

CHAPTER: ONE

INTRODUCTION

1.1. Background:

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

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

A human infant less than a month old is a **newborn** or a **neonate**. Neonatal care is defined as the practice of caring the newborns, helping them to adjust and adapt to the environment which can be proved precarious. The environment here means feeding, clothing, thermal (heat) balance of the body, medicine etc. and all sorts of physical and non physical situation that persists around the newborns. The neonatal care here means neonatal health, sickness and treatment as well. (WHO: 2000) The neonatal care is the important factor that is directly linked to the health of the newborns and indirectly with all the socio-cultural and politico-economics aspects. Care of the newborn especially

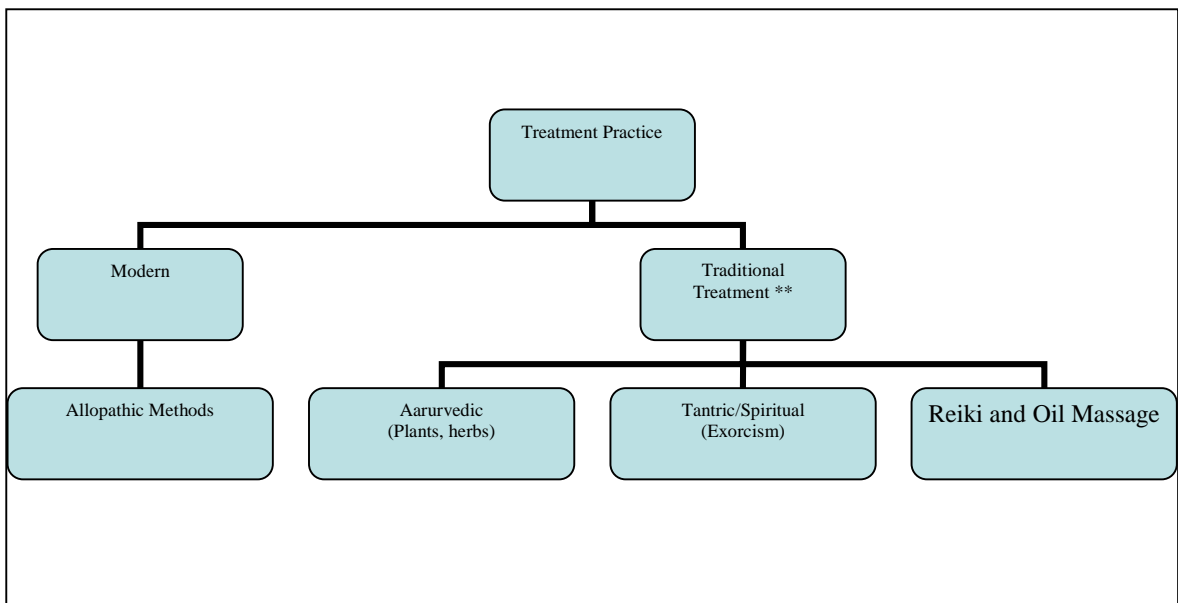
during the first 28 days of life is vital in determining survival and health of the child. (Thapa, 1996:181) Many factors like social, economic, and cultural factor influence the level of neonatal care.

Similarly an infant is a baby or a very young child. A child is a young human who is not yet an adult

Here in this research the following words; neonate, newborn, baby, infant and child are equally used to denote the particular age group according to the context with reference to above definitions and the word child is used in general to indicate the age group 0-14.

The care of children can be divided into the following categories:

Chart No.1 Classification of Treatment practices in Children



Source: Field Survey 2008

** Focus of the Study

In general treatment practice in children can be classified as modern and traditional. The modern treatment includes the allopathic treatment and traditional treatment includes spiritual treatment, reiki, aayurveda and all kinds of home based treatment.

) Modern medical Techniques/Allopathic medical technique

) Traditional Methods of treatment:

- a. Aaurveda: Use of local plants/herbs and minerals as medicine
- b. Tantric /Spiritual treatment by Shamans/Witchdoctor etc.
- c. Reikei (Oil massage and heating therapy)

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

This research is concerned with the traditional beliefs in child care, so the research has dealt with all these three techniques: Use of local plants/herbs as medicine/Ayurveda, a Spiritual treatment or Tantric and Reikei. All these techniques have been addressed as traditional methods of child care.

Neonatal mortality comprises approximately two-thirds of all deaths worldwide in infants aged less than one year (Darmstadt and Saha, 2002:125). The death of neonates is very high in Nepal. High neonatal mortality is the main component of a high infant mortality rate (IMR), and neonatal infections are a major cause of neonatal mortality in Nepal (MOH: 2000)

Infant mortality is the death of an infant in the first year of life. Infant mortality can be sub divided into:

-) Neonatal death: referring to deaths in the first 27 days of life.
-) Post-neonatal death: referring to deaths after 28 days of life.

1.2. Statement Of the problem:

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

Beside the modern medical facility, use of traditional methods in child care is very common practice in our society. The use of plants is more or less scientific because the chemicals found in these are as similar to the chemicals in the allopathic drugs. So such treatments are considered scientific. The practice of the spiritual healing and the shamanism is in fact a psychological treatment rather than medication. Spiritual treatment is influencing larger number of people now a day. People go to the human god/goddess who communicates with the real god that comes inside them.

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

In contrary, it is a visible fact that most of the people though literate, educated and financially sound, prefer to go to the shamans and witchdoctor. The belief of the people is that the evil eye has made their child ill. So it can be treated only by shamans/witchdoctor. Some of such treatments have proved out to be harmful but people are practicing harmful methods of caring their children, either with ignorance or it is their tradition. Moreover, depending only upon such practice for treatment has invited the death of many innocent.

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

The set of problems that are mostly encountered in child care are as following:

1. What are the different traditional tactics in the care of children in Ghati Patan area?
2. What are the beliefs and practices in child care?
3. How and why the existing beliefs and practices are helpful and harmful?
4. What is the general background of the people adopting traditional methods in child care?
5. What are the strategies to discourage people to use harmful child care practices?

1.3. Objectives:

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

-) To find out cultural perception on different kinds of disease and its remedies.
-) To explore what people believe about child care, diseases and what the sources of health care are.
-) To know the social and cultural influences on health.

1.4. Significance of the study:

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

using the harmful ones.

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

1.5. Limitation of the study:

Because of the constraints of time and fund, the research will have following limitations:

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

1.6 Organization of the Study

The study is categorized into six chapters, according to the nature and context of the contents. The first chapter is the introduction, second is followed by review of theoretical and conceptual studies along with the literature review. The third chapter includes the Research methodology. Chapter four is entitled as Raising a Child which includes data analysis and interpretation. Chapter 5 deals about determinants of child health care methods. Lastly, chapter six ends up with summary and conclusions.

CHAPTER: TWO

Reviews on Theoretical and conceptual studies

2.1 Introduction:

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

The guidelines for essential care of newborn babies given by World Health Organization are cleanliness, thermal protection, and initiation of breathing, early and exclusive breast feeding, eye care, immunization, management of illness, and the care of infants with low birth weight. Some traditional practices of newborn care may not be in accordance with these guidelines. The fact that most births take place at home shows that such traditional methods might be used most of the time. Practices relating to care of a newborn baby can be classified as:

-) Good practices worth promoting
-) Harmful practices that should be discontinued
-) Harmless practices that may be ignored for the time being

2.2 Health Care Practice and Culture:

Although most people equate culture with race or ethnicity, it also includes age, gender, Disability, religion, socioeconomic, sexual orientation, and health beliefs. Thus, a person has many cultures that define who he or she is. Many of these cultural beliefs influence People’s health beliefs. Culture shapes our health as much as our genes do. The way we define ourselves culturally (by ethnicity, religious belief, politics, sexual orientation, disability, age and more) affects what we will do for their health. (Connell, 1998:1063)

Culture is complete whole, which includes knowledge, belief, customs, art, and morals, law and any other capabilities and habits acquired by man as a member of society. The concept of disease and illness are defined by different cultures from their own prospective. Both material and non-material culture are responsible for health. Nepal is a country where eastern as well as non-western, its original or indigenous has been prevailed to date. According to its culture, illness and disease may be ascribed by:

1. Wrath of gods and goddesses including unfavorable planetary effects
2. Evil spirits
3. Sorcery and;
4. Witchcraft and evil eyes; and Breach of taboos.

Healers or shamans in the community have carried out culture of traditional medication. They are called as *Dhami, Jhakri, Ojha, Phedanba, Bijuwa*, priest, *pandit, vaidhya, Lhama*, etc (Subba, 2003: 11)

2.3 Anthropology of Healing:

Each society has their own medical systems and practices for diagnosing and treating illness and disease. There is a direct relationship between healing beliefs and practices and cultures, called ethno medical systems. Each ethno medical systems have three parts: (1) a theory if the etiology of sickness; (2) a method of diagnosis based on the etiological theory and (3) the prescription of appropriate therapies based on the diagnosis. Ethno medical inquiry is defined as “the study of how members of different cultures think about disease and organize themselves toward medical treatment and the social organization of treatment itself. (Fabrega, 1975:969). Personalistic belief system, explains sickness as the result of supernatural forces directed at a patient, by a sorcerer or by an angry spirit. Naturalistic belief systems, explains sickness in terms of natural forces, such as germ theory (Brown, 2007:223)

2.4 Social Medicine and Socialized medicine:

Social Medicine is a field of interdisciplinary academic investigation that examines the many ways that health, disease, and the practices of medicine, the bio-medical sciences and implementation of medical technologies are affected by societal forces. Social medicine is concerned with the role of socio-environmental factors in the occurrence, prevention and treatment of disease The field of Social medicine seeks to understand how social and economic conditions impact health, disease and the practice of medicine (Dolan:2005)

Social medicine emphasis the role of the society as different from that of individual in dealing with medical and health problems. The main aim of social medicine is to bring to

light the loss to society caused by ill health and disability resulting from the influence of social, genetic, environmental and domestic factors. On the other hand socialized medicine signifies the provision of free medical care to all persons irrespective of caste, race, religion and economic status (Mathur, 2007: 537). Social pediatrics is a whole-family and whole-community approach to child medical problems and prevention. It is based on the African proverb as their guide: It takes a village to raise a child

2.5 Medical Anthropology:

Medical anthropology is a subfield of anthropology concerned with health and healing systems cross-culturally. This includes cultural conceptions of disease, illness, and healing as they vary across cultures. It employs anthropological theory and methods in the study of health, illness and healing in a cross-cultural perspective, and has practical applications to health care. Medical Anthropologists are interested in ethno medicine, international health, comparative health systems, and may also work in clinical contexts.

2.6 Culture-bound syndrome:

In medicine and medical anthropology, a culture-specific syndrome or culture-bound syndrome is a combination of psychiatric and somatic(body) symptoms that are considered to be a recognizable disease only within a specific society or culture. There is no objective biochemical or structural alterations of body organs or functions, and the disease is not recognized in other cultures. While a substantial portion of mental disorders, in the way they are manifested and experienced, are at least partially conditioned by the culture in which they are found, some disorders are more culture-specific than others.

2.7 Psychological anthropology

Psychological anthropology argues for an eclectic approach that finds room for psychoanalytic, dialogical and social perspectives on personality and culture. The argument is developed with special reference to human nature, child development, personality, and mental disorder, and it draws on studies set in many different cultures. Psychological anthropology also includes the work in psychoanalysis and child development to current concerns in anthropology with agency and rhetoric.

2.8 Emotional Health and Spiritual Health

Emotional health is defined by the degree to which a person feels secure, stable and relaxed in everyday life.

Human emotions include wants, desire and requirements. If these emotions are suppressed then a person is stressed and acquire negative attitude and a person is considered unhealthy. (Prajapati, 2004: 303).

It includes moral behavior love care trust etc. if a person lacks these characters he can do crime. A person without moral values cannot be considered healthy. (Prajapati, 2004: 303).

2.9 Health Belief Model

The health belief model, explains and predicts a given health-related behavior from certain patterns of belief about the recommended health behavior and the health problems that the behavior was intended to prevent or control. The health belief model stipulates that a person's health-related behavior depends on the person's perception of four critical areas. (Becker, 1974:44).The model postulates the following four conditions (areas) both explain and predict a health-related behavior:

1. Perceived susceptibility: This is the situation in which an individual's assess of their risk of getting the condition. The person believes that his or her health is in jeopardy and seeks the treatment.
2. Perceived severity: This situation is an individual's assessment of the seriousness of the condition, and its potential consequences. The person perceives pain discomfort, and other discomforts.
3. Perceived barriers: This situation is an individual's assessment of the influences that facilitate or discourage adoption of the promoted behavior; hence the person believes that benefits stemming from the recommended behavior outweigh the costs and inconvenience. In fact, these set of beliefs is not equivalent to actual

rewards and barriers. In the health belief model, these are "perceived" or "anticipated" benefits and costs.

4. Perceived benefits: This is an individual's assessment of the positive consequences of adopting the behavior.

2.10 Review of Related Literature

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

This study in Makawanpur explored how and why different traditional practice in child care brought the risk to children. As the research was medical based, the cultural aspect of child care was not addressed.

The Old ways are not always wise ways. Modern expertise can reduce mortality (Yadav 2002)

A questionnaire survey on 'Home delivery and newborn care practice among urban women in western Nepal has concluded that high risk home delivery and newborn care practices is very common in urban population also. The high risk traditional newborn care practice like delayed wrapping, bathing, mustard oil massage, prelactal feeding and discarding the colostrums need to be addressed by culturally acceptable community based health education programmes.(Thapa et al, 1998: 114)

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

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

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

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

The study also suggested that an understanding of cultural, social, and economic factors that shape the context of traditional healthcare practices is essential to the design and implementation of intervention trials examining the relative efficacy of application of oils in reducing neonatal mortality and morbidity.

The efficacy of oil massage was studied in detail in this study. Oil massage is an integral part of child care in Nepalese society. This fact is portrayed in detail in the study. As all kinds of traditional child care methods are interlinked; and an anthropological insight was lacking in the study conducted in Sarlahi district of rural Nepal, the necessity this research was realized.

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

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

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

Munu Thapa's study is significant and valuable which explores the cause and effects of traditional methods of neonatal care. As the study is medical based it was successful in exploring medicinal facts about neonatal care. For an anthropological interpretation of traditional methods in child care this study was conducted.

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

The article of Modegal and Budhathoki is based on secondary resource rather than a field study. The field based study to understand the cultural perception of child disease and child care this study was conducted.

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

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

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

Cord care- Most of the time, the cord is cut using a razor blade, which may or may not be clean. Household sickles, which are not sterilized by heat or other means for this purpose, are also commonly used, however. In many communities, something may be applied on the stump after the cord is cut, most commonly oil or ghee (clarified butter). These are applied most of the time till the cord falls off. Unclean practices for cutting the cord, and traditional practices of applying ghee, cow dung, and so on can lead to infections in newborn babies, the most severe being neonatal tetanus.

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

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

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

Early bathing-Newborn babies are considered dirty because they come out of their mother's womb. So, almost all the newborn babies are bathed within the first hour of birth. This may lead to hypothermia. WHO recommends that bathing should not be

carried out before six hours after birth, and preferably on the second or third day of life, as long as the baby is healthy and its temperature normal.

Delayed wrapping-Wrapping babies may be delayed in many cases. The usual practice is to wait for the placenta to deliver before cutting the umbilical cord and wrapping the baby. WHO recommends that after birth the baby should be immediately dried with a dry towel, including its head, while the cord is still attached. (Sapkota, 2003: 65)

Sapkota talks about the technical aspect of the neonatal care while exploring the cultural aspect of the child care is one of the objectives of this research.

In Nepal the traditional care is very common. Some of the traditional care are scientific and based on natural body structure and human body system. Some are based on psychology and religion. The existing practice in Nepal are Allopathic, Aayurvedic, exorcism, homeopathy, yoga, natural medicine, herb and root system, Greek medicine, Seimekyo, Zoreii, Acupuncture etc. The treatments without scientific methods are: *Jhankri*, *Dhami* Traditional Healers and *Lama/ Pundits*. *Dhami* and *Jhakri* do the psychological treatment whereas traditional healers treat by mantra by using ash, incense, broom etc. they treat the '*bigaar*' (the state of loss of appetite and indigestion) to evil eye. Massaging the painful area with ash is a good and scientific method. Lama and pundits see the planetary positions of a person and suggest doing *puja* and other methods to protect oneself from weaker planetary position. Making the angry planets calm and peace (*Graha Santi*) in birthdays for good health and long life is a very common custom in our society. (Prajapati, 2004: 305).

The traditional treatments with scientific procedure are Aaurved, Yoga and Herbal medicines. The Aaurveda is the oldest treatment system as it is believed that it was propagated by *Bramha* (The creator of the life on Earth) himself. In this system of treatment different medicinal herbs and plants are processed and manufactured with right composition. Yoga treatment has no side effect. In yoga the human senses are controlled which builds the good psychological health. Different Yogic positions (*Aasans* and *Pranayam*) makes good body health. Herbal medicine is a system of treatment in which different roots, fruits, seeds, steam, leaves, bones, meat and different minerals are used.

Most of the home based treatment is Herbal Medicinal system. Such treatment can be harmful if not taken in right amount and right on for right disease. (Prajapati, 2004:313)

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

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

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

Exorcism is the act of getting rid of an evil spirit from a place or a person's body by prayers or magic. The act of exorcism involves the expulsion of an evil spirit or demon who has taken residence inside a person. As an activity designed to rid a person of negative influences affecting their mental state and behavior, exorcism is remarkably like psychological treatment. In other words, exorcism is specifically thought of as a treatment for a spiritual problem (e.g., demon possession) and this class of problem is thought of as distinct from a mental or physical problem. (Dombeck, 2008)

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

2.11 Conceptual Framework:

Health Care culture is a complete whole of beliefs, customs, and habits about diseases their treatment and practices. Traditional culture influences to use the traditional health care practice . Most of the respondents were using both modern and traditional method of child care together to some extent. The factors like educational status, economic status and family structure on influence people to choose traditional or modern health care

methods, that is these variables also have direct influence on Health Care practice. Despite the fact people choose traditional health care methods at first; it was seen that they go for modern treatment later. On opposite to it, highly educated and economically sound people in different situations and diseases, go for traditional treatment after modern treatment. The diseases mentioned on the Conceptual framework Chart, are treated by both modern and traditional methods but the difference is that people with modern belief start with modern medical treatment and those having traditional belief start with traditional treatment.

On the basis of answers given by respondents of Ghati Patan; some common diseases like *Sukri*, Loss of *Saato*, *Chokho Laagnu* are predominantly treated by traditional methods. However it is to be noted that the disease *Sukri* has the chances of getting treated with modern method though the chance is very low. The smaller part 'A' represents the magnitude of treating *Sukri* with modern method, which is very negligible.

Similarly, loss of *Saato* is mostly treated with traditional methods however it has higher chances of getting treated with modern method than *Sukri*. In the figure the magnitude of treating *Saato* with modern method is represented by B.

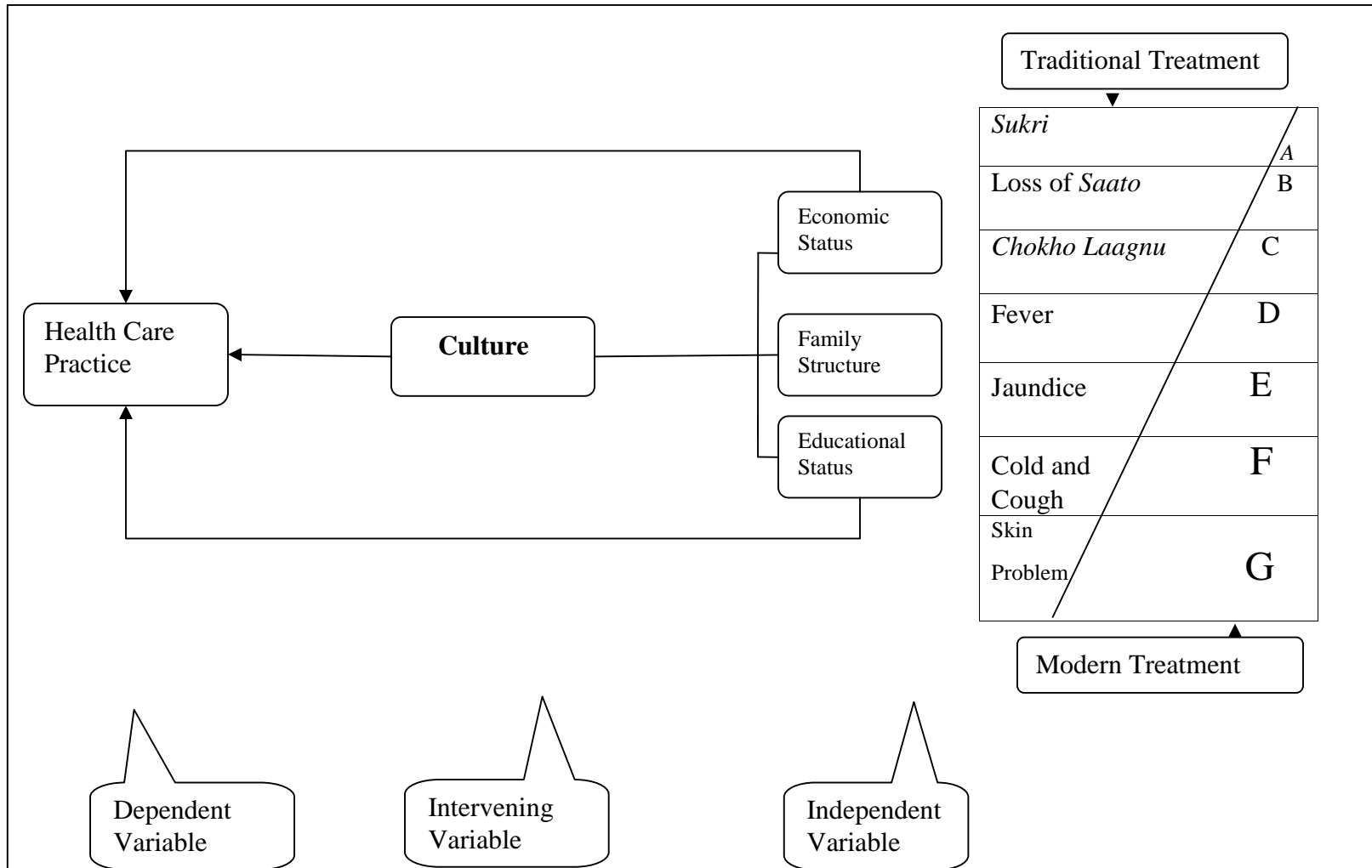
Chokho Laagnu is the state of indigestion or loss of appetite in children. It is also mostly treated by traditional method but has higher magnitude of getting treated with modern method than Loss of *Saato*. In the figure it is depicted as C

Likewise, fever is defined in both ways. Medically, fever is the symptom of other Disease. Traditionally, it is the result of either loss of *saato*, or attack of evil spirit.

Hence fever is treated both in traditional and modern way. The magnitude of modern treatment for fever is represented by D in the conceptual chart.

In case of Jaundice it is equally treated by both modern and traditional method. Jaundice is sometimes exorcised by mustard oil. Other traditional tactics of treating Jaundice traditionally are described in detail in later chapters. However the magnitude of treating Jaundice by modern method is quite significant which is represented by E in the figure. On the other hand, Cold and Cough, and Skin problems are also treated by traditional methods. It was found that even the cold, cough and allergy of the skin are exorcised by the shamans. Nevertheless these diseases are treated by modern method predominantly, in the chart they are represented as F and G, respectively.

Chart No. 2 Conceptual Framework of health care practice in Ghati Patan Area of Pokhara



Irrespective of all these details, people in the Ghati Patan area are conscious about seriousness of the disease. For example if the fever measures 104-105 °F, the treatment is the modern method.

In this study the intervening variable which directly influences the health care practice is culture. Culture is the salient factor that interweaves the behaviour with the whole system of health care practice. The system of health care practice that is perception of care, disease and treatment is underpinned by Culture. In a specific culture there are some specific and recognizable diseases which are or may not be found in another culture which is defined as Culture-bound Syndrome. Hence culture determines a disease to be or not to be. Likewise culture dominates the thinking pattern of an individual so as the beliefs about health and its care.

Family structure and economic status and education also strongly influence the health care system. However these variables are also governed by culture.

Hence, culture and health care practices arbitrate around each other influencing all other factors involving in between.

CHAPTER: THREE

Research Methodology

3.1 Research Design:

The research design for my research was descriptive one. Qualitative and technique of data collection was used. Qualitative technique was used to explore what people believe about child diseases and to find out the sources of health care along with the social and cultural practice of the local people.

3.2 Study Area:

Lamachour-16 Ghati Patan area of Pokhara valley was chosen as the study area. It is a sub-urban area. People of Ghati Patan, Lamachour area neither follow modern life style nor the village type completely. Hence it was an ideal place to study about the traditional beliefs and practice in child care in a comparative way. So their practice of child care includes both traditional and modern techniques. It habitats heterogeneous population of different caste, ethnic group, religion and occupation. It also accommodates people having high economic status to very poor. For the convenience and easy access this area was chosen However only the Tagadhari caste group of Ghati patan Area, irrespective of their religion, occupation and economic status were chosen. Tagadhari are the castes wearing sacred thread and known as twice born castes. (Dahal,50:2004)

Map of Nepal





3.3 Preparation of Tools for Data Collection:

The major tools for data collection were interview, interview schedule and observation. Interview schedule was designed to interview the local respondents to know their vital status, traditional methods they use for child care and treatment, how do they understand disease and define treatment. Structured questionnaire with close ended questions was used to interview the local respondents. Unstructured interview design was used to interview the key informant interviews.

3.4 Sampling Procedure:

3.4.1 Sampling Method

Non probability and purposive sampling technique was used to choose the samples. The entire Tagadhari caste group in Ghati Patan area was chosen which included *Chettri*, *Newars* and *Brahmins*. The specified area of the research covers the area situated in between *Madhyam Path* and Western Regional College, Institute of Engineering.

3.4.2 Sampling Universe:

Ghati Patan is the area situated in between *Madhyam Path* and Western Regional College, Institute of Engineering, from east to west, *Dadathok* lies to the north and *Seti* River is to its south. This area includes 71 households, of Tagadhari. Which itself was the sampling Universe.

3.4.3 Sample size:

Before estimating the sample size, the list of voters of this area was collected, from the Municipality office which counted 203 Tagadharis. However, the research included 82 respondents. Among 71 households of Tagadhari, in a joint family there were more than one respondent. It is because only the married personals were chosen and the all the voters included in the list do not live in Ghati Patan.

3.5 Tools for data collection

3.5.1 Interview Schedule

Interview Schedule was used to collect the data. Their general status and various methods they use for child care and their beliefs about different child disease and treatment was obtained through prepared questionnaire. The questionnaire included closed type of questions. The pre test was done in the Ghati Patan area itself .On the basis of pre testing some questions were revised and added for more clarity.

3.5.2 Key Informant Interview.

I interviewed the following experts to gain specific and detail information about child care.

1. Pediatrician
2. Medical Practitioner Nurse
3. Shaman
4. Sukri Specialist (traditional healer)

3.5.3 Observation

As the research is qualitative study, observation during the field visit was the important tool in collecting and cross checking the data. Some of the respondents said that they do not believe in traditional method of child care at all but their children were wearing *Kannani* around the hands and feet.

3.5.4 Focus Group Discussion

Focus group discussion was conducted in a single group which included 6 women on 2065-09-22. There was an attempt to involve a doctor or medical practitioner in the discussion but as it was not possible the discussion was recorded and it was then put in front of the doctor and doctor reacted accordingly.

3.6 Data Processing and Analysis

3.6.1 Categorizing the data

The data related to the vital status of the respondents was included as quantitative data. That information which was related to the types of child care method, treatment method, culturally defined disease and all other social and cultural aspect of child care sickness and treatment was included as qualitative data.

3.6.2 Coding the Data

The questionnaire was designed in such a way so that the probable answers will be coded in accordingly. The manual coding and interpretation as well as the use of the Microsoft Excel were used while presenting the data.

3.6.3 Interpretation of the data

Interpretation of the data is very important part in any research. The quantitative data was presented in tables and charts, and the qualitative data was interpreted on the basis of observation and the quantitative data itself. Both qualitative and quantitative data was checked, how those data were compatible with each other.

3.6.4 Presentation of Data

Charts and tables were used to present the data. Simple statistical tools like frequency and percentage was used to process the data. These data then was presented in tables and bar-diagram.

CHAPTER: FOUR

Raising a Child

4.1 Introduction

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

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

4.2 Characteristics of the respondents

The study area Ghati Patan of Lamachour, accommodates 71 households of the Tagadhari caste group. The number of respondents is 82. Most of the families are nuclear family, however in a joint family there are more than one respondent. Out of 82 respondents 80 percent (66) respondents belong to *Chhettri Thapa*, followed by *Brahmens* 7(of different caste and are immigrants), *Newar* 4, and *K.C.*and *Karki* together 5.

Among the respondents, only 2 are male and other 80 respondents are female. As male are the major income generator of the house in Ghati Patan area, most of the man are either out of the country or home for employment. The 2 male respondents were local businessmen. However, during the field visit women participated actively in the interview than man, so men were avoided though available. Additionally, the nature of the research also demands female respondents rather than male because women are much involved in taking care of the child in the household.

Table No. 1 Percentage of Respondents by Caste

Respondent Caste Group	Number of Respondent	Sex of Respondent	Number of Respondent
Thapa (Chhetri)	66 (80%)	Male	2 (3%)
Brahman	7 (8.53%)		
Newar	4 (4.88%)	Female	80 (97%)
K.C./ Karki (Chhetri)	5 (6.1%)		
Total	N=82	Total	N=82

Source: Field Survey: 2008

4.3 Respondent Age Group and Number of Child (Below 5 year) they behold

The nature of the research demands mothers having children below the age of five. As fresh mothers can recall perfectly what they did and what are they doing for caring their child. Among the respondents 2 of them were in post natal period having the newborns of 2 months and 6 months. By the way the 51 percent (42) of the respondents are in between the age of 20 and 30 who behold 1.30 children each. Thirty four percent (28) of the respondent belong to the age group of 30-40 beholden by total 9 children. Twelve respondents belong to the age group between 40 and 60 who do not have the children aged below 5 years.

As the number of children possessed by the respondents between the age group of 20 and 30 is 55, it indicates that the ratio of the children beholden by them is 1.30 that is women belonging to this age group have more than one child in Ghati Patan. One of the respondents Laxima Thapa has 3 children at the age of 23; two of them are below the age of 5. The following table shows the age group and the number of children (that are of below 5 years) beholden by particular age group.

Table No. 2 Respondent Classified by the number of Children they have according to the age group

Age Group	Number of Respondents	Number of Child Below 5 years
20-29	42 (51%)	55 (ratio 1.30)
30-39	28 (34%)	9
40-and over	12(9%)	0
Total	N=82	

Source: Field Survey 2008

4.4 Priority methods to Child Care and Child Treatment

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

In case of child care, people believe that traditional methods are better and sufficient. Whereas in case of treatment both traditional and modern methods are acknowledged. This explanation is represented by the following table.

**Table No. 3 Priority methods to Child Health Care
and Child Treatment**

Methods	Child Health Care	Child Treatment
Only Traditional	65 (79%)	0
Only Modern	1 (1.22%)	6 (8%)
Together	16 (19.51%)	76 (92%)
Total	N= 82	N=82

Source: Field Survey, 2008

There are different methods in Child Care and Treatment in Nepalese society, so as in Ghati Patan, people prefer traditional method to child care which is represented by 79 percent (65). On the other hand, none of the respondent practice only traditional method for the treatment but both modern and traditional method of treatment is practised together by 92 percent (76) of the respondents.

4.5 Types of Traditional Child Care methods

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

- I. General Care
- II. Spiritual Care
- III. Cultural Care
- IV. Aayurvedic Care

I. General Care:

General care includes the common practice existing in the community. These practices are very popular and easily accepted by everyone as an important part of child care, without which the care of children is incomplete. General care is supposed as the right of child. For example if a child is not oil massaged, and then it is considered as the parents' negligence towards the child.

Although all general care is not obligatory, each people in Ghati Patan knows about these practice and had practiced all kind of general care at least once. Putting *Gaajal on eye*, Pillow of mustard seed, Cradle (*Jhalungo/ Korko*), blowing the nails of the neonate, the concept of *Kutuni Buddhi* precautions taken by mothers for the babies, caring the babies genitals and belly and other organs comes under the general care.

Oil Massage

Oil massage is a very important, happening and obligatory method of child care, in Nepalese society so as in the Ghati Patan area. The oil used is mustard oil; however the oil of rape-seeds (*raayo*) is used after it is exorcised, for the purpose of treatment of evil spirit. The use of commercial oil especially made for babies and child, though rare is growing. All of the respondent use mustard oil among them, 16 of them is using commercial baby oil (Johnson's baby oil) one of them uses *Dabar Laal Tel* (Red oil with herbs) together with mustard oil. According to Dr. Shree Krishna Shrestha oil massaging is a good practice and has many good impacts, the massage makes the baby fresh and stretching baby's body gives him comfort.

Procedure of Oil Massage

The mustard oil is generally heated before applying. Different spices like fenu-greek seeds (*Methi*), Cara-way seeds (*Jwano*), Garlic (*Lasun*), Nutmeg (*JaaiFal*), and *Mungrelo* are fried in preheated oil. These spices are fried to balance heat and cold of the body. The regular use of Nutmeg (*JaaiFal*) is believed to prevent children from pneumonia. Whereas garlic is fried for massaging the swollen areas but garlic should be avoided in open

wounds and cuts. Oil especially in summer is not heated as heated oil in summer is considered to produce prickly heat. Oil is also made warm in the sun.

Table No. 4 Percentage of Respondents who use different Spices for avoiding different problems

Name of Spices	Reason of Using	Number of Respondents
Fenu- Geek Seeds	It absorbs Cold	82 (100%)
Cara-way seeds	Makes the bone strong	78 (95%)
Garlic	In swollen areas	36 (43%)
Mungrelo	Balances hot and cold	68 (82%)
Nut-Meg	Protects Pneumonia	42 (51%)

Source: Field Survey 2008

Fenugreek seeds are widely used for the purpose of oil massage. All the respondents use this spice for the purpose of absorption of the coldness of the body. Then Cara -way seeds are so popular in post natal care. It is a major ingredient of mother's food during post natal period. It is also used in oil massage by 95 percent (78) of the respondents. *Mungrelo* is another spice used by 82 percent of the respondents. Then the Nut -Meg is used by 51 percent of the respondents. All of these spices are not used together but according to the necessity.

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

performed in the sun and in front of fire. The sun in winter is considered very healthy and the babies are kept exclusively in the sun in winter.

Frequency of Oil Massage:

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

Table No. 5 Frequency of Oil Massage

Age of the child	Frequency of Oil Massage	Reasons for Oil Massage
Below 6 months	2-4 times a day	Enhances smoothness of skin and protection from dryness of skin. Increases the appetite of baby. Bones become strong and baby starts toddling.
Below 2 years	At least once a day	Protection from cold.
Above 2 Years	Situational	In winter and during cold days. If the child suffers from cold and cough. After bath.

Source: Field Survey

All of the respondent oil massaged their baby 2-4 times a day, below 6 months. 80 percent answered that they oil massaged their baby at least once a day after 6 months and 97 percent answered that the oil massage is situational after 2 years of age.

Putting Oil in Ear

Now a day's putting oil in the ear is controversial issue among the parents in Ghati Patan area. The older women said that they had put oil in their children's ear but now they do not do it for their grand children. It is also a problematic case for younger parents. They have put oil in the ear of their children but doctors say not to. According to pediatrician Dr. Shree Krishna Shrestha, putting oil in ear, is not safe. In our ear there is a natural process of formation of wax and mechanism of cleaning too. During chewing the food, wax deposited on the ear gets loosen and falls off. Putting oil restricts this process. However 79 percent (65) respondent answered that they put oil in the ear of their child.

Putting *Gaajal* on Eye

In our society putting *Gaajal* means being beautiful. It is a cosmetic tool for women but has medicinal value for children.

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

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

Sixty eight percent (56) of the respondents answered that they use home made *Gaajal* to care the care. Home made *Gaajal* is exclusively used for infants below 6 months as it is harmless and protects from cold.

Bathing the Baby

Bathing of the babies is considered very sensitive because bathing may cause the loss of 'saato' so the babies are whispered 'saato aayo' which means let the 'saato' return during bathing. As bathing produces cold in the baby's body, they are cared especially in that particular day by oil massaging in which different spices has been fried, giving hot soups of caraway seeds and making them warm in the sun or in front of fire.

For bathing purpose, 80 percent (66), use soap and shampoos made for babies and children. Whereas 20 percent (16) of the respondents use any kind of soap for bathing.

Out of 82 respondents 5 respondents answered that they use rice flour and sour curd and sometimes remaining of mustard seeds after the oil has been oozed (*Pina*) to clean the dirt and dandruff of the head together with the soap and shampoos made for children.

Skin care

Oil massaging itself is a care of skin. However 57 percent (47) of the respondent use commercial cream and lotion that is especially made for babies and children 12 percent (10) of the respondents use butter especially in cracked skin of the babies and children. Rest of the respondents (15) do not use anything particularly for skin care but mention that regular oil massage itself cures the cracked skin and other skin problems like dryness and roughness.

4.5.8 Care of Genitals

Care of genitals is considered sensitive than that of other organs and much sensitive of baby girls compared to that of the baby boys.

Table No. 6 Traditional methods of Caring different Organs

Organs to be Cared	Traditional Methods of caring
Eye	Putting <i>Gaajal</i>
Ear	Putting warm mustard Oil.
Cleaning baby's hair	With rice flour and <i>Pina</i>
Skin	Oil massage, use of butter
Genitals	Mustard oil and making warm with spices
Nails	Blowing the nails of newborns

Source: Field Survey

A handful of oil is poured in the genital of the baby girl and cleaned. 97 percent (80) of

the respondents use such technique to clean the genitals. Sometimes the genitals are made warm by the spices packed in Muslin which is dipped into warm mustard oil; such technique is explained by 5 mother respondents.

Blowing the nails of Neonates

It is the belief that the nails of the newborns should not be cut with nail cutters or by other metallic cutters. If the nails of the newborns are blown by mothers in the morning before washing the face; the nails falls off. Fifty percent (41) of the respondents said that they have blown their baby's nail for about a month but later they have used nail cutters.

Caring the Babies Belly

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

Pillow of Mustard seeds:

The mustard seed of about half kilograms (*ek mana tori*) is put in rectangular shaped clothes (about 15cm by 10cm) to make a pillow. The mustard grains are washed and dried properly in the sun before making the pillow. This pillow is supposed to make the baby's head as round as that of mustard seeds. This makes the head to absorb the oil from those seeds too, hence making the head strong. Ninety nine percent (81) of the respondents answered that they have used mustard seed pillow up to 6 months of their baby's age.

Cradle (*Korko/Jholungo*)

Cradle, on which babies sleep and swing to and fro is very popular in Nepalese society. It is for the baby's entertainment. It is believed that it makes the baby sleep for the longer time and gives rest for the mothers. *Korko* is generally made up of bamboo sticks but that of iron and commercial beds are also used. The one which is made up of bamboo sticks is popular in Ghati Patan area. This type of hanging bed should be made in a day and is

called *Korko*. Making of the *Korko* should be finished in one day. It is mostly started in the morning and finished in the evening. The day of weaving the *Korko* should be an auspicious day and the starting time should be an auspicious moment. The beliefs about *Korko* are as following:

1. This bed (*Korko*) should not be swing to and fro if the baby is not sleeping there.
2. It should not be kept empty at night. The things like broom and wicker (*Doko*) if kept on the *Korko* then an evil spirit cannot sit there. The evil spirit gets scared of a wicker's big holes and runs away if there is a broom then the spirit pays obeisance to the broom as it is the custom to pay obeisance for the broom in Nepalese society.
3. The Cradle made out of clothes (bed covers, sacs) is called *Jholungo*. If the baby's head is badly shaped, that is not round then they are made to sleep in *Jholungo*.
4. If the fishing net is tied around the rope of the Cradle then it is believed to protect the baby from bad spirits and bad dreams.

Feeding and carrying the baby

To avoid illness infants are not feed with left hand or in a position that is opposite to the right hand.

Similarly babies are carried with one hand positioned on the baby's back and the other on the front. Ninety nine percent (81) of the respondents answered that they carry their baby in this way and all answered that both hands are kept on the back only for the dead body.

Baby's emotions

Babies during their first few months smile, cry, make their face, frightened and show different actions irrespective of any body responding to them. It is believed that babies remember their past birth's sadness, happiness and other state of emotions and make their face according to the emotions they remember. It is also believed that each baby have

their own invisible mother called “*Kutuni Buddhi*” who takes care of the baby. She makes the baby laugh, cry and frightened. So babies respond to the *Kutuni Buddhi* and laugh and cry with her. Babies cry as *Kutuni Buddhi* says to the baby that ‘your mother and father (who gave birth) have died.’ But after some time she says that it is not true and the baby laughs. The baby gets frightened as she tells the baby about ghosts and other scary things. However *Kutuni Buddhi* is an invisible loving mother of the baby.

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

Sign of getting sick

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

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

Precautions Taken by Lactating Mothers for the babies

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

During the lactating period mothers take various precautions for their babies’ health. They take special diet and avoid those diets which are supposed to harm the baby. Basically the diets are divided into hot diet and cold diet. The hot diet are supposed to be beneficial to the baby but the cold diet like fruits and some specific vegetables that are taken uncooked are considered harmful to the baby. The categorization of cold and hot diet is also culture specific. Some culture takes the same food as bad to new mothers

whereas in other it is considered the best.

In Ghati Patan area of Pokhara, most of the respondents answered that new mothers are believed very weak so they cannot digest rigid and stiff food. They are not allowed to have chewy food like beaten rice, roasted grains, because the teeth of new mothers are supposed very weak. If new mothers take such food than it is believed that it results dental problems later.

The precautions taken by mothers and its reasons are tabulated as following:

Table No. 7 Precautions taken by mothers for their babies and its reasons

Precautions	Reasons	Respondents (%)
Not having cold diet	Babies too get cold	51 % (42)
Do not work in water	Babies get cold	60% (50)
Avoiding chilly and Sour food	Babies get stomach ache	57% (47)
Avoiding heavy diet During baby's illness	The illness gets more Worst.	62% (51)

Source: Field Survey 2008

In the above table the cold diet refers to those diets which produce or suppose to produce cold. For example, certain kinds of fruits like bananas, watermelons, citrus fruits are supposed to produce cold. Cold vegetables include spinach, pumpkins etc. Pomegranate among fruits and sponge guard among vegetable are considered best for lactating mothers during her initial period.

Hot diet includes soup of cara-way seeds (*Jwano*). Caraway seeds are synonymous to lactating mothers because it is widely used in every diet of new mothers during her initial

period of lactating. Other hot diet refers to mutton, chicken, Clarified butter (Ghee), soup of sprouted seeds etc. There is tradition of making special kind of porridge for lactating mother called '*Sutkeri Puwa or Ausadhi Puwa*', in which different kinds of herbs are used which helps mother to gain the energy lost during labor and to maintain and fix back the position of the uterus after delivery.

Meat and special porridge are heavy diet which is avoided during baby's illness.

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

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

II. Spiritual Care

Spiritual Care includes the beliefs and practices associated with child care. Spiritual care is both proactive and reactive care. Proactive spiritual care comprises the beliefs and practices associated with child's protection, prevention from any kind of disease is based on the notion that children in any way should be protected from any kind of bad or evil spirit or evil eye. The reactive spiritual care comprises the treatment of diseases caused by evil spirits.

There are various situations in which children should be protected from bad spirits and evil eyes. On the basis of the explanation of Shaman Chhantyal Baje, the bad spirits are basically of two types:

1. Home based evil Spirits: It can be a person in a home, neighbor, relatives or even the mother herself can have evil eye. For instance mother cover their babies with a shawl or sari during breastfeeding as her eye can turn out to the evil one during breast feeding.
2. Outside evil Spirits: these spirits are the demons ghosts, and departed souls roaming around. These spirits are found at cross roads, river bank, bridges, grave yards etc.

Taking children out:

While taking children outdoor, either it is short walk or long travel, it is important to put 'tika' on forehead of the baby. There are other methods of protecting the baby while taking them out but putting *tika* on forehead is a popular practice among the people of Ghati Patan area. It is believed that putting *Gaajal* spot (*Tika*) on forehead, in a position other than usual, protects children from evil eye. This is very common and simple method of protecting the babies from evil spirit. All respondents practice this custom.

Similarly, for the purpose of protecting children from evil eye or bad spirit the spot of ash (*kharani/ bivuti ko Tika*), the black spot (*Kalo Tika*) of smoke produced in a fire place (specially of a tripod called *oodan* for fixing utensils during cooking) and putting the dirt of mother's toe (sole) or palm on the child's forehead is also a common practice among the respondents.

The dust or dirt of sole is applied only for son and that of palm for daughter. Daughters are worshiped as goddess and putting the dust of sole for girl is considered as a sin. Whereas 3 respondents (women) defended that all children are god, so putting dust or dirt of the foot on the forehead of either child is a bad practice. It is a sin to put foot's dirt on human forehead. However, significant number of respondents that is 60 percent of the respondents practices this tradition.

Table No. 8 Methods of Protecting from Evil Spirit while taking Children Out

Situation of	Methods Of Protecting
Protecting From bad Spirit	Putting black Spot of <i>Gaajal</i> on the forehead,
Taking Children Out	Putting the Spot (<i>Tika</i>) of ashes or black smoke dust Of fireplace. Putting the dust of Palm and Sole on forehead

Source: Field Survey

Washing and Drying of Babies Clothes

Generally, babies (that of below 6 months) clothes and belongings are washed separately and squeezing or scorching their clothes is considered to cause pain in the baby's body. So the babies stretching of the body is believed as a result of squeezing their clothes. 83percent (68) of the respondents answered that they do not scorch their baby's clothes rather just press inside their fist to make them dry.

While washing the baby's clothes, the tap (water) should not be fully opened, that is the water should not produce loud sound because it makes the baby frightened (*Saato Jaanu*). The waste water after washing if thrown on the base of banana plant then, the baby's clothes will be protected from evil eye. One of the respondents explained this process of washing the clothes.

Protection from evil spirit 1

The infants and the babies are not touched directly by any body those coming from outside. The bad or evil spirit comes or is attached with the person coming from outside. If the child is touched directly by the person who comes from out, then the evil spirit passes on to the child which will make them sick.

93 percent (77) of the respondents answered that they touch either water, fire or any

other person who are at home, then only the infants are touched. This is practiced exclusively for the children below 2 years.

Table No. 9 Situations and procedure of Protecting Children from Evil

Spirit or evil eye

Situations	Procedure Of Protecting
Coming from Outside	Babies are not touched directly , water Fire or person in the house is touched
Taking babies Out in the evening	Carrying inflammable or iron materials Wearing Kannani of fishing net
Washing and drying Of the babies clothes	The waste water after washing is Thrown at the base of banana plant, Babies clothes and belonging Should not be kept outside at night.

Source: Field Survey 2008

Protection from evil spirit 2

Babies are not taken out in the evening until and unless it is necessary, so as to protect them from evil spirit, those especially roam around in the evening. If the babies are to be taken out in the evening then, either the black spot (*Tika*) or spot of ash should be put on the forehead. Carrying inflammable materials like match box, lighter and the materials made from iron like knives and sickle will also protect them from evil spirit.

Protection of *Saato* (The soul)

The word '*Saato*' is derived from the Sanskrit word '*Satwa*' (*Saar+tatwa*) which means

Sense or Consciousness. So the *Saato* of children should be protected. If a child is so much frightened, then he loses the *Saato*.

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

Case Study: Misses Durga Thapa has mentioned the incident that, once she had suddenly carried her son in his sleep, he was so frightened that he cried for about an hour and nearly fainted. She took him to the Shaman, her son was treated and the baby's *Saato* was returned and he was back to normal.

Seventy nine percent (65) of the respondents answer that they first call their child with their name or say '*Saato Aayo*' (To come *Saato*) before moving or carrying their child during sleep.

The phrases like '*Paani Aayo*' (To rain), '*Khola Badhyo*' (The river to become bigger), '*Nani / Babu Badhyo*' (*Nani* =Girl Child, *Babu* = Boy Child, *Badhyo* =to grow) is also said before moving or carrying the child during sleep.

Protection of Naval (Cord)

The detached piece of umbilical cord (that is cut at birth) from the body is safely kept. A piece of cord is buried in the fire place, so that the child comes home whenever the food is ready. If a piece is buried in a platform under a tree at cross-roads (Chautari) then it is believed that the child becomes a leader or a gentleman. Among the respondents two of the senior women answered that if a piece of cord is buried in front of the palace then the child in future will be employed in a government job. This detached piece of cord is also used for treatment of the same child, in respiratory problem.

Fifty one percent of the respondents (43) has explained and practiced this tradition.

Table No. 10 Different places of Burring the Cord and Benefits of Burring, 2008

Different places of Burring the Cord	Benefits of Burring
In to a fire place	The baby comes home at the time of of eating throughout his lifetime
Into the platform at cross roads (Chautari)	The Child becomes a leader or a Gentleman Protection from evil Spirit
In front of the Palace	Gets the Government Job.

Source: Field Survey

Wearing *Kannani*

Kannani is a thread worn around the stomach of babies. *Kannani* is worn loose so that the baby is expected to grow to fit into that size. The *Kannani* is sometimes made by the net used for fishing. As the net has numerous tiny knots, these knots are supposed to protect the babies form evil spirit. Another reason for wearing *Kannani* is to prevent the food taken by the child to enter directly into the bowels. That is food is easily digested and remains in the stomach for a longer time.

All of the respondent answered and recalled that they had and are practicing this method of child care. However as the babies grow they get irritated wearing such thread around their stomach.

III. Cultural Care:

Cultural care includes the care of the diseases defined by culture and society. Each society and culture has their own lens of viewing diseases and their treatment. Such care is guided by the concept of **Cultural Bound Syndrome**. Cultural bound syndrome

includes two major aspects they are as following:

1. A particular kind of disease existing in one social and cultural context may not exist in other society and culture.
2. Same disease in different culture may have different names and different methods of treatment.

Sukri

Sukri is the disease that is defined by and exists in Nepalese Society. *Sukri* affects the children from womb to the age of twelve. The word '*Sukri*' is derived from the word '*Sukra*' which means the planet Venus. The unfavorable effect created by this planet causes '*Sukri*.' The name of Nepali Friday is also named after this planet- '*Sukrabaar*.' Hence for the treatment of *Sukri*, Friday is the very effective day. All of the respondent know, believe and practice the treatment of *Sukri*. Different persons know '*Sukri*' differently.

Cause of '*Sukri*'

It is believed that the women are considered impure during menstruation and pregnancy. If they touch the children then they suffer from *Sukri*. Various causes are explained by different respondents which are put together as following:

-) If pregnant women touch a child then the child suffers from *Sukri*. This type of *Sukri* is also called *Runche Sukri*.
-) If girls in a menstruation period for the first, second or third time touch the child. The later periods are not much strong to cause *Sukri*.
-) If pregnant women touch each other then, the child suffers from '*Garve Sukri*' (Sukri inside the mother's womb).
-) The *Sukri* is very strong if both of theirs is first pregnancy.
-) If both of the babies are boy then '*Garve Sukri*' attacks both the babies, which is also of strong type.

-) Among the babies, the baby boy suffers from ‘*Garve Sukri*’ and the baby girl might too get ‘*Sukri*’ but that will not be of strong type.
-) If both of them are girl, then the one who born first suffer from ‘*Garve Sukri*’, however the later one might also get ‘*Sukri*’ if she has weaker planetary positions (*Kamjor Graha*)

Signs and Symptoms of ‘*Sukri*’

Generally thin and lanky child are identified as *Sukri* patient. According to Sister Shova, if a child is of right weight and has normal body functioning then just being thin does not mean unhealthy.

However *Sukri* has a strong existence in Ghati Patan. Its symptoms are easily read and identified by a lay person unless it is a *Gadeko Sukri*. Only a *Sukri* specialist can identify *Gadeko Sukri*.

Various symptoms of *Sukri* explained by different respondents are put together as following:

-) The child cries, all the time without no reasons so *Sukri* is also sometimes called ‘*Runche*.’
-) Loss of weight and the child becomes thin.
-) Touchy irritating behaviors.
-) Picking nose all the time and the nose becomes reddish.
-) The skin all over the body gets wrinkled.
-) The muscles of buttocks get wrinkled and there is less or no fat. Buttocks are not chubby.
-) Loss of appetite and does not gain weight though the child eats consistently.
-) The knee gets larger and head becomes bigger.

-) The hair becomes fluffy and brown.
-) Hands and legs get flattened rather than smooth and round.
-) Crosses the leg every time.
-) Skin becomes rough and it gets loosen from the body, skin seems like it is not attached to the body rather wrapped around.
-) Cannot digest the food.

Treatment of ‘Sukri’

Child is taken to the shaman or traditional healer where the child is given a cowrie (a small shiny shell) which the shaman exorcizes. According to one of the shaman at Bindhyavasini Pokhara (famous place for *Sukri* treatment) explains that there are three types of ‘*Sukri*’:

- i. *GarveSukri* (*Sukri* that effects inside the womb)
- ii. The *Sukri* that happens outside (Touching of pregnant and in period girls)
- iii. The hidden *Sukri* (*Gadeko Sukri*). The child is fine in every aspect that is, the symptoms of *Sukri* are not visible and still it is a *Sukri*. This type of *Sukri* is diagnosed by checking the pulse of the child.

Procedure of Treatment by Shaman

The cowrie is tied in a special thread that had been worshiped in Ihi (*Bel Bibaha*) of *Newar* Community. In that particular thread the cowrie (shell) is fixed at the center of the thread (length about 15 centimeters) and total seven knots are made on either side of the shell. Then it is exorcised by different and special mantras of goddess *Maha Kaali*, *Maha Laxmi*, and *Maha Sharaswati*.

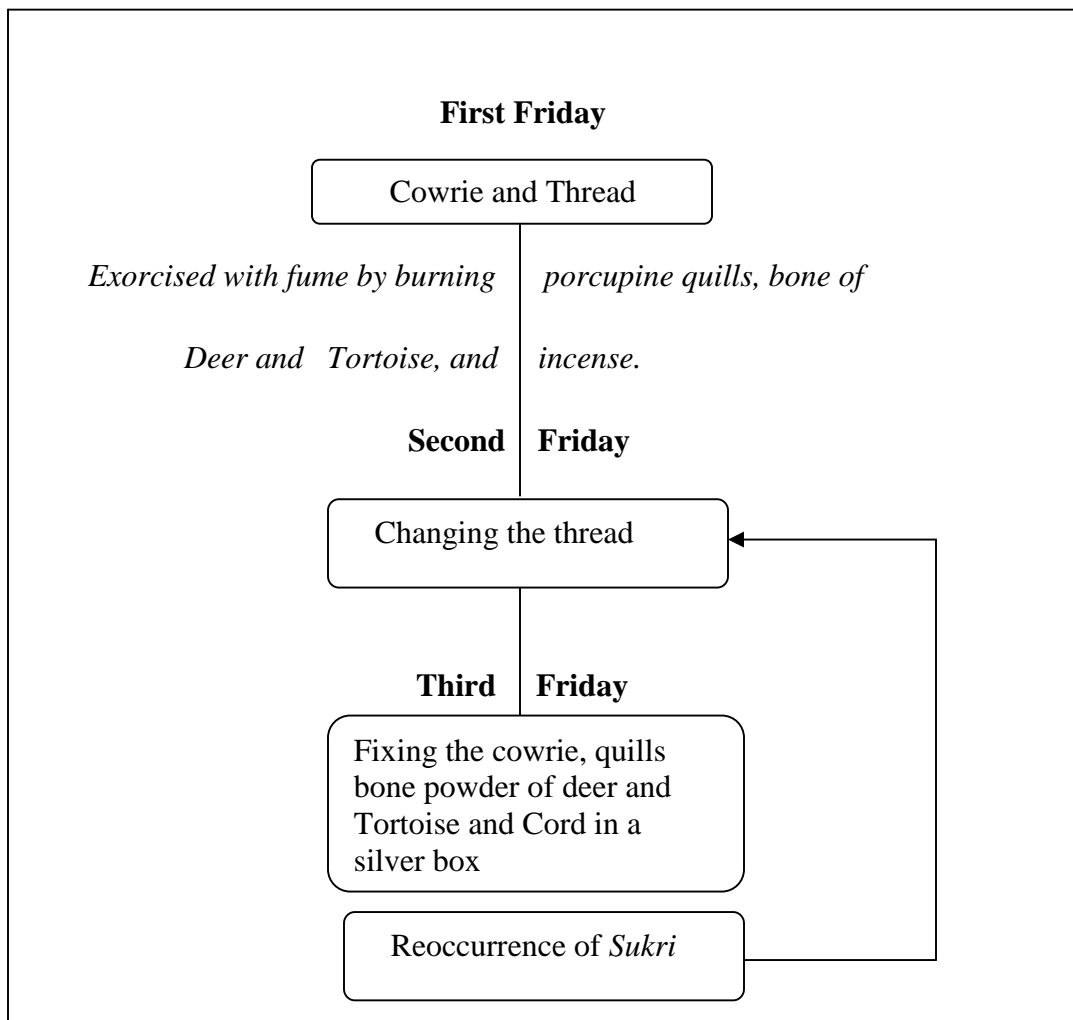
During exorcism, the set of shell and thread is smoked with fume that comes by burning incense (*dhoop*), Porcupine quills, bone of pregnant Deer and bone of Tortoise. The *Sukri* should be exorcised for three successive Fridays.

On the first Friday shell and thread is smoked with fume that comes by burning incense (*dhoop*), Porcupine quills, bone of pregnant Deer and bone of Tortoise.

On the second Friday the thread tied with the shell is replaced and a new thread is tied with the shell and again seven knots are made on the thread. Throwing of the old thread and putting the new one is sometimes called '*voto falne*.'

On the last Friday the shell (cowrie) is kept in a silver case (box) sized to fix the shell. In that box the dust of bone of pregnant deer, bone powder of tortoise, pieces of porcupine quills and a piece of naval (detached umbilical cord) are kept which protects the child from any kind of bad spirits, evil eye and the *Sukri* itself.

Chart No. 3 Procedure of Sukri Treatment



Different methods of *Sukri* Treatments

The range of *Sukri* treatment is very wide. *Sukri* is treated both at home and by the shamans. Different methods of treating *Sukri* are as following:

- J The three bowls of rice is parched (roasted) at three different times (*making khatte*) and then the baby is carried in front the bush of nettle. All the parched rice is eaten and the nettle is smashed into pieces simultaneously with a stick. In this process the mantra “*Sukri ko doholo vayo*” (let the *Sukri* of the child get destroy) is repeated until all the rice is eaten and nettle bush is smashed. This treatment should be done for three successive Fridays.
- J The beetle is killed and its head is separated from the body. Only the body part is wrapped in a piece of cloth or a plastic and then tied in a thread and worn around the neck of the child suffering from ‘*Sukri*.’ This treatment is effective if done on Friday.
- J The child is bathed on Friday along with the vest (*voto*) and then the wet *voto* without squeezing the water is hanged on the main entrance (door) of the house. Then the child gets rid of *Sukri*.
- J The child is bathed for 3 successive Fridays and the waste water is thrown at the roots of the banana plant, which will cure the *Sukri*.
- J Bathing the child for 3 successive Fridays with urine, dung, milk, curd, yoghurt and ghee of a single cow put an end to *Sukri*.
- J The child with ‘*Sukri*’ is bathed in the rain water that falls from the roof, along with the local grass called *Abijaalo* and remaining of mustard seeds after the oil has been oozed, (*Pina*).
- J In a balance, the child with *Sukri* and cow dung is weighted. The cow dung that

is equal to the weight of child is left to dry. This makes the child to gain weight and cow dung to loose the weight.

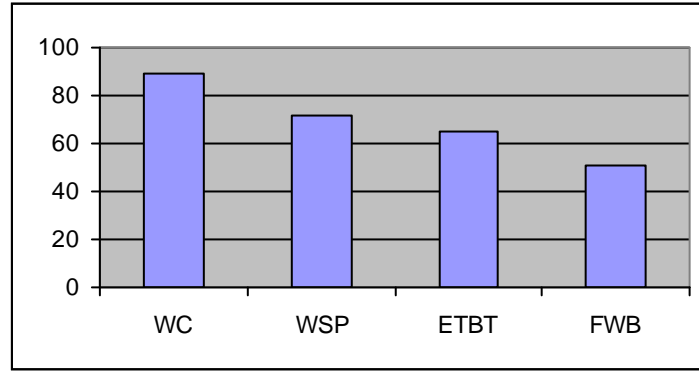
-) A handful of cow dung is pasted on walls, as it dries the child gets well from *Sukri*.
-) A brinjal is cut longitudinally without splitting into pieces then it is hanged on the door. The brinjal wrinkles and dries and the child gains weight.
-) The child is entered through the *Peepal* or the Banyan tree which has its branches grown down to the ground to make hole. If this is done for three successive Fridays then *Sukri* is eliminated.
-) If the baby is given a bit of waste (*jutho*) food immediately after birth, then the effects of ‘*Garve Sukri*’ (that is as a result of pregnant women touching each other) is reduced.
-) The bone of either pregnant deer or bone of tortoise is grinded to make paste and given to the babies each Friday then, babies do not suffer from *Sukri*.
-) The black beads called ‘*Sukri Pote*’ are put together in a thread and then smoked with incense and worn around the wrist and ankle of the child will put an end to ‘*Sukri*.’
-) If the *Sukri* is because of the touching of the girl in menstruation period then, a piece of her clothe is cut and its thread is tied around the wrist of the child. This will reduce the effect of ‘*Sukri*.’

Most Common and Popular Sukri Treatment Methods

The disease *Sukri* is well known in Ghati Patan area. The diseases defined by culture have culturaly defined treatment system and culture itself defines the efficacy, efficiency and impact of the different treatment methods. It was seen that for treating *Sukri* there are various ways which actually depends upon the availability of the required materials. However treatment done by traditional healers are much complicated as they use those materials that are not easily available, like bone of deer, porcupine quills and even

cowries. Hence the treatment done by shaman are considered much effective.

Chart No. 4 Most Common and Popular Sukri Treatment Methods, 2008



The most popular and common treatment of *Sukri* is wearing cowrie (WC), which is exorcised specially by shamans this is represented WC by 89 percent in the above figure. Similarly, wearing *Sukri Pote* (WSP) is explained by 72 percent of the respondents, and entering through the banyan tree (ETBT) is represented by 65 percentages. Feeding the bone paste of pregnant Deer and tortoise is followed by 53 percentages.

Saato Jaanu

The word ‘*Saato*’ is derived from the Sanskrit word ‘*Satwa*’ (Saar+tatwa= main theme) which means Sense or Consciousness. So the *Saato* of children should be protected. If a child is frightened so much, then he losses the *Saato*. Getting afraid of something new or weired, missing someone who is near to the child, or getting injured causes the lost of *Saato*

So parents are quite conscious about protecting their children’s *Saato*. Various precautions are taken for the protection of *Saato*. Nevertheless, there are also various ways of bringing the *Saato* back. According to Dr Shrestha protecting *Saato* is a good practice in Nepalese society, as it is about taking precautions before a child gets too much scared of unusual things and not interrupting suddenly with the regular environment he or she is adopted with. Protecting *Saato* also follows the principle of gradually changing the child’s environment. Dr. Shrestha interprets it as “caring the child psychologically.”

Table No. 11 well recognized causes, symptoms and treatment of lost of *saato*

Causes	Symptoms	Treatment
Child gets afraid of Something new or weird	Eye becomes lazy; Sleep is not sound ;	Taking to the shamans; Sprinkling the child with water;
Someone shouts at or Scolds the child	Cries without reason; Vomiting;	Whispering the word <i>saato aayo</i> Immediately after the child gets
Falls down or gets Injured	Diarrhea ; Do nor eat properly ;	Scared; Wearing the thread that has been
Child misses someone Close to him	Palm and Sole ; Becomes cold	Tied around the tail of cow that Had returned from grazing; Returning of the missed one.

Source: Field Survey 2008

Causes of losing ‘*Saato*’

The state of being afraid is the state of loss of *Saato*. When a child gets scared, then there is the probability of losing the *Saato* but *Saato* is a retainable thing. It is said that if a child loses *Saato* because of his parents, it cannot be regained. Different causes of losing *Saato* are as following:

-) When a child sees something new, weird, or frightful, like cats dogs, some kind of big animals, new person.
-) When someone shouts or scolds or beats the child.

-) If a child is forced to do something he dislikes like going school, hospitals, injections, doctors etc.
-) If a child falls down from heights or badly gets injured due to various accidents or cuts and sickness.
-) If a child misses someone who is close to him or her.

Signs and Symptoms of losing ‘Saato’

According to Dr. Shree Krishna Shrestha, a frightened person gets sick easily. So the symptoms of lost of *Saato* are similar to that of other diseases. However shaman Chakara Pani Adhikari (69) claimed that symptoms of *Saato* are different than other diseases, and he can differentiate them by checking the child’s’ pulse.

Different symptoms of lost of *Saato* are put together as following:

-) The eye of the child looks lazy.
-) The child suffers from vomiting and diarrhea consistently.
-) Sleep is not sound, keeps on waking up during sleep.
-) Does not eat properly and keeps crying.
-) The palm and sole becomes cold.
-) Loss of ‘*saato*’ makes him afraid of everything.
-) Consistent fever.
-) If a child loses ‘*saato*’ from human being then it is so difficult to get it back.

Cure or Treatment of ‘saato’

The treatment of ‘*saato*’ is based on somehow making it return back. It is very important to regain the *Saato* because if it is not regained in time than the *Saato* becomes worst and child may fall sick for a longer time. One of the respondent Durga Thapa explained that if *Saato* is

not gained in time than the child may become slow. The following are the ways of treating the 'saato':

-) If the missed one of the child returns and spit on the child's palm then the 'saato' returns back.
-) The water collected by drying the washed dishes is sprinkled over the child.
-) The child is kept at the door and sprinkled with the water thrice, repeating the words 'saato aayo' (let the saato return)
-) The child is exorcised with the special mantra of 'Saato' by the shamans and traditional healers.
-) The thread with seven knots is tied around the tail of a cow then it is freed to go for grazing. After the cow returns home the thread is taken off and is worn around the neck of the child.
-) The saari that the mother is wearing is made wet and the child is slammed with wet saari saying 'saato aayo'.
-) The milk of three different cow or buffalos is kept in three different bamboo bottles (*baans ko dhungro*) and these are kept or buried in three different cross-roads. After three nights the fermented curd in three different bottles is given to the child. This makes the child active making his 'saato' coming back to him.
-) The word 'Saato aayo' is whispered in the child's ear immediately after he gets scared of something.
-) If a child is scared of dog then he is taken near the dog and then the child is flapped with its tail, similar process is done with cats and other animals.

Chokho Laagnu and Aankha Laagnu

'Chokho laagnu' or 'Aankha laagnu' is a state of loss of appetite or indigestion in child. It is believed that it is caused because of evil eye sees the child eating or the child's food itself.

'*chokho*' is generally treated at home but taking the child to the shamans and exorcizing the food is also a common practice. Sixty one percent of the respondents answered that they take the food to the shamans and do the treatment and given to the child.

Causes of '*chokho laagnu*'

-) If some one sees the baby eating and waters his or her mouth then the child suffers form *chokho*.
-) If the child's food is kept openly without covering and if someone sees that food.

Signs and Symptoms of '*chokho laagnu*'

-) The child does not eat properly or at all.
-) Though eats consistently, cannot digest the food.

Treatment of '*chokho*'

-) The food is taken to the shaman and is exorcised and given.
-) Pretend to give the food to child but actually cheat the child.
-) The food that is to be given to the child if eaten by mother before giving it to the baby.
-) On the dorsal side of the three Brinjal leaves the food that is to be given to the child is kept in a little amount on each. Then three white stones are made red hot by heating and kept on three different leaves with food. Then half of the food is given to the child and half is thrown away. The leaves are thrown in cross roads with some coins. If some one takes that coin then the '*chokho*' of the child goes away and the child starts eating properly.
-) A little amount of ash that is given by shamans and a single clove is grinded to make powder, which is scattered over the food before feeding the child.
-) The lactating babies are feed in front of the shamans or the healers, and they read

the mantras and treat the baby's 'chokho.'

IV.Aayurvedic Care:

Aayurvedic Care involves the use of plants, herbs and minerals for the care and the treatment. Now a day the herbal and mineral are manufactured scientifically to produce medicine with right composition which is getting popular as allopathic medicine. Using the local plants, herbs and minerals for the treatment of different disease is placed here as aayurvedic care as this system of treatment also uses different plants and mineral having medicinal values. General child diseases and their traditional methods of curing are as following:

Cold and Cough

-) Oil massage in the sun and in front of fire, keeping the children warm.
-) Water is boiled with Cara-way seeds (*Jwano*), Turmeric Powder, rock salt, *Mungrelo* (a kind of spices), *Jimbu* (A herbal grass found in the higher altitude) and leaves of basil plant (*Tulsi*) etc. and is given to the child. According to Dr. Shrestha , it is safe to give such spicy soup; in fact Cara-way seeds contain calcium, but excessive use may harm the baby.
-) Chest, hands, and feet are massaged with ghee of cow in which camphor is fried.
-) Honey and ginger juice is whipped together and given to the child in little amount.
-) Dates are roasted and taken hot.
-) Hot lemon with honey is frequently given to the child during cold and cough.
-) Ginger pieces that are boiled in sugarcane syrup are taken during cough.
-) The sugarcane solids are boiled with guava leaves in water, to make thick syrup. This is very effective in cough.
-) For the cough the warm and fine ash is rolled in muslin and tied around the neck of the child.

-) A piece of naval (remaining piece of umbilical cord) is grinded to make paste and given to the child in the respiratory problems during cold and cough.
-) Cold and cough is also exorcised by shamans by special mantras.

Stomach ache

-) For the babies are oil massaged and made warm around the stomach.
-) A white mineral stone called 'Swag' is fried and is dissolved in milk to make paste which is given to the child.
-) Mace (*JaaiPatri*) is roasted and is mixed with milk to make paste which is given to the child in stomach ache caused by cold.
-) The rock salt is boiled in water and the warm water is given to the child.
-) For the children above 2 years, a little amount of Asafoetida (*Hing*) is given.
-) There is a special mantra for treating stomach ache with shamans.

Skin problem

-) Prickly heat is treated by bathing the child in rain water that falls off from the roof or only the rain water.
-) In Prickly heat, the skin is cleansed with cold milk that is not boiled.
-) In skin itch, the leaves of *Neem* plant and *Tite Paati* (An herbal plant which is strongly bitter) are used for bathing. These plants are identified by modern medical system as antiseptics.

Conjunctivitis

-) Putting home made *Gaajal* on eye makes the eye cool, as in conjunctivitis one feels like burning of their eye.
-) Putting Mothers milk on eye.

) Washing with cold water and own urine.

Jaundice

) A parasitic herb called '*Aakash beli*' is grinded to make paste which is taken by child and mother if she is lactating. The child is bathed with this particular herb and it is also laid on the child's bed.

) Babies are kept in the sun especially that in the morning and evening.

) The Jaundice is exorcised and special mantra in which oil is used.

Ear problem

) The leaf of aloe Vera is made warm in fire and its juice is squeezed into the ear.

) Juice of local lemons is also used in itching of the ear of children.

Groaning after urinating

If children produce a short sound, groan after urinating then it is believed that sweeping the urine by the broom makes the baby to groan. So if the broom is washed and if that washed water is given to the child they stop groaning.

According to Dr, Shrestha, children do groan after urinating. It is natural and normal because heat is lost from the body after urinating. Giving the washed water of the broom can be harmful because broom is used for cleaning so it gathers dust and dirt which might harm the children.

CHAPTER: FIVE

Determinants of Child Health Care

5.1 Introduction

Health care practice is influenced by various factors like socio-cultural aspect, education and economy. Political aspect; with respect to the health policies implemented and taken into action by government which indirectly influence the access of people toward the modern medical treatment. However the major influencing factors on health care are family structure, educational factor, and economic factor.

5.2 Family Structure

It was found that in a joint family the stress is less when the child is sick. As there are experienced parents; either the grand parents or the elder brother, they understand and recognize the seriousness of the disease. So in a joint a family the traditional practice is more prevalent because traditional practice and home based treatment is preferred unless the condition is much serious. In case of a nuclear family, parents panic much and take the child to the hospitals soon. The preference on health care methods as an influence of family structure is as following:

Table No. 12 Percentage of Respondents by types of treatment according to type of family

Family Structure	Traditional Methods	Modern Methods
Joint Family	60 % (50)	40% (32)
Nuclear Family	45 % (37)	55%(45)

Source: Field Survey 2008

5.3 Economic Factor

The economic status was simply categorized into the groups having income up to Nepali rupees 5,000 and more than 5,000. Here it is to be noted that practicing traditional methods also depends upon the availability of the local resources. Generally traditional methods are less costly than the modern treatment, however the cost is almost equal in Ayurvedic excluding operation of allopathic treatment systems. Hence the question was asked; how do they allocate their income for traditional and modern methods. The following table portrays the income and its allocation.

Table No. 13 Income and its allocation on modern and traditional methods

Of Treatment

Income	Modern Treatment	Traditional Treatment
Up to 5,000	90%	10%
More than 5,000	65%	35%

Source: Field Survey 2008

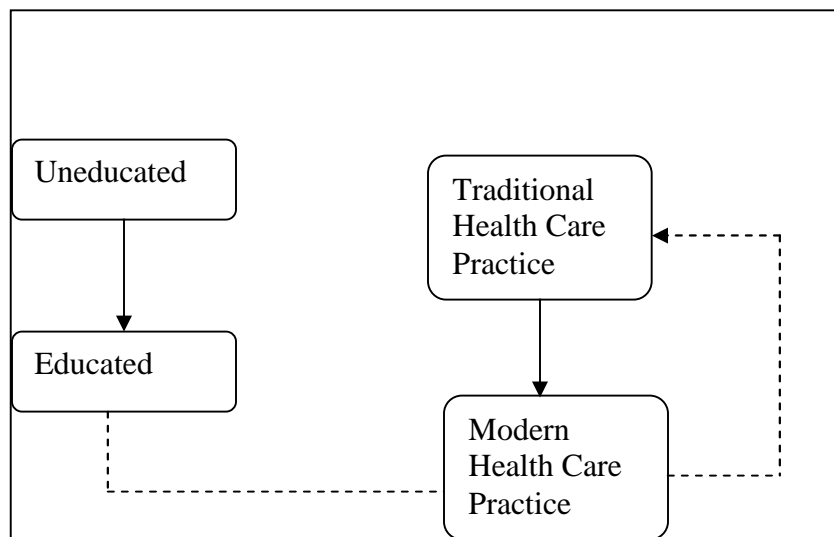
It was seen that the individuals having less income prefer the modern methods of treatment and those having more than 5,000 allocate their income significantly on traditional methods also. The reason behind the preference on modern treatment by those having less income is explained as: the modern methods are a sure shot method of getting well, although traditional methods is just only the satisfaction. Children should be taken to the doctors even after the traditional treatment. Spending on traditional method has no meaning as there is always the necessity of modern treatment.

Paisha jati Dhami laai, Byatha jati haami laai. This is a famous proverb in Nepalese society which means that all the money for shamans and diseases for us. One of the respondents (income less than 5,000) explained this proverb.

5.4 Educational Factor

It was found that, following the traditional or modern method is irrespective of education. Both educated and uneducated mothers practice traditional methods of child care. However, on analyzing the procedure of accessing the method of treatment it was found that educated people are little more declined towards the modern medical treatment than the traditional. Moreover, few senior women explained, as they could not study they did not know how to care their children properly by using modern equipments (like cotton buds, soap and shampoos made for children, powders etc.)

Chart No. 5 Influence of Education on Health Care Practice



Source: Field Survey 2008

The above chart shows that both educated and uneducated practice traditional method of child care. However there is the difference in choice. For educated the first choice is the modern and for uneducated it is the second choice. But trust on only one method of child care both by educated or uneducated do not exist.

Among 82 respondents, 2 women were studying bachelor, 6 of them could not complete their intermediate. Among 2 males, they could not complete their bachelor and left their study. All the remaining respondents (women) were below the 10th level or could not succeed in S.L.C.

5.5 Is it difficult to raise a boy?

Chhora hurkaauna garo, Chhori hurkaauna sajilo.

It is difficult to raise a Boy than a girl.

It is a common saying among the people of Ghati Patan area, that it is difficult to raise a boy.

Thirty- five percent (28) of the respondents answered that there is the difference in caring the boy child and a girl. However 65 percent (54) of the respondents said there is not. Although 28 is less than 57, it is a significant number to show the existing gender difference in the study area. It is said that a girl troubles inside the womb and boys do it outside. Among the respondents, 35 percent of them answered 'yes' to the question. However they do not know why the difference exists. None of them accepted the social cause of it, but said that the baby boy's body is much sensitive to cold. They become frequently sick in comparison to baby girl. Dr. Shree Krishna accepts this fact and explains it is true that baby boy is sensitive to cold and get sick frequently than baby girl because the Y chromosome in the boy has weaker environmental adaptability than X chromosome in the girl.

The initiation of giving solid food to the baby starts at the age of 5 months for girl and that for boy is six months through the custom of '*Pashni* (a ceremony of giving solid food to the baby). Medically, it is a wrong practice because babies are recommended for exclusive breast feeding up to six months that is only mother's milk should be given. 86 percent (71) of the respondents say it is a custom to do 'Pasni' for baby girl in five months, so it must be right as their predecessors have been doing the same. Whereas the rest of the respondent show consent to this difference but do not want to go against it in practice.

'Chhora Paaye Khashi, Chhori Paaye Farsi.'

If a son is born then mother gets to have Goat (mutton), if a daughter is born then a Pumpkin.

It is a very famous proverb that shows clear gender discrimination. However, none of the respondent faced such discrimination though they gave birth to a daughter.

CHAPTER: SIX

Summary and Conclusions

6.1 Introduction

The attempt of the research was to explore the traditional beliefs and practice, and aimed to find out cultural and social perception of disease, its treatment and care. So it is expected that the research has accomplished its objective. The major finding of the research can be out lined as traditional beliefs and practice in child care are both helpful and harmful and people practice these activities irrespective of their economic status.

People practice traditional method of child care because:

-) Their predecessors make them to follow these practices.
-) They learn by seeing and listening about these practices at their neighbors, home or relatives and follow them.

6.2 Major Findings

-) Culture is an intervening variable which predominantly determines the Health Care Practices.
-) The system of health care practice that is perception of care, disease and treatment is underpinned by Culture.
-) It was found that in a specific culture there are some specific and recognizable diseases which are not found in another culture. In Medical Anthropology it is defined as Culture-bound Syndrome.
-) The belief about disease its cause and treatment is dealt by Medical Anthropology. Medical Anthropology deals with cultural aspect of disease and its treatment and applies Anthropological theories on Health care practices.

-) Culture determines the behaviour of an individual hence a disease to be or not to be is determined by culture.
-) The state of being healthy and unhealthy is also established by culture.
-) Culture and health care practices arbitrate around each other influencing all other factors involving in between them.
-) There are two major aspect of child care. They are the proactive care and reactive care.
-) Practicing traditional method of child care is irrespective of the educational status. However there is the difference in choice. For educated the first choice is the modern and for uneducated it is the second choice .But trust on only one method of child health care both by educated or uneducated do not exist.

6.3 Conclusions

-) People have different perception on disease, care and treatment which are cultural consequences.
-) Care of different organs, curing different diseases chiefly depends upon the use and availability of local resources.
-) The beliefs and practices associated with child's protection, prevention from any kind of disease is based on the notion that children in any way should be protected from any kind of bad or evil spirit or evil eye.
-) Protection from bad spirits has both temporary and long lasting methods of prevention. Putting the spot of *Gaajal* or ash on forehead of a child before going out is a temporary method of prevention. Whereas burying a piece of naval (cord) in a *Chautari* is a life time method of protecting from bad spirits. Wearing *Kannani* (a thread or fishing net worn around the waist) is also a method of protecting from bad spirits through out the infancy.
-) In the care of the children the use of more modern techniques is becoming popular. However in case of treatment the approach for modern treatment are dominant and traditional methods also run alongside.

-) The antibiotic phobia exists among the Tagadharis of Ghati Patan area also. It is believed that children should not be taken to the hospitals immediately after getting fever or cold because doctors recommend antibiotics even for the simple diseases. Nevertheless, people in this area are conscious about the seriousness of the disease.
-) A person practises both modern and traditional methods in child care and treatment. However none of the respondents believe only on traditional methods for treatment.
-) Being thin and lanky is considered unhealthy, which is recognized as *Sukri* most of the time. *Sukri* is the epitome of culture bound syndrome. Even this particular study area, the other caste group like Gurung does not have the disease *Sukri*.
-) People around like neighbors, family members and even the beholder of the child have the evil eye. If any body sees the child having food and an attractive child gets affected by an evil eye. It is believed that child should be kept separately while feeding to protect from evil eye.
-) Blaming people for evil eye and evil spirit is an under blanket talk. However approaching for the traditional faith healer for the treatment is very open. In many cases, there are incidents when people blame each other for evil eye and go for treatment.
-) Caring of mother in post-partum period is also appreciated and has become a matter of prestige, and put in a good word. So mothers are applauded for taking different precautions like taking rest, not having food that is supposed to produce cold, not playing with water excessively. Though these are meant for babies' health, they ultimately help mothers to stay healthy and away from the stress during post-partum period.
-) Treatment of a *Sukri* is somehow a compulsion. Each child in this area is supposed to suffer from *Sukri* in a way or the other. Some suffer from *Garve*

Sukri; some gets affected by *Runche Sukri*. When there is no sign and symptom of the *Sukri*, then also a child is supposed to suffer from *Gadeko Sukri*, - a hidden *Sukri*.

Hence from the above conclusions both theoretical and practical, it can be further simplified that health care no matter how traditional or modern is the technology of health care it is a culture guided phenomena.

Although it is proven that some of the traditional methods are helpful, some are meaning less and some are harmful but it is almost impossible to separate traditional belief about health care from any society because this belief system wholly stands on culture. Hence from an anthropological view it can be concluded that health care practice is a cultural manifestation of a particular culture thereby fulfilling the need of that society.

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Annex 1

Key Informant Interview

Chhantyal Baaje (67)

Chhantyal Baaje of Ghati Patan area is an immigrant for 20 years. He has been doing exorcism from the age of 30. He has also been trained as a *Jhankri*; but he has not practiced it professionally. According to Mr. Chhantyal, now a day people do not believe much in offering black goats and hens. People like to exorcise their children and offer some money (*Bheti*) and rice. He also does the herbal treatments (*Jadibuti*).

He recalls the Saato of the child, Sukenass(*Sukri*), and treats evil spirits (Ghosts and witches) and other general child related diseases through herbs. He has good knowledge about the herbs and its implementation. He himself believes much in herbs rather than in exorcism. So after exorcising he gives herbs according to the nature of illness of the child.

Ram Bahadur Thapa (28)

Mr. Ram Bahadur Thapa (Name Changed) is a young shaman in Ghati Patan area. As he is a young shaman he is shy of doing the job of shaman. According to Mr. Thapa, once in the *Vanger Pooja* (ceremony of praying god of their Clan), god has called him to play with fire, that night in his dream he got the mantras for treating different diseases in *Kham* language. Then he has been treating different illness of those people who come to him.

He says there are different mantras for treating different illness. If he comes across with a different disease or sometimes if his mantra cannot treat the particular disease properly then god comes in his dream and gives him instructions what to do next.

Especially for children he has been treating *Saato*, *Chokho* etc. If the lost of *Saato* is not so serious then he treats it once otherwise three times. During exorcising the *Saato*, Mr. Thapa also treats *Chokho* and evil eye together, so that his Mantra makes children well soon, as it is a strong type of treatment.

Chakara Pani Adhikari (69)

He is also an immigrant and treating different problems in children like loss of *Saato*, *Chokho*, Sudden fever, and sudden cries etc. what ever is the disease or problem, he treats it with a single mantra that is '*Gaayetri Mantra*.' It is a Mantra that all Taghadhari take during their thread wearing ceremony.

He says that as he is not the professional shaman, some say that his treatment works and some say it does not. For those whom it does not work he recommends for other shamans. He repeats that as he is not professional he is open to what he does for the treatment but acclaims that he had treated so many children and made them well.

***Sukri* Specialist of Bindhyavashani**

Bindhyavashani is a famous place in Pokhara, where there is a famous temple of goddess Bindhyavashani. This place is also famous for *Sukri* treatment. According to the key informant, (this particular shaman) said that even people come to him from neighboring district *Tanaun* and *Parvat*. Some times there are so many patients that they have to stay over night waiting for their turn. According to him, approximately he treats one hundred children in average on Fridays.

He explains three different types of *Sukri* which are as following:

- i. *GarveSukri* (*Sukri* that effects inside the womb)
- ii. The *Sukri* that happens outside (Touching of pregnant women and in period girls)
- iii. The hidden *Sukri* (*Gadeko Sukri*). The child is fine in every aspect that is, the symptoms of *Sukri* are not visible and still it is a *Sukri*. This type of *Sukri* is diagnosed by checking the pulse of the child.

Treating the '*Sukri*'

The cowrie is tied in a special thread that had been worshiped in Ihi (*Bel Bibaha*) of Newar Community. In that particular thread the cowrie (shell) is fixed at the center of the thread (length about 15 centimeters) and total seven knots are made on either side of

the shell. Then it is exorcised by different and special mantras of goddess *Maha Kaali*, *Maha Laxmi*, and *Maha Sharaswati*.

During exorcism, the set of shell and thread is smoked with fume that comes by burning incense (*dhoop*), Porcupine quills, bone of pregnant Deer and bone of Tortoise. The *Sukri* should be exorcised for three successive Fridays. On the last Friday the shell (cowrie) is kept in a silver case (box) sized to fix the shell. In that box the dust of bone of pregnant deer, bone powder of tortoise, pieces of porcupine quills and a piece of naval (detached umbilical cord) are kept which protects the child from any kind of bad spirits, evil eye and the *Sukri* itself.

Dr. Shree Krishna Shrestha

Dr. Shree Krishna Shrestha a pediatrician explained about the traditional care and practices. According to Dr. Shrestha, some practices are safe and some are not. However traditional practices in child care cannot be ignored completely neither can be accepted as a whole, rather we must take out the best from them. Restricting people to traditional practice has resulted into negative impacts. In the context of Nepal, people do not accept the doctors openly and in such case talking about traditional care is very important nevertheless the strategy should be discouraging towards harmful practices and encouraging towards the helpful ones. There is a *Dhami Jhankri* Campaign for educating *Dhami* and *Jhankri* (traditional faith healers) about different diseases and their level of seriousness. Traditional healers first do their treatment and recommend the child to the doctor so that the child gets right treatment in the hospitals. Some of the practices explained by the respondents of Ghatipatan during focus group discussion and interview were defended by Dr. Shrestha in the following way:

Oil Massage:

It is a good practice and has many good impacts, the massage makes the baby fresh and stretching baby's body gives him comfort. However putting oil in ear, eye is not safe. In our ear there is a natural process of formation of wax and mechanism of cleaning too. During chewing the food, wax deposited on the ear gets loosen and falls off. Putting oil restricts this process.

Putting Gaajal

Putting *Gaajal* on eye is not a safe method of protecting eye of the baby and it is much unsafe during conjunctivitis. However Dr. Shrestha was indifferent towards putting *tika* of *Gaajal* on the forehead.

Feeding the bone paste of pregnant deer and tortoise

In Sukri people give their children the bone paste of pregnant deer and tortoise, Dr. Shrestha justifies it as a calcium intake. Now a day we find different calcium tablets and pediatric calcium drops. Such medicine recommended by doctors in right quantity will be safer than the bones.

Baby's emotions

Babies during their first few months smile, cry, make their face, frightened and show different actions. It is because babies start dreaming after a week or a two and recognizes mother within a month. So these emotions expressed are the reaction to the events that the babies visualize in his dream.

Whispering to the baby before awakening

Babies are whispered saying different words like “*saato Aayo*” before moving him during his sleep. Dr. Shrestha says that it is indeed a good practice because interrupting anybody when they are so concentrated in their business, makes frighten. A frightened person gets sick easily.

Groaning after urinating

Children do groan after urinating. It is natural and normal because heat is lost from the body after urinating. Giving the washed water of the broom can be harmful because broom is used for cleaning so it gathers dust and dirt which might harm the children.

Soup of Spice and rock salt

During cold and cough babies are fed with Cara- way seed, rock salt, turmeric powder and *Jimbu* (herb) soup. According to the doctor, it is safe to give such spicy soup; in fact Cara-way seeds contain calcium, but excessive use may harm the baby.

Difficult to raise a boy

It is true that baby boy is sensitive to cold and get sick frequently than baby girl because the Y chromosome in the boy has weaker environmental adaptability.

Lactating Mother's Precautions

There is logic behind not playing with excessive water by new mothers. If mothers caught by cold then it easily transfers to the baby not through the breast milk but cold is a communicable disease. In case of food habit of new mothers, that avoiding most of the heavy diet during baby's illness is also not necessary. In fact they need to take more nutritious diet during baby's illness. In our context, most of the mothers cut off the nutritious diet like fruits and vegetable when the baby is ill or to avoid getting cold. But the truth is that fruits and vegetables help to fight against such disease. For example new mothers are avoided to take most of the nutritious diet during baby's Jaundice which is a malpractice. For new mothers it is important to take healthy diet not a heavy diet. It is just opposite in most of the cases in our society.

What kind of Interventions should be implemented to encourage the helpful and discourage the harmful ones?

The first thing is the education and awareness about the health care practices and its harmful and helpful effects. Then we ourselves practice what is good. Then lastly it is the attitude of the people. Education and awareness will definitely changes the attitude of the people positively towards the helpful practices either it be the traditional or the modern.

Sister Shova Sharma

Sister Shova Sharma a medical nurse had discussed about the traditional care and practice in child care in Nepalese society.

The good aspect about child care in Nepalese society is that parents are very much conscious about protecting the child from cold. It is very important to keep the babies close to mother which is very common in our society. This is sometimes called Kangaroo mother care.

Sukri a popular and common disease in our society is nothing but a manifestation of malnutrition. However it is the fact that a thin and lanky child is generally is seen as the *Sukri* patient. If a child is of right weight and has normal body functioning then just being thin does not mean unhealthy.

If a child does not eat properly then it is recognized as *sukri* symptom and symptom of *chokho laagnu*. There are two reasoning behind this problem. The first is that now a day children are much inclined towards the packed and junk food, because of which children are prone to the loss of appetite at the later stage. The second is that children do not eat according to our expectation rather according to their need. Each child know their need in a way that there is a natural process that human body demands the energy and children are urged to eat, for a healthy child indeed.

Bathing child on Fridays and crushing the nettles, wearing a cowrie is medically meaningless and sounds funny. But if parents feel that their child is doing well with these treatments then it cannot be objected, because being well is also about feeling well.

Annex 2

Semi Structured Interview Schedule for the Respondents

आदरणीय उत्तरदाता महोदय,

पोखराको घाटिपाटन क्षेत्रका तागाधारी जातीय समुदायमा शिशु स्याहारमा परम्परागत विश्वास र अभ्यासका बारेमा मानवशास्त्रीय अनुसन्धान गर्ने क्रममा व्यक्तिगत उत्तरदाताको रूपमा तपाईंलाई छनोट गरेकी छु । नवजात शिशु स्याहारमा परम्परागत सिप, ज्ञान, धारणा र विश्वास का बारेमा आफुले दिन सक्ने सम्म जानकारी उपलब्ध गराई मेरो अनुसन्धानलाई सघाउनुहुनेछ भन्ने हार्दिक विश्वासका साथ अन्तरक्रियाका लागि उपस्थित भएकी छु ।

सौहार्दपूर्ण सहयोग प्रति आभारी छु ।

शोधार्थी
रचिता आचार्य
त्रि. बि. पृथ्वी नारायण क्याम्पस, पोखरा

संकेत नम्बर	अन्तरबार्ता स्थल	मिति

१. सामान्य परिचय

उत्तरदाताको नाम (स्वेच्छिक)

उमेर

लिंग

पेशा

शिक्षा

परिवारको प्रकार	जात वा जातियता
१. एकल	१. ब्राम्हण
२. संयुक्त	२. क्षेत्री
३. बृहत्	३. नेवार
४. अन्य	४. अन्य

२. यदि तपाईंको घरमा नवजात शिशू (छ महिना भन्दा मुनीका बच्चाहरु) छन् भने :

१. शिशुको उमेर:

२. शिशुको लिंग:

३. तपाईंले शिशूको उपचार अथवा स्याहार गर्दा कस्तो बिधि अपनाउन मन पराउनुहुन्छ ?

१. आधुनिक अथवा डाक्टरी

२. परम्परागत: १. आर्युवेदीक (जडिबुटि)

२. भारफुक (तान्त्रिक)

३. रेकी (तेल लगाउने, सेकताप, जोरेई)

३. अन्य :

४. तपाईंले शिशूको उपचार अथवा स्याहार गर्दा कस्तो बिधिलाई प्राथमिकता दिनुहुन्छ ?

१. पहिला आधुनिक पनि परम्परागत

२. पहिला परम्परागत पछि आधुनिक

३. दुवै संगसंगै

शिशुको स्याहार सुसारका लागी परम्परागत (घरायसी बिधि)

५. बच्चालाई तेल लगाउने गर्नु भएको छ ?

१. सधै लगाउछु (किन)

२. लगाउदिन (किन)

३. कहिलेकाहि (किन र कस्तो अवस्थामा)

६. तेलमा के के राखेर /फूराएर लगाउने गर्नु भएको छ ?

१. केही पनी राख्दिन :

२. निम्न वस्तुहरु राख्छु :

७. के कारणका लागी उक्त वस्तु फुराउनु हुन्छ ?

तेलमा राख्ने बस्तु

कारण

१. मेथी
२. ज्वनो
३. लसून
४. अन्य

८. बच्चालाई गाजल लगाइदिने गर्नु भएको छ ?

१. छ (किन).....
२. छैन (किन).....

९. यदी गाजल लगाइदिने गर्नु भएको छ भने कस्तो गाजल लगाइदिने गर्नु भएको छ ?

१. घरमा बनाएर :
किन.....
२. बजार बाट किनेर:
किन.....
३. दुबै:
किन.....

४. अन्य :

१०. तपाईले बच्चालाई नुहाउदां कस्तो खालको साबुन अथवा स्याम्पुको प्रयोग गर्नु हुन्छ ?

१. जस्तो सुकै साबुन
२. बच्चालाई भनेर बनाइएका साबुन र स्याम्पु
३. साबुन स्याम्पुको प्रयोग नै गर्दिन

११. यदी साबुन र स्याम्पुको प्रयोग गर्नुहुन्छ भने (घरायसी विधि) केको प्रयोग गर्नुहुन्छ ?

१. रिठठा
२. पिना
३. मोहि
४. अन्य :

१२. टाउको (कपाल) सफा गर्नका लागि के को प्रयोग गर्नुहुन्छ ?

१. चामलको पिठो
२. चिनीको चास्नी लगाएर
३. अन्य

१३. कान सफा गर्नका लागि के गर्नुहुन्छ ?

१. कानमा तेल हाल्नुहुन्छ ?
(किन)
२. अन्य

१४. आँखा र नाक सफा गर्नका लागि के गर्नुहुन्छ ?

१. तेल हाल्ने
(किन)
२. अन्य
१५. बच्चाको छालाको स्याहार (बिषेष्गरी जाडोमा फुट्ने आदि समस्याबाट बच्नका लागि) के गर्नुहुन्छ ?

१. नौनी ध्यू लगाईदिने
(किन).....
२. बच्चालाई लगाइने बजारमा पाइने क्रिम
(किन)
३. अन्य

शिशुका बारेमा भएका अथवा गरिने परम्परागत आस्था, विश्वास र अभ्यास

१६. बाहिर हिड्दा बच्चालाई कसरी लैजानुहुन्छ ?

१. गाजलको टिका लगाएर ।
(किन).....
२. खरानीको टिका लगाएर ।
(किन)
३. अन्य

१७. बच्चाको लुगा कसरी धुनुहुन्छ ?

१. बच्चाको लुगा भिन्दै धुने
(किन).....
२. धोइसकेपछि ननिचोर्ने
(किन).....
- अन्य

१८. बच्चाको डसना (थाग्ना) कसरी सुकाउनुहुन्छ ?

- १ छुट्टै कसैले पनि नटोकिने ठाउँमा
(किन).....
२. अन्य

१९. बच्चालाई बाहिरबाट आएका मानिस अथवा आफुनै बाहिरबाट आउदा सिधै बच्चालाई छुनु हुन्छ कि हुदैन ?

१. छुन्छु
२. छुन्न
(किन).....
३. केलाई छोएर बच्चालाई छुनुहुन्छ ?

२०. बच्चालाई साभको बेलामा निकाल्नुहुन्छ ?

१. निकाल्दिन
(किन).....
२. निकाल्छु

२१. बच्चालाई निदाएको बेला एक ठाउँबाट अर्को ठाउँमा सार्नुहुन्छ ?

१. सार्छु
२. सार्दिन
(किन).....
३. सार्नुपन्थो भने के गर्नुहुन्छ ?

२२. बच्चालाई उल्टो हातले खुवाउनुहुन्छ ?
 १. जुन हातले पनि खुवाउछु
 २. खुवाइदिन
 (किन).....
२३. बच्चालाई कसरी बोक्नु/लिनु हुन्छ ?
 १. एउटा हात तल, अर्को माथि
 (किन).....
 २. जसरी पनि लिन्छु
२४. बच्चालाई खानेकुरा तातोभएमा कसरी खुवाउनुहुन्छ ?
 १. खानेकुरा सेलाएर
 २. फुकेर
 ३. खानेकुरा फुकिदिन
 (किन).....

समाज वा संस्कृतिले व्याख्या गरेका बच्चालाई लाग्ने रोगहरु:

२५. शुक्रि लाग्नु :
 कारण :
 लक्षण :
 उपचार विधी :
२६. आँखा लाग्नु वा चोखो लाग्नु
 कारण :
 लक्षण :
 उपचार विधी :
२७. सातो जानु :
 कारण :
 लक्षण :
 उपचार विधी :
२८. अन्य

बच्चालाई लाग्ने सामान्य सारिरिक रोगहरु र यसका परम्परागत/घरयासी उपचार विधी :

२९. रुघा :
 उपचार विधी :
३०. खोकी :
 उपचार विधी :
३१. पेट दुख्ने :
 उपचार विधी :
३२. आँखा पाक्ने/आँखामा केही पर्‍यो भन्ने :
 उपचार विधी :
३३. कान पाक्ने :
 उपचार विधी :
३४. छालाको समस्या (लुता, घमौरा)
 उपचार विधी :
३५. कमलपित्त :

उपचार विधी :

३६. अन्य :

३७. छोरा/छोरीको स्याहार विधीमा केही फरक छ कि छैन ।

१. छैन

२. छ

३. के के छन् ?

(किन).....

३८. बच्चालाई कन्नानी लगाईदिनुहुन्छ ? किन ?

.....

३९. बच्चाको स्याहार सुसारमा आमाले के कस्तो सावधानी अपनाउनुहुन्छ ?

१. चिसो नखेलने/नचलाउने

किन

२. अमिलो परो नखाने

किन

३. अन्य

४०. बच्चालाई तोरीको सिरानी र कोको /भोलुङ्गोको प्रयोग गर्नु हुन्छ ? र यीनका प्रयोग सम्बन्धी विश्वास र अभ्यासका बारेमा केही जानकारी छ की ?

४१. तपाईंको आमदानीलाइ निम्न मध्ये कस्मा राख्न चाहनुहुन्छ ?

१. ५,००० सम्म.....

२. ५,००० भन्दा माथि.....

अमूल्य समय र सहयोगको लागि धन्यवाद !

Annex 3 Photographs



1. Sukri Expert exorcising Sukri



2. A metallic board written with 'Sukri is treated here'



3. A child with Sukri Pote around the wrist and Cowrie around the neck



4 Cradle made from bamboo -Korko



5. Dr. Shree Krishna Shrestha, going through the questions to be asked.