

# **CHAPTER: ONE**

## **INTRODUCTION**

### **1.1 Introduction**

Giving birth is a natural process that promotes population growth and secures the future survival of individual societies. Each living being reproduces in a way or the other to create future generations.

The birth of human has created a social and cultural nexus influencing all other aspects of the society. Although, the concept of reproduction is universal, the process of caring and rearing newborn infant or a neonate and child is not still universalized. Even in homogenous societies of human beings, there are cultural variations in caring newborns. When comparing the child care practices in our society from the past to modern day, it is clear that a more modern approach to pregnancy, delivery and care of newborns has been adapted. With the improvements in health practices through different programs implemented by government, non-government, UN and other health related agencies in child care in Nepal, people are adopting new, modern and safe practice in caring the neonates. However, the traditional beliefs and practices related to child health, sickness and care are evident in our society. These beliefs and practices are the cognizance through which children had been and are still being cured. Traditional medicine can be defined as the knowledge, skills and practices of holistic health care, recognized and accepted for its role in the maintenance of health and the treatment of diseases (WHO: 2000).

Traditional healing practices in Tikapur Municipality have emerged together with its culture and tradition. In Tikapur Municipality traditional culture is still predominant and western allopathic medicine has yet to reach this area. People of rural societies are reluctant to accept changes in their cultural practices. There are also a lot of factors that make people choose traditional healers in lieu of modern hospital/health post services.

An infant less than a month old is a newborn or a neonate. Neonatal care is defined as the practice of caring the newborns, helping them to adjust and adapt to the

environment which can be proved unstable. Here environment means feeding, clothing, thermal (heat) balance of the body, medicine etc. and all sorts of physical and non-physical situation that persists around the newborns. The neonatal care means neonatal health, sickness and treatment as well. (WHO: 2000) The neonatal care is the important factor that is directly linked to the health of the newborns and indirectly with all the socio-cultural and politico-economic aspects. Care of the newborn, especially during the first 28 days of life is vital in determining survival and health of the child. (Thapa.1996:181). Many factors like social, economic and cultural factor influence the level of neonatal care.

Similarly an infant is a baby or a very young child. A child is a young human who is not yet an adult. Here, in this research, the following words; neonate, newborn, baby, infant and child are equally used to denote the particular age group according to the context with reference to above definitions and the word child is used in general to indicate the age group 0-14.

The general treatment practice in children can be classified as modern and traditional. The modern treatment includes the allopathic treatment and traditional treatment includes aayurveda which can be treated by use of local plants/herbs and minerals as medicine, Tantric /Spiritual treatment by Shamans/Witchdoctor, Reikei (Oil massage and heating therapy) and all kinds of home based treatment

The modern medical technique is based on the concept of imbalance occurred in human body through some kind of chemical and hormonal change. These techniques are the result of scientific and technological advancement and are certified by World Health Organization. The modern medical technique is successful in treating the serious diseases which cannot be treated through other techniques. The second, in Aayurveda herbs play big part. Different types of plants or herbs are used for the treatment, which contain some kind of chemical having medical properties. The particular type of herbs is used in particular type of disease and care. The third one Spiritual treatment refers to the treatment and practice concerned with illness caused by evil spirit and only the shamans can treat such sickness.

This research is concerned with the traditional beliefs in child care, so the research has dealt with all these three techniques. Use of local plants/herbs as

medicine/Aayurveda, a Spiritual treatment or Tantric and Reiki. All these techniques have been addressed as traditional methods of child care.

Neonatal mortality comprises approximately two-thirds of all deaths worldwide in infants aged less than one year (Darmstadt and Saha, 2002: 125). The death of neonates is very high in Nepal. High neonatal mortality is the main component of a high infant mortality rate (IMR), and neonatal infections are the major cause of neonatal mortality in Nepal (MOH: 2012)

## **1.2 Statement of the Problem**

In Nepal, most of the rural areas are lacking the modern medical facility. So, spiritual and local medicinal treatment is somehow a compulsion. Not only in the rural areas and places without modern medical facility, but also in the urban areas, we can see the shamans (*jhakri*) or witchdoctors in front of the modern high-tech hospitals. The belief is so strong that even after the complete treatment in the hospital by medical doctors, people satisfy their God through spiritual healer; the shamans. The traditional healing practice is always a strong alternative for the people of Tikapur.

Beside the modern medical facility, use of traditional methods in child care is very common practice in our society. The use of plants is more or less scientific because the chemicals found in these areas similar to the chemicals in the allopathic drugs. So, such treatments are considered scientific. The practice of the spiritual healing and the shamanism is in fact a psychological treatment rather than medication. Spiritual treatment is influencing large number of people now a day. People go to the human God/Goddess as they think that they are the mediator who can talk for their betterment and links people with real god.

One of the research studies has concluded that, home based treatment for children with severe pneumonia is just effective as hospital (WHO: 2008). Though this is the recent finding, the traditional treatment has been proved effective for years.

In contrary, it is a visible fact that most of the people though literate, educated and financially sound, prefer to go to the shamans and witchdoctor. The belief of the people is that the evil eye has made their child ill. So, it can be treated only by shamans/witchdoctor. Some of such treatments have proved out to be harmful but

people are practicing harmful methods of caring their children, either with ignorance or it is in their tradition. Moreover, depending only upon such practice for treatment has caused the death of many innocent.

Hence, the research is expected to explore the fact that traditional methods of child care can be both helpful and harmful. The research was also guided by the account that why and how traditional child care tactics is resulting into both negative positive outcomes.

The traditional belief and practice in child care is evident in our society. It is a visible fact that most of the people along with the modern medical treatment prefer traditional method of treatment and care. So the study will be useful to the health practitioners to understand why people prefer traditional or modern methods of child care and treatment. The research has explored different kinds of child care and treatment methods. It will help the concerned people and organization to understand how these practices are harmful or helpful and work in accordance. It is also true that it is very difficult to convince people for not using traditional system of treatment; hence it will be useful for the health practitioners to take out the best, out of these methods and discourage them for using the harmful ones.

The research study will also be helpful to the health policy makers either it is government or non-government agencies because it is very important for them to understand what people think and believe about the health and sickness. Furthermore the study will also be engrossing to those who want to know about the traditional methods of care in Nepalese society.

On the basis of above mentioned fact, the problem and status is to be understood as:

- ) What are the existing practices of child care treatment diseases and illness in the community?
- ) How the people in the study area treat their child from different kind of diseases by cultural perception?
- ) What are the factors affecting social and cultural influences on health of child?

### **1.3 Objectives of the study**

The general objective is to understand the traditional beliefs and practices related to child health, sickness and care. The study also intends to find out the commonly used local medicinal treatment and its techniques. The specific objectives of the research are as following:

- ) To explore existing practices of child care treatment diseases and illness.
- ) To analyze cultural perception on different kinds of diseases and its remedies.
- ) To identify the social and cultural influences on health.

### **1.4 Significance of the Study**

The study will be useful to the health practitioners to understand why people prefer traditional or modern methods of child care and treatment. The research study will also be helpful to the health policy makers either it is government or non-government agencies because it is very important for them to understand what people think and believe about the health and sickness. The research has explored different kinds of child care and treatment methods. It will help the concerned people and organization to understand how these practices are harmful or helpful and work in accordance. Furthermore the study will also be engrossing to those who want to know about the traditional methods of care in Nepalese society.

### **1.5 Limitation of the Study**

The study was conducted in a sub-urban area of Tikapur, municipality, kailali district, and the caring and the treatment of the neonates vary culturally, hence it cannot be generalized all over. As the traditional methods of child care are declining, all kinds of beliefs and practices could not be explored. Though people believe in spiritual treatment, they were not frank in it, as it is considered old-fashioned and talking about evil eye and evil spirit (witch) is a controversial issue. Those are the limitation of the study.

## **1.6 Organization of the Study**

This study is divided into five chapters. The first chapter is introduction which includes background of study, Statement of the problem, objectives of the study, significant of the study, limitation of the study, organization of the study. The second chapter goes through the literature review. The third chapter deals with research methodology which includes research design, selection of the study area, nature and source of data, universe, Sample and Sampling Procedure, techniques and tools of data collection. The fourth chapter deals with Data presentation and analysis which includes religions of the respondents, Ethnicity composition of respondent, Education Level of respondent, Monthly Income Status of respondents, Occupation and Employment status of respondent, treatment method, Cultural perception on different kinds of diseases, Social and cultural influences on health, Types of Traditional Child Care methods and the final chapter presents the findings, conclusion and recommendation of the study.

# **CHAPTER: TWO**

## **LITERATURE REVIEW**

In this section the researcher has tried to review some of the relevant literature about traditional beliefs and practices of child care.

### **2.1 General Introduction**

Giving birth and caring natural phenomenon. It is said that human offspring are most helpless and need much care. Prolonged infancy is a character of Homo sapiens which separates them from other organisms. As the infancy of human is a longer period, humans have developed different techniques to cope up with the problems during infancy. These techniques indeed are different in different culture, and even within the same community and individual beliefs. Child care techniques either are the modern or traditional; are the result of year long experience of human. Some techniques have proved out to be very effective and some are not. From an anthropological eye, none of the techniques can be tagged as best or worst, rather a cognitive aspect is necessary to find out why and how different techniques are accepted as good and avoided as bad. Here a different technique of child has been discussed much possibly from cognitive aspect. There are two major aspects of child care:

1. Proactive Care: The general preventive child care methods for maintaining good health, physic and beauty of the baby are proactive care. The preventive actions taken to protect the baby from evil spirit also a proactive care.
2. Reactive Care: The curative measures taken for treating the child are reactive care. The treatment to avoid the evil spirit by the shaman, exorcism, and using different medicinal herbs and minerals for curing different diseases are reactive care.

World Health Organization defines, “health is the state of physical, mental, social and spiritual well-being not merely the absence of diseases or infirmity”.

The guidelines for essential care of newborn babies given by World Health Organization are cleanliness, thermal protection, and initiation of breathing, early and

exclusive breast feeding, eye care, immunization, management of illness, and the care of infants with low birth weight. Some traditional practices of newborn care may not be in accordance with these guidelines. The fact that most births take place at home shows that such traditional methods might be used most of the time. Practices relating to care of a newborn baby can be classified as: Good practices worth promoting, Harmful practices that should be discontinued and Harmless practices that may be ignored for the time being

## **2.2 Global context**

The World Health Organization's (WHO) guidelines for essential newborn care include the hygienic delivery, keeping the newborn warm, early initiation of breast feeding exclusive breastfeeding, care of eyes, cure during illness, immunization and care of low birth-weight newborn.

The guidelines for essential newborn care given by World Health Organization (WHO) are the fundamental aspects of child care, which are taken as the major indicators in this research too.

Mustard oil massage of newborns is an integral component of traditional care practices in many communities. Recent evidence suggests that this practice may have detrimental effects, particularly for preterm infants or for those whose skin barrier function is otherwise sub-optimal. Other natural oils such as sunflower, sesame or sunflower seed oil may have a beneficial impact on new born health and survival. Little is known, however, about cultural and other factors related to the acceptance and up take of alternative, more beneficial oils for massage of the new born. A questionnaire concerning the usage and reasons for application of mustard and other oils to newborn skin was administered to the caretakers of 8580 newborns in Sarlahi district of rural Nepal. Approximately 99 per cent of newborns were massaged at least once with mustard oil in the 2 weeks after birth, and 80 percent were massaged at least twice daily. Promotion of strength maintenance of health, and provision of warmth were the most commonly cited reasons for application of mustard oil. (Darmstadt, 2002:1147)

The study also suggested that an understanding of cultural, social, and economic factors that shape the context of traditional healthcare practices is essential to the

design and implementation of intervention trials examining the relative efficacy of application of oils in reducing neonatal mortality and morbidity.

Local health practices are based on wide variety of human experience on tradition, observation, on trial and error on local beliefs and religious practices. They can differ from place to place even within short distances. According to medical scientific knowledge some of these practices can be recognized as good and beneficial. Some may be seen to have very little or no meaning and some practices seem harmful and can be the cause of sickness and death. (Mogedal and Budhathoki, 1979:143).

The article of Mogedal and Budhathoki is based on secondary resource rather than a field study. This field based study was conducted which helps us to understand the cultural perception of child disease and child care.

In the Traditional Nepali Society, faith healing or shamanism still plays a major role in the health care system. Supernatural entities are considered responsible for illness. Since the relationship between illness and spirits are considered to be interrelated, most illnesses are brought to the attention of Shamans, *Janne Manchhe*, *Jhaankries* and others rather than the attention to doctors in hospitals (Hitchcock and Jones, 1976:117).

Hitchcock and Jones talks about the spiritual aspect of disease and their treatment, however there are various aspect of disease and treatment like aayurvedic treatment oil massage and heating therapy. These aspects are the part of this research.

Not all traditional practices are harmful. And in turn, some modern practices, such as bottle feeding and the use of pacifiers or dummies are considered unsafe. Because each community has its own unique culture and tradition, traditional practices also differ from community to community. Some traditional practices for care of newborn babies those are common to many communities in Nepal are:

*Cord care-* Most of the time, the cord is cut using a razor blade, which may or may not be clean. Household sickles, which are not sterilized by heat or other means for this purpose, are also commonly used, however. In many communities, something may be applied on the stump after the cord is cut, most commonly oil or ghee (clarified butter). These are applied most of the time till the cord falls off. Unclean

practices for cutting the cord, and traditional practices of applying ghee, cow dung, and so on can lead to infections in newborn babies, the most severe being neonatal tetanus.

*Neonatal feeding*-A small number of newborn babies may be fed with honey, sweets, or ghee before breastfeeding. It is said that the baby's first taste should be something sweet. Neonatal feeds have been associated with negative breastfeeding outcomes.

*Colostrums discarded*-Colostrums (thick yellowish milk) are regarded as dirty milk in some communities of Nepal, so it is considered harmful for the baby. Colostrum is rich in immune- globulin and depriving newborn babies of it could predispose them to infections and under nutrition. The foremilk may also be discarded in subsequent feeding.

*Both animal and human breast milk*-In addition to breast milk, babies may be fed with cow's or goat's milk immediately after birth. The popular belief is that these will make the baby more intelligent. Buffalo milk is not preferred because it is thought to make you dull. However, guidelines recommend that babies should be exclusively breast fed for the first six months of their life.

*Early bathing*-Newborn babies are considered dirty because they come out of their mother's womb. Almost all the newborn babies are bathed within the first hour of birth. This may lead to hypothermia. WHO recommends that bathing should not be carried out before six hours after birth and preferably on the second or third day of life, as long as the baby is healthy and its temperature normal.

*Delayed wrapping*-Wrapping babies may be delayed in many cases. The usual practice is to wait for the placenta to deliver before cutting the umbilical cord and wrapping the baby. WHO recommends that after birth the baby should be immediately dried with a dry towel, including its head, while the cord is still attached. (Sapkota, 2003: 65) Sapkota talks about the technical aspect of the neonatal care while exploring the cultural aspect of the child care is one of the objectives of this research.

Exorcism is the act of getting rid of an evil spirit from a place or a person's body by prayers or magic. The act of exorcism involves the expulsion of an evil spirit or

demon who has taken residence inside a person. As an activity designed to rid a person of negative influences affecting their mental state and behavior, exorcism is remarkably like psychological treatment. (Dombeck, 2008)

Dombeck in his article Exorcism: When is it appropriate? Mentions that exorcism is like psychological treatment however such treatment is different from mental treatment and mental disease.

### **2.3 Context of Nepal**

Neonatal mortality has remained fairly constant in Nepal despite falling infant mortality. The neonatal mortality rate (NMR) is 39 per thousand live births. Most of the neonatal births are home based. A study in Makwanpur district has shown that traditional practices expose newborn infants to a risk of hypothermia (condition in which body temperature is much lower than normal), cord cutting implementations were often unclean and drying and wrapping of newborns infants was usually delayed (Yadav, 2002).

This study in Makwanpur explored how and why different traditional practice in child care brought the risk to children. As the research was medical based, the cultural aspect of child care was not addressed. The old ways are not always wise ways. Modern expertise can reduce mortality (Yadav 2002).

A questionnaire survey on 'Home delivery and newborn care practice among urban women in western Nepal has concluded that high risk home delivery and newborn care practices is very common in urban population also. The high risk traditional newborn care practice like delayed wrapping, bathing, mustard oil massage, pre-lacteal feeding and discarding the colostrums need to be addressed by culturally acceptable community based health education programmes (Sreeramareddy 2006).

This research had realized the cultural sensitivity of child care; however, the cultural conception was not significantly taken into account.

The efficacy of oil massage was studied in detail in this study. Oil massage is an integral part of child care in Nepalese society. This fact is portrayed in detail in the study. As all kinds of traditional child care methods are interlinked; and an

anthropological insight was lacking in the study conducted in Sarlahi district of rural Nepal, the necessity this research was realized.

A study conducted in Bangladesh in 1999 titled 'Acceptability of Massage with Skin Barrier-enhancing Emollients in Young Neonates in Bangladesh' has reported that Emollient Ointments provided in the hospitals is more beneficial than the tropical oils. The report also highlighted that these oils may vary from potentially beneficial, e.g. sunflower seed oil, to potentially toxic, e.g. mustard oil.

The study conducted in Bangladesh, though talks about the benefits of the moisturizers provided in the hospitals, the benefits of mustard (or other kinds of oil) oil massage is ignored which is widely practiced in South Asian regions.

Care of newborn especially during the first 28 days of life is vital in determining the survival and health of the child. There are a number of socio cultural and traditional practices, local beliefs and taboos, which influence the quality of newborn care at home. Such practices strongly influence the morbidity and number of deaths during the neonatal period. A study conducted in Dhading and Nawalparasi has studied on various aspects of neonatal care like first cry of the baby, hygiene and warmth, breastfeeding, oil massage, putting *kajal* on eye and other general health of neonates. (Thapa, 2006: 181).

Munu Thapa's study is significant and valuable which explores the cause and effects of traditional methods of neonatal care. As the study is medical based it was successful in exploring medicinal facts about neonatal care. This study was conducted under the conception of traditional child care system.

In Nepal the traditional care is very common. Some of the traditional care are scientific and based on natural body structure and human body system. Some are based on psychology and religion. The existing practice in Nepal are Allopathic, Aayurvedic, exorcism, homeopathy, yoga, natural medicine, herb and root system, Greek medicine, Seimekyo, Zoreii, Acupuncture etc. The treatments without scientific methods are: *Jhankri*, *Dhami* Traditional Healers and *Lama/Pundits*. *Dhami* and *Jhakri* do the psychological treatment whereas traditional healers treat by mantra by using ash, incense, broom etc. they treat the '*bigaar*' ( the state of loss of appetite and indigestion) to evil eye. Massaging the painful area with ash is a good and scientific

method. Lama and pundits see the planetary positions of a person and suggest doing *puja* and other methods to protect oneself from weaker planetary position. Making the angry planets calm and peace (*Graha Santi*) in birthdays for good health and long life is a very common custom in our society. (Prajapati, 2004: 305).

The traditional treatments with scientific procedure are Aayurved, Yoga and Herbal medicines. The Aayurveda is the oldest treatment system as it is believed that it was propagated by *Bramha* (The creator of the life on Earth) himself. In this system of treatment different medicinal herbs and plants are processed and manufactured with right composition. Herbal medicine is a system of treatment in which different roots, fruits, seeds, steam, leaves, bones, meat and different minerals are used. Most of the home based treatment is Herbal Medicinal system. Such treatment can be harmful if not taken in right amount and right on for right disease (Prajapati, 2004:313).

Prajapati in her book “Community health nursing” mentions about different methods of traditional beliefs and practices that are meant to enhance the health and hygiene of the children. The cause and effect relation behind these practice are studied in this research.

According to Dr. Joshi, treating diseases through Exorcism, *Tantra* and *Mantra* is based mainly on victim’s strong trust and belief on evil spirit making them sick, which could be treated only by Traditional healers and shamans. The ‘belief’ is the strongest thing in the world, which can cure any kind of disease as witch and evils are the weakness of heart whereas these treatments are self-strength.

Joshi talks about the psychology behind the belief, on the disease and their treatment. However there are scientific reasons behind some of the traditional practice, in fact these are the adaptive feature according to the environment and geography.

## **CHAPTER: THREE**

### **RESEARCH METHODOLOGY**

This chapter deals with the procedure and technical part of the study. It will consist of Research design, Selection of the Study Area, Nature and Source of data, Universe, Sample and Sampling procedure and Techniques and Tools of Data Collection.

#### **3.1 Research Design**

The research design deals with the road map of the study. Qualitative technique of data collection was used. Qualitative technique was used to explore what people believe about child diseases and to find out the sources of health care along with the social and cultural practice of the local people. It serves as a frame work for the study, guiding the collection and analysis of the data. The research design then focused on the data collection procedures, research instrument utilization and the sampling plans to be followed specifically speaking research design describes the general plan for collection and analysis of data.

#### **3.2 Selection of the Study Area**

Tikapur is a city in Far-western Nepal .It is a beautiful city located in the Seti Zone in Kailali district. It was established in 2053 B.S and is divided in 9 wards. It lies in the Eastern part of kailali district and near the Karnali River. It is one of the Municipalities declared on 17 Magh, 2053 B.S.

Tikapur municipality of kailali district was chosen as the study area. It is a sub-urban area. People of Tikapur of kailali district neither follow modern life style nor the village type completely. Hence, it was an ideal place to study about the traditional beliefs and practices in child care in a comparative way. So, their practice of child care includes both traditional and modern techniques. Its habitant's are heterogeneous population of different caste, ethnic group, religion and occupation. It also accommodates people having high economic status to very poor. For the convenience and easy access this area was chosen.

Tikapur is a municipality in Kailali District in the Seti Zone of western Nepal.

According to the CBS (2011), Tikapur Municipality had a population of 76,114 living in 11,630 individual households. Among which 12% belong to the Dalit caste, 36% are ethnic minorities and the remaining 52% compose of Brahmins, chhetris and other castes. The annual population growth rate of Tikapur municipality is 5.16%.

Tikapur is the main business centre of the Seti Zone. It is the major business hub for Far Western Region of Nepal and is the major provider of education, health and employment opportunities in the west Nepal.

The Tikapur Hospital in Kailali district constructed a new maternity building with a financial support from the Korean government. 26-bedded hospital building has been upgraded to the capacity of 51 beds. During the ceremony, the officials hoped that the health facility could better deliver health services to the general public in the area after the inauguration. Tikapur hospital, sudurpaschim dental hospital, SATHI Hospital and other small scale hospitals and clinic provide health care.

Similarly, Tikapur Multiple Campus, Shree Jana Jagriti Higher Secondary School Tikapur, and other colleges provide advanced education. Tikapur is well connected with other major cities of Nepal. Local transport includes Cycle, Rickshaws, motor cycle auto-rickshaws and Public City Buses.

### **3.3 Nature and Source of data**

Nature and Source of data of this research is both primary and secondary data. The data required for the study will be collected from questionnaires, websites and publication. Communication with household, experts and other source were also considered for the study.

The natures of primary data are both qualitative and quantitative. Primary source of data are the data which are original in nature collected by direct visit by the researcher to the field. These data were not used by other people and used by the researcher for the fulfillment of her research work. In this research work, some data were collected through questionnaire as well as interview with the concerned group by the researcher for the special need of this report work.

Data already used are the secondary source of data. Following are the main secondary

source of the data of traditional Beliefs and Practices of Child Care used in this study. Annual report published by newspaper, magazines, websites, booklets and related articles of daycare center.

### 3.4 Universe, Sample and Sampling procedure

There were 985 individual households and 5579 population in different 3 wards (ward no. 1, 2 and 3) of Tikapur municipality. Total number of HHs in ward no. 1, 2 and 3 is 402, 180 and 403 respectively. Out of 985 households, 400 households follow traditional care for treatment of their child. From 400 households, 100 households were taken as a sample as per snowball sampling method having at least 1 child under 5 years.

**Table No. 3.1 Total HHs and Percentage of HHs in study area**

Ward	No. of HHs for study	Percentage of HHs for study
1	35	8.75
2	25	6.25
3	40	10

Source: CBS,2011

Different caste groups in Tikapur municipality were chosen including *Chhetri*, *Brahmins* and other castes. Tikapur municipality is the area situated in Far Western part of Kailali.

### 3.5 Techniques and Tools of Data Collection

The data for the study are collected by using the following techniques:

#### a. Interview Schedule:

Interview schedule was designed to interview the local respondents to know their vital status, traditional methods they use for child care and treatment, how do they understand disease and define treatment. Structured questionnaires with close ended questions were used to interview the local respondents. The format of interview schedule has been attached in the annex I.

## **b. key informant interviews**

Key informant interviews were conducted in order to get the history and current status of the traditional health care system of child. These traditional practices have been affected by the various present child care practices and the effects of different factors. A key informant interview has helped to contextualize the information taken from the study area by using other methods.

In order to meet the basic objective of the research as well as to accumulate data about traditional beliefs and practices of child care 4 persons from different area were interviewed. Elderly people, doctors, NGOs and INGOs officials working on child care and traditional healers were interviewed for in-depth information pertinent to the study.

Elderly people describe perception and traditional and cultural belief for different child care practices in the study area. Doctors tell when and in what condition people of study area visit hospitals or private clinic. NGOs and INGOs officials working on child care tell the child care method in the study area. A traditional healer explains the traditional belief and practices in child care diseases and illness and treatment.

The format of interview schedule has been attached in the annex II.

## **3.6 Data Analysis and Presentation**

The data collected through various techniques were systematically processed and analyzed in terms of different steps. First of all, the data were processed or edit with verification. Secondly the edited data were categorizes as quantitative and qualitative. Thirdly quantitative data were tabulated with simple tabulation methods. Fourthly, the qualitative data were incorporated with the quantitative data in terms of various topics and sub-topics. Lastly both type of data were systematizes and analyze with the examination of relationship between dependent and independent variables.

The quantitative data regarding population, education, age and sex composition were processed tabulate and analyzed with use of simple statistical tool like percentage and so on. The Qualitative technique was used to explore what people believe about child diseases and to find out the sources of health care along with the social and cultural practice of the local people. It severs as a frame work for the study, guiding the collection and analysis of the data.

## **CHAPTER: FOUR**

### **DATA PRESENTATION AND ANALYSIS**

The collected information and data were edited, classified and presented in tabulation form and figures. The whole chapter has been organized as:

- 4.1 Profile of the respondents
- 4.2 Existing practice of child care treatment
- 4.3 Cultural perception on different kinds of diseases
- 4.4 Social and cultural influence on health

#### **4.1 Profile of the respondents:**

Tikapur Municipality is green and clean City lies in Kailali district of Province No.7, Seti zone situated at 14 km From South Mahendra Highway and 14 km North From India. It is Surrounded by karnali river in East, Janaki Rural Municipality in North, India in South and Bhajani Municipality in West. It Covers 122.12 sq.km. According to Population Census 2068 B.S(2011 A.D), total Population of This Municipality is 76,114(36,245 Male and 39,869 Female). Among which 12% belong to the Dalit caste, 36% are ethnic minorities and the remaining 52% compose of Brahmins, chhetris and other castes. The annual population growth rate of Tikapur municipality is 5.16%.The most of respondent were engaged on Agriculture, Some are on Trade and Few people on Service. The Human Development index (HDI) of this Municipality is 0.409 approx.(UNDP,2009). The Per Capita Income of this Municipality is 725 \$ Approx. Tharu, Chhetri, Bhramin, Dalit and Magar are Major Caste of the respondents. They have Different Culture and Tradition like Maghi, dashin, Tihar, Holi, Christmas etc. They Follows Different Religions like Hinduism, Christian , Buddhists , Islam etc.

All the respondents were female whereas their husbands were involved in different income generating occupation and out of the country or home for employment to get better income as well.

### 4.1.1 Religions

There is no doubt that the religion of a people directly affects the child care treatment. The religions of respondents were shown in following table:

**Table No. 4.1 Percentage of Respondents by Religion**

S.N	Caste	Number Of Respondent	Population (Percentage)
1	Hindu	82	82
2	Buddhist	9	9
3	Christian	6	6
4	Muslim	3	3
Total		100	100

Source: Field Survey, 2017

The numbers of respondents were 100. Most of the families consist of nuclear family, but from each household one respondent having at least one child less than 5 years is taken as study respondents. However in a joint family there are more than one respondent. Out of 100 respondents 82 percent respondents belong to *Hindu*, followed by *Buddhist* 9 and *Christian* 6 and Muslim 3.

### 4.1.2 Ethnicity composition

Ethnicity of people affects the method of child care treatment. The following table shows the ethnicity of respondents:

**Table No. 4.2 Percentage of Respondents by Ethnicity**

S.N	Ethnicity	Number Of Respondent	Population (Percentage)
1	Brahmin	36	36
2	Chhetri	32	32
3	Tharu	24	24
4	Dalit	8	8
Total		100	100

Source: Field Survey, 2017

Above table shows that ethnic distribution of respondents. Among the total respondents, Brahmin is the highest. Brahmin contains 36 followed by Chhetri 32. The third position is occupied by Tharu 24 and the Dalit has lowest proportion 8.

### 4.1.3 Education Level

Education is the key indicator for reforming society and upgrading its economic and social status. Education enhances the ability and capacity of human being to judge right and wrong. It also plays the vital role in decision making process in the society. In most of the cases, it can be seen that higher educational status played dominant role in the decision making fields. Those voices are respected who are educated and having higher educational background of the family.

Thus Education of the respondent also affects the child care treatment method.

The following Table indicates the educational status of the respondent's family:

**Table No. 4.3 Educational Level of respondent's family**

S.N	Education Level	Number Of Respondents	Population (Percentage)
1	Illiterate	18	18
2	1-5	40	40
3	5-8	20	20
4	8-10	10	10
5	10-12	7	7
6	Above 12	5	5
Total		100	100

Source: Field Survey, 2017

The educational status of respondents family members are divided into six categories upon which 18 respondents were illiterate, 40 number of respondent were between 1 to 5 class, 20 number of respondent were between 5 to 8 class, 10 number of respondent were between 8 to 10 class, 7 number of respondent were between 10 to 12 class and 5 number of respondent were above 12.

#### 4.1.4 Monthly Income Status

Income level of respondents is primary indicator of economic status of the individual, family and society as a whole. Therefore the income also makes the impact on the social status.

Monthly Income of the respondent can affects the child care treatment method. In the study, the monthly income of respondents was assessed as they reported during the interview with them. The monthly income status of respondent is shown in following table:

**Table no.4.4 Monthly Income Status of respondents**

S.N	Income Level	Number Of Respondent	Percentage
1	Up to Rs. 4,000.00	10	10
2	Rs.4,000.00 to Rs 7,000.00	29	29
3	Rs7,001.00 to Rs.10,000.00	42	42
4	>Rs.10,000.00	19	19
	Total	100	100

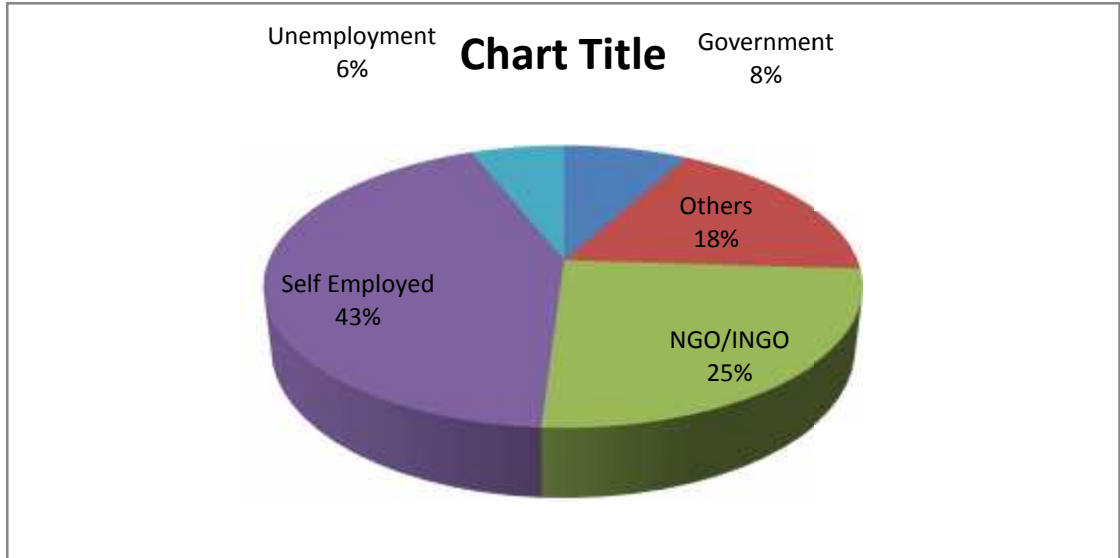
Source: Field Survey, 2017

The income status of respondents are divided into four categories which are Up to Rs. 4,000.00, Rs.4,000.00 to Rs 7,000.00, Rs7,001.00 to Rs.10,000.00 and >Rs.10,000.00. 10% respondents monthly income level Upto Rs. 4,000.00 which is very low. And 19% respondent's family earns more than 10,000.00 which seem to be high income level.

#### 4.1.5 Employment status

Employment status represents the economic status of respondents. Employment considered as main sources of income. Employment status affect way of child care treatment method

**Fig no. 4.1 Employment status of respondent**



Source: Field Survey, 2017

Out of 100 respondents, 43 % of respondent were Self Employed, 25% were employed in NGO/INGOs, 18% were employed as others (such as labor, servant), 8% were employed in government sector and remaining 6% were unemployed.

#### **4.2 Existing practice of child care treatment**

With modernization, medical science has developed lots of methods and medicine for treatment. However, in underdeveloped countries like Nepal, people are even depending upon the traditional method of diseases. In our counter people have no easy access to modern medical method for treatment of diseases.

Child Care and Child Treatment are differently prioritized by the people in the Tikapur Municipality. Most of the time child care is not a compulsory issue. However treatment is a mandatory thing. When a child suffers from some kind of disease, it must be treated. The problem created by illness must be solved but in many cases it was observed that people were not much conscious about taking precautions, though taking precautions that is caring of child avoids being ill. In case of child care, people believe that traditional methods are better and sufficient.

On the basis of process and resources used the traditional child care methods can be categorized into following types:

### 4.2.1 Oil Massage

Oil massage is a very important, happening and obligatory method of child care, in Nepalese society so as in the Tikapur. The oil used is mustard oil, however the oil of rape-seeds (*raayo*) is used after it is exorcised, for the purpose of treatment of evil spirit. The use of commercial oil especially made for babies and child, though rare is growing. All of the respondents were used oil for massage whereas majority of the respondents were used Johnson's baby oil, one of them were used *Dabar Laal Tel* (Red oil with herbs) together with mustard oil. According to Dr. Shree Krishna Shrestha oil massaging is a good practice and has many good impacts, the massage makes the baby fresh and stretching baby's body gives him comfort.

#### a. Procedure of Oil Massage

The mustard oil is generally heated before applying. Different spices like fenugreek seeds (*Methi*), Cara-way seeds (*Jwano*), Garlic (*Lasun*), Nutmeg (*JaaiFal*), and Anise (*Mungrelo*) are fried in preheated oil. These spices are fried to balance heat and cold of the body. The regular use of Nutmeg (*JaaiFal*) is believed to prevent children from pneumonia. Whereas garlic is fried for massaging the swollen areas but garlic was avoided in open wounds and cuts. Oil especially in summer is not heated as heated oil in summer is considered to produce prickly heat. Oil is also made warm in the sun.

**Table No. 4.5 Percentage of Respondents who use different Spices for avoiding different problems**

Name of Spices	Number of Respondents	Percentage
Fenugreek Seeds	100	100
Cara-way seeds	90	90
Anise	79	79
Nut-Meg	54	54
Garlic	42	42

Source: Field Survey, 2017

(Note: Number of respondents may exceeds more than 100 due to multiple response question)

From above table we can found that all the respondents use *Fenugreek seeds in oil for oil massage*. Cara-way seeds used in oil massage by 90 percent of the respondents. *Anise* is another spice used by 79 percent of the respondents. *Nut -Meg* is used by 54percent of the respondents. Then the *Garlic* is used by 42 percent of the respondents.

From the above table we can analyze that *Fenugreek seeds* are widely used for the purpose of oil massage. All the respondents use this spice for the purpose of absorption of the coldness of the body. *Cara -way seeds* are so popular in post-natal care. It is a major ingredient of mother's food during post-natal period. Respondent thinks that oil massage a baby by mixing Cara-way seeds makes the bone strong of baby. Garlic is used in swollen areas of babies. Anise is used for balancing hot and cold of babies body. Respondents also believes that Nut- Meg is used for Protects from Pneumonia. All of these spices are not used together but according to the necessity.

The warm oil is massaged all over the body of child. The applying of oil required to initiate from head and to end at toe. A handful of oil is poured into the palate (*Talu*) of head and dabbed softly. The popular rhyme, '*tete bhij bhijnanibadhbadh*' is sung at the time of dabbing the palate. This rhyme means let the oil get absorbed and you (child) grow. Palate and toe are considered very sensitive for the entrance of cold so they are massaged carefully for longer time. The oil is put in ear and sometimes even in eye and nose. The naval, vagina and anus are also cleaned with mustard oil. The oil massage is performed in the sun and in front of fire. The sun in winter is considered very healthy and the babies are kept exclusively in the sun in winter.

### **b. Frequency of Oil Massage**

The frequency of oil massage depends upon the age of children, season and weather conditions. Oil massage is intensive for the neonates and babies below one year. The frequency of oil massage is greater in winter season and cold weather.

**Table No. 4.6 Frequency of Oil Massage**

<b>Age of the child</b>	<b>Frequency of Oil Massage</b>	<b>No. of Respondents</b>	<b>Percentage</b>
<b>Below 6 months</b>	2-4 times a day	100	100
<b>Below 2 years</b>	At least once a day	75	75
<b>Above 2 Years</b>	Situational	93	93

Source: Field Survey, 2017

\* Due to multiple response questions, percent may exceed more than 100.

All of the respondent oil massaged their baby 2-4 times a day, below 6 months. 75 percent answered that they oil massaged their baby at least once a day after 6 months and 93 percent answered that the oil massage is situational after 2 years of age.

From above table we can analyze all the respondent oil massaged their baby to enhances smoothness of skin and protection of dryness of skin of baby. The respondent also oil massaged their baby that they think oil massaged increases the appetite of baby and bones become strong and baby starts toddling. The respondent also oil massages their baby to protect from cold. Babies above 2 years oil massaged in winter and during cold days or if a child suffers from cold and cough and after bath.

#### **4.2.2 Putting *Gaajal* on Eye**

In our society putting *Gaajal* means being beautiful. It is a cosmetic tool for women but has medicinal value for children. Putting homemade *Gaajal* on eye is a traditional method of care of eye as home based has medicinal value. The home made *Gaajal* is supposed harmless as different spices are used in making it at home. Homemade *Gaajal* make the eye cool, black and cleans the dirt of the eye. It is believed that brown eyes are not beautiful, and people with brown eyes are considered unfaithful so it is highly recommended to make them black by putting *Gaajal* excessively. It is also used in Conjunctivitis.

According to Dr. Shrestha, putting *Gaajal* on eye is not a safe method of protecting eye of the baby and it is much unsafe during conjunctivitis. Sixty eight percent of the

respondents answered that they use homemade *Gaajal* to care the care. Homemade *Gaajal* is exclusively used for infants below 6 months as it is harmless and protects from cold.

### 4.2.3 Bathing of the Baby

Bathing of the babies is considered very sensitive because bathing may cause the lost of 'saato' so the babies are whispered 'saatoaayo' which means let the 'saato' return during bathing.

**Table No. 4.7 Bathing of the Baby**

<b>Bathing with</b>	<b>Number of Respondents</b>	<b>Percentage</b>
Baby Soap and Shampoo	68	68
Any kind of Soap	20	20
Others (pina, soap, shampoo, sour curd etc.)	12	12

Source: Field Survey, 2017

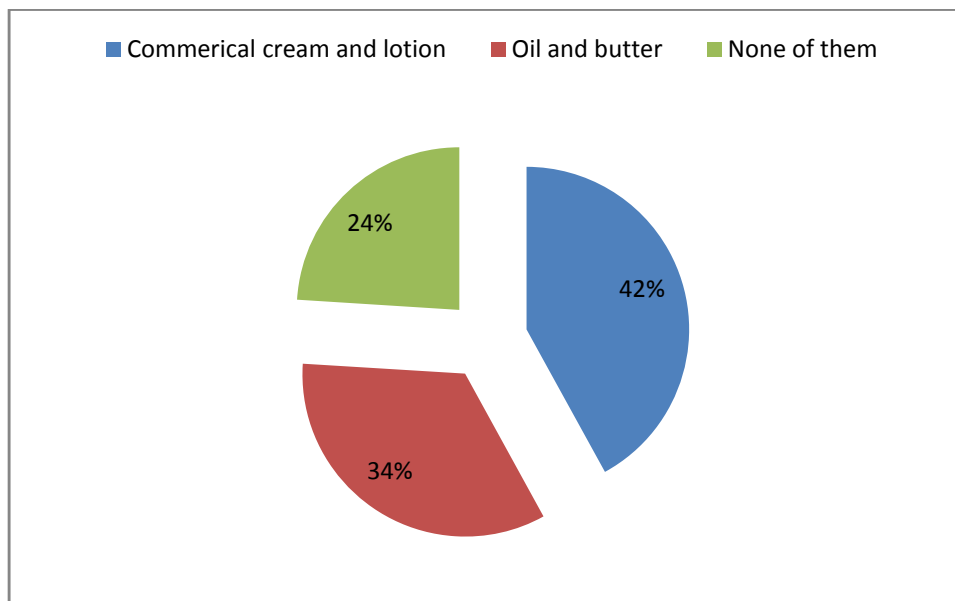
From above table we can find that out of 100 respondents, for bathing purpose, 68 percent use soap and shampoos made for babies and children. Whereas 20 percent of the respondents use any kind of soap for bathing. 12 respondents answered that they use rice flour and sour curd and sometimes remaining of mustard seeds after the oil has been oozed (*Pina*).

As bathing produces cold in the baby's body, they are cared especially in that particular day by oil massaging in which different spices has been fried, giving hot soups of caraway seeds and making them warm in the sun or in front of fire. Most of the respondents are using soap and shampoos made for babies and children to clean the dirt of body and dandruff of head for children. Some respondent used any kind of soap for bath of their babies. Some respondent tells that frequent use of baby soaps can make your babies skin dry so that they use homemade product such as pina for bath of their babies.

#### 4.2.4 Skin care

Oil massaging itself is a care of skin. However majority (42%) of the respondents were used commercial cream and lotion that is especially made for babies and children 34 percent of the respondents use butter especially in cracked skin of the babies and children. rest of the respondents (24%) do not use anything particularly for skin care.

**Figure No. 4.2 Skin Care**



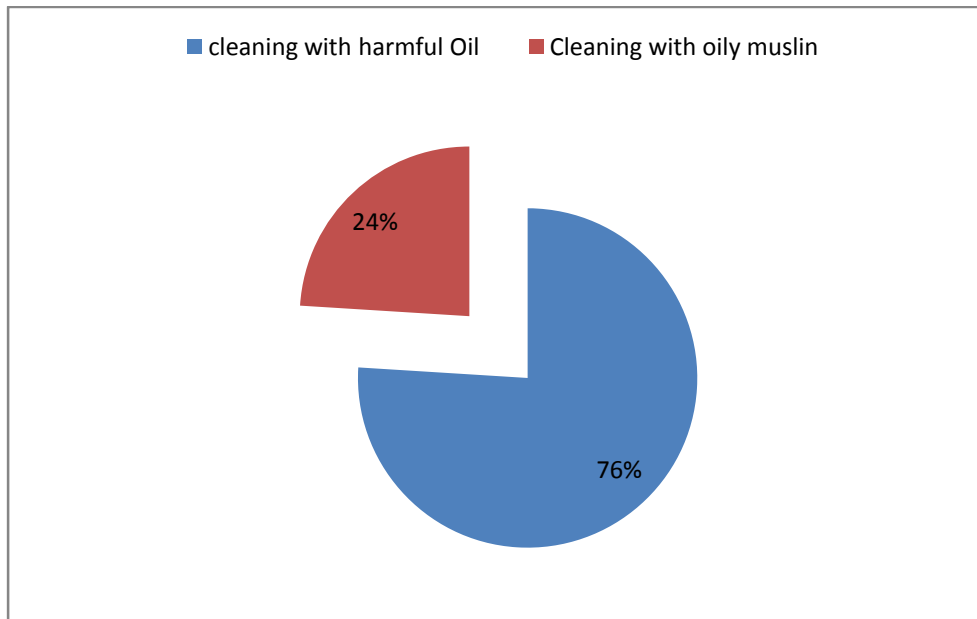
Source: Field Survey, 2017

We can analyze that everyone has their own natural baby skin care philosophy. Most of the respondent using commercial cream and lotion for caring of their babies skin. Some respondent used oil and butter for cures of skin of babies. Some respondent mentioned that regular oil massage itself cures the cracked skin and other skin problems like dryness and roughness.

#### 4.2.5 Care of Genitals

The following figure shows the way of caring genitals of child by the respondent.

**Figure No. 4.3 Care of Genitals**



Source: Field Survey2017

A handful of oil is poured in the genital of the baby girl and cleaned. Majority (76%) of the respondents were used such technique to clean the genitals. Sometimes the genitals are made warm by the spices packed in Muslin which is dipped into warm mustard oil; such technique is explained by 24 percent of the mother respondents.

We can analyze that the care of genitals is considered sensitive than that of other organs and much sensitive of baby girls compared to that of the baby boys.

#### **4.2.6 Blowing the nails of Neonates**

It is the belief that the nails of the newborns should not be cut with nail cutters or by other metallic cutters. If the nails of the newborns are blown by mothers in the morning before washing the face; the nails falls off. Fifty percent of the respondents said that they have blown their baby's nail for about a month but later they have used nail cutters, whereas remaining respondents said that they have used nail cutter.

#### **4.2.7 Caring the Babies Belly**

It is believed that the babies' stomach never gets oversized and the baby becomes slim even after he grows young; if the stomach is wrapped around with a muslin cloth (*Malmal ko Patuka*). This wrapping keeps the baby warm and protects the baby from cold.

#### **4.2.8 Pillow of Mustard seeds**

The mustard seed of about half kilograms (*ek mana tori*) is put in rectangular shaped clothes (about 15cm by 10cm) to make a pillow. The mustard grains are washed and dried properly in the sun before making the pillow. This pillow is supposed to make the baby's head as round as that of mustard seeds. This makes the head to absorb the oil from those seeds too, hence making the head strong. Ninety nine percent of the respondents answered that they have used mustard seed pillow up to 6 months of their baby's age.

#### **4.2.9 Cradle (*Korko/Jholungo*)**

Cradle, on which babies sleep and swing to and fro is very popular in Nepalese society. It is for the baby's entertainment. It is believed that it makes the baby sleep for the longer time and gives rest for the mothers. *Korko* is generally made up of bamboo sticks but that of iron and commercial beds are also used. The one which is made up of bamboo sticks is popular in Tikapur municipality. This type of hanging bed should be made in a day and is called *Korko*. Making of the *Korko* should be finished in one day. It is mostly started in the morning and finished in the evening. The day of weaving the *Korko* should be an auspicious day and the starting time should be an auspicious moment. The beliefs about *Korko* are as following:

1. This bed (*Korko*) should not be swing to and fro if the baby is not sleeping there.
2. It should not be kept empty at night. The things like broom and wicker (*Doko*) if kept on the *Korko* then an evil spirit cannot sit

there. The evil spirit gets scared of a wicker's big holes and runs away if there is a broom then the spirit pays obeisance to the broom as it is the custom to pay obeisance for the broom in Nepalese society.

3. The Cradle made out of clothes (bed covers, sacs) is called *Jholungo*. If the baby's head is badly shaped, that is not round then they are made to sleep in *Jholungo*.
4. If the fishing net is tied around the rope of the Cradle then it is believed to protect the baby from bad spirits and bad dreams.

#### **4.2.10 Feeding and carrying the baby**

To avoid illness infants are not feed with left hand or in a position that is opposite to the right hand. Similarly babies are carried with one hand positioned on the baby's back and the other on the front. Ninety nine percent of the respondents answered that they carry their baby in this way and all answered that both hands are kept on the back only for the dead body.

#### **4.2.11 Baby's emotions**

Babies during their first few months smile, cry, make their face, frightened and show different actions irrespective of anybody responding to them. It is believed that babies remember their past birth's sadness, happiness and other state of emotions and make their face according to the emotions they remember. It is also believed that each baby have their own invisible mother called "*Kutuni Buddhi*" who takes care of the baby. She makes the baby laugh, cry and frightened. So babies respond to the *Kutuni Buddhi* and laugh and cry with her. Babies cry as *Kutuni Buddhi* says to the baby that 'your mother and father (who gave birth) have died.' But after some time she says that it is not true and the baby laughs. The baby gets frightened as she tells the baby about ghosts and other scary things. However *Kutuni Buddhi* is an invisible loving mother of the baby.

Dr. Shree Krishna Shrestha, explains that babies show such emotions because babies start dreaming after a week or a two and recognizes mother within a month. So these emotions expressed are the reaction to the events that the babies visualize in his dream.

#### **4.2.12 Sign of getting sick**

There are certain convictions about children getting sick. It is believed that if the children press their lower lips by the upper jaw then it is the sign that they get sick. If mothers see baby laughing in their dream then also it is a sign that something wrong is going to happen to the child.

If mothers feel pain in their breast then it is believed that her children will get sick, no matter how much old are the children.

#### **4.2.13 Protection of *Saato* (The soul)**

The word '*Saato*' is derived from the Sanskrit word '*Satwa*' (*Saar+tatwa*) which means Sense or Consciousness. So the *Saato* of children should be protected. If a child is so much frightened then he loses the *Saato*.

To protect the child from loss of *Saato*, they are not moved or carried from one place to the other during their sleep because their sense goes out of the body during sleep. If the child is suddenly moved or carried during sleep then the child might loss the *Saato*. Dr. Shrestha says that it is indeed a good practice because suddenly interrupting baby when they are in sound sleep makes them frighten. A frightened person gets sick easily. Whereas in case of treatment traditional methods are acknowledged.

##### **a. Traditional Treatment method by traditional healers**

In the context of Nepali culture, the term “traditional healing” may include several methods that are applied by experts to cure the patients. The following table shows different traditional treatment method by traditional healers.

**Table no.4.8 Traditional Treatment Method**

<b>S.N</b>	<b>Treatment Method</b>	<b>Number Of Respondent</b>	<b>No of Respondents (Percentage)</b>
1.	Guru	44	44 %
2.	Dhami	22	22%
3	Mata	18	18 %
4.	Others(vaidya/tantric)	16	16%
	Total	100	100 %

Source: Field Survey, 2017

Above table shows the traditional treatment method. Out of 100 respondents 44% use guru, 22% use dhami, 18% mata and rest of the respondents use other treatment method for caring of their babies.

Now a day, due to cultural transformation, even Dhamis and other traditional healers have started to recommend patients to hospitals in case of emergency. Even today, in rural society traditional healers are practicing their jobs and somehow they are successful in treating people. Whether psychological or not is yet unknown, because I have myself witnessed while field visit, a healer calm down a baby, crying for hours, just by chanting his *Mantras* without touching her. There was no rationality behind it nor it was any trick, but it happened. The *Dhami/Jhankri* has no qualifications. They could be either literate or illiterate. They learned the treatment methods from their parents or by being disciples of senior *Dhamis*. Some *Dhamis* even say tales of being trained by the people of the jungle for several days to become a healer. However, people trust them and visit them mainly because it has been their cultural practice and are cheaper and available when needed. Being a part of the culture, is what makes traditional healing special.

#### **a. Traditional treatment method/ Medicines**

It is believed that the essence of the body has been captured by some power causing disease, destruction, and often, death. It is the healer who will try to release the soul or balance the system and make it function normally. Following table shows different treatment methods/medicines of the respondent.

**Table no. 4.9 Traditional treatment method/ Medicines**

<b>S.N</b>	<b>Treatment Method</b>	<b>Number Of Respondent</b>	<b>No of Respondents (Percentage)</b>
1	Jharphuk	17	17 %
2.	Worshipping deities	24	24%
3	Jadibuti	20	20 %
4.	Offering things & promise	25	25%
5.	Others(bali/ jantar mantar)	14	14%
	Total	100	100 %

Source: Field Survey, 2017

Above table shows the Traditional treatment method/ Medicines of respondents. Among the total respondents, 17% treated by Jharphuk, 24% Worshipping deities, 20% Jadibuti, 25% Offering things & promise and rest of the respondents treated buy others in the study area.

I can analyze that traditional healers have their own meaning of causes of illness and diseases. They have a diagnostic procedure called jokhana by which they determine cause and treatment. They treat mainly by worshipping deities, jharphuk, buti, jadibuti and offering things and promises. In my field visit a traditional healer described treatment procedure as:

I treat my patients by 'jharphuk' and 'phukphak' by chanting mantras. Usually, I give her or him 'buti' to wear over the neck or upper arm. Sometimes I give a 'jadibuti' medicine. I make 'buti' from plants leaves, stem, roots, and other materials. I put and cover these medicines in to nail sized small copper box and jammed with wax. I give them to wear on the full moon day (purnima) or new moon day (aushi). While doing a 'jharphuk', I do 'bhakal' to the deity by offering pigeons, guava, milk, sindoor, rice, sweets or goods.

### 4.3 Cultural Perception on Different Kinds of Diseases

Culture is defined as the system of values and norms shared by a group or society or that shaped by social knowledge. It is the collective consciousness - a way of acting, feeling and thinking by groups of people and shaped by a sense of shared customs, knowledge, beliefs and perceptions that define individual behaviors.

All *cultures* have systems of health beliefs to explain what causes *illness*, how it can be cured or treated, and who should be involved in the process. The influence of *culture* on health is vast. It affects *perceptions* of health, *illness* and death, beliefs about causes of *disease*, approaches to health promotion, how *illness*.

Cultural *perceptions* of *disease* have always prompted a search for attribution and responsibility but more importantly they bring into focus the concerns we have about the way. Cultural perception on different kinds of diseases is shown in following table.

**Table no.4.10 Cultural perception on different kinds of diseases**

S.N	Details	No of respondents	Percentage
1.	Dirty environment	22	22
2.	Traditional belief	18	18
3.	Lack of education and knowledge	17	17
4.	Lack of energy, physical weakness or immunity power	17	17
5.	Lack of care of the children	16	16
6.	Unhealthy and malnourished children	10	10
	Totals	100	100

Source: Field Survey, 2017

Above table shows that most of the respondent explains dirty environment is a reason of different kind of diseases. 22 percent of respondent have cultural perception on cause different kind of diseases by dirty environment, 18 percent respondent believe that different kind of diseases is caused by traditional belief, 17 percent explains that diseases is caused by lack of education and knowledge as well as lack of energy, physical weakness and immunity power. 16 Percent respondent thinks that disease is caused by lack of care of children. 10 percent respondent thinks that different kind of diseases is caused by unhealthy and malnourished children

All cultures have systems of health beliefs to explain what causes illness, how it can be cured or treated, and who should be involved in the process. There is different cultural perception for causing different kind of diseases such as fever Diarrhea, Whooping cough, Jaundice etc.

#### 4.3.1 Cultural Perception for causing Fever

Below table shows the cultural perception of respondent for causing fever to their child.

**Table no.4.11 Cultural perception for cause of Fever**

S.N	Details	No of respondents	Percentage
1.	Cold	95	95
2.	Becoming overheated from being dressed too warmly	75	75
3.	Spending too much time outside on a hot day	60	60
4.	Side effects of drugs	35	35
5.	Traditional/supernatural	25	25

Source: Field Survey, 2017

(Note: Number of respondents may exceeds more than 100 due to multiple response question)

The above table shows cultural perception for causing fever. 95 percent of respondent believe that fever is caused by cold. 75 percent respondent tells that fever is caused by becoming overheated from being dressed too warmly. 60 percent respondent explains that their child is caused by fever while spending too much time outside on a hot day. 35 percent respondents have cultural perception for causing fever is by side effects of drugs. And 25 percent of respondent thinks that fever in their child is caused by traditional or supernatural power.

Fiver in child is well recognized as common problems in study areas. Local people perceive and categorize child fever into several groups as per their understanding gained from prior experiences, stories from parents and other media. Child fevers are locally classified into *sardi ko jwaro*, *dokh*, *lagu/laganiko jwaro* and *aulo*. Severe and complicated form of fever is either interpreted as *dokh* in cultural meaning and

typhoid as biomedical concept. People categorize fever as mild, severe or typhoid, malaria, exertion and evil spirits, which are important for the recognition of illness.

#### 4.3.2 Cultural Perception for causing Diarrhea

Below table shows the cultural perception of respondent for causing Diarrhea to their child.

**Table no.4.12 Cultural perception for cause of Diarrhea**

S.N	Details	No of respondents	Percentage
1.	Dirt and lack of cleanliness	90	90
2.	Disposal of stool near home in open air	75	75
3.	Change in weather	65	65
4.	Carelessness of mother	45	45
5.	Traditional/supernatural	20	20

Source: Field Survey, 2017

(Note: Number of respondents may exceeds more than 100 due to multiple response question)

The above table shows cultural perception for causing Diarrhea. 90 percent of respondent believe that fever is caused by dirt and lack of cleanliness. 75 percent respondent tells that Diarrhea is caused by disposal of stool near home in open air. 65 percent respondent explains that their child is caused by Diarrhea due to change in weather. 45 percent respondents have cultural perception for causing Diarrhea is by carelessness of mother for their babies. And 20 percent of respondent thinks that Diarrhea in their child is caused by traditional or supernatural power.

There were varying beliefs of natural as well as supernatural origin among the mothers about the types of diarrhea. Lack of cleanliness, harmful foods/fluids, unhygienic behaviors and lack of proper child care were believed to be strongly associated with cause of diarrhea.

#### 4.3.3 Cultural Perception for causing Jaundice

Below table shows the cultural perception of respondent for causing Jaundice to their child.

**Table no.4.13 Cultural perception for cause of Jaundice**

<b>S.N</b>	<b>Details</b>	<b>No of respondents</b>	<b>Percentage</b>
1.	Cold	95	95
2.	Change in weather	82	82
3.	Dirt and lack of cleanliness	70	70
4.	Carelessness of mother	40	40
5.	Traditional/supernatural	20	20

Source: Field Survey, 2017

(Note: Number of respondents may exceeds more than 100 due to multiple response question)

The above table shows cultural perception for causing whooping cough. 95 percent of respondent believe that whooping cough is caused due to cold. 82 percent respondent tells that whooping cough is caused by change in weather. 70 percent respondent explains that their child is caused by whooping cough due to Dirt and lack of cleanliness. 40 percent respondents have cultural perception for causing whooping cough by carelessness of mother for their babies. And 20 percent of respondent thinks that whooping cough in their child is caused by traditional or supernatural power.

In the study area mothers uses traditional oil massage under sunlight as a preventive and curative measure for jaundice. The perception of mothers regarding recognition, seriousness, causes and treatment of jaundice in their newborn babies mostly reflected their own misconceptions about this common neonatal problem.

#### **4.4 Social and Cultural Influences on Health**

This study set out to examine the socio-cultural, familial and environmental factors influencing health, eating habits and patterns of physical activity contributing to child and adolescent overweight and obesity

##### **4.4.1 Caring method:**

The table shows that the different in child care method of son and daughter

**Table no. 4.14 Different in care method of son & daughter**

S.N	Different Behaviors	No of respondents
1	Yes	25 %
2	No	30 %
3	Yes/No (Equal)	45 %

Source: Field Survey, 2017

The above table shows that different behavior in child health of his/her parents. A 25% parent shows the different behavior and they say yes. And 30% says no and rest of the parents says equal behaviors.

Parents show the different behaviors between son and daughter, Most of the parent shows equal behaviors in caring method of their son and daughter. Only some parents shows priority to their son than daughter for treatment. In Hindu society daughters are taken as liabilities. Very often parents want sons, not daughters. Sons and daughters are further discriminated in child care, foods, clothing, education, play work and social mobility. Parents do not want to invest money for daughter because they believe that she is someone's property, not theirs.

#### **4.4.2 Different Decision to follow traditional practices**

The below table shows the decision to follow traditional practices:

**Table no. 4.15 Different Decision to follow traditional practices**

S.N	Decision followed by	No of respondent	Percentage
1	Father	60	60
2	Mother	30	30
3	Others	10	10

Source: Field Survey, 2017

In the above table, different decision in child health of his/her parents to follow traditional practices. 60% fathers, 30% mothers and 10% others takes decision to follow traditional practices on child care.

Male have progressively attained dominance and the female have been pushed down to secondary position. They have no liberty to decide freely even in their own way. In the study area, Most of the father decides to follow traditional practices for treatment of their child than other family members and mothers.

#### **4.4.3 Health facilities or services that are available in vicinity**

**Table no. 4.16 Different health facilities or services that is available in vicinity**

S.N	Health Facilities	No. of respondent	Percentage
1	Hospital	45	45
2	Private clinic	30	30
3	Aayurvedic treatment	25	25

Source: Field Survey, 2017

The above table shows different health facilities or services that are available in vicinity. 45 respondents used hospital, 30 respondent uses private clinic and remaining 25 respondent uses aayurvedic treatment health facilities that is available in vicinity.

In the study area different health facilities such as hospital, private clinic and aayurvedic treatment centers were found. Most of the respondents prefer services from government hospitals for treatment of their child because they have to pay less money to government hospitals than private clinic and aayurvedic treatment.

#### **4.4.4 Precautions Taken by Lactating Mothers for the Babies**

Mothers from pregnancy to delivery, labor to post partum period have to follow several do's and don'ts. These proscribed and prescribed instructions are also based on culture. Different cultures have their own taboos and values about mother's precaution for their babies. As the belief about diseases and their treatment have its unique system within a culture, precautions for mother also have its own belief system.

During the lactating period mothers take various precautions for their babies'

health. They take special diet and avoid those diets which are supposed to harm the baby. Basically the diets are divided into hot diet and cold diet. The hot diet are supposed to be beneficial to the baby but the cold diet like fruits and some specific vegetables that are taken uncooked are considered harmful to the baby. The categorization of cold and hot diet is also culture specific. Some culture takes the same food as bad to new mothers whereas in other it is considered the best.

In Tikapur municipality of kailali, respondents answered that new mothers are believed very weak so they cannot digest rigid and stiff food. They are not allowed to have chewy food like beaten rice, roasted grains, because the teeth of new mothers are supposed very weak. If new mothers take such food than it is believed that it results dental problems later. The precautions taken by mothers and its reasons are tabulate as following:

**Table No. 4.17 Precautions taken by mothers for their babies and its reasons**

<b>Precautions</b>	<b>Number of respondent</b>	<b>Percentage</b>
Avoiding heavy diet during baby's illness	60	60
Avoiding long-time use of water	58	58
Avoiding chilly and sour food	56	56
Not having cold diet	49	49

Source: Field Survey 2017

(Note: Number of respondents may exceeds due to multiple response question)

From above table we can find that 60 percent of mothers avoiding heavy diet during baby's illness. 58 percent Avoiding long-time use of water, 56 percent of mothers avoiding chilly and sour food and 49 percent of mothers not having cold diet for their babies health care.

In the above table the cold diet refers to those diets which produce or suppose to produce cold. For example, certain kinds of fruits like bananas, watermelons,

citrus fruits are supposed to produce cold. Cold vegetables include spinach, pumpkins etc. Pomegranate among fruits and sponge guard among vegetable are considered best for lactating mothers during her initial period.

Hot diet includes soup of cara-way seeds. Caraway seeds are synonymous to lactating mothers because it is widely used in every diet of new mothers during her initial period of lactating. Other hot diet refers to mutton, chicken, Clarified butter (Ghee), soup of sprouted seeds etc. There is tradition of making special kind of porridge for lactating mother called '*Sutkeri masala*' in which different kinds of herbs are used which helps mother to gain the energy lost during labor and to maintain and fix back the position of the uterus after delivery.

Meat and special porridge are heavy diet which is avoided during baby's illness. Lactating mothers during their first one or two months are prohibited to work in water because it is supposed to produce cold to the mothers which later transfers to the babies through mothers' milk. There is a saying that "*Napugnelai chha mahina pugnelai barsadin.*" It means for the rich ones the new mothers should be cared and should not work for a year but for the poor it must be at least six months of rest and care.

According to the modern concept there is logic behind not playing with excessive water by new mothers. If mothers caught by cold then it easily transfers to the baby not through the breast milk but cold is a communicable disease. He further explains that avoiding most of the heavy diet during baby's illness is also not necessary. In fact they need to take more nutritious diet during baby's illness. In our context, most of the mothers cut off the nutritious diet like fruits and vegetable when the baby is ill or to avoid getting cold. But the truth is that fruits and vegetables help to fight against such disease. For example new mothers are avoided to take most of the nutritious diet during baby's Jaundice which is a malpractice. For new mothers it is important to take healthy diet not a heavy diet. Mother also avoids chilly and sour food because it is believed that it causes stomach ache to babies as well.

#### 4.4.5 Non-traditional medical intervention

**Table no. 4.18 Non-traditional medical intervention**

<b>SN</b>	<b>medical intervention</b>	<b>No. of respondent</b>	<b>Percentage</b>
1	blood transfusions	50	50
2	Injections	30	30
3	Surgery	10	10
4	Hospitalization	10	10

Source: Field Survey, 2017

Non-traditional medical intervention that the respondents not want to undertake is 50 percent for blood transfusions, 30 percent for injections 10 percent for surgery and 10 percent for hospitalization.

Most of the respondents not want to undertake non-traditional medical intervention for their babies is afraid and cost.

## **CHAPTER: FIVE**

### **SUMMARY, CONCLUSION AND RECOMMENDATION**

#### **5.1 Summary**

The basis of the present study is based on traditional beliefs and practices of child care in Tikapur Municipality Kailali, District of Nepal. This study has been conducted with throw objective to explore existing practices of child care treatment diseases and illness, to analyze cultural perception on different kinds of diseases and its remedies and to identify the social and cultural influences on health.

There were 985 individual households in different three wards (ward no. 1, 2 and 3) of Tikapur Municipality. Out of 985 households, 400 households follow traditional care for treatment of their child. From 400 households, 100 households were taken as a sample as per snowball sampling method having at least 1 child under 5 years.

People of Tikapur Municipality used traditional method as well as modern techniques of child care. Some techniques have proved out to be very effective and some are not. Use of local plants/herbs as medicine/Aayurveda, a spiritual treatment or Tantric and Reiki. All these techniques have been addressed as traditional methods of child care.

All cultures have systems of health beliefs to explain what causes illness, how it can be cured or treated, and who should be involved in the process. The influence of culture on health is vast. It affects perceptions of health, illness and death, beliefs about causes of disease, approaches to health promotion, how illness.

Child care practice also deals with the socio-cultural, familial and environmental factors influencing health, eating habits and patterns of physical activity contributing to child and adolescent overweight and obesity.

## **5.2 Conclusions**

From all above, it has been concluded that their practices such as Jharphuk, Worshiping deities, Jadibuti and Offering things and promises being followed by people for child care treatment with the help of Guru, Dhami, Mata, Vaidya and Tantrics. The practice of child care method of people of Tikapur includes both traditional and modern techniques.

It was found that in a specific culture there are some specific and recognizable diseases which are not found in another culture. The respondents have different perception on causing of different kind of diseases according to their culture.

Finally, Members of the study community believe that supernatural, natural and social elements are linked to ill-health causation of child. A successful integrated primary health care strategy should include strategies for supporting child needs in all three of these domains.

## **5.3 Recommendation**

After analyzing the findings, conclusion, knowledge of theoretical and practical, it can be further simplified that health care is no matter however traditional or modern, it is the technology of health care and culturally guided phenomena.

- ) In the study area situation of traditional child care system was found good regarding child but some caring systems were based on superstition, traditional norms and values.
- ) Keeping up-to-date of such traditional norms and values merging with modern health care practices would be better for the people where governmental and non-governmental health approach is available.
- ) On the contrary, where people are deprived with modern health facilities and compelled to living with superstitious norms and values, traditional healer, witch doctor, shamans should be given health training as well as concept of modern health system would be better for the child's rearing and caring.

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7. Income status

- i. Upto Rs. 4000
- ii. Rs. 4001to 7000
- iii. Rs. 7001to 10000
- iv. > Rs.10000

8. Employment Status

- i. Government
- ii. NGO/INGO
- iii. Self-employed
- iv. Unemployed

**II. Existing practices of child care treatment diseases and illness**

9. What is the existing practice for below listed child care treatment?

List of Child Care Treatment	Existing Practices
<p><b>Apply Oil</b></p>	<p>1. Do you oil massage the baby?</p> <ul style="list-style-type: none"> <li>i. Apply Daily (Why)</li> <li>.....</li> <li>ii. Sometimes (Why and at what situation)</li> <li>.....</li> <li>iii. Never (Why)</li> <li>.....</li> </ul> <p>2. What else ingredient mixed for oil massage?</p> <ul style="list-style-type: none"> <li>i. Only Oil</li> <li>ii. Add following objects-               <ul style="list-style-type: none"> <li>a. Methi</li> <li>b. Jwano</li> <li>c. Garlic</li> <li>d. Other .....</li> </ul> </li> </ul>
<p><b>Apply Kajol</b></p>	<p>1. Do you apply Kajol on baby?</p> <ul style="list-style-type: none"> <li>i. Yes (Why)</li> <li>.....</li> <li>ii. No (Why)</li> <li>.....</li> </ul>

	<p>2. If yes, what type of Kajol do you apply?</p> <p>i. Homemade (Why)</p> <p>.....</p> <p>ii. Bought in the market (Why)</p> <p>.....</p> <p>iii. Both (Why)</p> <p>.....</p> <p>iv. Others (Why)</p> <p>.....</p>
<b>Apply Shampoo and Soap</b>	<p>1. What type of shampoo and soap do you use to bath the baby?</p> <p>i. Any type</p> <p>ii. Shampoo and soap produced for babies</p> <p>iii. No use of shampoo and soap.</p> <p>2. If no use of shampoo and soap, what do you use? (Domestic Production)</p> <p>i. Rittha</p> <p>ii. Pina</p> <p>iii. Curd</p> <p>iv. Others:</p>
<b>Apply Rice flour</b>	<p>1. Do you use Rice flour to clean head (hair) of child?</p> <p>i. Yes</p> <p>ii. No</p>

10. If you go to the traditional healers, to whom you go?

- i. Guru
- ii. Dhami
- iii. Mata
- iv. Baidhya

11. Do you go to spiritual leaders prior to seeking medical attention for the treatment of your child?

- i. Yes
- ii. No

12. How do they treat/ What help do these traditional doctors provide to sick children or babies?

- i. Jharphuk
- ii. Worshipping deities
- iii. Jadibuti
- iv. Offering things and promises

### III. Cultural perception on different kinds of diseases

13. What is your cultural perception on below listed Diseases?

List of Diseases/illness	Cultural Perception
<b>Fever</b>	1. What can be the causes of fever ? ..... .....
<b>Common Cold</b>	1. What can be the causes of common cold ? ..... .....
<b>Diarrhea</b>	1. What can be the causes of Diarrhea? ..... .....
<b>Jaundice</b>	1. What can be the causes of Jaundice? ..... .....
<b>Apetite loss</b>	1. What can be the causes of Appetite loss? ..... .....

List of Diseases/illness	Cultural Perception
<b>Polio</b>	1. What can be the causes of Polio? ..... .....
<b>Whooping cough</b>	1. What can be the causes of Whooping cough? ..... .....

14. In your opinion, for what reason might baby and children get ill? (causes of children's illness)

- i. Illness is caused by uncleanliness or dirty environment
- ii. Illness is caused by unhealthy or malnourished children"
- iii. Illness is caused by lack of health education and knowledge
- iv. "Illness is caused by children's lack of energy, physical weakness, or immunity power"
- v. "Illness is caused by lack of care of the child
- vi. Traditional belief.....

**IV. To identify Social and cultural influences on health**

15. Getting thinner

Reason:

Symptom:

Method of cure:

16. Eyeing

Reason:

Symptom:

Method of cure

17. Get Frightened

Reason:

Symptom:

Method of cure:

18. Who in the family, usually takes decisions about whether to follow traditional practices.

- i. Father
- ii. Mother
- iii. Others(Grandfather, Grandmother)

19. Is there any difference in the care method of the son and the daughter?

I. Yes

II. No

III. If yes, what and why?

.....  
.....

20. What sorts of precautions taken by mothers for their babies?

- i. Not having cold diet
- ii. Avoiding long-time use of water
- iii. Avoiding chilly and sour food
- iv. Avoiding heavy diet during baby's illness

21. What sorts of foods should be avoided to grow a healthy child?

22. Is there any non-traditional medical intervention that you would not want to undertake? (Prompt: blood transfusions, injections, surgery, hospitalization)
23. If yes: why? (Prompt: afraid, cost)

**Guideline for Key Informants Interview Checklist**

Informant:

Position:

Organization:

Date of Interview:

**Interview Questions**

1. How do peoples in your area treat/care their child from different kind of diseases?
2. Can you describe any health facilities or services that are available in your vicinity? Which services are available and where?
3. Can you describe any illnesses that children in your village regularly suffer from?
4. Tell me about the traditional doctors in your community? How do they treat child?
5. What problem have you noticed for caring of child in this area?
6. What are the measures that may be taken to improve child health care in your community?