

Traditional Birth Attendants Among the Tharus in the Age of Biomedicine

(A Case Study of Sorhiniya from West Central Tarai)



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LETTER OF RECOMMENDATION

This is to certify that **Mr Dinesh Acharya** has completed this dissertation entitled “**Traditional Birth Attendants Among the Tharus in the age of Biomedicine**” (A Case Study of Sorhiniya from West Central Tarai) under my guidance and supervision as the partial fulfillment of the Degree of Master of Arts in Anthropology. Therefore, I recommend this dissertation for final evaluation and approval.

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LETTER OF ACCEPTANCE

This dissertation entitled “**Traditional Birth Attendants Among the Tharus in the age of Biomedicine**” (A Case Study of Sorhiniya from West Central Tarai) prepared by Mr. **Dinesh Acharya** has been evaluated and accepted as the partial fulfillment of the requirements for the Master Degree in Anthropology.

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ABSTRACT

Anthropological study on TBAs and other similar culturally derived medical practices have not earned significant interest among Nepali anthropological researchers yet. Hence, this work is solely intended to strengthen the knowledge on indigenous medical practices so that more such researches could be carried out easily and efficiently in the days to come. About the content of this research, it's all about an attempt to figure out the ways how traditional birth attendants have been sustained its existence amidst various biomedical interferences and this also shows cultural relationship of the sustenance of *Sorhiniya* system with modern development processes along with behavioral social components stemming from current social structure. The larger objective of the study is to find the role, status and condition of *Sorhiniya* in Tharu community and to study the effect of biomedical intervention on TBA. The research tools used during the study were life history of *Sorhiniya* and trained birth attendants, in -depth interview with the clients of *Sorhiniya*, biomedical institution and interviews with biomedical staff and *Guruwa* (Tharu Shaman). Focus Group Discussion was another tool used in the research field. Extraction of data which was thought to be the most complicated part in the research was ultimately an easy task due to cordial responsiveness and willingness of the people for co-operation in the field area. As a conclusion of the study based on the collected data, traditional birth attendance still exists as a cultural legacy in Tharu community, but its sustenance in coming days doesn't seem that guaranteed since it is moving through various biomedical interferences even from the level of government. Biomedicine being the gift of modern science owns a power of authenticity whereas traditional birth attendance is functioning as a medical practice rooted to Tharu culture which still dominantly exists among Tharu people due to their cultural affinity with such practice and with economic perspective, economically lower class people tend to manage themselves with easy practices around and is also a next reason for current persistence of *Sorhiniya* system in the field area. Furthermore, *sustenance of TBA in the village can be perceived as their resistance to such biasness from government from government. And in according with such resistance exists when the people are trapped in power relations that put TBA under the serious threat of losing its identity. Hence, TBA when a study as resistance becomes tools to explore the power relations that lies there.*

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ABBREVIATIONS

AHW	Assistant Health Worker
ANC	Ante Natal Care
ANM	Auxiliary/Assistant Nurse Midwife
BAs	Birth Attendants
I/NGOs	International/Non-governmental Organizations
PNC	Post Natal Care
PPH	Post-partum hemorrhage
SBA	Skilled Birth Attendants
TBA	Traditional Birth Attendants
UNFCCC	United Nations Framework Convention for Climate Change
VDC	Village Development Committee
WHO	World Health Organization

CHAPTER- I

INTRODUCTION

1.1 Introduction

This study discusses about Traditional Birth Attendants (TBAs) in Tharu community. So, it is very essential to know about the Tharus in general and TBAs in particular.

The Tharu are one of the indigenous tribal people scattered all along the southern foot-hills of the Himalayas the greater part of their population resides in Nepal, although some Tharus are also scattered in the adjacent Indian districts of Champaran, Gorakhpur, Basti, Gonda and Nainital (Rajaure 1981 : 155).

Most of the Tharus of Motipur VDC in Kapilvastu district claim them as Dangaura Tharu. Dangaura refers to the Tharu who claim Dang as their original home (which includes a common' larger their Inner Terrain valley of the same. Since at least the nineteenth century the Dangauras have migrated, partly eastward (in Rupandehi and Kapilvastu district or ex-Seoraj) but mostly westward, settling in Banke and Bardiya districts and in the Inner Terai valley of Surkhet (Krauskopff 1995 : 187).

Traditional systems of medicine contribute significantly to the medical needs of 80 percent of the world's population. The expansion of western medicine is limited not only by financial and manpower restrains but also by a preference in some societies for traditional care, particularly for cultural and chronic disease. Lay medical beliefs and remedies, upon which self-care is based, are allied to the prevailing professional system of medicine. Clearly, to provide effective care all health workers need an understanding of both lay professional forms of traditional care available within the communities they serve (Bhopal 1985: 99). Among numerous traditional medical care, Traditional Birth Attendance has been still existing one of the influential traditional medical care is in Tharu communities in Nepal.

TBAs are found in most communities of the world although their nature and function vary considerably. The World Health Organization's definition of TBAs is 'a person who assists the mother during childbirth and who initially acquired her skills by delivering babies herself or by working with other TBAs (Leedam 1985 quoted in Bergstrom and Goodburn 2012: 5).

The situation is further complicated by the ambiguities created by translation. Both Nepali and expatriate program advisors commonly use the single umbrella term

'TBA' to talk about the women their programs target, even though the programs are reaching a wide variety of women with quite varied forms of involvement in other women's childbirth. They also interchange "TBA" with the Nepali word "'Sudeni'" even though there are many terms in numerous languages for the various specialist roles that do exist. The word "Sudeni" in Nepali is generally associated with the woman who has special skill (particularly the ability to intercede when labor isn't proceeding normally), and many woman who fit the program visions of TBAs are not in their own view (Levitt 1987 quoted in Pigg 1997: 271). As Nepali single word *Sudeni* which means a woman who assist a delivery woman when her pre and delivery period. In Tharu language, this woman is called by Sorhiniya.

Pigg (1997) mentions that the term 'TBA' is constructed by Development. Some scholars (Soman 2011, Wagner 2004) use other terminologies to indicate who assists mother at the pre and post delivery phase, these are; Traditional Midwives, Local Midwives and Indigenous Midwives.

...Traditionally the institution of Indigenous midwives has been a domain of women workforce with various skills and capacities engaged in birthing care (Satyamal 2005, Akthter 2002, Mukhopadhyay 2008, quoted in Soman 2011: 2).

Estimations suggest that around 60% of child deliveries in the world are managed by traditional birth attendants. Though many official policies do not recognize them, more countries are realizing the community health education role that healers can perform (Payyappallimana 2012: 69).

Ban et; al. (2012) have mentioned that initiation of safe motherhood programmes has contributed to reduce huge maternal mortality ratios (MMR) in Nepal. They further claim, birth attendance by skilled birth attendants (SBAs) has increased in institutional deliveries and overall improvements in the quality of maternal care. The maternal financing scheme has also greatly contributed to the increase in utilization of services at health facilities.

Post-partum hemorrhage (PPH), obstructed labor, and eclampsia are the major causes of maternal deaths in Nepal. They can be easily identified, prevented and managed if basic arrangements are made available, specifically trained skilled birth attendants (SBA) and obstetric emergency facilities. To this end, the government has undertaken an ambitious goal of increasing the proportion of SBA-assisted deliveries to 60% by 2017. However, this will remain a challenge in the short run, especially given that new birthing centers are rapidly expanding. Health workers who are

currently providing care during pregnancy, labor, and childbirth in many of these centers do not necessarily have the full range of skills to be considered SBAs (Shakya et al. 2012: 102).

Soman (2011) says, British had introduced biomedical knowledge in India. Indigenous midwives had been working until 1947 but the post-colonial India's policy of health prioritized biomedical practices but local midwives were gradually excluded through this act. Consequently, it has been replacing the local midwifery system ('Dai' tradition) in Bengal. Wagner (2004) comes at similar conclusion that the authoritative biomedical knowledge dominated and marginalized local or indigenous midwives in Guatemala.

Traditional medical knowledge is widely prevalent around the world and the larger public has integrated them for their various health needs. While continued community or public patronage is sustaining and even fostering their growth both in developing and developed countries, there exists a gap between public choice and national, institutional efforts for integration. High external resource use and technology orientation in development coupled with markets as major determinant of distribution is continuing to marginalize traditional medical cultures in the health systems (Payyappallimana 2012: 75).

Sorhiniya assist a woman in her pre, post-delivery phase and during child birth as well. They are regarded as healers in the Tharu community. When a woman becomes pregnant she is supposed to be weaker before than before the phase of pregnancy. After delivering the child, she is still also assumed weaker. At that condition Sorhiniya massage with her warm hands with love and compassion to both of mother and baby. Sorhiniya play the very important roles in the Tharu community. This study is focused on Sorhiniya, their conditions, status, role and their perception towards biomedicine. Contextually, other components have come in this study which, are interconnected with the issues of Sorhiniya.

1.2 Statement of Problem

Health seeking behavior is a complex field of social anthropology. More attention needs to be paid to understanding the relationships between conventional and indigenous forms of medical care, the variety and importance of traditional models of illness, the role of the traditional healer, and expectations of what the individual and the community want from their health (all kinds) services. In order to

understand what determines women's beliefs and behavior in relation to her voice. In the course of this we will need to be prepared to encounter and find a way to live with, much that differs from the western medical view. But given the extent of urgent health crisis facing the adolescent girl, the pregnant woman and the mother with her newborn infant (Baker 1994 quoted in Manandhar 2000: 25).

According to Levitt, 'Sudenis' have not prestigious status because the act of Sudeni is thought as a dirty work in their culture. In terms of Kirtipur (Newar town of Kathmandu valley), it was found whoever places the placenta in clay dish and performs the necessary rituals is the "Sudeni" for that delivery regardless of whether she provided any services. Among the Parbatiya (ethnic Hindus) of the hill areas, the "Sudeni" is regarded as an expert who has the skills of assisting pregnant women at the time of childbirth by inserting her hands into uterus, and remove fetuses and placentas, and who expect some as a payment(Levitt quoted in Pigg 1995).

The status of midwives differs from community to community. Training courses effects on midwives professional status. On the one side they increase their status by acquiring the new knowledge and skills through trainings. On the other sides, their local or indigenous knowledge is undermined by biomedical institutions of their authoritative knowledge (Wager: 2004; Cosmisky: 2001a).

Biomedicine is plural as primary care practices in public clinics, rehabilitation experts in a veterans medical centers, heart surgeons in a for – profit, hospital chain nurse practitioners in rural hospital, psychoanalysts in office practice, social workers on the streets of with the homeless, mentally ill and military health planners. The same therapeutic technologies – say, for example, particular pharmaceuticals or surgical equipments are also perceived and employed in different ways in different worlds (Kleinman 1995: 24). He further tells that biomedicine has become very powerful mechanism of social control; no any other treatment approaches can use or exercise this degree of power. Today, biomedicine has gained higher status in this post-modern world. It has been succeeded in keeping its autonomy linking itself with the politics and economy. It has become a great inseparable part of political economy. And become inseparable from the state. Therefore, this study has tried to find the answer of why Sorhiniya has perpetuated even in the time of biomedicine.

Due to the overflow of biomedicine it has threatened indigenous/local/conventional health practices in contemporary Nepal. TBAs' profession is affected because of the spreading of modern health practices to a large

extent. This present research has attempted to find out the actual professional status and conditions of Sudeni's from local perspective. Although some studies (Pigg 1995, 1997; Levitt 1988; Manandhar 2000; Stone 1992) were conducted to study TBAs' and their clients' perspective still complete figure of the subject is not attained. This study has tried to understand TBAs, their clients, non-clients and other community peoples' perspectives from determined field site.

I have tried to seek the relevant answers of following research questions;

- What is the role and status of Sorhiniya in the Tharu community even in the time of biomedical domination?
- How Sorhiniya have been existed in the Tharu community?
- Do they work with biomedical practitioners?
- How do they interface with modern health facilities?

1.3 Objectives of the Study

General objective of this study is to examine the conditions and status of Sorhiniya among the Tharu community. More specifically this study will seek the answer of the following objectives.

- To examine the relationship between *Sorhiniya* and biomedical practitioners, and
- To examine the effect of biomedical intervention on Sorhiniya.

1.4 Rationale of the Study

This is a case study of TBAs (Indigenous or Traditional Midwives). We have lots of studies on Nepali indigenous/traditional midwives but I believe, this study has got plenty of new information about *Sorhiniya* than that of other previous studies with medical anthropological lenses. Therefore, this study would help to understand the TBA phenomena in the context of Nepal. Consequently, this study has contributed to the anthropology discipline in general and medical anthropology in particular.

CHAPTER- II

LITERATURE REVIEW

2.1 Background

There are few literatures in the field of medical anthropology in general and TBAs in particular in Nepal. Some scholars such as Subedi (2010, 2011), Dahal (2008), Cameron (2008), Harper (2005), Justice (1989) have studied the different aspects of medical anthropology and Levitt (1988), Pigg (1995, 1997), Manandhar (2000) have studied about the different available TBAs in Nepal with medical anthropological perspectives. This chapter deals with some conceptual and theoretical as well as empirical literatures in the field of medical anthropology.

2.1.2 Medical Anthropology

Medical anthropology/sociology was not developed as fully-fledged discipline until 1950s even in the world context. It was only towards 1970s the discipline was named (Saillant and Genest 2000, Chand & Uprety 2013:1).

Medical anthropology is a part of the field of anthropology that focuses on how human cultures define and affect medical and health issues. As a subfield, medical anthropology draws upon the expertise of the major fields of anthropology as well as medicine, public health, philosophy, environmental science and sociology. Medical anthropologists study topics such as health-care culture and practices, cultural interpretations of medicine and disease, perceptions of how the body functions, and cultural and economic disparities in health and health-care provision (Leigh, 1999).

Medical anthropology/sociology was not developed as fully-fledged discipline until 1950s even in the world context. It was only towards 1970s the discipline was named (Saillant and Genest 2000, Chand & Uprety 2013:1)

Medical anthropology explores beliefs and practices surrounding healing, how people stay healthy, and to whom they turn when they are sick, by examining cross-cultural perspectives on health and illness. At the same time, because medical anthropology is a broad field within anthropology that links various subfields in anthropology and is also concerned with practical applications, it provides a good example of the work of applied anthropology. By looking at culture-bound illnesses,

medical anthropology helps to expose the important mind body connection in illness and healing, and suggests that this understanding is a useful feature of maintaining good health, about which biomedical health care providers need to be aware. It is even evident that the belief in negative outcomes (the ‘nocebo effect’) can contribute to health problems, and thus must also be understood by health care practitioners. This discipline also offers basic data on traditional medical practices from various cultures. Understanding the valuable roles of spiritual healers, midwives, and herbalists allows us to see the ways that biomedicine could become even more effective. For instance, the issue of malnutrition revolves around not just food, but the cultural practices surrounding it. Medical anthropologists who study nutrition can shed light on how to supplement traditional diets—which are already nutritional in many ways—with what are in some cases needed vitamins and minerals. Along a parallel vein, traditional birth attendants offer important services to mothers in places where biomedical care is often absent (Sikkink, 2009: 29-30).

Medical anthropology is the study of human health and disease, health care systems, and bio-cultural adaptation. The discipline draws upon the four fields of anthropology to analyze and compare the health of regional populations and of ethnic and cultural enclaves, both prehistoric and contemporary. Collaboration among pale pathologists, human biologists, ethnologists, and linguists has created a field that is autonomous from any single sub discipline, with strong potential for integration of physical and Cultural anthropology. The field is also highly interdisciplinary, linking anthropology to sociology, economics, and geography, as well as to medicine, nursing, public health and other health professions (McElroy 2002: 1).

The subdivision of medical anthropology today called “ethno medicine” is the lineal descendant of the early interest of anthropologists in the medical institutions of non-western peoples (Foster1974:1). Ethno medical studies of health and healing are a second major emphasis in medical anthropology. This approach often attempts to discover the insiders’ viewpoints in describing and analyzing health and system of healing. Among the topics studied in this field are ethnoscience, ethnopharmacology, shamanism, and use of alternative therapies, medical pluralism and others (Subedi 2002 : 135).

Medical anthropology looks at cultural conceptions of the body, health and illness. It also focuses on health behavior as research traditions; medical sciences have made important contributions to understanding of natural laws, which regulate the

operation of these processes. A vast institutional complex has emerged directed towards further development of the medical research tradition (often referred to as biomedicine, allopathic medicine, modern medicine, western medicine or cosmopolitan medicine) and training of the practitioners qualified to prescribe treatment to health seeking clients (Subedi 2002: 135).

One of the core concerns of Medical Anthropology is to explore how people in different cultures and social groups explain the causes of ill health, the type of treatment they believe in, and to whom they turn if they do become ill (Subedi 2011: 101).

2.1.2.1 Foucauldian Concept of Power

When Foucault discusses power, he doesn't talk about it like it is a substance—something you get or lose. Rather, it is a certain relationship. He says, “**Power** is not a substance. Neither is it a mysterious property whose origin must be delved into. Power is only a certain type of relation between individuals.” All relationships are power relations. Power isn't bad, it isn't good. It just is. Foucault is interested in how that power works, and how the relationships play a role in what and how we believe. He says, “What I am attentive to is the fact that every human relation is to some degree a power relation. We move in a world of perpetual strategic relations. Every power relation is not bad in itself, but it is a fact that always involves danger.” (Foucault, 2013: 1)

Foucault is one of the few writers on the power who recognize that power is not just a negative, coercive or repressive thing that forces us to do things against our wishes, but can also be a necessary, reproductive and positive force in society (Gaventa 2003: 2 quoted in powercube.net, 2013).

Blewett (2005) delivers his lecture in The Evergreen State College at February 26, 2005, entitled with Foucault's text 'Concept of Power in the History of Sexuality' include the quotation of Foucault;

Power must be understood in the first instance as the multiplicity of force relations immanent in the sphere in which they operate and which constitute their own organization: as the process which, through ceaseless struggle and confrontations, transforms, strengthens, or even reverses them; as the support which these force relations find in one another, thus forming a chain or a system, or on the contrary, the

disjunctions and contradictions which isolate them from one another; and lastly, as the strategies in which they take effect, whose general design or institutional crystallization is embodied in the state apparatus, in the formulation of law, in various social hegemonies.

...Power is not an institution, and not a structure; neither is it a certain strength we are endowed with; it is the name that one attributes to a complex strategical situational in a particular society" (pp.92 - 93).

Focault (1978) once wrote 'where there is power, there is resistance'. Taking cue from this, Abu-Lugodh inverts the first line for the extracting more wide implication of the second line that results in significant change in academic consequences and he puts it as- 'where is resistance, there is power.' He clearly focuses on resistance to locate various power relations and he prefers to use resistance as a diagnostic of power. In his own words - Resistance can be used "as a chemical catalyst so as to bring to light relations, locate their position, find out their points of application and the methods used " (Abu-Lughod 1990: 42). The study deals how the power relations have constituted the position and status of Sorhiniya, Furthermore, it has attempted to unfold the reasons behind the sustenance of them in the time of biomedicine.

2.1.3 Medical Anthropological Researches in Nepal

Medical anthropological/sociological studies have emerged in Nepal since 1960s (Hitchcock 1967; Chand and Uprety 2013:1). The trend of anthropological/sociological studies of health related issues in Nepal so far depicts that shamanism, medical pluralism, cultural model and schema, development discourse and health politics are some of the areas that have relatively been studied (ibid). Dahal (2008) describes the genesis of Nepalese medical anthropological researches and its spreads in Nepal. He writes " *...in 1996 Tribhuvan University's research institute Center for Nepal and South Asian Studies (CNAS) had published a book, wide range of issues have been included like : reproductive health, health care and associating cultural factors, concepts of illness and curing disease and complex interactions between traditional healing practices and modern practices. Most of the articles in this volume were based on the researchers/scholars from out of Nepal. For most of the past 25 to 30 years medical anthropological researches in Nepal have concentrated on spirit possession, therapeutic choice, and child and maternal health.*

Only gradually have anthropological contributions on health and illness been moving away from a romantic glorification of existing knowledge, belief, attitude, and practices, towards rights-based approaches. Today however, health policy, conflict, and psychosocial health are acquiring increasing attention'' (Dahal 2008: 8).

The daily life of health and healing in Nepal is comprised of a wide of medical beliefs, knowledge and practices, and of distinctive categories of functionaries including medical doctors (specialized in allopathic medicine), health assistants, nurses, dispensing chemists and pharmacists. Acupuncture therapists, Tibetan medical practitioners, ayurvedic practitioners, Uninani medical practitioners, folk healers, tantric healers, spiritual healers, *dhami-jhankris* (shamans), herbal doctors, traditional birth attendants, and other practitioners. Non formal or even illegal medical traditions are available as numerous alternative therapies (Subedi 2002:140 :).

Harper (2005) has stated that the health policy of Nepal government is very affected by international health policy which is the favorable policy for biomedical practices. He further states health development policy produces social hierarchies. It presents unintended agendas which can be felt like its own internal purpose. It also marginalizes targeted people and produces all of this structural violence.

... Nepal state bureaucracy, the people's desire for a country free of high rates of morbidity and mortality, and the powerful ideology of western based health care modernization guiding health development (Cameron 2008: 86).

Traditional medicine provides health care to the majority of the people of Nepal, and it continues to do so in spite of strong efforts by the government to provide allopathic medicine in even remote mountain regions (e.g. immunization programmes) and by national and international pharmaceutical companies to proliferate drugs on the market (ibid : 109).

It is apparent, these above mentioned studies were conducted with medical anthropological perspectives, and this study also has added another brick on the wall of medical anthropology in Nepal.

2.1.4 Researches Related to TBAs in Nepal

Levitt (1988) shares her experiences of her fieldwork for PhD that approximately 3500 TBAs were trained between 1974 and 1987 by governmental and non-governmental organizations in Nepal. That was assumed an effort to bring basic maternal and child health and family planning services to rural areas of Nepal. She

also shares her findings that symbolizes the training has left positive impacts in those societies. Training of TBAs revolutionized traditional practices and linked with this community member to the health care delivery services system which in turn affects the general population's use of health facilities. In trained areas, higher rates of antenatal care, hospital deliveries, and family planning, different kinds of birth control mechanisms. Additionally, Trained TBAs are being underutilized in many areas due to potential clients unaware of training and trainees, poor trainee's selection, and in some select areas because there is no traditional way of using birth attendants (Levitt 1988:27).

Pigg (1977) asserts health development policy of Nepal government has been following the international norms and values and norms of health sciences which are understood as biomedical practices in medical anthropology. Health development approaches that pretends to work in the side of or with Traditional Medical Practitioners (TMPs) and TBAs by recognizing local beliefs and practices. These two terms like TMPs and TBAs are constructed for operation by mediating where there is an institutional need to narrow the gaps between the myriad local practices and the international world of health service management (262). She also analyzes ideas, myths and languages associated with community health policy and practices in Nepal.

Manandhar (2000) talks about how the western medicine overlooks the indigenous forms of medical knowledge which are still existed in Nepal. Traditional/Indigenous medical knowledge has been practiced by various indigenous groups in the rural areas of Nepal.

Rajaure (1978) considered a pioneer anthropologist doing fieldwork in Dagaure Tharu. His ethnographic description provides vivid aspects of Tharu culture. However, he has given a short description of Tharu TBAs.

A woman delivers her baby in her bedroom, if she is inside her house at that time. Sometimes babies are born in the fields, streets, or court yards, when the pregnant woman happens to be there in the course of household work. A pregnant woman can be seen doing her household work quite normally until in the last hour before delivery. Individuals, other the *Sorinnya* (traditional midwife) or those who have to care for the mother and child, must not touch or enter into contact must take a bath after the contact. The explanation given for this prohibition is that the newly born baby and the mother are polluted and unclear (Rajaure 1978: 177-78).

...The Health Post was to be staffed by a variety of workers, including a health worker, and assistant nurse midwives (ANMs). The ANMs were to provide family planning and maternal and child health services at the post, during outreach clinics, and during regular home visits in the local area. They were also to encourage traditional midwives to participate in these activities. This is the first time in Nepal that ANMs were attached to rural health post and outreach clinics or expected to make home visits on a regular basis (Nepal/Berkeley 1975: 237 quoted in Justice 1989:55).

Stone clarifies by taking the reference of Justice, how disregards of family simple and widely known cultural expectations concerning women's roles resulted in the failure of Nepal's Assistant Nurse – Midwife program. In this case, urban women were trained to deliver maternal and child health services in remote rural communities. Yet since in Nepal it is socially and culturally unacceptable for women to travel and live alone, these women were not well received in rural areas and were themselves very unhappy with their assignment (Stone 1992:411). Regarding Indigenous medicine, another concern, especially to the 'culture – as – obstacles' viewpoint, has been that traditional medical beliefs and practices would discourages the adoption of modern medicine. But more and more social scientists have come to regard people of rural communities in the developing world as in the end pragmatic with regard to medicine and medical option (ibid:411).

Pigg (1997) elucidates how aid policies in the health sector have contributed to exclude the particular kind of traditional medical system. A certain healing program's objective was to include the 'Traditional Birth Attendants' (TBA) and 'Traditional Medical Practitioners' (TMP) in their programs but the construction of certain terminologies in favor of development agencies defined traditional medical care as obstacles. In this way, Pigg argues, development activities marginalize local practices and belief that existing practices must be replaced.

Various researches have been carried out in different indigenous or local or traditional or conventional medical practices in Nepal but very few studies have been done TBAs with medical anthropological perspective, yet. I believe, this study has come up with some different facts than that of other studies.

CHAPTER - III

RESEARCH METHOD

3.1 Rationale of the Site Selection

Motipur VDC is the habitat of Tharu people with other various castes and ethnic groups. Those groups have their own cultures, values and mode of living. Likewise, Tharu people have their own distinct culture. Despite of its heterogeneous nature, Tharu people have been maintaining their indigenous way of birth attendance. It means, traditional/indigenous ways of birth attendance still exists in this community, to a large extent. That's why. Motipur is an appropriate place to study about the details of Tharu traditional birth attendance.

3.2 People and Setting

In this section, the research site, its geographical location, people, their cultural diversities and health facilities and infrastructures are explained.

3.2.1 Geographical Location

Motipur VDC lies in Kapilvastu district. It possesses plain and fertile and in abundance. It is surrounded by four VDCs. They are Jayanagar in west, Banganga in east, Bhalwad in north and Kopuwa in south. Mahendra highway passes through this VDC. Banganga River to the east – south and Koili River in the west are the geographical boarders that separate it from other neighboring VDCs in respected direction. And to the north of Motipur lies the forest that spreads upto Arghakhanchi district.

3.2.2 People, Caste and Ethnicity

Motipur has got many caste and ethnic groups since many years ago. And they are Brahmin, Thakuri, Chhetri, Magars, Gurung, Dalits (Nepali/Sarki, Biswakarma), hill Muslims; Tharus are the dominant groups among many that live here. Minorities are Rai and Sanyasis.

3.2.3 Health Facilities and Infrastructure

In Motipur, from the side of governmental level, a sub health post has been established here. It has four government staff; they are, AHW, ANM, vaccinator and

office assistant. According to the staff and people of Motipur VDC, this institution has been serving people in their very general health problems whose function is limited only for normal health problem like; common cold, fever, typhoid, gastritis. For child delivery, it could not have served because of the lack of skilled manpower and infrastructure. There is no any well equipped birthing centre of government and private sector though, there are some medical stores & clinics in which child delivery cases have been handled, in Motipur VDC.

There are three medical stores in ward number three, Bangain among the three, twos are located at the side of Mahendra highway and one is located at the side of Bangain-Motipur local road. These medical stores have been serving by selling medicine for general health problems. Kamana Medical Hall has been serving as a clinic and two physicians would visit once a week, here. This clinic has served for child delivery.

Two medical stores are in Bodgaun, they also serve people in some general health problem and they would suggest to people to visit to hospital. These could not have provided proper health service and child delivery specifically.

3.3 Research Design

This study has used descriptive as well as exploratory research design. It has explored the real conditions, status of Sorhiniyas in Motipur VDC and has also described some components associated with determining the conditions and status of Sorhiniya. Furthermore, this study has presented some ideas on how TBA system has still existed amidst widespread of biomedical institutions The reason behind this has been described here in different titles and subtitles.

3.4 Nature and Sources of the Data

This study has used both primary and secondary source of information. The primary data have been gathered through life histories of "Sorhiniya", group discussion, in-depth interviews, etc. from research site. The secondary data have been obtained from published and unpublished journals, articles, books, documents, internet, and research agencies. The nature of data has been predominantly qualitative.

3.5 Techniques of Data Collection

This study has followed qualitative tools and techniques as much as possible. The techniques of data collection which have been used in this present research are:

- **Life History:** An approach that uses a form of individual interview directed to documenting the respondent's life, or an aspect of it that has developed over the life course (Fielding 2013:1) Account of a life based on interviews and conversation. The life history is based on the collection of a written or transcribed oral account requested by a researcher. The life story is subsequently edited, interpreted and presented in one of a number of ways, often in conjunction with other sources. Life histories may be topical, focusing on only one segmented portion of a life, or complete, attempting to tell the full details of a life as it is recollected. The account of a person's story of his or her life, or a segment of it, as told to another. It is usually quite a full account across the length of life but may refer to a period or aspect of the life experience. When related by interview to the researcher it is the result of an interactive relationship (Ojermark 2007: 4). This technique was applied to nine Sorhiniya and two Trained Birth Attendants around Motipur VDC because life history can give the real pictures of a person from his/her birth to his/her present. This study has stated the life history from their learning and training phase to the present because it is very focused on Traditional Birth Attendance but in order to know about the details of Sorhiniya in comparisons with biomedical birth attendance, two trained birth attendants have also been used for this technique, they seem to be biomedical agents. In this technique narratives have been taken from them through informal talks.
- **In-depth Interview:**...the interview is perceived as being closer to a conversation than to a question – and – answer session (Baker 1999: 247). The goal of the interview is to deeply explore the respondent's point of view, feelings and perspectives. In this sense, in-depth interviews yield information. In-depth interviewing often requires repeated interview sessions with the target audience under study. Unlike focus group interviews, in-depth interviews occur with one individual at a time to provide a more involving experience (Guion 2013:1).

This technique has been used to the women who have given birth under Sorhiniya within two years before the time of field work. Five individual women around each Sorhiniya were interviewed in this case. Similarly, other five individual women around each Sorhiniya were interviewed who had given birth in medical institutions or under biomedical staff within two years of the time of fieldwork. And I also interviewed with biomedical staff of sub-health post of Motipur VDC, they were Assistant Health Worker (AHW) & Assistant Nurse Midwives (ANM). It has been apparent that this technique is used for two types of women and two biomedical staff, first type is the clients of Sorhiniya and second type is the hospital-clients. This study has used this technique because clients of Sorhiniya are directly associated with them, they also have revealed the condition and status of Sorhiniya and they expressed their perception about hospital works of birth assistance, as well. Hospital-clients are the habitants of same area so; they also have unfolded the reasons of not having their children under the attendance of Sorhiniya. AHW and ANM of the sub-health post of Motipur VDC were interviewed to understand the perception of biomedicine towards Sorhiniya. Guruwa (Tharu Shaman) is also interviewed because he plays very significant role in whole Tharu cultural systems. Sorhiniya are also a part of this cultural system; these two are interconnected and interrelated. That's why he has also been interviewed. In this interview semi structured questionnaires were used.

- **Focus Group discussion:** Focus group interviews are interactive events guided by a skilled moderator (interviewer) whose ability to stimulate participation, guide discussion, and probe directly affects both success in meeting research objectives and the quality of the data obtained (Quraishy 2013: 56). A focus group is generally composed of 6 to 12 people, selected by a researcher, who are knowledgeable about or have an interest in the subject of focus because of their experiences. In selecting members of the group, it is important to consider not only the qualities of individuals but how those individuals will interact as a group. The physical appearance, types of personalities, gender, and socioeconomic class distinctions may affect the interaction of the group and thus have to be considered (Baker 1999: 226). Two focus group discussions were conducted. A total, eleven & nine people in each discussion. The people of group discussions were local female/male intellectuals, businesswomen/men, teachers, social workers, leaders,

biomedical practitioners (AHW & ANM) and Sorhiniya. Discussion was conducted in an informal manner.

3.6 Data Analysis

The nature of data is purely qualitative. Those data were re-observed and correlated. Only those data that were coherent with the field were documented. During analysis first of all relevant and reliable data were transcribed to paper from audio tape. After transcribing, information were edited and translated to English language. After translation data were correlated with the each other and interpreted and summarized and finally mentioned in the report. Those reliable data were presented as to strengthen my argument when required to.

3.7 Limitations of the Study

The limitations of this study are as follows:

- Being a male researcher, it is complicated to gather data in such issue related to female. As a male researcher, I might not have been successful in data extraction sufficiently, due to the hesitations of my female respondents.
- This study has been conducted for the completion of partial fulfillment of master's degree in Anthropology. So, it is not feasible for a detailed research due to the constraint of time and resources.

3.8 Encounter and Experiences

When I made up my mind to study about the traditional midwives of the Tharu community, I met some Tharu women of Motipur VDC in their own locality. The conversation between me and them alluded the existence of traditional midwifery system as a medical component of their culture intended to make child birth an easy process and sometimes, also to reduce any probable maternal and infant death during child birth.

When I first met them and explained them the issue of my study, they went ashamed and for sometimes, they hesitated to supply me with their knowledge and experiences related to traditional midwifery system. I guess it was due to the fact that I was male working on this female issue.

It was 5 March, 2012, from when I started to visit my field site. Sorhiniya, Khurbusaniya Tharu of Chappargaun was the woman whom I had first conversed for collecting some information related on this topic. She hesitated to talk on this topic at first, but after the clarification of purpose and scope of the study she gave up her hesitations and without much ado, I was able to gain the information that I was looking for. My experiences with all the respondents were almost the same as my experience with Khurbusaniya Tharu.

The clients of Sorhiniya and biomedical institutions (respondents) when gathered together for the purpose of interviews and group discussions they felt some uneasiness and nervousness to share the things that I was searching for. But later on, after I explained the importance of the research issue they were convinced and began co-operating with me and my work.

When I was in the field, I came across few strange experiences too. All Sorhinyas once misconstrued me as a governmental official and hence they tried to persuade me to play my role with government for the upliftment of their livelihood. But I clearly explained them my reality that I was there just for an academic study for the partial fulfillment of Master's Degree in Anthropology. I further, clarified that the findings of this academic work might play a role at policy formulating level of the government and of various I/NGOs.

I was greatly disappointed to know that Motipur VDC's *village profile* was not available in the VDC office and this made me struggle very much for statistical and demographic record. For this also, I did field work specifically. It was also a great challenge that I encountered to, during the period of my field work. Furthermore, As a non-Tharu researcher, I have experienced the difficulties in speaking in Tharu language of initial phases of my fieldwork. For the solution of language I hired one of a Tharu boy named Siva Kumar Tharu. Irrespective of many tough challenges, I completed the field work on 10th April, 2012.

Conclusively, I came to the point that, it's very difficult to study such a birth related female issue by a male. Respondents' hesitations may resist the way of exact data extraction. But it's not impossible too, only the requirement is that whoever gets involved in such study must possess real zeal inside and s/he should have the beautiful art of rapport building.

CHAPTER-IV

PERCEPTIONS AND INTERPRETATIONS ABOUT BIRTH ATTENDANTS

4.1 General Background of available Trained and Untrained Birth Attendants

The scope of this chapter lies in the analysis of information collected from the research field. The condition, role and status of Sorhiniya in the Tharu community can be found with the help of these collected information. Usefulness of this chapter can further be justified for peoples' voices recorded here can easily describe the relationship between Sorhiniya system and biomedicine and also includes in abundance the peoples' perception towards these two medical practices of different origin.

To understand the general background of available Trained and Untrained Birth Attendants, a table has been presented below; this table contains their name, address, age, birth attendance starting age and extra information about whether they are trained or untrained. In Motipur VDC I met eleven Birth Attendants (BAs) in Total. Among them two candidates were trained, when the former government of Nepal had conducted the training there. They are: Kabutri Tharu from Motipur (ward number one) and Manu Lama from Bodgaun (ward number four). Manu Lama is not Tharu woman, because she is Trained Birth Attendant; she is mentioned here, contextually. Except these two, all Birth Attendants are untrained. According to Duhiya Tharu and Dukhiya Tharu from Bodgaun Dhodekol (ward number eight) respectively had rejected birth assistance training conducted by Nepal government due to some their personal reasons. According to Duhiya, she was busy at her household works and that's why, she couldn't go for training. But in the case of Dukhiya, she rejected that training because she feels she doesn't need any kind of training for birth attendance. In terms of remaining BAs, they said that they were not called for any Birth Assistance training form anywhere. Ramdaiya Tharu frankly says that she does not need any kind of training for this birth attendance service. Hiriya Tharu from ward number nine and Algee Tharu of Madhuvan(ward number seven) feel the necessity of the training but remaining other Birth Attendants frankly said that they do not need any birth assistance training because they do have sufficient knowledge for Birth Assistance. Thagani Tharu of ward number three, has given up this service because of her household works. It seems the only elderly people are

continuing this birth attendance. It indicates that new generations are not involved in this work.

Table 1: Profiles of Sorhiniya and Trained Birth Attendants

S.N.	Names of BAs	Trained	Untrained	BA Starting Age	Age	Village	Ward No.
1	Kabutri Tharu	✓		40	60	Motipur	1
2	Thagani Tharu		✓	30	68	Bangain	3
3	Ganga Tharu		✓	30	55	Bangain	3
4	Duhiya Tharu		✓	35	75	Bodgaun	4
5	Manu Lama	✓		26	46	Bodgaun	4
6	Khurbusaniya Tharu		✓	40	60	Chappar-gaun	5
7	Ramdaiya Tharu		✓	35	72	Madhuvan	7
8	Algee Tharu		✓	25	65	Madhuvan	7
9	Dukhiya Tharu		✓	40	67	Dhodekol	8
10	Dupati Tharu		✓	40	59	Dhodekol	8
11	Hiriya Tharu		✓	26	50	Mormi	9

Source: Field Visit, 2012.

4.2 Process of Becoming Sorhiniya and Trained Birth Attendants

These eleven women had not become Sorhiniya and Trained Birth Attendants in a single day. There lies a long process behind, the process BAs (Sorhiniya and Trained Birth Attendants) can be explained in different topics as below.

4.2.1 Transmission of knowledge

Sorhiniya acquire knowledge of BA from their senior. They at first need to observe live how their seniors deal with the challenges during the time of birth attendance. Such observations bring in them some skills and insights, which when grows up to certain degree; they start to assist their seniors. Assistance to seniors gives

them opportunity to apply their learnt skill & knowledge practically on BAs. After the perfect translation of their seen knowledge into practice, they become free to opt for independent birth attendance. But trained BAs start their work after taking formal training.

When asked about the way of transmission of Birth Attendance knowledge, Ramdaiya Tharu made me hear her own story which in her own words reads like,

My mother- in- law used to do this BA work. She was called for BA work around this VDC. Some days when I was in leisure from other household works, she used to tell me to go with her at her clients and I used to go sometimes with her. I used to see how her worked during initial phase but later, I used to be ordered to massage baby and mother by my mother-in-law. Gradually, I was interested in this profession because it is a service of welfare. When she was grown old, I was started to call by villager. Hence, I became 'Sorhiniya.' She encouraged me to do this profession. I used to see her works. In the beginning, she used to say to do massage mother and baby with heated mustard oil. Villager started to call me when a pregnant woman suffers from Labor pain. In this way, I became Sorhiniya.

Likewise, she explanation of her own history in her own words is, explained;

After having two babies of mine I started this work. I have learnt this skill from Ramdaiya who also lives in Madhuvan. I have learnt this through viewing and practicing. She wanted to share this knowledge to younger Tharu women. But most of the people didn't take interest on it. When I met her, she proposed me to learn this technique. She convinced me to learn this skill. I also had the great desire to do this work because this is very pure work. Delivering a child is similar to reaching the mouth of death. It is always joy work to assist pregnant woman from the phase of labor pain to twelve days and more than this. To care child and mother is very risky because mother is really weak at that phase. Child is obviously weak, you might have seen in societies. That's why, it is very good work. She used to take me in her clients I used to see her works. She used to tell me to do massage mother in initial phases. She always told me to observe her works

seriously and told me to do as in same way. Gradually I started to massage baby also. Sometimes back I also used to call by villager, at the time I have gained the knowledge of cord cutting and discharging placenta safely. I am called for when a woman suffers from labor pain. And after having the child I cut the cord of the child by blade. I have heard that our seniors/ancestors used to cut this cord by knife. That was the time. And I clean the baby by drying a clean cotton clothes. I've not encountered yet, any problem regarding this BA work. If situation is critical then, sometimes, I myself take hospital to my client to nearest hospital. We usually go Lumbini Zonal Hospital of Butwal because it is big hospital in our area. I referred some woman to go to the hospital. My daughter-in-law had given birth her baby at hospital. She had had very long labor pain. So, I took her to hospital myself.

And what Dupati Tharu told about her experience reads like;

I used to see her works only, gradually I started to do this work, I started to call by villager when my mother-in-law passed away.

A Trained Birth Attendant Kabutri Tharu explains about how she acquired the knowledge and skills of birth attendance in her own words:

I live in ward number one, Motipur. I had taken birth attendance training in 2059 B.S. Firstly, the training was for 10 days. After some days we got four days in second time, which training was provided by Nepal Government. It was held in Bhadasarawa Secondary School, Hathausa VDC. Trainer taught there the ways how to use our hands at the phase of delivery, not to massage pregnant women stomach that is ready to deliver to her child, to know the normal or upside down position of baby in mother's womb by touching stomach of pregnant women. In the time of delivering child, they taught us how to extend our hands to receive newly born baby.

Other Trained Birth Attendant Manu Lama went on to share her experience during the training in her own words as follows;

I live in ward number four Bodgaun. Before getting this training I did not do this work but I used to go if I was called, I used to go for

accompaniment only. I and Kabutri are two candidates for trained birth attendance of Motipur VDC. In training, trainer told us that when a women suffers from labor pains; even if legs or head out of pregnant women ovary she has to be sent to hospital. We are taught not to massage of pregnant women stomach. We had suggested not to delivery with local Sudeni as well.

From these above all life histories of *Sorhiniya*, I concluded that the knowledge of birth attendance (assistance) is gained by observing this works of their seniors and practicing with themselves. A medical anthropological scholar shares her experiences in her thesis of Master's Degree that Wagner (2004) talks about nearer to my experience which I gained in the cases of *Sorhiniya* in Motipur VDC. Wagner states in her thesis these words:

In many studies indigenous midwives, who acquired their knowledge by apprenticeship, are called "traditional" or "empirical". They are opposed to professional midwives, who are trained in institution (Wagner 2004: 3).

But in the case of Trained Birth Attendants, they have learnt by training from short period only by theoretical knowledge and training for birth attendance by biomedical practitioners.

But in the case of Trained Birth Attendants, they get this knowledge and technique from biomedical person. They are given some days training and suggested to work in their communities. *Sorhiniya* work by their training phase but Trained Birth Attendants work only after finishing their training, they merely get opportunity to translate their theoretical knowledge into practical action after training.

4.2.2 Eligibility for Birth Attendants in Tharu Cultural Context

They cannot do this birth attendance by themselves. They have to be permitted by some supernatural forces like; their *Kuldevata* (Ancestral Deities), *Bahiri Bhutpret* (Outside Ghosts).

4.2.2.1 Belief System

The magical spirit world affects health and can cause illnesses through the network of angry ghosts (spirits of persons who have died in violent or other unnatural deaths), monster-like *bhut-pret*s (spirit), angry gods and anti-gods, and *bokshis*

(witches-person who can cast evil spells by performing inverted religious rituals). Illness in this tradition is believed to be caused by “supernatural attacks (*lagnu, lagu-bhagu*) resulting from jealousy (especially in the case of witches) or one’s having ignored or offended a spirit. Attack can be in the form of possession or some type of physical harm. Specialists who help to diagnose and cure illness brought on by such attacks are commonly referred to as faith healers including sorcerers (those who can cast and break spells and have the ability to communicate with the spirit world), shamans (those who go into spirit possession trances, can perform exorcism and can act on the behalf of spirit), and mediums or *jannemanche*{those can transmitters between the spirit world and the non-spirit world} (Subedi 2002: 145)

A woman cannot do birth attendance work if no matter how good her skill is, if she is not permitted by spiritual world. She has to be permitted by Tharu Kuldevats and Bhutpret. If she is ineligible for this work, she has to suffer some illness her family members and herself as well. Kabutri Tharu who is trained birth attendant, had encountered this problem. Even if she is from the side of modern, allopathic or biomedicine; she is really tied up with her cultural systems. She has lost the norms and values of this so-called modern therapeutic practice; biomedicine. Tharu people call Sorhiniya who assist pre and post-delivery woman and her baby even if she is trained. The way how Guruwa (Tharu Shaman) elaborates about this issue goes like this;

*Some woman cannot do this work due to suffering from Kuldevats, Bahiri Bhutpret. These are the consequences of their deeds. If they do not offer **Bheti**¹ to **Kuldevata**² and do not fulfill the **Bhaka**³ **Pura Nagarne**(deceiving qualities),they are punished by some kinds of illness like; severe headache, dyhorrea, fever etc. I can cure them by seeing *Lwang* filling the healing vibrations of related **Mantras**⁴.But time has been changed now. They do come to Guruwa and go to hospital as well.*

According to other local Tharus and Sorhiniya, Sorhiniya who are victimized by those kinds of supernatural forces are healed by Guruwas but the mystery behind it

¹ Offering blood of pig or hen or goats or money and so on; to their deities through priest.

² Ancestral deities

³ Promise to perform a sacrifice to the god or goddess for fulfillment of one’s wish or Promise made to offer something or worship a deity after the fulfillment of one’s desire.

⁴ Verses related to Guruwa who spells to cure when Sorhiniya go to him when they are attacked by Kuldevatas.

was always confined with Guruwas. So they are unaware of the technique of treatment.

The experience of Kabutri Tharu when she had encountered such type of complexity is presented below;

I did not do because our Kul Devata (Ancestral Deities) did not tolerate my work. It is compulsory to get permission from our Kul Devatas to do work of our own like birth attendance. We family members became ill when I assisted one pregnant woman. We family members suffered from Jhada Banta and fever. I consulted Guruwa (Shamans of Tharu), who identified it as a negative response of Tharu Kul Devatas to my birth attendance work. He treated my family and me and suggested not to do this work. I followed his suggestion. That's why I gave up this birth attendance work. I tried to do this work but because of disapproval from my ancestral deities, I could not continue this work. What can I do? It is my misfortune. However, I usually encourage people to go to hospital. Training is more necessary for Sorhiniya also. I think Tharu people do not go to hospital because they are afraid of the case of cost but cost is free in government hospital.

There is a strong belief system that the Sorhiniya are appointed by their ancestral deities. Descriptions of Sorhiniya, Guruwa and other Tharu men/women symbolized such things. No matter how strongly the impact of biomedicine is increasing, inclination of towards their own belief systems can still be still be observed. They can not get confined around only still believe to Guruwa as well. As a development phenomenon, biomedicine is making Tharu Sorhiniya along with Tharu community of Motipur VDC, to believe its ways of delivery service. I have got very interesting fact in Motipur that government has attempted to spread the biomedical practices by effacing the cultural norms and values of local people by Trained Birth Attendant but an example that has already been state above is the real victim of he own cultural system. It has shown that it is very complicated to go beyond with own cultural/belief systems because an individual is tied up with his/her whole community. This type of belief is psycho-social.

Rjaure (1978), Macdonough (1982), Manandhar (2000) have stated the role of Guruwas in different Tharus communities. Especially in Dangaura Tharu of Dang take him as a healer. He heals different kinds of illness ie; Bhut lagnu(attack of ghost),

Boksi lagnu (attack of witch), snake biting, fever, any kind of ache, severe pain before the time of delivery and so on. But in the case of the Tharus of Motipur VDC, he also heals the Sorhiniya if they encountered any problems of illness while serving their clients; this is a distinct event from Tharu Guruwas than other areas.

4.2.2.2 Skills

They gradually get some skills like: massaging pre-delivery woman for her easy delivery. They also learn the skills of cutting cord of baby; discharging placenta safely (if it has not fallen naturally) keeping baby dry by cleaning with soft cotton clothes, massaging baby & mother with mustard oil and also they learn how to support mother & baby to get bathed as post-delivery skills. It might have taken months to get such types of skills. Ramdaiya Tharu made me know about her skills by saying,

I have got skill of cutting cord and discharging placenta safely and I know the way how to massage baby and mother. I have another skill to know how the baby is lying inside the mother's womb. To know the position of baby inside, I touch a pregnant woman's womb in an especial way as I was taught by seniors. Knowing the position of baby makes my work quite easy even if its position is upside down. Using my hands, I can help mother in delivering her dead baby too.

Likewise, another Sorhiniya Dukhiya Tharu tells her skill of birth attendance of cutting cord, massaging newly born baby and mother along with her skill in knowing the position of baby which in her own words reads like;

I can know the position of baby when s/he is into her/his mother's womb. I do have the skill to know the up side down position of baby when s/he is into womb.

Dupati Tharu too shared same thing using following words;

I have got skill to know normal and upside down status of baby when it is into its mother's womb.

Thagani Tharu used following words to share her skills related to BA;

I massage with my warm hands to pregnant woman when she is ready to give birth to her baby. If I gently massage with my hand on her belly skin, it becomes warmer and after the birth to her baby, I

cut cord of baby and if placenta doesn't fall naturally, I give her one pinch red powder paste (Rato Tikoko baklo ghol).

It would help to discharge or fall placenta easily. I massage with mustard oil to baby and mother as well. They do give some cloths and some amounts of money.

Ganga Tharu shared her skills the way as written below;

I'm called when a women suffers from labor pain, I would return my home when that woman give birth her baby. After birth of baby I do cover the baby with clean cotton cloth. Then I cut the cord of baby and help to discharge placenta safely. I would visits there for at least twelve days.

How Khurbusaniya Tharu shared her skills of birth attendance in her own words is;

I do cut cord of baby, keep baby clean and mother for twelve or more days, massage with mustard oil both of mother and baby.

Likewise, Duhiya Tharu shared her skills of birth attendance and her words were;

I cut cord, massage baby and mother. I also do have the skill to know about the position about the baby in to womb by touching pregnant women, as well. Furthermore, I can assist mother to give birth to her baby easily by massaging her stomach by my warm hands.

According to the trained Birth Attendant Kabutri Tharu:

I learned there the ways how to use our hands at the phase of delivery. Trainer taught us not to massage pregnant women stomach that is ready to deliver to her child. And they taught us to know the normal or upside down position of baby in mother's womb by touching stomach of pregnant women. In the time of delivering child, they taught us how to extend our hands to receive child on our hands. I can cut cord, discharge placenta safely.

Another Trained Birth Attendant Manu Lama shared her skills which she got from training is same to the previously mentioned skills of Kabutri Tharu but she did not forget to tell her another different skill which she got from training.

In training, trainer told us that when a women suffers from labor pains; even if legs or head out of pregnant women ovary she has to sent to hospital. We are taught not to massage of pregnant women stomach. We had suggested spreading the message not to delivery with local Sudeni (Birth Attendants) as well.

These all Sorhiniya have got the skills to cut cord of newly born baby, discharge placenta by safely and in safe places, massage baby and mother and some does have the skills to make fall of unfailing placenta by their local practice. And almost all do have the skills of the position of baby when the baby in its mother womb. It denotes that Sorhiniya are involved at the phase of prenatal of a woman. They are not obliged to do this but they do this because they do have the culture of such traditions. These skills have made them Sorhiniya.

Likewise, Trained Birth Attendants got the training for fourteen days in total they are trained basically for referring to hospital their clients as possible. In the condition of inability to go hospital, they do serve as birth attendant. They do cut the cord of baby; they are suggested not to massage stomach of pregnant women assuming her to give birth her baby easily which is usually done by Sorhiniya. Biomedical principle is that such kind of actions may cause to injure baby. And they are taught to extend their hands to receive newly born baby. And they are suggested to aware people not to deliver their babies in their home under the assistance of Traditional Birth Attendants. These two women are suggested that some women may suffer by the unstopped bleeding at that time; it cannot be cured by Traditional Birth Attendants. Whatever they got as skills they were focused on to refer women to the nearest biomedical institutions.

4.3 Role and Status of Sorhiniya and Trained Birth Attendants

This section, describes status of status of Sorhiniya in the study area. Sorhiniya performs different roles much as massage, cut the cord of baby, discharge placenta in proper place.

4.3.1 Duties and responsibilities

Sorhinyais called when a pregnant woman suffers from labor pain. She is called to assist such pregnant women. She is being there in for the assist of safe delivery. She uses her warm hands to massage the stomach of pregnant woman for the

easiness of delivering child. After delivery she has to cut the cord of baby and keep dry baby by clean cotton cloth, if it is available there. And she has a responsibility to discharge placenta from the uterus of post-delivery woman, if it is not fall naturally, she used to insert her hands into uterus and take out it safely. She is also responsible for massaging both of baby and mother for at least twelve days; some may call sorhiniya for this work for more than twelve days. According to some Sorhiniya, Phadiyas oblige them to clean clothes of post-delivery woman and newly born baby. They do not accept as their duty and responsibility, but all Pahadiyas do not obey such works. Financially strong Pahadiyas take pregnant woman to hospital for delivery and after returning from hospital they hire Sorhiniya for massage and clean the clothes of baby and mother. But this kind of work is not preferred by Sorhiniya. Most of them do not go for such types of works. Some of other woman who does have the skill of massaging post-delivery woman and her baby would go for this work now days.

In terms of Trained Birth Attendants, they are trained for enforcing pregnant woman to deliver her child to hospital. If hospital is very far then, they are taught not to massage the stomach of pregnant woman, to extend hands to receive baby, cut cord by clean blade. They have been trained for spreading the message not to delivery with Traditional Birth Attendants. But Trained Birth Attendants of Motipur VDC are not assisting delivery woman now a days but they have been delivering the message to go to hospital.

Ramdaiya Tharu stated her duties and responsibilities in birth attendance.

I am responsible for when a pregnant woman suffers from labor pain. I am called for safe delivery of child, cut cord and discharge placenta safely. Before the delivery I am usually called and I visit in the houses of my clients for twelve days for clean baby and mother and massage them with mustard oil, after the Barahi ((ritual, at the day of twelve day of birth) of Tharus and Nwaran (Baptism), which is celebrated in the same twelve day) and other rituals of others other community,

Likewise Ganga Tharu expressed some words about the duties and responsibilities of birth attendants;

I'm called when a women suffers from labor pain, I would return my home when that woman give birth to her baby. After birth of baby I cover the baby with clean cotton cloth. Then I cut the cord of baby and help to discharge placenta safely. I would visits there for at least twelve days.

Apart from these, Khurbusaniya Tharu of Chappargaun shared her experiences regarding to this issue of duties and responsibilities in her own words; *Pahadiya makes me obliged to wash the dirty clothes of delivery woman and baby. I do not prefer this work. They go to hospital for delivery. They call us only for massage of baby and mother and for cleaning their clothes. In fact, that is not our work. We are only responsible for cutting cord, discharging placenta safely and massaging the baby and mother of six or twelve days only.*

All remaining Sorhiniya shared as like as of Ramdaiya and Ganga Tharu. Duties and responsibilities determine Sorhiniya status and roles in Tharu communities. They do have very significant role in Tharu Cultural spheres but some of the Sorhiniya Like; Khurbusaniya and Duhiya Tharu have had the experiences that Pahadiya who are migrated from Hillside in Tarai take them as worker. According to them, all Pahadiya do not do so, who are financially sound they treat them as workers only. Most of the Hill - clients of Sorhiniya are not so financially sound, they really respect them as service providers because pre and post-delivery woman is counted as a very weak in this time. Sorhiniya involves making her fit in this phase. So they respect Sorhiniya. They are dignified among Tharu people, who are financially weak other communities and culturally assimilated other communities.

Trained Birth Attendants seem to have been the organs of whole biomedical systems. They are not responsible for massaging baby and mother. They are only responsible for the investigation at the phase of labor pain, and for cutting the cord of newly born baby. They are not responsible to discharge the placenta. But they are responsible for in any complication pre and post-delivery phase, they should take or suggest to nearest hospital. These Trained Birth Attendants are suggested to spread the message of giving birth at nearest biomedical institution. So, their responsibility and duties are little bit different from Sorhiniya.

Those two women have already got high status in their community that's why government use its effective developmental apparatus, biomedicine which had used such powerful women to efface the traditional birth attendants (Sorhiniya).It can be understood that they are trained to displace the Sorhiniya. Biomedicine as a development phenomenon, it is seen to impose its own norms and values by undermining the Sorhiniya who are regarded as very significant component in whole Tharu cultural system.

4.3.2 Service Charge and perception of Sorhiniya towards Birth Assistance

Sorhiniya receives wages in terms of their service. However, wages is largely determined by the duration & nature of works and caste and ethnicity. They get five Mani⁵ *Dhan*⁶, five *Sei*⁷*Chawal*⁸ for the daughter and six Mani Dhan and six Sei Chawal for son; it denotes that gender discrimination is there in Tharu community as in Phahiyas. They also get one set clothes (i.e. Sari, Blouse, Petticoat) for their service. They have their breakfast and dinner at the home of post-delivery woman for at least twelve days. At Tharus, Sorhiniya get chicken and local wine for twelve days. Some days might be missing among twelve days somewhere. It has been determined the economic status of Tharus. Twelve days of birth assistance could be extended according to post-delivery aspiration of post-delivery woman and her family members. If they hire more than twelve days they give more grains or add some money. Money is not fixed, they give as their wish. According to Sorhiniya, now days, most of the Pahadiyas give them some amount of money five hundred to fifteen hundred and clothes. It depends on their economic condition. This amount of money is in place of grains. Wage is determined by type of service such as; assist child delivery, cut cord, massage of child & mother for twelve days and washing clothes.

Ramdaiya Tharu elucidates the perception towards this profession and its service charges in words are presented below;

I prefer this work because it is a pure work of welfare. As a service provider, I am paid some amount of money, grain, and clothes. Tharu usually gives five Mani Dhan, Five Sei Chawal for daughter and six Mani Dhan and six Sei Chawal for son. Pahadiyas⁹. They usually give money and clothes. Rate is fixed for who give grains but currency is not fixed yet. Some people give her five/six hundred some

⁵It is the measurement of Tharu people to measure grains for exchange or give labor charge as grains or anything. They do have a pot named Mani which consists of three kg approximately.

⁶ Paddy

⁷ It is also a measurement of Tharu people to measure grains for exchange or any other purpose. This is a smaller unit of measurement than Mani. They do also have a pot for this measurement which consists of one and half kg approximately.

⁸ Rice

⁹ People who are migrated to Tarai form hillside of Nepal.

give thousand; some fifteen and some give less than this. This amount of grains was nearly the same when I she started this birth assistance. I eat my breakfast and dinner there. Tharu people give me the meat of local hen, sometimes. Pahadiya gives chicken and mutton. It's up to client's economic status and nature. Labor cost is not sufficient for me and us but feel that it is a very religious work. It gives me an ecstasy to some extent.

Ramadaiya Tharu expressed the perception towards this profession and its service charges in her own word;

I have already told that is not sufficient labor cost. It is very important sometimes. We don't have anything; in this case it supports us to live.

However, Sorhiniya considers their work as said work and religious merits. Therefore, they do not claim fixed amount of money for their service. Algee Tharu said that she also gets the same labor cost for this work. About this she told;

It is very little but this work is very pure. So, I use to do. But at least, we should be paid by fifteen hundred for twelve days. If they hire us for more than this, they should pay for in accordance to the days. We, Ramdaiya and I have just finished this discussion before an hour ago.

About shared about the labor cost and perception about this profession, Dukhiya Tharu stated;

This is very supportive in my livelihood which gives me to eat. My income from Sorhiniya can't handle me whole year but it is supportive; very supportive.

Likewise, Hiriya Tharu too shared her experience regarding the amount of labor cost what she usually gets in the same way as others;

I get five Mani Dhan or Five Sei Chawal for daughter and Six Mani Dhan or Six Sei Chawal for son as labor cost of twelve days. If they hire me for more than twelve days they give some amount of money or add some grains to usual labor cost. They give one set cloths like; Sari, Blouse, Petticoat. Now-a-day call her for one and more month for massages and keeps clean mother and baby. In Pahadiyas home I

have to clean cloths of newly born baby and postnatal women but I am not obliged to do this type of work at Tharu's house.

According to Thagani Tharu, her experience and perception of the service charge and this profession in her own words;

They give some cloths and some amounts of money. They used to give us some amount of grains like Dhan and Chawal. But now days they started to give some amount of money. But I gave up this profession because of my household work.

Furthermore, she clarified perception about this profession in following words;

I love this profession and want to be in this profession but new generation takes it as a dirty work. I have not got any training yet. I gave up this profession but if other Sorhiniya got such kind of training they do work far better.

In the case of hill people especially Brahmin and Chhetri, Sorhiniya has to wash clothes of mother and newly born baby. Ganga Tharu told the same thing of previous Sorhiniya regarding the issue of Service charge. She told that the amount of grains was same as now. According to her this is only the work of well fare it does not support in her livelihood significantly. She explained in her own words:

I love this profession and want fto teach this technique to new people but they don't take any interest. I'm not trained birth assistance. Training is good for all Sorhiniya. If I got training I'm ready to get this training.

Khurbusaniya Tharu expressed her perception regarding this work in some words, is presented here;

I love this work because it is the work for welfare but sometimes I'm not interested to do this work now. Pahadiya usually ordered me to clean cloths of newly born baby and postnatal women. I do not prefer this act. It is dirty work I do not like this. I have learned this technique for welfare only.

She gets same service charges of previous mentioned Sorhiniya. If any one call for more than twelve days they give more amount of money and add some amount of grains as well. Most of the Tharu give her grains and cloths only but *Pahadiyas* give money and cloths. They give one thousand to two thousands.

Sorhiniya are not satisfied with this service charge and they said that it has not supported in their livelihood indeed. But they are satisfied in the sense that it is the work of welfare. According to them, it is very good service to help or assist delivery woman. In the case of *Pahadiya*, especially, Brahmin & Chhetri Sorhiniya has to wash clothes of mother and newly born baby. In these groups, post-delivery woman is polluted for her initial twelve days. Generally, family members do not touch post delivery woman until twelfth day of Nwaran (Baptism). Therefore, they ask to Sorhiniya to wash the clothes of mother & baby. If Sorhiniya deny washing clothes, they hire other women from low caste group. Tharu people also have the concept of purity and pollution in regarding the issue of child delivery within their own community but this norm cannot tie up them to do birth attendance work for other caste group.

4.3.3 Clients Perception towards Sorhiniya

Sorhiniya clients really respect them for this birth attendance. Most of their clients are from their own locality. In the case of Motipur VDC, there is larger population of *Pahdiya* (hill migrated people) than Tharu women who have given their child birth under the assistance of Sorhiniya. These hill migrated women are very near to Tharu culture. Because of distance of biomedical institutions, unavailability of other health resources and assimilation of Tharu culture and poverty they seem to have been calling Sorhiniya to assist at the time of their delivery. Tharu women really respect Sorhiniya. It means they are prestigious people in their entire Tharu Culture. Hill migrated women also respect who are assisted by them from the time of before child delivery to post child delivery but who hired them for only massage and clean the clothes of post-delivery woman and baby do not respect them, they take them as workers only. Who bears their child at biomedical institutions and they do themselves post child delivery works after returning from those institutions, they do not care about Sorhiniya, they neither hate nor respect to them. All of respondents have told the perception towards Sorhiniya is thematically same. So, their narrations have not been presented here.

It can be understood here that Sorhiniya clients respect them but biomedical clients do not respect so relative to Sorhiniya own clients. Before the modern health service, Sorhiniya had a good reputation among the people. Sorhiniya lose their status and prestige with the intervention of biomedical practices. These Thoughts and actions

are the byproduct of development phenomenon. Modernity is coming along with development. These biomedical clients think themselves as educated, understanding and conscious people which are thought to be the real norms of 'development'.

4.3.4 Perception of Biomedical Clients towards Sorhiniya

Biomedical clients mean here those people who have delivered their children at government hospitals, private hospitals, health centers and health posts. These biomedical clients take them as worker only. They really appreciate their works of massaging after delivery but they can't convince the whole package of assisting delivery women. According to them, they are only massager. They do not have the skills to handle surgical case, to treat in the case of unstopped bleeding at post-delivery phase, and other such complications. And they do have some doubts the way of discharging placenta from uterus. According to them, this work should be done by trained and experienced biomedical staff.

Laxmi Poudel along with four women who are from area of Algee Tharu opined;

When we suffer from labor pain we would not call Sorhiniya because we do have medical institutions around us. We doubt about the assisting techniques of Sorhiniya. If we feel severe pain then what could they do? If blood would not stop after delivery what would they do? We think they do not do that. So we visit to hospital for child delivery case. Medical persons are qualified in this case but Sorhiniya can't handle the complications of child delivery case. We appreciate the works of Sorhiniya like massaging to mother and baby, get them bathed. If anyone has no opportunity to visit medical institution then Sorhiniya can obviously serve. We really respect them. But life is really loveable for all.

This is a repetitive and common voice all of biomedical clients. All of biomedical clients shared the same perception towards Sorhiniya. They do not have such beliefs that Sorhiniya does have the skills of birth attendance than that of biomedical staff. They do visit to biomedical institution because of above mentioned reason and the availability of biomedical institutions around them. They only accept Sorhiniya as a massager and cleaner. So, it can be concluded that biomedical clients are not ready to accept Sorhinyas as BA.

This indicates that role of Sorhiniya has devalued by modern means of medical treatment. They are dichotomized into a lower status. Their status shifts from midwives to massager and cleaner.

4.4 Interfaces between Traditional and Biomedical Child Delivery System

In this study found that biomedical system has established by its norms and values at local level. How it imposes its own agendas by attacking local or indigenous system of child delivery.

4.4.1 Perception of Sorhiniya-clients towards Biomedicine

Clients of Sorhiniya are not negative with the biomedical institution (i.e. hospitals, private clinics, health centers, health posts) and its actions. But in case of child birth or delivery they feel very secure under the assistance of Sorhiniya. Santi Reshmi Magar from ward number seven tells about this expressed her feeling about this and it reads like;

I am really satisfied with the service of Ramdaiya auntie who assisted me with very good manner. She is full of love and care. I usually recall of the massaging actions with her gentle hands. Fortunately, I did not face any problems. I delivered my baby in normal condition. She massaged both of us for twelve days of my delivery. I do have doubts that they do behave with good manner at hospitals. I think they do not do that. I am from poor family. Certainly, they do not serve poor people properly and hospital may charges with high amount of money which I can't afford.

Santi is not Tharu woman but her family has been staying there along with the people of Tharu community. So, she may have been assimilated with Tharu culture to some extent.

Likewise, another client of ward numbers eight named Asha Tharu who was assisted by Dupati Tharu. She expressed her words as;

Hospital would save our life when we become ill, it cures us. It is very good but in this child delivery case, we feel hospitals do not take any charges for child delivery; give some amount of money instead. But we are not convinced because we are not wealthy. I have faced some cases that a hospital emphasizes wealthy people but

not us. We can't believe hospitals easily. But when a case goes complicated then we are really obliged to run to hospitals. But we prefer to deliver our child under the care of Sorhiniya. We feel much secured at our home under the assistance with Sorhiniya. We are poor. Hospitals may take more charges for this service.

Easy interaction is possible with Sorhiniya than hospital. They can easily tell their sorrow and painful situation than to Sorhiniya biomedical staff.

And other clients of Hiriya Tharu from ward number nine; Chhedawi Tharu described her medical perception;

We cannot be convinced if they would treat (behave) us with well manner. But Sorhiniya behave us very well. They do massage both of us with their gentle hands. I get love, compassion and care from Hiriya Tharu who assisted me when I had delivered my child. We do not hesitate with her but hesitate to deliver our child at hospitals. If the case is complicated then we must go hospital. But in normal conditions, we like to deliver our child at our home. In some complicated cases, I have been seeing that Sorhiniya herself take to hospitals for child delivery.

Where modern curative services are accessible, affordable and effective, they are used. Many studies have shown that even in areas where, from an external point of view, the theory and principles of modern and indigenous medicine do conflict, local people find ways of making their own cognitive adjustments and their own ways of 'integrating' their resort to both traditional and modern options (Stone :411).

These two narrations the representatives voice of all clients of all Sorhiniya. From their voice, it can be understood that they are really obliged to accept when they face any serious complicacies at child delivery but they very much prefer to deliver their children at their home under the assistance of Sorhiniya. Conclusively, they give more preferences Sorhiniya but if case are out of skill of Sorhiniya, and then they run to hospitals or biomedical institutions.

4.4.2 Perception of Biomedical staff towards Sorhiniya.

Sub health post in charge; (Assistant Health Worker) and Assistance Nurse Midwife from sub-health posts who are biomedical practitioners from the side of government at this local area. These two people have given their opinion guided by the

policy of health development of government which has been presented below as narratives.

According to them, they appreciate the work of Sorhiniya but development of medical science has been replacing such traditional medical practices. They also told that medical treatment is more reliable than that of Sorhiniya work in terms of childbirth. Assistance Health Worker Janardan Poudel described in following words;

Truly speaking Sorhiniya are not adversary of medical practice, rather its attempt for downsizing every danger during child birth. It was of great worth before, but it's not a dominant practice these days. But it still works magically when needed. It's only the reliability factor, medical practice being the gift of advance, knowledge & technology is highly reliable, and hence, people feel secured and safe when they are in hospital during the period of delivery. Government has great role to under-value the practice of Sorhiniya, but the positive objective, it's happening mainly in two ways. These are; a) Radio, TV and other means of communications are rapidly accelerating the health consciousness. b) The provision of giving money (One Thousand) to those who makes childbirth in Government hospitals. It has also been providing many medicine and drugs free of cost which has increased the numbers of people going to hospital when needed.

Both of them are not in the side to train Sorhiniya because this policy of government has been unsuccessful due to some specific reasons. In this context, ANM Sundhara KC opined;

Sorhiniya can play significant role as alternative technique of child delivery where there is not easy access to medical institutions. I am really positive in this sense. Sorhiniya become unsuccessful even though they trained because they lack technical knowledge for assisting delivery case. We do have much more technical knowledge related to it but most of the Sorhiniya are illiterate. Why they do not understand the names of medicine in English? I think they do not understand this. Some may be literate but literate can not only understand this. At least birth assistance should be past SLC and then if they are trained they can understand all these things but it is

impossible to train uneducated Sorhiniya. Government had train two women of our VDC but they are not working now. They advise people to go to hospital in terms of child delivery; it can be taken in a positive way. Sorhiniya cannot treat the complicated cases like unstopped bleeding in delivery case and they do not have technical knowledge to handle this problem. They can't do surgical care if it is needed. They may assist delivery women if she is in normal condition. Policy of government is only to reduce maternal-child mortality rate. It has made the policy of prepare Skilled Birth Attendants. To become a Skilled Birth Attendant we should take the specific course of two month. Government recommends people to deliver their child with SBAs. Even gynecologists are not SBAs if they have not taken this training.

The extent to which injections are administered by traditional healers, traditional birth attendants and other specialists is unknown (Reeler A.V.; 2000: 139: Anthropological perspectives on injections: a review: Bulletin of the World Health Organization, 2000, 78 {1}).

From their talks it can be concluded that they do not accept the presence of Sorhiniya if the biomedical institutions are easily accessible to people. And their justification of biomedicine makes easy to understand their perception towards Sorhiniya. Government is a modern concept in itself which always prioritizes different modern things like 'Biomedicine' as influential developmental phenomenon. Government of Nepal has made the policy of Skilled Birth Attendants. In order to prepare SBAs; Doctors, Nurses, and ANMs are selected for training. After taking the training, these persons become SBAs. It has also been spreading the message to go and to give birth under the assistance of SBAs only, at biomedical institutions. It symbolizes the message not to deliver child under the assistance of Traditional Birth Attendants (Sorhiniya). In this way, Biomedicine has been maintaining hegemonic status through such medical workers.

4.4.3 Perception of Sorhiniya towards Biomedical Practices

According to Ramdaiya, in respect to the previous year's very few people come to her for BA. They go to the medical institution (health posts, hospital, private clinics etc.) She takes it in very easy way. She said;

Hospitals, Medicals are established here. People do have much more money than that of previous years. Yes, hospital can save mother and child life and we all are also benefited from the work of treatment in different types of illnesses.

Dupati Tharu is really positive of the works of hospital and she expressed; *It is important to support pregnant woman to deliver their child, whether it is at hospital or anywhere it does not differ. It is great to save mother and child at that condition. This phase is the woman's second life because they die for their pain. Man can not realize this pain. I refer to hospital for delivery if the case is complicated. I also take some of my clients to hospitals.*

She advises her clients to go to hospital. She wishes technique to be maintained but she told, new generations do not take any interest on it. She further told that she has the skill to know normal and upside down status of baby when it is into its mother's womb. She realized that Sorhiniya do not have good measure to stop unstopped bleeding. She told in her own word:

But in hospitals, they can cure this kind of problem. So, I say that we Sorhiniya are not perfect. We just assist pregnant woman when they call us.

Hiriya Tharu encountered two cases regarding this birth assistance up to now she explained;

A pregnant women; Bhagganis wife had delivered dead baby whom I referred to hospital but she didn't obey my advice. She unfortunately died. She had died five years ago.

She explained her perception about hospital work regarding this birth attendance work in this way:

I refer to hospital if the case is complicated. If I felt that I'm not able to assist a pregnant woman I would refer to hospital. Sorhiniya should be responsible for before giving birth her baby and after giving birth her baby. So it's very tough work. I have referred four/five pregnant women to hospital within two years.

Through the narratives of all of Sorhiniya, it can kown that they do not have any negative impressions towards biomedical institutions they refer their

clients to biomedical institution if they see necessary. They accept that they cannot handle all the complexities of child delivery.

4.5 Process of Enforcement towards Biomedicine

In this study I found some of the important enforcing factors of heading towards biomedicine. These are briefly described below.

4.5.1 Realizing Process of Biomedicine

In this study, clients of Sorhiniya and Sorhiniya herself take biomedicine as an ultimate weapon in the complicated cases of child delivery. For example, if the case of severe pain, unstopped bleeding after delivery, not succeed in delivering child are the major ones. If any woman faces such complication Sorhiniya suggest their clients to visit hospitals and in some cases they do go along with the clients. It has shown that they are gradually realizing the works of biomedicine. Because of the curing mechanism, they are obliged to accept it.

4.5.2 Roles of Different Agencies for the Promotion of Modern Delivery System

The Skilled Birth Attendance Policy of 2006 set a target of 60% of births to be attended by a trained health worker by 2015. To reinforce this, in 2010, a Safe Motherhood Bill was drafted, which defines the rights of women to quality reproductive health care and maternal and newborn health care, and provides a legal framework, with accountability mechanisms, to enable them to exercise these rights (Witter et. al; 2013).

Different components have played the role of spreading the biomedical conscience. Government has been delivering its own internal agendas regarding to birth assistance. Government emphasizes biomedicines practice in place of local or indigenous therapeutic systems. Government has given its message to realize biomedicine as the superior therapeutic system. Through these major variables like; TV, radio, newspaper, magazine, curriculums of schools, colleges and universities, government of Nepal has been suggesting to go to biomedical institutions only, for safe delivery. Witter et. al (2013) talk about the policy rewarding the child delivering women that government of Nepal has announced that one, who goes governmental biomedical institutions for child delivery, is rewarded with one thousand to fifteen hundred rupees for normal child delivery but in if the case is complicated the amount

of this reward is three thousand to seven thousand and her entire treatment is free of cost. Furthermore, government has suggested not to delivering child under the assistance of Traditional Birth Attendants. In this study, these acts can be understood as a medicalizing process of whole Tharu Cultural Medical System.

4.5.3 Training for Birth Attendance

Training for birth attendance is one of the significant work of fascinations towards biomedical practices. Through that kind of training, government of Nepal has intervened introducing with biomedical practices where indigenous medical practices are still existed. In the case of Sorhiniya, their works of birth attendance is considered as a scientific work in the eyes of biomedical perception. Government of Nepal claims that the training was announced the training for the birth attendance in order to decrease the infant and maternal mortality rate.

Training of birth attendance is generally announced for the traditional midwives of the rural areas of Nepal but in practice any other women are recruited. Through these two life histories of Trained Birth Attendants it can be concluded. Power exercise has been taking place in the time of selecting the woman for birth attendance training. My study on who gets the opportunity to take training is very closer to the research of Stacy Pigg. She states in her article in this way:

The programs for training TBAs must constantly respond to the criticism that TBAs do not exist "traditionally" in Nepal. This criticism arises because in many parts of Nepal, women are assisted in childbirth by other women – usually a relative – rather than by a recognized specialist. How then are TBAs to be recruited for training? Where no traditionally defined TBA role exists, programs seek "respected and influential" women. Program organizers complain, however, that frequently these women have unmarried daughters complain, however, that "inappropriate" people (such as unmarried daughters of local politicians) are selected by communities for training. The institutional need to have TBAs to train leads to a program that in many cases produces 'trained TBAs' out of women who do not identify themselves as any sort of "birth attendants." (Pigg 1997: 271).

Kabutri Tharu was not Sorhiniya her family is economically sound than other Sorhiniya. She has good status in her community. She is familiar to other social worker, political leader, and her home is very close to the VDC office. She might have been selected because of above mentioned reasons. Likewise, Manu Lama was not traditional birth attendant but sometimes she used to visit to her neighbors if any woman suffers from labor pain. She would go there only for company of delivery woman. Her family does have good status in their community. They have Truck in their family. Her husband is in Truck Entrepreneurs' Committee. Even though she is not Sorhiniya, she was recruited for training. But from the same ward number four, Duhiya Tharu had rejected the training. She told that she didn't need that training because she already has such type of skills. This might have been a cause that led Manu Lama towards that training. But other hidden Traditional Birth Attendants might have interested to take that training but training agency would not search them. Contrarily, it recruited an individual who had not involved in that work before. And other important fact is that these two women are not doing this work at present.

Training of birth attendance is generally announced for the traditional midwives of the rural areas of Nepal but in practice any other women are recruited. Through these two life histories of Trained Birth Attendants it can be concluded. In this study I found that those women are recruited who have not involved on that work before, who have very good status in comparison with other Traditional Birth Attendants.

4.5.4 Perception of Sorhiniya about the Training

How Sorhiniya perceive the training? Do they feel the necessity of it? These general questions are very relevant for my study. In this context, old aged Sorhiniya like: Ramdaiya, Duhiya and Khurbusaniya Tharu told that they do not need any training for birth attendance because they do have sufficient knowledge for this work. But these three Sorhiniya are positive about the matter of giving training to new generations. Other remaining Sorhiniyatake training as very good mechanism to improve their skill. Thagani Tharu who has given up this work wishes that new generations should get training which can improvise their quality of birth attendance than that of old Sorhiniya. Voices of the Sorhiniya stated below can justify their perceptions in regarding to the issue of giving the training of birth attendance.

Ramdaiya Tharu opined regarding the issue of training for birth attendance;

I do not need training for birth attendance because I know something. If I could not do this work then I would suggest them to refer to hospital.

Likewise, Dupati expressed her opinion goes like;

Training can improvise our quality and we can get others techniques and we can do far better this work.

Hiriya Tharu said;

Training is very good. Training should be given to young Tharu women; if they are trained they can do this work far better than we do now

Likewise, Thagani Tharu stated;

I gave up this work but if other Sorhiniya get such kind of training they can be more skillful.

Ganga Tharu told;

I love this profession and want to teach the techniques to assist the pregnant women in their child delivery time. But they do not take any interest because they assume it as a dirty work and they tell that they would not get sufficient service charge, it is an occasional work, it cannot support their livelihood significantly.

Duhiya Tharu expressed her words in regarding to the training of birth attendance:

I rejected training conducted by Nepal Government because I have got very good skills on assisting pregnant women to deliver her baby and to twelve and more days. I do have the skill to know about the position of the baby in to womb by touching pregnant women, as well. Furthermore, I can assist mother to give birth to her baby easily by massaging her stomach by my warm hands. I do not refer if my clients are in normal condition but if they are suffering from intolerable pain or any complications I refer them to hospital. I have not faced any problems in my birth assistance life yet. Training can be given to new generation because I'm old.

From their talks it can be concluded that they all are positive in the matter of training giving to new generations. It also implies that they want this

knowledge should be maintained by new generations. In terms of them, some do not feel the necessity and some feel necessity for them. Old age may be the cause the feeling of unnecessary of training.

4.6 Family-Occupations of Birth Attendance, their profession and livelihood

In this section, occupations of all Sorhiniya and Trained Birth Attendants have been stated here below because their occupation can help to understand their livelihood a little bit. Here, my concern is mainly to figure out how they are living? It means in what they rely on for livelihood. Is their birth attendance works as supportive in their livelihood? Here, I have analyzed the interrelation among occupation of their family, birth attendance profession and their livelihood based on their own realities.

Local medical systems are the units of observation for anthropological field research. Because they are embedded in local communities, they vary from one part of the world to another according to the family structures, religious, economic and political institutions of the regional and national societies in which they are located. (Leslie1971:191)

About her livelihood, Ramdaiya's words were;

I am seventy-five years old. I live with my family in ward number Seven, Madhuvan. I live in my small hut with my family members including my husband, son, and daughter in law, grandsons/daughters. My family is landless but depends on agricultural profession by doing Bataiya¹⁰of others. My husband, son and daughter in law go to other farmers as agricultural labors as well. We are financially very weak. I had started BA work from the age of twenty five. I didn't start actually for getting grains or money but I started with my passion for welfare to such women. If we see, service charge in terms of time is very few. Algee and I have decided that we should be paid at least fifteen thousand rupees for a birth attendance work.

Likewise, Algee Tharu shared the following explanation about her

¹⁰System of doing agricultural activities in the lands of others who does not have sufficient land to cultivate and there is the system to divide the entire grains equally between cultivator and land owner.

livelihood;

I am sixty-five years old. I also live in Madhuvan. My family is not so weak as that of Ramdaiya. My two sons are in their own profession, elder one is in small business and younger one is in Nepal Army. Whatever, my family's main occupation is agriculture. I had started this birth attendance work from the age of thirty-five because I had compassion towards delivery women. That's why I started this work.

Likewise, Dukhiya Tharu expressed her livelihood pattern in her words; *I am sixty seven years old. I live in ward number eight; Dhodekol. I have been staying in small hut alone. I am separated with my son and daughter-in-law. I am landless. I sometimes prepare my food, sometimes I eat at houses of my neighbors. I had started this profession only for welfare. It has not supported me to live. Who can help me to feed me?*

Dupati Tharu shared her experience of her livelihood in her words and what she shared is mentioned below;

I am fifty-nine years old. I am also in ward number eight, Dhodekol. I have started this service from the age of 45 years. My family is landless. We do have a small hut for shelter. We rely on Bataiya of other's land. BA work cannot support our livelihood significantly because I am called by villager when a woman suffers from labor pain; it means who is ready to give birth to child. They only call me in that condition. I think I am called for 3/4 women per year. Service charge is very few so, we cannot rely on this for our livelihood.

Hiriya Tharu told about her livelihood in her words is;

I am fifty years old. I live in ward number nine; Mormi. I have started BA from the age of twenty six. I learnt this technique from Bechaini Tharu who is my neighbor only for welfare with love and compassion. I have been living in my small hut with my husband, son and daughters. We are involving in agriculture occupation but we are landless. We are relying on Bataiya for our livelihood.

What Thagani Tharu told about her livelihood in her words, is;

I am sixty eight years old. I live in ward number three, Bangain. I have started this work when I was thirty year's old from my mother

in law. This work can't support for our livelihood. It is the work of help and welfare. I have assisted some women. I gave up this work because my son told me to take rest but I should help them some light household works. I have been living with my son, daughter-in-law and granddaughter/sons. We do have some piece of our own land to grow some grains. It would support our livelihood and my son has established a small shop for salts, oil, sugar, biscuits, and cigarette. Local and English wines are also available here. This shop has also supported in our livelihood.

Ganga Tharu described about her livelihood and her description is written below;

I am fifty five years old. I also live in ward number three, Bangain. I have started this work from the age of thirty. I had started this work for welfare only. I have been living with my family members there. My family is involving in agro production like: paddy, corns, mustard and so on. I have learned this technique from Thagani Tharu . It is just a work of love and help, it cannot support our family to live.

About her livelihood, Duhiya Tharu briefly explained;

I am seventy-five years old. I live in ward number four, Bodgaun. I have started this work from the age of thirty. This is a service but not only a work. But this work is very hard so I wish people considered about it. I learnt this technique from my mother in law. I have been living with my son, daughter-in-law and grandson/daughters. Our occupation is agriculture; we do have some lands of our own.

The livelihood of Khurbusaniya Tharu as told by her goes like,

I am sixty years old. I have started this work at the age of forty. I have started this work only for welfare. Service charge is very little and very few people would come to us (Sorhiniya) now days. So, this work cannot feed us. I live in ward number five, Chappargaun. I have been living in my house with my husband one son, daughter-in-law, grandson and daughters. My family is involving in agricultural occupation. We do have our own land. The land would give us some grains to eat, grains. We are not obliged to buy grains to eat; our

*own production has been enough for us to survive. My husband is **Badghar**¹¹. He would get some amount of money annually from local irrigational committee and we do have the facility that we ought not to do dig and clean the canal for irrigation of our 2 Bighaha (the highest measurement unit of land of the Tarai) land.*

When asked to share her livelihood, Kabutri Tharu explained;

I live in ward number one, Motipur. I had had birth attendance training in 2059 B.S. Training was for ten days firstly and for four days in second time, it was provided by Nepal Government. In addition, it had held in Bhadasarawa Secondary School, Hathausa VDC. I had given up this work because our Tharu Kul Devata didn't tolerate this work by me. And we Trained Birth Attendants do not take any charge from our clients. We do have some pieces of land. Our occupation is agriculture. We are relying on this profession in order to live.

About her livelihood, Manu Lama shared;

I am forty six years old. I live in ward number four Bodgaun. Before getting this training I have not done this work but I used to go if I was called, I used to go for company only. I do not take any charge for birth attendance. We do have a vehicle; truck in our family. We also do have some lands; these two have helped us to survive on our own.

From the talks of Sorhiniya it can be concluded that they take it as a service; work of love, compassion and welfare but at the same time, most of these Sorhiniya are not satisfied with the service charge and for it is not regular job so they think it cannot support their livelihood significantly. The BA work has been giving them a kind of ecstasy than financial support. The ratio of calling them for birth attendance is being decreasing. This is not regular work, but occasional. Finally, it can be understood that Traditional Birth Attendance is very significant traditional medical service and cultural phenomenon among Tharu cultural system but the wide spread of biomedical practices Traditional Birth Attendance has been decreasing.

¹¹ Person who is appointed one year for the handle of Irrigation system in Tharu community. It is very own system of Tharu people and Pahadiya people seem to have been adopted this system, as well.

CHAPTER-V

SUMMARY AND CONCLUSION

5.1 Summary

Traditional Birth Attendants (TBAs) in Tharu community of Motipur VDC are recognized as Sorhiniya in this locality. This is Tharu name. There are eleven Birth Attendants in total. Nine are Sorhiniya and two are Trained Birth Attendants. Among them only one is non-Tharu woman. She is included here because she is Trained Birth Attendant. Among nine, one has given up this work. Others have been doing this work. Among them, two Sorhiniya had refused the training for Birth Attendance conducted by former government of Nepal. One elderly Sorhiniya aged seventy four had refused because she didn't feel the necessary for this. And because of household works, another one had rejected that training. In spite of the availability of the biomedical intuitions at local level, there is a huge practice of Traditional Birth Attendance; this responsibility has been fulfilled by Sorhinyas because these are not only the workforce of birth attendance, but also a very important institution in the Tharu cultural system.

Sorhiniya grow in skills related to TBAs by observing the works of their seniors and by practicing the work of birth attendance simultaneously. In order to become Sorhiniya, they do have another belief system in their community that is; they must be approved by their *Kul Devata & Bahiri Bhut*. They must convince these two supernatural powers by real faith on them. If these two didn't tolerate their work of birth attendance, Sorhiniya must suffer from some illness like unstopped fever, stomach ache and so on. One Trained Birth Attendant could not continue her work after getting training. When she assisted one woman for her child delivery, she had suffered and her whole family would become ill. She visited *Guruwa* (Tharu Shaman) and he cured her and all of her family members suggested her not to do birth attendance. She did not continue this work from that moment. Here, she is trained to deliver her clients to the nearest governmental biomedical institutions, from that, she is seen as biomedical agent but she could not go beyond her community culture. So, it can be said that culture can tie people than any strong rope.

Clients of the Sorhiniya feel that they can share their pain and sorrow their pregnancy and child delivery with Sorhiniya whereas with biomedical staff, they

feel they cannot share their feelings. In Motipur VDC. Sorhiniya get respect from their clients, they call them by respective way. They also help if they need any problems e.g. financial crisis, scarcity of grains and other health related problems but people who call them for massage only, take them only as a worker. This has been seen based on ethnicity and class also. Tharu people respect them even if they follow biomedical practices but Pahadiya who have better financial condition in their locality, they take Sorhiniya as workers e.g. massager and cleaner of clothes of post delivery woman and newly born baby. In the area of Ramdaiya, Madhuvan at *Sukumbasi Tol* (Village of landless people) and the area of Dukhiya Tharu and Dukhiya Tharu, Dhodekol at another *Sukumbasi Tol*, these Sorhiniya have very good position in terms of prestige. These landless people who do not have sufficient money to go to biomedical institution, who are unknown about the provision of free cost of the charge for child birth at governmental biomedical institutions, who do not have proper belief in the work of biomedical institutions because of their poverty and contrarily, who do have sufficient beliefs in Sorhiniya (i.e. they are local individuals who are daily seen faces, they can share their all feelings, physical pains and other complexities at the state of birth attendance with Sorhinyas), for Tharu they are regarded as very important component among whole Tharu cultural system, respect Sorhinyas. Even *Pahadiya* who are close neighbor and who are located in some above mentioned categories respect and love with proper service charge, additional meals at the phase of child delivery to *Nwaran* (Baptism). But they opine that the service charge is very little in according to its work load. They are happy if they forget the service charge because they perceive this service as a work of love and compassion. Some of them are getting old and they are thinking to give up their work. Young generations do not take any interest on it because they perceive it as a dirty and unproductive work. It will lead this local practice to get decreased more than this. Furthermore, all Sorhiniya have said that this work have not played any significant role in their livelihood because it is very low paying work.

Sorhiniya claim that they have some skills of birth attendance with cut the cord of newly born baby, discharge the placenta safely, massage baby and mother both, to maintain cleanliness of both of them. Some of them told that they have the skills of pulling even dead and live baby if a woman faces to deliver child safely but they feel their weaknesses while they face the unstopped bleeding, very

long labor pain, very painful labor pain. They can handle such situation with their local birth attendance knowledge. They do not refuse the healing & treatment of biomedical staff but they accept biomedicine as a ultimate solution and suggest their clients to go to hospital and they go to them with themselves sometimes. Biomedical staff does have their academic qualifications, specific trainings with determined modern equipments, specific skills to solve in regarding with illness or other complexities in child delivery; biomedicine has gained beliefs and faiths even from indigenous therapists and healer like TBAs.

Clients of Sorhiniya perceive in a similar way how Sorhiniya perceive biomedicine. Although a client has respect, love, faith, believes towards Sorhiniya, if they suffer from any complexities at their child delivery, they rush to hospital. At another side, biomedical clients have some doubts on their skills of birth attendance; some of them take them as massager of newly born baby, mother and cleaner of their clothes. Likewise, biomedical staffs take them as alternative ways for the birth attendance where no any access of biomedical institutions. But they are not ready to accept them as birth attendance where biomedical institutions are easily accessible because the policy of health, government is not in the favor of TBAs showing the cause that they do not have the proper skills to assist a woman who is ready to give birth to her child but biomedical staff do have skills to observe, to treat most of the complexities; including even the surgical cases from a time when a woman is in the phase of her pregnancy to child delivery and further to post child delivery phases. It can be understood that Sorhinyas are very dignified personalities among the clients of them and even in their Tharu culture but if we see them specifically through eyes of biomedical clients, staff and generally, as a whole, at societal level they do not give Sorhiniya good respect and love.

Biomedicine has deeper influence in this contemporary world because it has used media (print, radio, television, email, and internet) to spread and it has also used the most influential and powerful women by giving the training of birth attendance. And it has gained the status of very effective medium to solve numerous very dangerous health problems. People are obliged to accept its treatment if they face the problems of surgical cases. In terms of the cases when some women suffers from incapability to deliver their child even if they have been suffering from long labor pain, they generally are admitted at hospital for

surgical operation to intercede the baby from the ovary of those women. And in other physiological disorders at the phase of child deliver phases can be solved by biomedicine. We cannot negate this reality. But some of regular biomedical clients deliver their dead baby before the determined period. Even if they are under the investigations with Skilled Birth Attendants from the first known period of pregnancy, they may suffer. From this case, it can be told that biomedicine may not be solutions of all of the complexities happenings at child birth. This case may be occurred because of improper food and nutrition, heavy load of work and exercise, use of different medicines due to some other health problems. It is believed that these above mentioned skills are not in TBAs. In the case of this child delivery, government of Nepal has made the policy to decrease child and maternal mortality and for safe birth, people should give birth under the assistance of Skilled Birth Attendants (SBAs), to become SBA, an individual take specific course of two months, but this course is available for doctors, nurses, ANMs only. These above mentioned features of biomedicine have been enforcing people to biomedicine. It has vividly clarified that it has gained higher status than traditional healing like Traditional Birth Attendance.

5.2 Conclusion

Sorhiniya system still exists among Tharu people in Motipur VDC; even after the completion of various pro-biomedical efforts from the government. There are various socio-cultural reasons behind such persistence of Sorhiniya in the village. One among them is the fact that traditional birth attendance stems from cultural system of Tharu people and hence is the legacy of their culture. Since, belief system of every people is always guided by their cultural influences; Tharu community is still following the practice of traditional birth attendance.

Another reason for the existence of Sorhiniya system in the study area is psycho-social. Most of the Tharu people in Motipur VDC are with lower economic status and hence they are not yet psychologically assured about the amicability of biomedical system with them. Tharu women are emotionally at more comfort with Sorhiniya than they are with biomedical staff. This is due to the fact that they can easily share their pains and sorrows along with other emotional feelings with Sorhiniya since they are from the same cultural sphere.

And third reason for the existence of Sorhiniya system in the study area might be due to the fact that medical pluralism persists in Nepal. Among plural medical practices, people are always free to choose the therapy that they prefer the most, from currently existing multiple therapies and traditional birth attendance being one among many therapies that prevail here, Tharu people have significant probability of choosing the system that is more related with their culture i.e. traditional birth attendance. In this light, sustenance of TBAs amidst widespread of biomedicine is behavioral resistance to the power of biomedical intervention. Though the penetration of biomedicine is inspired openly from government level, Tharu people are reluctant to assist any such policy that undervalues the medical significance of Sorhiniya system. Close observation of the activities of Tharu people suggest us to conclude they have acceptance and great sense of perceptibility about the bright prospects of biomedicine unless it denies the usefulness of TBA. It can be defined in the light of medical pluralism that exists in Nepal. As an option from many, they assimilate biomedicine but with a silent demand that TBA as their cultural legacy be given due respect and value. In addition they wish some good indigenous secrets be included by biomedicine and uses its medias and quick spreads of it. Sustenance of TBA in the village can be perceived as their resistance to such biasness from government from government. And in according with Abu-Lugodh (1990), such resistance exists when the people are trapped in power relations that put TBA under the serious threat of losing its identity. Hence, TBA when a study as resistance becomes tools to explore the power relations that lies there. They are not still not convinced about the amicability of biomedical staff, and hence, they prefer to give birth their baby under the guardian of *Sorhiniya*. Resistance as such seems to have its roots in economic stratifications of society. Sorhiniya consider themselves, skilled enough to carry out TBA and that is why, some of them refuse to go to training related to child birth organized from government level. Such denial can easily be studied as resistance but for protecting the cultural and medical identity of TBA as a medical practice. This resistance speaks great deal of things about the power i. e.; hegemonic power of biomedicine is becoming challenge to maintain identity of TBAs and this like practices. Resistance through denial of biomedical training is the resistance to the power of domination.

Government of Nepal has adopted the policy to spread biomedical practices throughout the country. And hence, Sorhiniya system which is viewed

as an outdated, unscientific and unsuccessful medical practice at government level is now under serious threat of being lessened or devalued. Government has used its Medias, different kinds of awareness program to exclude such kinds of therapy, giving it the name of health awareness program. Further, various I/NGOs have played the same role too. On the basis of these above mentioned reasons, it is very easy to conclude that government policy has focused in spreading the biomedical system.

Because of the overflow of biomedicine, Sorhiniya system is being decreased day by day. Biomedical system has succeeded in maintaining its hegemonic status in the community since it has used scientific origin of biomedicine as a valid power in interfering other indigenous healing practices that prevail.

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ANNEX-I

1. Check Lists

1.1 Life Histories

1.1.1 Sorhiniya

1. Name
2. Age
3. Address
4. When did you start birth attendance?
5. From whom did you learn this technique?
6. How did you learn this technique? Will you tell process of learning please?
7. What do you do in birth attendance actually?
8. Do you prefer this profession?
9. Do you get anything for this service? If you get something then, please mention about it the time of your starting phase to now?
10. Is it supportive to your livelihood?
11. Do you wish to be maintained this knowledge in this same form?
12. Have you got any training for this work?
13. Have you encountered any critical problem in this work (i.e. death of mother and child in the time of child birth and so on)?
14. Is it necessary to give bio-medical training to you?
15. Have you referred any of your clients to bio-medical institutions?

1.1.2 Trained Birth Attendants

1. Name
2. Age
3. Address
4. When did you start birth attendance?
5. From where did you learn this technique?
6. How did you learn this technique? Will you tell process of learning please?
7. What do you do in birth attendance actually?
8. Do you prefer this profession?
9. Do you get anything for this service? If you get something then, please mention about it the time of your starting phase to now
10. How do you perceive Sorhiniya?

11. Have you encountered any critical problem in this work (i.e. death of mother child and so on)?

1.2 In- depth Interview

Some general questions for five individual women of the areas of each Sorhiniya who have given birth under the assistance of Sorhiniya within two Years

1. Name
2. Age
3. Address
4. When did you deliver your child last time?
5. From where did you deliver your child?
6. How did you feel, giving birth under the Sorhiniya?
7. What did you provide for this service?
8. Are you satisfied with their skill of birth attendance?
9. How do you take bio-medical institutions (i.e. Hospitals, Private Clinics, and Health Post)?

1.3 In-depth Interview

Some general questions for five individual women of the areas of each Sorhiniya who have given birth under the assistance of the biomedical staff within two Years.

1. Name
2. Age
3. Address
4. When did you deliver your child?
5. Is biomedical service satisfactory to you?
6. Are you satisfied with their service?
7. What do you think about Sorhiniya?
8. Why haven't you call Sorhiniya at the time of your child delivery?

1.4 In-depth Interviews with Biomedical Staff

1. Name
2. Age
3. Post
4. How do you understand and describe 'Traditional Birth Attendants' in the light of biomedical perspective?

5. Is there any role of government for the further development or the end of Traditional Birth Attendants?

1.5 In-depth Interview with Guruwa

1. Name
2. Age
3. Address
4. Do Sorhiniya suffer from anger of any supernatural forces?
5. What are the reasons behind such incidents?
6. Have you experienced any changes those things in these days?

1.6 Focus Group Discussions

1. Where do most of the people go for child birth?
2. How do you evaluate the role of Sorhiniya?
3. Do you think this traditional knowledge (knowledge and skills of Sorhiniya related to birth assistance) should be maintained?
4. Should Sorhiniya be trained?

ANNEX – 2

In this section, I have kept general details of five birth assistance clients of each Sorhiniya and other five clients of biomedical institutions of the areas of each Sorhiniya.

1. Clients of Sorhiniya

A. Five women assisted by Ramdaiya Tharu.

Name	Post Delivery Duration	Condition Of Delivery	Address
Shanti Resmi Magar	Eighth Day	Safe	Ward Number-7, Madhuvan
Rita Magar	Eleventh Months	Safe	Ward Number-7, Madhuvan
Ranjita Chhetri	Seventh Months	Safe	Ward Number-7, Madhuvan
Dukhiya Chaudhari	Eight Months	Safe	Ward Number-7, Madhuvan
Maya B.K.	Two Months	Safe	Ward Number-7, Madhuvan

B. Five women assisted by Algee Tharu

Name	Post Delivery Duration	Condition Of Delivery	Address
Sumitra Tharu	Two Months	Safe	Ward Number-7, Madhuvan
Anita Tharu	Two Years	Safe	Ward Number-7, Madhuvan
Pabitra Tharu	Twenty-two Months	Safe	Ward Number-7, Madhuvan
Sanju K.C.	Three Months	Safe	Ward Number-7, Madhuvan
Sita Tharu	Eight Months	Safe	Ward Number-7, Madhuvan

C. Five women assisted by Dupati Tharu

Name	Post Duration	Delivery	Condition Of Delivery	Address
Asha Tharu	Two Years		Safe	Ward Number-8, Dhodekol
Basanti Tharu	Five Months		Safe	Ward Number-8, Dhodekol
Harji Tharu	Ten Months		Safe	Ward Number-8, Dhodekol
Amrita Tharu	One Year		Safe	Ward Number-8, Dhodekol
Srijana Tharu	Thirteen Months		Safe	Ward Number-8, Dhodekol

D. Five women assisted by Hiriya Tharu

Name	Post Duration	Delivery	Condition Of Delivery	Address
Chhedawi Tharu	One Year		Safe	Ward Number-9, Mormi
Pujani Tharu	Nine Months		Safe	Ward Number-9, Mormi
Ramkali Tharu	Two Years		Safe	Ward Number-9, Mormi
Anita Tharu	Fifteen Months		Safe	Ward Number-9, Mormi
Puja Pun	Eight Months		Safe	Ward Number-9, Mormi

E. Five women assisted by Ganga Tharu

Name	Post Duration	Delivery	Condition Of Delivery	Address
Sunkumari Tharu	Two Years		Safe	Ward Number-3, Bangain
Shreedevi Tharu	Two Years		Safe	Ward Number-3, Bangain
Sarita Tharu	Eight Months		Safe	Ward Number-3, Bangain
Asrani Tharu	Five Months		Safe	Ward Number-3, Bangain
Madhuri Tharu	Two Years		Safe	Ward Number-3, Bangain

F. Five women assisted by Khurbusaniya Tharu

Name	Post Delivery Duration	Condition Of Delivery	Address
Basanti Tharu	Four Months	Safe	Ward Number-5, Chappargaun
Kismatya Tharu	Three Months	Safe	Ward Number-5, Chappargaun
Sunita Tharu	Twelve Days	Safe	Ward Number-5, Chappargaun
Kalpana Tharu	Two Years	Safe	Ward Number-5, Chappargaun
Kalpana Tharu	Eighteen Months	Safe	Ward Number-5, Chappargaun

G. Five women assisted by Duhiya Tharu

Name	Post Delivery Duration	Condition Of Delivery	Address
Fulmati Tharu	Ten Months	Safe	Ward Number-4, Bodgaun
Sita Darlami	Eight Months	Safe	Ward Number-4, Bodgaun
Sakuntala Sharma	Three Months	Safe	Ward Number-4, Bodgaun
Doma Rajkoti	Three Days	Complicated*	Ward Number-4, Bodgaun
Laxmi Tharu	Two Years	Safe	Ward Number-4, Bodgaun

*Carried out her baby through surgical operation at hospital.

2. Clients of Biomedical Institutions

A. Five Biomedical Clients of the Area of Kamdaiya Tharu

Name	Post Delivery Duration	Condition Of Delivery	Address
Kamal B.K.	Seven Months	Safe	Ward Number-7, Madhuvan
Saraswati G.C.	Six Months	Safe	Ward Number-7, Madhuvan
Pashupati Chaudhari	Seven Months	Safe	Ward Number-7, Madhuvan
Santi B.K.	Six Months	Safe	Ward Number-7, Madhuvan
Tulsa Thapa	Four Months	Safe	Ward Number-7, Madhuvan

B. Five Biomedical Clients of the Area of Algee Tharu

Name	Post Delivery Duration	Condition Of Delivery	Address
Karuna Tharu	Two Years	Safe	Ward Number-7, Madhuvan
Laxmi G.C.	Two Years	Safe	Ward Number-7, Madhuvan
Laxmi Paudel	Two Years	Safe	Ward Number-7, Madhuvan
Manju Sharma	One Year	Safe	Ward Number-7, Madhuvan
Bina Kandel	Seventh Day	Safe	Ward Number-7, Madhuvan

C. Five Biomedical Clients of the Area of Dupati Tharu

Name	Post Delivery Duration	Condition Of Delivery	Address
Gita Tharu	Eight Months	Safe	Ward Number-8, Dhodekol
Kalpana Belbase	Seven Months	Safe	Ward Number-8, Dhodekol
Prabhawati Tharu	Four Months	Safe	Ward Number-8, Dhodekol
Sita Adhikari	Six Months	Safe	Ward Number-8, Dhodekol
Puja Tharu	Six Months	Safe	Ward Number-8, Dhodekol

D. Five Biomedical Clients of the Area of Hiriya Tharu

Name	Post Delivery Duration	Condition Of Delivery	Address
Shobha Regmi	Seven Months	Safe	Ward Number-9, Mormi
Samjhana Kandel	Seven Months	Safe	Ward Number-9, Mormi
Kamala Bhattari	Six Months	Safe	Ward Number-9, Mormi
Manju Kandel	Five Months	Safe	Ward Number-9, Mormi
Anju Paudel	Eleven Months	Safe	Ward Number-9, Mormi

E. Five Biomedical Clients of the Area of Ganga Tharu

Name	Post Delivery Duration	Condition Of Delivery	Address
Nisa Gurung	Ten Months	Safe	Ward Number-3, Bangain
Yam Maya Gurung	Eight Months	Safe	Ward Number-3, Bangain
Manju Adhikari	Three Months	Complicated*	Ward Number-3, Bangain
Kalpana Paudel	Three Days	Complicated* *	Ward Number-3, Bangain
Sabitra Tharu	Two Years	Safe	Ward Number-3, Bangain

*Carried out dead baby from her womb at seven months of her pregnancy even though she was under the investigations of biomedical staffs (i.e.; doctors and nurses) regularly.

**carried out dead baby from her womb at eight months of pregnancy even though she was under the investigations of biomedical staffs (i.e.; doctors and nurses) regularly.

F. Five Biomedical Clients of the Area of Khurbusniya Tharu

Name	Post Delivery Duration	Condition Of Delivery	Address
Saraswati Jnawali	Seven Months	Safe	Ward Number-5, Chappargaun
Sakurn Miya	Six Months	Safe	Ward Number-5, Chappargaun
Gyanumaya Tamang	Six Months	Safe	Ward Number-5, Chappargaun
Anita Pokhrel	Five Months	Safe	Ward Number-5, Chappargaun
Sumitra B.K.	Five Months	Safe	Ward Number-5, Chappargaun

G. Five Biomedical Clients of the Area of Duhiya Tharu

Name	Post Delivery Duration	Condition Of Delivery	Address
Tika Thapa	Seven Months	Safe	Ward Number-4,Bodgaun
Sabitra Giri	Seven Months	Safe	Ward Number-4,Bodgaun
Maya Pokhrel	Six Months	Safe	Ward Number-4,Bodgaun
Saraswati Pariyar	Six Months	Safe	Ward Number-4,Bodgaun
Barsa Belbase	Seven Months	Safe	Ward Number-4,Bodgaun

H. Respondants of In-depth Interview

Respondants	Name	Address
AHW	Janardan Poudel	SHP, Chappargaun
ANM	Sundhara KC	SHP,Chappargaun
Guruwa	Chamari Tharu	Gansawa

Here, SHP means: Sub-Health Post, it is located in Chappargaun (ward number, 5) of Motipur VDC.

ANNEX- 3

A. Focus Group Discussion

S.N.	Name	Profession	Address
1	Chamari Tharu	Farmer and Shamans of Tharus	Motipur-2 (Gansawa)
2	Narayan Ghimire	Lecturer of Health Education	Motipur-5(Chappargaun)
3	Kabutri Tharu	Ex-Trained Birth Attendant	Motipur-1(Motipur)
4	Anita Tharu	Farmer	Motipur-7(Madhuvan)
5	Harji Tharu	Farmer	Motipur-8(Dhodekol)
6	Pashupati Tharu	Farmer	Motipur-7(Madhuvan)

B. Focus Group Discussion

S.N.	Name	Profession	Address
1	Janardan Poudel	AHW: Motiur VDC	Sub-Health Post, Motipur-5(Chappargaun)
2	Prabhadevi Poudel	Female health Volunteer	Motipur-5(Chappargaun)
3	Hum Bahadur Chhetri	Social Worker	Motipur-1(Motipur)
4	Sundhara KC	ANM:Motipur VDC	Sub-Health Post, Motipur-5(Chappargaun)
5	Trisna Ghimire	School Teacher	Motipur-5(Chappargaun)
6	Pabitra Tharu	Farmer	Motipur-5(Chappargaun)
7	Keshav Bhattarai	Lecturer of Sociology	Motipur-4(Bodgaun)
8	Samjhana Tharu	Social Worker	Motipur-7(Madhuvan)
9	Sushila Gaire	ANM (at Private hospital)	Motipur-4(Bodgaun)
10	Shreedhar Gurung	Student	Motipur-8(Dhodekol)
11	Samjhana Tharu	Farmer	Ward no-9(Mormi)
12	Anita Tharu	Farmer	Ward no-1(Motipur)