

CHAPTER I: INTRODUCTION

1.1 Background of study

1.1.1 Dalits in Nepal

Nepal is a country, which exhibits ethnic and cultural diversity. It is a cultural mosaic inhabited by an amazingly diverse array of castes, religions, languages, and ethnicity and so on. Census 2011 identified 125 caste/ethnic groups and 123 languages in Nepal (CBS 2011), out of which *Dalits* of Nepal form one of the distinct and subordinate groups. *Dalits* in Nepal are historically oppressed and exploited community comprising about 13-23% of the total population in the country (ILO 2005). The population of *Dalits* widely varied due to the widespread practice of changing surnames to avoid discrimination (Cameron 2009). *Dalits* are scattered throughout high, mid-hill and Terai regions of the country but they are densely populated in hills and mountains and Western Nepal.

Table 1: Dalit and their population in Nepal

Geography	Population	Percentage within <i>Dalits</i>	Percentage of total population
Hill and Mountain <i>Dalits</i>	1,843,302	63.24%	8.11%
Terai <i>Dalits</i>	898,146	30.81%	3.95%
Unidentified <i>Dalits</i>	173,401	5.95%	0.76%
Total <i>Dalits</i>	2,914,849	100%	12.82%
Total Population of Nepal	22,736,934		100%

Source: International Labor Organization (2005)

According to the constitution of Nepal (1990) and the interim constitution (2007) every citizen of Nepal deserves equal right in Nepalese society. However in practice, owing to the deep-rooted traditions and customs, there exists discrimination and inequality among and between the various strata of people. Some groups and communities are socially, culturally, and economically oppressed, suppressed and exploited by their others. These oppressed people (*Dalits*) are marginalized and excluded in the development process and resource access mechanisms. Their position in class and caste system is lower. The lowest position of *Dalits* in the caste hierarchy has further aggravated their poverty, powerlessness and social exclusion.

Even now, the government and many development/aid organizations use euphemisms such as 'occupational castes,' 'oppressed castes,' 'backward classes,' 'depressed castes,' 'deprived castes,' 'marginalised,' and 'the disadvantaged groups, instead of referring to them as *Dalits*. The hesitation to use the term Dalit sounds a persistence of relative feeling of caste-based discrimination (Bennett 2005).

The *Dalit* category refers to artisan or occupational caste among the Hindu. The term *Dalit* (oppressed) is used as an alternative to traditional ones with pejorative connotation for the lowest caste hierarchy considered as 'untouchable' (acchut). Moreover, they are socially ostracized, economically deprived, and politically excluded, is the making of caste discrimination (Gurung 2003). At community and village level, these groups are composed of the following castes such as *Bishwakarma, Kami, Sunar, Lohar, Tamata, Chunara, Aodh, Darjii, Damai, Pariyars, Hudke, Dholi, Sarki, Mijar, Charmakar, Nepali, etc.* Among them, *Kami, Damai* and *Sarki* are the most dominant and they constitute about 7% of the total population of Nepal.

It reveals that out of 75 districts of Nepal, 28 districts from Western Nepal represent dominant *Dalit* population (CBS 2002). Baglung, Kaski and Tanahun are dominant districts in possession of *Dalits* population within Western Nepal. There are some studies from Kaski (Parajuli 2009), Baglung (Vasily 2008), Tanahun (IoF 2005, BK 2007) but none from Tanahun district addressing the dependency of *Dalits* on natural resources and their traditional health care assessment.

Table 2: Top 5 districts in Nepal with the highest percentage of *Dalits* population

SN	District	Total population	<i>Dalits</i> population	% of <i>Dalits</i>
1.	Baglung	268,613	62,354	23.21
2.	Dhanusha	754,777	116,973	15.49
3.	Kaski	397,368	60,532	15.23
4.	Mahottari	627,580	94,075	14.99
5.	Tanahun	323,288	47,487	14.68

Source: CBS (2011)

Within the Tanahun district, Bhanu VDC is noteworthy in comprising the largest population of *Dalits*. As the present study was attempted to peruse the *Dalit* dependency on forests resources for their primary health care, Bhanu VDC was selected because ideal population of *Dalits* with dependency on forests was supposed to be pertinent in the VDC not in municipality areas. Of the 47 thousands population in the district, more than two thousands are inhabited in the Bhanu VDC.

Table 3. Top five VDCs in Tanahun district with the highest population of *Dalits*

SN	VDC/Municipality	Total population	Total population of <i>Dalits</i>	% of <i>Dalit</i> population
1.	Byas municipality	42,899	3,362	7.83
2.	Bhanu	13,175	2,276	17.27
3.	Dhorfirdi	11,994	2,072	17.27
4.	Manpang	6,698	1,963	29.30
5.	Jamune Bhanjyang	9,838	1,907	19.38

Source: CBS (2011)

1.1.2 *Dalits* and forests

Despite the success and multiple services of forest including social, economic and environmental benefits are frequently cited (Kunwar and Bhattacharya 2008), organizational, structural, and societal challenges are equally counter issued (Sapkota and Oden 2008). Gentle *et al.* (2007) reported that social inequity and exclusion of the poor, women, *Dalits*, and marginalized groups from gaining access to and control over the forest resources and benefits-sharing are irrational (Gentle et al. 2007). It is may be because community forests are dominated by wealthier and upper caste groups particularly those belonging to Brahmin, Chhetri and other privileged groups (Pokharel and Nurse 2004). Due to inequality in benefits distribution including with unequal social structure and uneven sense of ownership, the livelihoods of the *Dalits* and poor have not steadily inclined. Caste discrimination and *Dalit* Rights over forest resources is one of the most complicated issues (George 2011). Good governance in forestry aims to equitable distribution of benefits, resources and empower to poor and *Dalits* (Kunwar and Parajuli 2007) so that they can raise their voice for economic upliftment and social welfare through the community based forest management. In these pursuits, the present study is conceived and attained to attend the extent of participation of the *Dalits* in forestry programs in Nepal.

Most of them are dependent on their traditional so-called caste based occupation that is directly or indirectly linked with natural resources. Blacksmith, a group within *Dalits*, used to make charcoal by using forest products for their iron works and purified iron ore as a major source of the livelihood. Similarly, there are other ethnic groups who are entirely relying on natural products for their livelihood as traditional occupation. Forests are richest habitat for medicinal plants (Ives 1987), and are common property resource and forest products are open access in Nepal (Ostrom 2010), *Dalits* and *Janajati* groups are frequent collectors and they gathered a disproportionate amount of forest products particularly medicinal plants to address their subsistence/accessory needs. Collection of medicinal plants from nearby or distant forests is important for primary health care (Kunwar *et al.* 2010) because the *Dalits* groups have limited options for modern medication as a consequences of socio-economic conditions. For the benefit of the local people, promotion of traditional practices with culturally and environmentally sustainable adaptations shows more importance (Thapa Magar 2009).

1.1.3 *Dalits* and health care

The government of Nepal has created health care provisions such as National Health Sector Program – Implementation Plan II (2010- 2015) to directly mitigate vulnerabilities for marginalized groups and *Dalits* groups as they pertain to health care access. However their access was limited due to information, physical, and financial barriers, discrimination, and the lack of social capital. Discrimination against *Dalits* has metamorphosed over time from overt, open and accepted norm to subtle, invisible, hidden and ‘unacceptable’ behavior” (Acharya 2010), yet it still occurs within multiple levels. The discrimination has led to persist different informal health care practices. Traditional healers are often utilized at the community level, complementing primary health care of communities.

1.2 *Justification of study*

Due to direct or indirect connection with forests and other natural resources, *Dalits* may know better than others about natural resources and forests, their uses, importance and management practices. Majority of them are using these resources utilizing their traditional knowledge, occupation and skills for livelihood (Parajuli 2010). In the given circumstances, the current study explores the groups of *Dalits*, traditional medicinal systems in *Dalits* community and resources and practices of traditional medicinal systems in Tanahun district, Nepal.

1.3 Problem statement

Dalits are oppressed (Agarwal and Ostrom 2001) and centrifuged to mainstream and are always considered as secondary interest of research due to deep rooted socio-economic and cultural structure and value (Banjade *et al.* 2004). They are also considered as sub-ordinate groups in access to natural resources. Again there are a very few studies integrating traditional medicinal practices, their resources and conservation initiatives and such studies from *Dalits* are largely under-studied. In these contexts, the present study was designed to investigate whether the *Dalits* groups are sub-ordinate or what were the livelihood portfolios of this groups and which natural resources are important.

The government of Nepal has created health care provisions such as the National Health Sector Program – Implementation Plan II (2010- 2015) to directly mitigate vulnerabilities for marginalized groups and *Dalits* groups as they pertain to health care access. Nevertheless the access was limited. What was the status of health access and care practices of *Dalits* groups in Bhanu VDC?

1.4 Objective of study

The main objective of the study is to assess dependency of *Dalits* groups on natural resources for their primary health care in Tanahun district. The specific objectives are as follows:

- i. *To identify different Dalits in Bhanu VDC of Tanahun district and find out their livelihood strategies and traditional medicinal systems,*
- ii. *To find out what are the major natural resources and materials that have been used in traditional medicinal systems*
- iii. *To document important medicinal plant species, traditional medicinal practices with their details of therapies, abstract preparation and modes of uses.*
- iv. *To analyze the changes of traditional medicinal practices and discuss the causes of changes with some recommendations.*

CHAPTER II: LITERATURE REVIEW

Literature reviewed for this were chronologically ordered and presented herewith.

Chhetri (1989) stated that the education has very crucial role in eliminating the prejudices against caste and the practices of untouchability among both the discriminators as well as the discriminated. These assertions are supported by the following observations that younger generation particularly of Gandharba Dalit groups is reluctant to carry on traditional occupation (playing Sarangi). Social and economic disparities within the occupational caste groups may have widened the gaps among themselves.

Sharma et al. (1994) in the context of caste-based occupation found that a few living in or close to urban centers make a direct living from their own traditional skill. They also arrive at the similar conclusion that Kamis are hard hit by the availability of factory-produced farm implements, Damais by the availability of readymade clothes and Sarkis by availability of cheapest footwears. If these people so desired, perhaps they could be employed into the factories which are rendering their services less used.

Most Nepali untouchables/Dalits are caught in a vicious economic cycle. They are unable to receive education that would qualify them for a well-paying professional position. This means that most of them end up working in their traditional caste occupation and/or as unskilled laborers usually for a limited income. Consequently, they are unable to give their own children an adequate education and the whole cycle repeats itself (Cox 1994).

Adhikari (1996) in a case study in central Nepal noted that members of the occupational caste to be employed in traditional occupation had been declining. The reason for declining involvement in traditional occupation were not only the difficulty in obtaining charcoal from the forest but it was also because of easier availability of tools produced from factories on a mass scale.

Dalits, in the past, were derogatorily referred to as 'Paninachalne', 'Achhoot', 'Avarna', 'Doom', 'Pariganit', 'Tallo Jati', etc in Nepali and 'Untouchables'. 'Oppressed castes'; 'downtrodden', 'exploited social group', 'low caste' etc in English, Indeed, the term Dalit originates from a Sanskrit word 'dal' which means 'to split, crack and open'. Dalit means, according to Sanskrit scripture, 'things or persons who are cut, split, broken or torn asunder, scattered or crushed and destroyed', Bhattachan et al. (2003). However, the use of the term in Nepal and India is very recent and it symbolizes a struggle for recognition of self-identity, expression of historical reality of oppression due to caste-based untouchability and occupation, and a determination of creation of egalitarian society, Bhattachan et al. (2003).

Nepali (2007) had done research under the topic of 'Potentiality of Dalits' Caste Based Occupation in Chitwan and Nawalparasi Districts. The study highlighted the economics strength associated with Dalit's traditional occupation, socioeconomic constraints faced by their occupations and ways of its upgrading and modernizing.

BK (2007) conducted research on 'Adaptation of Dalit Skills and Technology in Chitwan and Tanahun districts. The skills and technology of the *Dalits* are in the verge of extinction due to strong association with their traditional modes of production, those unable to transform their production style are more vulnerable to economic and social segregation. Therefore modification in the traditional modes of production or the adoption of extra non caste skills had been the option available to them for livelihood.

Charmakar (Kisan) (2008) studied inclusion and exclusion aspects of *Dalits* in state governance of Nepal particularly in five cities including Baglung. Nepal is still exclusionary on the basis of marginalized castes and ethnicity and in favor of traditional ruling castes (Bahun-Kshatriya). *Dalits* are not only at the bottom the Nepali social hierarchy but also out of the State mechanisms. Social exclusion has been occurring in Nepal on the basis of caste, race, ethnicity, gender, region, religion, social norms and values, lack of physical and education capacity, lack of economic straight and lack of political power. In the course of human development; social exclusion has taken the form of segregating a group of people from the social, political, economic and cultural domains of social life (Louis 2001). Social inclusion is understood by the State and ruling

castes and class as being only material inclusion (i.e. symbolic or head counting). But the concept of real proportional and nonmaterial inclusion (feeling of inclusion, equity, empowerment, heard, process and proper implementation) of *Dalits* is still out of discourse.

Nepali (Pariyar) (2008) did research on *Dalits* skills, technologies and their perspective: a special policy and challenges for inclusion in Jumla district, Nepal. The positive attitude and perception of people in the organization leads to raise Dalit issue in order to initiate the function of advocacy and building network/coalition. Similarly, sensitization, advocacy and networking mechanism of the organization in Dalit issue leads to change behavior/ attitude and perception of non-*Dalit* communities towards positive discrimination.

Lamsal (2008) studied *Dalit* un-touchability within a same group. Both the groups No-*Dalits* and *Dalits* are responsible for continuing the untouchability in the society. The discrimination was led by caste system in a society, religion, low confidence of *Dalit* groups, derogatory strategies of state and ruler, poverty and attitude and perceptions.

Thapa Magar (2009) studied indigenous knowledge of *Magars* of Tanahun district for forest management. Forest always plays a vital role in *Magar* people's life. They interact with their environments for eking out their living. While managing, protecting and utilizing the natural resources in their respective environments, both men and women use their own level of knowledge as they have learned from their communities. *Magars* have reciprocal relationship with environment and hence, they are using their indigenous knowledge systems on utilizing, managing and protecting forest products from their immediate environment.

Bhattachan et al. (2009) noted that only 19% of *Dalits* are involved in traditional caste-based occupations. However a report about 90 percent of Kami, a hill Dalit group still engaged in their traditional occupation was reported by (ILO 2005). Besides, *Dalits* are also involved in wage labour in both agricultural and non-agricultural sectors because many groups tend to embrace activities in these sectors when traditional occupations do not bring expected returns and when they cannot compete with factory produced goods (DNF 2002). Diverse traditional occupations were recorded in Dalits (Gurung 2003).

Table 4: Traditional Occupations Associated with Dalits

S.N.	Traditional Occupations	Caste Groups
	Hills and Mountains	
1.	Blacksmith work	Kami (Lohar, Mahar, Pouri)
2.	Goldsmith work	Kami (Sunar)
3.	Coppersmith work	Kami (Tamta)
4.	Tailoring	Damai, Kusle
5.	Cobbler/Leatherwork	Sarki (Bhool), Kulu
6.	Sweeping/cleaning/human waste disposal	Pode, Chyame, Halahulu
7.	Oil extraction	Koli
8.	Butchery and milk-selling	Kasai (Khadgi)
9.	Laundry washing	Dhobi (Rajak)
10.	Music/dance/entertainment/singing	Kusle, Damai, Gaine, Badi, Hurke (Damai)
11.	Bamboo-work	Chitre
	Hills and Mountains	
12.	Woodenpot-making	Kami (Chudara/Chunara/Chanara)
13.	Funeral undertakers	Kusle (Kapali)
14.	Drum-making	Halahulu, Charmakar
	Terai	
15.	Cloth-weaving	Tatma
16.	Earthwork/clay-digging	Khatwe, Musahar
17.	Leatherwork	Chamar
18.	Catching field rats	Musahar
19.	Collecting and selling medicinal herbs	Musahar
20.	Collecting and selling fermented juice from palm and date trees	Paswan (Dushad)
21.	Bamboo-work	Dom, Batar
22.	Laundry washing	Dhobi
23.	Sweeping/cleaning	Halkhor (Mehetar)

Source: CBS (2001)

Vishwakarma (2010) studied food security status of *Dalits* in Kailali district. According to him, distribution and utilization of the resources is injustice, unequal and exclusive for *Dalits*. For vulnerable communities like *Dalits* who are landless, it is essential to increase the involvement of *Dalits* in the income oriented interventions i.e. the micro-enterprises, the livestock rearing, the cooperatives. Most potential strategy is to increase in the access of the landless through the linkage building and micro credit. Promotions of traditional occupations effectively increases their income and entrepreneurship, but closer look to adaptation and acclimatization to development and changes is suggested.

A study about socio-cultural change of local communities of Bandipur, Tanahun district was carried out by Institute of Forestry (IoF) in 2011. The change of socio-cultural aspect of rural communities is inevitable and not always be positive and multi-sectoral. Access to communication, transportation, availability of health facilities, government plans and programs, intervention of outsiders, development projects, knowledge and attitudes help changing socio-culture of rural communities. The geographical features, biodiversity, natural vistas, cultural and traditional exhibitions, historical values and beliefs etc. play a significant role in change. A dalit group, Sharki is also affected by these changes.

Sonar RK Sonar (2011) studied traditional skill of *Dalits* and its relation to social need through a case study of Blacksmith's traditional skills of Nepal. The performance of traditional work by Blacksmith is yet an extreme need of Nepalese society. The majority of Nepalese households are still depending upon Smithy particularly in order to mend and repair their old agricultural tools rather than manufacturing the new ones. The, therefore, could not replace the blacksmith's service of mending and repairing; to some extent, it has hindered the service of manufacturing new tools though.

Poudel (date undefined) found that sub health post was mostly preferred as first treatment contact by most of the residents of Ghachok and Machhapuchre VDCs of Kaski. The health workers treat them equally and provide prompt treatment and care according to the response of the respondents. Therefore the access to health services by the Dalits community is good.

Dhakal (date undefined) stated that in order to increase access of Dalit groups, reservation is one of the tools of social inclusion which has been recently introduced in Nepal. The main motive behind the policy was to increase participation and expand capacities of the marginalized communities as well as women in the civil services. This paper tries to access this reservation policy taken by the Government of Nepal and seeks to find how much it has been able to solve the problems of marginalization.

Literature review gives us idea that there were very handful studies dealt on *Dalits* and their livelihood and economic concerns and none was concentrated on traditional health care practices of *Dalits*. Present study reviewed 40 papers related to *Dalits* but only three were carried out from Tanahun district.

CHAPTER III: METHODS

3.1 Study Area

The study was carried out in Bhanu VDC of Tanahun district (Figure 1).

3.1.1 Tanahun district

Tanahu lies in the Gandaki zone of western development region with its headquarter is at Damauli. Its area is 1540 sq km. The land lies mostly in mid mountain and siwalik whose elevation range from 1220 to 2134 meters. Its boundaries are shared by Gorkha, Chitwan, Nawalparasi, Syangja, Palpa and Lamjung. The major rivers are Marsyangdi, Madi, Kali, Seti and so on with hydropower plant at Marsyangdi. More than 47 different caste and ethnic group reside in Tanahun with high proportion (83.16%) of Hindu population. Hence it is the district of masterpiece of peculiar mid-hill culture. The average household size is 5.01 and economically active people of 10 years and above are 44.28 percent. The district is mostly inhabited by indigenous people with few migrated from the adjoining hill districts.

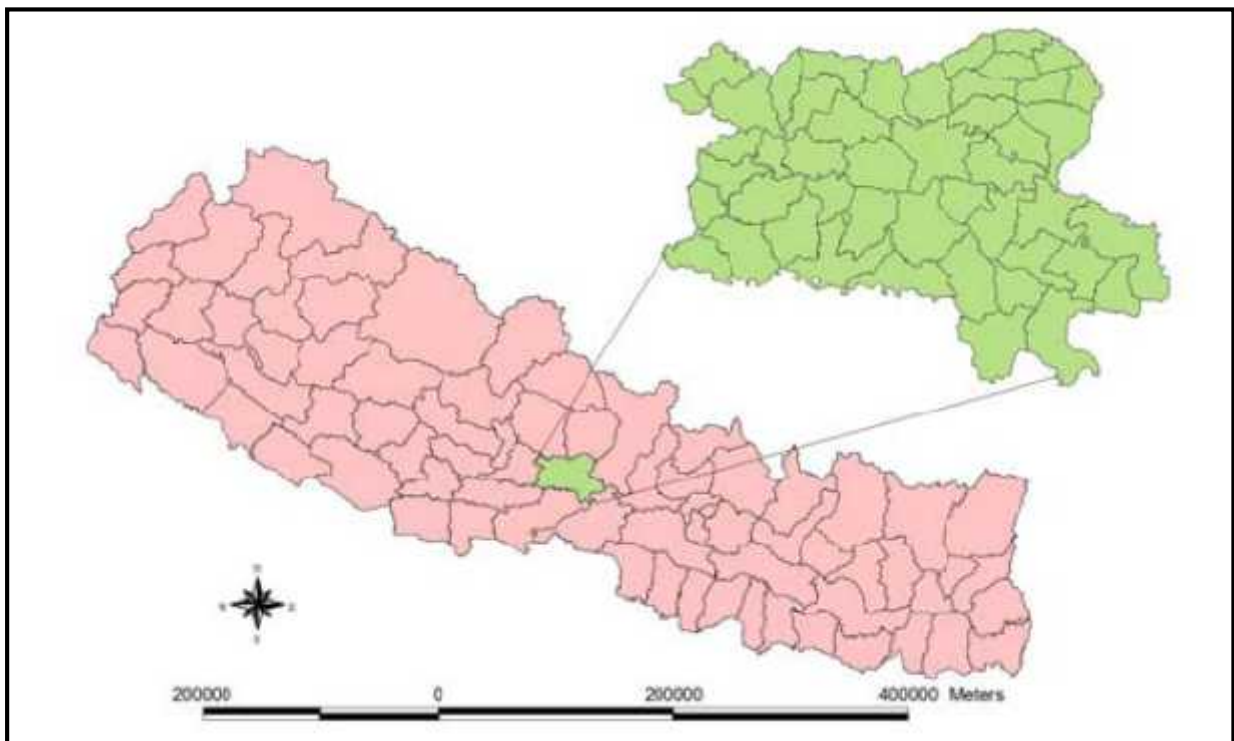


Figure 1: Study district: Tanahun

3.1.2 Nature and source of data

Both qualitative and quantitative data were collected to investigate the population and resource dependency and household with traditional healing practices adopted. Primary and secondary data were used to identify the sampling design and to carry out discussion of results. Primary data was collected while visiting fields and observations and used as main source of analysis and secondary source of information was used in interpretation and comparisons of the finding.

3.2 Sample VDCs and selection criteria

Bhanu VDC (possessing the highest Dalit population in the district next to Damauli reasons behind the selection of the VDC is the highest population of Dalit in the district and prevalent folklore herbal medicine practices.

Table 5: Sample HHs

SN	VDC/municipality	Total population	No. of Dalits HHs	Total population of Dalits	Percentage of Dalit
1.	Byas municipality	42,899		3,362	7.83
2.	Bhanu	13,175	599	2,276	17.27
3.	Dhorfirdi	11,994		2,072	17.27
4.	Manpang	6,698		1,963	29.30
5.	Jamune Bhanjyang	9,838		1,907	19.38

Source: CBS (2011)

3.3 Sample size

There are altogether 599 households in the study area. Out of the total households 36 respondents were selected from Dalits. The entire VDC was stratified into nine divisions as ward political boundary delineates and 2% of dalit of each ward were sampled. Sampling was pursued with granting prior informed consents.

3.4 Methods of Information and Data Collection

3.4.1 Prior Informed Consents

A verbal consent process describing the objectives of the study, the participant's involvement, benefits, risks, and confidentiality was completed with each participant for the participation in the study. They were informed that their participation was voluntary and that they were free to refuse or answer any question as per their convenient.

3.4.2 Purposive, stratified and random sampling

Most of the data and information for the fulfillment of all the stated objectives of this study were primarily collected from primary sources following purposive, stratified and snowball sampling. Purposive was in the sense that only dalit household were focused to study.

The VDC was stratified into 9 sites, and requisite sample following two percent sampling was identified. After identifying the requisite sample number in each ward, the households of the ward were numbered and requisite number of households were selected following lottery system. A person from each household knowledgeable about forests, natural resources and traditional healing system was asked.

3.4.3 Field observation

Forest dependency was scrutinized in field observation by seeing livestock, home heating, lighting and fooding, health care management, etc. The extent of collection was also identified while having field observations and field visits. Field visit was made between August and September, 2013.

3.4.4 Survey questionnaire

Altogether 36 respondents from Bhanu VDCs were participated in the survey (Annex 8). Survey questionnaire was semi-structured and asked to the respondents. The questionnaires were both closed and open types. The questionnaires were prepared in Kathmandu and tested at the first day of field visit and sight modification was made on basis of responses.

3.4.5 Focus group discussion (FGD)

Altogether two focus group discussions were made in VDC. The discussions were held in convenient *Chautaries* with consents from majority. The sites were at the locations where maximum discussants could participate. The discussants at the FGDs were elder members of both *Dalits* and non-*dalit* households, school teachers and students, forest guard, non-*dalit* traditional healers, etc. It was subjected to have consensus and verification from majority of people of VDC. The discussions were particularly confined to the usage of medicinal plants for traditional healing, new medicinal plants, specific cases of healing treatments, common materials for healing and types of healing system in the VDC.

3.4.6 Informal meetings

Informal discussions and meetings were made while staying with locale in the evening. Household questionnaire and checklist for focus group discussion were used for consultations (Annex 1). Two group discussions were made in two sites as per suggestion of local assistant and data because the sites were accessible to most of the *Dalit* households. A total of 20 participants took part in the discussion (Annex 8).

3.4.7 Secondary data collection

Secondary data and information were collected from literatures, CBS records, District records, VDC profiles, project reports, and articles/papers. They were useful in crosschecking the data and discussion.

3.5 Information and Data analysis

Data/information analysis and interpretation were done according to the data generated through primary and secondary sources. Statistical analysis such as percentage, mode, mean, median, frequency, highest, lowest, etc. were employed as per the need of the study. Ms Excel was used for keeping the record of results and calculating and processing the data and development of graphs and data analysis. Simple statistical tools (eg. bar diagram, pie chart, and percentage table/ratio) were used for explanation of information.

3.6 Limitation of study

Due to the time and resource constraint, the study had been conducted for short period and only in one VDC, however the rationale behind VDC selection is scientific enough and relatively justified. Hence it is alike case study or only a cross-sectional study for partial fulfillment of my Masters. The setting of the study is unique in the sense that it tried to document the livelihood and primary health care initiatives of *Dalits* of a VDC. So the findings may be applicable to the places conform with socio-economic, cultural and geographical settings. The study focused only on Bhanu VDC of Tanahun district which has maximum *Dalit* population in the district. The population of *Dalits* in VDC was not uniform and the strategy for sampling was mixed (purposive, stratified and random) therefore the sampling was confined first to the *Dalits* groups. Second the study area was stratified as ward political boundary and then the requisite sample was selected based on lottery system. Of total resources have been using for livelihood and health care, only important natural resources related to traditional primary health care were assessed.

CHAPTER IV: RESULTS AND DISCUSSION

4.1 Socio-economy

4.1.1 Population of Dalits

There are 125 caste/ethnic groups reported in Nepal (CBS 2011). Chhetri is the largest caste/ethnic groups having 16.6% (4,398,053) of the total population followed by Brahman (12.2%; 3,226,903), Magar (7.1%; 1,887,733), Tharu (6.6%; 1,737,470), Tamang (5.8% ; 1,539,830), Newar (5.0%; 1,321,933). Among the Dalit groups, Kami is dominant (4.8%; 1,258,554) followed by Damai (1.78%; 472,682), Sarki (1.41%; 374816), Teli (1.39%; 369,688), Chamar (1.26%; 335,893). In Tanahun district and Bhanu VDC, the population of Dalits is 14.80% and 17.27% respectively. The dominant population in the VDC is from Chhetri.

Table 6. Population composition Bhanu VDC

SN	Caste	Male	Female	Total	Percentage
1.	Chettri	1487	1465	2952	18.28
2.	Gurung	989	917	1906	11.80
3.	Brahman	927	886	1813	11.22
4.	Newar	826	787	1513	11.22
5.	Tamang	812	757	1569	9.71
6.	Magar	762	749	1511	9.35
7.	Sarki*	620	587	1207	7.47
8.	Kumal*	555	560	1115	6.90
9.	Kami*	422	404	826	3.88
10.	Damai*	267	255	522	3.23
11.	Sunar*	217	210	427	2.61
12.	Gharti (Bhujel)	149	165	314	1.94
13.	Gandharba*	74	63	137	0.85
14.	Bote (others)*	52	57	109	0.67
15.	Muslim	45	44	89	0.55
16.	Darai	11	9	20	0.12
17.	Thakali	5	6	11	0.07
18.	Khaniya	7	4	11	0.07
19.	Sanyasi	2	2	4	0.02
20.	Thakuri	2	1	3	0.02
21.	Total	8231	7922	16153	100.00

* dalit groups

Source: Bhanu VDC profile, 2013

4.1.2 Caste and ethnicity

There are 20 types of ethnic groups in the VDC and among them Chhetri, Gurung, Brahman, Newar, Tamang and Magar are dominant in order. Seven types of dalit groups are represented in the Bhanu VDC. Among them, Sarki is dominant whereas in national reference, Kami is dominant (Table 7). The sample respondents were from Nepali, Sunar, Malbu, BK, Sarki, Basel and Gotame castes.

Table 7. Ward-wise total population of Dalits in Bhanu VDC

Ward No.	Kami	Sarki	Damai	Sunar	Gandharba	Kumal	Bote	Total Dalit population
1	77	35	36	45	11			204
2	121	296	0	0	0			417
3	24	71	93	47	0			235
4	41	0	0	0	0			41
5	148	49	181	17	121			516
6	203	262	105	25	5			600
7	97	175	55	204	0			531
8	63	91	42	80	0			276
9	52	228	10	9	0			301
Bhanu VDC	826	1207	522	427	137	1115	109	4343

Source: Bhanu VDC profile, 2013

4.1.3 Gender and age group of participants

In total, there were 42 participants for household survey and group discussion. Among them, 15 were common. Of the total participants, 31 were male and 11 were female. There was active participation of dalits groups particularly from elderly groups. There were 25 participants above 50 years. They were active and helpful throughout the study.

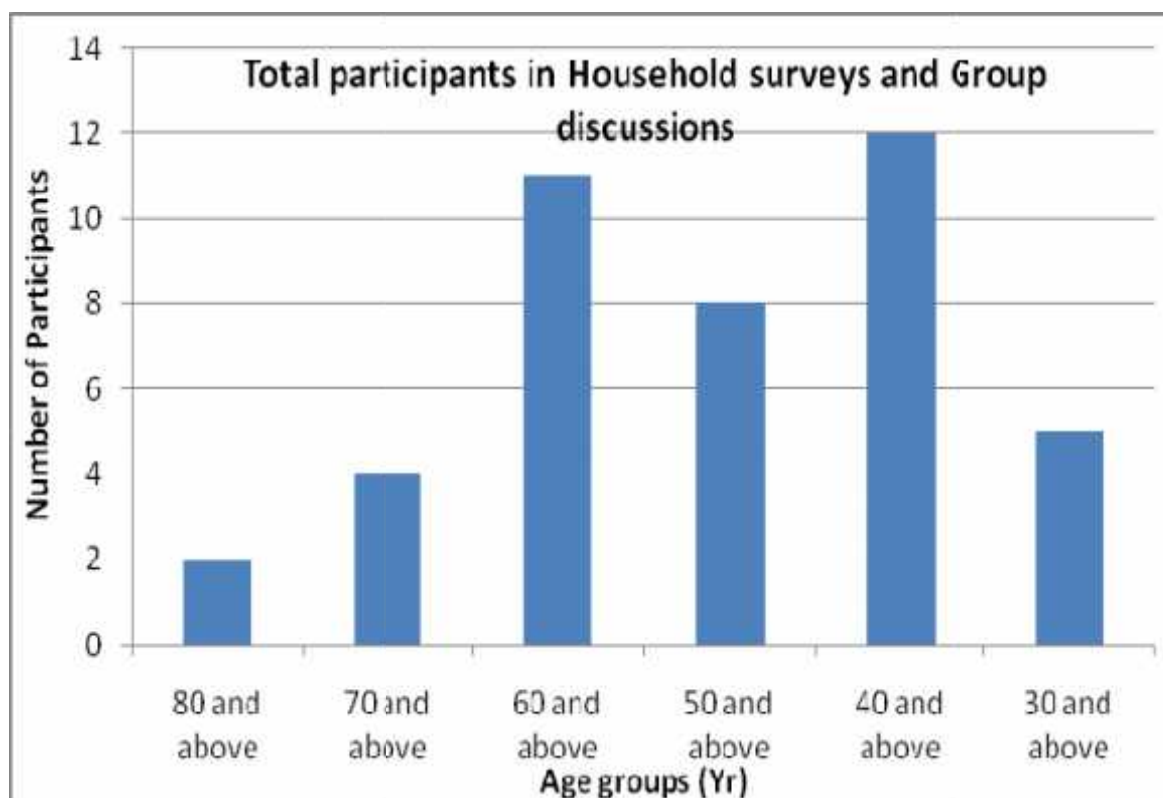


Figure 2: Age groups of respondents

4.2 Natural Resources

4.2.1 Forests

There are all types (private, community, leasehold, religious, government owned) of forest in Bhanu VDC. These forests are richest habitat for medicinal plants and forest products. *Dalits* and *Ethnic* group (Magars) are frequent collectors and they gathered a disproportionate amount of forest products to address their subsistence and accessory needs. The traditional and caste based occupation of *Dalits* is directly or indirectly linked with forests and natural resources.

They interact with forests for eking out their living. While managing, protecting and utilizing forests, they use their own level of knowledge as they have learned for generations albeit with oral transfer and some modifications. *Dalits* particularly ironsmith (BK) knows better than others about natural resources and forests, their uses, importance and management practices because they are in close connection with forests and other natural resources. Bote are living near the river systems. Gandharba used to play sarangi and accrue amount for livelihood. But all concern traditional medicine for their immediate health care because it is cost effective and cultured. From generations, *Dalits* groups are used to consult folk healers for maladies. Majority of them are using forest and forest products (medicinal plants) utilizing their traditional knowledge, occupation and skills for their overall livelihood.

4.3 Livelihood options

Dalits are mostly agriculture laborers and they solely depend on land for livelihood. The *dalits* in the forest areas eke out their living by mostly rearing livestock animals. They also collect forest products but the collection interest was purely household use. The *dalits* are rural inhabitants in the forests. The livelihood problem of the *Dalit* is mainly due to lack of farmland as they are dependent on artisan occupation and wage work (Gurung 2005). Furthermore, their traditional skills are being eroded with intrusion of gaudy goods. Being solely wage labor, agriculture labor, carpentry, mason, goldsmith, ironsmith, coppersmith, tailor, playing music, etc, is now arduous for living. Besides their occupational livelihood options, wage labor is intensively used for livelihood. *Dalits* groups are extensively applied diverse livelihood strategies (Table 8).

Table 8: Major Dalit groups and their livelihood strategies in Bhanu VDC,

SN	Major Dalit groups	Livelihood strategies						
		Ag labor	Wage labor	Carpentry	Mason	Occupational	Traditional healing	Others (Services)
1	Sarki	++	++	+		Leather works+++	+++	+
2	Kami	+	+		++	Ironsmith+++	++	++
3	Sunar	+	+	-	+	Goldsmith+++	-	+
4	Kumal	-	++	+	+		-	
5	Damai	+	+	+	-	Tailoring+++	+	++
6	Gandharba	-	+	+	-	Playing sarangi+++	-	+
7	Bote	-	+	-	-	Fishing+++	-	
	TOTAL	5	9	4	4	18	6	7

+++ = most, ++ = moderate, + = least, - = none

4.4 Health status

UNDP (2001) shows that on average Brahmans and Newars live between 11 and 12 years longer than Dalits and Muslims and it may be due to education: women from the first two groups have the highest literacy rates and there is a strong linkage between mother's education and child survival (NDHS 2001). Data from DHS (2001) show that access to and use of a range of health and family planning services is consistently lower among *Dalit* and most Janajati women. Present study did not cover the life expectancy and literacy rate however health hygiene was found to be unhealthy because of the poor sanitation and health service available. Mostly the *Dalits* women have to depend on distant or relatively unhygienic water resources and rain water which ultimately affect their health hygiene (Bishwakarma 2004).

4.4.1 Common diseases

Pneumonia, tuberculosis, gastric and cough/asthma were recorded as common diseases in *Dalits* of Terai (Daniel et al 2013). The present study did not concentrate on diseases but it tried to glean information about common ailments in the VDC among *Dalit* communities. As found elsewhere, health of *Dalits* of Bhanu VDC was also complicated by fever, typhoid, gastric, common cold, pregnancy and delivery and diarrhea ailments (Figure 3). Due to the lack of awareness and physical and most of the Dalit women became the victim of gynecological disease like prolapsed uterus.

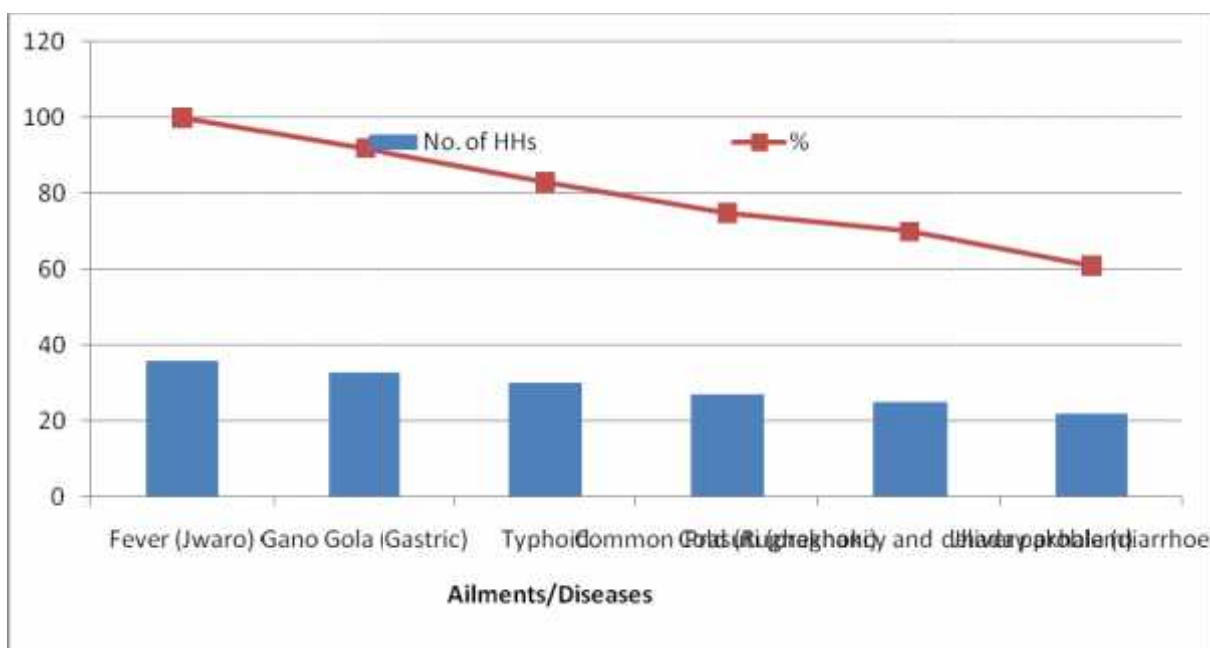


Figure 3: Common ailments in Bhanu VDC, Tanahun

4.4.2 Access to health

Caste-based disparities in health care and access to health centers is apparent in Nepal because of socio-cultural diversity and class-caste based hierarchy. The data showed that there is only 33% *Dalits* access health centers for their health care in comparison to 45.1% by Brahmin/Chhetri (Devkota 2008). Not uncommon in villages and rural areas, distance and available facilities were cited as a challenge for accessing care. The present study was carried out in *Dalit* communities and within the *Dalit* communities, only 55 percent of their access to the health centers was recorded. Still majority of *Dalits* rely traditional, local and informal health care or healing practices (Table 9).

Table 9: Access of *Dalits* to different health service centers

SN	Health services	Type	No. of HHs and frequency (N = 36)	
1	Health Post/centers	Modern/Allelopathic	20	55.55%
2	Baidya Khana (Jadibuti)	Herbal healing	13	36.11%
3	Jharphuk	Faith healing	27	75.00%
4	Dhami Jhakri	Shamanism	21	58.33%

Source: Field survey (2013)

4.4.3 Traditional health system

The healing in Nepal is comprised of a wide range of medical beliefs, knowledge and practices. Allopathic medical doctors (specialized in allopathic medicine), health assistants, nurses, dispensing chemists and pharmacist, acupuncture therapists, Tibetan medical practitioners, ayurvedic practitioners, Unani medical practitioners, folk healers, tantric healers, spiritual healers, *dhami-Jhankri* (shamans), herbal doctors, traditional birth attendants, and other practitioners are persisting (Subedi 2003), however some are local, non-formal and illegal too.

Local health sector services are still existing parallel particularly in the villages and rural areas. Yet the services are traditional, they are heavily utilized. They are informal and community based (Daniel et al 2013) and sometimes individual based because the discontinuity of practices may appear after his/her death. Though the access to allopathic medicines has been easier and increasing, *Dalits* of the study area were still dependant on folklore shamans (*Dhami-Jhankri*), faith-healers (*jharne-phukne*) and herbal treatment because *Dalits* and all local communities in the VDC believe that health is more than wrong with an individual, it embraces difficulties with their relationships with their families, communities, environment, crops, animals and universe. Because of these reasons, shamanism, faith healing and other complementary healing practices are persisting in the VDC.

In shamanism and faith healing, people seek help for physical and emotional healings as well as betterment of their animals and crops from natural calamities. There are 58% *Dalits* believe that shamanism works for their health and about three fourth are used to treatment of faith healing. So shamans and faith healers are the first line of help that a *Dalit* household looks for in many situations. Both healing commonly use representations of the five gross elements of nature (earth, air, fire, water and aether/aakash) and some herbs usage of but fire and water was more frequent (Table 10). Besides the materials of Table 10, other important 14 materials are also used (Annex 5).

Table 10: Materials used in traditional healing

SN	Natural Resource	Jadibuti/ Herbal healing	Jharphuk/ Faith healing	Dhami Jhakri/ Shamanism	In total
1	Fire	21	36	33	83.33%
2	Water	32	30	15	71.29%
3	Dhatu (metals)	23	29	25	71.29%
4	Jadibuti	36	17	29	26.62%
5	Mato	7	11	9	25%

Source: Field survey (2013)

Home herbal healing was also important in the VDC and it was particularly used for humans and livestock treatment. Because of declining number of herbal healers, its use is also being decreased. There are only 6 herbal healers in the VDC. They have been working for healing for centuries. Home herbal medicine is the basis of treatment of most illness through traditional knowledge. The knowledge was both acquired from their predecessors and developed through their skills from their own communities and neighbors and local experts while apprenticing. Home herbal healing is arduous work because it needs particular medicinal plants and materials that are difficult to harvest and get in today's situation, resulting in declining in practice. It has struggled in the trans-cultural environment with its intermixture of ethnic traditions and beliefs.

Case Study 1. Traditional medicine in dynamic and vibrant in Dalit groups

Traditional medicinal plant knowledge of Dalit groups is highly dynamic, and in a short study like this one can only provide a snapshot of lore. The knowledge is more vibrant in Dalits groups because it is possible through its practical use in daily life. In nonliterate societies, practical knowledge is kept alive, at least in part, through its actual use (Thomas 2013). If the particular use of plants is no longer required, accompanying knowledge is likely to disappear eventually. Dalit groups are tended to substitute traditional knowledge and plant use with modern knowledge and/or practices. For the treatment of some particular health conditions, this trend seems already underway. For example, people's tendency to rely on modern rather than on traditional medicine for the treatment of diarrhea or intestinal parasites in children is likely to be at the base of the decrease in ethnomedicinal knowledge for these disorders. The results indicated that female gender, increasing age, illiteracy, and decreasing formal education are all positively correlated with level of medicinal plant knowledge (Voeks and Leony 2004).

4.4.4 Medicinal Plants

Traditional medicine has long been using in Bhanu VDC of Tanahun district for centuries and it was common in the past and now it is not uncommon. However the degree of usage was changed over time. It was frequent but now it is constrained to limited individuals because of knowledge erosion, resource shortage and acculturation. Over the centuries, wild medicinal plants and wild crafted products have been using and they have been an essential part of life for the poor and *Dalits* because they have limited access to these resources. Medicinal plants were frequently used in traditional healing next to water and fire. Altogether 65 plants have been used in different traditional healing practices in Bhanu VDC (Annex 6). Among the 65 plants, only these four plants Sipligan, Sikari lahara, Nirmasi and Neem were used in multiple ailments.

Case Study 2. Herbal recipe and its one ingredient (plant, dried stock, mortar and pestle and powder)

Jamuna BK 37 a baidhya in the VDC everyday goes forests and agricultural lands to collect medicinal herbs to prepare herbal recipe. She consult patients only on Tuesday, Thursday and Friday. First days of the week are used to collect and prepare recipe. She said, she particularly cures ailments not diseases. If she knows the morbidity is due to diseases, she recommends patients to consult health post. She grinds and blends dried parts of herbs and prepare decoction, paste, etc. With her consent, we were not allowed to take her complete photo. However we are trying to convoy you the complete guide from plants to final product. She is showing us three different powders of Gaikhure, Barro and Harro. the mixture is useful in urinary infection.



CHAPTER V: CONCLUSIONS

5.1 Conclusions

Based on the study, following conclusions were drawn:

-) Dalits, known and considered as the 'untouchables' in the country, are about 13 percent but in the VDC and Tanahun district they represent about 17 percent and 14 percent respectively. There were 20 types of castes/ethnic groups and 7 types of Dalit groups. Among them, Sarki, Kumal, Kami and Damai are the dominant ones.
-) Majority of Dalits groups are using forest and forest products (medicinal plants) utilizing their traditional knowledge, occupation and skills. While utilizing forests, they use their own level of knowledge as they have learned for generations through apprenticeship albeit with oral transfer and some modifications.
-) As found elsewhere, health of Dalits of Bhanu VDC was complicated by fever, typhoid, gastric, common cold, pregnancy and delivery and diarrhea ailments.
-) Though the access to allopathic medicines has been easier and increasing, Dalits of the study area were still dependant on folklore shamans (Dhami-Jhankri), faith-healers (jharne-phukne) and herbal treatment because *Dalits* and all local communities in the VDC believe that health is more than wrong with an individual.
-) All three healing systems commonly use representations of the five gross elements of nature (earth, air, fire, water and aether/aakash) and some medicinal herbs but fire and water was more frequent. Altogether 65 medicinal plants have been used in different traditional healing practices in Bhanu VDC. Among them, only these four plants Sipligan, Sikari lahara, Nirmasi and Neem were used in multiple ailments.
-) *Dalit* groups are tended to substitute traditional knowledge and plant use with modern knowledge and/or practices if required. For example, people's tendency to rely on modern rather than on traditional medicine was case specific. For treatment of diarrhea and dysentery of children they tended to go health post and hospital but they preferred traditional medicine for treatment of fever, common cold, skin diseases, etc.
-) Present study was a case of a small site. Similar studies are suggested for elaborate result. Sustainability of knowledge, resources and trained manpower is necessary to manage the wellbeing of Dalits and entire community.

CHAPTER VI: REFERENCES

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Annexes

Annex 1: HH questionnaire

Form code:

Date:

Name of respondent:

Age:

Address:

1. How many members are there in your family?

SN	Name	Age	Sex (M or F)	Occupation (10 years above)	Does know jadibuti (YES or NO)
1					
2					
3					
4					
5					
6					
7					

2. What are the major ailments/sicknesses in your family and how did you address? (major 5)

तपाईंको परिवारमा हुने मुख्य स्वास्थ्य समस्या, दुख, बिमार तथा रोग र तिनलाई कुन पद्दतीबाट निको पार्नु हुन्छ

	मुख्य स्वास्थ्य समस्या, दुख, बिमार तथा रोगको नाम	रोग निदान पद्दतीहरू					अन्य
		आधुनिक	परम्परागत				
1		अस्पताल हेल्थ पोष्ट लगेर	जडिबुटी तथा आयुर्वेद	भारफुक	धामीभाक्री	केही नगर्ने आफै निको हुन्छ	अन्य
2							
3							
4							
5							

3. What are the major natural resources used for traditional medicinal practices? (major 5). परम्परागत रोग निदान पद्दतीहरूमा कुन कुन मुख्य वस्तुहरू प्रयोग हुन्छ त

SN	परम्परागत रोग निदान पद्दती	५ मुख्य प्राकृतिक स्रोतहरू					
		पानी	आगो	जडिबुटी	धातु	माटो	अथवा अन्य
1	जडिबुटी तथा आयुर्वेद						
2	भारफुक, तन्त्र मन्त्र						
3	धामीभाक्री						
4	केही नगर्ने आफै निको हुन्छ						
5							

4. What are the specific materials you used for those major ailments in traditional medicinal system? प्रश्न नं २ का मुख्य स्वास्थ्य समस्याहरूमा तपाईं जडिबुटी पद्दतीबाट रोग निदान गर्नुहुन्छ भने कुन कुन जडिबुटीहरू मुख्यरूपमा प्रयोग हुन्छन त

SN	प्रश्न नं २ का मुख्य स्वास्थ्य समस्याहरू	५ मुख्य जडिबुटीहरू				
		1	2	3	4	5
1						
2						
3						
4						
5						

5. What are the specific materials you used for those major ailments in tantra mantra medicinal system? प्रश्न नं २ का मुख्य स्वास्थ्य समस्याहरूमा तपाईं भ्रारफुक, तन्त्र मन्त्र पद्तीबाट रोग निदान गर्नुहुन्छ भने कुन कुन जडिवुटीहरू मुख्यरूपमा प्रयोग हुन्छन त

SN	प्रश्न नं २ का मुख्य स्वास्थ्य समस्याहरू	५ मुख्य जडिवुटीहरू				
		1	2	3	4	5
1						
2						
3						
4						
5						

6. What are the specific materials you used for those major ailments in tantra mantra medicinal system? प्रश्न नं २ का मुख्य स्वास्थ्य समस्याहरूमा तपाईं धामीभाक्री पद्तीबाट रोग निदान गर्नुहुन्छ भने कुन कुन जडिवुटीहरू मुख्यरूपमा प्रयोग हुन्छन त

SN	प्रश्न नं २ का मुख्य स्वास्थ्य समस्याहरू	५ मुख्य जडिवुटीहरू				
		1	2	3	4	5
1						
2						
3						
4						
5						

7. How did you prepare and use?

प्रश्न नं २ का मुख्य स्वास्थ्य समस्याहरूमा तपाईं कुन पद्तीमा कुन कुन जडिवुटीहरूको दवाई कसरी तयार गर्ने र कसरी कसरी प्रयोग गर्ने (एकै स्वास्थ्य समस्यामा पनि विभिन्न पद्तीबाट विभिन्न जडिवुटीहरू प्रयोग गरेर रोग निदान गर्न सकिन्छ)

	स्वास्थ्य समस्याहरू	कुन पद्तीबाट	Details of preparation	Mode of Uses
1				
2				
3				
4				
5				
6				

Mode of uses: screaming, massage, oral, fuming, others (detail)

8. In total, how many incidences you have been experienced and how many were succeeded?

तपाईंले अहिलेसम्म कती स्वास्थ्य समस्या, दुख, विमार तथा रोगहरू निदान गर्नु भयो र कती अती सफल सिद् भए

वास्थ्य समस्या, दुख, विमार तथा रोग	संख्या
स्वास्थ्य समस्या, दुख, विमार तथा रोग निदान गर्नु भएको कती	
स्वास्थ्य समस्या, दुख, विमार तथा रोगहरू निदान अती सफल सिद् भएका कती	

Annex 2: Semi-structured checklist Group Discussion

Date:

Name of Participants	Address

1. How many dalit groups are there in your VDC? (major 5)

SN	Dalit groups	Occupation	Ward no	Location
1				
2				
3				
4				
5				

2. What are the major livelihood options of dalits groups adopted by them in your VDC? (major 5)

SN	Dalit groups	Major livelihood options				
		1	2	3	4	5
1						
2						
3						
4						
5						

3. What are the major ailments/sicknesses in dalit groups? (major 5)

SN	Major sickness	which Dalit groups	in VDC
1			
2			
3			
4			
5			

4. What are the medication systems in your VDC? (major 5)

SN	Medication systems	Adopted by Dalit groups	Adopted by others
1			
2			
3			
4			
5			

0 = none, 1 = less than 50% HHs, 2= more than 50% HHs, 3 = All HHs

5. What are the traditional medicinal practices in your VDC? (major 5, please tick)

SN	Traditional medicinal practices	Adopted by which Dalit groups	Adopted by non Dalit groups
1			
2			
3			
4			
5			

6. What are the major natural resources that have been used in the traditional medicinal practices adopted by Dalit groups?

SN	traditional medicinal practices adopted by dalits	Major Natural resources				
		1	2	3	4	5
1						
2						
3						
4						
5						

7. Which plants are commonly used for specific ailments?

SN	Major ailments	Medicinal plants				
		1	2	3	4	5
1						
2						
3						
4						
5						

8. How it is prepared and uses?

	Ailments	Details of preparation	Mode of Uses
1			
2			
3			
4			
5			

Mode of uses: screaming, massage, oral, fuming, others (detail)

Annex 3. Total population and Dalits population in Tanahun district

SN	VDC/Municipality	Total pop (CBS 2011)	Total pop of Dalits	Percentage of Dalits
6.	Byas N.P.	42899	3362	7.83
7.	Bhanu	13175	2276	17.27
8.	Dhorfirdi	11994	2072	17.27
9.	Manpang	6698	1963	29.30
10.	Jamunebhanjyang	9838	1907	19.38
11.	Khairenitar	10619	1875	17.65
12.	Bandipur	12450	1708	13.71
13.	Dulegauda	15694	1621	10.32
14.	Sundhara	6881	1497	21.75
15.	Shambu	7302	1331	18.22
16.	Arunodaya	5008	1274	25.43
17.	Gajarkot	5575	1250	22.42
18.	Anbukhaireni	16382	1246	7.60
19.	Ghansikuwa	7834	1241	15.84
20.	Chhang	5966	1203	20.16
21.	Bhimad	8414	1181	14.03
22.	Virlung	5272	1162	22.04
23.	Bhirkot	5014	1158	23.09
24.	Majhakot	6799	1088	16.00
25.	Barbhanjyang	5074	1011	19.92
26.	Kihun	3827	1002	26.18
27.	Shymgha	4893	991	20.25
28.	KahuShivapur	7098	972	13.69
29.	Kyamin	5213	959	18.39
30.	PokhariPhanjyang	3978	955	24.00
31.	Kotdarbar	5512	796	14.44
32.	Bhanumati	4642	774	16.67
33.	ChokChisapani	3835	767	20.00
34.	Purkot	7188	765	10.64
35.	Ramjakot	4613	752	16.30
36.	Tanahunsur	2845	730	25.65
37.	Firfire	3235	729	22.53
38.	Raipur	3963	688	17.36
39.	Basantapur	3415	679	19.88
40.	Keshavtar	4771	674	14.12
41.	Satiswara	3945	641	16.24
42.	Thaprek	2951	514	17.41
43.	Baidi	4551	487	10.70
44.	Ranipokhari	3917	365	9.31
45.	Risti	1948	359	18.42
46.	Rupakot	4264	324	7.59
47.	Devghat	7679	311	4.05
48.	Chhimkeshowori	1887	251	13.30
49.	Dharampani	3141	212	6.74
50.	Kota	3603	209	5.80
51.	Deurali	2499	82	3.28
52.	ChhipChhipe	2246	37	1.64
53.	TOTAL	320547	47451	14.80

Annex 4. Materials used in traditional healing in Dalits communities of Bhanu VDC

Materials used in traditional healing in Dalits communities of Bhanu VDC			
SN	Materials used in traditional healing in Dalits communities of Bhanu VDC		
1.	32 masala	11	Rice, Dhan
2.	Besar	12	Sal dhup
3.	Chicken	13	Salt
4.	Cow milk	14	Sankh
5.	Egg	15	Scorpion
6.	Fire	16	Snail
7.	Jarayo ko sing	17	Sugar
8.	Misri	18	Water
9.	Oil	19	Dewal ko Mato
10.	Rato mato		

Annex 5. Materials used in traditional healing in Dalits communities of Bhanu VDC

SN	Medicinal plant vernacular name	Plant parts used	SN	Medicinal plant vernacular name	Plant parts used
1.	Abhijalo	Whole plant	34	Khanyu	Pani
2.	Aduwa	Rhizome	35	Koiralo	Bokra
3.	Akaino	milk	36	Kukur daino	Root
4.	Akas beli	Shoots	37	Kurilo	Root
5.	Amala	Fruit	38	Kush	Jara
6.	Amba	Tender shoots	39	Kyamuna	Bokra
7.	Areli	Jara	40	Lazzawati	Root
8.	Aru	Tender shoots	41	Lwang	Fruit
9.	Banmara	Extract	42	Methi	Seed
10.	Barro	Fruit	43	Musli gandhe	
11.	Baspate		44	Nim	Leaf
12.	Bethe	Whole plant	45	Nirmasi	
13.	Bhakiamilo	Fruit	46	Nyctanthes	Leaf
14.	Bodhayaro		47	Pati	Jara
15.	Bojho	Rhizome	48	Pipla	Spike fruit
16.	Chatiwani		49	Pipal	Milk
17.	Chilaune	Bokra	50	Rhododendron	
18.	Dalchini	Bark	51	Rudilo	Leaf
19.	Dariya	Bokra	52	Saj	Bokra
20.	Dhayaro	Flower	53	Sikari lahara	Root
21.	Galainchi	gudi	54	Seto lahara	
22.	Gandhe		55	Gai khure	Jara, gano
23.	Ghodpatre		56	Sindhure	Bokra
24.	Ghui kumari	Pat	57	Sipligan	Fruit
25.	Ginderi	Bark	58	Siudi	Gudi
26.	Gujargano	Rhizome	59	Soup	Fruit seed
27.	Haledo	Rhizome	60	Stone Lichen	
28.	Harchul	Bokra	61	Sukumel	Fruit
29.	Harro	Fruit	62	Tarbare	Root
30.	Jamuno		63	Thirjo	Lahara
31.	Jwano	Fruit seed	64	Timur	Fruit
32.	Kali sinki		65	Yeklebir	Root
33.	Khamari				

Annex 6. Materials used in traditional healing in Dalits communities of Bhanu VDC

SN	Major Health Problems	Mentions by respondents	Dhami jhankri (Shamanism)	Jhar phook (Faith healing)	Jadibuti (Herbal healing)
1	Joro (Fever)	36	Sankha	Neem ko pat	
			Dariya	Jamuno	
			Sibligan ko dana	Kyamuno	
			Ghod tapre	Rudilo ko pat	
			Kush ko jara	Sipligan ko dana	
2	Ganogola (Gastric)	33	Bethe ko dana	Camuna ko bokra	Baspate
			Lakuri ko bokra	Musal gande	Kali Sinki
			Kammari ko laharo	Chhattiman ko bokra	Sindure ko bokra
			Seto laharo	Chilaune ko bokra	Gudarjano
			Thirjo ko laharo	Bul dyangro ko bokra	Koiralo ko bokra
3	Typhoid	30			Khanayo ko Pani
					Rudilo ko pat
					Neem ko pat
					Shree yadi (parijat)
4	Common cold	27			Neem ko pat
					Harro, Barro
					Gidari ko bokra
					Haledo ko gyano
					Aaduwa and aamala
5	Prasuti (pregnancy and delivery)	25			Luwang, sukmel, pipla
					Tej pat
					Dalchini
					Jyowano
					Sup
6	Jhada Pakhala (Diarrhoea)	22			Gurash ko ful
					Galaichi ko gudi
					Nir mashi ko dana
					Simdi ko gudi
					Dhayere ko ful
7	Bhachhiyek, Markiyeko (fractures and Sprain)	18	Kurilo ko jara	Sikhari laharo	
			Sibligan ko dana	Kukhura ko chhallo	
			Kyamuna ko bokra	Rato mato	
			Jarayko ko singh	Pati ko jaro	
			Aakaina ko dudh	Areli ko jaro	
8	Kate ko ghau (Cuts and bleedings)	16	Gande ko jhar	Gande ko jhar	
			Saaj lo bokra	Ghi u kumara	
			Dhunga ko mushroom	Shal dhup	
			Banmara ko rus	Dhunga ko Chyau (mushroom) ko dhulo	

			Kukhura ko suli	Ban mara ko ras	
9	Tauko du kheko (headache)	16	Kurilo ko jara	Sipligan ko dana	
			Sibligan ko dana	Kurilo ko jara	
			Kyamuna ko bokra	Kyanuna ko bokra	
			Jarayo ko sing	Jarayo ko sing	
			Akaina ko dudh	Akaina ko dudh	
10	Juka (roundworm)	15			Kukur dyno ko jara
					Tarbera ko jara
					Kurilo ko jara
11	Patheghar ko samasya	14			Bethe ko sag, jara
					Mal mal ko kapada
					Gai ko dudh
					32 masala
					Beshar ra pani

Annex 7. Materials used in traditional healing in Dalits communities of Bhanu VDC

SN	Major Health Problems	Procedure of preparation and use
1	Joro (Fever)	Sankha ghotera lagaune
		Dariya ko bokra ghotera khane
		Sibligan ko dana ghotera khane
		Ghod tapre pishera khane
		Kush ko jara thichera khane
2	Ganogola (Gastric)	Bethe ko dana pakayera khane
		Lakuri ko bokra pishera khane
		Amba ko munta chapayera khane
		Nirmasi lai pani ma misayera khane
		Timur ra tato pani ekkai saath khane
3	Typhoid	Khanayo ko pani 24 hrs ko nikale ra khane
		Rudilo ko pat pishera khane
		Neem ko pat thichera khane
		Siriyadi (pari jyat) ko pat lai pani ma umalera khane
4	Common cold	Nim ko pat pakayera khane
		Harro, barro chapayera khane
		Haledo ko gyano thichera khane
		Abijalo ko jhar polera sugni
		Aaduwa ra aamala lai polera khane
5	Prasuti (Pregnancy and delivery)	Kapal ko chultho mukh ma rakhera banta garauni
		Kuto jhundayera tanne
		Haat halera nikalne
		Misri pani tato tato khana dine
		Jyowano ko jhol khana dine
		Tel lagaune and aago ma sekne
6	Jhadapakhala (Diarrhoea)	Chini pani pakayera khane
		Kali sinki ko pat lai dallo banayera khane
		Nirmasi ko dana ghotera khane
		Bul dhyangra ko bokra thichera khane
		Bha-kyamlo ko dana chapayera khane
7	Bhachhiyeko ra Markiyeko (Fracture and sprain)	Anadi ko chamal, makuro ra rato mato ko lep lagaune
		Local kukhura ko ful lagaune
		Shikari laharo lai pishera khane
		Chipple kira khane

		Harchul ko bokra pishera khane
8	Kate ko ghau (Cuts and bleeding)	Gande ko jhar
		Ghiu kumari
		Shal dhup
		Dhunga ko Chyau (mushroom) ko dhulo
		Ban mara ko ras
9	Tauko du kheko (Headache)	Lazzawati ko jara thichera khane
		Methi lai pishera lep lagauni
		Jarayo ko sing lai ghotera khane
		Aakaina ko dudh lai tauko (head) ma lagaune
		Sipligan ko dana pishera lagauni
10	Juka (Roundworm)	Kukur dyino ko jara pishera khane
		Aaru ko munta thichera jhol khane
		Sirial ko jaro ghotera khane
		Bojo chapayera nilne
		Tarbare ko jaro ghotera khane
11	Patheghar ko samasya (prolapsed uterus)	Bethe pakayera khane
		Mal mal ko kapada lai haat ma berera dhakalne
		Gai ko dudh khane
		32 masala lai pakayera khane
		Beshar ra pani misayera khani

Annex 8. List of respondents

SN	Name	HH survey participant	Group discussion participant	Age	Sex (M=Male, F=Female)
1.	Lilaram Nepali			81	M
2.	Gaene Nepali			76	M
3.	Bhage Sunar			75	M
4.	Padam B.Malbu			70	M
5.	Shyam Lal BK			67	M
6.	Som B. Nepali			67	M
7.	Lure Sarki			65	M
8.	Sher B. Basel			65	M
9.	Budhi B. Nepali			56	M
10.	Lal B. BK			56	M
11.	Badri Bd. Nepali			56	M
12.	Aaeta B. Basel			55	M
13.	Chaudha B Nepali			55	M
14.	Bhagwati Nepali			54	M
15.	Harka B. BK			52	M
16.	Krishna Bd. Nepali			52	M
17.	Lok B. Nepali			49	M
18.	Krisna B. Nepali			46	M
19.	Aaeta B. Nepali			45	M
20.	Min B. Sarki			45	M
21.	Pancha B. Basel			45	M
22.	Prem B. BK			45	M
23.	Purna B. BK			45	M
24.	Purnaram Nepali			45	M
25.	Dil B. Nepali			44	M
26.	Padam Sunar			40	M
27.	Som B. Nepali			40	M
28.	Top B. Basel			40	M
29.	Pusparaj BK			39	M
30.	Raju BK			35	M
31.	Ram B. Nepali			35	M
32.	Maheshsori Malbu			80	F
33.	Purnima Basel			70	F
34.	Jasmaya Gotame			67	F
35.	Sukmaya BK			65	F
36.	Rammaya BK			60	F
37.	Santumaya Basel			60	F
38.	Sukmaya BK			60	F
39.	Ekmaya BK			60	F
40.	Purnima Basel			60	F
41.	Lila BK			38	F
42.	Chiza Nepali			32	F
43.	TOTAL	36	20		

Photographs



Field discussion at Bhanu VDC, Tanahun



Kyaamuna, bark is useful in controlling sneezing, fever and common cold



.....Powder, useful in



Local healer describing usefulness of neem plant and its leaf.