CHAPTER I: INTRODUCTION

1.1. Background of the Study

Every year, about 536,000 women die giving birth. In some poor nations, dying in child birth is so common that almost everyone has known a victim (Time, 2008:30-32). The United Nations has identified maternal health among its millennium development goals (MDGs). In this regard, targets set to be achieved by 2015 are reducing maternal mortality ratio by three quarters and achieving universal access to reproductive health (UN, 2007). Since Nepal's endorsement of the Millennium Declaration in 2000, the government has committed itself to making the necessary efforts to achieve the Millennium Development Goals by 2015 (NPC, 2006). It aims to reduce maternal mortality by 66% by the year 2015 to meet the Millennium development goal.

Nepal is one of the least developed countries with high maternal mortality ratios (Shrestha, 2008:1). The issue of maternal mortality in Nepal was highlighted in the World Disaster Report as being a neglected crisis. According to the World Health Statistics 2008, the most recent health statistics for World Health Organization's 193 Member States, Nepal's maternal mortality rate, as of 2005, lies at 830 per 100,000 live births. Nepal Demographic and Health Survey (2006) shows that 81% of deliveries take place at home. 18% of births take place in a health facility; 13% are delivered in public health facility, 4% in a nongovernmental health facility and less than 1% in a private facility. These national figures vary according to geographical location and the socio-economic status of the woman. For example, 48% of the children in urban areas are born in health facilities, compared with 14% in rural areas (MHP, 2007). Furthermore, delivery in a health facility also varies according to the ecological regions, where mountain areas report the lowest of 6% and the Terai and hill areas reporting 17% and 21% respectively. Such disparities are visible in other indicators as well, such as a rural neonatal mortality ratio of 48.5 per 1,000 live births, compared with the urban ratio 36.6 per 1,000 live births. This indicates that bleak picture is among the minority groups and people residing in remote corners. For instance, the maternal mortality rate is high among dalits followed by Muslim and Janajati community and these groups are at the lowest level with regards to accessing maternal health services and similar

is true among people living in remote village settings (Shrestha, 2008). My attempt of the present study whereupon I have explored the traditional birthing practices in a rural community of Panchthar district, and has described the interaction between traditional and modern birthing practices in the community, is due to this picture/context presented above and has addressed an important aspect of it.

1.2. Problem Statement:

As the majority of the population in Nepal is indigenous and rural and as Nepal has experienced modernity quite late, the socio-cultural setup is still blend of indignity and modernity. Thus, the health related practice in Nepal is also a blend of indignity and modernity (Rijal, 2008). To deal with problems related to maternal health two kinds of practices are found to be followed in Nepal: a) shaped and managed by traditional/indigenous attitudes and practices and b) guided by modern medicinal breakthroughs. Among them, traditional attitudes and practices are embedded in the group's customary practices. For example breast feeding in Nepal is culturally patterned, socially well accepted and ritually sanctioned (Bennett, 1977; Bista, 1967; Dahal, 1979; Paneru, 1981). This is similar to claims made by Singer and Baer that 'in all societies, reproduction and reproductive health are heavily invested with cultural meanings and values. The process of giving birth is culturally shaped and managed in all societies according to group understandings of appropriate birthing behavior' (Singer and Baer, 2007:10).

The practices guided by modern medicinal breakthroughs are introduced to the community by various governmental, nongovernmental and humanitarian organizations. This process started with the introduction of planned development process, which began in the 1950s by state apparatus and it helped to bring massive, though not complete, change in socio-cultural, economic, and political structures. 'After 1951, many ambitious plans were made for establishing a number of well-staffed health institutions in various parts of the country' (Subedi, 2001:133). This process of introducing modern medical practices blended in the broad development process is influenced by the belief that 'attention to health helps to improve the quality of manpower essential for national development. Various NGOs, INGO and humanitarian organization helped the government of Nepal towards this process. This process intensified with the introduction of millennium development goal. Even though marking differences between these two therapeutic practices can be observed, the two exists for the same

goal, safe delivery. Thus, the assumption while conducting this study is that these two different practices, since addressing same issue are interacting with each other and 'influencing' one another.

In the context of assumption presented above, the central theme of the proposed study is to explore the traditional attitudes and practices among women residing in Yangnam with regard to pregnancy and delivery care and to understand how these practices dealing with pregnancy and delivery care are interacting with modern health care interventions introduced through Safe birthing center. In this regard several questions become pertinent to research theme:

What do women do when they are pregnant?

What is the knowledge that guides their acts during pregnancy and delivery care?

Where do women in Yangnam give birth? And what motivates them to choose a particular birthing place?

How have women perceived the differences between giving birth at home and at birthing center?

How do the health professionals take the traditional attitudes held by women regarding pregnancy and delivery care?

How do the traditional birth attendants take the modern health care practices practiced by safe birthing center?

1.3. Objective of the Study:

In line with the above mentioned research questions, this study has two-fold objectives.

a. To document the traditional attitudes and practices among women in Yangnam with regard to pregnancy and delivery care.

b. To describe how their customary practices interact with the maternal health interventions provided by the safe birthing center.

1.4. Significance of the Study:

Millennium Development Goals claim that 'efforts to reduce maternal mortality needs to be tailored to local condition' (UN, 2007:17). The understanding generated through this study about Yangnam women's practices regarding pregnancy and delivery care and various aspects of its domain addressed by this study, will be applicable in tailoring all the efforts towards improvement of maternal health of mothers in Yangnam as 'healing requires a legitimated, credible and culturally appropriate system' (Mildred Blaxter, 2004:43 in Singer and Baer, 2007:1). Similar idea is shared by Bennett while sharing the significance of her study at Dhungagoun. She claims:

"It is my belief that an understanding of traditional practices regarding illness will facilitate the attempt to introduce new conception of illness and its treatment in Dhungagoun will be of use to those engaged in Nepal's medical development efforts" (Bennett: 1976).

Trying to locate traditional methods employed in pregnancy and delivery cares in relation to the modern approach has been only recently identified. Similar to this, though various studies have been done in Nepal to understand and facilitate women's reproductive health, this kind of study has been minimal. It is in this context that this study is significant to generate knowledge of pregnancy and delivery care related issues in rural setting of Nepal and will be an important contribution to the applied medical anthropology in Nepal.

1.5. Theoretical Framework:

I draw on the theoretical framework of Justice (1989) to look at health from the perspective of development culture. Her book Policies, Plans and People (1989) discusses whether development projects aimed at bringing changes in the lifestyles of people are culturally appropriate or not. Based on the long experiences of working in development settings, her aim is to merge the anthropological knowledge with development and planning knowledge to invite the positive outcomes for the community people.

I, like Justice, have discussed and debated about the cultural appropriateness of the development projects (in my case safe birthing center and practices followed and promoted by it) with regard to health (in my case maternal health especially health of mother during pregnancy and delivery). Moreover, like her, I am prone to look at the health-culture relation. Her focus is only on biomedical system and its linkage with larger socio-cultural structures, i.e., national and international bureaucracies as a part of cultural system. My aim, throughout this present study, is to look at the interaction between traditional practices and modern medicinal practices trend as mediated through larger national socio-cultural structures.

I have intensively referred the "medical pluralism", to make sense out of the information I brought from the field. Medical Pluralism refers to the presence or availability of plural medical systems in a community, society or nation. It is 'the coexistence of a highly elaborate array of medical traditions at both the conceptual and the practical level' (Singer and Baer, 2007: 121-22). This study has covered the coexistence of traditional and modern birthing practices in Yangnam. Through this study an attempt towards understanding the interaction between different medical practices in a medically pluralistic society has been made. The study also aims at unfolding the interactive and reciprocal relationship between different birthing practices and tries to find out whether there is an 'overlap in medical systems themselves' (See Sobo and Loustaunau, 1997:94) and whether they are 'to some extent similar to one another' (Acharya, 1994).

1.6 Organization of the Chapters

Eight chapters have been used to organize this thesis. The first chapter introduces the thesis to the readers. In second chapter knowledge related to the research problem which are existing in the literatures have been presented after reviewing the literatures. The third chapter presents the methodology used in the research. The fourth chapter includes the general information of Yangnam VDC and people residing there, and the general information on SBC at Yangnam. The fifth chapter deals with the first objective of the study by presenting the traditional attitudes and practices followed by women in Yangnam VDC along with the process of transmission of those practices and agents involved in that process. The traditional knowledge and practices are amalgamated with the narratives of the local women. The sixth chapter deals with attitudes and practices followed by safe birthing center and these are presented under the label of modern attitudes and practices. The seventh chapter deals with the second objective of the study and here the interaction between traditional and modern attitudes and practices have been presented. The final eighth chapter concludes the thesis.

CHAPTER II: LITERATURE REVIEW

In Nepal, the medical anthropological researches begun with the focus on sprit possession, the traditional healing system, i.e., shamanism, (Acharya, 1994) without relating them to the larger socio-cultural structures which exist outside the village boundary or the community boundary in the form of national as well as international economy, polity, religious movements, government policies, the programs of the INGOs and NGOs, etc. However, from the late 1980s and early 1990s on, there was a focus on larger national and international bureaucratic cultures (see Justice, 1989), the impact of development projects in everyday life of people and the health care choices (see Pigg, 1993: 1995) while analyzing health and health care system of Nepal with a considerable focus on culture. Justice's seminal book Policies, Plans and People focused on the national and international health bureaucracies as a part of cultural system. She has tried to stress on whether the policies, programs and activities of the government and donors aimed at changing the lives of people is culturally appropriate or not. Throughout this book, she has tried to find out spaces and platforms where the anthropological contributions can fit into the policy formulation, planning, implementation, and the assessment of the programs. Thus, an attempt has been made to merge the anthropological and development knowledge to bring out the better development outcomes with regard to health.

Pigg's way of perceiving development, however, seems to be quite critical. She tired to find out the polarity created by development projects in the lives and thinking patterns of people. While doing so, she looks at the point where development projects dismantle the local way of thinking and perception. She has widely discussed about how development projects create marking distinction different things in the everyday lives of people. Pigg states,

The discourse of development is built on the distinction between those who have the wealth (foreign donors), the knowledge (development professionals), the authority (government officials) and those who do not. (1993:51)

Furthermore, she believes that 'where there is a push for progress through development there is a creation of state of backwardness' (Pigg, 1993:46-7). Development projects stress on the point that the indigenous knowledge has the localized yet limited basis whereas scientific knowledge has a universal value. Thus, development has helped significantly to dismantle the local ideas

and beliefs, while talking about the distinction made between urban and village people by development discourse, Pigg says,

Characterizations of villagers as ignorant, superstitious, and unaware of the advantages of bikas persist because development discourse serves a social imperative: that the difference between the people who deliver development and people who receive it be clear (1993:54)

Pigg's another article titled *The social Symbolism of Healing in Nepal* (1995) is based on the above mentioned theoretical model. However, in this article she has extensively talked about how medical pluralism in the eastern hill is the outcome of development projects and how, in the local contexts, the traditional healers and doctors are perceived by people. Medical pluralism, she believes, has helped people experience the social difference. The indirect repercussions of development are expressed by Pigg in the following lines,

Medicine is central in Nepali people's constructions of the meaning of Bikas (development). Nepalis are increasingly seeing their society in terms of contrast between progress and backwardness, rationality and superstition, modernity and tradition (1995:20-1).

Pigg, furthermore, talks about how the local and modern (imported) forms of healing are mediated through the larger national processes of development in the case of Bhojpur in the following lines,

In recent decades, development programs ranging from road construction to education have come to have increasing impact on local communities. As roads bring more and more commodities to mountain villages, commercial medicines from India become more available to rural residents. As the government, in conjunction with international donor agencies, establishes new programs for health development, rural people find health posts being built in their community, teams arriving to vaccinate their children, and Radio messages exhorting them to go to the health post or hospital instead of the shaman when they are sick. These are new experiences, according to people in Bhojpur (1995:25).

The distinction made between local healing system and western-style medicine, which is a product of modernization in Nepal, by local people as described by Pigg (ibid) is significant

enough in my case while dealing with the interactions between traditional birthing practices and modern biomedical birthing practices as mediated through SBC in Yangnam.

Stone in her article "concepts of illness and curing" in a central Nepal village says the complex interaction between the traditional and the modern can be seen within the realm of illness and its treatments (Stone, 1976). Agreeing with Stone my attempt here is to explore such interactions and my exploration is guided by my assumption that such interactions can be easily visible in social setting like Yangnam where the modernity is a recent phenomena.

Discussing the interaction between traditional and western medicine based on her research at Dhungagoun in Nuwakot, Bennett in her article "Sex and Motherhood among the Brahmins and Chhetris of east-central Nepal" concludes-

"Villagers have little difficulty integrating western medicine with their own tradition on an ideological level" (Bennett, 1979).

My experience at Yangnam also showed the similar difficulty. The tendency among Yangnam women to continuously practicing the traditional practices even after the existence of modern medicinal center and their effort to raise the awareness is one ground where this difficulty can be seen. Also the tendency among modern medicinal practitioners to ignore the traditional beliefs existing in the village can be another ground where difficulty can be seen.

Subedi and Subedi in their 1995 article "Dominance and Elitism: The Modern Health Care System in Nepal" claims:

"The introduction and institutionalization of modern Western medicine and medical practices into developing countries is a social process that requires significant investments in training, physical facilities and equipment. With the cultural barriers to the acceptance of Western medical philosophy; the establishment of modern medical system, its struggle for hegemony of co-existence with indigenous systems, and its widespread diffusion across the geographic and social landscape is a long term process" (Subedi and Subedi, 1995).

Reporting on the Introduction of mammography with an objective to evaluate the use of Western machine in the context of non-western medical system Tausig and Subedi (2002) has come to two conclusions:

"Regarding a more global issue related to the diffusion of medical technology it was argued that the introduction of this state-of-art mammography machine which can be employed in two distinct formats is particularly useful for evaluating the relationship between modern western medicine and indigenous health care systems in developing societies. In this regard the results imply two conclusions. First, modern medical equipment (and techniques) are likely to be modified by modern practitioners in developing countries to fit general orientation to practice (i.e. basic curative). This implies that expensive high technology equipment is probably not the best method for modernizing health care systems. Such equipment reflects the status of the modern health care system in the west in which the disease burden is different, basic services are well-diffused and resources devoted to health care are very high. The machines developed in this context are highly specialized in purpose and function and, therefore, not entirely appropriate for the most significant needs of modernizing systems. Second, while it is clear that the mammography machine's use has been turned to its most appropriate application in this context, it should also be noted that it is significantly underutilized" (Tausig and Subedi, 2002).

Based on interviews with Katang villagers and a range of local medical practitioners, Seng-Amphone Chithtalath, Barbara Earth (2001) describes how the Katang people of Lao are coming to terms with the dilemma in a context of development and change.

"It is the right of indigenous peoples to maintain traditional cultural practices but women's right to reproductive health may be compromised by the very beliefs and practices that define culture. Indigenous religion prohibits Katang women from giving birth in the house; traditionally they go into the forest for delivery. The birthing hut (an innovation in one village), training of six TBAs, the opening of a primary level clinic where normal births can take place and growing awareness of the need for referral to higher levels of care in case of complications are all changes that are transforming women's childbirth experience."(Chithtalath and Earth, 2001)

In an article which summarizes a dozen major messages about women's health that emerge from the ethnographic literatures, Marcia C. Inhorn shares several messages from 150 different ethnographies and one of such message is:

"At the dawn of the 21st century, biomedicine has exerted its hegemony over women's health and health care in many (if not all) parts of the world. In other words, biomedicine is now the

default and most prestigious form of women's health care, replacing many earlier systems of healing." (Inhorn, 2006)

In the context of my study this particular message bears some relevancy as I wish to explore the interaction between modern (biomedicine) and traditional (referred as others in the message).

CHAPTER III: RESEARCH METHODOLOGY

3.1 Rationale of the Selection of Study Area

I selected Yangnam, a village in Panchthar district of Eastern Nepal, as my study area. In my view, Yangnam is a remote village composed of residents of multiple caste groups where introduction of modernity is a recent phenomena and modernity there is gradually blending with indigenity. As per my research interest I wished to conduct my study in similar setting because for an novice researcher like me, such settings provides an easy access to the grounds where interactions between indigenity and modernity is visible and since people are still following traditional practices the traditional practices can be easily explored. Besides, my decision to select Yangnam as my study area is also due to my informal conversation with authority of UNICEF. After I told her my research interest she suggested few potential areas and provided me with brief description of those areas. Among those I selected Yangnam due to my above mentioned belief. In Yangnam V.D.C. of Panchthar district where this study is undertaken, there exists a Safe Birthing Center (SBC) introduced by UNICEF in association with government of Nepal to deal with maternal health related problems with the provision for 24 hour delivery services.

3.2 Nature and Sources of Data

The data I collected in the field are qualitative in nature. My study has sought the answers to what, when, where, how, why, etc. questions rather than how many, what percentage, what number etc. People’s perception, opinion, ideas, and ways of thinking were of importance to respond to my research problem rather than the statistics. The collection of such qualitative data is due to the end I wanted to reach through this study and is also due to my orientation in anthropology which says that anthropological data and analysis should rely on quality rather than quantity.

Primary Sources of data I collected to respond to my research problem are the people of Yangnam who are perceiving and following different birthing practices in their own context,

who are the agents in the process of transmission of knowledge associated with different practices to newer generations and the social settings and social interaction in Yangnam, which, when, birthing practices in Yangnam is taking place. Besides, I have also borrowed views and ideas from secondary sources. These included publications of Safe birthing center, reports of Safe birthing center, United Nations Children Fund (UNICEF) and ministry of health, minutes etc. and also books containing ideas relevant to support to my arguments.

3.3 Field Experience and Techniques of Data Collection

I stayed in Yangnam for one discontinuous month. During this one month period I tried to explore the interaction between modern health care practices and traditional health practices in regard to pregnancy and delivery care. To explore the interaction, I first gathered information about the traditional practices in Yangnam to deal with delivery care and practices. I also identified the social agents who are still watering the seeds of traditional medicinal practices and following them to deal with pregnancy and delivery related cases. I also gathered information about modern medicinal practices, practiced in and promoted by safe birthing center. I took interview of around forty people towards gathering required information. Informants were mostly the women residing in Yangnam and health professionals working in SBC. After accumulating information regarding these two practices, I tried unfolding the layers where the interaction between these two practices can be identified. The following are the list of methods used to gather information during my stay in Yangnam.

3.3.1. Infrastructural survey

Health related infrastructures were surveyed in order to find out information regarding the facilities available in those health infrastructures. More specifically facilities (health professionals, pregnancy tests, urine test, medicines required, logistics, setup) provided by, and services like delivery, pregnancy checkups, counseling, awareness programs, available in the safe birthing center at Yangnam was closely observed.

3.3.2. Interview

In order to know local knowledge and practices about maternal health issues, in-depth interview with one traditional birth attendance whose practice were based on traditional knowledge were conducted. Elderly women (women over the age of 50) were also interviewed to explore the delivery care practices of their time to reckon the historical change. Interviews were also conducted with skilled birth attendance serving in birthing center and other authorities there, the focus of the interview were: the nature of the services they are providing, their attitudes towards local knowledge, and their understandings regarding establishment of safe birthing center in Yangnam. Also questions related to infrastructure like what and why of the instruments used, their opinion regarding sufficiency\insufficiency of existing infrastructures, historical background related to the set up and current functioning were included while conducting interview with the health authorities.

Interviews were also conducted with three pregnant women available during my field stay and a woman who was giving birth in safe birthing center at the time of my visit there. The focus of the interview with the pregnant women was to know about their delivery plan and priority they have given to traditional knowledge and modern knowledge and reasons behind prioritizing particular over another.

3.3.3. Observation

I observed the different cases handled by safe birthing center during my field stay. The observation focused upon pattern, process, interactions of and between the maternal health experts and local people. I also observed the services provided by and facilities available at safe birthing center. I also observed various aspects of life of Yangnam people and their activities dealing with taking care of pregnant women.

3.3.4 Secondary Sources Review

Especially in regard to modern practices, I collected leaflets, booklets, pamphlets, training materials, etc. used by modern medical practitioners, where knowledge related to modern birthing practices are explained and which are used as reference materials by health

professionals there and are used for promotional purpose as well. I went through these sources with a close interaction with health professionals towards describing the modern birthing practices in Yangnam. Huge part of Chapter 6, where I have described the modern birthing practices, is an outcome of this particular useful technique I employed during this research.

3.4 Data Analysis and Interpretation

"Data analysis is a continuous and iterative process wherein two key stages characterize its course. The first requires managing the data and the second involves making sense of the evidence through descriptive or explanatory accounts" (Ritchie et al: 2003). Information I collected from the interview were recorded in spiral note copies, I maintained field diaries which reflected my field experiences and records of my observation. The information I borrowed from secondary sources were recorded in a copy as per the relevance to my research problem. Towards analyzing those data, first, while managing the data I divided the information into various sects on the basis of nature and sources (for example, information related to traditional practices obtained from various sources and similarly the information related to modern practices were kept together). To make sense out of the information I brought from the field, I went on again and again through the information and simultaneously I also started an intensive readings on the topics related to my study. Over and over readings of the collected information helped me to identify patterns and process related to birthing practices in Yangnam and my readings on related topics helped me to establish a framework of analysis. So within the framework that I developed and which has been mentioned in chapter I analyzed my data descriptively.

3.5 Ethical Consideration

As discussed in my MA research class by Dr. Padam Lal Devkota, towards maintaining an ethical stand during a research, among several liabilities, a researcher has to take consent of his/her informants before interviewing them and has to respect the confidentiality of the informants. Following the same knowledge, I took consent of my respondents mentioning my

affiliation and objective of the study, in the language they could understand as far as applicable, before I conducted interview with them. I have highly respected the confidentiality of people of Yangnam by not mentioning the name of the informants and if necessary using pseudo name in the thesis.

3.6 Limitations of the Study

As established by Malinowski in Anthropology, the field work shall cover one year period and as emphasized by him an understanding of local language is must (see Bohannan and Glazer: 1988: 272-293), I only spent one month in the field for this study and I was not aware of the local Limbu language. Due to my lack of understanding of local language sometimes specially while interviewing older women, I had to depend on local translator. Though SBC in Yangnam is facilitating women from other VDC, I could not incorporate women from other VDC as my informants for this study. The fact that women can belong to different caste, class, ethnicity etc has been unacknowledged by this study. These limitations I have identified must have implications on the depth of the information I collected and analysis I presented.

CHAPTER IV: YANGNAM

4.1 The Place and people

Yangnam is a remote far reaching village in Panchthar district of Eastern Nepal. It is mainly composed of *Limbu* population (*Jabeju, Thamsuhang,* and *Angdambe*) who are residing with small number of dalits (*kami, damai, sarki*) and few *Brahmin* populations. Digging over the name of the village, people there shared a story about a traveler who used to carry *yang* (money) on his back and used to namma (halt) in that village area, so from this phenomena the village got its name "*yangnamma*", which is called Yangnam these days.

Picture 1: A glimpse of houses in Yangnam village

To reach Yangnam, one needs to take two hours drive on a pick-up vehicle from district headquarter Phidim over recently constructed concrete road. Another option is 4-5 hrs walk from the district headquarter. Though quickest option, the first option is limited due to the few number of vehicles available. Mostly this route is taken for carrying goods usually for trading purpose from and to district headquarter. From the same route people from Yangnam come for the treatment at hospital located at district headquarter. It is linked to district headquarter for trade, business, administrative works, kinship networks.

My experience of driving to Yangnam was too scary and hilarious. Road are such that one feels his death is on the next step. People there shared that in rainy season it is very risky to use the road for transportation. I found older people preferring walking rather than traveling pick up vehicles.

It is a small village with the existence of development infrastructures like health post, School, higher secondary school, electricity, communication facility. Among ten Health Posts (HPs), two Primary Health Care Centers (PHCCs), twenty-nine Sub Health Posts and one Hospital in Panchthar district, one Health Post is in Yangnam. Since its introduction in 2038BS people in Yangnam are facilitated with this HP to deal with health related problems. For major health

problems (for eg: the ones which demands surgery), they visit to the Hospital in Phidim. Health authorities in SBC at Yangnam shared with me that the cases they can not handle, they refer it to the Hospital.

People in Yangnam are also dependent on traditional healers (*Dhami*, *Jhakri, Janne Manche* etc.) to deal with health related problems. Before the introduction of modern health institutions, people in Yangnam were solely dependent on the traditional healers and traditional medicines provided by them. After modern health institutions are introduced, people are now referring to both. The existence of traditional and modern medication systems, which can be called by the phrase “medical pluralism”, is’ found in Yangnam.

The primary occupation of people residing in Yangnam is agriculture. They produce mainly *kodo* (millet), *makai* (maize) and *amliso* (sweep). They consume most of their agricultural production by themselves and they sell the surplus production in the Phidim market. The amount generated is spent on buying rice, cloths and other stuffs to fulfill their varied needs. Most of the *kodo* (Millet) they produce is used for making *tombha* (liquor). Tombha is also taken by pregnant women to gain strength during pregnancy and at the time of delivery based on the belief that it provides heat to the body and helps in easy delivery. Few male especially youth population from Yangnam are abroad (Gulf countries and India) for earning their living. Women spend most of their time doing agriculture and household works. There also exists labor exchange (*Mela/Parma*) during pick agriculture time.

Houses in Yangnam are mostly made up of mud and stone having Thatched roof. Some of the well-to-do families have houses with tin roof. As seen in the picture below, houses in Yangnam are scattered. Family structure that exists in Yangnam is mostly joint in nature.

Picture 2: Scattered houses Yangnam Village

As per my interaction with the health authorities working in SBC Yangnam, number of children per family in average is around five. This large number of children is guided by the belief that larger the family easier to divide the works, ultimately maximum production and few work load

shared by each. It is also due to lack of awareness among Yangnam people about family planning mechanisms.

Villagers were so friendly and welcoming that I really did not face any problem collecting required information. My constant inquiry upon the pregnancy and delivery related issues and they frequently seeing me at birthing centre 'led them to assume me as doctor. That is why they inquire me about various health related issues. As I am not the medical professional, I could not answer their questions but those moments are memorable. While hanging out around village and observing the village life, I was served with black tea in the homes where I wished to stay and chat for sometime. Offering *gundri* (mat) and *"baithak*" (chair) and serving tea is their general tendency to welcome guest.

I found people of Yangnam eating three times a day. They take their first meal at around nine in the morning. They eat rice and curry some eat *dhindo* made from millet. Their second meal they eat at around two to three and they generally eat bread prepared from millet, popcorn and left rice cooked in the morning, especially by children. The third meal they eat at around six to seven in the evening and it is similar to morning meal. I could see they generally have vegetables cultivated in their field mainly green leaf.

Women in Yangnam mostly wear *lungi (long skirt)* and t-shirt as their dress. Gold ornaments are popular among them. I could see old aged women's neck and ear filled by variety of gold ornaments like *tilahari* (Necklace), bangles, ear rings, *bulaki* (nose rings) to name few. I could see women there are habituated to it.

The religion followed by Limbu population in Yangnam is "Kirat". Others follow Hindu religion. The main festival of people in Yangnam is "Udhauli Uvauli" it is mainly celebrated by Limbu population in "Kartik" and "Chaitra". In this festival they worship "*Huma Himdangma*" (old grandma), "*Simbungpa*" (the god of forest and tree), *"Lungbungwa"* (god of rock and stone), and "*Khangbungwa"* (god of soil). They provide food to all these gods, by placing nearby river during "Udhauli Uvauli" and in their home itself in rest of the days, regularly.

They also celebrate "*Dhan Naach*" festival. It is called "Yalangma" in *Limbu* language where *"yalang"* means straw of rice and *"ma*" means related, thus, *"Yalangma*" means related to straw of rice. When the rice harvesting activities is over, this festival is celebrated during the leisure

time. This festival is famous among youths as during this festival youths choose their life partners. Limbu male and female who are not tied through blood relations and are culturally eligible to marry each other, sing and dance together during this festival. They express their feelings of love with each other through the means of songs and some of them even get married after this festival. The songs sang during this festival is called *"Palangma*". Besides these two major festivals they also celebrate national festival like Dashain, Tihar to name few.

4.2 Safe Birthing Center at Yangnam

Safe birthing center is an initiation of UNICEF and government of Nepal to provide comprehensive primary health care to address the needs of pregnant women. Safe birthing centers are specialized to provide access to safe maternal and new born care.

It was introduced in Yangnam in 2062 BS as a part of Yangnam Health post. One of the authorities at Safe birthing center told me that the motto of birthing centre is no more home delivery. Before the introduction of Safe birthing center, AHW (auxiliary health worker) at Yangnam health post used to handle cases related to delivery. It was limited to the case which people found riskier and were thought to get help from health professional. Mr. Chaudhari, AHW at Yangnam health post, shared with me:

"Whenever the cases were riskier meaning when there was risk to mother's life people came to called me. I personally visited their home and provided the required services. I used to charge them with certain money as well, and the base was the distance I had to travel to provide with the service. I have been doing it since 2044BS As I was not familiar with local language I was always assisted with one local who used to translate local language for me".

In an Inquiry upon the reasons behind the introduction of Safe birthing center at Yangnam, one health professional working at Safe birthing center shared with me

"Yangnam is hilly region with lots of poor people. It is remote and backward. There were several cases of maternal death and infant death in the area and the reason was the lack of health center with maternal health related service facility, the hospital at district headquarter is far across thus they could not seek its service at the time of emergency. Thus to provide the local people with maternal health related services and ultimately to decrease the number of maternal and infant death in the area the SBC was introduced for the welfare of poor people at Yangnam.

It is currently facilitating people belonging to Yangnam V.D.C., Nagin V.D.C., Ektin V.D.C., Sidin V.D.C. and Varpa V.D.C."

Picture 3: Board of Yangnam Health Post

Safe birthing center, at the time of my field visit, was operating in two rooms of Yangnam Health Post. One of the rooms was delivery room and another room was registration plus primary check up room. Delivery room was small filled with various equipments necessary to conduct delivery. I could see a bed, lamp, bucket, plastic, mat, kettle etc. in the delivery room.

Safe birthing center is planning to shift in a new building built solely for its establishment. One of the health professionals there showed me the new building. I found the new building bigger in comparison to the old one. There are two rooms in the new building. One room, the health professional was briefing me, is the entrance and will be used for the regular medical checkup of the pregnant women. In the same room in the corner an enquiry counter will be established. The passage separating the two rooms will be for the visitors, two benches will be attached for their sitting purpose. Another room there is for the delivery purpose, the health professional shared with me that there will be two comfortable beds having a support to hang legs. There is one small door and will be an emergency door.

Picture 4: New building of SBC

Cases in the Safe birthing center are handled by Skilled Birth Attendants (SBA) with the help from other health workers. Skilled Birth Attendants are trained professionals specialized in dealing with maternal health related cases. A person passes through 70 days training program to be SBA. Safe birthing center in Yangnam is the only one in Panchthar district having skilled birth attendant.

At the time of my field visit one lady safe birthing attendant was working in Safe birthing center at Yangnam. Health professional in Safe birthing center shared with me that Safe birthing center posses the capacity to deal with varied cases regarding pregnancy and delivery. They said complicated cases which require surgery are referred to hospital at district headquarter. The reason behind this according to them is the lack of doctor's availability in Yangnam. People in

Yangnam uses varied means of transportation to reach hospital which includes stretcher, *doko* (basket made up of bamboo), ambulance etc.

CHAPTER V: TRADITIONAL BIRTHING PRSCTICES

Ever since the first ever women got pregnant with the first child, the issues related to pregnancy and delivery care is there on earth. Like in dealing with other diseases people developed their own practices to deal with pregnancy and delivery related issues, and these practices and knowledge associated with it have been transferred and practiced by every new generation. By traditional practices I am referring to those practices which are there and followed by women from Yangnam even before the introduction of modern medicinal practices. I am referring to belief, practices, principles, organization of knowledge regarding pregnancy and delivery care which has nothing to do with modern medical traditions. Knowledge about these practices is obtained not through the formal schooling rather it has been "transmitted from the traditions of the family and community" (Panta, 2005:47). It is produced locally in the process of struggle to deal with problems related to pregnancy and delivery care. It is learnt from mother, mother-in-law, and friends, sisters who have already given birth following these practices and who learnt it from their predecessors.

Traditional practices are not based on scientific laws and explanations. Rather it is based on what modern medicinal practitioners call, 'superstition', religious and spiritual beliefs.

Yangnam women believe being mother as the matter of privilege and luck. They believe that it is due to god's favor that they can be mother. Only married women are eligible to give birth to a child. The act of unmarried woman being pregnant and giving birth to a child is considered as social sin. They are not considered socially good. I found most of the women preferring a male child. The primary reason I found beyond this preference is the belief that daughter once married will go to their husband's home but son will be there to look after them in their old age. One situation I encountered in my field is worth mentioning here:

To conduct an interview with a woman who had recently given birth to a child, the recently born child was a male and while I was interviewing her, her husband was eagerly listening to me. Their one son and two daughters were also there and he was not letting the daughters come nearby him while he was keeping his son in his lap. In the mean time I asked the woman about

what was the expectation before the child was born. She said "*Eauto choro bhaide hunthyo bhaneko chora nai bhayo khusi chau*". When I enquired why were they preferring male child rather than girl she said son will look after us in our old age and daughter will go to their husband's home after marriage. Her husband immediately added that daughters are burden.

5.1. During Pregnancy

Feeling of dizziness, occasional vomiting, constipation, backache, nausea on rising bed, loss of appetite, stoppage of menstruation, not felling like working or doing any household works, etc are taken as the symptoms of being pregnant. Except this they do not have any sort of mechanism for pregnancy test. Generally they first inform their husband about their being pregnant. As they are close to their husband and it is good news to share. Once the husband knows about message of pregnancy he spreads it to the rest of the family members.

Nothing really changes in their daily routine for the first few months of their (women) pregnancy. They perform their regular household and agricultural works as they do before. After five to six months their womb starts being larger and it won't permit them to perform certain kinds of works like carrying water from the tap, lifting heavy weights and works which demand their body to be bent. But till the date of delivery they go on performing household works like cooking, washing, cleaning, etc and agricultural works (the one which is not affected with their bigger womb). This act is guided by their traditional belief that if a pregnant woman remains active during pregnancy, the hardships during delivery will be minimized. And even the child will be active and healthy.

First expecting mother get knowledge about the do's and don'ts (for example: what to eat what not to eat, what activities to perform and what not to perform, where to deliver and where not to deliver, etc) during pregnancy and delivery from their mother, mother-in-law, neighbors, other experienced women in their kin relations and from their friend circle. Women then never visit doctor and\or any medical institutions. The unavailability of medical facilities in their proximity was one of the reasons behind this. Another most important belief is that if they take any medicine dispensed by medical staffs during pregnancy they will give birth to a handicapped child. They also believed that if they visit medical institution or doctors they will dispensed them with the different medicine which they do not want to take.

Regarding food, during pregnancy they take normal and timely meal as usual and sometimes they add meat items and beans. They are mostly encouraged to take green leafy vegetables which are cultivated in their field. This is guided by their traditionally hold belief that if the expecting mother have green leafy vegetables, she will give birth to the child with thick hair. They also hold the belief that the pregnant women should be provided with every kind of food she desired, if not the upcoming child will be born mouth- watering. They hold a belief that if the expecting mother eats *badam* (peanuts) the child will bear *tejilo* (sharp) *dimag* (mind). They also believe expecting mother having white color food like milk, curd will result the birth of fair and white baby. If the pregnant women eat cold food (cold water, boiled corn, millet, lime, lemon, radish, bean, tomatoes, raw cucumber, pulse, gourd, pumpkin, etc) the child will have always watering nose. *Juwano ko jhol* (soup made from a medicinal herb, Linguisticum najowan) is believed to be effective in making milk comes.

Generally husband takes care of this part. He tries to provide the food which his pregnant wife desires to eat.

Use of cosmetic products should be avoided during pregnancy especially threading because it results in the birth of ugly child. Cutting hair also should be avoided as they believe that it may results in handicap or\and cleft child. Another belief is that pregnant women should avoid cutting vegetables or fruits or any other materials during any eclipse because they believe that cutting any of such material will result the birth of child having cleft organ. Another belief regarding eclipse is that pregnant women should not see the eclipse because it may cause black spots in the baby's face, hands, legs or body parts (especially stomach, back). They hold a strong belief that pregnant women should not visit any temples. Some women shared their experiences of being fainted while visiting temple during pregnancy.

5.2. During Delivery

They take emergence of water blisters in pregnant woman's stomach as a symptom of the readiness to give birth. They call this phenomena "*Sano Sutak*". The belief is that within one hour of the emergence of water blister the woman gives birth. While giving birth the birthing women are given *tombha* to drink. This act is guided by the belief that drinking tombha made from millet during delivery gives strength to the mother and helps in easy delivery. If it is hot it

minimizes the time of birth. Tombha, they believe have multiple functions as mentioned earlier, it gives strength to the mother and helps in easy delivery. Likewise, its consumption adds in the quantity of milk production, it won't let the body get dehydrated during delivery.

Picture 5: Tombha pot and a glimpse of its preparation

Hot oil massage in the body parts especially stomach and back also eases the delivery. Even giving ghee and hot oil to the mother who is giving birth helps her in fast and easy delivery.

They believe that one shall not give birth in sleeping position; the right position according to them to give birth is standing or sitting position. Giving birth in sleeping position may cause baby to move up towards the womb and this might cause risk to both mother and the child. The *Limbu* community had a tradition of giving first birth at *Maiti* (Natal home). It was because in natal home work is significantly light rather than in her home. She gets the food she wants which are best for her and her child growth and development. She can rest a lot in her natal home. But nowadays this tradition does not exist any further. Some women even share their experiences of giving birth at *bari* (paddy field) in cow shed, near toilet. One woman was sharing her similar experience with me:

I was working in the field; I didn't notice "sano sutak", I was not prepared at all, suddenly I noticed flow of water from my vagina, I called my mother-in-law she came and she kept me on sack which we use for certain things in goat's farm. Sack got all wet because I was urinating frequently and water was flowing from my vagina. Then, I rush towards palm tree. I hold palm tree in intense pain and leave it when pain goes. I threw stones, pick small trees and scold everyone.

After a while thuliama sasu (elder mother-in-law) arrived and put some oil on my head expressing her kindness. Than they all took me to home. They told me to sit nearby dhiki (machine to grind grains). I put my both legs on that dhiki for the support and start pushing. After pushing twice or thrice they could notice baby's half head out and I was tired. I could not push anymore. Again they asked me to push once more and with my full energy I pushed once again. I could hear the tearing sound of my vagina and the baby was finally born. It was not the

end; it was beginning as sal nal was still inside me. Mother-in-law cut the cord and tied small kuto as per our practices. I could not notice the tools used to cut the cord most probably they cut it by bamboo. We had a strong belief if the mud of chyan (graveyard) is kept in the stomach it will facilitate early fall of Sal Nal.

They kept me on the sack which we use for the delivery of the goat. My mother-in-law put on fire using few makai ko khoya (maize) which was giving smoke rather than fire. I was so tired thus do not remember when I fall asleep. Early morning when elder mother-in-law saw my condition she scolded my husband and asked him to bring Limbu women (SBA) who will help in taking out sal nal. She came and removed kuto from my stomach. She gave me an injection said it will cause a little pain and dispose urine through the pipe which unknowingly I had stopped during delivery. She also gave me cline water which now-a-days is banned because it causes food poison. That was the only vitamin I had during my sutkeri period. After some time sal nal came out.

I found one of the reasons behind this is that women there do not make any sort of plan for giving birth. During delivery women are only allowed to see the delivery process.

Sudeni (traditional mid wife) is called to facilitate during the time of delivery. *Sudeni* is the expert having lots of experiences. Aita Maya in Yangnam is famous for this job. She acquired her knowledge and expertise through long experiences. She says whenever someone in her village is giving birth she is called. Some of them inform earlier, but most of them come to call at the time of delivery itself. Her motivation is religious, she said if she helps woman in giving birth she will receive help from god. She shared that she does not have "*aankha"* (eyes) indicating her illiteracy and lack of her knowledge about modern medicinal practices. Aita Maya is provided with grains, clothes and some amount of money in return to her service.

5.3. After Delivery

Once the child is born, cord is cut. Aaita Maya shared that she uses *"Baas ko choya"* (bamboo blade) to cut the cord. She believes that if the cord is cut with a blade the child will have "*Gano*" (gastric). I also found household sickles, razor blade as famous tools to cut the cord. New born baby is rapped in old cloths because it is considered dirty and impure. After the umbilical cord is cut the child is given bath. It is because new born babies are considered dirty as they come out of

their mother's womb covered with blood. Almost all the new born babies are bathed within the first hour of birth. It is also because new born baby are considered impure until the name giving ceremony. The act of applying sand, cow dung, ashes, and oil in the cord is famous among Yangnam people.

After giving birth mothers drink hot oil, ghee, and tombha which facilitates early fall of "*Sal* (placenta) *Nal*" (umbilical cord). They also hang heavy materials like *kuto* (mattock) tied in the *Sal* again to facilitate the early fall of *Sal*. I found, after delivery mother and child are kept in a dark room full of smoke coming out from the fire burnt nearby to give warmth to mother and child. Windows are also closed. Local belief is that it prevents child from cold and opening windows may enter air inside the room which is harmful to child. I could see cloths and blankets used by mother and new born baby are old enough and dirty. The logic to use such clothes and blankets is belief on post-pregnancy impurity. As the birthing woman is considered impure, male members do not touch her till the name giving ceremony. Name giving ceremony is held after fourth day of birth for male child and after three days for girl child. It is conducted by *sadhu (priest).* Some women say that they don't touch water till name giving ceremony and some says until twenty two days they can't touch water.

Picture 6: Sutkeri woman and child in a dark room

"Sal" they believe shall be disposed with proper care and respect. It is considered as friend of the new born baby. Thus, neither it is thrown away nor it is disposed below earth. It is hanged in "*dudhilo ko rukh"* (milky tree) with the belief that this particular act will increase the quantity of milk produced by the mother. They also hold the belief that if the red ants come in contact with the "*Sal"*, the child will have rashes in its body. Thus the act of hanging the "*Sal"*, they believe will avoid the contact of the red ants. If they do not follow this act the child will be sick. Some women shared me that placenta is hanged in such a way that it cannot eat the child. Such act is also found due to the belief that the placenta, if seen by a *bokshi* (witch), leaves both the mother and the child vulnerable to witchcraft and such act helps to avoid contacts with the witchcraft. Usually the grandmother of the child hangs this. She puts the placenta in a "*baas ko kandelo*"

(hollow bamboo) and hangs it in the "*dudhilo ko rukh*" and if it is not available the "*kavre ko rukh*" will be the alternative.

Picture 7: Sal hanged in "*dudhilo ko rukh*".

This act is particularly followed by *Limbu* population but I found *dalits* also following the same act. Local belief is that if sand from *chyan* (graveyard) is spread in stomach, it helps in facilitating the early fall of sal. The supporting logic they use behind this act is that sand from graveyard protects from the evil sprit which might delay the fall of sal.

I found people in Yangnam considering colostrums harmful for baby. It is regarded as dirty milk and thus they throw it rather than feeding the child with it. As they don't feed baby with colostrums, baby is given "*maha*" (honey) immediately after the birth as baby feels hungry.

5.4. Traditional Knowledge: Production, Transmission, and Agents

It is important to note that knowledge about traditional practices is obtained not through formal schooling rather it has been "transmitted from the practices of the family and community" (Panta, 2005:47). The traditional practices related to maternal health are the outcome of the long struggle of people to deal with problems related maternal health.

The women members of the society were the one who were\are mostly involved in the production and transmission of the traditional knowledge. Women are the active agents involved in the process of transmission of the traditional knowledge from generation to generation. The experienced mother, who followed these practices when they were pregnant and when they had given birth to a child, transmitted it while socializing the new pregnant women and mother.

A pregnant woman learns the principles of traditional practices from her mother, mother in law, experienced friends and her female kins. The process of transmission of the traditional knowledge does not take place in formal social settings rather it takes place any time at any place along with various activities in their place.

One woman who followed traditional practices while she was pregnant shared with me: *"chori bhaneko arkako ghar jane jaat ho '(daughters are one who goes to another house-her real home), is a phrase I always heard since when I remember myself being conscious, I got the knowledge about various how's about my activities in my maiti (maternal home). She was the one who first told me I one day will be a mother and she was one who answered my curiosity about being pregnant and mother.*

When I actually got pregnant for the first time, my mother was not around me, I got advises from my mother in law and my friends who had the experience and who were close to me. When some one in the village finds out that someone is pregnant, it is a matter of gossip among women. They come up with lots of do's and don'ts for the pregnant woman. I listened to all these people, if any conflicts aroused between do's and don'ts suggested to me. I always had to take my mother in law's side. Actually it really happens because all of us share similar beliefs. Only when someone from far across is wedded in the village then she brings with her the practices from her place which could be different from us".

From her sharing which represent similar other stories I heard in village, it is clear that there does not exist any formal schooling in the process of transmission of the traditional practices. The transmission of traditional knowledge held in local cultural escapes where people participated in their daily activities. She has also presented women as active agents in the transmission of this knowledge. She has also highlighted the process of diffusion of this knowledge through marriage. Yes! It is true that when a woman socialized by her mother about do's and don'ts during pregnancy and delivery, she gets married and visits her new affinal home. She brings her knowledge along with her. Thus, part of traditional practices in Yangnam may have been diffused from other places as well.

CHAPTER VI: MODERN BIRTHING PRACTICES

Modern birthing practices, part of modern medicinal practices are based on scientific laws and explanations. Its principles are based on and derived from scientific experiments. Use of modern scientific tools and technologies are attached with these practices and trained professionals are associated with these practices. Modern medicines are used in the healing process and these medicines they refer are again the outcome of scientific research and experiments.

Picture 8, 9: medicines and equipments used in modern medicinal practices

By modern birthing practices, in the case of this study, I am referring to the practices which are followed in and promoted by Safe birthing center at Yangnam. In this chapter my aim is to discuss modern birthing practices using similar format used while discussing the traditional birthing practices. This chapter is established based on the interviews with health professionals at SBC, Yangnam, and the various leaflets, booklets used by the health professionals while conducting awareness campaigns and also while training the SBAs.

6.1 During Pregnancy

Under modern birthing practices, stoppage of menstruation period, dizziness, vomiting, decrease of appetite, interest in sour food like pickles, lemon, etc. are considered as symptoms of pregnancy.

They confirm the pregnancy with various tests. In SBC at Yangnam I found the test of urine as a mechanism to test the pregnancy. They have special tool they use to test the pregnancy and they call it 'pregnancy test kit'.

Picture 10: Pregnancy test kit along with urine Sample

Under the modern birthing practices, all the pregnant women should check up their health with modern medicinal practitioners at least four times during pregnancy (See HMG, 2063). These four times checkup during pregnancy are sort of mandatory under modern birthing practices. Besides these, pregnant women are suggested to visit the health institutions whenever they require any suggestions and if any symptom of danger occurs they should immediately seek services of health professionals. The different dangerous symptoms during pregnancy, as mentioned in one of the booklets of HMG and UNICEF and shared by health professionals at SBC, include excessive bleeding, swelling of hands and face, dim eye sight, faintness pain in lower abdomen, high blood pressure, high fever\discharge, long labour and the like. These dangerous symptoms according to modern knowledge can even lead to the death of pregnant women. Thus if these symptoms are seen the woman should immediately visit the health institutions.

Among the recommended four antenatal cares (tests), the first check up should be done immediately after suspecting about pregnancy. First test is undertaken to find whether women is actually pregnant or not. Second check up should be done within fifth to seventh months of pregnancy. This test is undertaken to verify the state of the fetus inside the mother's womb. Third test is after the completion of eight month to know the position of the child in the womb. Last but not the least fourth test is undertaken in the last month or the birth week of the child (See HMG, 2063BS) During all these checkups various measurements of women's physic is taken for example, blood pressure, identification of their blood group, weight, size of the womb (it should increase over months during pregnancy) etc., and these measurements would indicate various factors related to pregnant women's health.

Women during pregnancy under modern birthing practices are prescribed with medicines. Pregnant woman is provided with Iron tablets and she should take those tablets from fourth month of her pregnancy till one and half month after giving delivery. Iron supplementation during pregnancy helps to ameliorate the effects of anemia in pregnant woman. This tablet also increases the amount of blood in the pregnant women's body (See HMG, 2063BS).

At the four month of her pregnancy she is provided with a tablet to kill worms in her stomach. This deworming of women during pregnancy is to lower worm infestation and reduce anemia (See HMG, 2063BS).

At the time of her first check-up she is injected with tetanus toxoid vaccine. Second TT vaccine is given to her one month after the first vaccine is given. This TT vaccination is given for maternal and neonatal tetanus elimination (MNTE) (See HMG, 2063BS).

As mentioned in the booklets published by HMG and UNICEF, nutritious foods are prescribed to pregnant women under modern birthing practices. Nutritious foods are essential for the good health of the pregnant women and for the growth and development of the baby inside the womb. As the belief—pregnant woman not only eats for her she has to eat for the baby inside her as well, she should eat more than the regular diet. She should take a balanced diet and her meal should be enriched with grains (rice, maize, millet, barley, etc), beans (*Dal, Soya bean, Kerau, chana,* etc.) meat items (mutton, chicken, fish, egg, etc), milk and milk products (curd, ghee), oil, vegetables (green leafy vegetables and other seasonal vegetables) and fruits (yellow fruits like mango, papaya, etc). Pregnant women should take salt (full of iodine). Lesser intake of food can also cause negative impact to both mother's and child's health. It can also lead to a birth of under-weight child.

From my discussion with health authorities at SBC, Yangnam. Pregnant women should avoid eating hot\spicy and sour\tart foods, besides these she should avoid smoking, chewing tobacco, and use of alcohol. Consumption of food taken immediately after taking out from refrizarator should also be avoided. If a pregnant woman takes the foods which are suggested to avoid, it might have negative impacts to woman and child's health.

Pregnant woman should always keep herself clean. Pregnant woman herself is responsible regarding her personal cleanliness. She should wash hands before eating and after toileting. She should take bath if possible regularly, if not frequently to keep her body clean. She should maintain a clean environment in her surroundings.

Again from my discussion with health authorities at SBC Yangnam, Pregnant women should do light exercises but should avoid lifting heavy weights. She can engage in light household works. Pregnant women should always follow the suggestions provided by the modern health professionals.

As mentioned in the booklets and shared by health professional in Yangnam, family of a pregnant woman should take proper care of her. Especially husband shall bear this responsibility.

They should create a happy home environment for pregnant woman. They should ensure that the pregnant woman shall not be engaged in any kind of stress and tensions. To assure this the family of the pregnant woman especially husband should always be alert. They are also suggested to make a plan and arrangements for delivery as they are provided with the approximate date for delivery by medical professionals which they predict doing mathematics. They are suggested to save money to incur the expenses during delivery or should identify the sources from where they can obtain money. For the emergency purpose they should make arrangements of blood and means of transportation. At least three persons who can give blood shall be identified and shall be made prepared. Besides these arrangements, equipments for delivery purpose shall also be arranged which includes: new blade, clean plastic, clean thread, clean coin, soap etc. Trained health professional shall be arranged and shall be informed earlier.

6.2 During Delivery

Under modern birthing practices, delivery should be conducted by the health professionals and in health institutions as far as practicable. So once the pregnant woman is ready to give birth she shall be taken to health institution (Safe birthing center in the case of Yangnam). There exists a separate room at Safe birthing center allotted to conduct delivery. There is a bed there. Modern health professionals help mothers to give birth in this room.

WHO emphasizes on five cleans during the delivery. The' five cleans' are: a clean place; a clean surface; clean hands; clean cord and dressing; and a clean tie. The room where the delivery is conducted shall be clean and so that any kinds of infection shall be avoided to both mother and child, there shall be enough light in the room. The hand of the person who conducts delivery shall be cleaned with soap and clean water before and after conducting delivery. The equipments like scissor, needles etc. shall be sterilized (See HMG, 2063BS).

Modern birthing practices have defined various risks factors that may occur during delivery and can cause to death of both mother and baby. As mentioned in the booklets by HMG and UNICEF, these risks factors includes: maximum bleeding before and after delivery, continuous labor for more than twelve hours, coming out of baby's hand and feet in the beginning, *sal nal* coming out before baby's birth, delay in delivery instead of the disposal of water i.e. not within twelve hours, delay in disposal of sal nal after the delivery i.e., half an hour. Modern health professionals posses the capacity to deal with these factors thus if these factors are seen during and after delivery, it should be referred to health institutions nearby. When a pregnant woman comes to SBC to give birth, her health condition is first examined, then the followed procedure is due to the result of the examination.

During my field visit, upon my request, I was allowed to observe a delivery case handled by safe birthing center. I believe it is worth presenting my reflection of that situation and believe it will provide a glimpse of modern birthing practices practiced in the particular center at Yangnam.

On my way towards Safe birthing center for regular observation of activities there, I met worker of Yangnam Health post. He informed me about recently arrived delivery related emergency. I hurriedly went there and requested the authorities to allow me to observe the case handled by them. In the beginning they hesitated but later they allowed me to enter to the delivery room. The young pregnant Limbu woman was lying on bed in sitting position. She was screaming in pain

and was sweating a lot. I saw SBA and one woman helping her and asking her to push. The woman who was the relative of the pregnant woman was catching the head of the pregnant woman and was counseling her and the skilled birth attendant was doing something on her stomach and was asking her not to cry and to push.

Skilled birth attendant had wear gloves and a green gown and mask. I could see lots of blood and cottons around. The pregnant woman was given cline water. I got confused what to do and was sort of nervous seeing blood there. I came out, after few minutes I heard a loud cry and went in. I could see baby's head coming out and more bloods around. The pregnant woman was screaming a lot and both skilled birth attendant and her relative were asking her to push further. She was informing mother that the head of the baby is already out and was asking her to push further saying 'it is almost done'. The Skilled birth attendant was asking her to take few rests, take breath and push further. The woman was crying and saying she cannot push further and was requesting her to take out the baby as soon as possible.

I also went near by the women and asked her to push rubbing her hand. The woman was squeezing my hand in great pain. She was trying to follow skilled birth attendant and was trying pushing further. After few minutes a baby covered with blood came out crying. Then she cut the cord with a scissor. The mother was all sweating and seeing her baby she stopped crying. She seemed so tired; lying on her bed she asked the skilled birth attendant whether the baby is male or female. It was a male baby. I could see smile in mother's face. Then she cleaned the baby with a cloth and kept him near to his mother.

Then she started cleaning her uterus. She ensured all the sal nal came out. She was entering her hand in the uterus and was cleaning it. The mother again started crying in great pain. The Skilled birth attendant kept cleaning and counseling the mother saying it won't take much time, the dirty stuffs from inside has to be taken out otherwise it can cause dangerous problems. Once the cleaning work was done, I thought it is done, but it was not done, she came with the needle and started sewing the uterus. The mother started crying in great pain. Mother was asking her not to do that. She even tried stopping skilled birth attendant with her hand. Skilled birth attendant, again counseling her saying that was the final act to be performed and after that everything will be done, and was also saying that it won't take much time. I could notice the mother felt greater

pain this time and was trying doing everything she could to stop the Skilled birth attendant. She even tried to get up from bed two times.

After few minutes the SBA informed the mother that it was now done and after hearing from her the mother smiled. SBA took the weight of the baby and asked the mother to feed milk to the baby. I left the room seeing the mother's smile while the baby was drinking milk form her breast for the first time.

The Skilled birth attendant later told me it was the mother's first birth. The mother was in touch with the Safe birthing center since when she was pregnant. The Skilled birth attendant labeled that delivery a normal one. There were no complications. Upon my enquiry about the procedure she went through to conduct that delivery, she told me, when the woman visited the Safe birthing center she was in her labor. She was directly taken to the delivery room. The Skilled birth attendant first checked the pulse and the blood pressure of the woman.

Then she gave her cline water and waited till the vagina was teared around 10 inches. While waiting she informed the woman about how to push. The woman was so scared so she allowed the woman's mother to be present beside the woman. Both the Skilled birth attendant and the woman's mother counsel her not to worry. Once she was ready, the skilled birth attendant told me that she didn't had to do anything, the baby was born normally. And it was because both the mother and the baby pushed successfully. The equipments she used: scissor, needle were sterilized.

6.3 After Delivery

After the new baby is born it shall be cleaned with clean and dry cloth and after cleaning it shall be covered with clean and warm cloth. The baby shall be feed with colostrums within one hour after birth. Once the cord is cut there shall not be kept anything over the stomach. They consider keeping mud, cow dung etc. on stomach of baby after cutting the chord as harmful practices. The baby shall be attached to mother's chest keeping it warm. The baby shall not be bathed until 24 hours after birth. Baby after birth having fever, the cold hand and feet of the baby, baby with less weight, baby not able to shuck milk from mother's breast, retarded baby, low weight of the baby, bubbles having pus seen on baby's body are considered as dangerous symptoms for the baby.

6.4 Modern Knowledge: Production, Transmission, and Agents

As mentioned earlier modern medicinal practices, a part of modern medical system, are the results of scientific experiments and research. Modern birthing practices, one of the aspects of modern medicinal practices, is also the result of or in other words is produced through scientific experiments and research. The knowledge produced through these scientific experiments is used to produce health professionals. They obtain this knowledge through formal schooling.

Modern medicinal practices are practiced in different settings, from urban centers to rural hinterlands, from the public hospitals to private clinics and medical shops, among the rural poor and the urban rich, among caste and ethnic groups and the like. Hence, modern medicinal practices are practiced in different hospitals, clinics, pharmacies, health posts which serve as 'entry sites into modernity where exposure to the hegemony of scientific medicine takes place' (Ferzacca, 2001:68). Modern medicinal practices, thus, has universalized basis the penetration of which exceeds the confined social, cultural, religious, geographical and territorial boundaries.

The practices guided by modern medicinal breakthroughs are introduced in Nepal along with the introduction of planned development process, which began in the 1950s by state apparatus and it helped to bring massive, though not complete, change in socio-cultural, economic, and political structures. 'After 1951, many ambitious plans were made for establishing a number of well-staffed health institutions in various parts of the country' (Subedi, 2001:133). Various NGOs, INGO and humanitarian organization helped the government of Nepal towards this process that is towards establishment of health institutions and towards making modern medicinal practices widely available throughout Nepal.

The modern medicinal practices in Yangnam formally entered on 2038 with the introduction of HP there. Before this people there depend on traditional healers and followed the traditional knowledge and practices to deal with health related problems. Similarly, people depend on traditional birth attendance for maternal health related issues. After the introduction of Health post in Yangnam modern medicinal practices entered the village and spread throughout the village. Health post used different promotional programs, campaigns and seminar to inform people about its work and facility and get benefits of it. They used posters, pamphlets, drama etc. towards spreading their messages.

The health professionals frequently visit the community carrying knowledge related to modern medicinal practices. Skilled birth attendant currently working at Safe birthing center visits village in search of pregnant women. When she meets one she provides her with advises guided by dos and don’ts associated with modern medicinal practices. Skilled birth attendant there, I believe, is one of the active agents involved in the process of transmission of modern birthing practices throughout village. Early recovery of health related problems dealt by health professional helped people to believe in it but still people were not ready to discard the services from traditional healers.

Besides these, the health post, being a government organization and the health workers there being the government workers helped the modern medicinal practices spread easily as a legitimate health practice.

The modern medicinal practices, when entered in the village easily presented as a dominant one. Among various reasons behind it I found the involvement of educated persons in it. The way they dressed, the way they talked, their confident presentation, etc helped to dominate the local culture. Other forms of modernity are the introduction of radio or health related programs from Radio Nepal that have facilitated in this process.

People returning home after working in India, people visiting capital city, people visiting district headquarter for trade where hospital was already introduced, involved actively in the word of mouth advertisement of the benefits of modern health practices. Educated and well to do families were the earlier to accept the benefits from health professionals. This tendency also helped modern medicinal practices the legitimacy.

CHAPTER VII: THE INTERACTIONS BETWEEN TRADITIONAL AND MODERN BIRTHING PRACTICES

In Chapter 5, I discussed the traditional birthing practices practiced in Yangnam to deal with pregnancy and delivery related cases and in chapter 6, I mentioned the modern birthing practices practiced in and promoted by Safe birthing center in Yangnam to deal with the same issue. Since both of these practices though significantly different from each other, are dealing with same issue, the assumption here is that they are interacting with each other. This chapter is dedicated to the discussion about these very interactions between these two different practices.

Picture 11: SBA with a local woman in SBC

By interaction here I mean how have the presence of these two practices been influencing each other, the positioning of each practices in the cognition of the village people, how have the agents of these practices considered the practices followed by each other. This discussion is established on the basis of the information I gathered through observation, interviews with practioners of both modern and traditional practices.

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These all activities and processes including lot others helped to establish modern health professionals. In the case of maternal health related problems the case was different. Women rarely visited HP and followed modern medicinal practices to deal with maternal health related problems. Except others the dominant reason was the presence of male health professional. Women hesitated or felt shy to share their problems with the male professional. Some of the women also shared with me that their husband did not allow them to visit the male health professional.

But still Mr. Chaudari (AHW), working in Yangnam HP since 2042BS had lots of stories to share with me about how he facilitated the delivery process visiting the patient's home personally. He also shared with me that only when they felt the case riskier and there did not exist any alternatives, his service was sought. His success definitely increased the number of women seeking his service. But again majority of women followed traditional practices and gave birth in home with the help of traditional birth attendants. He agreed that he being male was dominant reason behind it.

Except few cases reported to hospital at Phidim, the cases where when people of Yangnam followed modern medicinal practices were limited to cases handled by AHW Chaudari up until SBC was introduced in Yangnam, the dominant practice followed by people was the traditional practices.

Introduction of Safe birthing center at Yangnam Health Post is one of the major events which facilitated the penetration of modern medicinal practices there. Studies conducted in various

parts of Nepal by the institutions who are promoting and making it available in the remotest part of Nepal revealed the resistance of women to seek help from male health professional. With this feedback they gave trainings to females and introduced them as SBA ANM (skilled birth attendance auxiliary nurse midwife) –Safe birthing centers. I considered situation as one reflecting the interaction between modern medicinal practices and traditional practices. Modern medicinal practices through research work is currently trying to understand the women's world and modifying its ways through which it enters the village. Producing female skilled birth attendants for Safe birthing centers can be considered as one act tailored according to local traditions.

Health professionals at Yangnam Health Post claims that the number of women seeking modern medicinal services during pregnancy and delivery has increased massively after the introduction of female skilled birth attendants. Institutions promoting modern medicinal practices also gave trainings to traditional midwifes. Since people who are following traditional practices seek help from traditional midwifes during delivery.

Traditional midwifes are ones who are the active agents in the process of transmission of traditional knowledge from generation to generation. The feedback of the studies recommended for the trainings to traditional practitioners. So, identifying these agents and giving them training to make them familiar about modern birthing practices is another acts towards effective spreading of modern birthing practices. Here also the interaction between modern and traditional practices can be seen, as mentioned earlier modern medicinal practitioners and institutions involvement in the process of effective penetration of modern birthing practices are identifying various possible ways which can be used in spreading modern birthing practices. Giving trainings to traditional mid wife is one of the ways they have developed.

Modern birthing practices have categorized the traditional practices as harmful and no harmful. To deal with harmful practices practiced by women in Yangnam, they have developed various measures. Modern birthing practitioners believes that, those practices which they have labeled as harmful, through various research and experiments, shall not be practiced at all. So they have been doing various awareness campaigns in Yangnam towards minimizing the follow of those practices. But even though some of the practices are traditional but does not cause any harm to the health of mother and the baby, they do not have any problem when followed by women in

Yangnam. They have easily accepted it and have made part of their practices. This act of modern birthing practitioners has helped in increasing the acceptance of modern birthing practices by women in Yangnam.

One of such no harmful practices is the practices related with the disposal of sal nal. I have mentioned earlier in chapter 5 about traditional beliefs and practices associated with act of disposing sal nal, according to modern birthing practices these are just the dirty things and have to be disposed under earth. In Safe birthing center at Yangnam there is a special hole dug on earth for that purpose. My conversations with skilled birth attendants revealed that, relatives of women after giving birth asks for sal nal to take back with them and dispose according to their tradition. She shared, she and other health professionals tried convincing them saying that they hold false beliefs thus can dispose it anywhere beneath earth.

She shared some of her experiences when she just disposed the placenta even though they were unwilling to do so. When she realized those acts of forcefully disposing the sal nal hurt their feeling and provided them with a space to hold negatives about modern birthing practices she decided to send it back with them if they are willing to take it. Since the act they do does not cause any sots of harm to both mother and child she doesn't have any problem listening to them. When she started following their will regarding dispose of sal nal people seemed happy.

Even though importance of cleanliness during pregnancy, delivery and post delivery has been spread among the people in Yangnam, I found several cases where especially women after pregnancy are kept in dark room not possessing the clean features mentioned by the modern health professionals.

During my field visit I was interviewing a mother, who had recently given birth to a baby, I could notice red spot of blood on her cloth *(Lungi)*, the mattress, quilts and other cloths used by her and the baby and the standard of cleanliness of those things were not up to the standard mentioned by modern health professionals. The situation I reflected earlier could be due to her economic condition, or could be due to structure of her home or could be due to other factors.

But since through this study I have not dig into the economic world of Yangnam, I could see the sole reason behind that situation is due to the dominant position of traditional practices in her life. Modern medicinal practices demands the cleanliness which does not mean buying new

cloths, blankets etc. and building new home, it simply means using clean things which does not demand a person to be economically sound. Thus, the situation just reflects the perpetuation of traditional practices.

Similar phenomena exist in case of bathing new born baby. According to modern birthing practices new born baby shall not be bathed until 24 hours after birth. Woman who give birth at Safe birthing center are sent back home after 6 hours, it is found that new born baby are given bath soon after they go home as according to their traditional belief the new born baby is impure. Health professionals at Yangnam shared several cases of pneumonia registered there.

Another similar phenomenon exists in regard to smoking and drinking habit. Modern birthing practices restricts the drinking and smoking habits of pregnant and *sutkeri* women. But as mentioned earlier in chapter 5 under traditional birthing practices drinking tombha has multiple functions and thus encourage the pregnant and *sutkeri* woman to drink it. I also found several women in Yangnam who holds smoking habit even when they are pregnant and even after giving birth to baby.

These above mentioned reflections lead us to another layer where interaction between modern and traditional birthing practices can be seen. It reveals that woman in Yangnam do not follow both traditional and modern birthing practices in totality. Bits and pieces of activities of women during pregnancy and delivery are guided by traditional birthing practices, habits and other bits are guided by modern birthing practices. Before the introduction of modern birthing practices women solely followed traditional practices. When the modern birthing practices entered into Yangnam, it tried convincing women there to follow it; they ensured effective measures to create a positive image of modern birthing practices in the cognition of women in Yangnam. The process that were followed towards effective penetration of modern birthing practices have definitely helped it to secure a dominant position in the cognition of woman but still some of the activities woman in Yangnam followed are guided by traditional practices. The dominant position of modern birthing practices is reflected in the increasing number of woman seeking services of Safe birthing center.

Safe birthing center, to encourage people in Yangnam to follow modern birthing practices and to refer to Safe birthing center to conduct delivery, has used various measures. One of the several

such measures, the provision of cash incentives for woman who conducts delivery at Safe birthing center is an effective measure. The government of Nepal has made provision of providing cash incentives to woman who gives birth at health institutions. Women who give birth at Safe birthing center get Rs.1000 as incentive. These measures used by modern birthing practitioners are the measures used towards attracting women in Yangnam from traditional birthing practices to modern birthing practices.

CHAPTER VII: CONCLUSIONS

Existence of both traditional and modern birthing practices prevails in Yangnam making it medically pluralistic society. Among these two different birthing practices existing there, modern birthing practices followed in and promoted by Safe birthing center is a recent phenomena but still it is successful in securing a dominant position in the cognition of woman in Yangnam. This case can be referred as an example while discussing about exertion of biomedicine hegemony. This success of modern birthing practices towards penetrating in Yangnam in short period of time is due to the larger institutional supports it has and various promotional measures it uses. The number of women referring to Safe birthing center to deal with pregnancy and delivery related issues is gradually increasing.

Even though this number is increasing, various activities of women in Yangnam during pregnancy and delivery are still guided by traditional practices. As mentioned in chapter 7, bits and pieces of activities are guided by traditional practices and other bits are guided by modern birthing practices. The practitioners and promoters of modern birthing practices are wishing that all the women in Yangnam shall follow modern birthing practices during pregnancy and delivery. Towards fulfilling this wish it is constantly modifying itself according to local socio/cultural contexts, the examples are provided in chapter 7, and it has been successful in creating a positive space in the cognition of women in Yangnam.

The opening Safe Birthing Center where normal births can take place and growing awareness of the need for referral to higher levels of care in case of complications are all changes that are transforming Yangnam women's childbirth experience. As these changes become established, and awareness grows in the local communities of the importance of being able to access services in a timely way, the possibility of reducing maternal deaths and achieving MDG will become a reality.

GLOSSARY:

Limbu: caste group in Nepal
Damai: untouchable caste group in Nepal
Kami: untouchable caste group in Nepal
Sarki: untouchable caste group in Nepal
Kirat:
Dhami\jhakri\jannemanche: traditional healers
Yang: money
Jabeju\thamsung\angdambe: various castes in Limbu population
Namma: halt
Doko: big basket made by bamboo straw
Kuto: mattock
Baas KO kandelo: hollow bamboo
Baas KO choya: bamboo blade
Sutkeri:
Sudeni: midwifes
Sal: placenta
Nal: umbilical cord
Dudhilo KO Rukh:
Kavre KO rukh: fruit from which pickles are made
Maiti: maternal home
Sasu: mother-in-law
Thuliama Sasu: elder mother-in-law
Sadhu: priest
Bari: field
Dhikki: machine to grind grains
Makai KO khoya: maize
Aankha: eyes
Maha: honey

Ghee: clarified butter

Makai: maize

Badam: peanuts

Dhido: corn or wheat flour mush

Amilo: sour, tart

Piro: hot, spicy

Tejilo: sharp

Dimag: mind

Amliso:

Kodo: millet

Chyan: graveyard

Tombha: liquor

Tilhari: necklace

Bulaki: nose ring

Dhan naach: festival of Limbu caste

Udhauli uvauli: festival of Limbu caste

Huma Himdangma: old grand mother

Simbungpa: the god of forest and tree

Lungbungwa: god of rock and stone

Khangbungwa: god of soil

Yalangma: related to straw of rice

Yalang: straw of rice

Ma: related

Bhaitak: chair

Gundri: mat

Mela\perma: labor exchange

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