

# **CHAPTER ONE**

## **INTRODUCTION**

Chapter one includes the introductory analysis of traditional and spiritual healing, background of the study, the statement of problems or the issues that are seen in our society about spiritual healing. It includes the research objectives and conceptual framework and rationale for the study about factors affecting utilization of spiritual healing among urban people.

### **1.1 Background of the Study**

Traditional healing was the crucial process in ancient period. As the human evolution and development steeped forward, a miraculous change had happened in the process of diagnosing and treating the illness among human being. The concept about the causes of disease changed, the germ theory had developed and to defeat different germs many chemical preparations as form of medicine are produced. The ancient way of diagnosing and treating named as traditional healing or indigenous system of healing, and newly developed methods are known as modern health care system and modern medicine. The indigenous system of diagnosis, treatment, and healing has evolved in a process of trial-and-error, empirical observation, and experimental procedures over the millennia, and is an on-going process, not dissimilar to modern medicine. Indigenous diagnosis and treatment use the natural resources at their disposal as well as the attitudes, values, beliefs, and ritual in their healing technology (Joshi, 1998).

People around the world have beliefs and behaviors related to health and illness that stem from cultural forces and individual experiences and perceptions. A 16-country study of community perceptions of health, illness, and primary health care found that in all 42 communities studied, people used both the Western biomedical system and indigenous practices, including indigenous practitioners. Also, there were discrepancies between services the governmental agencies said existed in the community and what was really available. Due to positive experiences with

alternative healing systems, and shortcomings in the Western biomedical system, people relied on both (Scrimshaw, 1992).

World Health Organization (WHO) defines of traditional medicine as “Traditional medicine includes diverse health practices, approaches, knowledge and beliefs incorporating plant, animal and/or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness ” In the context of Nepali culture, the expression “traditional healing” may include several methods that are applied by experts to cure the patients. They may include:

- ) Janne/dhami/jhankri, traditional tantric shamanic healers; who are considered as the 'spiritual healer' they often use to heal or treat by unseen power.
- ) Vaidya/jyotishi/ayurvediest. Who are considered as trained, educated and ethical practitioner, they heal with different kinds of herbs and food materials (WHO, 1998).

The traditional Nepali concept of disease does not include the germ theory. The Nepalese see illness as external to the body, caused by malevolent powers that make an unwelcome entry into the body which disturbs the normal balance creating a host of sicknesses. The person suffering does not know for sure what the ailment is all about and how soon it could be done away with. Because the sickness has come from an external source, through external agents, the solution to problems must be found in the cosmic system, in the indigenous cosmology that controls the breadth of our movement and our relationship with the cosmic order. It is believed that the essence of the body has been captured by some power causing disease, destruction, and often, death. It is the healer who will try to release the soul or balance the system and make it function normally (Broom, 2010).

In traditional societies like in Nepal traditional healing practices form part of folk beliefs, tradition and wisdom. They also indicate the fact that before any form of classic religion, ancestor worship and magic formed the major faiths of the people. In more recent times when regular modern health facilities came, they did not reach the rural areas. Therefore, the village healer is still a resource with the inherited skill, wisdom and popularity (Pande, 2012).

The people in these modern era still motivated to seek traditional healing because:

- ) The healer and the patient are on the same wave length;
- ) free treatment and follow up support;
- ) Lack of better alternative in villages;
- ) The agreement of both the parties to do away with the problem;
- ) Trust in supernatural forces (Khatry, 2012).

In countries with limited access to allopathic medicine, traditional medicine is often the main source of health care. In some countries in Asia and Africa, 80 percent of the population uses traditional medicine for primary health care needs. In many developing nations, there are more traditional healers than there are allopathic practitioners, and the population of allopathic practitioners is often concentrated in urban areas, further reducing rural access to medical care. Recognizing the widespread reliance on traditional medicine and the central role it plays in many communities, the World Health Organization (WHO) has worked with its Member States to promote the use of traditional medicine in health care delivery (Park, 1998).

Although traditional healing is considered as an irrational, unproven and superstition, there are many examples where most educated, technical professionals, even doctors also believe and use traditional healing methods. not only the consumer, many of the traditional healers are also educated up to higher level, some of them are engaged in the modern profession like teaching, government service etc.

Among traditional healing methods, Spiritual healing is not a registered service, laws are against of these healing system. But we can see the both parties 'the healer' and 'the seeker' within our community. Programs under world health organization and ministry of health Nepal targeted to integrate the traditional healing system with modern medicine, to reduce the high rate of child mortality because, it delays the diagnosis and prompt treatment of disease. So, the policy of collaborating with traditional healer for appropriate referral is launched. Child health problems are emerging problem of world and more affected especially developing countries. Our country has focused on child health. Still we have under-five mortality rate 54 per 1,000 live births and SDG also focus on child health to reduced child mortality and morbidity rate.

Nepal is one of the least developed nations in South-East Asia Region (SEAR), which was ranked 145 among 187 countries in the Human Development Index (UNDP 2015). According to 2011 census, the total population of Nepal is 26.6 million. More than 83% of population resides in rural area. Under-five mortality rate is 54 per 1,000 live births and infant mortality rate is 46 per 1,000 live births. In this scenario the provision of appropriate health services to all people is a great challenge to the government of Nepal. And the optional health seeking behavior like seeking help of spiritual healing among people is quite common.

## **1.2 Statement of Problem**

According to studies, most patients in Nepal use home remedies and delay seeking professional help. These remedies included the herbal remedies and foods taboos. If the problem continues, the next option is a traditional healer. The modern health care services are only searched as a last option, usually for the serious and persistent problems. This finding also shows that patients who do seek treatment at health facilities use both traditional and modern medicine according to their perception of effectiveness (Subedi, 2004).

In each society there are beliefs about illness, choices of treatment alternatives, Sick roles and practitioner roles, and health care-related institutions organized as a cultural system: the health care system. This is an explanatory model which makes sense of a very complex and fluid reality, it is not an entity. Health care systems can be thought of as local systems which contain three interrelated sectors: popular, professional, and folk. The popular sector is composed of individual, family and social nexus arenas in which decisions about illness and care are made and treatment is carried out. The folk sector is the non-professional usually non-bureaucratic specialist arena of health care. Together these two sectors comprise indigenous healing (Kleinmen, 1998).

A number of studies in Nepal have shown that persons seek different types of healers based on their perception and beliefs regarding the illness problem, which in turn are influenced and defined by their social surroundings and network of relationship. The most widely prevailing medical system in Nepal is faith healing. The fatalistic nature of people play a distinct role in Nepali society, especially when someone in the family suffers from chronic illness, mental illness, or is not able to have even a single child.

Hence faith healers or shamans such as *Dhami*, *Jhankri*, *Lama*, *Guruwa* and the like receive wide public acceptance and play a significant role in meeting the health-care need of the villagers. The patients in the hilly regions of Nepal are more likely to contact "*Dhami-jhankr*' first than other health-care providers (Subedi, 2011).

Traditional healing is considered as unscientific unpredictable irrational and unproved method of healing. So traditional healing is discouraged by national laws and health policy. Traditional healing stands as a major problem in health as well as in human rights. As the health point of view; traditional healing leads to late and misdiagnosis of disease and delay the treatment resulting to serious complications and death. As the human rights point of view; traditional healing encourages the witchcraft system, leading to social violence and crime in suspicion of witch or *Boksi*. The cases of physical assaults, mental torture and murder are prevalent in our society. One of the example of murder is here: On 24 December, 2003, a man named Dik Bahadur's health worsened and he began to shake. Shouting that the two 'witches' had cast spells on him, he demanded to see Ratna Maya. When she arrived, he attacked her, and killed Ratna Maya with a Khukuri. He then headed for the house of the other 'witch', Goma Maya, and killed her too (Subedi, 2004).

According to a study by Sanjay Khadka and Eleanor Middleton, in Terai region, violence related to witchcraft is 6 percent of total violence cases. One of the greatest evils found in modern Nepal is the torturing of innocent woman (and on occasionally men), physically and mentally, in the accusation of them practicing witchcraft. This *Kuriti* is known as *Boksi Pratha* (witch-hunting). The practice of *Boksi pratha* not only breaks basic human rights but it is illegal in Nepal. The Muluki Ain 2020 has declared the practices of witch allegations as illegal and has also set out punishment for culprit as described in Art. 10 (b) under chapter-19 of the code.

Often widows, differently able women, women who do Worshipping, are accused as being witches. Sometimes, the family members of the accused person are also tortured. This has a deep impact on the life of the person who has been victimized in the name of witchcraft practice. Of 61 total cases recorded in INSEC for 2011, 23 women of the age group of 20-40 are the most vulnerable. The recorded data shows that the age group of 41-60 comes at second place where there are 16 female are tortured in the name of being witch. The data shows that it is not only female but also

male are victimized in the name of being witch. Four male under this group are tortured. There were nine female and two male of the age group 61-81 who are the victims of such charges (INSEC, 2012).

Many scholars concluded that illiteracy and inaccessibility of services are the crucial factors to motivate people towards traditional healing. In many rural areas traditional healing is only the option for treatment of illness because of inaccessibility of modern health services. Paradoxically in urban areas like Kathmandu, Pokhara, and other cities, the practice of traditional healing is still growing and deeply rooted. It is controversial because people in urban areas with high accessibility of modern health facilities also seek for traditional healing method. There are so many examples where highly educated even medical professional also believe and seek for traditional healing.

In this scenario of high influence of spiritual healing, no recent studies have done on spiritual healing practice and utilization practice of spiritual healing in urban setting. So, giving emphasis on the peoples' belief on Spiritual Healing, in this modern era, this study focused on the motivational factors of utilizing spiritual type of traditional healing. Where, the people tantric and shaman (Janne, fukne, Dhami, Jhankri, Devi Devta Chadheka, Naag Chadeka etc) are as the form of healer.

The study was focused on finding the answer of following research question:

- ) Why people in urban areas motivated for the spiritual healing practices?
- ) What is the socioeconomic status of those people?
- ) What is the perception of those people towards illness?

### **1.3 Objectives of the Study**

#### **1.3.1 The general objectives**

To find out the spiritual healer's help seeking behavior of people and to explore the factor that motivates the people of urban areas for seeking spiritual healing.

### **1.3.2 Specific objectives**

- ) To explore the cause which motivate people for choosing spiritual healing method.
- ) To examine the socioeconomic and educational background of people attending spiritual healer's spot.

## **1.4 Study Variables**

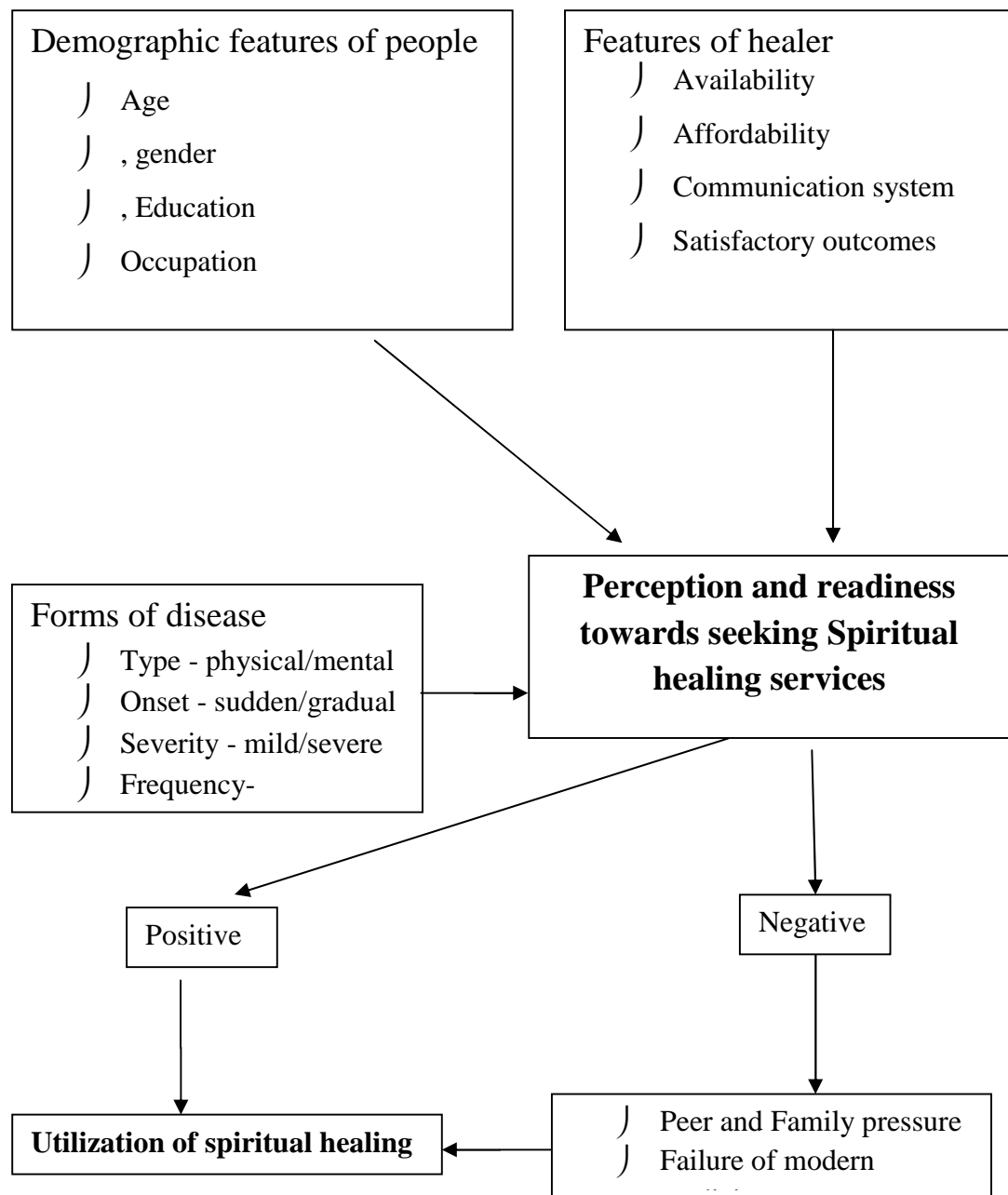
### **Dependent variables**

- Utilization of Spiritual healing

### **Independent variables**

- ) Characteristics of people
- ) Characteristics of traditional healer
- ) Types and Severity of disease condition
- ) Quality of modern medicine facilities
- ) Family and peer pressure
- ) Failure of modern medicine

## 1.5 Conceptual Framework



**Fig. 1.1: Conceptual Framework**

Each individual human being is a component of a society and influenced through the culture where he/she had grown up. Socio-demographic characteristics of individual; Age, sex, education, occupation, religion etc. determines the perception of individual towards spiritual healing; resulting positive and negative perception. Individual with positive perception easily accept and utilize the spiritual healing. Characteristics of spiritual healing like, availability, affordability, open clear communication,



satisfactory outcomes may motivate the people towards further repeated utilization of spiritual healing.

People with negative perception believe that Traditional / spiritual healing will not work, they thought spiritual healing as a superstition. But sometimes they may be forced by their friends circle, peers, and family members towards utilizing spiritual healing as form of trail. Failure of modern medicine or dissatisfaction towards medical doctors also push them to give a chance to spiritual healing.

## **1.6 Significance of the Study**

The study about motivating factors for spiritual healing method in urban areas of Nepal should be carried out because; Most of previously conducted studies had focused on rural areas only. Nowadays spiritual healing in urban areas is also increasing, which Challenge The previously adopted assumption that uneducated and people out of reach from modern medicine choose traditional/ spiritual healing. The reason behind involvement of educated and urban people in spiritual healing system should be searched out.

There are increasing numbers of patient of chronic and incurable diseases like diabetes, cancer etc. People are mentally overwhelmed and frustrated due to various invasive and painful treatment procedures in such situation it would be better to search for the possibilities of effectiveness and positive aspect of spiritual healing based on peoples' faith.

## **1.7 Limitations of the Study**

The main purpose of the study is to fulfill the requirements for master degree in anthropology. The study may not be able to generalize nationally, because it is conducted in limited areas of a district, within a limited six weeks field survey.

# **CHAPTER TWO**

## **LITERATURE REVIEW**

Chapter two presents the different theoretical concept of health illness and healing in anthropology and some results and conclusions of similar research studies carried out in different areas.

### **2.1 Concept Review**

#### **Medical Anthropology**

Medical anthropology is a subfield of anthropology that draws upon social, cultural, biological, and linguistic anthropology to better understand those factors which influence health and wellbeing, the experience and distribution of illness, Medical Anthropology the prevention and treatment of sickness, healing processes, the social relations of therapy management, and the cultural importance and utilization of pluralistic medical systems. The discipline of medical anthropology draws upon many different theoretical approaches. It is as attentive to popular health culture as bio scientific epidemiology, and the social construction of knowledge and politics of science as scientific discovery and hypothesis testing. Medical anthropologists examine how the health of individuals, larger social formations, and the environment are affected by interrelationships between humans and other species; cultural norms and social institutions; micro and macro politics; and forces of globalization as each of these affects local worlds (SMA, 2011).

#### **Ethno medicine**

Ethno medicine refers to the study of traditional medical practice which is concerned with the cultural interpretation of health, diseases and illness and also addresses the healthcare seeking process and healing practices.

The ethno medical systems (primitive medicinal systems or traditional medicine) has two universal categories of disease etiology natural and un-natural (supernatural) causes. Natural illness explains illness in impersonal systemic terms. Thus, disease is

thought to stem from natural forces or conditions such as cold, heat and possibly by an imbalance in the basic body elements. Un-natural illnesses are caused by two major types of supernatural forces: occult causes which are the result of evil spirits or human agents using sorcery and spiritual causes which are the results of penalties incurred for sins, breaking taboos or caused by God. Today, ethno medical practices and beliefs are part of a total belief system that transcends class, ethnicity and religious belief in such a manner that the terms “folk or traditional” can be used to describe practices that are truly universal. In North America, Europe and the Caribbean, the return to the traditional (ethno medicinal) aspect of healthcare is not restricted to the poor, but extends to all social classes(Williams, 2006).

According to the different geographical areas, people develop different culture, and according to different culture they perceived the causes of illness differently and establish own system of healing, which is also known as ethno medicine. Traditional healing was the crucial in ancient period. As the human evolution and development steeped forward, a miraculous change had happened in the process of diagnosing and treating the illness among human being. The concept about the causes of disease changed, the germ theory had developed and to defeat different germs many chemical preparations as form of medicine are produced. The ancient way of diagnosing and treating named as traditional healing or indigenous system of healing, and newly developed methods are known as modern health care system and modern medicine.

Indigenous practitioners primarily treat three types of disorders: (1) acute, self-limited (naturally remitting) diseases; (2) non-life threatening, chronic diseases in which management of the illness is a larger component of clinical management than biomedical treatment of the disease; and (3) secondary somatic manifestation (summarization) of minor psychological disorders and interpersonal problems. The treatment of disease plays a small role in the care of these disorders. The indigenous practitioner usually (but not always) is exceptionally well poised to maximize psychosocial and cultural treatment of the illness. Contrariwise, he may not be competent to effectively control severe, acute diseases (Klenman, 2008).

In ancient period people used to heal through various traditional indigenous methods using their locally available herbs. For the existence and better adjustment to nature, human explored various methods to get rid of illness. Through long period of trial and error, they established a certain healing system according to their climate and available resources which worked out to eliminate some degree of illness.

### **Healing**

Healing is an inseparable process of human life. The illnesses and injuries disturb the patterns of an individual's life. Healing is the process of eliminating illness, making the individual free from pain, discomfort and disability. Healing means to regain health or to become healthy again. Where health means the state of complete physical, mental and social wellbeing, not merely absence of disease or infirmity (WHO, 1988). The concept of healing emerged from the very beginning of human life. Healing comes along with Illness.

### **Health**

Health is a complex thing to explain. Who defines health as complete physical, mental, spiritual and social wellbeing. Saarci defines health as a condition of wellbeing free of disease and deformity. Health is a basic and universal human right.

The most important attribute for which all mankind aspires is good health because it enables us to live, enjoy life, go to work, go to school, participate in sports, engage in hobbies, contribute to society, fulfill dreams, and undertake different forms of activities of daily living. The emergence of scientific knowledge in Western societies has enabled us to explore and define several parameters of health by drawing boundaries around factors that are known to influence the achievement of good health. For example, the World Health Organization defined health by taking physical and psychological factors into consideration

### **Disease**

Disease is a pathological process most often physical, where there is some deviation from biological norm. There is an objectivity about disease which doctors are able to see, touch, measure, or smell.

Oxford dictionary define disease as a disorder of structure function in a human, animal or plant, especially one that produce specific symptoms or that affects a specific location and is not simply a direct result of physical injury.

Disease and illness are two different components of sickness. Somehow, both entities are regarded as the same and interchangeable. The disease is the objective measurable aspect of sicknesses such as germs, a broken leg, cancer, and other identifiable infestations of the human body. In other words, patho-organisms and detectable malfunctions of the human body are real. They result in diseases for which biomedicine has fulfilled curative and heroic functions. On the other hand, illness is culturally defined and represents the experience of disease, which varies from culture to culture. Although biomedicine has been very successful in the treatment of diseases, it has not been as successful in the treatment of illness conditions due to the lack of human touch and attention to the socio cultural environment of the client. The most important thing that traditional healers remember is that the patient is, first of all, a person, with a network of social relationships that could possibly influence the healing process.

There are two major assumptions in Ethno medicine about the causality of disease and the health system as well as in the explanation of disease processes. They may be referred to as the personalist and naturalistic explanations of causality and process of illness conditions.

### ) **Personalistic system**

The cause of illness is believed to result from the purposeful intervention of an agent such as a supernatural being; for example, a deity or a god; a nonhuman being, such as a ghost, ancestor, or evil spirit; or a human being such as a witch or sorcerer. The general belief is that the sick person is a victim, the object of aggression or punishment directed specifically against him for reasons that concern him alone. The victim must have done something to provoke the gods, evoke hatred or jealousy, or behaved in ways that contradict accepted customary practices and tradition.

### ) **Naturalistic system**

The naturalistic system explains illness in systemic, impersonal terms. Natural systems are believed to conform to an equilibrium model. Good health is achieved

when the insensate elements in the body such as heat, cold, Illness results when this equilibrium is upset, from within or from without, by natural causes, such as heat or cold or sometimes strong emotions.

### **The health care system**

A health care system is concerned with the ways in which societies organize to care for the sick and utilize the knowledge of disease to assist patients. It reflects the logical and philosophical characteristics of the disease causality or medical systems with which it is linked. The state influences the ideological orientation of a society's health care system. According to Kleinman; the health care system of every society comprises 3 sectors: the popular, the folk, and the professional sectors.

**The popular sector** is the largest component of every health care system and consists of what we do for ourselves when we are sick and what families do for us, our social networks, and communities. Most health maintenance and care are undertaken in the popular sector. The greatest amount of health care expenditure takes place in this sector. Often illness is managed in household level under the supervision of mother or any adult experienced woman.

**The folk sector** includes specialists, nonprofessionals, non-bureaucratized, and often quasi-legal and sometimes illegal forms of care, based on various folk health cultures that shade imperceptibly into professional practice on one side, and popular care on the other side. The sector is frequently unlicensed or minimally regulated. It represents a larger component of health service than biomedicine in many non-Western societies. It is found among many ethnic communities in Western societies.

**The professional sector** includes the health service professions and bureaucracies that base clinical practice on complex professional health service cultures. It includes Biomedicine and Ayurveda medicine. In this sector healing is carried out by the person with specialized training and knowledge, mostly in an organization and rarely in home based.

The concepts of health, disease, and care differ in many respects in Western and non-Western cultures. Each concept contributes to the well-being of the society it serves. Biomedicine is the dominant medical system in Western societies. Traditional

medicine or ethno medicine is often the first port of call for patients in developing countries. The two medical systems represent and are influenced by the cultural environment in which they exist. On one hand, biomedicine is very effective in the treatment of objective, measurable disease conditions. On the other hand, ethno medicine is effective in the management of illness conditions or the experience of disease states. (Sibenem, 2016) There are advantages and disadvantages to the services provided by a medical system. Some form of partnership and recognition of mutual benefits could lead to positive health care outcomes for target populations in developing countries.

In general, we, as human beings, are guided in our health care decisions by past experiences, family and friends, social networks, cultural beliefs, customs, tradition, professional knowledge, and intuition. No medical system has been shown to address all of these elements; hence, the need for collaboration, acceptance, and partnership between all systems of care in cultural communities.

It is essential that health care giver should understand the local culture to promote healing. Health Care Financing Administration defines cultural competence within health care as “the development and provision of systems of care for culturally diverse populations. These systems include a demonstrated awareness and integration of: health, its related benefits and cultural values; disease incidence and prevalence; and the appropriate management and prevention of disease as it relates to the presenting population’s culture” (Chin 1999). Cultural competence enables professionals to work effectively in cross-cultural situations by establishing successful and open relationships, further engagement with the patient, and enhanced quality of health care.

## **Illness**

Illness is the experience where one feels a change on his or her body functioning, which interferes with the ability to work and live normally. Illness may or may not be associated with disease. It is a perceived feelings of unhealthy or inability. It is an emotional as well as physically depriving experience. Illness is mainly categorized as acute and chronic. Acute illness has rapid onset of symptoms and last for relatively short period typically less than six month. Chronic illness has a gradual onset of

symptoms that last for extended period typically more than six months. (Rai, 2010). And the various studies shows that chronic diseases are mostly seeking for spiritual healing.

### **Traditional Healer**

Traditional healer is defined as: “someone who is recognized by the community in which he lives as competent to provide health care by using vegetable, animal substances and certain other methods based on social, cultural and religious backgrounds as well as the prevailing knowledge, attitudes and beliefs regarding physical, mental and social-wellbeing and the causation of disease and disability in the community. (WHO)

### **Spiritual Healing/faith healing/shamanism**

Spiritual healing or shamanism is the process of healing through some magical super powers, without use of any medicine and herbs. The healer/Shaman is a part time specialist who through the controlled trance or state of possession is able to divine the future, diagnose disease and misfortune, an otherwise bring aid to his client. The central feature of this human experience- a belief that we can enter into a direct and very personal communication with another world was probably born with self-consciousness and the ability to talk.(Hitchcock, 1998). Shaman as a part time specialist who is able to divine the future, diagnose disease and misfortune, an otherwise bring aid to his client, through the controlled trance or state of possession. Shaman usually heals psychological problems. No one can say, why shamans are effective but the practice of shamanism and possession of member by Holy Spirit or supernatural power of healing is quite common in all religion like Cristian, Muslim, Hindu and Buddha.

Spiritual Healing is complementary to orthodox medicine; it must not be considered as an alternative. When a person is unwell, he or she need to get assistance from the doctor. If the person receive Spiritual Healing, this will complement the treatment, the two will work together to assist in recovery. No faith is required, that is true. Spiritual Healing is administered to babies, young children and animals. It is perhaps an



obvious statement to make, that they are not going to know about faith, yet they can benefit from the Healing. Nothing is expected from the patient (SNU, 2011).

## **2.2 Review of Related Research Studies**

A very specific recent (2012) study on, Traditional medicine for the rich and knowledgeable: challenging assumptions about treatment-seeking behavior in rural and semi-urban Nepal including the area of Manang Kaski and Gorkha district by Rikke Stamp Thorsen, and Marieve Pouliot, Department of Food and Resource Economics, reveals that, around one-third (31%) of the illness episodes were treated using traditional medicine at some point during the treatment-seeking strategy. The researcher had concluded that: The common assumption among researchers and policy makers regarding the use of traditional medicine is that poor and marginalized people are most reliant on traditional medicine due to its availability. This article challenges those assumptions by showing that high income and knowledge of medicinal plants are important determinants of use of traditional medicine. Age, education, gender and illness duration are also shown to be significant determinants.

A cross sectional descriptive study was conducted in the Kathmandu Metropolitan City. A representative and random sample of 500 household was taken, using multistage sampling, with the probability of selection of study area proportional to their size. The study found that the beliefs on different type of metaphysical concept like spirits, fate, karma etc may affect the people's decisions regarding choice of health care. Most of the respondents (25%) considered these are culturally evil things, which can cause disease. They think worshipping of god and goddesses was traditional custom and to worship means to give pleasure to the god and to expand religious merits. People who have belief in bhutpret, Bokshi, evil eye are more likely to visit traditional health care practitioners than the modern (Pandey, 2012).

According to Truter, 2007, Reasons that are given why people go for traditional healing are:

- ) Know healers quite well.
- ) Visits are not only for health problems but also for other problems.
- ) Belief that illness arises from supernatural causes and indicates the displeasure of ancestral gods or evil spirits or is the effect of black magic.

- ) A firmly and irrevocably established health care system throughout the whole continent of Africa.
- ) Forms part of the culture and custom.
- ) Traditional medicine and the various cultures go together. They cannot be separated.
- ) Lack of satisfaction with treatment.
- ) Lack of trust in the ability of Western medical practitioners to effectively treat psychosocial problems.
- ) Lack of knowledge of Western medical practitioners in the treatment of culture-bound syndromes.

In Nepal before revised of 'Muluki ein' the legal declaration, there is a huge provision of witchcraft charges. The act included, The Nepalese Code of 1853 contains a section on sorcery. The code has following key provisions with regard to sorcery:

*At the time of quarrel concerning land, money, or property, accuser of boksi is fined Rs. 5. If the accusation of bewitchment (boksi) is not proven, the accuser is fined Rs 20. If someone is proved as Boksi (e.g. Boksi is branded- dameko and dance), the Boksi must be driven from the village. If Boksi is driven from house without proving it, the accuser must pay Rs.60. When it is not proven that the person chased is not Bokso or Boksi is killed, one life must pay another (death penalty). If Dhami brands (damne) a patient and the Boksi is not branded, the Dhami will pay Rs. 30. If someone is evicted from home being accused of Boksi and the accusation is not proved, the accuser must pay Rs. 80 (accused receive). If sorcery is used to kill someone, the Guilty's property in seized and expelled from the country (if the person is male).If someone kills animal or bird with the help of Mantra, he is fined and chased from the village. If someone is put under the influence of Mohani, he will be punished. The code has special provision for treating women by the Dhami. Dhami should not touch the women patient and he should use brush (Amriso kucho or Kush) except in the case of applying medicine in body.*

The code shows the strong belief on sorcery and faith healing in the Nepalese society. Sorcery was legally recognized in the past. The code, however, emphasizes proving accusation. The code also reflects gender structure in Nepalese society as the code

asks for special provision for the treatment of women by faith healer. Later in revised code, Muluki ain 2020, the witch allegation practices listed as illegal and punishable. But peoples are still practicing in many areas of Nepal.

An exploratory and multiple-case-embedded study carried out between 2002 and 2003 to assess public knowledge, perceptions and practices on selected infectious diseases in Tanzania. Study found that, culturally rooted knowledge and beliefs about diseases influence people's health care seeking practices and may perpetuate prevalence and transmission of diseases. Many villagers associated leprosy transmission with witchcraft. Local people associating severe malaria illness conditions with witchcraft or superstitious beliefs. Given this myth, tendency of the community members to consult traditional healers in attempt to seek spiritual power and particularly superstitious power as a way of treating this disease could not be uncommon. (Mubyazi, etal. 2013)

In book *Aghor Medicine* (2008), Barrett looks at the topic of medical pluralism in Northern India. He focuses on the Aghori sect within Hinduism; the Aghori have often been marginalized by society because of their ritual embrace of pollutants, but have recently been hailed for their willingness to work with those who are victims of stigmatized diseases. The author discuss the ways in which people make choices about healing and treatment for stigmatized diseases, such as leprosy, and how the Aghori use a pluralistic approach to treating patients (Barrett, 2008).

A case study on "Quality of child health care and under-five mortality was conducted in two districts of Luapula Province, namely, Kawambwa and Samfya in Zambia. Information about 360 deaths that occurred between January 2002 and January 2003, findings indicate predominant cultural perceptions and beliefs concerning causes of childhood diseases and death; majority (64%) attributed the cause of death to natural causes while only about 14 percent attributed it to supernatural causes (Kapunge, 2005).

A cross-sectional survey was conducted in the immunization clinics of Pokhara city, Kaski district, western Nepal, during the months of June-July 2005. The aim of study was to assess care seeking behavior of the mothers during childhood illness and to determine the predictors of mother's care seeking behavior. A total of 292 mothers were interviewed. The results of the study show that the mothers were more likely to

seek care when they perceived the illness as 'serious'. Pharmacies (46.2%) were the most common facilities where care was sought followed by allopathic medical practitioners (26.4%). No care was sought for (2.7%) children and (8.9%) children received traditional/home remedies (Shankar, 2006).

A qualitative study was conducted in Morang district, Nepal during the months of February and March 2010. Purposive sampling method was adopted with the objective of determining mothers' beliefs and barriers about diarrhea and its management. Majority of mothers believed diarrhea to be due to natural causes, there were also beliefs about supernatural origin of diarrhea. The most common causes of diarrhea were dirt and lack of cleanliness. However, "Witchcraft and teething are leading causes of diarrhea in villages" The elderly compelled the mothers to visit traditional healers (Thapa, 2012)

A research was done in Kirtipur, one of the oldest settlements, located at the top of a hill in the Kathmandu Valley. Participants broadly categorized two major causes for diseases –natural and supernatural. In general, etiology or causation of ill health is interpreted in terms of one of the four different worlds: within the individual, the natural world, the social world, and the supernatural world. The elderly people classify the god and goddess, demon, bhut (ghost), pret, masan, and bayuas supernatural beings. The notion of the shakti (power) is the defining characteristic of supernatural beings. Harati ma, a goddess of smallpox and measles, whose shrine is at Swyambhu in Kathmandu, is worshiped regularly. Even though smallpox in Nepal has been eradicated, this practice is continuing even today. Similarly, Khayatama Deo (the protector of children) of Bhat-Bhateni is also worshiped to ask for protection (Subedi, etal. 2011).

A study conducted in Kavre district. It was found that 100 percent of the sample respondents have ever been to a traditional healer for any kind of treatment during their lifetime. Among them 75 percent used healer during last six months for their last sickness. Whereas 91.6 percent respondents have first report to healer even though healing practice of healer did not satisfy majority (61.66%). Mostly the healer used multiple healing practices like blowing with wisdom (95%), worship (37.5%), Egg sacrifice (15.83%) etc. Whereas animal sacrifice was rarely practiced (10.83%) and found no other harmful healing practices was there. Majority of respondents (65.84%) provided in their home like alcohol, meal, cigarette, cereals etc. as a treatment charge.

The respondents used healer because of their strong cultural belief and long term relationships (Joshi 1998).

The conclusion of all related studies emphasis on these points that;

- ) People have belief towards spiritual healing.
- ) There is huge practices of utilizing spiritual healing services.
- ) People utilize spiritual healing, due to various motivational factors.
- ) Spiritual healing is very common in rural areas and underdeveloped countries.
- ) People in developed country and highly educated people are also utilizing spiritual healing.
- ) There is very few Researches about "why people are motivated towards utilizing spiritual healing".

In Nepal, there are some researches about prevalence of spiritual healing, but there is no recent studies about why people in urban areas with modern health facilities are also interested in spiritual healing. So; this study about 'motivational factor of people utilizing spiritual healing in urban areas' is very necessary and important. This study will be a milestone for further research studies.

# **CHAPTER THREE**

## **RESEARCH METHODOLOGY**

Chapter three is mainly focused on the methodology of the research study. It includes the study area, the population and sample size, data collection technique and plan of data presentation and analysis.

### **3.1 Rational of the Selection of the Study Area**

The study area was the spot of Spiritual healing which are present in most developed area of Pokhara metropolitan city.

Pokhara metropolitan city is the most developed urban area of Kaski district. According to the national census 2068 BS, Kaski district poses third position among 75 district where the most educated person resides. Despite being most educated urban area and availability of modern specialized health care facility like government's regional level hospital, Manipal teaching hospital with specialized services, Gandaki medical college and other hospitals, there is significant prevalence of spiritual/faith healing.

### **3.2 Research Design**

Research design is a framework to carry out the whole research; it guides on how to carry out and complete the research effectively. Research on the motivating factors for utilization of spiritual healing is an analytical qualitative study so descriptive research design with partial explanatory method lead to fulfillment of the research objectives.

### **3.3 Nature and sources of data**

Data is the heart of every research study. In this study the obtained data are mainly qualitative. Primary data were collected from respondent during six weeks field survey; through using various technique such as, interview, observation and informal conversation.

### **3.4 Population and Sampling procedure**

The study population include the people utilizing spiritual healing residing in an urban area. The respondent was the individual who seek traditional healer. (Parent were considered as the respondent in case of children below 15 years).

There is no any listed or registered data about the spiritual healer and the consumer of spiritual healing. So it is difficult to choose through probability sampling. In this study ten famous spiritual healer in Pokhara valley were identified through field study, key informers (previously known healers) and snowball sampling. Among them, two spiritual healers had stopped to practice spiritual healing because of their own Interest. So I had attended eight healers' spot only. And the people attending the spiritual healer's spot seeking treatment for their health related problems within six weeks of field survey are selected as respondent (people utilizing spiritual healing) so, purposive and accidental sampling methods have been used to select the respondent.

### **3.5 Technique of Data Collection**

In this study, necessary data were obtained through following measures;

#### **3.5.1 Interview**

Face to face direct interview is carried out with semi structured questions including open ended and close ended questions.

#### **3.5.2 Observation**

Various data supportive to study like; suffering and pain expression of respondent, clothing outfit, hygiene and nutritional status, the amount they pay for spiritual healing, etc are found through observation technique.

#### **3.5.3 Informal sharing**

Exploration of feelings, perception and belief of the respondent was only possible through a trustable interpersonal relationship and empathy. So the researcher is able to know the history related to health seeking behavior and their actual suffering through indirect conversation and informal sharing with maintained confidentiality, respect

and care for their emotions and beliefs. Conversation were carried out at the healer's spots and followed up in personal contacts.

### **3.6 Ethical Consideration**

Self-introduction was given and informed consent was taken from respondent before starting the interview.

- The respondent were free to decide for participating in interview.
- Ethical principles of research were followed.
- The interview is completely confidential, name of respondent is not mentioned

### **3.7 Data Presentation and Analysis**

During the six weeks field visit, it is possible to collect data only in the spot of eight different spiritual healers, residing in different location within Pokhara valley. The areas include Bhandardhik, Khudi, Budibazaar, of Lekhanath and Nayagaun, Rambazar, Gairapatan, Bindhavasini and Miyapatan of Pokhara. Total sixty six respondents were included in research interview. The information collected from interview and observation as well as informal sharing. The collected data were analyzed qualitatively as well as quantitatively. Data were condensed displayed and interpreted using tables and pie graphs. Important cases were presented as case study according their significance in findings of research.



## CHAPTER FOUR

### BACKGROUND OF THE RESPONDENTS

Chapter four includes the socio-demographic data collected in research study from the respondents.

During the six weeks field visit, it is possible to find out and reach only in the spot of eight different spiritual healers, residing in different location within Pokhara and Lekhanath city. The areas include Bhandardhik, Khudi, Budibazaar, of Lekhanath and Nayagaun, Rambazar, Gairapatan, Bindhavasini and Miyapatan of Pokhara. Total sixty six respondents were included in research interview. The information collected from interview and observation as well as informal sharing. Obtained data is presented as follows;

#### 4.1 Age Profile

Person who were attending the spiritual healer's spot for utilizing treatment for their health problems and participated as respondent are presented according to their age group below:

**Table 4.1: No. of Respondent According to their Age Group**

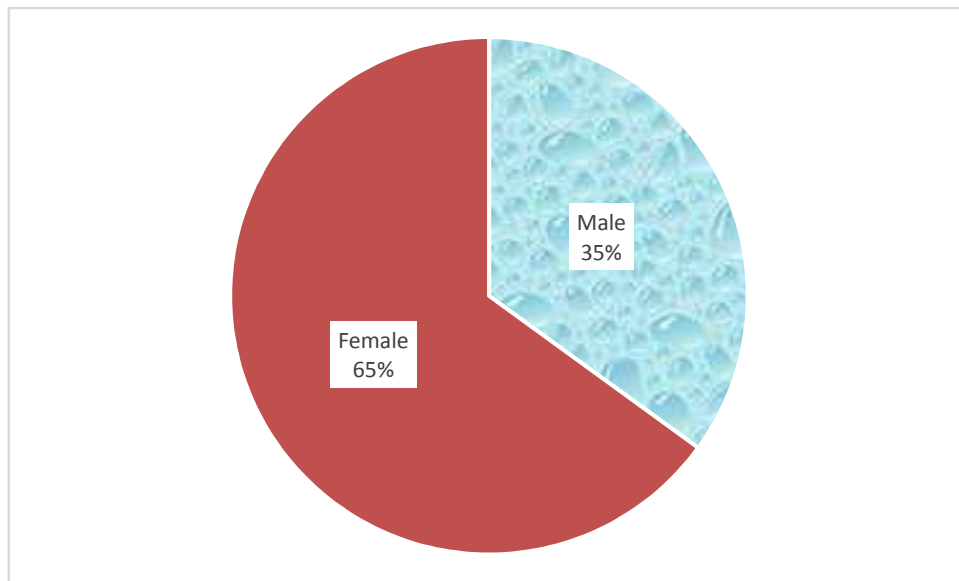
Age Group	No of Respondents	Percentage (%)
15-19	5	7.58
20-24	5	7.58
25-29	14	21.21
30-34	12	18.18
35-39	15	22.73
40-44	9	13.64
45-49	3	4.55
50 and above	3	4.55
Total	66	

**Source: Field Survey, 2017.**

Among 66 respondents, 21 had come for their baby's health problems and 45 for treating own self, among them, majority are within 35 to 39 years of age. Most of respondent are of young adulthood stage (age between 25 to 44 years). Among young adult, people with their children's problem and problem related to fertility were mostly utilizing the spiritual healing.

## 4.2 Gender Comparison

There is strong relation between gender income, economy and health condition in a society. There are biological differences between men women. Sex refers to the biological differences that are universal and unchanging while the term “gender” refer the social different that are learned created by men which are changeable over time. The number of respondents represent according to their sex/gender is given in the chart below.

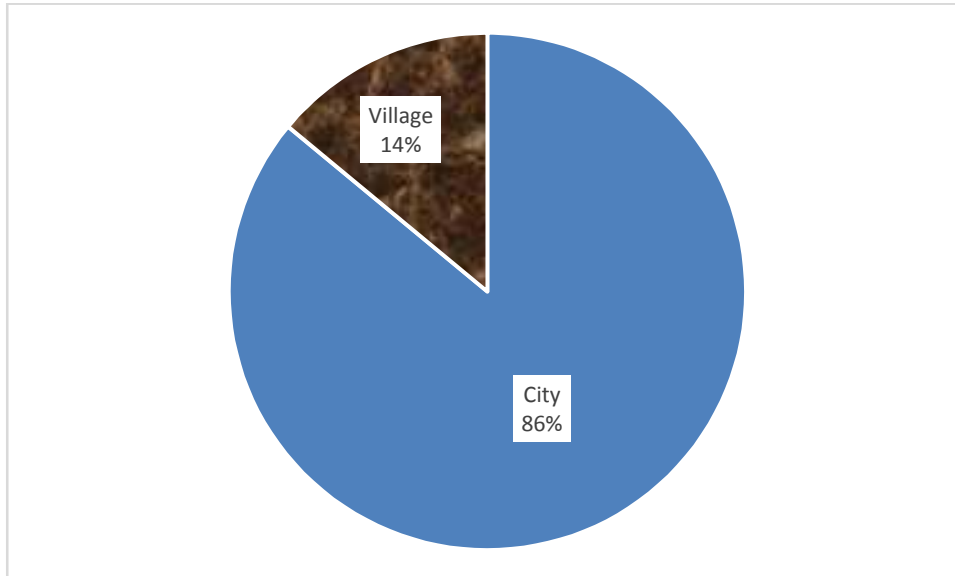


**Figure 4.1: Gender of Respondents**

Among the 66 respondent, only 23 were male and the majority 43 were female. Some females were came for their husband's illness who are in abroad. Generally in the case of children the mothers are more attached and concerned so that number of female respondent is greater.

### 4.3 Residential Area

Although the study was carried out in the spot of spiritual healer of urban area, the utilizer of the healing were from different place and location.

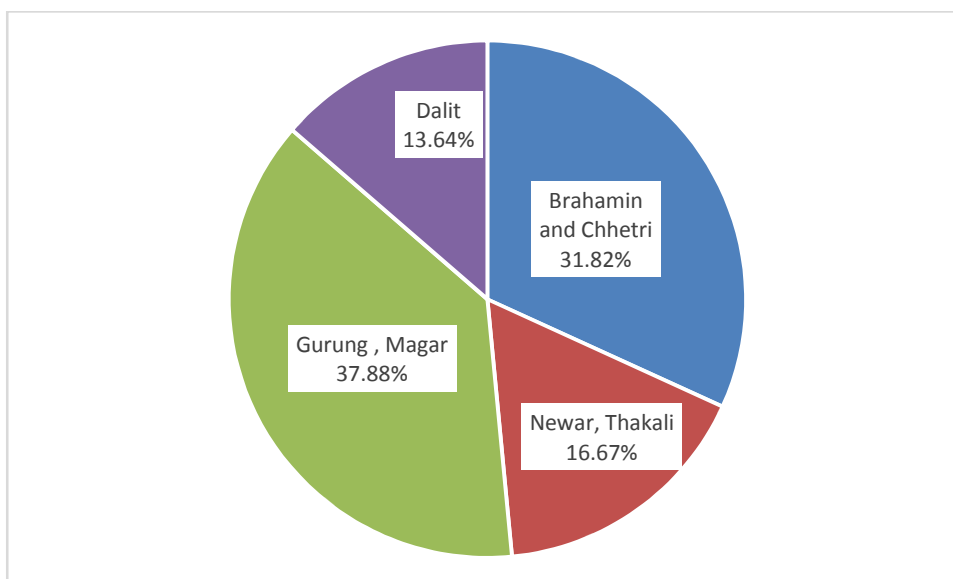


**Figure 4.2: Residence of the respondents.**

Although research is focused in urban areas, among the 66 respondents, 57 were from city area and 9 were from village. Among respondent of city, all of them are not the permanent resident of city, but they are residing since many years.

### 4.4 Ethnic Diversity

In Nepal, disparities are also closely linked to the caste system of that divides population into dozen of heredity group. The lowest position in the social order is occupied by dalits (Rao, 2010). The value belief of Healthcare vary across group to group, community to community and caste to caste as well. Population composition by caste and ethnicity of the study area has been presented in the table below.



**Figure 4.3: Ethnicity of Respondents**

Among 66 respondents, 21 belong to Brahmin/Chhetry group, 11 to Newar/Thakali (janajati with higher socioeconomic status), 25 in Gurung / Magar group and 9 belong to Dalit groups.

#### 4.5 Educational Status of the Respondents

**Table 4.5 : Educational Status of the Respondents**

Educational Level	No of Respondents	Percentage (%)
Illiterate	5	7.58
Literate to Primary	12	18.18
Secondary	21	31.82
Higher Secondary	10	15.15
Higher	18	27.27
<b>Total</b>	<b>66</b>	<b>100</b>

Source : Field Survey, 2017.

Among the user of spiritual healing 18 had completed higher education, majority (21) were educated up to secondary level. Lowest (5) were Illiterate. This shows that educational level is not significantly determines the utilization of spiritual healing services. Preoccupied belief in spiritual healing and Failure of modern medicine are the major motivating factors of educated people towards utilizing spiritual healing.

## 4.6 Occupational Status

Occupation plays an important role in choosing health care services, because occupation determines the income level and purchasing power as well as the availability of time to seek health care.

**Table 4.6: Occupation of Respondents**

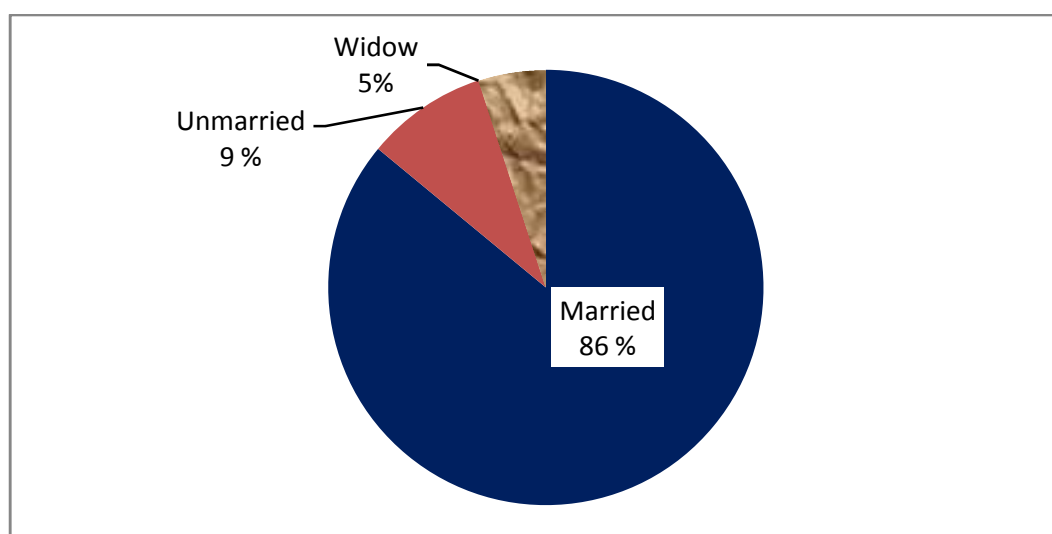
Occupation	No of Respondents	Percentage
Student	5	7.58
Household worker	12	18.18
Abroad Worker	21	31.82
Business	10	15.15
Service	18	27.27
<b>Total</b>	<b>66</b>	<b>100</b>

Source : Field Survey, 2017.

Even the occupation play a role on motivation for utilizing spiritual healing service, the majority of respondent (18) were household worker, respondent in service were 15 in number, among them three are in nursing profession, six in teaching, and five in banking sector. The student, not involved in income generation were 12 in number.

## 4.7 Marital Status

marital status Influence the power of purchasing health service and decision of choice, Mainly, females are not allowed to expend money without permission.

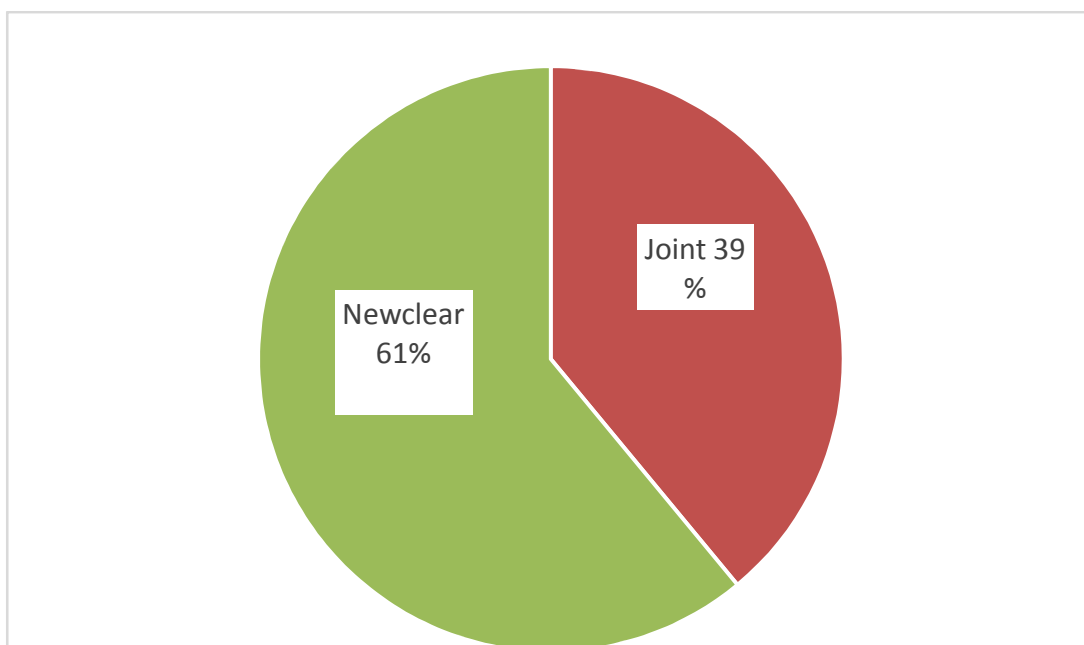


**Figure 4.4 : Marital Status of the Respondent**

Among the respondents, majority 86% were married, 9% were unmarried and 5% were widower. Mostly the parent were seeking spiritual healing for their children as well as for themselves.

#### 4.8 Types of Family

Family is the basis of human society. Although the nature and structure of the family vary across society to society. Relationship between the members of the family is deliberately formed based on marriage and decent. The biological and social reproductions of family are indispensable for the society to maintain its continuity.



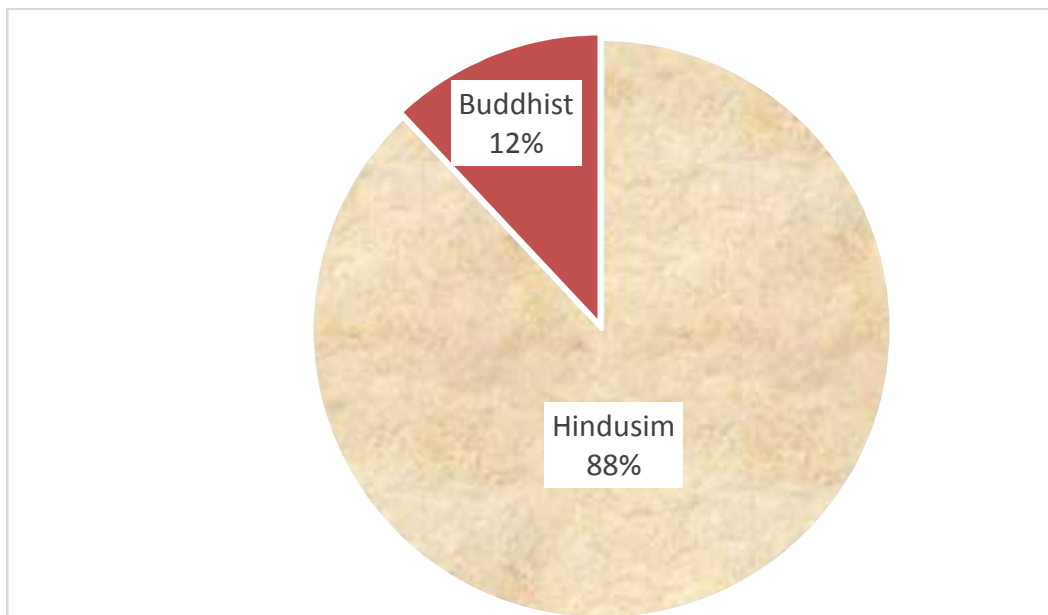
**Figure 4.5: Types of family**

Among 66 respondent 40 reside in nuclear family and 26 reside in joint family. In the motivation to utilize spiritual healing there is no any distinct role of type of family seen. People's perception is either shaped in childhood or shaped by own self's experience.

#### 4.9 Religious Affiliation

The concept of religion is more related to emotion and sentiment of people that derives people towards some benevolent doing. Thus it is incredibly imperative to trace the religious structure of an area to know about the level of development and

progressive attitude to people as claimed by Max Weber (1978). The religious composition of the respondent has been given below.



**Figure 4.6: Religion of the Respondents**

The selection of healer and sample population is not based on probability sampling, so that majority of healers are of Hindu religion. It would not be generalize in large settings. But among the respondents majority, 58 were Hindu and rest 8 were Buddhist by religious affiliation.

## CHAPTER FIVE

### TYPE OF DISEASES / ILLNESS

Chapter five, in this chapter the type of illness among the respondent who are utilizing spiritual healing and duration of their suffering, severity of symptoms etc are expressed. Some case studies about their health problems are also included.

#### 5.1. Chief Complains of Illness

The pattern of illness or symptoms for which respondent are seeking spiritual healer are as follows;

Backache and mobility problems(21), Weakness and unwilling to work (19), Various dreams and sleep disturbances (18), Fainting and short term loss of consciousness (12), Infertility/subfertility (11), Severe gastritis/ burning sensation (10), cough and respiratory problem (9), fever(7), Swelling of legs (5), Vomiting (5), Eye problem (3) and skin problems (2).

**Table 5.1: Types of Illness**

Description	No of Respondents	Percentage
Skin Problems	2	1.63
Eye Problem	4	3.25
Vomiting	5	4.07
Swelling	5	4.07
Fever	7	5.69
Respiratory Problem	9	7.32
Severe Gastritis/Burning Sensation	10	8.13
Infertility/Sub fertility	11	8.94
Fainting and Short-term loss of Consciousness	12	9.76
Various Problems and Sleep Disturbances	18	14.63
Weakness and Unwillingness to work	19	15.45
Backache and Mobility Problems	21	17.07
Total	123	

Source : Field Survey, 2017.



### Case Study 1 - Case of acute type illness

52 years Mrs. Shrestha, patient of diabetes mellitus under medicine of modern alopathy: She had severe abdomen pain and burn as like flash of fire running and extreme weakness since three weeks. First she thought it was because of gastritis, so she consulted physician but got no improvement. Medical investigations like USG and endoscopy done in the following days showed everything normal but nothing changed. One day her daughter suggested to consult with Lama guru for treatment. She went to the Lama. First day she was bowed by spells and ashes. Second day morning, she felt some relief and said she could sleep without pain and burn. She felt much better and her face also looked slightly lightened. Lama provided her Rudrakshya Mala to wear and then started to call witch (boksi). In such type of healing, it is believed that when the lama or guru starts to blow, the witch inside the patient starts to speak the truth about the intension to make the people sufferer. At first when the Lama is calling witch, the woman spoke nothing. But when lama further beat and slapped strongly, she spoke subconsciously. She (witch) was saying that when Mrs. Shrestha rejected her invitation to visit church, she started to torture. Lama guru then took promise from the witch not to torture and not to make ill Mrs. Shrestha again. Then when he removed Rudrakshya, Mrs. Shrestha breathed long and finally came to consciousness/normal attitude.

## 5.2 Duration of Suffering

Table 5.2: Duration of Suffering

Duration of Suffering	No of Respondents	Percentage
Less than one week	21	31.82
One week- One Month	19	28.79
One Month- Tree Months	10	15.15
Three Months and above	16	24.24
<b>Total</b>	<b>66</b>	<b>100</b>

Source: Field Survey, 2017.

The duration of suffering reveals that how immediately people seek the spiritual healing, in long duration of suffering they came after failure of doctors' medicine.

Majority of respondent, 21 have suffered less than one week, 19 have history of more than one week and less than one month, 8 respondents have suffering for more than one month but less than three months, 18 have suffered more than three months.

### **Case Study 2- Case of Long Duration Suffering**

*17 years female Rana Magar with problem of body shaking, gradually loss of consciousness. Ms. Rana Magar from Baglung came to the healer with her mother for the treatment of occasional body shaking problem. She was suffering from the problem for eight years and recently missed her sent up test examination. Before coming to Lama guru at Rambazar, Pokhara, they have consulted with different lamas and Jhakris around their villages. Some told she has a goddess inside herself and other said it is the curse of Nagdevata and some said it is the action of Dushadha. Her parents did everything they could like worshipping, donation, sacrificing the animals etc but she didn't become normal. She stopped talking and gossiping. One thing surprising here is that in this period of eight years, they never consulted with doctor. They have strong belief that it is only due to supernatural power. After 10 episodes of blowing by Lama guru, the girl felt better and behaved normal. Now Lama guru is trying to energize her Nagdevata power so that she also can be a prophet teller and healer like him. She stopped study now and is still in the course of meditation to acquire her Nagdevata power. The parents believe that she don't need the modern doctors' consultation and no plan to go any hospital.*

### **5.3 Measure followed before coming to spiritual healer**

**Table 5.3: Measure followed before coming to spiritual healer**

<b>Measures Followed</b>	<b>No of Respondents</b>	<b>Percentage</b>
Nothing Done	16	21.05
Modern Medicine	32	42.11
Home Remedies	13	17.11
Other Spiritual	15	19.74
<b>Total</b>	<b>66</b>	<b>100</b>

Source: Field Survey, 2017.

Majority of respondent had used medicine for their illness before coming to spiritual healing; but it did not help to alleviate their symptoms. Mainly people with long duration of suffering are in this categories. Stating about their health problems; most of them are suffering from infertility (failed to conceive) and sub fertility (fail to conceive after having one child). Some were suffering from severe headache like migraine type. Some were suffering from extensive swelling of legs for so long time. Some were suffering from menstruation related abnormality. And remaining was suffering from back pain.

Some respondent which have complain of failure of medicine have problem like viral fever and common cold, cough and chest pain. Some have severe gastritis and burning sensation besides of using anti-histamine and antacid in a regular courses as ordered by doctor and modern health practitioner.

Some respondent with complain of severe gastritis and extensive leg swelling have felt a miraculous relieve form following day with one to three course of blowing by healer.

Among the respondent not doing any measures and came directly to spiritual healers; most of them were the parents of infants and under five child. Their complains were, sudden crying without any external discomfort, frightened cry in dreams, sudden rejection to food or milk which they eat in regular schedule etc. they interpreted these symptoms as 'sato gayeko' and 'aankha lageko' They are seeking spiritual healer as a trial basis to avoid hospital, and most of them have experienced the successful healing in similar symptoms. But they have already planned to go to hospital if spiritual healer refer to go or if healing do not work soon within one day.

### **Case Study 3 - Case seeking spiritual healing after trying various measures**

*Six month baby rejecting to suck mother's breast milk: 38 years Mr. Gautam came to healer for treatment of his baby boy not sucking his mother's milk. In conversation, Mr. Gautam said that the **baby was born after 18 years of his marriage**. He was married at the age of 20. His wife failed to conceive child for four years. His family thought that it is because of the disease migraine headache from which his wife is suffering. They came to conclusion that his wife cannot not give birth to baby because of her regular sickness since childhood. His parents as well as his wife's parents forced him to marry his wife's sister. He got married second time but his second wife was also unable to conceive baby. After this they rushed for medical checkup. Both wives' reports were normal. When the husband himself went for the checkup, then only he came to know about his low sperm count and low motility rate. He started different medicines, vitamins and food for increasing sperm count but got no improvement. Doctor suggested to adopt test-tube baby or artificial insemination. Because of lower cost, they choose artificial insemination and went to Bharatpur, Chitwan. This time also they could not get success. Repeatedly, they tried it on both wives four episodes of artificial insemination, but failed to conceive a baby.*

*Being helpless and in the stress of not having child, Mr. Gautam suffered from hypertension and once got a minor heart attack. Then after he was taking medicine regularly to cope with the diseases. At this period he also faced kidney stone. One day in midnight, his younger wife started to shake whole body and just behave like she is goddess Baglung Kalika goddess. She said that the goddess was angry with Mr. Gautam and his wives. Following day they all went to a known traditional/spiritual healer nearby their home to get suggestions about the behavior of younger wife last midnight. In front of the healer also the younger wife showed the same attitude and told that she is Baglung Kalika and had stopped the couple for child bearing. And said they both can give birth to the child naturally if they together visit the Baglung Kalika with coconut offering. After some weeks of visiting Baglung Kalika, his first wife became pregnant and after conceiving the baby, Mr. Gautam gradually maintained normal blood pressure and recovered from other diseases also his first wife give birth to a baby boy, and Now his second wife is also pregnant.*

*Mr. Gautam can be seen quite surprised to have baby naturally when he have lost all hope. It's all the favor of spiritual healing and now he fully believes in these healing.*

## CHAPTER SIX

### FACTOR AFFECTING SELECTION OR CHOICE

Chapter six is mainly focused on the factors that affect the choice of people for example the perception of etiology of illness, perception towards modern medical system. Experience of effectiveness and limitation of modern medicine and perception towards spiritual healing. It also includes some case studies about successful treatment history of respondents.

#### 6.1 Distance between Patient and Healer

Among sixty six respondents 44 live in the distance of Less than half an hour. Seventeen said it takes one hours to three hours and five respondents were from more than three hours even more than one day.

##### Case Study 4 - Case of far distance

*32 years Mr. Chhetry from Rukum: Once, he had problem of weakness and failure to concentrate on work. At that time he used to work in Korea and usually suffered from fever. His roommate Mr Gurung from Pokhara, Rambazar helped him in receiving blow spells of Mataji through mobile phone. Mataji blowed and spelled Mr. Chhetri for 3 days. After mataji's treatment, he got rid of the fever and weakness like as miracle. After that, he always consults with mataji for any kind of health and business related problems and his family members also do the same.*

#### 6.2 The Reason for Choosing Spiritual Healing

As the reason for choosing spiritual healing, 21 respondents said that they perceived symptoms as of supernatural cause; 20 said their medicine could not cure completely or the medicine is not working; 13 said they came for trial; 12 said they have previously been cured in same symptoms.

### **6.3 Experience of Successful Healing**

Majority of respondent, 42 among 66 have previously attended the spiritual healing technique; so they have experienced the effectiveness of healing and came repeatedly. Twenty four were attending for first time.

#### **Case Study 5 - Case of successful healing**

*39 years old, Gurung, man retired from Indian army came for backache and headache problem. For this problem, he firstly visited the doctor. Doctor thoroughly performed checkup and did various investigation, blood test, X-ray, and CT scan. With reference to the investigation report, doctor told him there is no any problem, the pain is due to body posture and advised to maintain body posture. But his back pain was not reduced. One of his friend suggest him to visit the Lama Guru. Mr. Gurung had not visited any traditional healer till that time. He went to that Lama Guru and took 3 days course of blowing. After that course, he felt better and back ache was reduced. He said that he was very surprised that spiritual healing can cure such problems.*

### **6.4 Education and Choice of Treatment**

Among the user of spiritual healing 18 had completed higher education, majority (21) were educated up to secondary level, Lowest (5) were Illiterate. This shows that educational level is not significantly determines the utilization of spiritual healing services. Preoccupied belief in spiritual healing and Failure of modern medicine are the major motivating factors of educated people towards utilizing spiritual healing.

### **Case Study 6 - Case of educated women choosing spiritual healing**

*25 years Mrs. Acharya from Bhatkhola, Syangja, student of MA Sociology. Mrs. Acharya was suffering from menstrual irregularities, occasional vomiting, failure to conceive child, and feeling of extreme weakness and sleepiness. She went to consult gynecologist but they laughed on her and took it very lightly. They prescribed some vitamins and antacids but these medicines brought no effect.*

*When she knew about Mataji from a college friend from Nayabajar, Pokhara, she went there to show her problem. According to Mataji, she has been caught by the "dushadh". She assured Mrs Acharya that she will definitely cure the problem. She became ready for the treatment and faced special spells and black chickens' touch therapy from Mataji. Eating spelled food in empty stomach was also done. She was asked whether there were any improvements after two weeks. Yes, she achieved good appetite and felt energetic. Slightly weight gained and is in the hope of menstrual regularity and conceiving child.*

### **6.5 Perception of Respondent Regarding Illness**

Respondent are found to be known about various acute and chronic diseases mostly named chronic diseases included sugar(diabetes) pressure(hypertension) and cancer. In acute illness they named gastritis, accident/ injury/fracture, typhoid, common cold, and diarrhea vomiting.

In the question asked about the causes of illness in people majority (47) mentioned both natural and personified causes. The mentioned personified causes were, weak graham, weak shadow, ghost action, ancestor's curse, masan, boksi, dushad, angry kuldevta, evil eye, etc. Eighteen respondent not mentioned personified causes.

**Table 6.1 : Factor that Cause Disease**

<b>Factors Responsible for Diseases</b>	<b>No of Responses</b>	<b>Percentage</b>
Nutritional	45	20.36
Germs	40	18.10
Pollution	30	13.57
Polluted Food	30	13.57
Weather	30	13.57
Personal Contact	18	8.14
Heredity	14	6.33
Work environment	14	6.33
<b>Total</b>	<b>223</b>	<b>100</b>

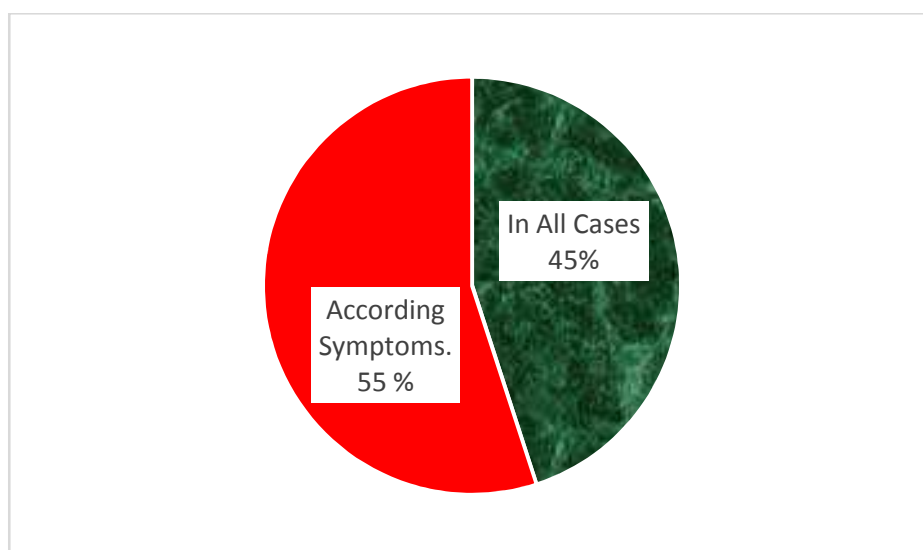
Source: Field Survey, 2017.

The main responses on causes of illness in natural causes are, nutritional deficiency (45), germs (40), pollution (30), polluted food (30), weather (30), personal contact (18), genetic/hereditary (14), work environment (14).

## **6.6 Perception of Respondent about Doctors' Treatment**

The perception of respondent towards doctors and modern medicines were explained as the reorganization of illness and readiness to treatment.

### **6.6.1 The Illness that should Consulted with Doctors**



**Figure 6.1. Illness that should Consulted with Doctors**



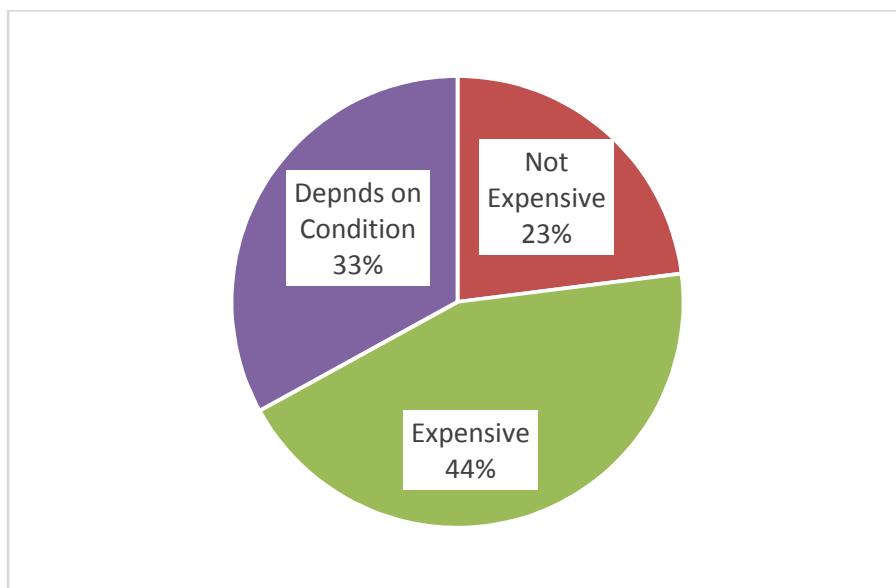
In the opinion of 30 respondent, all illness should be consulted with doctors because it prevent worsening of condition, if there is a medical cause of illness. Some believe that healing is possible through doctor's medicine, but sometimes Boksi etc made the medicine effect less. Traditional healers' blow of mantra just make medicine to work in the body of the ill person. Majority, 36 thinks there are different symptoms in illness which are cured by spiritual healer, so the choice must made on the basis of symptoms.

Majority said that acute and severe, life threatening cases must be consulted with doctor. Examples are high fever, bleeding disorders, accidents and fractures, severe pain, vomiting etc.

**Case Study 7 - Case of different choice in different symptom**

*39 years Brahmin male having education of Master degree in business studies and working as account officer in an industrial state came for healing of Sinusitis. His problem was occasional suffering from sinus pain. Firstly he used Ayurvedic medicines but it did not worked. Then he came to spiritual healer. He had no any complain about modern medicine. He has experience of successful treatment of acute appendicitis. He feels that doctors are like god, but in some chronic cases, there is better healing from spiritual healer*

**6.6.2 Cost of Hospital Services**



**Figure 6.2: Cost of Hospital Services**

Majority of respondent, 29 said that hospital service is expensive; especially those who had history of undiagnosed cause of problem or investigation of doctor shows normal report. Twenty two said that cost depends on types of illness and the procedure performed. Fifteen respondent said it is not expensive. Among them some have utilized the free obstetric care service from hospital.

### 6.6.3 Limitation of Modern Medical Services

**Table 6.2: Limitation of Modern Medical Treatment**

<b>Limitation of Modern Medical Services</b>	<b>No of Responses</b>	<b>Percentage (%)</b>
Expensive Tests	28	24.78
Long Queue	17	15.04
Low Response to Complains	17	15.04
Only Believing Reports	15	13.27
No Guarantee of Healing	15	13.27
Painful Procedure	15	13.27
Large Amount of Drugs	6	5.31
<b>Total</b>	<b>113</b>	<b>100</b>

Source: Field Survey, 2017.

According to information from respondent the factors that they not like about doctor's treatment are; long standing queue(17), low response to physical complain (17), believing in test reports more than of patient's complain(15) expensive tests(28), invasive/painful procedure(15), large amount of medicine(6), no guarantee of treatment(15).

Among 66 respondent, 60 respondent had been to hospital for the purpose of treatment of self or family members and 53 had experienced successful treatment. Seven respondent were not benefited from the hospital service.

### Case Study 8 - Case of dissatisfaction towards medical doctors

19 years female from Gurung caste came for problem of headache and occasional chest pain with shortness of breath. She had experience of successful healing for such problem 3 years ago when she was in hostel for preparation of SLC exam. Doctor has explained her these symptoms are due to stress and they prescribed her sleeping tablets. But symptoms did not reduced. During follow up she was advised to visit psychiatric OPD. She was hurt because she did not think symptoms are due to stress only. She thought doctor is not treating her seriously. So she refused to go to psychiatric OPD. Later on her mother brought her to traditional healing spot located in Lichibot, Gairapatan, Pokhara. After the spell of healer, she got rid of sickness and chest pain. Since then, she consults every problems firstly with healers rather than doctors

## 6.7 Perception towards Spiritual Healer

### 6.7.1 Special Disease that Only Spiritual Healing Can Cure

Majority of respondent, 51 believe that there are some illness for which *only spiritual healing works*; 9 are not sure and 6 do not believe that there are illness for which only spiritual healing works.

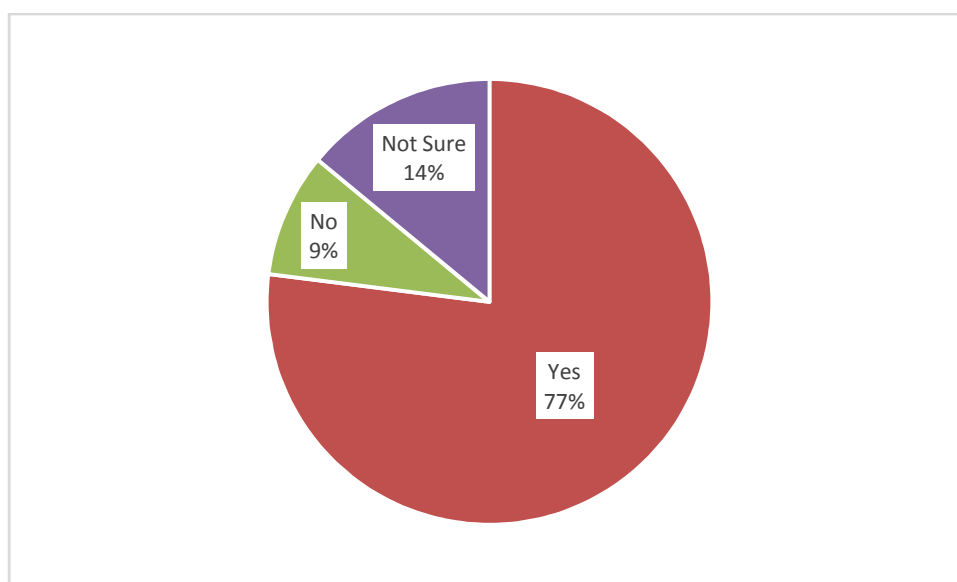
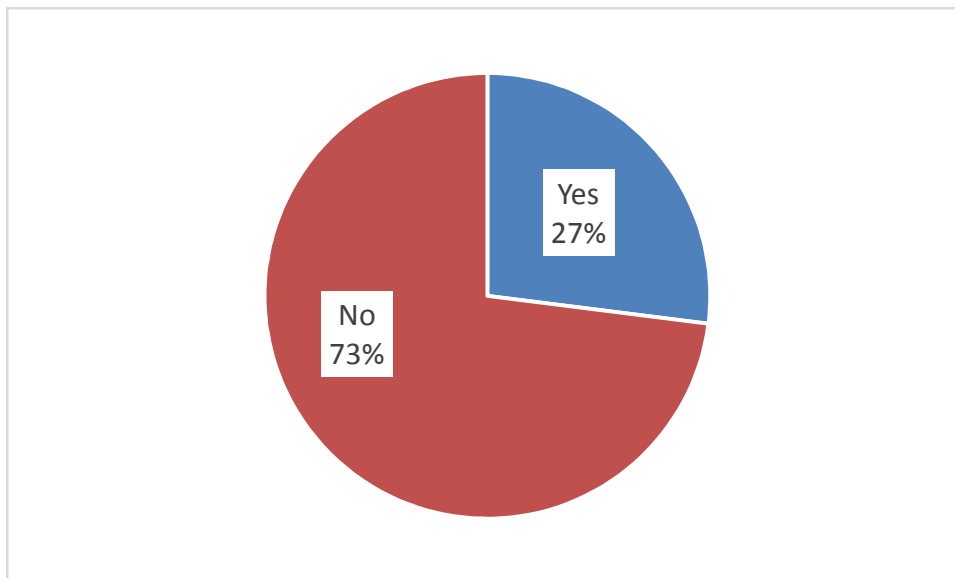


Figure 6.3: Certain Diseases only Healed Through Spiritual Healing

### Case Study 9 - Baby's problem especially treated by spiritual healing

*30 years mother from Chhetry community came for blowing her baby because the infant suddenly rejected to suck her breast three days ago. The whole day baby cried and got irritation while facing to the breast. She came to spiritual healer because she believe her baby was caught by evil eye. There is no improvement after two days of blowing. At the third day of blowing, the baby miraculously started suck her breast milk as usual. The spiritual healer explained her that this is the problem of evil eye and she should not breast feed her baby in front of other people.*

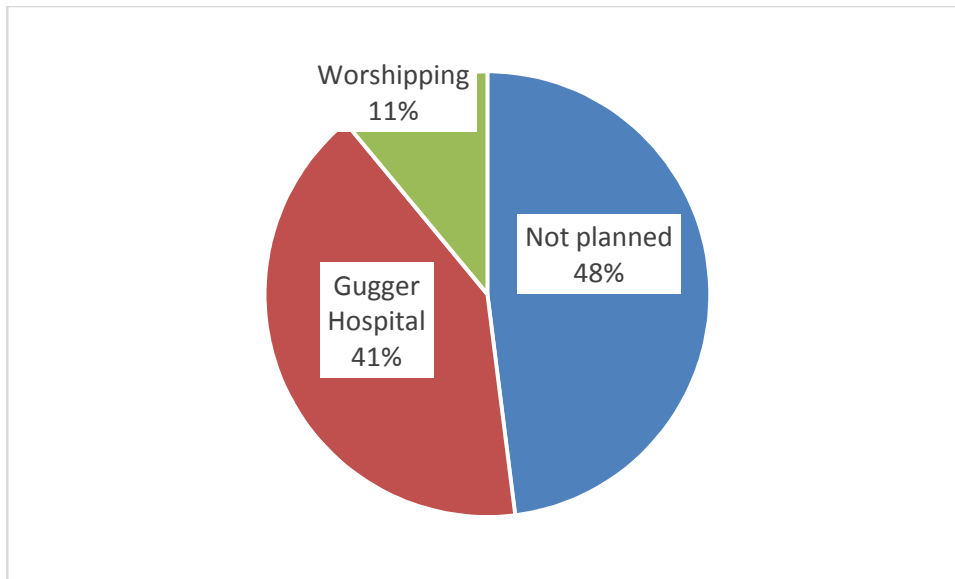
### 6.7.2 Hesitation in Utilizing Spiritual Healing



**Figure 6.4 Hesitation in Utilizing Spiritual Healing**

About feeling **hesitation**, majority, (48) felt no hesitation; 18 felt hesitation, and among who felt hesitation most of them been there for the first time. And their feelings were expressed as;-'some people don't believe in this type of healing, "This healing services usually utilized by female, male rarely come'. 'People perceive this as superstition" People make a joke about spiritual healing'

### 6.7.3 Further Plan for Treatment



**Figure 6.5 Further Plan for Treatment**

Majority 32 people have no any plan to go further if the problem not cured because they are confident about curing by spiritual healer. 27 have plan to go to hospital and higher referral centers. 7 have planned to worship and perform Grahashanti Puja.

#### **Case Study 10 - Further plan of treatment**

*35 years old Brahmin male, working as a medicine supplier, had failed to conceive baby even after 10 years of marriage. Almost all of the medical tests were carried out regularly, there is no any symptoms of medical unfit regarding the fertilization in both husband and wife. They consulted with several Gynecologist initially of Pokhara and then of Kathmandu, but they could not conceive a baby. After that they started to consult different spiritual healer all around city. This one is tenth healer they have visited so far. But they are still unsuccessful in conceiving the baby. They spent about 10 lakhs till date for medication in the name of modern and traditional medication. Now they are planning to adopt test tube baby from India.*

## **CHAPTER SEVEN**

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

Chapter seven includes the summary of research, major findings, conclusion and recommendation.

#### **7.1 Summary**

Traditional/spiritual healing was crucial process and the only option of eliminating human health problems in ancient society. Also known as ‘The indigenous system’. The indigenous system of diagnosis, treatment, and healing has evolved in a process of trial-and-error, empirical observation, and experimental procedures over the millennia. Although there is miraculous success and development of modern medicines, people in this twenty first century are using spiritual healing worldwide.

Many scholars concluded that illiteracy and inaccessibility of services are the major factors to motivate people towards traditional healing. In many rural areas traditional healing is only the option for treatment of illness because of inaccessibility of modern health services. Paradoxically in urban areas like Kathmandu, Pokhara, and other cities, where the modern medical facilities are easily available, the practice of traditional healing is still growing and deeply rooted. Spiritual healing refers to the practice where unseen power is used to healing, no any herb or medicines are used. Not only health problems, people found seeking help of spiritual healers in their other personal and family problems like marital disharmony, loss in business, failure to study or pass the exam etc.

A study conducted on focusing the causes and motivating factors for utilizing spiritual healing for health problems in urban areas, in Kaski district. During the six weeks field visit, it is possible to find out and reach only in the spot of eight different spiritual healers, residing in different location within Pokhara valley. The areas include Bhandardhik, Khudi, Budibazaar, of Lekhanath and Nayagaun, Rambazar, Gairapatan, Bindhavasini and Miyapatan of Pokhara. Total sixty six respondents were included in research interview. The information collected from interview and

observation as well as informal sharing. During this qualitative research, researcher gain opportunity to know the huge prevalence of spiritual healing in urban areas of Pokhara metropolitan city. During the limited field visit of six weeks (45 days), it is possible to gather information only from sixty six respondents.

The general objectives of the research was, to find out the factors that motivates the people of urban areas for utilizing spiritual healing.

### **Major Finding**

**According to findings of the research work the motivating factors are;**

- ) The perception of illness as of personification and of supernatural cause like spirit, ghost, Bokshi, evil eyes, Masan and curses of ancestors (Pitridev), which are the component of our cultural heritage, the holy books and the experience of our ancestors. These perception overcome the educational level and residence of individual to choose the health care system.
- ) As the socioeconomic and educational background of people attending spiritual healer's spot shows that there is majority of household worker and majority of educated up to secondary level among who utilize the spiritual healing. This also suggest that lack of economic right and lack of higher education is also a factor to prosper the utilization of spiritual healing.
- ) The dissatisfaction towards medicinal treatment and failure of medicine also plays the vital role. although the quality of modern medical professional whom they consulted should be analyzed, but the respondent have the experience of the doctors' medicine not working in their illness. It should not be oversight that respondents were highly dissatisfied with the procedural delay and expensive test of modern medical facilities.
- ) The availability of spiritual healer nearby the respondents' residence (less than 30 min walking distance) and in a minimal cost is also the motivating factor for utilizing spiritual healing.
- ) The type of illness for which people prefer spiritual healer are basically near to psychosomatic illness where patient felt suffered, but there is no any disease diagnosed by modern doctors. The illnesses are listed as; Backache and pain in body including mobility problem , Anorexia and failure to breastfeed in infants,

Multiple dreams and sleep disturbances, Menstrual disturbances, Seizure and body shaking symptoms, Infertility/sub fertility, Irritable baby crying (sato gayeko) Severe headache/ migraine like headache etc.

- ) The spiritual healers' practice of referring patient to modern hospital according to severity/sensitivity makes the spiritual healers more trustable for people. People believe that, traditional healers are also capable to diagnose illness in two categories; 1. Illness can be healed through spiritual power. 2. Disease can be cured by modern doctor and medicines. So people are motivated to go first to spiritual healers.

## **7.2 Conclusion**

Spiritual healing is massively prevalent in urban areas of Pokhara valley. Peoples are motivated because of their preoccupied concept of supernatural causes that are responsible for developing illness in an individual. Not being biased; it is true that there are real example of successful treatment with in our community. Many people have experienced the failure of modern medicine and the success of spiritual healing for reduction of their illness and psychological/ physical symptoms.

The spiritual healers' practice of referring patient to modern facilities according to severity/sensitivity makes the spiritual healers more trustable for people. So many people have the belief that spiritual healers are also capable to diagnose disease in two categories; category 1. Disease healed through spiritual powers and category 2. Disease healed by modern medicine. So the people are motivated to go first to spiritual healer.

The money and value of time wasted in receiving modern health service is also playing role to push people towards traditional/spiritual healing. The involvement of young educated and friendly person as spiritual healer is another pull factor for people towards these healing.

Although there are some examples of successful healing through spiritual healer, it is being a factor for creating social disorder, violence and fraud. Many people are being victim of Witch hunting in our society. Unless the spiritual healer came in a license system with readiness to fulfill accountability and compensation for the harm and



non-maleficent towards their patient, it will be the major problem of human health development and human rights.

### **7.3 Recommendations**

- ) The quality of health care professional and quality of care among those who have experienced the failure of modern medicine for their illness should be searched out.
- ) Studies about the spiritual healer, why they are motivated in involving themselves as healer could be done in same area.
- ) The potentiality of spiritual healing in treating particular disease should be searched out and their potentiality must be integrated as legitimate practice in society.

## REFERENCES

- Adhikari, K. (1997). *Indigenous Healing Practices in Nepal: A Case Study of Tharus in Amrai Village, Dang*. A Dissertation Submitted to the Central Department of Sociology/Anthropology, T.U.
- Bista, D. B. (1996). *People of Nepal*, 6<sup>th</sup> Edition. Kathmandu: Ratna Pustak Bhandar.
- Chen, Frederick, et al. (2005). *Patients' Beliefs about Racism, Preferences for Physician Race, and Satisfaction with Care*. *Annals of Family Medicine*,
- Durie M. (2004). *Understanding health and illness: Research at the interface between science and indigenous knowledge*. retrieve from: <http://www.ijepublications.org>
- Gartaula R. (1998). *Therapy Pattern of Conventional Medicine with other Alternative Medications*. 1<sup>st</sup> Ed. Maharajung, Kathmandu: RECID/ Nepal; 1998.
- INSEC (2012). *A Study on Violence Due to Witchcraft Allegation and Sexual Violence For Human Rights and Social Justice*. Informal Sector Service Centre Kathmandu, Nepal.
- Jon C. Tilburt, MD, MPH and Franklin G. Miller, PhD (2007). "Responding to Medical Pluralism in Practice: A Principled Ethical Approach". *The Journal of the American Board of Family Medicine*, Jabfm.org.
- Kala C.P. (1998). *Health Traditions of Buddhist Community and Role of amchis in trans-Himalayan Region of India*.
- Kapungwe A.K. (2005). *Quality of Child Health Care and Under-five Mortality in Zambia: A Case Study of Two Districts in Luapula Province*. Demographic Research.
- Khar, Bhushan Sah (2007). *Study of the Problem of Witch Accusation in Nepal*. A Research Paper Research Apprenticeship.
- Krippner S. (2003). *Models of Ethno medicinal Healing*. Paper Presented at the Ethno medicine Conferences, Munich, Germany.
- LAD Williams (2006). *Ethno medicine*. *West Indian Med J*. 2006; 55 (4): 215
- Meenakshi Gautham, Erika Binnendijk, Ruth Koren, and David M. Dror, (2010). *First we go to the small doctor': First contact for curative health care sought by rural communities in Andhra Pradesh & Orissa, India*, Research Report.

- Mubyazi GF, Barongo VK, Kamugisha ML, Njunwa KJ. (2013). *Public Knowledge, Perceptions and Practices in Relation to Infectious and other communicable Diseases in Tanzania: Lessons Learnt from Babati District*. Retrieve from: <http://dx.doi.org/10.4314/rjhs>.
- Nabuwemba EL, Atuyambe L, Criel B, Kolsteren P, Orach CG. (2014). *Recognition and home care of low birth weight neonates: a qualitative study of knowledge, beliefs and practices of mothers in Iganga-Mayuge Health and Demographic*. BMC Public Health.
- Pandey S. (2012). "Treatment Choice and Switching from One Modality to Another: Using Pathway Models as a Conceptual Framework". *International Journal of Social Science and Humanity*.
- Park and Park (1998). *A Textbook of Social and Preventive Medicine*.
- Poudel K., Joshi A.B. (1998). *Factors Related to the Utilization of Traditional Healers in Kavrey District*. Journal of Nepal Public Health.
- Prem K. Khattry (2012). *The Nepalese Traditional Concepts of Illness and Treatment* A Research Paper.
- Rashid SF, Hadi A, Afsana K, Begum SA. (2001). *Acute Respiratory Infections in Rural Bangladesh: Cultural Understandings, Practices and the Role of Mothers and Community Health Volunteers*. Tropical Medicine and International Health.
- Rikke Stamp & Marre V. Pouliot (2012). *Traditional Medicine for Rich and Knowledgeable; Challenging Assumption About Treatment Seeking Behavior in Rural and Periurban Nepal*. Department of Food and Resource Economics.
- S I, Beneme and et al. (2016). *Roads to Health in Developing Countries: Understanding the Intersection of Culture and Healing*. Research Article in Current Therapeutic Research Available on Sciencedirect.com
- Scott Jelinek Cultural Respect and Awareness: A Health Care Imperative
- Scrimshaw, Parker, R.G. (1992). *HIV/AIDS Rapid Assessment Procedures: Rapid Anthropological Approaches for Studying AIDS Related Beliefs, Attitudes and Behaviors*. Tokyo: United Nations University.).
- Society of Medical Anthropology, (SMA) Home page [www.SMA@AAA](http://www.SMA@AAA)
- Sreeramareddy C.T., Shankar R.P., (2006). *Care Seeking Behaviour for Childhood Illness- A Questionnaire Survey in Western Nepal*. BMC International Health and Human Rights.

- Subedi G.P. (2004). *Lawyers Against Witch Allegation in Nepal*
- Subedi, M. (2011). "Illness Causation and Interpretation in a Newar Town".  
*Dhaulagiri Journal of Sociology and Anthropology*.
- Thapa NJ, Ansari M, Mohamed Ibrahim ML, Hassali MA, Shankar PR, Koirala A.,  
Mothers' beliefs and barriers about childhood diarrhea and its management in  
Morang district, Nepal. BMC Research Notes. 2012.
- The Spiritualists' National Union, (2011) .[http:// www.snu.org.uk](http://www.snu.org.uk)
- World Health Organization, Traditional Medicine (2003), Fact sheet No 134. [http://  
www.who.int/mediacentre](http://www.who.int/mediacentre).

**Appendix - I**  
**Question for interview**

**Respondent's Description**

Age..... Gender.....  
Residence..... Ethnicity .....  
Education level ..... Occupation.....  
Marital status..... Type of family .....  
Religious affiliation.....

**Questions about why they choose spiritual healing?**

1. What is your Chief complain/problem?  
\_\_\_\_\_.
2. What other symptoms you noticed and felt?  
\_\_\_\_\_.
3. since when you are suffering from the problem?  
\_\_\_\_\_.
4. What measures you have followed to solve this problem?  
\_\_\_\_\_.
5. How do you decided to treat your problem with the spiritual healer?  
\_\_\_\_\_.
6. from where you know about the spiritual healer?  
\_\_\_\_\_.
7. Have you felt some hesitation to come this spiritual center?  
Please explain what you felt?  
\_\_\_\_\_.
8. Are your family members happy with your treatment with spiritual healer?  
\_\_\_\_\_.
9. How many time does it takes to arrive here from your residence?  
\_\_\_\_\_.
10. How expensive is the amount you pay for this spiritual healing?  
\_\_\_\_\_.

11. What you planed if your problem not cured from here?  
\_\_\_\_\_.
12. Have you ever been here or other spiritual healer before this?  
If yes, what was the problem then?.....  
Is it cured? .....
13. Have you ever been to hospital for treatment for self or family members?  
\_\_\_\_\_.
- 13.1. If yes, what was the problem?....  
\_\_\_\_\_.
- 13.2. Was the problem cured?.....  
\_\_\_\_\_.
- 13.3. Was the fee and charges of medicines expensive?

**Questions related to knowledge and perception about disease.**

14. What type of illness you heard about?  
\_\_\_\_\_.
15. In your opinion, what are the causes of illness in people?  
\_\_\_\_\_.
16. In your opinion what type of disease need to be consulted with doctor  
\_\_\_\_\_.

**Question related to what type of illness are effectively healed**

17. Do you believe that there are some illness for which only spiritual healer can cure?  
\_\_\_\_\_.
- 17.1. Please illustrate what type of illness are cured by spiritual healer?  
\_\_\_\_\_.
18. When you fall ill, where do you generally go first? And why?  
\_\_\_\_\_.
19. Is there any case for what you visited spiritual healer without looking for other options?  
\_\_\_\_\_.

20. Where do you feel more comfortable/ with spiritual healer or with doctor?  
\_\_\_\_\_.
21. Do you think doctors' treatment is cheaper than spiritual healers'?'  
\_\_\_\_\_.
22. What things you do not like about doctors' treatment?  
\_\_\_\_\_.
23. What things you don't like about spiritual healers?  
\_\_\_\_\_.
24. Is there any other example of successful healing from spiritual healers in your family and relatives?  
\_\_\_\_\_.
- 24.1 If yes please explain about that illness.  
\_\_\_\_\_.
25. Is there any other example of successful healing from spiritual healers in your neighbor?  
\_\_\_\_\_.
- 25.1 If yes, please explain about that illness.  
\_\_\_\_\_.

*The End*