barbote ,Koshi Province, Nepal, the goal is to gauge the awareness levels and actions taken by individuals regarding these diseases. Numerous studies have been conducted on similar topics over time, providing valuable insights that contribute to filling the research gap. To enhance the empirical foundation of my research, I have incorporated findings from these studies into my work. The subjects covered in my research draw from diverse sources, including Master's level Second Semester Sociology of Health and Third Semester Disability and Aging books, Reports and publications from the World Health Organization, Data from the Nepal Demographic Health Survey, Insights from the Steps Survey, Information obtained from email correspondence and the internet, Reports published in newspapers, Statistics released by the Ministry of Health and Population, Government of Nepal, The status of items within Nepal's health management information system.By reviewing literature related to the title, research problem, and research objectives, I aim to comprehensively address key topics and bridge theoretical frameworks with practical insights. This rigorous examination of existing literature not only enriches the depth of my research but also strengthens its validity by grounding it in established facts and observations.

As stated by (EDCD,2023) Diseases, both communicable and non-communicable, and mental health Our leadership and evidence base support global efforts to monitor, prevent, diagnose, treat, and care for mental health issues, non-communicable diseases, and infectious diseases. We assist nations in mitigating the burden and threat of mental health disorders and communicable and non-communicable diseases, which collectively pose a significant challenge to 21st-century development, impede global socioeconomic progress, and jeopardize the attainment of the Sustainable Development Goals (SDGs). We provide cutting-edge international frameworks for laws, policies, and regulations to motivate governments to implement comprehensive, multisectoral national responses to chronic illnesses. In order to encourage greater and ongoing investments in combating these diseases and in providing vital services and interventions through health systems, we involve leaders, civil society, the private sector, and those who are affected by them.

The biggest cause of death globally, according to WHO (2022), is non-communicable diseases (NCDs), primarily diabetes, cancer, cardiovascular disease, and chronic respiratory conditions. They account for 74% of all deaths worldwide and 7 of the top 10 causes of death. Over 15 million people between the ages of 30 and 69 pass away too soon each year from a major NCD; low- and middle-income nations account for 85% of these premature fatalities. Merely 6% of nations are on course to meet the relevant SDG target 3.4. As demonstrated by the rise in case fatalities and disruptions to health systems during the COVID-19 pandemic, NCDs can be serious challenges to global health security and impede social and economic growth. Reaching the SDG target and the nine global voluntary NCD targets by 2025 required global leadership, more technical support, research and innovation, bolstering primary health care, and incorporating NCDs into Universal Health Coverage. In low-income nations and among marginalized groups, infectious diseasessuch as HIV/AIDS, TB, malaria, viral hepatitis, sexually transmitted infections, and neglected tropical diseases (NTDs)—are among the main causes of mortality and disability. With 36.3 million deaths to date, HIV remains a serious global public health concern. TB is the second leading infectious killer in the world, after COVID-19, with 1.5 million deaths annually.

In 2020, 77% (487.000) of all malaria deaths worldwide occurred in children under the age of five. Over 1 billion people received treatment for at least one of the five NTDs that are preventable, controllable, and eradicate able in the same year. Many of the hard-won victories in the battle against these illnesses are being further undone by COVID-19. The ongoing COVID-19 pandemic serves as an example of how infectious diseases can pose serious dangers to worldwide health security in addition to causing a high percentage of deaths and suffering. They also impede social and economic growth. The SDGs include a specific aim to tackle hepatitis and other communicable diseases, as well as to end the epidemics of AIDS, TB, malaria, and NTDs, in acknowledgment of the enormous burden of these diseases. Mental well-being Growing awareness of the importance of mental health and its role in accomplishing the Sustainable Development Goals (SDGs), such as Universal Health Coverage (UHC), was exacerbated by the COVID-19 epidemic but also preceded it. A 25% of all non-fatal illness burden is caused by mental health diseases, such as anxiety, sadness, and psychosis, as well as neurological and substance use disorders. Additionally, over 700,000 people die by suicide every year.People with mental health disorders, especially those with psychosocial disabilities, continue to face discrimination and human rights breaches worldwide, despite advancements in certain nations. WHO strives to improve access to evidence-based, high-quality care for individuals with mental health issues and to advance

a rights-based, person-centered, and intersectoral approach to mental health policy, planning, and legislation. Infectious diseases and transmissible diseases are other names for communicable diseases. These diseases are brought on by the growth and presence of pathogenic (disease-causing) biological agents, such as bacteria, fungus, viruses, protozoa, and multicellular parasites, in either an animal or human host. There are several ways in which these biological agents can transfer from one individual to another, including: Direct physical contact with an infected person, for example through touch or sexual intercourse. Contact with a contaminated surface or objects such as blood, droplets, food, and beverages. Breathing in an airborne virus. Being bitten by insects or animals capable of transmitting the disease. Depending on the disease or infectious agent, the transition can be conducted in one or more of the mentioned ways. They can be transmittable from individuals with a range of infections, including asymptomatic (without symptoms) cases. Given the quick spread of such diseases in society, they can cause a high social and economic burden and even put international health security at major risk, as is illustrated by the COVID-19 pandemic. Examples of Communicable Diseases: HIV/AIDS, TB, malaria, viral hepatitis, influenza, and sexually transmitted infections are a few examples of well-known communicable diseases. Particularly in low-income nations and among marginalized groups, the diseases on the list account for a significant percentage of deaths and disabilities. HIV is considered a serious global public health concern and has caused 36.3 million fatalities to date. Covid-19 is the leading infectious killer in the world, having killed almost 6 million people during the most recent pandemic. Approximately 1.5 million people die from TB every year. The World Health Organization made extra efforts to eradicate epidemics and infectious diseases including AIDS, TB, and malaria because of the high prevalence of these illnesses. Because of their long-term health effects that necessitate ongoing care and treatment, non-communicable diseases are sometimes referred to as chronic diseases. Neither humans nor animals may contract these diseases from one another since they are not contagious. Environmental (pollution exposure), behavioral (lifestyle), physiological (metabolic disturbances), and genetic (being born with the condition or having a hereditary susceptibility to the condition) variables all contribute to non-communicable diseases. Non-communicable diseases affect persons of all ages; however, they are usually associated with older age groups. These diseases account for 41 million fatalities annually, or 74% of all deaths worldwide, making them the leading cause of mortality. Non-communicable diseases have increased in recent decades due to a number of factors, including population aging, globalization of unhealthy lifestyles, and rapid industrial development. Avoiding common

risk factors such as smoking, excessive alcohol use, inactivity, and junk food consumption will help prevent many of these diseases. Through detrimental metabolic alterations such as elevated blood pressure, overweight or obesity, hyperglycemia (high blood glucose), and hyperlipidemia (high blood fat), these risk factors can heighten susceptibility to non-communicable diseases. Non-communicable disease examples include the most well-known Cardiovascular conditions including heart attacks and strokes, diabetes, malignancies, and long-term respiratory conditions like asthma and chronic obstructive pulmonary disease are examples of non-communicable diseases. Non-communicable diseases can include a wide range of other medical concerns, such as accidents and mental health issues. At 17.9 million fatalities annually, cardiovascular illnesses rank first among non-communicable diseases, followed by cancer (9.3 million), respiratory disorders (4.1 million), and diabetes (1.5 million). All healthcare systems should place a high premium on managing non-communicable diseases since they are a leading source of death and suffering. Responses to such problems included strengthening primary health care conditions and increasing investments in research and innovation.

diseases that are communicable and non-communicable. The following similarities exist between communicable and non-communicable diseases:

- Both are medical conditions that cause significant functional disruption in parts of the body.
- Both include fatal medical conditions which account for a high proportion of global death annually.

However, communicable and non-communicable diseases can be distinguished from each other by the following characteristics: Communicable diseases result from infection by biological agents such as viruses or bacteria, while non-communicable diseases are influenced by genetic defects, environmental factors, and behavioral factors (lifestyle).Communicable diseases pass from one person or an animal to another person, while non-communicable diseases are not contagious and do not spread to other people. A disease is a chemical condition that causes an interruption, cessation, or disorder in the whole body or any organs or tissues. All diseases are characterized by an identifiable set of signs and symptoms. Diseases can be attributed to genetic disorders, environmental factors, infection, inflammation, or the deficiency of a vital nutrient. Communicable diseases are caused by pathogenic (disease-causing) biological agents such as viruses, bacteria, fungi, protozoa, and multicellular parasites. These biological agents can transfer from one person to another through direct/indirect physical contact, breathing in an airborne virus, and being

bitten by insects or animals. Examples of familiar communicable diseases include HIV/AIDS, tuberculosis, malaria, viral hepatitis, and influenza. According to (Steps Survey, 2019) Non-communicable diseases are long-term, noncontagious conditions that are caused by a combination of behavioral (lifestyle), physiological (metabolic disruptions), environmental (exposure to pollution), and genetic (being born with the condition or having a genetic vulnerability to the condition) factors. Cancer, diabetes, heart disease, and long-term respiratory conditions are a few examples of non-communicable diseases. According to WHO (2014), non-communicable illnesses account for around 60% of all yearly fatalities in Nepal, making them a serious public health concern. For the purpose of early chronic disease detection and management in the community, the Package of Essential Non-communicable Diseases (PEN) has been implemented to screen, diagnose, treat, and refer Cardio Vascular Diseases, COPD, cancer, diabetes, and mental health at health posts, primary health care centers, and district hospitals. Due to a number of socioeconomic factors, including unhealthy lifestyles, globalization, commerce and marketing, and demographic and economic shifts, non-communicable diseases (NCDs) are becoming the major cause of mortality both globally and in South East Asia. The general population's metabolic and behavioral risk factors for NCDs have been impacted by the shift in these determinants' status. Diabetes mellitus, cancer, cardiovascular diseases (CVD), and chronic non-infectious respiratory conditions (such COPD) are all considered key non-communicable diseases with known, common, modifiable risk factors. Road traffic, mental health, and oral health In Nepal, injuries are another NCD that has been alarmingly increasing and poses a serious risk to public health. Common modifiable risk factors for NCDs include behaviors like smoking, drinking alcohol excessively, eating a high percentage of unhealthy foods, such as fewer fruits and vegetables, consuming a lot of salt and trans fats, and not exercising, while metabolic risk factors include being overweight or obese, having high blood pressure, having elevated blood glucose, and having abnormal blood lipids. Social structures, economic inequality, and market forces all influence these habits by luring consumers to purchase and consume harmful goods like highly processed meals and beverages, to name a few. Another significant behavioral risk factor that can be changed for the nation and the region is indoor air pollution. Non-communicable diseases (NCDs) are the world's largest cause of death and a significant public health burden, according to PEN (2016). According to WHO NCD country profiles, 71% of the 57 million fatalities that took place worldwide in 2016 were caused by NCDs. Low- and middle-income nations accounted for 85% of premature NCD deaths and 78% of all NCD fatalities. NCDs caused 1.62 billion healthy-years to be lost in 2019, according to the Global

Burden of Disease (GBD) 2019 report. Disability Adjusted Life Years (DALYs) increased from 43.2 percent of all DALYs in 1990 to 63.8 percent in 2019. Chronic respiratory illnesses (3.8 million deaths, 9% of all NCD deaths), diabetes (1.6 million deaths, 4% of all NCD deaths), cancer (8 million deaths, 22% of all NCD deaths), and cardiovascular diseases (17.9 million deaths, 44% of all NCD deaths) were the leading NCDs that caused mortality. Similar to other low- and middle-income nations, Nepal is also dealing with an increasing number of non-communicable diseases (NCDs); in 2016, NCDs were predicted to be responsible for 66% of all fatalities. According to a recent population-based study on a few NCDs in Nepal, the prevalence of coronary artery disease was 2.9%, diabetes mellitus was 8.5%, chronic renal disease was 6.0%, and chronic obstructive pulmonary disease (COPD) was 11.7%. According to a prior study conducted in Nepal, the incidence of non-communicable diseases (NCDs) in hospitals was 31%. The most frequent NCD was COPD (43%), which was followed by cardiovascular illnesses (40%), diabetes mellitus (12%), and cancer (5%). Hypertension accounted for 47% of cardiovascular cases in that research. The prevalence of hypertension among adults living in cities was also 22%. In 2003, the urban Nepalese population had a 9.1% prevalence of impaired fasting glucose and a 14.2% prevalence of diabetes. According to more recent statistics from the 2019 STEPS survey in Nepal, the prevalence of diabetes and hypertension is 5.8% and 24.5%, respectively.

The four main non-communicable diseases (NCDs) are linked to tobacco use, alcohol abuse, physical inactivity, and poor diet, according to MOHP (2021). The risk of death is increased fourfold when behavior elements are poorly scored, according to research. People's lifestyles are changing in low- and middle-income countries due to increased urbanization, moving toward sedentary lifestyles and bad diets. NCDs increase as a result of this lifestyle shift. To lessen the rising burden of NCDs, WHO has suggested public education on dietary changes and behavioral changes related to physical activity levels under "best buys." Early in life is when habits and behaviors form and become ingrained. Because of ingrained habits and instinctive behaviors, it is easier to change one's lifestyle and habits in the early stages of life than it is as an adult. Therefore, encouraging healthy habits in early life through educational settings can greatly aid in the prevention of NCDs. Two-thirds of high school students in Thailand who participated in the survey were aware that diabetes is a non-communicable disease, and 93% of them were familiar with the term. 77.32% of students in the same research were aware that hypertension is not communicable, and 92.84% were familiar with the condition. Two-thirds of respondents were unaware that a family history of hypertension is a risk factor for diabetes, and 77.13% were unaware that a family history of diabetes is a

risk factor for diabetes. According to a different Oman study, 63% of high school pupils thought diabetes was treatable. 77% of participants in a survey of the general people in Southern Sri Lanka had intermediate or above-moderate awareness of diabetes, yet 90% of them had a negative attitude toward the disease. According to a Malaysian study comparing rural and urban areas, rural respondents scored lower on knowledge about diabetes mellitus and non-communicable diseases (NCDs), but their attitudes were noticeably higher. Low baseline knowledge and behavior ratings were found in both government and private school pupils in a pre-interventional study on obesity and diabetes in North India. However, regardless of the kind of school, all of the children's scores improved following the intervention. According to a survey, 43.8% of diabetic patients in Nepal lacked enough understanding about the disease. To the best of our knowledge, however, very few studies have been conducted in Nepal that evaluate schoolchildren's KAP on NCDs.

In conclusion, through critical analysis of journals, articles, and theses published from numerous studies related to my research topic, the main causes of communicable and non-communicable diseases in the reference literature was still be attributed to illiteracy, ignorance, superstition, individual attitudes, and practices, leading to people becoming victims of diseases. Moreover, if a disease exists within the community, decisions regarding healthcare services was still be based on traditional treatment styles. The presence of patriarchy within the community was continue to influence decision-making processes concerning the utilization of health services, with male decisions holding precedence. Consequently, through critical analysis of previously published literature, it was easy for me to identify research gaps and investigate related facts. These research gapswere identified and used to formulate research questionnaires and collect data. The data obtained in this research may differ compared to other datasets. The research tools and techniques utilized, along with the conclusions drawn based on the research methodology, may align with or be compatible with conclusions reached by other researchers to some extent.

2.3 Provision of health as a fundamental right in Constitution of Nepal, 2072

According to Nepal's constitution, everyone has the fundamental right to health care. The following health rights have been acknowledged in this context. No one shall be denied access to emergency medical care, and all citizens shall be entitled to free basic health care. Each and every citizen has the right to know how their health is being treated. Every citizen is entitled to equal access to medical care. Access to sanitary facilities and clean drinking water

is a fundamental human right. The constitution mentions a number of policies pertaining to basic needs of citizens, including increasing state investment in public health, making sure that everyone has easy and accessible access to high-quality health care, expanding the number of health organizations and personnel, providing health insurance for citizens, and developing health as a service sector by controlling and managing private sector investment in health.

2.4 National Health policy-2071

"All Nepali citizens to have the physical, mental, social, and spiritual health to lead productive and quality lives" is the goal of the National Health Policy. The following tactics were used to control infectious diseases: In addition to providing the required immunization services, the action plan was followed to update and execute the present situation of communicable disease control. The Infectious Disease Control Act of 2020 included a unique clause that ensured quick notification of relevant authorities when diseases that are susceptible to outbreaks occurred. A system was created for efficient coordination and cooperation amongst the stakeholders in order to manage the diseases that are spread from animals and insects to humans. According to National Health Policy 2071, they have been identified as significant obstacles in the control of infectious diseases. In the event of highly contagious diseases, such as bird flu or newly developing diseases, epidemic management, earthquakes, and other natural catastrophes, efforts must be made to pre-plan and remodel hospitals and health institutions in order to reduce the number of fatalities. Diarrhea, respiratory illnesses, malaria, kala-azar, leprosy encephalitis, filariasis, dengue, tuberculosis, HIV, and diseases that can be prevented by vaccination must all be more successfully controlled. Open borders make it difficult to control the spread of infectious diseases across international borders. Addressing the shifting patterns of infectious and non-communicable illnesses as well as new health concerns has been identified as one of the primary concerns in Essential Health Care Services, according to the Second-Long Term Health Plan (1997-2017). The high incidence of avoidable communicable diseases like HIV, TB, and Kala-azar necessitates focusing on increasing community awareness through successful IEC initiatives and enhancing the operational efficiency of ongoing intervention programs. The nation of Nepal is referred to as a multiethnic floral paradise.

All castes have their own religious cultural traditions, values and social characteristics. Which is unique in itself. But the common social feature in all communities is patriarchy, i.e. male-dominated social structure. In a male-dominated society, there is a

tradition of accepting only men as family or social leaders in the past. Due to this, men dominated the leadership level.The presence of women at the highest level remained zero. Time is changing. The current situation is that this tradition existing in the society is decreasing to some extent with the passage of time.It can be said that the patriarchy is somewhat weaker in tribal, especially compared to the Brahmin community, or when interpreted positively, the foundation of gender equality seems to be stronger in the Mongolian origin than in the Aryan origin. Along with the positive changes in the state system, there have been many policy arrangements to end the gender discrimination between women and men.At the same time, the efforts of practical implementation of policy arrangements are also visible. Matters such as 33 percent participation of women in any structure of the state, the mandatory presence of women in major 5 positions for the registration of any organization or committee or group, and the mandatory presence of women in socially formed association groups are strong examples of the implementation of policies to maintain gender equality.At the same time, special emphasis is being given to racial upliftment for racial, religious and cultural tolerance and equality. If we look at women's education and socio-economic participation of women in Nepali society, it can be considered a radical change compared to the past. Today, women are not able to go to school due to family reasons or are deprived of education due to discrimination between sons and daughters. Cases of being deprived of social involvement are rare in the statistics.The state has also made education up to the basic level compulsory and free, and there is no need to be deprived of basic education for financial reasons, and secondary education is also said to be free. However, from a practical point of view, the standard of living of Nepali women is lower than that of developed countries. Racial and regional diversity, geographic hardship, religious cultural influence, etc. are also found to have diversity among women at the economic, social and educational levels.In some cases, women themselves tell about the pains of not being able to move forward even though they feel that we are lagging behind compared to men. In particular, the participation of women in health, education, politics, administration, information and communication technology, justice and decision-making process is low. Comparatively, although the participation is increasing over time, the participation of women of all castes and regions is not found equally in all aspects.

These factors have led to this study's explanation of community members' knowledge, attitudes, and practices around communicable and non-communicable diseases, as well as their utilization of health services. Chronic diseases, another name for non-communicable diseases (NCDs), are often long-lasting and caused by a confluence of behavioral,

physiological, environmental, and genetic variables. Diabetes, cancer, chronic respiratory conditions including asthma and chronic obstructive pulmonary disease, and cardiovascular disorders like heart attacks and stroke are the primary categories of non-communicable diseases (NCDs). More than three-quarters of all NCD fatalities (31.4 million) occur in low- and middle-income countries, where NCDs disproportionately affect people. Non-communicable diseases (NCDs) account for 74% of all deaths worldwide, killing 41 million people annually. 17 million people die from an NCD before the age of 70 each year; of all NCD deaths, 77% occur in low- and middle-income countries, accounting for 86% of these premature deaths. The majority of NCD deaths, 17.9 million per year, are from cardiovascular illnesses, followed by cancer (9.3 million), chronic respiratory conditions (4.1 million), and diabetes (2.0 million, including deaths from renal disease due to diabetes). More than 80% of all premature deaths from NCDs are caused by these four disease types. The chance of dying from an NCD is increased by smoking, air pollution, poor diets, alcohol abuse, and physical inactivity. Key elements of the approach to NCDs include palliative care, NCD detection, screening, and therapy. NCDs impact people of all ages, geographical locations, and nationalities. Research shows that 17 million fatalities from NCDs occur before the age of 70, even though these diseases are typically associated with older age groups. It is estimated that 86% of these premature deaths take place in low- and middle-income nations. Youngsters, adults, and the elderly are all susceptible to the risk factors that lead to non-communicable diseases (NCDs), which include poor diets, sedentary lifestyles, exposure to tobacco smoke, problematic alcohol consumption, and air pollution. These diseases are brought on by rapid, unanticipated urbanization, the spread of bad lifestyles worldwide, and population aging. Obesity, rising blood lipids, elevated blood pressure, and elevated blood glucose are all symptoms of unhealthy eating habits and inactivity. These are known as metabolic risk factors, and they have the potential to cause cardiovascular disease, which is the NCD that causes the greatest number of early deaths.

2.4.1 Modifiable behavioral risk factors

The risk of NCDs is increased by modifiable behaviors such alcohol abuse, poor diet, physical inactivity, and tobacco use. Over 8 million people die from tobacco use each year, including as a result of secondhand smoke exposure. Excessive consumption of salt and sodium has been linked to 1.8 million fatalities per year. Cancer and other NCDs account for more than half of the 3 million alcohol-related deaths that occur each year. Inadequate physical activity is a contributing factor in 830,000 fatalities each year.

Metabolic risk factors: Metabolic risk factors contribute to four key metabolic changes that increase the risk of NCDs:

- raised blood pressure, overweight/obesity
- hyperglycemia (high blood glucose levels); and
- Hyperlipidemia (high levels of fat in the blood).

In terms of attributable deaths, the leading metabolic risk factor globally is elevated blood pressure (to which 19% of global deaths are attributed), followed by raised blood glucose and overweight and obesity.

2.4.2 Environmental risk factors

NCDs are caused by a number of environmental risk factors. The greatest of them is air pollution, which causes 6.7 million fatalities worldwide, of which roughly 5.7 million are attributable to NCDs such as lung cancer, ischemic heart disease, stroke, and chronic obstructive pulmonary disease.

2.4.3 Socioeconomic impact

NCDs pose a danger to the 2030 Agenda for Sustainable Development, which calls for a one-third reduction in the likelihood of dying from any of the four major NCDs by the age of 70. NCDs and poverty are tightly related. It is anticipated that the sharp increase in NCDs will hinder efforts to reduce poverty in low-income nations, especially by raising household health care expenses. Because they have less access to health care and are more likely to be exposed to dangerous items like tobacco or poor eating habits, vulnerable and socially disadvantaged persons are more likely to become ill and pass away sooner than those in higher social positions. The expenses of treating NCDs swiftly deplete household finances in low-resource environments. Millions of individuals are forced into poverty every year by the high expenses of NCDs, which hinder development. These costs include treatment, which is frequently time-consuming and costly, as well as lost income.

2.4.4 Prevention and control

Focusing on lowering the risk factors linked to NCDs is a crucial part of controlling them. Governments and other stakeholders can lower the common modifiable risk factors at a low cost. It's critical to track the development, patterns, and risk of NCDs in order to inform policy and priorities. A comprehensive strategy that involves cooperation from all sectors—health, finance, transportation, education, agriculture, planning, and others—is required to lower the risks of NCDs and support preventative and control measures in order to lessen their impact on people and society. It is essential to invest in improved NCD management.

Detecting, screening, and treating non-communicable diseases (NCDs) as well as giving those in need access to

palliative care are all part of managing these conditions. To improve early detection and prompt treatment, primary health care can provide high impact important NCD therapies. Research demonstrates that these therapies are great financial investments since they can prevent patients from needing more costly therapy if they are given early. It is doubtful that nations with insufficient health care coverage will offer universal access to crucial NCD therapies. Achieving the SDG objective on NCDs requires NCD management measures. In order to better understand the knowledge, attitudes, and practices around communicable and non-communicable diseases in Ilam Municipality, Nepal, I will be doing an empirical review of a variety of literature. With a special emphasis on social determinants of health, this study attempts to evaluate knowledge and behavior regarding various illnesses. I have integrated information from a variety of sources, such as scholarly publications, national health surveys, and WHO reports. The substantial burden of these diseases, their effect on world health, and the socioeconomic difficulties they present—particularly in low- and middle-income nations—are all highlighted in this thorough research review. The review seeks to fillin current research gaps and provide my study a strong empirical basis by linking theoretical frameworks with real-world findings.

CHAPTER-THREE

Research Methodology

3.1 Research design

In this study, a descriptive study design has been employed to explore and document various characteristics and conditions related to the research topic.The descriptive approach examines cause and effect, relationship among different variable so descriptive design was used in this research study. This approach was chosen to provide a detailed and accurate account of the social, economic, and environmental conditions experienced by the residents under study. The study predominantly relied on primary data collected through structured questionnaires, which included both closed and open-ended questions. This method enabled the collection of detailed and specific information from respondents regarding their educational status, age, religion, family size, marital status, sex, ethnic composition, and occupation. Secondary data were also utilized to supplement the primary data, ensuring a comprehensive understanding of the subject matter. The primary goal of the study was to describe the conditions faced by the residents, focusing on various indicators that reflect their social, economic, and environmental circumstances. By documenting these indicators based on the collected data, the study aimed to provide a thorough depiction of the existing conditions. The data were analyzed descriptively, which involved presenting the results through detailed descriptions and summaries. This analytical approach allowed for a clear representation of the population's characteristics and conditions without manipulating variables. By focusing on descriptive analysis, the study was able to capture and convey the nuances of the existing conditions effectively. The descriptive research design was specifically utilized to define respondent characteristics, measure data trends, and compare different aspects of the study area. This design was chosen to offer a clear and comprehensive picture of the situation, including a detailed examination of the solid waste management scenario. The use of a descriptive design enabled the study to present a complete overview of the subject matter. While the study also incorporated analytical research design for analyzing quantitative data, the primary emphasis was on descriptive methods. This focus on descriptive analysis

provided an in-depth understanding of the qualitative aspects of the research topic. By integrating descriptive methods with analytical approaches, the study aimed to offer a well-rounded account of the conditions and characteristics relevant to the research, ultimately facilitating a better understanding of the subject matter. In summary, the use of a descriptive study design allowed the researcher to provide a comprehensive and detailed account of the conditions experienced by the residents, capturing both qualitative and quantitative aspects of the study area.

3.2 Selection of the study area

There are many reasons for selecting this area for study. We can find numerous studies and researches about communicable and non-communicable diseases in other places of Nepal but not a single research work done could be found regarding this issue in this district. So, this area was chosen for study related to communicable and non-communicable diseases which has been conducted in Barbote of Ilam municipality. Additionally, based on various statistics data, it has been found that the prevalence of non-communicable diseases is higher in urban areas than in rural areas, and since the study area also falls within the urban area, there was an expectation that it was easy to compare the facts from other studies and research to determine the accuracy or inaccuracy of the facts. This area is well known to the researcher for the study. As a researcher with expertise in the field of health and having had the opportunity to closely observe the health conditions of local community people's, I had chosen this location for the research because it has helped me study the subject matter from the respondents' perspective. because I am familiar with the local community people of here which helps me collect more reliable data. That is why I have chosen this area as a suitable place for my research study.

3.3 Sampling process

3.3.1 Universe of the study area

We can define the universe as a collection or grouping of all such units that have the variable attribute that is being studied. The universe contains all of the population units in the study area that have the characteristic under examination and exist in the entire universe or in the research region, unless and until clarity is provided.

3.3.2 Sampling process and the sample size of the study area

A sample is a portion of the population that fully reflects it. It implies that the units chosen as a sample from the population must reflect all the various attributes of the various population unit categories. For a variety of reasons, most studies gather data from sample units rather

than the entire population, and their conclusions are extrapolated to the full population. Only if efforts are made to choose the sample with the ideal sample's qualities in mind will this be possible with precision. There are 1135 households in Ilam Municipality Ward No. 5 Barbote, with a total population of 4979, consisting of 2527 males and 2452 females. In my study region, there are 244 households in the former ward number 3, with a population of 968, including 479 men and 489 females. Of these, 20.49 percent of households (50HH) were selected as sample households. Using the busing random sampling approach, one person has been selected for interview from each household. The study cannot be generalized to other places due to the size of the study area. The study's sample population was chosen using the following criteria, while the sample size was chosen using the purposeful sampling technique. (Source: Ilam municipality Ward profile 2079).

- The selected area was Ilam municipality ward number 5, i.e., Barbote (former Barbote 3)
- Out of 244 households of ward number 5(former Barbote 3), only 50 households (20.49%) was taken as the sample size. being aware on its inclusiveness characteristics.
- The respondents were selected for the study using purposive sampling as the basis.

3.4Data collection method

3.4.1Nature of the data

This study is conducted mainly on the basis of primary data supported by secondary data. Both qualitative and quantitative data are taken from field work or other documents. However, in describing and interpreting the data, the qualitative method is preferred. The nature of data in social research mainly consists of two types. Therefore, the nature of the following two types of data is used in this research.

3.4.1.1 Qualitative Data

Qualitative data illustrate certain traits or qualities. They offer descriptions that are observable but not calculable or measurable. For instance, information gathered from students in a class on qualities like intelligence, honesty, wisdom, cleanliness, and creativity would be categorized as qualitative. The nature of qualitative data is more exploratory than definitive.

3.4.1.2 Quantitative Data

Instead than just being observed, quantitative data can be quantified. It is possible to do calculations on them and to represent them mathematically. An estimate of how many students participate in each sport, for instance, can be obtained using data on the number of

pupils in your class who play various sports. This data can be categorized as quantitative since it is numerical. Both qualitative and quantitative (mixed method) research methodologies were used in this study's field data collection, processing, and coding data classification. Accordingly, mixed methods research is the kind of study where a researcher or group of researchers combines aspects of qualitative and quantitative research approaches (e.g., using both qualitative and quantitative perspectives, gathering, analyzing, and drawing conclusions) for the general goals of corroboration and understanding depth and breadth. Mixed methods were utilized in this study because, depending on the goals of the study, the instruments and methods employed, some data should be displayed using bar charts or tabulated numbers, and the nature of any data should be presented analytically.

3.5 Sources of Data

In this research, while collecting data using mixed methods, data was collected from two sources which are as follows.

3.5.1 Primary source of data

The researcher or investigator was collected data themselves from the actual field. It was represented original sources and was firsthand information. These data or information was not be published in any journals, books, or newspapers. For example, information or data from interviews, questionnaires, observations, or checklists. Thus, I was collecting the data by adopting the following techniques.

- Face to face interview
- Key informant interview
- Observation
- Focused group discussion (FGDs)

3.5.2 Secondary source of data

The researcher was use data that have already been collected by other persons or organizations, known as secondary sources of data. If data from a census is used, it was known as secondary data. This kind of data was useful and important to study or understand the existing condition before starting to collect new information or data on the same case or issue. For example, information or data from the World Population Data Sheet, annual research study s of DHS, CBS research study s, NDHSresearch study s, books, journals, WHOresearch study s, Global Healthresearch study s, previous research study s, etc.

3.6 Tools and technique of data collection

3.6.1 Questionnaire

A questionnaire was a set of inquiries or items designed to collect information from participants regarding their beliefs, experiences, or viewpoints. Both quantitative and qualitative data can be gathered with questionnaires. Both researchers and self-administered questionnaires are available. Self-administered surveys were more popular due to their affordability and ease of use, although researcher-administered surveys provided more in-depth information. First, the questionnaire tool was used to get the actual data. In accordance with the study's goals, there were both closed-ended and open-ended questions. In a similar vein, a systematic questionnaire was created to get accurate and realistic information from the participants. If possible, the respondents were asked to complete 26 questionnaires; if not, the researcher filled out the responses. In addition to helping me accomplish my aim, a household interview questionnaire was a collection of questions that were incorporated and condensed into my overall objective.

3.6.2 Key informants' interview

Key informant interviews were in-depth, questionnaire-based interviews with community members who are aware of current events. Key informant interviews were designed to gather data from a variety of sources, such as local leaders, professionals, or locals with personal knowledge of the neighborhood. The exploratory aspect of this investigation served as its foundation. Interviews with key informants were done with people who are aware of these services. One health assistant, one senior auxiliary health worker, two auxiliary nurse midwives, two female community health volunteers, and five elected officials from the study region served as the study's key informants. An interview is a dialogue in which questions are posed and responses are provided. The term "interview" was used to describe a one-on-one discussion in which one person acted as the interviewer and another as the interviewee. Interviews were one of the research's methods and instruments. The following are the ways in which structured and unstructured interviewing techniques were applied in the data collection process. The most organized form of interview was the structured interview. The interviewer used pre-planned questions in a predetermined order, as opposed to semi-structured or unstructured interviews. Closed-ended, dichotomous (i.e., participants were asked to select "yes" or "no" for each issue) or multiple-choice questions were common in structured interviews. Although they do exist, open-ended structured interviews were less prevalent. An unstructured interview is a technique for gathering data on a subject that involves asking

participants questions. Unstructured interviews, often referred to as non-directive interviews, lacked a predetermined format and had questions that were not prearranged. Unstructured interviews are often qualitative in character and can be highly beneficial for humanities or social science research that focuses on individual experiences.

3.6.3 Observation

There are many types of observation methods in social research. Therefore, I mainly use the following observation methods to collect data.

3.6.3.1 Direct observation

In this study, direct observation has been employed to gather detailed and firsthand information from respondents. During the observation, I focused on sharing the experiences of the respondents while also taking an interest in their rituals and cultural practices. I tried to actively participate with the respondents to closely observe their behavior. This method allowed me to collect a wealth of information through direct engagement and observation. By interacting with the respondents, I am able to better understand their opinions and behaviors. Direct observation is used as a key data collection tool in this research. It involves the active acquisition of information from primary sources—living beings—through sensory engagement. In scientific research, observation can also include the use of instruments to record data; however, in this context, the focus is on non-instrumental, natural observation. To assess the knowledge, attitudes, and practices of community members regarding communicable and non-communicable diseases, as well as their personal hygiene, food and water usage, toilet conditions, and garbage management, I conduct detailed observations. This method is crucial for understanding factors that influence health conditions. Taking notes on observed behaviors and interactions with the natural environment, without interfering in the respondents' daily lives, is a fundamental aspect of this observational research.

CHAPTER-FOUR

STUDY AREA AND THE PEOPLE

4.1 Geographical location

Ilam is a hilly district located in Koshi Province in the eastern region of Nepal. Ilam Municipality is the oldest municipality in the Mechi Zone and also the headquarters of Ilam District. Known as Pahadki Rani, this municipality serves as the headquarters of the district due to its favorable weather for internal and external visitors. It is recognized as a beautiful city with natural greenery and is a major attraction for tourists. According to the Constitution of Nepal 2072, as provided by the restructuring of the state, the Village Development Committee, which was a local body in the provincial structure, had its boundaries adjusted. Ward no 1, 2, 3, 4, 7, 8, and 9 of the former Barbote Village Development Committee in Ilam District have been incorporated into Ilam Municipality, and Ward number 5 has been demarcated. This ward is about 5 km from Ilam Bazar, the headquarters of Ilam District, and is located in the northeastern part. It is surrounded by Maikhola in the east and Ward number 4 in the west, separated by Ilam Municipality Ward number 3 and Sandakpur village in the north, with Ilam Municipality Ward number 6 situated to the north as well. The Ilam-Fidim road section of the Mechi Highway passes through the middle of this ward, and the main road to the famous pilgrimage site Maipokhari also passes through this ward, making this area significant from a traffic perspective. Ilam Municipality Ward number 5 is an area with a mixed population in terms of castes. Brahmin, Kshetri, Limbu, Rai, Gurung, Mukhia, and Newars are in the majority, while the populations of Sarki, Magar, Kami, Darji, Jogi, and Agrawal castes are smaller. In the communities here, festivals such as Dashain, Tihar, Mansire Purnima, Maghe Sankranti, Sawane Sankranti, Haritalika Tij, and Vaishakhe Purnima are celebrated by all castes, while Rais celebrate Chandipurnima along with Chandinach. Similarly, dances such as Dhannach and Dholnach are performed during weddings and other occasions in the Limbu caste. The main occupation of the people living here is agriculture. Although the primary crops are food crops and cash crops, some vegetables and fruits are also cultivated. Animal husbandry is also a basic source of income in this ward, with milk and milk products being a major source of income. Based on the no of

households involved in rice production, land ownership, cropping systems, food dependence, and the condition of food crops and cash crops, it appears that the traditional agricultural system has an impact. Cash crops have been given more priority than food crops. When evaluating the traffic sector, it appears to be in better condition than in other wards. The Mechi Highway has cracked sections such as Biblate-Maipokhari, Barbote-Sumbek-Sulubung, Barbote-Shantidada, Ina.pa-Soyang, and Barbote-Pyang, with rural roads expanding alongside the development of paved roads. Biblate market, which is developing as a major rural market center, is the focal point of this ward (Source: Ilam municipality Ward profile 2079).

To the east of this ward is Maikhola, to the west is Ilam municipality ward number 4, it is located in the area between Ilam Municipality 3 and Sandakpur Village in the north and Ilam Municipality Ward number. 6 in the south.The geographic location of this ward extends from 26 degrees 55 minutes 45 seconds to 26 degrees 58 minutes 15 seconds north latitude and 87 degrees 54 minutes 40 seconds to 87 degrees 67 minutes 15 seconds east longitude. This ward is at an altitude of 690 to 1752 meters above sea level. The total area of this ward is 18.67 square kilometers (Source: Ilam municipality Ward profile 2079).

4.2 Climate and terrain conditions

The climate of this ward is sub-tropical. Since the lowest point extends from the Maikhola area to the higher areas, there is a variety in the climate here. Along with the terrestrial diversity, the weather also varies. It is very hot in the lower part of the ward and along the riverbanks, and relatively cool in the upper part. The temperature drops to 32 degrees Celsius in the lower part and 2 degrees Celsius in the northern part. The average annual rainfall here is 2500 mm. Geographically, all parts of Ilam Municipality Ward number. 5 are agricultural and residential areas, so there are many diversities in the natural resources (Source: Ilam municipality Ward profile 2079).

4.3 Natural heritage

This ward has fertile soil for agricultural production. Since agriculture and animal husbandry are promoted in an integrated manner, the best practices of agroforestry can be seen in this ward. There are Maikhola, Puwakhola, Bhutekkhola, Chhagekhola, and many other natural sources of water in this area. Tea garden area, private and community forest areas, river bank, stone quarries, natural wetlands, picturesque places, and various natural shrines are the natural assets of this ward (Source: Ilam municipality Ward profile 2079).

4.4Cultural excellence

The area of this ward is culturally diverse, as it is inhabited by different castes who express faith and belief in various religious sects. Brahmin, Kshetri, Limbu, Rai, Newar, Madwari, Magar, Gurung, and Dalit communities are all mixed in this ward according to the original caste tradition. Culture has been adopted accordingly. The festivals celebrated include Dashain and Tihar by Hindus, Lhosar by Buddhist communities, Sakela by the Kirat community, and other festivals according to their dates. During these celebrations, cultural clothes are also worn. Sakela dance, Gai Jatra, Ropai Jatra, Dhannach, Walannach, and Sakela Naach, celebrated in Ilam Bazaar, are the main cultural highlights of this place and also its main cultural excellence (Source: Ilam municipality Ward profile 2079).

4.5 Development possibilities of the ward

In summary, by studying various aspects of this ward area, the possibilities for development are as follows. Those who are able to advance these possibilities in a planned manner will contribute greatly to the development of the ward and Ilam city. Since the majority of the people are directly dependent on agriculture and animal husbandry, rural agricultural tourism can be promoted by identifying key areas and commercializing agriculture and animal husbandry.Due to the favorable geographical structure for growing vegetables and fruits and the proximity of the district headquarters (bazaar), it can be promoted both individually and communally. Cow rearing can be developed as a focal pocket and resource center.The entrance to tourist destinations such as Sandakpur, Todke Waterfall, and the sacred Maipokhari in Ilam district is located in this ward. Therefore, there is potential to boost economic activities through an integrated tourism package program. Additionally, since this ward is a core area of Limbu ethnic culture and also has a mixed settlement of various other ethnic groups, it could be promoted as a cultural study center. There is also potential for rural agricultural tourism in the area (Source: Ilam municipality Ward profile 2079).

4.6 Family and Population Details of the Ward

In the absence of a well-established practice and system for maintaining organized records of family details and population statistics in this ward, there have been complexities in the analysis. However, the data provided in the annex presents the current situation of Ward number, 5 of Ilam Municipality. Based on the records obtained from the survey conducted in 2081 (Nepali calendar year), a comprehensiveanalysis of the overall population has been carried out (Source: Ilam municipality Ward profile 2079).

4.7 Basic Demographic Details

According to the National Census 2078 (Nepali calendar year), data on household population, family size, growth rate, and population density at various levels are presented. When studying the population growth rate, it is observed that the population of Ilam District is declining, and the population growth rate in the municipality is also very low. Details on households, population, family size, growth rate, and population density for Nepal, the province, the district, and the municipality are as follows:

Table 1 Population Details of Nepal, Province, District, and Municipality According to the National Census 2078

S. N.	Population Details	Households	Total Population	Family Size	Population Growth Rate	Population Density
1	Nepal	6,666,937	29,164,578	4.37	0.92	198
2	Koshi Province	1,191,556	4,961,412	4.16	0.86	192
3	Ilam District	70,532	279,534	3.96	-0.36	164
4	Municipality	12,952	50,085	3.86	0.3	289

Source: National Census 2078

The overall family details and population status of Ward number,5 are presented as follows, based on the available data:

Table 2Basic Demographic Details

S. N.	Details	Unit	Survey 2079	Remarks
1	Total Families	Number	Permanent: 1,135 Currently Residing: 243 Total number of Families: 1,378	
2	Total Population		Permanent: 4,979 Currently Residing: 290 Total Population: 5,269	

3	Average Family Size	Persons	4.3	
4	Population Density per sq. km	Persons	276	
5	Population Growth Rate	Percent	0.33	(District 2078 Census)
6	Population under 5 years		264	
7	Population over 70 years		253	
8	Dependent Population	Percent	43.6	
9	Endangered Population		0	
10	Marginalized Population		0	
11	Extremely Marginalized		0	
12	Population with Health Insurance	Percent	52	

Source: Municipality Ward profile 2079

4.8 Details of Permanent and Temporary Residents

The residential area of Ward number, 5 of Ilam Municipality has been analyzed by dividing it into seven wards based on previous ward divisions and examining the socio-economic conditions. In the ward area, there are a total of 1,378 families, including both permanent and temporary residents. The total population of this ward is 5,269. According to the data, the female population constitutes 48.9% and the male population 51.1%. Similarly, the average

family size is 4.3 persons. The distribution of the population residing both permanently and temporarily in the ward is presented in the table. The data shows that there are 1,135 households and 4,979 residents living permanently, while there are 243 households and 290 residents living temporarily. This indicates the presence of both long-term and short-term tenants in the area. The table also presents the distribution of households and population living on rent.

Table 3Total Households and Population Details within the Ward Area

S. N.	Population Details	Households	Female	Male	Total Population
1	Permanent Residents	1,135	2,452	2,527	4,979
2	Temporary Residents (on rent)	243	126	164	290
Total		1,378	2,578	2,691	5,269

Source: Municipality Ward profile 2079

4.9 Settlement and Household Details

In this ward area, there are settlements corresponding to the seven former wards. A comparative study of the population and households in the various neighborhoods shows that the highest population is in the former Ward number 3, Biblyate area. Conversely, the fewest households are found in the former Ward number 7, Barbote neighborhood. Details of the settlements and households are provided in the table below.

Table 4Settlement and Household Details of the Former Ward number 3

S. N.	Neighborhood	Permanent Households	Permanent Population	Renting Households	Renting Population
1	Former Ward number 3 (Barbote)	244	968	156	203

Source: Municipality Ward profile 2079

4.10 Population Distribution Status

In this ward, there are a total of 1,135 permanent households and a total population of 4,979. According to the data, the male population is 2,527 (50.75%) and the female population is 2,452 (49.25%). The average family size is 4.3 persons. The population distribution based on settlements is presented in the table below.

Table 5Population Distribution by Settlement

Settlement	Permanent Households	Male Population	Female Population	Total Population
Former Ward 3 (Barbote)	244	479	489	968

Source: Municipality Ward profile 2079

4.11 Details of Household Heads by Gender

In this ward, 22% of the households have female heads. The details of household heads by gender, based on settlements, are presented in the table below.

Table 6Details of Household Heads by Gender

Settlement	Female Household Heads	Male Household Heads	Total Households
Former Ward 3 (Barbote)	52	192	244

Source: Municipality Ward profile 2079

4.12 Population Details by Age and Gender

In this ward, 5.3% of the population is under the age of 5. The largest age group is between 35 and 39 years old, while the smallest is over 90 years old. Details of the population by age group and gender are presented in the table below.

Table 7Population Details by Age Group and Gender

S. N.	Age Group	Male	Female	Total	Percentage
1	0-4	121	143	264	5.30
2	5-9	175	158	333	6.69
3	10-14	175	155	330	6.63
4	15-19	208	197	405	8.13
5	20-24	206	244	450	9.04
6	25-29	255	230	485	9.74
7	30-34	259	237	496	9.96
8	35-39	198	187	385	7.73
9	40-44	182	185	367	7.37
10	45-49	146	156	302	6.07
11	50-54	139	132	271	5.44
12	55-59	117	120	237	4.76
13	60-64	116	102	218	4.38
14	65-69	105	78	183	3.68
15	70-74	46	59	105	2.11
16	75-79	41	38	79	1.59
17	80-84	17	17	34	0.68
18	85-89	15	8	23	0.46
19	90-94	5	4	9	0.18
20	95-99	1	2	3	0.06
Total		2527	2452	4979	100.00

Source: Municipality Ward profile 2079

Table 8Population by Age Group Based on Settlements

Settlement Name	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90+
Former Ward 3	48	48	69	73	85	98	103	86	71	67	53	36	54	32	18	8	4	3	2

Source: Municipality Ward profile 2079

4.13 Population Details by Mother Tongue

In this ward, the population speaks various languages. Among them, the majority, 81.10%, speak Nepali. The second most common language is Limbu, spoken by 12.05% of the population, followed by Rai at 3.76%. Additionally, there are less than 1% speakers of Gurung, Tamang, Newari, Magar, Sherpa, Sunuwar, and other languages. Although people speak their respective mother tongues, Nepali is used as the medium of communication. The population details by language according to the settlements in the ward are presented in the table below.

Table 9Population Details by Mother Tongue

Settlement	Nepali	Limbu	Rai	Gurung	Tamang	Newari	Magar	Sherpa	Sunuwar	Other
Former Ward 3 (Barbote)	540	269	70	27	41	8	1	3	4	5

Source: Municipality Ward profile 2079

4.14 Population Details by Religion

In this ward, which is inhabited by a mixed ethnic population, there is a noticeable diversity in religious practices. Specifically, people practicing Hinduism, Kirat, Buddhism, Islam, and

Christianity are found living here. Among the total population residing in this area, 69.47% follow Hinduism, 22.39% adhere to Kirat, 5.50% practice Buddhism, and 1.41% are Christians. The various ethnic groups living here celebrate their own traditional festivals and religious events according to their unique customs and traditions, often supporting each other in these celebrations. The population details by religion are presented in the table below.

Table 10Population Details by Religion Based on Settlements

Settlement	Hindu	Kirat	Buddhist	Islam	Christian	Other
Former Ward 3 (Barbote)	440	329	104	70	18	7

Source: Municipality Ward profile 2079

4.15 Population Details by Caste

When analyzing the population of this ward based on caste, it is evident that there is a diverse mix of ethnic groups. More than 17 different castes are found living in this settlement. The distribution of various castes is as follows: Brahmins make up 39.87% of the population, Limbu 17.77%, Kshetri 9.56%, Rai 9.4%, Newars 6.6%, Tailors 2.3%, and Vishwakarma 4.5%. The population details based on caste and settlement are presented in the table below.

Table 11Population by Caste

Settlement	Brahmin	Limbu	Kshetri	Rai	Newar	Vishwakarma	Gurung	Tailor	Magar	Tamang	Sunuwar&Mukhiya	Yogi/jogi	Sherpa	Devan	Marwadi	Other	Total
For	24	32	46	98	30	38	40	29	30	56	4	5	7	4	2	10	96

mer Ward 3 (Barbote)	2	7															8

Source: Municipality Ward profile 2079

3.16 Educational Qualifications and Literacy by Settlement

In this ward, educational qualifications and literacy levels among individuals over 5 years old are documented as follows:

Table 12Educational Qualifications by Settlement (Age Group 5 Years and Above)

Settlement	**Basic Education (Up to Grade 8)**	**Illiterate**	**Primary Education**	**Secondary Education (Grade 8 to 12)**	**Literate**	**Bachelor's Degree**	**Master's Degree**
Former Ward 3 (Barbote)	142	81	100	329	198	92	26

Source: Municipality Ward profile 2079

CHAPTER-FIVE

Data presentation and analysis

5.1 Sex ratio of the study area:

Table 13 sex ratio of the study area

Location	**Total Houses**	**Sex Ratio (Females per 100 Males)**	**Raw Ratio (Females: Males)**

Ilam Municipality, Ward 5 (Barbote)	244	100	97:100

The total number of females per 100 males is known as the sex ratio. The ratio of the total number of females to that is calculated and then multiplied by 100.Out of 244 homes in Barbote Old Barbote VDC Ward Number 5 in Ilam Municipality, there were 100 girls for every 100 males (97:100).

5.2 Dependency ratio of the study area:

The proportion of person above 60 year and children below 15 years of age are considered to be dependent on the economically productive age group of 15-59 years. The total dependency ratio of 244 house hold of population of my study was 43.6%.

5.3 Morbidity pattern of the study area:

Morbidity rate is the number of deaths in the given year. Some top ten diseases are mentioned that are taken from clinical and house hold record.

Table 14 Top ten morbidity

S.N	Toptendiseasefromhealthpost	S.N	Toptendiseasefromhousehold
1	OPD-Morbidity-Other Diseases & Injuries-Gastritis (APD)	1	HTN
2	OPD-Morbidity-Other Diseases & Injuries-Headache	2	Diabetes
3	Outpatient Morbidity-Oral Health Related Problems-Dental Caries Cases	3	LRTI/URTI
4	Outpatient Morbidity-Other Infected Diseases-Upper Respiratory Tract Infection (URTI) Cases	4	Gastritis
5	Outpatient Morbidity-ENT Infection-Acute Tonsillitis Cases	5	ENT problem
6	OPD Morbidity-Common Symptoms-Fever		
7	Outpatient Morbidity-Nutritional & Metabolic Disorder-Diabetes Mellitus (DM) Cases		
8	OPD-Morbidity-Cardiovascular & Respiratory Related Problems-Hypertension		
9	Outpatient Morbidity-ENT Infection-Pharyngitis/Sore Throat Cases		

10	OPD Morbidity-Common Symptoms-Abdominal Pain		

Source: HMIS of Barbote H.P. & House hold 2080

According to the above table, a large number of people in the community suffer from serious health conditions like high blood pressure, diabetes, and respiratory problems. It also shows the types of communicable and non-communicable diseases that are found in health facilities. The community believes that the use of chemical pesticides and fertilizers in food, together with poor eating and lifestyle choices, are the primary causes of many health problems.

5.4Socio-economiccondition of the study area:

5.4.1 Distribution of risk of disease on the basis of occupation:

Most of the people in Ilam municipality ward 5 Barbote were farmer. Others occupation include service, Business, House wife, Labors and others. Among them 22.09%where farmer is engage in agriculture, 4.91% were involved in business, 7.78% were involve in Labor, 10.24% were involve in house wife, 6.04 % were involve in service and 49.01% were involve in others (Student, going abroad, unemployed and else some others).

Table 15 Occupational status

Occupation	**Totalpopulation**	**Percentage(%)**	**Risk %Of CDs**	**Risk % of NCDs**
Agriculture	332	34.0	16	11.33
Labor	136	13.9	4.05	9.23
Housewife	213	21.8	7.4	14.75
Business	57	5.8	33.76	24.56
Service	59	6.0	26.03	21.7
Others	179	18.3	12.76	18.43
Total	976	100	100	100

Source: House hold survey 2080

From this study done by Me, I found that the prevalence of non-communicable diseases is higher among people who do business, and my conclusion is that the main reason for this is sedentary lifestyle and unhealthy diet. The prevalence of communicable diseases is higher due to lack of personal hygiene among laborers and agricultural workers. Comparative People who are doing agriculture are more physically capable than people who are doing business. The table presents the distribution of occupations among the total population of 976 individuals, highlighting the associated risk percentages for communicable diseases (CDs) and non-

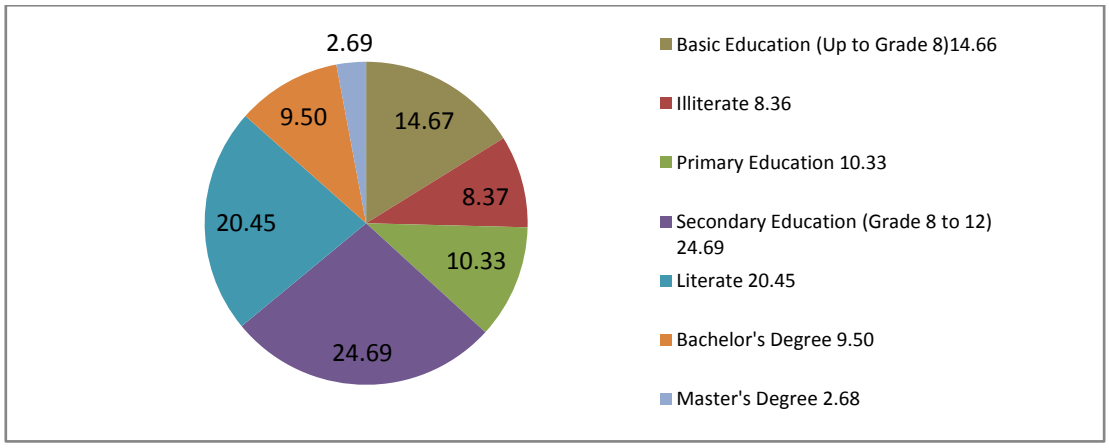
communicable diseases (NCDs). Agriculture is the predominant occupation, involving 34% of the population, with relatively moderate risks for CDs (16%) and NCDs (11.33%). Housewives make up 21.8% of the population, facing a 7.4% risk for CDs and a higher 14.75% risk for NCDs. Laborers account for 13.9% of the population, showing lower risks for CDs (4.05%) but a moderate risk for NCDs (9.23%).

Business and service sectors, though representing smaller proportions of 5.8% and 6.0%, exhibit significantly higher risks for CDs (33.76% and 26.03%, respectively) and NCDs (24.56% and 21.7%). The "Others" category, comprising 18.3% of the population, also shows notable risks, with 12.76% for CDs and 18.43% for NCDs. This data indicates that individuals in business and service sectors are at the highest health risks, likely due to lifestyle factors, whereas agricultural workers, though forming the majority, face comparatively lower health risks.

5.4.2 Educational status:

Inthestudyihavecategorizetheeducationalstatusasliterateandilliterate.Literatemeansthat canreadandwritewithorwithoutformaleducation.In27householdofIlammunicipalityward5 numberBarboteIlliteracyratewas19.56%andliteracyratewere80.44%.Thisresultindicatesthesatisfactoryliteracyrate inIlammunicipalityward5Barbote.

Figure 1 Educational status



Source: House hold survey 2080

Intheabovefigure,wecanseethat8.36% ofpeoplewereilliterate,10.33hadachievedprimarylevel,and24.69%lowersecondarylevel14.66% literate20.45%,9.50%Bachelorleveland2.68%hadachievedmasterlevel.Analyzing this data, it

was found that the prevalence of communicable and non-communicable diseases is higher among uneducated (illiterate) people than educated (literate) people. The main reason for this is the lack of health education and health awareness. The social attitude towards uneducated people is also different compared to educated people in the society. According to my research, illiterate people are more prone to disease.

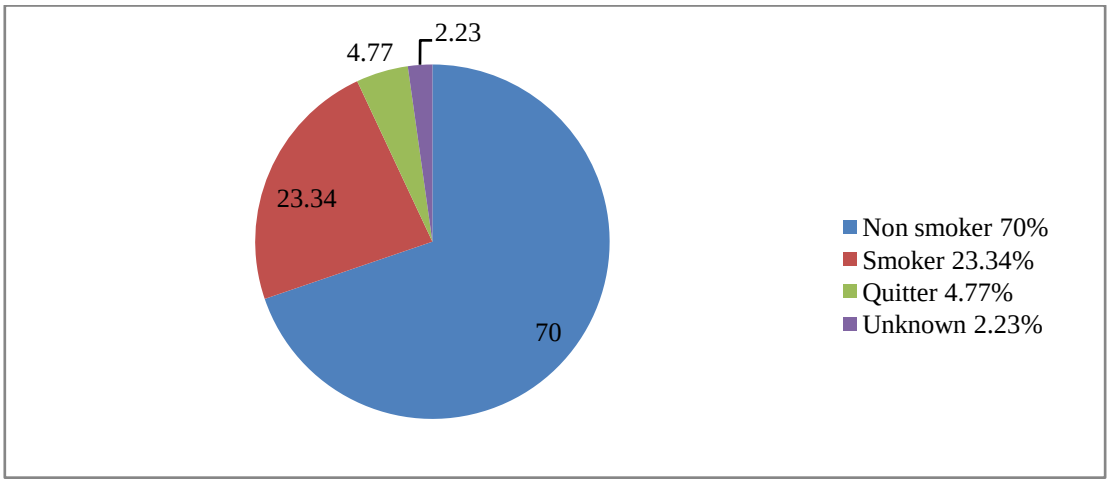
5.5Culturalandsocialhabitof the local community people ofthestudy area:

As explained by the social theory, the cause of disease is not only biological but also social. Similarly, in the place chosen for my research, there are people with multi-ethnic, multi-lingual and multi-cultural identities. The reason why smoking and moderate drinking are taken as ethnic culture and tradition in a particular race is not passed on to them. It was found that the prevalence of disease is high. Especially those who smoke and drink alcohol are prone to cancer, liver and heart related diseases.

5.5.1 Smoking practice as a risk factor:

Accordingtomyresearchmaximumpeoplegavethestatementofnon-smoker.Thisindicatesawarenessabouttheeffectofsmokingtothelocalpeople.Amongthem70%werenon-smokers,23.34%smoked,
4.77%werequitterand2.23%wereunknownaboutsmoking.People living in the community were found to initially start smoking
out of curiosity, influenced by friends and family members. Additionally, some individuals were observed to smoke as a way to cope with pain or distress.

Figure 2 Smokingpractice

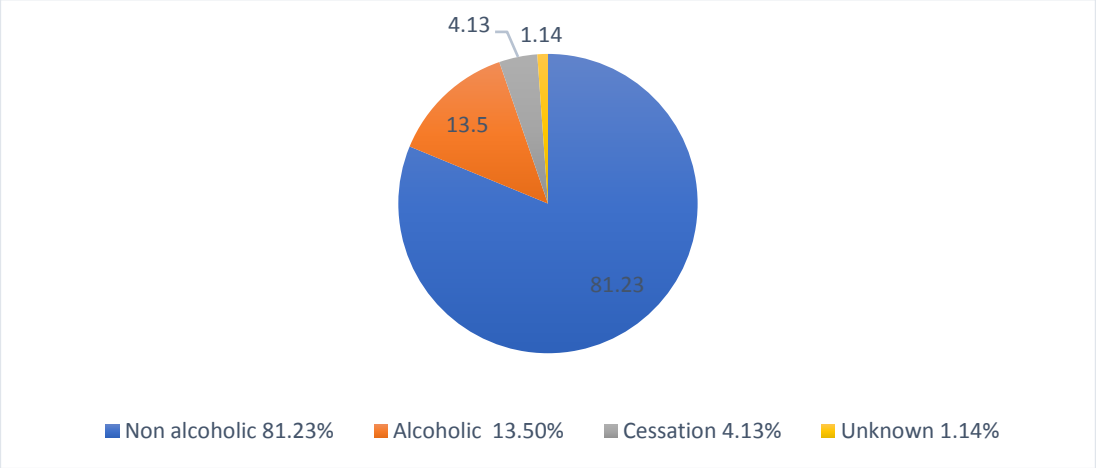


Source: House hold survey 2080

5.5.2 Practice of misuse of Alcohol*:*

InthisIlammunicipalityward5Barboteaccordingtomyresearch81.23peopledidnottakealcohol,13.50%tookalcohol,4.13%werecessationofalcoholand1.14%wereunknown.Itindicates good public awareness about alcohol. As same as smoking practice People living in the community were found to initially start alcohol out of curiosity, influenced by friends and family members. Additionally, some individuals were observed to smoke as a way to cope with pain or distress.

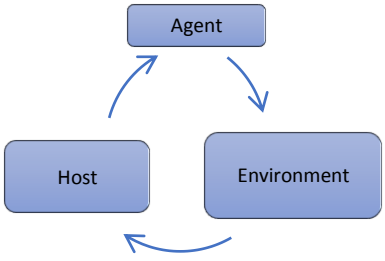
Figure 3 Drinking practice



Source: House hold survey 2080

5.6Environmentandhealth

According to WHO, the environment is the culmination of all outside factors and influences that have an impact on an organism's life cycle, human behavior, and society. The environment plays a critical part in the causation of any disease.



ThisstatusofcommunityhealthcruciallydependsontheenvironmentHeresomesuchvariables aretakenintoconsideration.Forourstudyfollowingmajorcomponentsofenvironmenthealtharetaken.

5.7 KAP (Knowledge, attitude and practice) on health and Disease:

Theknowledge,Attitudeandpracticeofthepeopleregardinghealthandhealthmatterplayaveryimportantroleindeterminingthehealthofcommunity.Althoughthehealthcarefacilitiesareexcellent,itwillbeworthlessifthepeopledonothaveknowledgeandparticulardisease.Positiveattitudestowardsavailablehealthserviceanddonotpracticepositivehealthbehaviors.Thishindersthehealthstatusofpeopleandcommunity.

5.7.1 General conception on disease:

Diseaseisdefinedas"aconditionofthebodyorsomepartofthebodyinwhichitsfunctionisdisruptedordamaged"Thisincludestheconceptaboutcommonimportantindicatorofhealthstatusofpeopleandcommunity.

5.7.2 Knowledge on communicable disease:

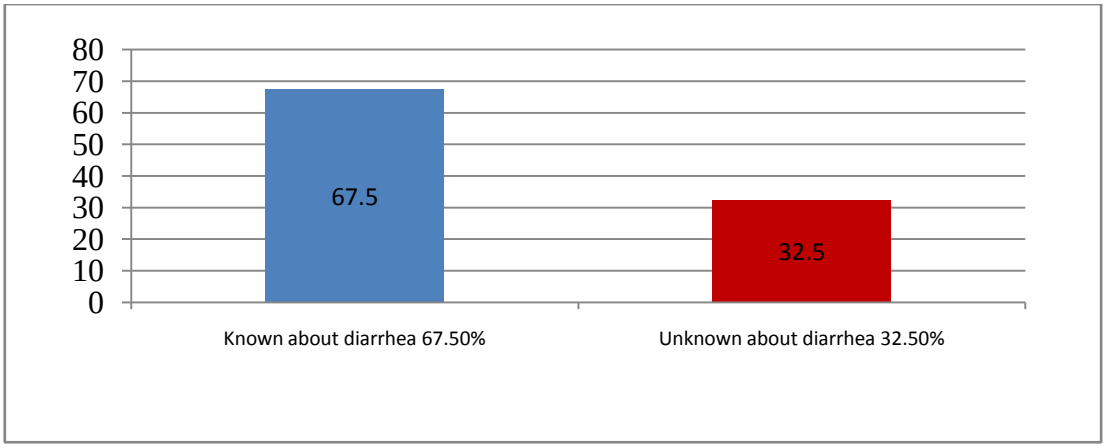
Thediseasewhichcanbetransmittedfromadiseasedpersontoothershealthypersonthroughdifferentmodesiscalledcommunicabledisease.Here,weincludesomeimportantcommunicablediseaseinourquestionnaireforwhosecontrolgovernmentisrunningvarioushealthprogrammed,applyingvariouspoliciesandstrategies,allocatingbudgetandraisingawarenessthroughdifferentmediasuchasradio,televisionetc.,daybyday.

HereIpresenttheresultofmyresearchregardingknowledgeofthecommunitypeoplevariouscommunicabledisease.

5.7.3Knowledge on diarrhea:

Thefigurebelowshowsthemajority67.50%knewaboutdiarrheai.e.,itscausation,symptoms,modeoftransmission,treatmentandpreventionandremaining32.50%didnotknowaboutdiarrhea.It was found that diarrhea disease is especially caused by personal hygiene and unhealthy eating habits, and to avoid it, there has been a development of awareness in the community that emphasis should be placed on personal hygiene and healthy eating habits. Along with the use of healthy drinking water, due to the improvement in the proper disposal of garbage, the use of toilets, it was found that the infection of diarrhea disease is decreasing in the community.

Figure 4 Knowledgeondiarrhea

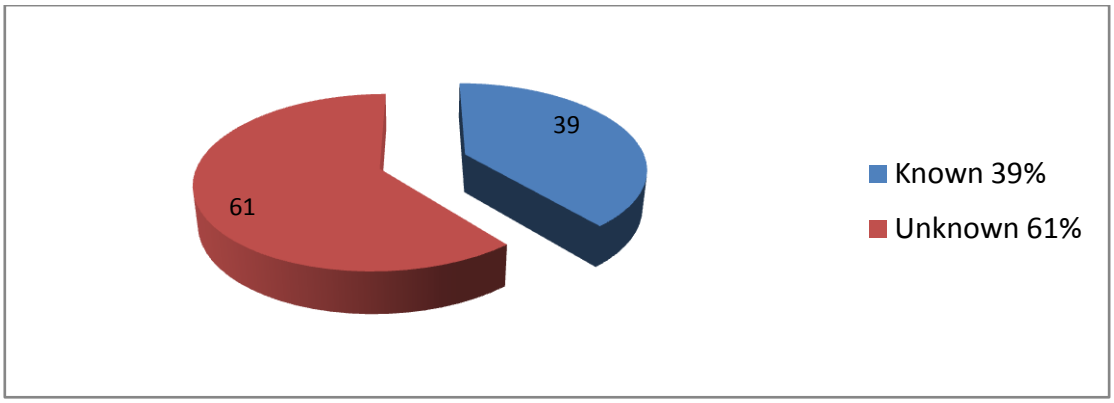


Source: House hold survey 2080

5.7.4 Knowledge on HIV/AIDS:

Itistheimmunedeficiencysyndromewhichisrecognizedasanemergingdisease.Itwasfirstdefinedaslos Anglersin1981.Itismostlysexuallytransmitteddisease,maytransmittedthroughbloodandbloodproduct.Inmyresearch39%werewellknownandrest61%wereunknown. Knowledge on HIV/AIDS.HIV in the society. It was found that there has been a change in people's understanding of AIDS. It was found that there is a change in the behavior of the infected people. It was found that the social discrimination against the HIV infected people was reduced in the form of social stigma etc. and they were provided with opportunities to establish themselves in the society like other people.

Figure 5KnowledgeonHIV/AIDS

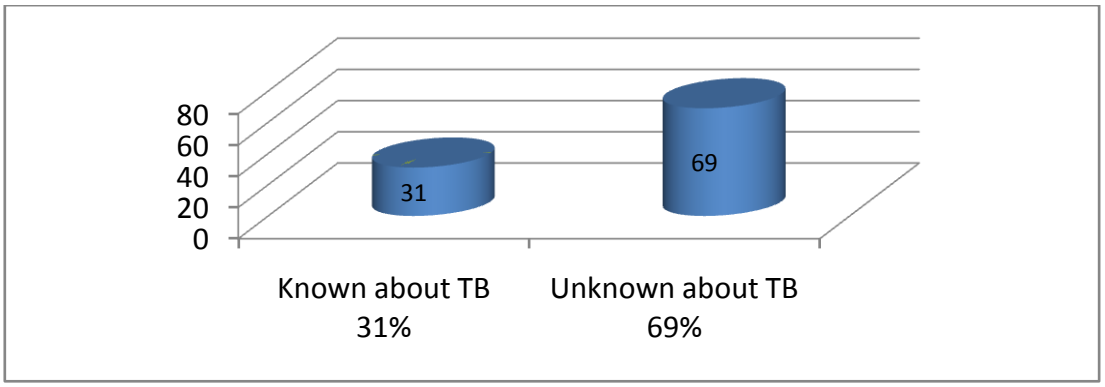


Source: House hold survey 2080

5.7.5 Knowledge on T.B. (tuberculosis):

TuberculosisiscausedbymycobacteriumtuberculosisbacteriaAbout31%%populationwerewell knownaboutTBandrestof69%werenotknown.

Figure 6 Knowledge on T.B.



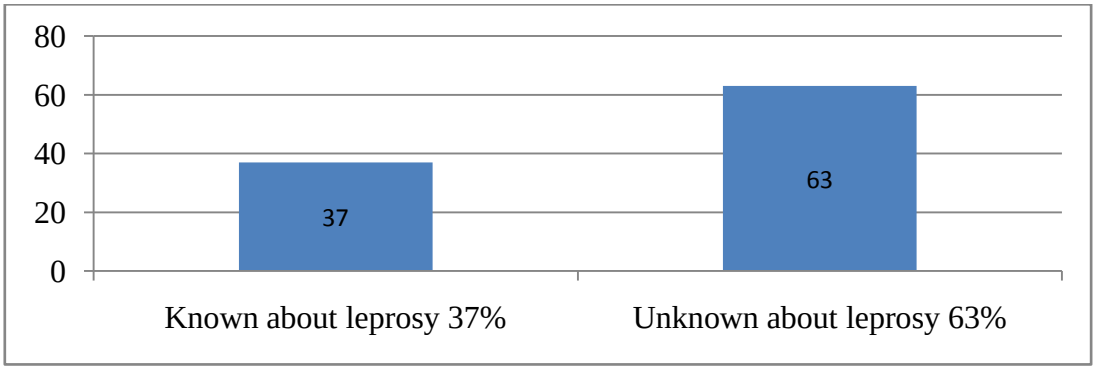
Source: House hold survey 2080

There is a change in people's understanding of tuberculosis. There is a widespread change in the society's understanding that tuberculosis is a curse of the goddess or the result of bad karma of previous birth. It is widely understood that tuberculosis infection is an infection caused by bacteria and if it is treated on time and treatment is completed, it can be completely eradicated. It was found to be among the people.

5.7.6 Knowledge about leprosy:

LeprosyiscausedbymycobacteriumlepraebacteriaItisalsocalledsilentkillerdisease.Accordingto myresearchreport,37%knewaboutleprosyandremaining63%didnotknow.

Figure 7 KnowledgeonLeprosy



Source: House hold survey 2080

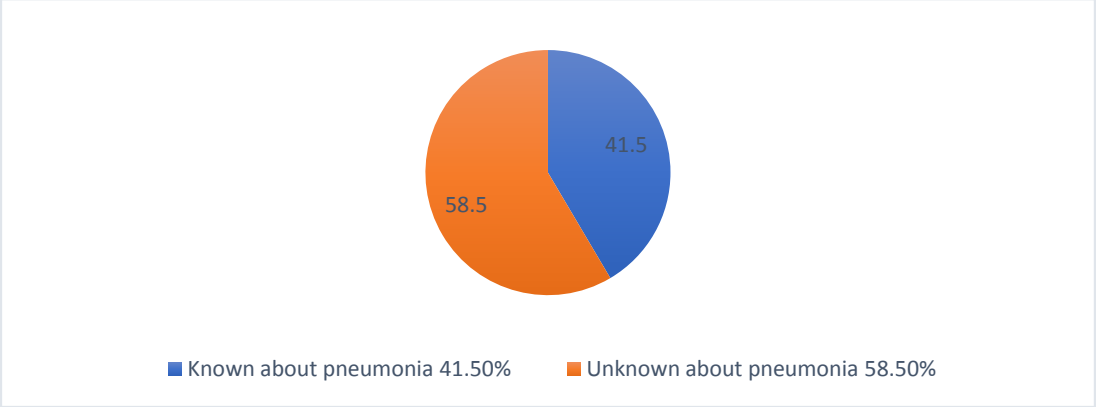
There is also a change in people's understanding of leprosy. This disease is not a disease caused by the curse of the goddess or the evil deeds of the previous birth, but it is an

infection caused by a microscopic bacterium, and if it is diagnosed in time and the treatment is started and the treatment is completed, it is common to understand that caste can be made completely. It was found to be among the people.

5.7.7 Knowledge on pneumonia:

Pneumoniamaybeviral,bacterial,andfungalorparasitic.Mycoplasmapneumoniamostcommonlycausespneumonia.Accordingtomyresearchabout41.50%knewaboutpneumoniaandremaining58.50%didnotknowaboutthisdisease.

Figure 8 KnowledgeonPneumonia



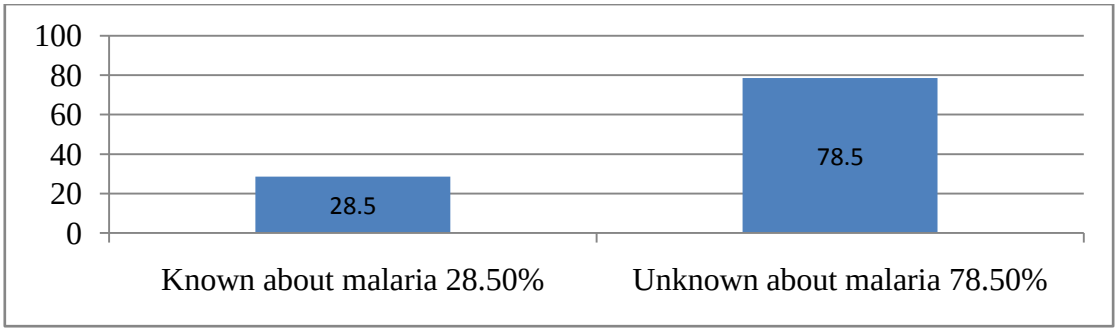
Source: House hold survey 2080

Pneumonia is understood by the people of the community as a complex disease, especially in children, and if they are not taken to a health institution or hospital for treatment in time, the people of the community are aware that the children may even die. Like other diseases, the ancient treatment methods are only used in small amounts in this disease. It is used to take medicines on time according to the doctor's advice.

5.7.8 Knowledge on malaria:

Malariaisamosquitoborneinfectiondiseaseofhumanandothersanimalscausedbyparasiticprotozoa.Accordingtomyresearchabout28.50%wereknownaboutmalariaandremaining71.50%wereunknownaboutthisdisease.The people of the community have an understanding that malaria disease is caused by mosquito bites. To avoid this disease, people clean the environment around them as well as reduce the places where water collects and destroy the habitat of mosquitoes and use insecticide sprays to avoid mosquito bites.

Figure 9 Knowledge on Malaria

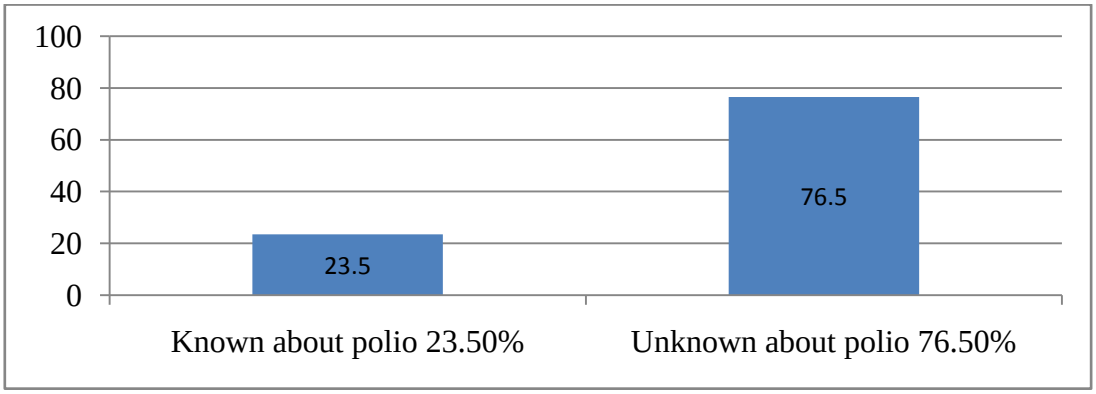


Source: House hold survey 2080

5.7.9 Knowledge on polio:

The primary way that polio is transmitted from person to person is through the oral route of feces. When I inquired about polio, I discovered that 23.50% of respondents knew about it, while the remainder 76.50% did not.

Figure 10 KnowledgeonPolio



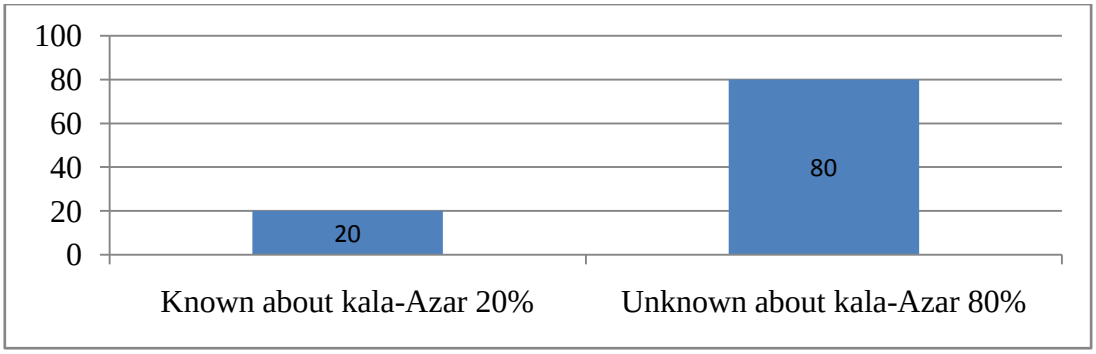
Source: House hold survey 2080

Community people are aware that polio myelitis is a disease caused by a virus. Most people in the community feel that polio is not the product of any other social and cultural reason or religious reason.

5.7.10 Knowledge on kala-azar:

Kala-azariscausedbyleishmania donovaniwhichistransmittedbythebiteofinfectedsandflytothehumanpopulation.Theresultofmyresearchshowsthat205wereknownaboutkala-azarandremaining80%peoplewereunknownaboutkala-azar.Common people's understanding about kala azar disease is correct. Since this disease is caused by the bite of sand fly, in order to avoid it, there is a development of awareness among the people of the community that to avoid it, proper disposal of garbage and animal slaughterhouses should be made only about 100 meters away from the house.

Figure 11 KnowledgeonKala-Azar

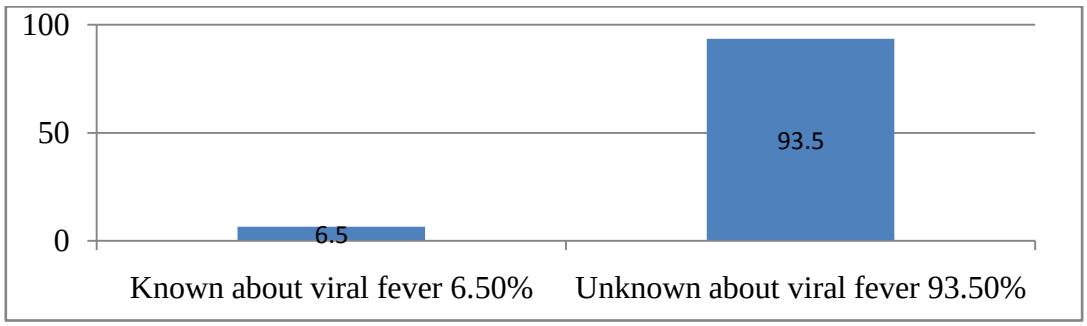


Source: House hold survey 2080

5.7.11 Knowledge about viral fever:

Viralfeverisacommunicableformofillness;itisdefinedaselevationinbodytemperaturemorethannormalinresponsetoapathologicalstimulus.Onmyresearch6.50%knewaboutviralfeverandremaining93.50%didnotknowaboutviralfever.Most of the people in the community are aware of viral fever. People are aware that this disease has symptoms such as fatigue, headache, and reluctance to eat, and body relaxation. When there is such a problem, there has been a development of awareness that if you eat more and more foods that give energy to the body, you can get rid of the problem quickly.

Figure 12 KnowledgeonViralfever

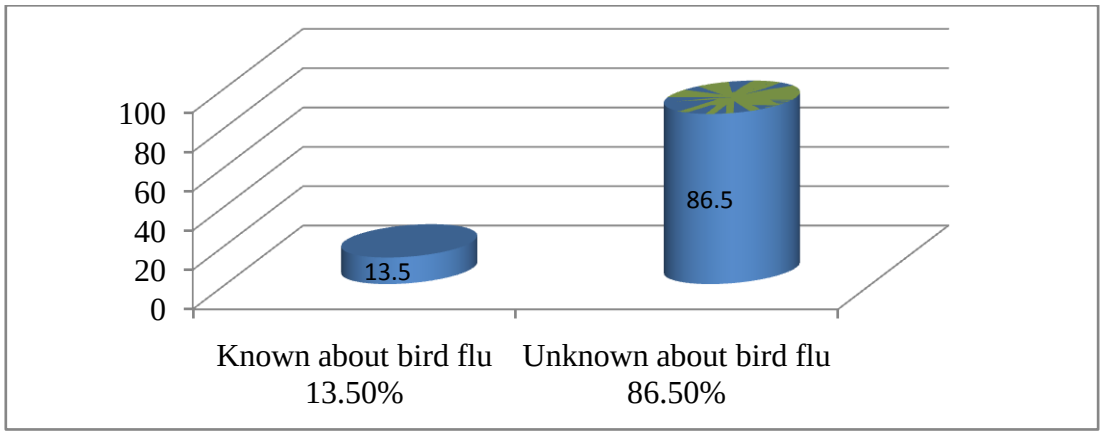


Source: House hold survey 2080

5.7.12 Knowledge about bird flu:

Like swine flu, dog flu, horse flu, or human flu, bird flu is a term used to describe a disease brought on by any of the numerous influenza virus subtypes that have evolved to a particular host. According to my research, 13.505 persons were aware about bird flu, while the remaining 86.50% were not. Humans can contract bird flu, a disease that is primarily spread by birds and animals like pigs, geese, chickens, and birds. Consequently, the community's residents are now aware that eating the meat of such infected animals and birds is not advised, and that if the animals or birds are infected, they should be removed from their homes and buried in a pit.

Figure 13 KnowledgeonBirdflu



Source: House hold survey 2080

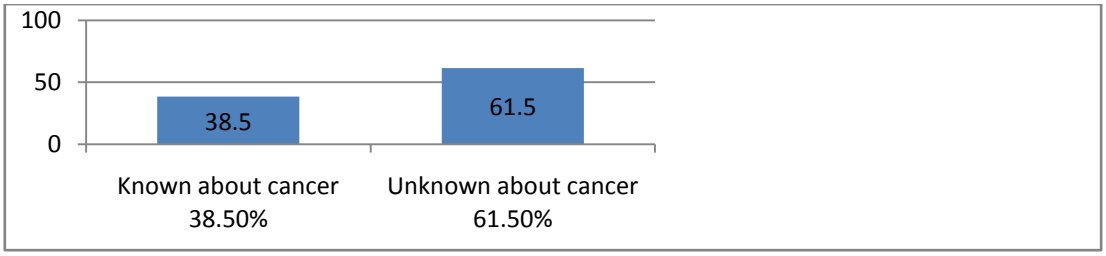
5.8 Non-communicable disease:

Thediseasewhichcannottransmitfromoneindividualtoanotheriscallednon-communicabledisease.The no of patients with non-communicable diseases is more than that of communicable diseases. Along with the impact of modernization on the people of the community, there has been a change in the traditional agricultural system. Most of the people in the community have changed their agricultural occupations and started doing non-agricultural occupations. People have started living this lifestyle. Due to the excessive use of chemicals even during the production of agricultural products, the incidence of non-communicable diseases is increasing. Due to physical inactivity, unhealthy diet, sedentary lifestyle etc., people have become victims of diseases like high blood pressure, diabetes, asthma, cancer etc. from the adult stage.

5.8.1 Knowledge about cancer:

Anywhere in the body, aberrant cells can develop out of control and cause cancer. Cancer cells, malignant cells, or tumor cells are the names given to the aberrant cells. My research indicates that 38.50% of respondents had heard of cancer, while 61.50% had not. Globally, cancer ranks as the second most common cause of death. Cancer patients are becoming more and more numerous every day. Women are becoming more likely to have breast and cervical cancer. Lung cancer is becoming more common in men. Community members now have a greater understanding of cancer. People recognize that the best approach to prevent cancer is to prevent it because it is a fatal disease.

Figure 14 KnowledgeonCancer

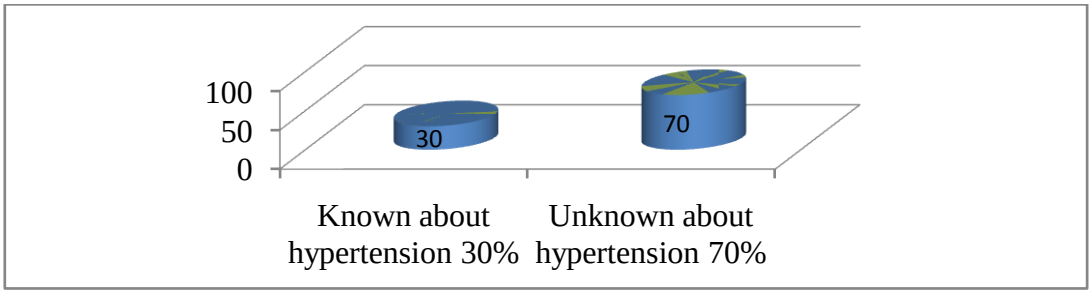


Source: House hold survey 2080

5.8.2 Knowledge about hypertension:

High artery pressure, or tension, is referred to as hypertension. Blood is transported via arteries from the pounding heart to every tissue and organ in the body. According to my research, 30% of people knew about hypertension, while the remaining 70% were unaware of it. One of the risk groups for high blood pressure is the elderly. Most persons with high blood pressure begin taking medication before the age of 40. High blood pressure is regarded as a genetic condition in the population. Because of their poor lifestyle and lack of exercise, non-agricultural individuals are particularly at risk for high blood pressure.

Figure 15 KnowledgeonHypertension

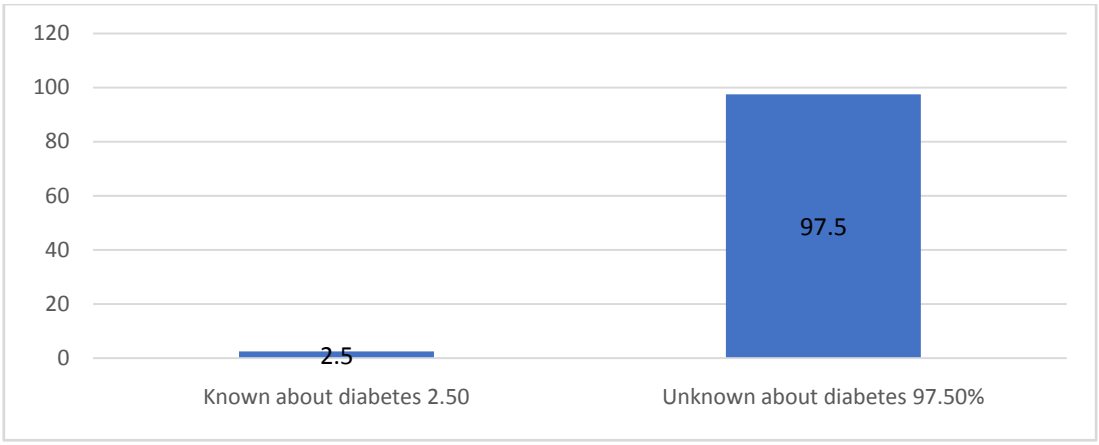


Source: House hold survey 2080

5.8.3 Knowledge about diabetes:

Diabetesmellitusisagroupofmetabolicdiseasecharacterizedbyhighbloodsugar(glucose)levelsthatresultfromdefectsininsulinsecretion.Onmyresearch2.50%communitypeoplewerekno waboutdiabetesandremaining97.50%peopleweredoingnotknowaboutdiabetes. People in the community are aware that diabetes is a hereditary disease. Their understanding is that diabetes is a disease that affects those who eat. Although the real cause is known, people are becoming victims of this disease due to the effect of modernization.

Figure 16 Knowledge on Diabetes

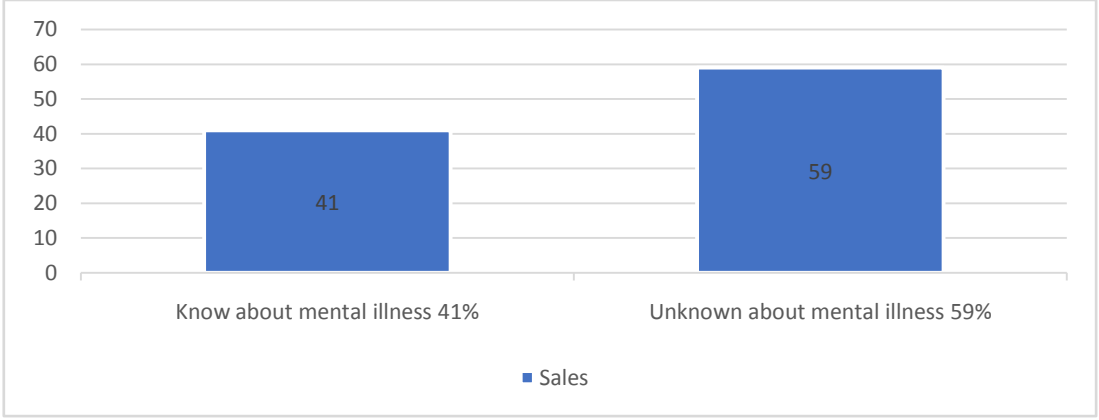


Source: House hold survey 2080

5.8.4 Knowledge about mental illness:

Mental illness is a medical condition disrupts a person thinking, feeling, mood, ability to relate to others and daily functioning. On my research 41%people were know about mental condition and remaining 59% people were doing not know about mental illness. Mental health problems and its risks are increasing among people in the community. The main reason for this is that people are spending more and more time on social media, email, and the Internet. Many people in the community are looking for ways to live without physical labor. Especially young people are looking for jobs online and spending more and more time online, so their mental health problems are increasing. The problem of depression and anxiety is increasing in most of the young people, while the no of diseases like autism in children is increasing day by day. People in the community are aware that there are also social causes of mental illness.

Figure 17 Knowledge on mental illness

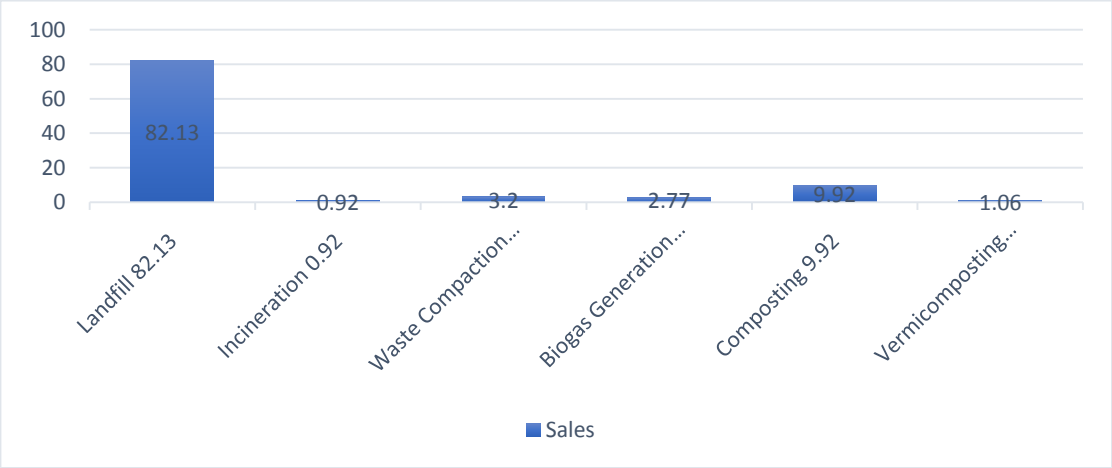


Source: House hold survey 2080

5.9 Method of household waste disposal

Improper disposal of waste leads to the spread of various communicable diseases. Landfilling was never a concern in the past, but due to globalization and industrialization, there is a need for more efficient management of waste. In my study area, I found that the methods shown in the picture are adopted for waste management.

Figure 18Method of household waste disposal



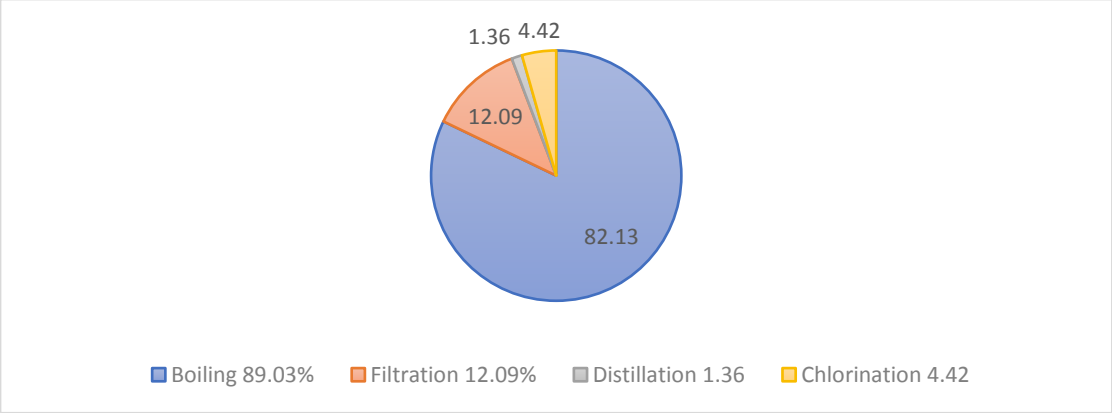
Source: House hold survey 2080

Most of the households in the community have been disposing of the garbage properly, so it has been found that the infection of communicable diseases in the community is decreasing. In the study area, landfilling 82.13%, composting 9.92%, waste compaction 3.2%, biogas generation 2.77%, vermicomposting 1.06 and incineration 0.92%, a total of 100% of waste was found to be disposed of in some way.

5.10 Method of water purification

Purified water is free from impurities such as bacteria, viruses, parasites, chemicals, and minerals. While some of these substances may not be harmful in small amounts,they can build up over time and potentially cause health problems. By removing theseimpurities, purified water can reduce the risk of waterborne illnesses and protect ourbodies from harmful toxins. In my study area, I found that the methods shown in the picture are adopted for water purification.

Figure 19Method of water purification



Source: House hold survey 2080

Most of the households in the community have been purifying of the water properly, so it has been found that the infection of communicable diseases in the community is decreasing. In the study area, boiling 89.03%, filtration 12.09%, chlorination4.42% and distillation 1.36%, a total of 100% of water was found to be purified of in some way.People in the community use various methods to purify water, such as boiling, filtering, using chemicals, and exposing it to sunlight. The community has its own unique practices for water purification. For instance, some use earthen pots with layers of stones and sand for filtration, while others simply use cloth to filter the water. However, most people were found to rely on boiling water before consumption.

CHAPTER-SIX

Summary, Major findings, conclusion and Recommendation

6.1Summary:

Infectious agents such as bacteria, viruses, fungi, or parasites can cause communicable diseases (or CDs), which can be transmitted from one person to another or by vectors like insects, tainted food, water, or surfaces. Chronic illnesses that are not brought on by infectious agents and cannot be transferred from one person to another are known as non-communicable diseases (NCDs). They are frequently chronic and caused by a confluence of behavioral, physiological, environmental, and hereditary variables. The circumstances in which people are born, grow, live, work, and age have an impact on their health outcomes and are referred to as social determinants of health (SDH). These factors, which frequently result in health disparities between various populations, are influenced by the allocation of wealth, power, and resources at the international, national, and local levels. The topic of this investigation is "Social Determinants of Health with Reference to Communicable and Non-Communicable Diseases in Ilam District: A Sociological Study of Ilam Municipality, Ward number 5 Barbote, Koshi Province, Nepal." This study's main goals are to investigate the local community's knowledge, attitudes, and practices surrounding infectious and non-communicable diseases as well as the influence of social factors on personal health. The study also seeks to determine why non-communicable diseases are becoming more common in cities than in rural areas. This study's main goal is to learn more about the local community's knowledge, attitudes, and practices (KAP) around communicable and non-communicable diseases, with an emphasis on the socioeconomic determinants of health. The study investigates the ways in which these practices, attitudes, and knowledge affect health outcomes and behaviors. It also looks at whether social determinants of health, which influence community practices connected to communicable and non-communicable diseases, have a direct impact on people's health and related health behaviors. In particular, the study aims to investigate local practices and behaviors in finding solutions for non-communicable diseases (NCDs) and communicable diseases (CDs), analyze the community's response to these diseases, and look at the impact of these diseases at the community level.Ilam Municipality Ward number 5, formerly Ward number 3, is an urban area, and there have been no previous studies related to my research problem in this location, or if any existed, they have not been published to date. This study was conducted with a sample of 50 households out of a total of 244. The research primarily reviews sociological theories such as

Modernization Theory, Functionalism, Social Stratification Theory, Symbolic Interactionism, and Feminist Theory from a theoretical perspective. A descriptive study design was used to illustrate the causes and effects. Data collection methods included key informant interviews, direct observation, and questionnaires. The study employed a mixed-methods approach (both quantitative and qualitative) for data collection. The collected data were presented in various forms such as graphs, charts, and tables, and analyzed qualitatively.

In Ilam Municipality Ward number 5, Barbote (formerly Ward 3), in Koshi Province, Nepal, sociological theories offer valuable insights into the region's health and healthcare dynamics, highlighting the intersection of economic, social, and cultural factors. Modernization Theory suggests that as Barbote experiences economic development, industrialization, and urbanization, there will be health improvements such as reduced infectious diseases and overall better health. However, progress may be uneven due to socioeconomic disparities, making targeted interventions like immunization and resource distribution essential alongside broader modernization efforts. Functionalism, following Talcott Parsons, emphasizes the role of an effective healthcare system in maintaining societal stability. In Barbote, this theory underscores the importance of healthcare in helping individuals fulfill societal roles and sustain social order. Yet, it may not fully address challenges related to chronic conditions or inequalities in health access. Conflict Theory examines how health disparities reflect broader social inequalities. In Barbote, this perspective would explore how economic and social inequalities impact healthcare access and quality, highlighting issues like the uneven distribution of resources and the potential prioritization of economic interests over addressing fundamental social causes of health problems. Symbolic Interactionism focuses on how societal definitions of health and illness shape individual experiences and behaviors. In Barbote, this theory would analyze how cultural and social contexts influence health perceptions and interactions with healthcare systems. Traditional beliefs and practices in the region affect how residents perceive and seek medical care, impacting health outcomes. Feminist Theory explores how gender and other social categories affect health and access to healthcare. In Barbote, feminist perspectives would address how gender discrimination impacts women's access to healthcare and outcomes. It advocates for gender-sensitive healthcare policies and practices to ensure equitable health outcomes for women.

There is no discernible gender gap in Barbote, where the sex ratio is balanced at 100 girls to 100 males. The economic burden that the proportion of dependents places on the working-age population is reflected in the dependency ratio of 33.196. Due to their sedentary lifestyles,

businesspeople are more likely to suffer from non-communicable diseases including high blood pressure, diabetes, and asthma, whereas laborers and agricultural workers are more likely to contract communicable diseases as a result of inadequate cleanliness. Health outcomes are influenced by education; those with less education have higher disease prevalence, which may be a sign of a lack of health knowledge and different societal attitudes. Cultural practices, such as smoking and drinking, and multi-ethnic identities influence disease rates and health behaviors. Improved awareness and education have enhanced disease management, reducing stigma and improving outcomes for conditions like diarrhea and tuberculosis. Effective community practices in waste disposal and clean water access have decreased communicable diseases, while rising rates of cancer, high blood pressure, and diabetes are associated with modernization and lifestyle changes. Increased mental health issues, exacerbated by social media and sedentary lifestyles, highlight a need for better mental health awareness. Proper water purification and waste disposal practices are helping to reduce communicable disease infections. In summary, applying sociological theories to Barbote's health care system reveals a complex interplay of modernization, social inequalities, and cultural factors. While economic development is expected to improve health outcomes, addressing the challenges of non-communicable diseases and mental health issues requires comprehensive strategies that integrate economic, social, and cultural considerations for equitable health improvements.

6.2 Major findings:

- The number of diseases like high blood pressure, diabetes and asthma were found mainly among the people of the community.
- The study found that the community suffered from significant health issues, including high blood pressure, diabetes, and respiratory problems. The primary causes identified were the use of chemical fertilizers and pesticides in food, coupled with unhealthy eating habits and lifestyles.
- In Ilam district, people have experienced major health challenges like high blood pressure, diabetes, and respiratory diseases. These issues have been attributed to the continued use of chemical fertilizers and pesticides in food, along with unhealthy dietary practices and lifestyles.
- According to my findings, the prevalence of non-communicable diseases is higher among people engaged in business, primarily due to a sedentary lifestyle and

unhealthy diet. The prevalence of communicable diseases is higher among laborers and agricultural workers, mainly due to a lack of personal hygiene. Comparatively, people engaged in agriculture are found to be more physically capable than those in business. Based on this, it can be concluded that in Ilam district, the prevalence of non-communicable diseases is increasing among physically inactive individuals, while the prevalence of communicable diseases is gradually decreasing over time.

- It was found that the prevalence of communicable and non-communicable diseases is higher among uneducated illiterate) people than educated (literate) people. The main reason for this is the lack of health education and health awareness. The social attitude towards uneducated people is also different compared to educated people in the society. According to my research, illiterate people are more prone to disease.
- As explained by the social theory, the cause of disease is not only biological but also social. Similarly, in the place chosen for my research, there are people with multi-ethnic, multi-lingual and multi-cultural identities. The reason why smoking and moderate drinking are taken as ethnic culture and tradition in a particular race is not passed on to them. It was found that the prevalence of disease is high. Especially those who smoke and drink alcohol are prone to cancer, liver and heart related diseases.
- The knowledge, Attitude and practice of the people regarding health and health matter play a very important role in determining the health of community. Although the health care facilities are excellent, it will be worthless if the people do not have knowledge and particular disease. Positive attitudes towards available health service and do not practice positive health behaviors. This hinders the health status of people and community.
- The disease which can be transmitted from a diseased person to others healthy person through different modes is called communicable disease. Here, we include some important communicable disease in our questionnaire for whose control government is running various health programmed, applying various policies and strategies, allocating budget and raising awareness through different media such as radio, television etc., Day by day Here I present the result of my research regarding knowledge of the community people various communicable disease.
- It was found that diarrhea disease is especially caused by personal hygiene and unhealthy eating habits, and to avoid it, there has been a development of awareness in the community that emphasis should be placed on personal hygiene and healthy eating

habits. Along with the use of healthy drinking water, due to the improvement in the proper disposal of garbage, the use of toilets, it was found that the infection of diarrhea disease is decreasing in the community.

- It was found that there is a change in the behavior of the infected people. It was found that the social discrimination against the HIV infected people was reduced in the form of social stigma etc. and they were provided with opportunities to establish themselves in the society like other people.
- There is a change in people's understanding of tuberculosis. There is a widespread change in the society's understanding that tuberculosis is a curse of the goddess or the result of bad karma of previous birth. It is widely understood that tuberculosis infection is an infection caused by bacteria and if it is treated on time and treatment is completed, it can be completely eradicated. It was found to be among the people.
- There is also a change in people's understanding of leprosy. This disease is not a disease caused by the curse of the goddess or the evil deeds of the previous birth, but it is an infection caused by a microscopic bacterium, and if it is diagnosed in time and the treatment is started and the treatment is completed, it is common to understand that caste can be made completely. It was found to be among the people.
- Pneumonia is understood by the people of the community as a complex disease, especially in children, and if they are not taken to a health institution or hospital for treatment in time, the people of the community are aware that the children may even die. Like other diseases, the ancient treatment methods are only used in small amounts in this disease. It is used to take medicines on time according to the doctor's advice.
- The people of the community have an understanding that malaria disease is caused by mosquito bites. To avoid this disease, people clean the environment around them as well as reduce the places where water collects and destroy the habitat of mosquitoes and use insecticide sprays to avoid mosquito bites.
- Community people are aware that polio myelitis is a disease caused by a virus. Most people in the community feel that polio is not the product of any other social and cultural reason or religious reason.
- Common people's understanding about kala azar disease is correct. Since this disease is caused by the bite of sand fly, in order to avoid it, there is a development of awareness among the people of the community that to avoid it, proper disposal of garbage and animal slaughterhouses should be made only about 100 meters away from the house.

- Bird flu is a disease that can be transmitted to humans especially from birds and animals such as birds, geese, chickens, and pigs. Therefore, the people of the community have developed the awareness that the meat of such infected animals and birds should not be consumed and if the animals and birds are infected, they should be taken away from home and buried in a pit.
- The disease which cannot transmit from one individual to another is called non-communicable disease.The no of patients with non-communicable diseases is more than that of communicable diseases. Along with the impact of modernization on the people of the community, there has been a change in the traditional agricultural system. Most of the people in the community have changed their agricultural occupations and started doing non-agricultural occupations. People have started living this lifestyle. Due to the excessive use of chemicals even during the production of agricultural products, the incidence of non-communicable diseases is increasing. Due to physical inactivity, unhealthy diet, sedentary lifestyle etc., people have become victims of diseases like high blood pressure, diabetes, asthma, cancer etc. from the adult stage.
- The no of patients infected with cancer is increasing day by day. The incidence of cervical cancer and breast cancer is increasing in women. The incidence of lung cancer is increasing in men. The awareness of the people of the community towards cancer has developed. Since cancer is a deadly disease, people have an understanding that preventing it is the way to prevent it.
- Elderly people are among the risk group of high blood pressure. Before the age of 40, most people suffer from high blood pressure and start taking medication. In the community, high blood pressure is considered as a hereditary disease. The risk of high blood pressure is especially high among non-agricultural people.
- People in the community are aware that diabetes is a hereditary disease. Their understanding is that diabetes is a disease that affects those who eat. Although the real cause is known, people are becoming victims of this disease due to the effect of modernization.
- A medical condition known as mental illness impairs a person's thinking, feeling, mood, interpersonal relationships, and day-to-day functioning. On my research 41%people were know about mental condition and remaining 59% people were doing not know about mental illness. Mental health problems and its risks are increasing among people in the community. The main reason for this is that people are spending

more and more time on social media, email, and the Internet. Many people in the community are looking for ways to live without physical labor. Especially young people are looking for jobs online and spending more and more time online, so their mental health problems are increasing. The problem of depression and anxiety is increasing in most of the young people, while the no of diseases like autism in children is increasing day by day. People in the community are aware that there are also social causes of mental illness.

- Most of the households in the community have been purifying of the water properly, so it has been found that the infection of communicable diseases in the community is decreasing. In the study area, boiling 89.03%, filtration 12.09%, chlorination4.42% and distillation 1.36%, a total of 100% of water was found to be purified of in some way.
- Most of the households in the community have been disposing of the garbage properly, so it has been found that the infection of communicable diseases in the community is decreasing. In the study area, landfilling 82.13%, composting 9.92%, waste compaction 3.2%, biogas generation 2.77%, vermicomposting 1.06 and incineration 0.92%, a total of 100% of waste was found to be disposed of in some way.

6.3Conclusion:

The study on social determinants of health in Ilam Municipality Ward number 5, Barbote, highlights the multifaceted impact of demographic, socioeconomic, and cultural factors on communicable and non-communicable diseases (NCDs). Employing sociological theories such as Modernization Theory and Conflict Theory, it reveals how modernization improves health while exacerbating inequalities. NCDs like hypertension and diabetes are prevalent among businesspeople due to sedentary lifestyles, whereas laborers face higher rates of communicable diseases due to poor hygiene. Education emerges as a critical determinant of health, with uneducated individuals experiencing worse outcomes. Cultural practices, including smoking and alcohol consumption, further influence health behaviors. Despite improvements in hygiene, sanitation, and health awareness, rising mental health issues and disparities in disease prevalence underscore the need for integrated, targeted interventions. The findings, which emphasize lifestyle modifications, education, and culturally sensitive approaches to alleviate health disparities and lessen the burden of both communicable and non-communicable diseases, are in line with national and international health priorities. The

study clearly distinguishes between the frequency and causes of communicable and non-communicable diseases, highlighting important health issues in Ward 5 of Barbote, Ilam Municipality. Due to poor eating habits and a lack of physical activity, persons with sedentary lifestylesespecially businesspeople—are more likely to suffer from non-communicable diseases such high blood pressure, diabetes, and asthma. On the other side, because of inadequate living conditions and hygiene, communicable diseases are common among laborers and agricultural workers. Health outcomes are significantly influenced by education since those with less education are more likely to suffer from illnesses because they lack access to resources and health awareness. The risk of chronic diseases including cancer, liver disease, and heart-related problems is further increased by cultural behaviors like smoking and drinking alcohol. Urbanization and modernization have improved waste management, water purification, and disease awareness, but they have also brought about lifestyle-related health problems. Mental health issues are on the rise, especially among young people, and are associated with sedentary lifestyles and increased use of social media. A complex interaction of social, economic, and cultural elements influencing health outcomes is shown by the application of sociological theories. Modernization has raised living standards and decreased the prevalence of some infectious diseases, but specific interventions are still needed for mental health problems and non-communicable diseases. Improving community health in Barbote and the larger Ilam district requires an emphasis on culturally responsive policies, fair resource distribution, and health education. According to the study, urbanization and modernity have improved healthcare and raised awareness, but they have also brought about lifestyle changes that increase the risk of mental health problems and non-communicable diseases. Sociological theories offer a thorough framework for examining these dynamics, highlighting the significance of addressing behavioral issues, cultural influences, and social inequality. Effective management of both communicable and non-communicable diseases requires focused interventions that incorporate education, lifestyle changes, and enhanced access to healthcare services in order to produce equitable health outcomes.

6.4 Recommendation And way forward:

1.Enhance Health Infrastructure and Services

- **Modernization Theory:** To address health disparities related to modernization, invest in upgrading urban health infrastructure. Focus on improving healthcare facilities and

services to manage both communicable and non-communicable diseases more effectively.

- **Implementation:** Expand and modernize hospitals and clinics, ensuring they are equipped with the latest technology and staffed with trained professionals. Ensure that healthcare services are accessible to all socioeconomic groups.

2. Address Socioeconomic Inequalities

- **Conflict Theory:** Recognize and address the uneven distribution of healthcare resources that exacerbates social inequalities. Implement policies to ensure equitable access to healthcare services across different income and social groups.
- **Implementation:** Develop targeted programs for low-income and marginalized communities, including subsidized healthcare services and financial assistance for medical expenses.

3. Promote Health Education and Awareness

- **Functionalism:** Enhance health education to support societal stability and improve health outcomes. Focus on increasing awareness about both communicable and non-communicable diseases.
- **Implementation:** Launch public health campaigns and community-based health education programs. Include information on disease prevention, healthy lifestyles, and the importance of regular health check-ups.

4. Integrate Cultural Sensitivity in Healthcare

- **Symbolic Interactionism:** Consider the cultural and social contexts in health interventions. Recognize and respect traditional health practices while integrating modern medical approaches.
- **Implementation:** Engage with community leaders and cultural experts to tailor health messages and interventions that resonate with local beliefs and practices.

5. Gender-Sensitive Healthcare Policies

- **Feminist Theory:** Ensure that healthcare policies address gender disparities and promote equitable access for women and marginalized groups.
- **Implementation:** Develop programs specifically targeting women's health issues, such as maternal and reproductive health services. Advocate for policies that address gender-based discrimination in healthcare settings.

6. Enhance Disease Prevention and Management

- **Disease Prevention Findings:** Build on successful community practices for disease prevention, such as improved waste management and clean water access.
- **Implementation:** Invest in community health initiatives that promote proper waste disposal, water purification, and vector control. Expand preventive health services and ensure they are accessible to urban populations.

7. Tackle Non-Communicable Diseases (NCDs)

- **NCD Findings:** Address the rising prevalence of non-communicable diseases through targeted interventions.
- **Implementation:** Implement and expand the Package of Essential NCD Interventions (PEN) in urban areas. Promote lifestyle changes, early detection, and management of conditions like diabetes, hypertension, and cancer.

8. Focus on Mental Health

- **Mental Health Findings:** Address the increasing mental health issues exacerbated by urban stressors and sedentary lifestyles.
- **Implementation:** Establish mental health support services, including counseling and therapy, and integrate mental health care into primary health services. Promote mental well-being through public awareness campaigns and community support programs.

9. Strengthen Water and Waste Management

- **Water and Waste Management Findings:** Continue to improve water and waste management practices to reduce disease infections.
- **Implementation:** Invest in urban infrastructure for water purification and waste management. Promote community practices for maintaining clean environments and reducing health risks associated with poor sanitation.

To effectively address health challenges in Ilam Municipality Ward number 5 (formerly Ward 3) of Koshi Province, Nepal, a comprehensive approach integrating modernization, socioeconomic equity, cultural sensitivity, and targeted interventions is essential. First, it is crucial to update and revisit the multi-sectoral NCD action plan to set national targets that align with global standards, including the nine global voluntary targets and SDG targets, and incorporate chronic kidney diseases. Adequate budgeting and revenue generation for NCD prevention and control, including funding from External Development Partners (EDPs), should be prioritized.

Next, it's critical to set up an integrated national surveillance system for NCDs that includes risk factor monitoring, cancer registries, and a crucial registration system. Data-driven decision-making will be enhanced by integrating NCD morbidity data into the Health Management Information System (HMIS). It's also critical to advance local knowledge through research, such as examining age-specific NCD-related mortality. The implementation of WHO-recommended interventions for the management of diverse infections is crucial, given the decline in the burden of communicable diseases and the increase in non-communicable diseases. This involves vector ecological research, preventive chemotherapy, creative disease treatment, and advancements in veterinary public health services. It is crucial to address medication resistance using the global action plan that the World Health Assembly (WHA)-2015 adopted. This strategy emphasizes raising awareness of antimicrobial resistance, bolstering surveillance, lowering the rate of infections through good hygiene and sanitation, maximizing the use of antibiotics, and boosting funding for novel medications and diagnostic equipment. Furthermore, it is recommended that Nepal's current plans, including the "ODF Campaign," "Sanitation and Hygienic Master Plan-2011," "Nepal Water Supply, Sanitation and Hygiene Sector Development Plan: 2016–2030," and the "Multisectoral Action Plan for the Prevention and Control of Non-communicable Diseases 2014–2020," be employed and extended. The "National Biodiversity Strategy and Action Plan 2014–2020" will boost these initiatives by addressing habitat damage and new illnesses. The implementation of these plans will be facilitated and optimized by the coordination of these activities through the "High-Level Multi-Sectoral Health Services Facilitation and Coordination Committee" that was established by the National Planning Commission in 2012. A healthier and more just society can result from implementing these suggestions into well-thought-out policies and initiatives that improve urban health outcomes in Ilam Municipality Ward number 5.

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ANNEX-I

INFORMED CONSENT

Dear respondents,

Namaste, I am Bal Krishna Phuyal, MA sociology 4th semester student at Mahendraratna multiple campus, Ilam intent to conduct research study on "**Social determinants of health with reference to communicable and non-communicable disease in Ilam district: A Sociological study of Ilam municipality, ward number 5 Barbote, Koshi Province, Nepal."** the purpose of the study is to gather information regarding people knowledge attitude and practice towards communicable and non-communicable disease. The participants were interviewed using a structured interview schedule which may take about 25-30 minutes. I would be grateful if you could spare some time from your busy schedule and answered these questions based on your knowledge and experience. Taking part in this study is entirely voluntarily and without coercion. Your participation in this study was kept confidential. By filling out this form, you're agreeing to give authentic information, to your full knowledge and attitude about the issues below.

You are also giving me consent to use this information in my study.

I have read (someone has read to me) this form, and I voluntarily agree to participate in this research study.

…….

Signature of respondent's

Date: -

…….

Signature of researcher

Thank you for your participation.

ANNEX-II

Sample of house hold interview questionnaire

1. Socio economic status of respondents

Personal Identification

Name of guardians: -…….

Name of respondent: -……...

Sex of respondent: -……...

Age of respondent: -……...

Education of respondent: -……...

Caste/ethnicity of respondent: -……...

Maritalstatus of respondent: -……...

Religion of respondent: -……...

Occupation of respondent: -……...

Address of respondent: -……...

Types of Family: -…….

Total member of family: -……

Relationship with guardians ……...

2. Head you Ever smoked
   (A) Smoker (B) Non-Smoker (C) Quitter (D) Unknown
3. Had you Taken alcohol
   (A) Alcoholic (B) Non-alcoholic (C) Cessation (D) Unknown
4. Who make decisions about health care consumption in your home?
   (A) Male (B) Female C) both Male and Female
5. Where you should be first treatment taken place after illness?
   (A) Health post (B) Private Clinic (C) Dhami/ Jhakri (D) Home treatment
6. Do you know about diarrhea?
   (A) Known About diarrhea (B) Unknown about diarrhea
7. Do you have some knowledge on HIV/AIDS?
   (A) Known about HIV/ AIDS (B) Unknown about HIV/AIDS
8. Do You Know about Tuberculosis?
   (A) Known about tuberculosis (B) Unknown about tuberculosis

9. Do you have some knowledge on pneumonia?
   (A) Known about Pneumonia (B) Unknown about Pneumonia
10. Do you know about Polio?
   (A) Known about polio (B) Unknown about polio
11. Do you know about viral fever?
   (A) Known About viral fever (B) Unknown about viral fever
12. Do you have some an idea about Malaria?
   (A) Known about Malaria (B) unknown about malaria
13. Do you know about Leprosy?

(A) Known About leprosy (B) Unknown about leprosy

14. Do you have some idea about Kala-Azar?
   (A) Known about Kala-Azar (B) Unknown about Kala-Azar
15. Do you have some idea about Bird-Flu?

(A) Known about Bird-flu (B) unknown about bird-flu

16. Dou you have some idea about Cancer?

(A) Known about Cancer (B) unknown about Cancer

17. Do you know about Hypertension?

(A) Known about hypertension (B) Unknown about hypertension

18. Do you have some idea about Diabetes mellitus?

(A) Known about diabetes mellitus (B) Unknown about diabetes mellitus

19. Do you have some idea about mental illness?

(A) Known about mental illness (B) Unknown about mental illness

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

    .....
    .....

21. What are the social determinants of health?

    .....
    .....

22. The main cause of non-communicable diseases is unhealthy diet and physical inactivity. How much do you agree with this statement?
    (A)Strongly agree (B) highly agree (C) Agree (D) disagree (E) strongly disagree
23. The main cause of communicable diseases is unhealthy diet and lack of personal hygiene. How much do you agree with this statement?

(A)Strongly agree (B) highly agree (C) Agree (D) disagree (E) strongly disagree

24. What should a person pay attention to in order to keep himself healthy?

    ....

25. Wheredo you dumpyourhouseholdwaste?

    (A)Landfill (B) Incineration (C) Waste Compaction

    (D) Biogas Generation (E) Composting (F)Vermi composting

26. How do you purify water and drink it?

    (A)Boiling (B) Filtration (C) Distillation (D) chlorination

ANNEX-III

Map of Illam Municipality ward number 5 Barbote

VDC/WARD Map