CHAPTER - I

INTRODUCTION

1.1 Background

Nepal is a country of villages. Administratively *t*he nation is divided into five regions, fourteen zones, 75 districts, 58 municipalities and 3915 village development committees. This means most of the people live in rural areas and most part of Nepal belong to rural areas till now. Nepal has a population of 2,31,51,423 and 1,15,87,502 female and 1,15,63,921 male according to the latest census of 2001. Among them, 1, 99, 23544 (approx 86 %) live in villages and 32, 27,879 (Approx 14%) in urban areas. The nation Nepal is situated in south Asia between the east meridians 80°4' and 88°12' and the north parallels of 26°22' and 30°27'. Nepal is bordered by India on the west, south and to the east and by Tibet region of the People's Republic of China in the north, so Nepal is a landlocked country. Its area is 54,718 square Miles (Bista 1996). Which is Nepal covers 0.03% of the whole area of the earth and 0.3% of Asia. (CBS Nepal in Figure).

Geographically the country is divided into three horizontal belts; Himal, Pahad and Terai. These three geographical belts have prevalence of three distinct socio-cultural systems. Himal (is also called Bhot), the mountainous region in the north, is sparsely populated by tribes akin to Tibetans in customs, habit, speech and belief; to the south of this lie the hills of Pahad, the very matrix of Nepalese history. The people living here were culturally identified as Nepalese; the name for the Gangetic plains or the Terai belt where people have affinities with those of the North Indian Plains (Dastidar, 1995:21, quoted by Rajbhandari 1998).

In the world, 57 percent people die from communicable diseases and 43% people die from con-communicable disease (WHO 1998, Coded by MTH Pokhara, 2005). The rate of communicable disease is high in developing country and non-communicable disease in developed country. In Nepal, every year many people die by the cause of communicable diseases. The causes are simple communicable diseases like diarrhea, RTI etc., which are simply preventable. The lack of awareness toward communicable diseases, demography of these diseases is high. The awareness is based on community, opportunity, ethnicity and culture also. Minor communicable diseases affect and kill people in rural areas and poor slums. The newer communicable disease like HIV/AIDS also helping to raise problems of communicable diseases. It is also affecting in managing tuberculosis and other communicable diseases.

Nepal is also a small landlocked Himalyan country having diversity of race/caste and ethnicity, region/ecology, language, religion, society, culture and rituals, which makes us culturally wealthy and world wide famous due to native place of the Gurkha brave, Mount Everest. The history of Nepal is history of synchronism of various cultures, languages, religions, ethnic groups, Castes and creeds. It is a model of Mosaic society. It means Nepal is a garden of ethnic tribes, castes and their cultures. The Constitution of Nepal 1990 explicitly declares Nepal as Hindu kingdom. But the constitution, however allows every one to practice the traditional religion of one's family. And after Janandolan II (revolution), of 2063 BS, the sovereign House of Representatives declared Nepal a Secular State on 18 May 2006 (Kantipur, 19 May 2006). It is also mentioned in Interim Constitution 2063. It means all religions and cultures are equal. Of the total population, 80.6% follow Hinduism, 10.7% Buddhism, 4.2% Islam, 0.5% Christian, 3.6% Kirats and 0.4% other in the year 2001 (CBS 2001). Though Nepal is a country of multilingual, multi-religious and multi-ethnic society, there is a myth prevalent among many people that Nepal is a land of ethnic harmony where Hindus, Buddhists and other all religions get along and the country has never suffered through any conflict or war. However when looked at from the perspective of land rights, one finds serious conflicts between upper caste Hindus and non- Hindus minority groups (Dastider, 1995:20 Quoted by Rajbhandari 1998).

Nepal, for its cultural complexity, is often referred to as 'the melting pot of diverse race and indigenous ethnic groups'. The scattered population of this small state of Nepal has more than a hundred different caste and racial groups confined to specific areas which have been differentiated on the basis of ethnic character, local dress, religion and linguistic affinities. By this fact, the belief on health awareness and consciousness’s also diverse. In rural area, health education is not easily available till now because they have not changed in knowledge, attitude and practice towards modern health services.

1.2 Statement of the Problem

Magars are backward not only in political, educational and economic sectors but also they have not been able to hold high level posts in government offices and reach at policy making level. This is the reason why they are backward in the health awareness towards communicable diseases. Various factors such as their simple mindedness, quick gullibility in others, contentment in rural life, disinterest in migration to accessible places, their nature of not seeking information and changes, lack of education and awareness are responsible for it. This is the reason why the researcher has tried to focus this study on those things that help bring a change in their consciousness. On the other hand, not sufficient studies have been carried out about rural Magars from the perspective of health awareness towards

communicable diseases. Except a few studies, the subject about the changes that have taken place in their health awareness due to modernization have not gained due attention till date. Therefore, the main objective of this research is to study positive or negative changes in their health awareness. The present study has focused on the following questions related with the research's subject:

(1) What is social and cultural history of Magar?

(2) What are the health facilities in their areas?

(3) What do they know about communicable diseases?

(4) What do they know about diarrhea diseases, sexually transmitted diseases, and skin diseases, Tuberculosis, Leprosy etc. and Vaccines?

(5) What do they have ideas about to prevent communicable diseases on the ground of local community?

(6) What are the health problems that Magars are facing due to their culture, customs and rural ness?

1.3 Objectives of the Study

The general objectives of this study are to explore health awareness towards communicable diseases among Magars of Kotdarbar VDC of Tanahun district. The specific objectives are:

(1) To analyze and document the culture of Magars.

(2) To examine health awareness towards communicable diseases among rural Magars.

1.4 Rationale of the Study

A landlocked country, Nepal is inhabited by various caste/ethnic groups. The different religions, cultures, customs, languages, feasts and festivals are found among the castes/ ethnic groups according to their settlement zones, castes and ethnicity. Nepal is economically poor and small in size. However, it is rich in customs, religions, cultures, rituals, languages and ethnic diversity. Here, it is not possible to develop the all aspects of a nation by developing only one caste. The emergence of national culture is due to fusion of various ethnic/caste cultures. So from the factual study of social, cultural, economic, educational aspects of

backward ethnic groups, the reality of the nation can be reflected. Equal development of all castes/ethnic groups helps develop the nation in all aspects in a balanced way. This kind of process will be helpful to increase health awareness and make them healthy. Health is the wealth of a nation. Hence, the main rationale of the study is to introduce Magars of the study area to the health awareness towards communicable diseases.

This is necessary for intellectuals, especially for the researcher of social as well as health sciences to know identity, social transition and health awareness of Magars. Such a study will give information about a particular ethnic group and their health awareness. It can be useful to compare with other castes of other places and to identify the diversity.

1.5 Organization of the Study

This dissertation consists of seven chapters, each with sub-topics. The first chapter is introductory part of the study. The second chapter is devoted to literature review. The third chapter deals with methodology of the present study. The fourth chapter includes introduction of the study area, geographic feature, climate, and the magars. The fifth chapter represents the findings and analysis of data about Socio-economic finding. The sixth chapter analyzes findings ands health awareness towards different communicable diseases. The last chapter includes the summary, conclusion and recommendations of the present study.

CHAPTER- II

LITERATURE REVIEW

The written books and literature about indigenous caste Magars are very few in number and not commonly available. So it is difficult to find out the problems, social and cultural changes, health awareness among Magars from the available books and literature about Magars only.

2.1 Theoretical Review

In Nepal, there have not been sufficient and reliable studies about rural areas and ethnic groups to diagnose their genuine problems. As a result, we have seen the failure of the national plan to develop villages. Early scholars such as Herbert Spencer and Emile Durkhim have applied the holistic approach to study such communities. In the West, E.B. Tylor, L.H. Morgan and later on Franz Boas, Margeret Mead, Ruth Benedict, James Frazer, and Hennry Summer mainly have conducted researches on the exotic ethnic tribal communities. The study of exotic communities is one of the fundamental bases of development of social sciences.

An equally popular view among intellectuals is to consider Magars as an indigenous tribe or ethnic caste, who mostly live in the Hilly region of Nepal. Generally, tribe means a collection of such communities occupying a common geographical area and having similar language and culture.

2.2 Review of Past Studies

Before 1950, Nepal was isolated from world community because of Rana regime's one- door policy. So, foreign scholars could not get a chance to study the ethnic/tribal communities in Nepal. After the 1950 people's movement democracy was established and the nation adopted open door policy. And many social scientists had conducted studies in the country. The first ethnic and tribal community study of Nepal done by C.F. Haimendrof and that it was about a Sherpa community of Solukhumbu district in the eastern Nepal. In his book (The Sherpas of Nepal, 1964), Haimendrof has studied agriculture, trade, tourism, as well as animal husbandry of Sherpas for their subsistence.

Among the scholars of Nepal, Dor Bahadur Bista had made a study on Nepali castes and caste system of the nation. He has written a book named "Sabai Jatko

Phulbari" about castes and ethnic groups of Nepal. The book was published in 2030 BS. In it, he has described about most of the castes and ethnic groups as well as tribes of Nepal. He went on bringing out new editions of the book and other new books on the topic. In this way, he made a considerable contribution to the castes and ethnic groups of Nepal

In " Sabai Jatko Phulbari (7^{th} edition)" Bista has mentioned different castes and ethnic groups of Nepal such as Bahun, Chheri, Thakuri, Newar, Magar, Gurung, Darai, Bote, Danuwar, Khas, Rai, Limbu, Sunuwar, Sherpa, Tamang etc. He has written briefly but realistically about their cultures, societies and rituals. In this book he has described indigenous caste Magar in the chapter of " Hami Magar" on page 52. In this chapter he has explained the social reality and culture of Magars. The scholar of Tanahun district, Dilli Ram Mishra has also mentioned about the ethnic caste, Magar, in his book 'Nepal Adhirajyama Tanahun' which was published in 2057 BS. In this book, Mishra has described in brief about Magar caste and their costumes, occupation, ritual aspects, culture and society in the topic "Magar Jati" on pages 533-536.

Nepal is a multi-lingual, multi-religious, multi-cultural and multi-racial Nation. From the perspectives of human origin, Nepal has habitants of mainly four families; Mongol, Arya, Astrik and Dravid. In the same way more than 60 languages are spoken in these four language families, Bhot-Burman, Indo-Aryan, Aastrik and Dravid. They follow Hinduism, Buddhism, Bonpo, Jain, Islam, Shikh and Christianity Religions (KC, Nepal Pakshik 16-31 Bhadra. 2057).

Of the Magar scholars, Dr. Harshabahadur Buramagar and Gopal Rokemagar have jointly made a study on the "Magar culture" and their research article has been included in "Nepalese Culture: Different Dimension, 2060 BS" published by Royal Nepal Academy Kathmandu. They have described Magar culture and society. In a similar manner, Such articles have also been published by other scholars in the journals and newspapers like *Kanung Lam, Lapha, Poonhill, Bimlik* etc.and bulletin of Magar associations. The scholar Dr. Kesharjung Baralmagar has studied Magars of Palpa, Syangj and Tanahun districts. His work is especially about Magar culture and society. His research dissertation was published in 2050 BS by Royal Nepal Academy, Kathmandu. He has also described Magars of Rishing and Ghiring areas. The then historical Rishing state is now in Kotdarbar VDC and its surrounding area. But he has not studied about health awareness of that area among Magars. Moreover, no detailed study has been carried out in the field of health in this Magar society. Therefore, this research has been undertaken.

There have been many attempts to define disease. Webster defines disease as "conditions in which body health is impaired, a departure from a state of health, an

alteration of the human body interrupting the performance of vital functions". Oxford English Dictionary defines diseases as "a condition of the body or some part or organ or the body in which its functions are disrupted or deranged". In ecological view, disease is defined as maladjustment of the human organism to the environment." From sociological point of view, disease is considered a social phenomenon, occurring in all societies and defined and fought in terms of the particular cultural forces prevalent in the society (Park, 2005, P 29). The opposite of health is disease.

The communicable diseases are those diseases, which can be transmitted from one to another via some route. It spreads from one person to another. Germs cause communicable disease. "A disease which can spread from one person to another person is called communicable disease"(Harding, 2051 BS, P 2). The meaning of communicable disease as "any disease that can be transmitted from one person to another. This may occur by direct physical contact, by common handling of an object that has picked up microorganism through a disease carrier of by spread of infected droplets coughed or exhaled into the air" (Harrison,1986). Communicable disease: an illness due to a specific infectious agent or its toxic product capable of being directly or indirectly transmitted from man to man, animal to animal or from the environment (through air water, dust, soil, water, food etc.) to man or animal (Park, 2005, P 86).

Before Louis Pasture (1822-1895), it was believed that the disease is caused by the supernatural element; this is called (a) supernatural theory. However in remote areas the concept is still found. When the Louis Pasture discovers the microorganism and Rober Cock (1882) discovered mycobacterium tubercle, causative organism tuberculosis then (b) Germ theory was innovated. The theory called every disease cause by germ. In 20^{th} century the cause of disease are multifactor, is called (c) multifactorial theory.

The communicable disease may be transmitted from the reservoir or source to a susceptible individual in many different ways, depending upon the infectious agent, portal of entry and the local ecological conditions. The mode of transmission of infectious disease may be classified as below.

A. Direct Transmission
    1. Direct contact
    2. Droplet infection
    3. Contact with soil
    4. Inoculation into skin or mucosa
    5. Transplacental (Vertical)
B. Indirect Transmission
    1. Vehicle-borne

2. Vector-borne (a) Mechanical, (b) Biological
3. Air-borne (a) Droplet nuclei (b) Dust
4. Fomite- borne
5. Unclean hands and fingers.

(Park 2005, P 86)

The communicable disease can be transmitted via (a) faeco -oral route eg. Cholera, typhoid, Hepatitis A, worm infestations etc. or (b) from air inhalation eg. Pneumonia, Tuberculosis, common cold etc, (c) direct contact of skin or Mucosa e.g. Scabies, lice, sexually transmitted disease, HIV/AIDS etc, (d) parental route e.g. Hepatitis B, HIV/AIDS etc (e) Placenta route e.g. HIV/AIDS, Hepatitis B etc when in pregnancy. The communicable disease can be prevented, if the community and individuals become aware of the mode of transmission and route of transmission. Among the dimensions of health, preventive medicine is one of the vital dimensions. It helps to reduce morbidity and mortality from the disease. The prevention is difficult, if the people are not aware towards the disease. In villages, most of the ill people suffer from the communicable disease. So, health awareness is necessary in the community to prevent communicable disease and reduce morbidity and mortality.

Most of the people of Nepal live in rural areas. Such places lack even essential health facilities and basic infrastructure of development, which make them backward and there are difficulties to make human life convenient. Most of the ethnic castes are also found in rural areas and they have distinct culture and customs. Magar is an ethnic with most of the population live in rural areas. Among the 16,22,421 population of Magars 14,88,064 (91.72%) people live in villages and 1,34,357 (8.28%) live in urban areas. (Population Monograph, 2003/ P.402). This shows most of Magars live in rural areas. In village their typical culture and customs are found. Due to habitation in rural areas, they lack health facilities and awareness to prevent diseases. The schools are good institutions to raise awareness. However, in village the educational institutional facilities are also few and difficult for children to go schools. There are insufficient public health workers to teach children and people.

Due to lack of awareness, epidemic spread of communicable diseases is high. In the context of rural areas, the mortality and morbidity from communicable diseases are seen hazardous. The spread of cholera, typhoid, Hepatitis A and other water-born diseases, which takes the form of epidemic, kill more people in villages. It is simple to prevent, if they have awareness to use clean water and boil water, proper use of toilets. Similarly, the mother and child get affected from tetanus because of the unsafe delivery, which can be prevented by regular health check up and use of vaccine during pregnancy.

The main occupation of Magars in villages is farming. They are involved in animal husbandry as well. Diseases can be transmitted with the contact of animals and soil. They keep pigs, eat pork and also sacrifice them while worshiping gods and goddesses. If pigs are not kept properly, it can cause of the transmission of water-born diseases and the pork, which is not cooked properly, can transmit tapeworms. The unhealthy food habit and low sanitation also increase the risk of transmission of communicable diseases. Today, the readymade foods having low nutrition, a pesticide is also supplied in villages. These modern foods substituting traditional nutritious dishes from villages, it helps to be under nutrition. Undernutrition will make a good environment in a man to transmit communicable diseases. And over use of pesticides also destroys ecosystem of the rural area and helps to born communicable diseases. To prevent such types of diseases health awareness is necessary.

In remote villages, young people go to urban areas of Nepal and Indian cities and other foreign countries to look for jobs due to low economic status. They separate family for long time in time interval they may contact with brothel or prostitute and may carry general diseases including HIV/AIDS. In Magar community foreign employment is a highly preferred occupation. Generally they serve in the foreign army and police forces mainly India, United Kingdom, and Singapore as well as in their own country Nepal's. Those who are not able to join the army or police also want to go to foreign countries for employment. If they can't do that, too, they go to Indian cities. Due to influence of money and conflict, migration in rural Magar towards urban is also increasing. Some ladies who migrate down town and not having any skill for survival or economic source they are compelled to work in restaurants, massage centers, hotel, and brothers. And when they return in village,they transmis STD and HIV/AIDS. On the other hand, Magar villages also lack basic infrastructure of development and safe drinking water. They are also one of the disadvantaged indigenous nationalities. So, they are backward, especially in rural areas.

WHO (1995) mentions in Nepal “Towards the Healthy women counseling Guide “ that the burden resulting from mental and behavioral problem is as significant in developing countries as it is in industrialized countries. Yet in many developing countries, many patients suffering from mental disorders and related problems are not recognized, and therefore do not receive adequate treatment or intervention. The situation in developing countries or among underserved population is even more alarming for women than for men. Women are integral part to all aspects of society. Yet the multiple roles that they fulfill in society render them at grater risk of experiencing mental disorder that other in the community women bears the burden of responsibility associate with being wives mothers and careers of others. Increasing women are becoming an essential part of the labour force and in one quarter to one third of households. In addition to the many pressure placed on

them, women must contend with significant gender discrimination and the associated factors, of poverty, hunger malnutrition, overwork, domestic violence and sexual and reproductive violence. Failure to address women's health and mental problems has been damaging social and economic consequences for communities. The study of WHO on strategies for extending mental health care has found that 10-20% of a sample of primary care attainders in developing countries such as Colombia, India, Philippiness and Sudan suffered from depression.

Medical sociology is a specialization within the field of sociology. Its main interest is in the study of health, health behavior and medical institutions. As a specialized field, it was first proposed by charles MCIntire in 1894. Illness is viewed not only as a medical problem but also as a psychological and social problem. Medical scientists are increasing turning their attention to the study of social behavioral and cultural factors of illness. A successful doctor must possess knowledge of the community and the factors which affect the health of the community (Graforrem and Antic, 1998).

With the increase number of AIDS patients health care cost will also increase and it will put added pressure to the already fragile health care service. Today's HIV disease the AIDS and will occupy the beds of already overburdened hospitals. HIV associated TB patients will also put additional burden on hospital service. The growing number of AIDS orphans and widows may create serious strain on social safety net programs. (SAARC, 2004)

The contents of all training programmes of the National Health Training centre under the ministry of Health include components of reproductive health, in varying extents according to the level of trainees and duration of the training though sex education contents have not been specially mentioned. For example the training centers for MCH workers includes reproductive organs and their function Menstrual cycle, conception ovulation, fertilization, health of children under five years of age and general information about AIDS and STD, (MOH, 1998).

For prevention of the origin and transmission pattern of communicable diseases should be know by rural people and should be change in their knowledge, attitude and practice. To change KAP the awareness will be helpful. The sufficient education, development of rural community, decentralization, right of self-decision, removing top to bottom planning for development, removing corruption in health and all sectors of government, making responsible for civil servants, workers and leaders of country, removing depth between village and city, rich man and poor will play vital role in increasing awareness among rural people. The increase of awareness and prevention of communicable disease will be easy. Otherwise, it will be only a dream.

Simply, health awareness programmed and developing modern health facilities in rural community will be prevent them from communicable diseases. The awareness towards communicable diseases should be started from the school level. From the government level, school should be made compulsory for all children. Adult education and school education should be in ground not in paper. Developing awareness towards communicable diseases, prevention of communicable diseases will be success.

Health is a common theme in most cultures. In fact, all communities have their concepts of a health as a part of their culture (Park,2005, P.13). The oldest definition of health may be "absence of disease" which is used frequently. However, its dimensions are broad in modern age. In Oxford Dictionary the meaning of health is given as -"soundness of body or mind that condition in which its functions are duly and efficiency discharged." The latest, broad and positive definition is given by WHO as "Health is a state of complete physical, mental and social well being and not merely an absence of disease or infirmity"(WHO, 1948, coded by Park 2005, P 13).

Most of communicable diseases are preventable. Prevention is better than cure. The remote areas of Nepal lack many modern facilities like safe drinking water, electricity, telephone, media, education, hospitals and health facilities etc. The infrastructure of modern facilities are not availble also has lack. The rural people have no good source to become awareness towards communicable diseases. There are lots of NGO,INGO, and government wings working sector, however the only few programmers are lunched in villages and most of the budget of villages is spent in the capital and city areas in the name of rural people.

Prevention of communicable disease is simple to become aware of it. Awareness helps people be healthy. Awareness changes knowledge, attitude and practices and people. For example young guys of village go to Mumbai or other Indian cities to employment and economic support for their family. They are separated from the family. During this time of separation they have sexual relationship with prostitutes of the brothers, and become. This is due to lack of awareness about safe sex victim s of STDs or HIV/AIDS. If he has awareness he would be safe sex.

CHAPTER- III

RESEARCH METHODOLOGY

This chapter is a brief discussion of the methodology employed to collect relevant quantitative and qualitative data needed for the present study, and analysis of data is made focusing on how the research design was formulated, how the sample was obtained and how different types and technique of data collection and analysis were used.

3.1 Selection of Study Area

Kotdarbar VDC of Tanahun District has been selected as the study area because this area is rural till now. (Though Prithwi highway passes through the Tanahun district). The following criteria were used to select Kotdarbar VDC of Tanahun district as a study area.

(I.). The study area has been selected because it is a Magar dominated place in terms of people. Study area is selected on the ground that the respondents will be more helpful in interview and observation.

(II). This area is still rural and it has no sufficient modern facilities. This area is also a native place of indigenous caste Magar and the population density of Magar is high.

(III) Moreover, sufficient studies have not been carried out so far about Magars of this area in connection with their status of health awareness towards communicable disease.so a native place of indigenous caste Magar and the population density of Magar is high.

3.2 Research Design

Only a few researches have been carried out about rural Magar community so far. To do additional description about Magar's culture's unknown facts, exploratory and descriptive research design are essential. So, exploratory and descriptive research design has been used for the study.The descriptive research design describes the general pattern of Magars Life, their rituals, socio-economic and health condition, social and health organizations. The exploratory research design explores the socio-cultural, educational and occupational aspects, services and health awareness etc.

3.3 Sampling Procedure

For the purpose of the study it was not possible to get the census of the Magars population of the study areas owing to the specific time and budget. Therefore, respondents were selected by using the random sampling method.

According to CBS 2001, the population of the Kotdarbar VDC is 6,346. Among them 2,850 are male and 3,496 are female. The total household is 975. The "Universe" includes all the households of Kotdarbar-6, (Raithok, Ghiringthok, Kanchhe). In Kotdarbar-6, there are 94 Magar households. Among these Magar households, 50 households were taken for study using random sampling method. The total population was 327 among them 161 were male and 166 were female. Six persons were selected purposively as key persons who had thorough knowledge about the Magar community.

3.4 Nature and Source of Data

The data for this study were both primary and secondary in nature. Primary data were collected from the fieldwork. These were collected through the personal contact with the respondents, key informants from the study site and the observation of their customs from the site.The secondary data were collected from the municipality record, district profiles, NIFIN Profiles, Central Bureau of Statistics, Various literatures, journals, newspapers and reports related to Magar from various organizations and library method.

In order to check the factual information, an attempt has been made to cross check the information obtained by asking the same questions to other respondents.

3.5 Data Collection Techniques

In preparing dissertation, various sources were used for data collection. The main sources were primary data collection and secondary data collection.

3.6 Primary Data

The following techniques were used for primary data collection at the research site.

3.7 Interview

Both structured and unstructured interview were used to collect data. It was chosen for its flexibility to provide opportunity to know the opinion of the

respondents. Interview method was also used during the household survey

3.8 Observation

Observation was used to collect information on cultural activities such as marriage ceremony, birth ceremony, death ceremony, *Rodi*, *Kaurha*, feast and festivals etc. The researcher has observed housing, toilets, sanitations, animal shed, Drinking water, food habits, traditional health practices, habits related to communicable diseases, type of fashions, customs, life style etc.

3.9 Interview of key Informants

This technique is also used to collect information. The persons, having knowledge about Magars were selected as key informants. By interviewing them, the information about the history of Magars, present and past socio-economic condition, changes, ritual aspects, health practices, health facilities, traditional causation of diseases etc. were gathered. For this purpose a check list was prepared. Both structured and unstructured interviews were taken.

3.10 Household Survey

The household survey was conducted by means of a set of questions and observation ceheck-list. Both qualitative and quantitative information such as age, sex, education, occupation, knowledge towards communicable diseases, health practices and socio-economic character of the house hold were collected from the house hold survey.

3.11 Secondary Data

The secondary data were collected from District health office, district profiles, NIFIN Profiles, Nepal Magar Sangha, Central bureau of statistic, various literatures, journals, newspapers and reports related to Magars and health from various organizations and library method.

3.12 Data Processing and Analysis

All the data collected through various techniques and sources were put together to be processed with a simple tabulation. Data were split into separate section according to their nature and put into different groups and then were analyzed accordingly.

Geographical setting of the research area and information of the family structure,

housing condition, feasts and festivals, rituals, culture and customs are descriptively analyzed. Information obtained on marriage, education, population composition, economic status, income and expenditure has been descriptively and statistically analyzed. The statistical tools and techniques used in the study are very simple. All the required data are analyzed and presented in a simple form.

3.13 Reliability and Validity of Data

The researcher has studied himself and used the accurate data obtained from the field work, questionnaire, interviews and other related secondary sources. For the reliability of primary data the research has been done through interviews, questionnaire, observation with the researcher's active spot participation in Kotdarbar VDC and interviews were taken with the Magar people, who were above 18 years in age. The researcher had supervised himself regularly for the factual data. Test and retest were frequently carried out with the key informants on the basis of the sample house holds.The logical validation was followed on the basis of common sense and theory. The reliability and validity of the data of dissertation is bound to the measurement instrument applied during the research period.

3.14 Limitation of the Study

Each and every social research has some kind of limitations. Likewise, this study is too not an exception. The limitations of this study are as follows:

(I.). This study has been done in Kotdarbar VDC of Tanahun district, which may not reflect the health awareness towards communicable diseases, and socio-cultural status of the whole Magars communities of Nepal and findings from research may not be applicable to the whole community of Magars.

(II) Magars people are scattered in many districts of Nepal and has a large population size. This study covers only a very small population size. These data from this small size of population may not represent all Magars in Nepal.

(III). The study has been emphasized on water borne diseases, vector born diseases, STIs especially awareness to prevent them and other diseases are kept in minority.

(IV). The study was primarily conducted for the partial fulfillment of the Master's Degree in Sociology for the Department of Sociology and Anthropology Prithivi Narayan Campus, Pokhara. The researcher being a student was handicapped by time, methodology, as well as economic factors. This study could not be wider in its perspective. So, not being professional one, the dissertation might suffer from some methodological weaknesses.

(V). The study has been conducted focusing on only subject health awareness towards communicable diseases among the Magar ethnic based on Kotdarbar VDC of Tanahun district.

CHAPTER- IV

THE SETTING: PLACE AND PEOPLE

4.1 Tanahun District

4.1.1 Introduction

Tanahun district is rich in indigenous ethnic cultures, customs, their life Pattern and ethnic diversities. It may be a laboratory for social research due to these diverse culture and caste and ethnicities. Tanahun district is situated in the mid of the hilly region of Nepal. This is one of the districts of Gandaki zone which lies North-South region of the zone. According to geographical division it lies in the mid of the (Pahad) hill (Mishra 2057 p 1). Tanahun lies neither in Terai nor it is touched by the mountain (Himal) . It lies between inner terai and north Pahad and geographically spread in between east meridians of 83º50" and 84º34", north Parallels of 27º44" and 28º08" (Mishra 2057 P 3). The total area of this district is 1546 square km and the range of height is 200 meter to 2325 meter from the sea level (Tanahun Bastugat Bibaran CBS kaski).

The land situated lower than 1220 meter from the sea level is called low land or *Beshiphant* or *tar pradesh.* The density of population was very low in this low land area before malaria eradication programme. However, from the begging in the past Darai, Kumal, Bote and Majhi etc were the inhabitants in these dangerous low lands area. After the introducing modern medicines and development of infrastructure of road and other facilities density of population has risen due to migration from higher altitude to low and plain lands. The main Plain lands or phant and tar of Tanahun are Naudi Phant in the south region, Khalte, Kalimati, Baisjangar, Purkot, Dordor, Chundi, Badahare, Turture, Phaundi, Chambas, Bahrabise, Dumre, Satrasaya, Nahala, Maibal, Majhuwa, Sange, Damauli, Buldi, Gunadi, Tharpu, Bhimad, Bandipur, Dumrebeshi, Gopha, Keladi, risti in the east region, chhabdi, Yampa, Kalesti, Naranga and Sukhaura etc. (Mishra 2057 p 4).

The border of Tanahun district is in east Gorakha and Chitawan, in west Syangja, in north kaski and Lamjung, in south Palpa, Nawalparasi and Chitawan districts. In the east of this district the river Marsyngdi and trisuli, and in the south Kali Gandaki work as the natural border and separate district. Seti and Madi rivers flow from almost through mid land of this district (Water and Sanitation profile of Tanahun 2061, Part 1 P18).

Tanahun is located 110 km west from the capital city Kathmandu and 19 km east from the city with natural beauty Pokhara. It is 62.5 km long from east to west and 43.7 Km wide from north to south and in average 52.8 km and 33 km respectively. In topographic map of Nepal, Tanahun holds the 38th Position when counted both from east and west. The highest altitude of Tanahun is Chhimkako lek 7000 ft.; lowest altitude is famous religious site Dewaghat at 735 ft. (Mishra 2057 p2). Total area of the district is 1546 square km. It covers 2.05% of the total land of Nepal. Politically and administratively the district is divided into three constituencies, 46 village development committees and one municipality.

4.1.2 Population

According to the national census 2001, total household of Tanahun district is 62,825 and total population is 3, 16,127. The sex composition of population is 1, 46,644 male and 1, 69,483 female.

4.1.3 Ethnicity/Caste

Caste diversity is found in this district. The highest Population of caste/ethnic is of Magar. There is also diversity of geography, so there is diversity on social, cultural and economic aspects, too. The caste wise population of Tanahun district is mentioned in Table 4.1

Table 4.1: Ethnicity/Caste wise Population Distribution of Tanahun District

SN	Caste/ethnic	Population	Percentage
1	Magar	82,193	26
2	Braman	44,890	14.2
3	Gurung	41,413	13.1
4	Chhetri	36,038	11.4
5	Newar	26,871	8.5
6	Kami	21,812	6.9
7	Damai	12,328	3.9
8	Sarki	12,012	3.8
9	Thakuri	6,955	2.2
10	Kumal	6,322	2.0
11	Muslims	3,477	1.1
12	Darai	2,845	0.9
13	Sanyasi	2,529	0.8
14	Tamang	2,213	0.7
15	Other	13, 884	4.5
	Total	3,16,127	100

Source: - National census CBS 2001

In Tanahun district there are 15 ethnic/castes registered in Nepal Aadibasi Janajati Mahasang Tanahun. All of their number of population is not identified such caste are nine ethnic/castes as Bote, Dura, thakali, Chepang, Kusunda, Rai, Limbu, Baramu and Bhujel .The table 4.1 shows the ethnic/castes of Tanahun.The main indigenous ethnic/castes are mongoloid district. Indigenous nationalities comprise 53 percent of total population. Bramin, Chhetri and Thakuri covers approx 28 percent and Dalit 14 percent and the rest belongs to other castes. The categorization of indigenous ethnic group is shown in table 4.2. It is based on human index published by various organizations and NEFIN.

Table 4.2: Classification of Indigenous People of Tanahun

SN	Class	Ethnic/Castes
1	Endangered Group	Kusunda
2	Highly Marginalized Group	Chepang, Bote and Baramu
3	Marginalized Group	Tamang, Bhujel, Kumal, Dura and Darai
4	Disadvantaged Group	Magar, Gurung, Marphali Thakali, Rai and Limbu
5	Advanced Group	Newar and Thakali

Source: NEFIN Tanahun, Aadibasi Janajati Sanskritic Mahotsab 2062 BS

4.1.4 Religion

The situation of religion of Tanahun District is shown in Table 4.3. The table shows that most of people follow Hinduism. This means Tanahun is influenced by sanskritization. *Bhanubhakta's Ramayana* has played a role for *sanskritization*. It is natural; Tanahun is the birthplace of Bhanubhakta. He translated the *Sanskrit Ramayana* into Nepali. The distribution of population according to religion of Tanahun district is mentioned in table 4.3.

Table 4.3: Situation of Population of Tanahun According to Religion

		1991		2001	
		Population	Percentage	Population	Percentage
1	Hindu	2,51,597	93.82	2,87,675	91.00
2	Buddha	13,518	5.04	22,128	7.00
3	Muslim	2,207	0.82	5,374	1.70
4	Christian	591	0.22	632	0.20
5	Other	262	0.10	318	0.10
	Total	2,68,175	100.00	3,16,127	100.00

Source: National Census CBS 2001.

4.1.5 Language

Most of indigenous people of Tanahun speak mother tongue. The northern region's

magars of this land do not speak their mother tongue, where there was Tanahunsur state before the unification of Nepal.The Magars of southern and other region speak their mother tongue well. Nepali, English and Hindi influence mother tongues of all ethnic groups of the district, and there is even no primary education in mother tongue in this district. Schooling starts with the Nepali or English language. The situation of mother tongue is presented in Table 4.4

Table 4.4: Population Demography According to Mother Tongue of Tanahun

		1991		2001	
		Population	Percentage	Population	Percentage
1	Nepali	1,68,943	63	2,02,3021	64
2	Magar	47,514	17.3	54,057	17.1
3	Gurung	25,872	9.6	30,032	9.5
4	Newar	13,778	5.1	15,806	5.00
5	Rai/Kiranti	4,707	1.75	4,742	1.5
6	Darai	2,247	1.0	2,212	0.7
7	Tamang	1,298	0.5	1,586	0.5
8	Other	4,714	1.75	5,317	1.7
	Total	2,78,073	100	3,16,127	100

Source: National census CBS 2001.

4.1.6 Roads

The Prithwi Highway passes through almost the mid land of Tanahun district. It Muglin - Kotre sector is in this district and its length is 72 km. The road to Beshisahar of Lamjung runs from Dumre and to Gorkha from Anbukhaireni of the district. By passing through Prithwi highway and development of branch roads, and other village connecting raw roads (Non-graveled or Dhule road) opens the way to develop urban infrastructure and urban society, which help create modern age and modernization. This is a reason for social changes. According to census 2001, the urban area of the district is 9% and the rural area 91% (Population Monograph of Nepal 2003 Ktm p 388).

4.1.7 Education

Education is necessary in human life. It opens the way to survive in modern age by enabling us to face today's challenges. Education accumulates human knowledge and discharges it when needed. Education helps for social changes. Literacy rate of Tanahun, according to census 2001, is 62% of which male literacy is 72.6% and that of female 53.0%. The situation of schools and campuses are shown in the following table:

Table 4.5: Condition of School/ Campuses of Tanahun District

SN	School/Campus	Government	Semi-Gvmt/ Public	Private	Total
1	Primary (1-3)	179		8	187
2	Primary (1-5)	218		20	238
3	Lower secondary	54		5	59
4	Secondary	75		21	96
5	Higher secondary	8		4	12
6	TechnicalCampus/ School			1	1
7	Campus		5	2	7
	Total	534	5	61	600

Source: District Education Office, Tanahun 2006.

4.1.8 Health Facilities

Health is wealth, for sound economic and social stability of a person; she/he should have physical, mental and social well being. The condition of health facilities is shown in the following table:

Table 4.6: Condition of Health Facilities in Tanahun District

SN	Health facilities	Government	NGO/INGO	Private	Total
1	Sub-health post	31	-	-	31
2	Health post	13	-	-	13
3	Primary health centre	1	-	-	1
4	Hospital	2	1	2	5
5	Nursinghome/research centre	-	-	-	-
	Total	47	1	1	50

Source: District Health office Tanahun 2006/2007.

4.2 Kotdarbar Village Development Committee

4.2.1 Historical Background

This Kotdarbar VDC was under the Rishing state before unification of Nepal. At the contemporary time, there was existence of Ghiring, Rishing, Bhirkot and Tanahunsur states in present Tanahun district. Kotdararbar VDC lies in the Hilly region and to the southern part of Tanahun district. The meaning of 'Darbar' is palace and 'Kot' is the house where government weapons are kept or the place of sacrifice (Nepali brihad sabdakosh 2055 p 252). The old people informed that in ward no 6 of this VDC, there was a palace of king when there was free nation. Later on the palace was converted into Durga Bhawani Mandir.

The VDC is rural area. There is no sufficient electricity facility. Only from community level Likindi Khola micro hydro project produces 22 KW electricity and it electrifies the entire ward 5 and most parts of ward number 4, 6 and there are no sufficient telephones. To reach this area, it takes three to five hour journey on foot from the district headquarters Damauli/ highway. Recently there is a earthen (kachchi) road called Shringapath, which connects Bhimad and Bhirkot via Kotdarbar VDC. However the journey via the vehicle is not also comfortable. It takes about 3 to 4 hour journey by bus from Damauli too. In rainy season the service is disturbed. The road is very narrow. The education facilities are also poor.

4.2.2 Location

The eastern boarder of the Kotdarbar VDC is Kahunsivapur VDC, western boarders are Ramjakot VDC and Ranipokhari, the southern boarder is Bhirkot VDC and northern boarder is the Seti River across which are Jamune VDC and Vyas Municipality..It lies between inner Terai and north Pahad.

4.2.3 Climate

Kotdarbar has a sub tropical climate almost like other hill. Due to hilly region in higher altitudes (Lek) cold climate and in low altitude (Benshi) hot climate can be found. Generally it is cold in December, January and February. In this season temperature falls down. From March temperature rises and reaches maximum level in June or August. March, April and May become windy, stormy and fall hailstones in this season. In June, July and August, it rains heavily due to monsoon. September, October and November is dry and sunny, however temperature starts to fall.

4.2.4 Land

Most of the land of Kotdarbar is terraced and sloping area. The lands of VDC are *Kharka, Bensi*. Plain lands can be found in *kharka* and *Bensi*. For agricultural purpose sloppy lands are dug and make to plain level called Bari and khet. Almost all the land is faced southern and so sunny.

4.2.5 Flora and Fauna

Kotdarbar VDC has sub tropical climate. So in this land *Sal, chilaune, katus, simal* etc can be found. Bamboo, Nim, Bel etc. are also found. Tropical fruits like, mango, jackfruits (katahar), pineapple, guava, lichhi, naspati, banana etc are

common. In high altitude sallo, rhododendron etc can be found. In these places orange, citrus fruits are also common.

Birds are plentiful and reptiles like that of the mountain and Terai are also found. The wild animals like tiger, chitah, jackle, deer,fox etc can sometimes be seen in the jungles of Kotdarbar.

4.2.6 Education

Education is the light of life. It takes man from darkness to light and makes him able to understand the world and society. It helps to raise awareness & teaches about his/her rights and responsibilities. It helps to make life comfortable and peaceful with the aid of knowledge, science and technology. It also increases health awareness and helps to keep healthy life.
There is no college. There is a high school and a lower secondary school from the community level, and seven government-aided primary schools. The schools infrastructure is very poor. The infrastructure of schools are built by the local community. The teaching medium of is Nepali and children use Magar languages.

4.2.7 Health Facilities

Health is a basic need in human life for sound living and working. For health facility there is a sub health post. At Present, the sub health post is run by auxiliary health worker (AHW). Nepal health posts are not reliable because they do not provide service 24 hours due to lack of staff. So, people of VDC have to carry patients to district headquarter or Pokhara to treatment. The ambulance is not seen there, patients are carried to hospital by using *Dola* or *Doko.*

Shamanism and witchcraft are also practiced in the VDC. The traditional healer also used herbs for treatment. Shaman also see patient and treat by using herbs and sacrificing chicken, pig, goat etc by naming evil and god. These days, some sshamans are referring their patients to hospitals in severe cases. There are two private medical shops (Naya Chaupari and Gothadi) in their habitant. Generally, low qualified or quake are found in village. The higher qualified medical workers are not found in village.

4.2.8 Water Supply

Water is essential for living being. Without water imagination of life is impossible. Human being is a civilized, advanced and social living being. In human body more than 60% of bodyweight is occupy by water. Water is needed for drinking, making food and taking, for personal hygiene and sanitation.

Water is also the cause of transmitting communicable diseases. Unsafe water can

transmit diarrhoea, typhoid, cholera, viral jundice, worms, gastro-enteritis etc. and infection in digestive system and other various diseases.Kotdarbar VDC is hilly region. The sources of water are few in high altitude. In this VDC settlement of village are found above the water source. It may risk in rainy season, the human and animal excreta can go in water source through rain. It may transmit communicable diseases.

Most of the villagers are depending upon natural source of water (eg. well, stream etc). The pipeline water also supplied all over the VDC except ward no three. But pipeline water supply cannot cover all people. It is also not reliable due to long distance sources that damages pipelines which makes the pipe leak. People who live in high altitude there is no choice to bring pipeline water. There is obligation to use natural sources. For civilized human, 200 litre water is needed per day. It is impossible to fulfill this requirement in the contents of VDC resources and planning.

4.2.9 Disposal of Human Excreta and Sanitation

To keep well sanitation of house and surrounding environment, excreta of human being as well as animal excreta should be properly disposed. In excreta may contain larva, ova and infective agents of communicable disease. If the excreta come in contact with water source, disease may spread all over the village. Other side, the vectors (eg. Flies, cockroach etc) can also transmit the communicable diseases from not properly disposed excreta.

In the context of VDC, few household have temporary toilets i.e. pit latrines. Some places insufficient of water to use latrine and keep sanitation also. Most of the families have no toilets. They defecate and urinate in open field. It is risk that the excreta may flow by rainfall to lowlands or ravine (kholsa), where source of water found. From this, transmission of communicable disease (eg. water- born diseases) may occur. This is also getting challenging to keep sanitation.

4.2.10 Pig-lets and Animal Husbandry

Magars of this area are farmers. They keep pig, buffalo, goat, chicken, duck etc animals. All of the Magars are keeping pig in the house at Kotdarbar VDC. Pigs are needed in feast and festivals and also worship. The pig-let are observed near from house and in some house hold keep openly with out pig-let also. The sanitation of piglet and animal husbandry was observed low quality. The houses are so near the vector flies; cockroach etc can stay excreta of pig and animals and can easily go to the kitchen and touch food.

The pig excreta and cattle excreta also have egg, larva and agent of infective

organism. If the excreta contaminate water source or food there will be chance to transmit communicable disease. So, excreta of pig and animals should be disposed properly and can be properly made biological fertilizer.

4.2.11 Size of population

According CBS 2001, the population of the VDC is 6,346. Among them 2,850 are male and 3,496 are female. The total household is 975. (Central Department of Statistics 2001).

4.2.12 Caste/Ethnicity, Language and Religion

The VDC is Magardominated in population and language. According to Census 2001, 5058 are Magras, 44 are Bramhin 260 chhetri, 341 Kami, 116 Damai, 94 Sarki, 157 Newar and 276 others.

In this VDC 5,009 people have Magar as mother tongue, 1,163 Nepali, 157 Newar and 17 other language? (CBS 2001)

Generally Magars are the worshiper of nature. Colonel Kork Patric has mentioned that Magars were not Hindu. However, in Kot Darbar Most people are Hindu according to census 2001, the 4,975 people follow Hinduism 137 people are Buddhist and 1 person follows Christianity. (CBS 2001)

4.3 The Magar

4.3.1 Historical Background of Magar

A. Introduction

In general Nepal is a garden of different ethnic tribes, castes and cultures. Realizing this fact King Prithwi Narayan Shah said 200 years ago – “Let every one realize that it (Nepal) is the common garden of four Jats (castes) and thirty six vernas (Sub-castes)". According to the census of 2001, there are more than a hundred castes of ethnic tribes. Of them fifty-nine indigenous nationalities are registered in Nepal Aadibasi Janajti Mahasang (NEFIN). This means here are lots of varieties of flowers which are flowering in this country behind the shadow of big trees and dense forests, by getting small amount of sunlight and heat. In such circumstances Magar is an indigenous ethnic tribe, which is crawling to survive in rural areas towards modern age. Magars are registered in Adibasi Janajati

Mahasang and they are kept in category four (d) which is called subidhabihin samuha (dis-advantaged group).

Magars occupy the third largest place by population in Nepal according to census 2001. They live all over the country like Brahmin and Chhetris. Magars also live in India, Bhutan, Burma and other countries. The major dense population of Magars is found mainly in between Gandaki and Karnali regions. "More than 60 % Magars live in western hilly region. Of the western hills, the population of Magars is centered in Palpa, Gulmi, Arghakhanchi, hilly VDC of Nawalparasi, Syangja, Tanahun, Baglung, Myagdi, Gorkha, Rolpa, Rukum and Surkhet." (Dr. Kesharjung Baralmagar, 2063, poonhill P. 5). "Nowadays Magars also live in Terai by farming as other hilly people. However, they have been living in hills since long and feel easy." (Dorbahadur Bista, 2030 Sabai Jatko Phulbari 7th edition P 52). 'The area between Gandaki and Karnali is Magar's territory and is called Bahra Magarant. From this point, the famous Magar habitants are present Tanahun or Rishing, Ghiring, Bhirkot and Gandaki region since the time of Chaubise states time which are now in Tanahun District. (Mishra 2057 P. 533)

Magars are Mongoloid in Physique. They have own language, which is categorized in under Tibeto-Burman language family.(Dr. Harka Gurung, 1998, P 66). Magars are categorized into three groups according to language- Kham, Magar and Kaike. And Magars are categorized into Athar Magar and Bahra Magar (Dr. Baral, 2050 P.3). Generally Athar Magars speak Magar-Kham and Kaike language and Bahra Magar speak Magar-Dhut. One and a half decade ago Chhantyl was also counted as Magar tribe. However, today they claim themselves to be another tribe that is different from Magar. Their marriage and kinship, culture and society are equally tied in Magar family. Separation of Chhantyl is influence of 'divide and rule'. "Specially, Magars are simple minded, laborious, honest, and delicious and pleasuring in nature and as well as backward caste. They are strict in their tradition and culture. They do not fail to celebrate and follow their culture and tradition although they should take debt for it. Which is a obstacle for uplifting social status of Magars (Mishra 2057, P. 534)

The origin of Magar is difficult to trace. However, different scholars have put forth different probabilities trying to locate the origin. It is certain that, their native land is Nepal and they are aborigine. In history Magars had their own nation and system. These realities of Magar's were have been described by Hamilton & Kork Patric in their books written in the 18th century. Before, unification of Nepal there was Magar's states. Today most of Magars believe Thakuri are clan of Magar and in some places the dynasty worship is performed in the same place and in some places their faces also resemble. The Thakuris are offspring of ancient kings. This is also proved that they had own nation in past. "In earlier days, Magar's own nations were in between Karnali and Gandaki regions

when there was existence of small hill/small states" (Bista 2030, P. 52).

Houses of Magars in rural villages are made of stone, mud, clay, bamboo, furniture and most of the houses have thatched roofed some made from tin (karkat pata) roof. Most of the Magars adopt agriculture as their main occupation. They are also serve British, Singapore and Indian Army forces. In village most of them survive from the pension. They also join Nepal Police and Nepal army as well some people adopt masonry, carpentry. They are also skilful in handicraft. In the past, Magars also worked in mines. Later on the Rana regime discourages it. Today Magars are involved in all fields. However, at higher level and policy making level their presence is not significant. It is because they live in villages and are not educated enough.

Population: The total population of Magars is 16,22,421 and it covered 7.14% of the total population of Nepal according to census 2001. Among them 7,70,116 speak mother tongue. (Dr Harka Gurung, Social Demography on Nepal census 2001 P.47). Among the population of Magars 14,88,064 people live in villages and 1,34,357 live in urban areas. (Population Monograph 2003 p 402). This means most of Magars live in rural areas.

Religion: Generally Magars are worshipper of nature. However, in census 2001 shows most of the Magars under the influence of Hindu religion. Moreover, they follow other religions that are practiced in Nepal. The following table no 4.3.1 shows the situation of the religion of Magars in Nepal.

Table 4.7: Population Distribution of Magars according to Religion

SN	Religion	Population	Percentage	SN	Religion	Population	Percentage
1	Hindu	12,10,276	74.6	2	Buddha	3,97,036	24.5
3	Kirat	2,789	0.17	4	Christian	8,314	0.5
5	Sikha	253	0.02	6	Jain	58	0.004
7	Bahai	31	0.002	8	Other	3664	0.28
Total						16,22,421	100

Source: Population Monograph of Nepal, Vol 1, National planning secretariat, CBS KTM, Nepal 2003.

Their unity is seen in social functions and worships of gods and goddesses. They actively take part in *Bheja* and other worshipping functions.

Dress and ornaments: Magars have their own traditional cultural dress. Generally male wear *bhoto, kachhad, Stakot* and Nepali *topi* where as females use *gunyu* and *cholo, patuka* and *pachheuri* with traditional ornaments. Women put on

gold and other jewelries as much as possible. Today, young generation and urban Magars are influenced by the modern dress and ornaments.Magars are aborigine of this land. They live here from the time. In Past they have their republic nation in this area called Baise and Chaubise state. "In earlier days, Magar's own nations were in between Karnali and Gandaki regions when there was existence of small hill/small states" (Bista 2030, P. 52).

B. Historical Background

Magar had a vital Role to unite Nepal during the rule of Nepal. The most armed force and other diplomatic personnel were Magars Shah. After unification Magars were security personnel of newly won land and they settled down and spread all over the country.

In the war with east India Company, Magars shows their braveness on all battle fields including Nalapani killa. By there brave, United Kingdom also impressed. After treaty of Sugauli, they took Magars for their national security. Due to their braveness and honest, they made Gurkha Forces. In first and second world war they showed brave and honest. They involved all over the world. They respect brave and honest, then gave Victoria Cross. During the world war, the Magars who don't want to return or become out of contact from British army they settle down where they were. Magars of malasia, Burma, Thailand, European country etc. where Magars found they were migrated in the world war.

In democratic movements of Nepal, Magars have played great role. The first martyr Lakhan Thapa was Magar. Magars were involved in democratic movement from rana government to till now. They had great role in Revolution of 2007 BS, and other revolution of Nepal. They have also vital role in people, war as well 2063 BS. But, due to their honesty and simple mindedness they are backward in leading and governing. All the movement and armed movement, the role of Magars is accepted with in party, after revolution leaders make them victims of divide and rule.

C. Origin of Magar

The origin of Magar is not known. Lots of hidden mystery’s and facts about the origin of Magars are yet to be discovered. Their history is confined to oral folktales and some in written form. The written form is not clear; Scholars are Magar must be long were related to this land. There might have been destroyed or distorted because they were defeated in politics. This is the reason why it was not possible to specify their origin. However, some popular belief and possibilities is came to be known during the researchers study are as follows.

(I). Magars believed in incantation doctrine. This was not any theological philosophy and it was only a belief. Influence of incantation in Nepal and Bhot was big. It had great influenced Buddha and Hindu Theology. From this, it is evident that Magar were come here from the north and settle in this land before Buddha or before human settlement in Kathmandu Valley. (Khildhoj Thapa 2036 p 7-8) Magar jati Ek Aitihasik Ruprekha, Serophero Barsa 1, Anka 1, Falgun 2036 BS.
(II). Some Magars entered Nepal from Chitauragadh of India. Rishi Rana was the king of Chitauragadh. They governed the up to 13^{th} offspring. (Francies Tuker, 1957 p21) Gurkha : the story of the Gurkhas of Nepal country 1957.
(III). According to Kirat Mundhum, Magars appeared in the northern Himalayan region called "Sin". Descendant of Magar from north to south were headed by Sin Magar and Chitu magar. The magars were the heptal (seta hun) habitant of central Asia. (Imansing Chemjong 1967) History of Culture of Kirat People, KTM 1967.

It is said that the Magyrs entered through Mustang pass and specially in Dolpa, Mustang, Myagdi, Parbat, Baglung, Puthan, Rolpa and other northen parts of Rukum around 1000 to 1500 BC. (Gorak 2048/26, Coded by Dr Budhamagar).
(IV). Magars are related to Magga, Maggal, Moggal, Moglan, Magadha, Malla, Magaha, Mahanta, Mahar, Magyar and Magarsthan. The names are uttered according to time period. Origins of Magars are related to these words and time period of history. Magars were in this land before Buddha period and Buddha may be offspring of Magars. (Hirasing Thapa, Magar through the age, Manuscript)
(V). Magars were settled down on either sides of Kali Gandaki River and surrounding mountains, hills, and plain land made by Kali Gandaki from immemorial time. It may be possible, they are entered in Gandak pradesh of Nepal through the plain lands made by Kali Gandaki River and spread all over. (Dr. Baral 2050 BS)
(VI). Some scholars believe that Magars migrated from Kham state of China. They give evidence of Athar magars who speak Kham dialect.
(VII). Magars spread from Sikkim to Kumau. However; their orginal land is Sapta Gandaki.
From the above it is clear that the Magars lived here from immemorial time. Magars are mongoloid, so it is possible that their ancients may be aborigines of Central Asia or Mongolia and they spread all over in hunting period of human evolution.

4.3.2 Social Structure

A. Family

The primitive base of social organization is family. "The family is a group defined by sex relationship sufficiently précise and enduring to provide for procreation and

upbringing of the children."- (Maciver and Page). “Family is the original social institution from which all their institutions develop."- (Ballard)." Family is a group of persons united by ties of marriage, blood or adoption constituting a single household interacting and intercommunicating with each other in their respective social roles of husband and wife, father and mother, son and daughter, brother and sister, creating a common culture." -(Burgess and Locke) Coded by Somnath Dhakal 2057.

In Magar community most of families live in joint families. The family head is male so it is patriarchal. In case of the family heads are female, however, the decision power of household matters is shared between male and females. The researcher found following family structure in kotdarabar VDC.

Table 4.8: Family size according population

Family number	Number of member			Average number per household		
	Male	Female	Total	Male	Female	Total
50	161	166	327	3.22	3.32	6.54

Source: Field survey 2008

According to Table 4.8 161 male and 166 Female were included in the study. In the 50 households average family member number was found 6.54. The highest number of family member was found in 14 households of Kotdarbar VDC. The table 4.9 shows family types of Magars under study

Table 4.9: Family Type of the Magars

Family Type	Frequency	Percent
Joint	32	64.00
Single	18	36.00
Total	50	100.00

Source: field Survey 2008

From the Table 4.3.3 among the 50 households included in the study, 32 or 64% were found Joint family and 18 or 36 % household belong to Nuclear family.

B. Kinship System

Magars have relationship with each other in society. Kinship system relates different members of society to each other. From kinship system man can differentiate people related to him and not related. Kinship is a basic relationship in society. Kinship develops from birth, marriage and social rites. In kinship persons have materialist relation as well as emotional one. Due to this relation if

anybody is far away physically, they are related with emotion and become near. Men help each other through kinships, which helps to run society.

In Magar society, kinships are two types. The first is blood related and next is by marriage. In some Magar communality they develop kinship by social rites eg. Miteri rites, and it is not necessary only accessory. From marriage male and female are related to each other and become husband and wife. Marriage connects kins of two household maternal uncles. Generally, a Magar boy marries daughter of mama. From this process in Magar community *Dai-Bhena* or *bahini- jwain, Niba-Nima -khon, Sala-Sali, Nanda –Dewar- Deurani bahini, bhena- dai* etc relations are built. Blood related kinship starts from birth. In Magar community maternal grandmother –grandfather, Mama (Maternal uncle and aunt) *maiju* etc relation stablished and from father's side grandmother-grandfather, uncle, aunti, *nima/nini- niba, bhanja bhanji* etc raltions established in Magar community, they invite their kinships in every feast and festival and life cycle ceremony.

C. Emotion to Social Unity

The unity of Magar's is seen on different occasion like *Chandi puja* and *bheja*. They do social function mutually. They gather in life cycle ceremony and other feasts and festivals. Magars are not divided in various castes, so they do not hesitate to take part in Magar's social function. In village, they have a *parma* system.

D. Position of Female

Magar community is a patriarchal family like other castes of Nepal. However, females are able to hold decision to the family. Most of the guys go to foreign country or away from home for employment. So, females have a big responsibility to run the family.

4.3.3 Socio-Cultural Life

A. Common Festivals

Generally Magars celebrate **Bada Dashain**, **Tihar (Aunsi), Tij**, **Chaite Dashain**, **Fagu Purnima (Holi)** etc, as like other Nepalese. In Dashain and Tihar are celeberated by firing gun (Badhai Jatke) and *tika* is put on the forehead like other Hindus, Magars use both red and whiter '*tika*' .Some Magar don't celebrate Dashain, either both red and white 'tika'.

Puse Pandhra: Puse Pandra is celebrated on the 15$^{th\ of}$ Paush according to Nepali calendar (generally on December last or January first). It is a typical cultural festival of Gurungs and Magars of western part of Nepal. It is Lhosar (New Year) in Gurung community.

Manghe Sakranti: Typically, *Maghe Sakranti* is a great festival of *Tharus*, but Magars as well as most of Nepalese also celebrate it. In this festivals dishes such as *Bara*(a kind of bread made from cereals common in Magar community),, *fish items , Githa, Tarul* are also eaten to them. In this day Magars worshiping their ancestors and give them food and dishes by going river or stream this practice is called Pinda yahake.

Chandi Purnima: This is celeberate in the month of a great Baisakh according Nepali calendar. In this day chandi puja is also done. This is big festival of Magars. Nowadays non -sacrificing worship pattern is also increasing due to Buddha Purnima (full-moon).

B. Worship of God and Goddess

Magars generally worship nature instead of Hindu deities. They strongly believe in god and goddess and sacrifices chickens, pigs, goats, sheep, pigeons etc. Generally they don't worship artificial statues of god. They erect *thana* and temporary statue of stone, mud, green bamboo themselves and worship them. Some typical festivals of Magars are as follows:

Bhuyar Puja: They make *'Thana"* near tree. Villagers attend carrying Chicken (hen and cock), *achheta, phulpati, Dhupdhuwanr* etc. "*Thana"* is made clean and lines are drawn using the flour of rice by *umara* (priest). Then a Pig, pair of hens and cock is sacrificed commonly and expense is shared called *bheja*. Each house offers at least a chicken one per house and more if any body has *Bhakal*. Then *prasad* (offering to god) is distributed.

Bai/Bayu Puja: In Magar community, *Bai puja* is worshiped in memory of their ancestors. Generally they do this worship in *Baisakh* or *Jestha* and Mangsir month. Every new year they should change their *Bai* (Ancestors). "*Thana"* is built and cleaned surrounding area. *Achheta, Dhup,* flower, *Dhaja* and cocks, hens are carried. Most of the Magars worships individually. In some community it is done gathering clan brothers. *Bai/Bau* is *Sira* and *Mori.*

Chandi Puja: This worship fall in the full moon day of Baisakh or Jestha, the day, it is believed on which, Lord Buddha was born, enlightened and died. On this day Magar villagers gather where there is a big tree. On the bottom of tree four pillar of wood is erected in all four directions and the thatched roof of grass is connected. "*Thana"* is built with in the temporary temple. In this day they sacrifice pig or goat and chickens commonly and kept in bheja. They also do *Dhup Dhuwar* and *Achheta, prasad, phul* etc are offered. They pray for the rainfall for the year. In this sense it is a worship of cloud and water as well in local Magar dialect Chandi gives the same meaning. Chandi purnima is great festival of Magars.

Mai Puja: The worship of *Sansari Mai* takes place in Shrawan or *Bhadra* according to the Nepali Calendar. In this worship "Thana" is made and goat or pig

and chickens are sacrificed. This is done for wishing protection from diseases.

Baji Bajyai Puja: This worship is performed to honour grand-parents. It is a remembrance of ancestors. This worship is done in Mangsir to *Phalgun* month of Nepali calendar. For this worship villagers gather near a big tree. They make a "*Thana"* under the tree. There they sacrifice is pig and chicken (hen & Cock) collectively and kept in bheja. From every household sacrifice a chicken respectively and if there is *Bhakal* (promise made to offer something or worship), they sacrifice other one. They offered *achheta phul pati*, variety of foods and *prasad* to *Bajyu Bajyai*.

Kul Puja: *Kul puja* is a worship of ancestors. For this clan brothers gather together. It not only gives them an opportunity to remember their ancestors but also to meet and know each other within clan. Magars celebrate this by sacrificing Pig or goat, sheep or bull or chicken according to clan custom.Some gods and goddesses worshipped by Magars are as mentioned above. Besides these, Magars worship Bhume **Puja** in Ashad , **Mandali Puaj** before do Baji Bajai Puja, **Barahi Puja** (worship of fish), *khola and Deurali puja* etc. However, most of the worshiping patterns involve the use of *thana* and animal sacrifice. They build the *thana* themselves temporarily for the worship.

C. Song and Dances

The Magars have their own songs and dances in their community. Some common folk dance and songs are *Kaurha (Chudka), Sorathi (Maruni), Ghantu, Yaunach (Yaunat), Jibai mama, Jhora, Jhyaure, Hurra nacha* and *rodi.*

Kaurha (Chudka): Kaurha is a famous dance which is in wide practice in Tanahun district. Its origin can be related to the Magar caste. This is a seasonal dance accompanied by songs. It starts from *Falgun* and goes on up to *Saun* month of Nepali calendar, but the duration varies from place to place. It is actually a lyrical drama. The young unmarried boys as well as married man sit in the yard of house or *baranda.* Generally males sing songs and play *khaijadis* [a kind of drum made of the skin of the *gohoro* (a kind of reptile like a lizard but bigger)] and unmarried girls dance according to aspiration of the song. In the beginning of this folk dance, the singers invoke the gods and goddesses in their songs and proceed the songs and entertain by singing and dancing as merrily as possible. At the end they invoke the gods and goddess again. In this way, they end the dance.

In Magars community, girls make preparations for the *kaurha* (chudka) in their village and invite males of the neighbouring village. The party of the girls gives the invitees a grand feast which includes *han raksi*, pork items and other varieties of meat and dishes. The invitees have to pay for the feast they are served with. Sometimes the dance and the feast continue for a week, dancing and singing equally day and night. In this dance, guys and girls may develop love and elope also. By gathering many different people and celebrating day as well night, the

related communicable may be get opportunity to transmit to each other if there is not awareness towards communicable disease.

Rodi: Rodi custom naturally belongs to Magar community. In dry season young girls and boys gather in a house of the village at night. Then they enjoy singing and dancing all through the night. They play the *Madal, Damphu, Bansuri* and sing different songs. The songs express love, marriage, separation and other aspects of life. The *Rodi* provides the boys and girls an opportunity to meet and know each other. Gradually, they start falling in love with each other and it may be help them to marry as well.

Jhyaure: *Jhyaure* is another type of folk dance. In this dance a portion of the song is sung repeatedly for five to seven times and the Madal is beaten in five to seven different ways. The dance provides a lot of exercise. It is sung and danced throughout the year and on any occasion.

Sorathi: The *sorathi* is also called *Maruni*, *Pangdure*, *Nachari*. This dance is performed mainly in the season of harvest. Other occasions of the performance includes Bada Dashain, birth of son, construction of a new building and some other special occasions. In course of time people of other castes also followed it. This is a lyrical drama. The main characters of this dance are King Jayasinge, Queen Hemanti, Queen Sorathi, Bijaya Jaisi, Sodhyani and Katuwal.(Baral, 2050 BS). Two or three male are dressed as females and they are called *Maruni*s. Two or three males called *Madales* beat big *Madals* and a male becomes *prusinge*. The singing team consists of *Raura, Guhya* and *Garra*. This team sings songs and *marunis*, and the *prusinge* dance. *Madales* beat *madal* as well as dance with the *marunis* and sometimes they act as a joker.

Ghantu: *Ghantu* is another popular slow dance in Magar community. It is also a lyrical drama. It is a religious and contemporary dance. This dance starts from the Holi Purnima (which generally falls in Falgun) and lasts until Baisakh Purnima (or Buddha Jayanti). In this dance the *Guruma* and *Garra* sing songs and ladies dance in a slow motion in accordance with the aspiration of the songs. No musical instrument except Bansuri is used in this dance. The dancers are divided as kings and queens. Virgin girls are preferred to play the role of kings. The story is based on King Risibarna, King Parasuram and Queen Satyawati.Beside above songs and dances of magars, Jhora dance is dance in Teej and other happy occasions also. Hurra dance is famous among Magar. In Rishing area of Tanahun district, Jyanai songs are listened at the season of planting millet in the farm during hot months of Shrawan and Bhadra. They also sing song named Oholi at the season of weeding season of paddy and millet. In these songs has long tune rhythm. And they express their love, experiences for each other working in the field. By this song they forget their tiredness in the working farm. (Conversation with Dan bahadur Ale 40yrs, local teacher).

In Magar community the dances and songs are celebrated for long time as well as 7 days and nights. By this people gather, loves implanted for marriage, it also give

dating for lovers. Generally feast also managed. By this there may be risk of communicable disease each other like STIs, skin infections, respiratoy infection and water bon diseases from the unsafe feasts. So, there should be rise awareness about various types' communicable diseases.

D. Social Organizations

Own organizations are developed in any social group or tribe to conduct life easily and face with social problems. Such a social organizations have own identity and character. Members of the society learn social norms, value, customs, rites and behavior from their family. In every society social control measure is managed, so that the members should do socially accepted activities. From socially accepted activity and norms anybody fulfill his/her necessity. No body stay away from community and organization.n Magars basic social organization are Family, kinships, groups, leadership, cultural rites, right on property, social place of female etc which are mention here. Besides them, Magar associations are in the village level also. They have *Bheja* system for the social work.

E. Dress and Ornaments

Magars have their own traditional cultural dress. Generally male wear *bhoto*, *kachhad, Stakot* and Nepali topi where as females use *gunyu* and *cholo*, *patuka* and *pachheuri* with traditional ornaments. Women put on gold and other jewelries as much as possible. Young generation and urban Magars have influence of modern dress and ornaments, they use them what available in the market.

4.3.4 Rite de Passes

A. Birth

Birth of the child is an occasion of happiness in Magar community. In pregnancy, pregnant woman is generally regarded impure for all religious activities. The impurity is observed until the naming ceremony the child is accomplished.

In sixth day of birth some Magars perform *chhainti* ceremony is influence of Hindu culture. The magars perform chhaiti ceremony only for the eldest son (Dr Baral 2050 BS/60)

Naming Ceremony (baptism) is done in odd number day of birth and generally 11^{th} day. Generally *kutumba* (Son of father sister or sister's husband) give suitable name for a child. *Kutamba* goes to priest (pandit) who utters the Mantras for cow urine, forthcoming suitable name for child before visiting the child's home. *Kutumba* perform a small worship and gives name and ties thread string for child

and s/his parents. He sprinkles cow urine where mantra is uttered all over home and surrounding. Those Magars who discard priest, do the baptism according to the day and month when the child was born (Roka, 2025BS/61, coded by Dr Budhamagar).The first child is born son, the villagers and relatives are invited in baptism ceremony. The invited relatives go to ceremony taking abir and flowers. They give tika, abir and money for child parent. This is called *sarika yahake* (giving flower). All relatives are involved in feast. (Dr Baral 2050 BS/61)

Purbhadai (Pasni)

The initial rice feeding ceremony is called Purbhadai among magars. It is done in the 5^{th} month for girl child and 6^{th} month for boys. But in rolpa it is done in 3^{rd} month of birth and in Pipaldanda and Humin of palpa it is performed in baptism day. (Dr. Baral 2050 BS/ p 62). If the child is first son, the ceremony is big manning with happy occasion and all villagers and relatives. In this day Sorathi dance also organized.

In Purbhadai, geneally virgin girl of same clan feed child. In this day 13 varieties of dish are prepared. Worship also done. New clothes are given to the child.

Chhewar and Gunyu-Chola dine

This is the ritual of shaving ceremony of boy and it is generally carried out at age of 5 or odd age 3, 7 and 9. The children's maternal uncles shave the hair accompanied by some literalistic worship.For the girl, in odd years of age the parents offer *gunyu* and *choli* for their daughter. It is also done in 5, 7,9 years of age with worshiping.

B. Marriages

The marriage pattern of Magars of two kinds – (1) arranged and (2) elopements. Besides this, forced marriage, widow marriage, jari marriage are also found. Widow marriage is also accepted taken in Magar society.

Laganya (Arranged) marriage

Laganya marriage is done when boy is matured age. First, he looks girls for suitable bride in the matri-lateral cousin (*mama*) family and if not there he looks in other side. Once, the girl is found, the relatives of the boys go to the house of the girl's parents and present them with a theki (wooden pot) of curds and talk takes place regarding the agreement of the match. If the proposal is not accepted the theki will be returned.

In some Magar community if the proposal is accepted, the daughter is send with boy and parents of boys give *tika* and go in of house. Some Magars do not so and they send daughter for attend in *Janti* at day of *Dhogbhet* (marriage ceremony). Nowadays some Magars do like other Hindus.

The boy's party again goes to the girl's house to confirm the date of *dhogbhet* and

pahurpat. This day is called *Sodhyani Anke*. In *sodhyani* day all decisions are taken from both sides. In some Magar community, the groom party should be give a lots of raksi, bara, sel, rice and pork or goat meat to bride parents called *pahurpat yahake*. But these days this is not done only few amounts of those things are given to just maintain the custom rit as *pahurpat*.

Dhogbhet is the main ceremony of Magar community. In this day processions (janti) goes to girl's house from the groom side including groom and bride if she is already with husband. In this ceremony, sacrifice of the cock done worship and bride's relatives give *tika* for bride and bridegroom. Bridegroom, bride and bride's relatives exchange greeting or saluting (*Dhogbhet*) each other. For this, a *theki* with curd is kept and bridegroom party should be kept money or *pahur* to each member of bride's relatives and greet them. After finishing *dhogbhet* some magars do rite by sacrificing cock and give peeling out skin of cock for groom. If he is able to peeling out skin of cock skillfully he is confirmed original magar. After this, food is served to groom and brides and bride is sent bridegroom's house.

In the groom's house, some Magars sacrifice the cock at the entrance of the door and bride and groom slowly walks stepping on the blood. This is done to chase away the evil spirits. Before this rite janti parsane and tika talo are done in the yard of the house. The third day of Dhogbhet *Durgan jane* also done in some Magar community.

Love marriage

Most of the marriage in magar community is love marriage and elopement marriage happens. It is easy due to any boy can marry with maternal uncle's (mama)'s daughter. In some community, if mama's daughter is not married, maternal uncle even gives punishment to the sister's son (*bhanja*). Generally, boys and girls gather in *rodi, kaura, jhyaure, maruni* dance and feast and festivals. They like each other and fall in love and marry each other. This is done by elopement.

Widow marriage

Widow marriage is easily taken in Magar community. It is accepted by organizing a small feast and Dhogbhet.

Jari marriage

In Magar community jari is marriage also found. Generally, any woman eloped with other male leaving her husband is jari marriage. In this case compensation rite or custom is done according to society and accepted by arranging Dhogbhet.

C. Death rites

When a Magar dies, the corpse is wrapped in white clothe. The body is kept far

from the touch other animals and men. *Malamis* carry a way (a long piece of white clothes) ahead of corpse to move cremation place. One reaching cremation site corpse is denued and placed on the pyre when the son light the Daag batti on the corpse's mouth, then the pyre is set on fire with some straw.

The custom of burial on hill tops also exists in Magar people, community it is old tradition. The *dhami* and *jhankri* Magars get are curried face down (Dr. Budhamagar & roke 2060 BS/p32).Once the cremation is over the sons and brothers of the deceased have to their head shaved. One malami stay *chokho* (not touching corpse) and he keeps thorn on the way after finishing the cremation. He also gives Dhup for malami. All malami return their house stepping on the thorn by treading left foot and getting dhup.

The sons of deceased do not take any food on the day of death. They only take dry fried raw banana and fruits. Then they mourn for 13th days. Every day go to stream (khola). It is called Reske or khola aanke. In this rite kutumba carry all cooking material and gives kriyaputri to cook and feed. Once a day they take food. Kriyaputri doesn't take salt, meat in this mourning period. On 10th day all the clan brothers gather in khola and do dasgotra or Dhikuri phutalne. In some magar community dash gotra is not do. In 13th day Magars do Dee dake and purified. In this day all clans gathers and touch salt. For this sisters of the brother's bring salt and other dishes manage to touch salt is called *chha chhuke*. In Some magar community sister keeps oil to kriyaputri and called sidi pyatke. In some community clan brothers gather and kutumba keeps out of the place and do ungya bhakke (to separate soul) and do other rites. In this day worship is performed and sacrifices cock or goat, pig etc. for purification meat is needed in 13th day. Some community magars invite Hindu priest and do like bahun chhetri also. Magars also do rite of barakhi barne it is done for 45 days or 6th month or one year. Magars of Rolpa and myagdi different rite, they do not invite Hindu priest. On the day of cremation or buried day, they give address for death soul and say come that place in 15th day. One day before they sacrifice buffalo, goat and making meat, selroti, alcohol etc take in forest to offer the death soul with worshiping and purification.

4.3.5 Economy

Magars depend upon agriculture, animal husbandry. They are not going industrial production. The young males go to join foreign army, police and other labour works and send money for their families to sustain. They also join in Nepal army police also. Nowadays they are also entering civil servants, teachers and technical fields, adopting business in a few numbers. From this their economy is sustainable. The earning economy is foreign employment for rural Magars.

CHAPTER- V

SOCIO-ECONOMIC CONDITIONS OF THE RESPONDENTS

Socio-Economic condition is also helpful to understand health awareness towards communicable diseases. The development of society, social institutions, social service, economic and education status plays a great role to health awareness. It is believed that, the high level of education can be high level of health awareness. To develop health awareness the economic status is also leads for human-being. This chapter mainly deals with in demographic and socio-economic status of the rural Magars of Kotdarbar VDC of Tanahun district.

5.1 Population and Ethnic Composition

According to the national census 2001, total household of Tanahun district is 62,825 and total population is 3, 16,127. The sex composition of population is 1, 46,644 male and 169,483 female. The total population of the Kotdarbar VDC is 6,346. Among them 2,850 are male and 3,496 are female.

The VDC is Magar-dominated in population and language. According to Census 2001, 5058 are Magras, 44 are Bramhin 260 chhetri, 341 Kami, 116 Damai, 94 Sarki, 157 Newar and 276 others.

5.2 Population Composition of the Respondents Household

In this study, 50 households of Magars of Kotdarbar VDC have randomly been selected. Among them 327 population included. The sex composition is 50.76% (166 individuals) are female and 49.24% (161 individuals) are male and shown in table 5.1.

Table 5.1: Population composition of Magars according to sex

No of households	Total population	Female	Male
50	327	166 (50.76%)	161 (49.24%)

Source: Field survey 2008

5.3 Marital Status

Marriage is an important social institution and creates family and society. Marriage is union of male and female have keep sexual relationship and reproduction. It is also maintain the population in society. The marriage system prohibits unsafe and illegal sexual behavior and helps to prevent sexually transmitted diseases.

Table 5.2: Age at marriage

Age Group	Female	Percent	Male	Percent	Total	Percent
14 & below	4	4.35	3	3.53	7	3.95
15-19	52	56.52	25	29.41	77	43.50
20-24	33	35.87	41	48.24	74	41.81
25-29	3	3.26	11	12.94	14	7.91
30-31		0.00	1	1.18	1	0.56
30-34		0.00	2	2.35	2	1.13
35-39		0.00	1	1.18	1	0.56
40-44		0.00	1	1.18	1	0.56
Total	92	100.00	85	100.00	177	100.00

Source: Field Survey 2008

The table 5.2 shows 4.35% female and 3.53% male were married at the age below 14 years. The marriages were also found at age of 13 year also. 56.52% female and 29.41% male were married at age 15-19. 35.87% female and 48.24% male were married between 20-24. All the married women were married at the age 29 years old age, however male is 44 year old.

5.4 Educational Status

Education is a basic thing to raise health awareness in community. Education is the pillar to development of society. The level of education should be understood before the launching of health awareness programme in the community. The table no 5.2 give the education status of the rural magars under study.

Table 5.3: Level of education of the Magars (5 yrs & above) of Kotdarbar VDC .

Level of education	Female	Percent	Male	Percent	Total	Percent
Illiterate	44	28.95	12	7.84	56	18.36
Literate	27	17.76	26	16.99	53	17.38
1-5 Class	29	19.08	47	30.72	76	24.92
6-8 Class	27	17.76	30	19.61	57	18.69
9-10 Class	9	5.92	18	11.76	27	8.85
SLC	9	5.92	10	6.54	19	6.23
Intermediate	5	3.29	6	3.92	11	3.61
Bachelor	1	0.66	2	1.31	3	0.98
Master Level	1	0.66	2	1.31	3	0.98
Total	152	100.00	153	100.00	305	100.00

Source: Field Survey 2008

Table 5.3: 28.95% female and 7.84% male are illiterate.17.76% female and 16.99% male are literate. 1.32% female and 2.62% male of the studied households are bachelor and above. But they are not live in village either. They live in town or districts headquarter. The educated people of the village are teachers. In school the Magar teachers are in few numbers. The percentage of SLC graduates is low in the population.

Table 5.4: Age wise educational status of Magars

Age Group	Illiterate	Literate	1-5 Class	6-8 Class	9-10 Class	SLC	Intermediate	Bachelor	Master Level	Total
5-14	1	0	55	18	1	0	0	0	0	75
15-24	2	4	6	25	18	9	8	1	0	73
25-30	0	6	2	5	2	1	2	2	2	22
31-39	7	14	3	6	5	7	1	0	1	44
40-49	10	13	3	1	1	2	0	0	0	30
50 +	36	16	7	2	0	0	0	0	0	61
Total	56	53	76	57	27	19	11	3	3	305

Source: Field survey 2008

The table 5.4 shows that an illiterate population is in older age. Most of the children join symbol and SLC and above are younger generation.

5.5 Economic Status

The sound economic condition of the family is the symbol of health and health awareness. People with the good economic earning, can afford good education; the education is necessary to health awareness. To health facilities status should be

high. If the rural people become economically well, they can afford health facilities in their village. They can manage health facilities themselves also. The landholding, housing and occupation are the indicator of economic activities. Magars are the indigenous people of the Kotdarbar VDC. They have native land. In time course of, increasing population, natural disasters and other causes the lands for people to become small. In the study, the table 5.5 shows land holding pattern of the Kotdarabar VDC's Magars.

Table 5.5: Occupation/Profession of Magars (10-64 age)

Occupation/ Profession	Female	Percent	Male	Percent	Total	Percent
Agriculture	74	59.20	40	32.00	114	45.60
Business	3	2.40	1	0.80	4	1.60
Foreign employment		0.00	27	21.60	27	10.80
Handicap		0.00	1	0.80	1	0.40
House wife	3	2.40		0.00	3	1.20
Mason		0.00	3	2.40	3	1.20
Pensioner		0.00	4	3.20	4	1.60
Nepal Police, Army		0.00	2	1.60	2	0.80
Civil Service of Nepal	2	1.60	3	2.40	5	2.00
Sewing and cutting	1	0.80		0.00	1	0.40
Study	39	31.20	38	30.40	77	30.80
Teacher	3	2.40	6	4.80	9	3.60
Total	125	100.00	125	100.00	250	100.00

Source: Field Survey 2008

The table 5.5 shows the main occupation of the Magars is agriculture. It is adopted by 45.60 % active people among them 59.20% are female and 32% are male for sustain their life and household. 10.80% are in foreign employment to generate income source. In the context of foreign employment, Magars are working in foreign army or police and other services in India and other countries. 1.60% is pensioner; they are retired from British or Indian army. 1.60% Magars is doing business in their village. 0.80% is in Nepali police or army, 2% are in civil service and 3.60% are teacher. However, the employees are not high rank. The younger generations are in study.

Table 5.6: Occupation of the Magars by age group (10-69 years)

Occupation	10-19	20-29	30-39	40-49	50-59	60-69	Total
Agriculture	5	26	30	22	23	8	114
Business	1	1	0	1	1	0	4
Foreign employment	1	15	8	2	1	0	27
Handicraft	0	0	0	1	0	0	1
House wife	0	2	1	0	0	0	3
Mason	0	0	0	0	2	1	3
Pension	0	0	0	0	2	2	4
Nepali Police or Army	0	1	0	1	0	0	2
Civil Service	0	4	0	1	0	0	5
Sewing and Cutting	0	1	0	0	0	0	1
Study	69	7	1	0	0	0	77
Teacher	1	2	4	2	0	0	9
Total	77	59	44	30	29	11	250

Source: Field Survey 2008

Table 5.6 shows all active age groups are adopting agriculture. Students are under 30 years old. The maximum frequency is in school children i.e. under 14 years old. Foreign employment is the main source of foreign money. They send remittance from foreign. It is also helping support family and decrease poverty temporarily. But they only not bring the foreign money; they may also carry fatal communicable diseases. This is likely among those are low educated and at aware of health and communicable diseases. The cities like Mumabai and other cities of India are reservoir of the HIV/AIDS because there is commercial sex. The people who do not know about this, they may have unsafe sex with prostitutes and carry the diseases. The table no 5.7 shows the foreign employment distribution of the Magars under study.

Table 5.7: Foreign employment of Magars

County or City for foreign Employment	Frequency	Percent
Gulf Country (Saudi Arab, Quatar, Dubahi etc)	9	33.33
Malaysia	5	18.52
Mumbai	6	22.22
Delhi	2	7.41
India	5	18.52
Total	27	100.00

Source: Field Survey 2008

The table 5.7 shows 47.86% people are working in India and Indian cities among them 18.52% are Indian army or police. Those with who work in Mumbai (22.22%) and Delhi (7.41%) are in labor. The problems are low educated and aware individuals works in India. 33.33% peoples are working in Gulf country and 18.52% are in malaysia. The foreign employment in United Kingdom or European country or other American countries are not found. Most of the Magars who join British army they have migrated to downtown, that's why the result is. Getting loan and investing in income generating activities works are helpful.The table 5.7 shows taking loan pattern of the Magars under study.The table 5.8 shows using of household utilities of the rural Magars of the Kotdarbar VDC.

Table 5.8: Using Pattern of Household utilities of the Magars

House hold Utilities	Frequency	Percent
Gobar gas	4	8.00
No	13	26.00
Radio/Cassette	36	72.00
Telephone	2	4.00
Television	9	18.00

Source: Field Survey 2008

From the table 5.8 among the 50 household 13 or 26% households have no any house hold utilities like radio/cassette, telephone, television etc. Only 18% house hold have television and 72% household have radio. Televisions, radios are the good source of health information in the rural village.

CHAPTER- VI

STATUS OF HEALTH AWARENESS TOWARDS COMMUNICABLE DISEASES

Communicable diseases are preventable. Prevention is better than cure. To prevent communicable diseases the health awareness towards diseases should be raised. The knowledge about disease pattern, mode of transmission, rout of transmission and about the disease. This chapter includes health awareness of the Magars of Kotdarbar VDC of the Tanahun district towards communicable diseases.

6.1 General Health Awareness and Practices

In village, health facilities are limited. However, the people of Kotdarbar VDC are using modern medicine facilities and traditional facilities. The awareness to use modern medical facilities is also increasing. The table 6.1 shows using health awareness of medical institutions.

Table 6.1: General Health awareness toward using Health facilities under study

Treatment facilities using pattern	Frequency	Percent
Hospital/Health Post	33	66.00
Shaman/Dhamijhankri	2	4.00
Using Herb	1	2.00
Uses both Hospital/health post and Dhamijhankri	11	22.00
All of above	2	4.00
Shamanism and Witchcraft	1	2.00
Total	50	100.00

Source: Field Survey 2008

Table 6.1 shows 66.00% that respondents are attracted to modern medicines and institutions. 4% respondents still believe Shaw man or Dhamijhankri only and 2% respondents are using herbs when they fall in ill. 22% respondents use modern medicine as well as Shawman or Dhamijhankri. Only 2% respondents use systems when they fall in ill.

Table 6.2: Have you ever heard about communicable disease?

Answer given	Frequency	Percent
Yes	27	54.00
No	23	46.00
Total	50	100.00

Source: Field Survey 2008

54% respondents gave yes about the communicable diseases. They know something about communicable diseases. 46 % respondents are gave no answer about communicable diseases because they don't know anything about communicable disease.

Table 6.3: How is communicable disease transmitted?

Answer given	Frequency	Percent
No knowledge	7	14.00
Unsafe sexual relation	7	14.00
Blood, Syringe	7	14.00
Respiration, Air	14	28.00
Food and water	15	30.00
Total	50	100.00

Source: Field Survey 2008

14% respondents are not able to give any answer. 14% respondents gave only unsafe sexual relation as the mode of transmission. 14% gave Blood and syringe are mode of transmission, 28% respondents replied that respiration and air are mode of transmission and 30% respondents gave food and water are the main mode of communicable diseases transmission.

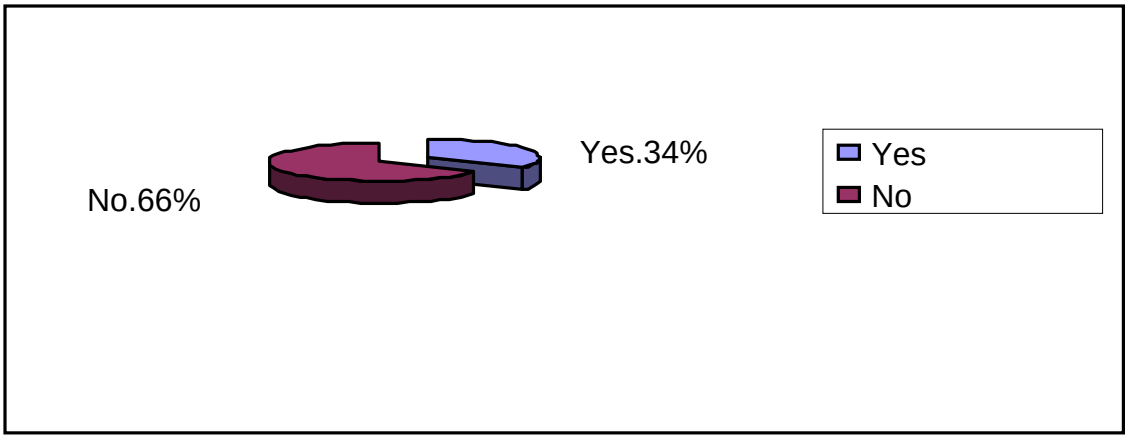
6.2 Water Borne Diseases

Water borne diseases are those diseases, which are transmitted through contaminated water and food. In Nepal water born diseases are major public health problem. Every year people of this area suffer from water born diseases. In rainy season, it takes place epidemic. The people of the rural area die due to lack of treatment, which are simple diseases from the view of treatment. Diarrhea (bacterial, viral, parasitic or non specific etc), dysentery, typhoid, cholera, gastroenteritis, infantile diarrhea, Viral hepatitis, Poliomyelitis, Amoebiasis, Giardiasis, worm infestations (Round, whip, tape etc), food poisoning etc are the

examples of the water born diseases.

Toilets help to prevent water born diseases. Improper managing of human excreta and sewage may be increase water borne disease. The Figure 6.1 shows the situation of toilets among the Magars of the Kotdarbar VDC.

Figure 6.1: Do you have toilet in your house?



Source: Field Survey 2008

The figure 6.1 shows that among the household 66% (7) households have no toilets and they defecated in open field. 34% (17) households have raw pit-latrine which is not proper managed.

6.3 Soil Borne Diseases

Soil borne diseases are those diseases which transmitted through contaminated soil. Tetanous, gas gagrine, enteric fever, cholera, diarrhoeal diseases, round worm, hook worm, tape worm, amoebic dysentery etc are the example of the soil born diseases. Soil may be contaminated through human faeces or open ground defecation and urination and not using toilets, improper disposed of the sewage and garbage, improper dispose of the cowdung and animal faeces. To prevent soil born diseases contamination of soil systems should be avoided, should be improved sanitation, proper management of sewage, should avoid food contamination, using foodware in field in agriculture work, some diseases have vaccine, Worm infestation causes borne diseases as well as water borne disease. Health awareness about worm infestation is shown in the table 6.4

Table 6.4: What are the preventive measures of worm infestation?

Health awareness towards worm	Frequency	Percent
Nothing know	5	10.00
Washing hand before food	9	18.00
Food should be well cooked	5	10.00
Proper use of toilet	7	14.00
Use boiled water	24	48.00
Total	50	100.00

Source: Field Survey 2008

48% respondents told that the use of boiled water is a measure for preventing disease, 14% respondents gave proper use of toilet, 10% respondents' food should be well cooked, 18% respondents told washing hand before food and 10% respondents had no any idea about the health awareness to prevent worm infestation.

Table 6.5: How does Hook worm, which cause anemia, get transmitted?

Health awareness about hook worm transmission	Frequency	Percent
No knowledge	29	58.00
Barefoot walking or working in the field	6	12.00
Contaminated food	6	12.00
Barefoot and food	9	18.00
Total	50	100.00

Source: Field Survey 2008

12% respondents sold told hookworm is transmitted via barefoot and 12% or 6 respondents told via food and 18% or 9 respondents told barefoot and food. The majority respondents of 58% or 29 have no idea about transmission of Hookworm.

6.4 Arthropod Borne Diseases

Arthropodborn diseases are those diseases diseases that can transmit by arthropods eg mosquito, tick, sandfly etc. Dengue syndrome, Malaria, Japanese encephalitis, Filariasis etc are the examples of the arthropods born diseases. Mosquito is a vector to transmit malaria, filariasis, and japanese encepahlitis etc. Health awareness about preventive measure of the mosquito born diseases is shown in table 6.6

Table 6.6: Mosquitoes can transmit malaria,encephalitis.How can we prevent Mosquitoes?

Preventive measure of Mosquito	Frequency	Percent
No any knowledge	5	10.00
(a) Proper sanitation house and surrounding	8	16.00
(b) Use of mosquito Net	2	4.00
(c) Use of medicines to kill mosquito	3	6.00
Both a and c	5	10.00
Both a and b	4	8.00
All of above	23	46.00
Total	50	100.00

Source: Field Survey 2008

From the above table 6.6, It is clear that 10% or 5 respondents have no knowledge about prevention of mosquito. 16% or 8 respondents give emphasis sanitation such as to keep clean surrounding; removing collection water etc. 6% or 3 respondents give emphasis on pesticides. And 46% or 23 respondents give all above alternatives to control mosquito.

6.5 Zoonoses Diseases

Zoonoses is an infectious disease of animals that is or can get transmitted to man (L M Harrison p 453, 1986). In rural village the main occupation is agriculture. So the peoples come in contact with animals other hand there are forest and wild animals. The wild animals also transmit disease to man kept animal and man also eg rabies, plague etc. Some zoonoses diseases are as (1) Viral – rabies, Japanese encephalitis, KFD, yellow fever (2) Bacterial – Brucellosis, leptospirosis, plague, human salmonellosis (3) Ricketsial diseases – Rikettsial zoonoses, scrab typhus, mufine typhus, tick typhus, Q fever (4) Parasitic zoonoses – Taeniasis (Tape worm infestation), hydatid diseases, lesminiasis etc.

Rabies is a zoonotic disease. It is transmitted via infected dog, cat, jackle, monkey as well as from wild animals. Health awareness towards rabies of the study is shown in the table 6.7.

Table 6.7: Which animals can transmit rabies to man?

Animals	Frequency	Percent
No knowledge	5	10.00
Infected dog	15	30.00
Infected cat	2	4.00
Jackle, hyeina and wild animals	1	2.00
Both dog and cat	5	10.00
Dog, cat and wild animals	22	44.00
Total	50	100.00

Source: Field Survey 2008

From the table 6.7, 10% or 5 respondents have no knowledge about rabies and transmitting animals. 30% or 15 respondents replied that it is transmitted through infected dog. 4% or 2 respondent said cat and 10% or 5 respondents told infected cat and dog. 44% or 22 respondents have given answer rabies can be transmitted through the dog, cat as well as wild animals.Tape worm (Taeniasis) infestation is also parasitic zoonoses. Tape worm infestation transmitted through Pig and buffalos. Rural Magars kept pig in their house. They have culture pig to scarify to worship and needed to celebrate feast and festivals. Health awareness about tape worm of the rural Magars under study is shown in the table no 6.5.2.

Table 6.8: Preventive knowledge about Tape Worm

Prevention of Tape worm	Frequency	Percent
No knowledge	17	34.00
(a) Proper cooking of meat (pork, buff etc)	10	20.00
(b) Proper manage Piglet	4	8.00
Both (a) and (b)	19	38.00
Total	50	100.00

Source: Field survey 2008

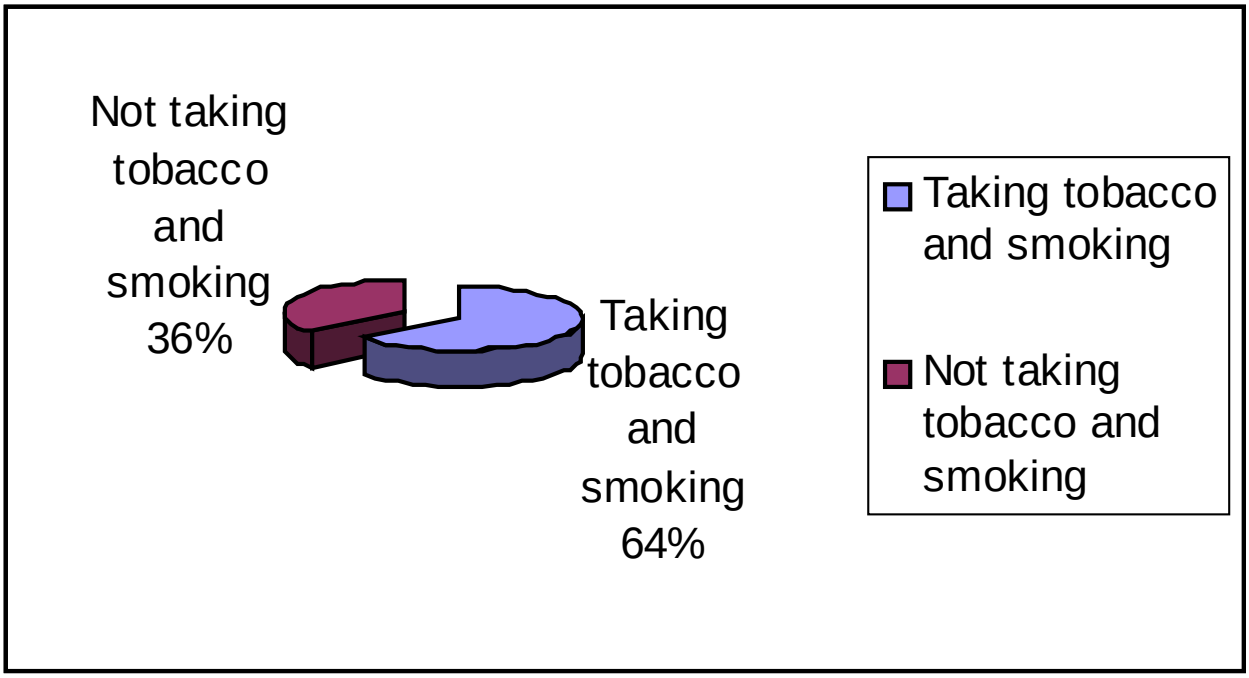
From the table 6.8, 34% or 17 respondents are not known about prevention of tape worm infestation. They said they had heard about it also. 20% or 10 respondents said meat should be properly and 8% or 4 respondents have proper management of the piglets is necessary . 38% or 19 respondents have given emphasis on proper cooking of meat and proper managing piglets.

6.6 Respiratory Infections

The communicable disease that are transmitted via respiration is called respiratory infection. Respiratory infections are transmitted via three main mechanism: (1) Droplets (2) Droplet nuclei (3) Dust (Selim reza 2006). Respiratory infections are smallpox, chickenpox, Measles, Rubella, mumps, Diptheria, wooping cough, meningococcal meningitis, acute respiratory infection (eg Pneumonia), SARS, tuberculosis (K. Park) among them smallpox is eradicated from the world.To prevent respiratory infections, early diagnosis of the patient and isolation of patients and treatment is useful/effect otherwise they will break out as an epidemic. There should improved nutrition in the people's food. Vaccination on childhood may prevent from some RTIs. Some diseases have vaccines for prevention in other age too. Environment should be kept clean. Smoking should be avoided to prevent RTI and chronic respiratory diseases.

The use of smoking and tobacco is shown in the figure no 6.2

Figure 6.2: Do you take tobacco or smoking?



Source: Field Survey 2008

From the figure 6.2, 64% or 32 respondents are taking smoking and tobacco and 36% or 18 respondents do not. The percent is high of smoking it may increase possibilities of respiratory infection.

Table 6.9: What are the symptoms of Tuberculosis?

Symptoms of TB	Frequency	Percent
No knowledge	18	36.00
Fever lasting longer than three weeks	13	26.00
Cough lasting longer than three weeks	5	10.00
Becoming lean and thin	14	28.00
Total	50	100.00

Source: Field survey 2008

From the table 6.9, 36% or 18 respondents don't know any symptoms of tuberculosis; however radio, television and newspapers provide the information and so does the government focusing on TB. 26% or 13 respondents could say fever lasts longer than three weeks and 10% or 5 respondents told cough and fever last longer than three weeks. Only 28% or 14 respondents were able to mention/ given three or more symptoms of the TB.

6.7 Surface Infections

Surface infections are those infections which are transmitted through skin and mucus membrane. Some examples of the surface infection are leprosy, trachoma, and etanus, Yaws, STI and HIV/AIDS etc (Park 2005). In this paragraph leprosy is described and STI and HIV/AIDS are mentioned in other topic.

Leprosy is an old disease. The causative organism is Micobacterium lepre and it is transmitted via skin contact and mucus membrane of the nose. It is also transmit ted through respiratory, gastroenteritis etc but in minority. The researcher had asked about symptoms. The table 6.10 shows the health awareness towards leprosy under study.

Table 6.10: What are the symptoms of Leprosy?

Symptoms of the leprosy	Frequency	Percent
No knowledge	16	32.00
Loss of sensation of hand & foot	10	20.00
Deformity	10	20.00
Non-sensitive, whitish grey and non-itchy lesions on the body	14	28.00
Total	50	100.00

Source: Field visit 2008

The table 6.10 shows 32% respondents are unknown about the symptoms of Leprosy. 20% respondents have told loss of sensation of hands and foot. 20% respondents told deformity is the symptoms of leprosy. Likewise, 28% respondents have told non-sensation, whitish grey and no-itchy lesions on the body are the symptoms of the Leprosy.

Table 6.11: Can you get medicines of tuberculosis and leprosy free of cost in governmental health institutions?

Medicine from the government	Frequency	Percent
Unknown	13	26.00
Yes Medicine is distributed	27	54.00
No, Medicine is not distributed	4	8.00
Distributed but not reliable	6	12.00
Total	50	100.00

Source: Field survey 2008

From the table 6.11, shows 26% or 13 respondents are unknown about free distribution of leprosy and TB medicine from the governmental institutions. 54% or 27 respondents are known about governmental help to leprosy and TB. 8% or 4

respondents are blaming that health post does not distributing medicines of TB and Leprosy. 12% or 6 respondents told that the service is not reliable for treatment of TB and leprosy.

6.8 Sexually Transmitted Diseases

Sexually transmitted diseases are those diseases which can be transmitted through the sexual act. In our society sexual diseases are spread as epidemic specially, newer STI eg HIV/AIDS. The diseases are transmitted from one to another because human being traveled all over the world in short time due to development of science and technology. Another cause is capitalism and liberal system in economy as well as globalization. While traveling the world human may come in contact with multiple partners and be at risk to transmit STIs.

Some STI are syphilis, gonorrhoea, chancroid, lymphogranuloma venerum (LGV), Granuloma inguinale, Hepatitis B, Hepatitis C, Genital Wart, Human Papilloma virus infection, Candiasis, Donovanosis, Genital herps, HIV etc.To prevent from the HIV, Hepatitis B & C and other STIs before marriage health check up should be done. Such system prevents people from being the victim of STIs. Health awareness towards health check up before marriage is shown in the table 6.12.

Table 6.12: Do you feel the need of medicine check up for boys and girls before marriage?

Health check up Before Marriage	Frequency	Percent
Not necessary	3	6.00
Yes, necessary	20	40.00
Cannot say or unknown	27	54.00
Total	50	100.00

Source: Field Survey 2008

The table 6.12 shows 6% or 3 respondents has replied that not necessary to it go for medical check up before marriage. 20% or 10 respondents have told medical check up before marriage is necessary due to HIV/AIDS and Hepatitis B &C. Majority respondents of 54% or 27 said they were unable to say anything or unknown about this.

In Magar family foreign employment in army and police sector is preferable and respectable. Those who are in the armies are popularly called lahure. If the young guy can not join in army or police of foreign country, he tries to go to foreign country to earn. For employments they remain from their for long time. In separation long period there may be sexual contact with other partner, which may carry HIV during this hepatitis B and other STIs. From this innocent housewife

may also suffer from those diseases. So, medical check up is necessary to avoid infection.

Table 6.13: Do you give advice for medical check up to the person who returns home after a long time a in foreign country or away from the family?

Suggestion for medical check up	Frequency	Percent
No Suggestion	38	76.00
Yes	12	24.00
Total	50	100.00

Source: Field Survey 2008

The table 6.13 shows majority respondents 76% or 38 respondents gave no suggestion for medical check up after returning foreign employment or long separation. 24% respondents suggested checking up to the person who returns home after long time because many people return home being affected by HIV/AIDS.

Table 6.14: Confusion about family planning and STD

Confusion about Family planning and STD	Frequency	Percent
Nothing know	20	40.00
Cannot prevent STD	15	30.00
Can Prevent STD	15	30.00
Total	50	100.00

Source: Field Survey 2008

The table 6.14 shows 40% or 20 respondents did not say about family planning method can or cannot prevent from the STD and HIV/AIDS. 30% or 15 respondents were confused about the effeteness of family planning to prevent the STD and HIV/AIDS. Only 30% or 15 respondents are sure preventing from the diseases by family planning except condom that no family planning devices except condoms can prevent these diseases.

6.9 Health Information

Health information can be transmitted by radio, television, newspapers, health awareness programme, health education etc. In rural village in context of Kotdarbar VDC there is no received Nepali television and newspaper received in late date. There is listened Radio Nepal, FM radio transmitted from chitawan, pokhara etc. The health awareness and health educations are run by governmental institution and NGO/INGO projects. Farmers are busy on agriculture and they have no time to listen or watch health awareness programme from radio or television in the village. The table 6.15 shows the pattern of listening or watching

health programme transmitted by radio and television.

Table 6.15: Watching/listening pattern of Health awareness programme

Health Awareness Programme	Frequency	Percent
Not listening or Watching	11	22.00
Sometime	29	58.00
Frequently listening or watching	10	20.00
Total	50	100.00

Source: Field Survey 2008

The table 6.15, shows 22% or 11 respondent of the Magars do not watch and that they have or listening to health awareness programmes. The reasons are they are that busy in agriculture, no radio and television in their household. 58% or 29 respondents listen or watch sometimes when they get opportunity health awareness programme transmitted by radio and television. And 20% or 10 respondents listen or watch such programmes.

In the Magar village, they have their own mother tongue. Health information is transmitted in Nepali and other language with using literary word. It also makes them difficult understand it. The table 6.9.2 shows hardness to understand health information transmitted by radio, television as well as any health programme run in the Nepali or English language.

Table 6.16: Difficulty to understand of health information to Magars

Health Information of Radio and Television	Frequency	Percent
Very difficult to understand	7	14.00
Hard to understand	13	26.00
Difficult only a little	12	24.00
Not difficult to understand/Easy	18	36.00
Total	50	100.00

Source: Field survey 2008

The table 6.16, shows, 14% or 7 respondents were unable understand the health information. 26% or13 Respondents are also feeling hard to understand and 24% or 12 respondents understand only one way can not be analysis well. 36% or 18 respondents find it easy, they understand easily. The difficulties are due to the Mother tongue. Magars speak Mother tongue in their house and village but health information is available in Nepali or English course. If the health information were available in local language they can understand it easily. The government should also start to prepare health information in local ethnic languages to raise their health awareness.

CHAPTER- VII

SUMMARY AND CONCLUSIONS

7.1 Summary

The main objective of this dissertation was to study the health awareness towards communicable diseases among the Magars of Kotdarbar VDC in their setting. For this purpose exploratory and descriptive research design was used to conduct the study of 50 households and respondents of Magars were taken from random sampling, so that all classes of Magar respondents could be represented for the study. To make it reliable and well-managed frequent field visits were made and it emphasized the primary data. To fulfill this goal, a set of interview questionnaire was prepared to incorporate all aspects of Magar community. To explore their ancestral history, culture and other aspects, the secondary data and interviews with key informants were taken.

- Nepal has diversity in ethnicity, caste, culture, language, tradition, and inhabitation of castes. There are various castes living according to the different geographical features, adapting the nature from the time immemorial. They have distinct cultures, customs, behavior and norms and values. Some castes are getting to the benefit of development and some other castes are still backward.

- Their main income sources are agriculture and foreign employment. Some families sustain from the pension, foreign employment and labor in India. A few households are surviving from the service in Nepal. Some Magars do labor in construction. Few are in business sector as well.

- The uniformity of social and cultural status was found in the study area, with relations of difference in economic and educational status. There is no small and big caste differentiation within Magar. In Kotdarbar VDC-6, (Raithok, Ghiringthok, Kanchhe) total household is 94 among them total 50 households and respondents were taken to study and the total population was 327. Out of which 161 were male and 166 female. Among the respondents of rural Magars there were 18 households (36%) nuclear families and the rest 64% or 32 are from the joint families. The heads of the most household were male. Females were chiefs of house, whose husbands were in foreign employment, India or far away from the family.

- Nowadays Magars are interested in education. They are investing for children's education. Those who have good economic condition and aware send their children to private school to downtown and low economic and less conscious people send to government school in the village. The school-dropping problem is high in this society.

- Their main income sources are agriculture and foreign employment. Some families sustain from the pension, foreign employment, labor in India. A few households are surviving from the service in Nepal. Some Magars do labor in construction. Few are in business sector as well.

- Magars have three own mother language, called *Magar dhut, Magar kham* (*Pang*) Magar *kaike. Barha* Magars speaks Magar dhut. In the study area Magar dhut is used as mother tongue. They have own rituals of birth, marriage and death. In this caste, arranged marriage, love marriage, elopement are in practice. They keep marriage relation between maternal cousins (Mama cheli-phupu chela). Generally marriageable age is 20-25 for male and 15-20 for females.

- 66% respondents are attracted to modern medicines and institutions. 22% respondents use modern medicines as well as shamans or Dhamijhankri.

- 54% respondents know something about communicable diseases but 46% respondents don't know anything about them. 18% respondents are unknown about vaccination. 22% respondents could tell all vaccinated diseases.

- 66% households have no toilet and defecate in open field. 34% households have raw pit latrine which are not properly managed. Most of the respondents know something about diarrhea. 48% respondents are told use boiled water for preventiving worm infestation disease. Other respondents are told washing hand before food, proper use of toilet and well cooked .

- The majority respondents of 58% or 29 have no any idea about transmission of Hookworm. Most of the respondents gave right answer. 30% respondents have told remitted through infected dog 44% respondents have given answer rabies can be transmitted through the dog, cat as well as wild animal.

- 50% respondents have no knowledge about the symptoms of TB and leprosy. 6% respondents have told not necessary to medical check up

before marriage. 20% respondents have told medical check up before marriage is necessary due to HIV/AIDS and Hepatitis B and C. Majority of respondents of 54% have told wrong about say anything or unknown about this.

- Among the 50 households 17 household have toilet and 33 or 66% households have no toilets they defecate open field. The toilets are temporary and pit-latrine. Among the 50 respondents 54 % could say something about communicable and 46 % cannot say about it.

- Among the 50 respondents 56% know something about diarrhea diseases and 44% know nothing about it. Among the 50 respondents 30% give right answer to about STI, 32 % did not respond due to shyness and 38% gave wrong answer about it. Among the respondents 34% say something about HIV/AIDS and 66% give wrong answer to about it. 28% of the 50 respondents gave right answer about tuberculosis and 72% have not any knowledge about it.

7.2 Conclusion

People of Kotdarbar VDC use modern medicine as well as shaman or Dhamijhakri (Wizard) and herbs. Most of the respondents are familiar with communicable disease but some do not know about it. Generally, the respondents have the knowledge about transmission of the communicable disease. They are not aware of the communicable disease because most of the respondents have not use toilet. They defecate in open field. All the above things are due to lack of the education.

Most of the respondents have good knowledge about how to control the mosquito by using mosquito net, medicines and pesticides. Moreover they have given answer that rabies can be transmitted through the dog, cat as well as well wild animals. The percent of smoker is high. It may give to respiratory infection. They are suffering from Tuberculosis but they don't have the proper knowledge of symptoms about tuberculosis because they have given different answers about it.

Some respondents accepted the health check up before marriage due to HIV/AIDS and Hepatitis B and C and others hesitated to do it.

A lot of hidden mysteries and facts about the origin and history of Magars are yet

to be discovered. Their history is confined to oral folktales, a few in written forms and not complete. This is the reason why it is not possible to specify their origin.

Their food habit is based on agriculture. Rice, maize, wheat, millet, mass (a black pulse), beans, green vegetables are main foods. They get milk, curd, ghee from the cattle and they take fish items and meat from pig, chicken, pigeon, and goat. They also use *haan* and *raksi* (home made wine, alcohol) and now whisky, beer etc (modern alcohols) in feasts and festivals. The traditional food is being substituted by modern packet foods like noodles, biscuits, chocolates, sweets and readymade food. It is also affecting adversely children's nutrition.

Their investment in education is low. Their investment has not brought a good outcome. Most of the children reach in primary education but few students of rural Magars succeed in the SLC, technical education and above. It is, may be due to (a) weak management of school from the political level, (b) education is not given in their mother tongue and so, it is an obstacle for children to learn further. (c) Negligence of the government for villages and indigenous peoples. The low level of education in village is the cause of low health awareness towards communicable diseases.

The main source of the drinking water is natural sources like wells, streams. The pipeline water is also supplied all over the VDC except Ward No 3. But pipeline water supply cannot cover all people. Villages are in high altitude than source of water, so it may be risky to get water contaminated through excreta of human, pig and animal. This may increase communicable diseases.

GLOSSARY

Sudeni	: A mid wife, who helps to child birth
Bhai khalak	: clan brother
Nwaran	: Naming
Kutumba	: Son of father's sister or daughter's husband or husband of sister; who helps to life cycle ceremony of the Magars.
Han	: Fermented liquor, jand, home made wine
Marcha	: Yeast, used to make mot
Jotishi	: Astronomer
Pooja/Puja	: worship
Gahunta	: urine of cow
Tika	: A mixture of rice and curd
Dhogbhet	: A wedding ceremony after elope or love marriage
Prasad	: A sacred variety of food
Bheti	: A small amount of money, or things to given some body
Pahur	: Gift of alcohol, roti, and food dishes or present
Sagun	: Omen, portent (Magar has sagun to Han or Curd)
Janti	: Wedding procession
Achheta	: Mixture of rice and curd or some where mixture of rice and other grains
Sunpani	: Water in which gold is dipped
Malami	: Mourners who go to criminate of corpse
Kriyaputri	: The mourners of dead person's son, wife or son's wife
Dagbatti	: Set fire to the dead body for crimination
Chita	: Collection of firewood to criminate corpse,pyre
Pindo	: Is a statue of the died person built by mud, sand & kush as temporally.
Khaijadi	: A kind of drum, built from skin of gohoro (a kind of reptile like lizard)
Madal	: A popular playing drum
Bansuri	: a flute, made from bamboo
Dalbhat	: Nepali food
Prasad	: A sacred variety of food
Aunsi	: Fifteen days of dark fortnight
Purnima	: Fifteen days of bright fortnight
Tihare Aunsi	: Aunsi of Tihar

Dhup	: Incense stick, ghee for worship
Dhup dhuwanr	: Smoke emitted from the melting ghee in the fire (worship)
Bhakal	: promise made to offer something or worship
Dhaja	: A piece of clothe or sacred thread
Thana	: Two flat stone are erected and one flat stone is kept over a temporary worshiping place.
Brahmin	: A caste of Nepal
Chhetri	: A caste of Nepal
Magar	: An ethnic caste of Nepal
Gurung	: An ethnic caste of Nepal
Kirat	: Ancestors of mongoloid people of Nepal, who governed Nepal two thousand ago.
Tar	: Dry plain land
Nanglo	: A kind of flat bamboo basket
Soli	: A kind of bamboo basket, common in western region of Nepal
Handi	: A pot of mud, used to parch maize.
Ghainto	: A pot of mud, used to keep water, mot etc.
Har	: plough

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QUESTIONNAIRE SCHEDULE

1. General Introduction of Respondent:

Name & Surname …… Gotra/ Sub-caste: …… Age / Sex :…..…Occupation: ……. Education: …….. Religion: ….
Marital status: ……. Age at Marriage: …. Family members: …….. Type of family ……...….. Address: ……

2. Family Situation

SN	Name	Relation with family	Age	Sex		Occupation		Education	Language	Religion	Married/Unmarried	Age at Marriage	Monthly Income	Foreign employment or Place of Work	Remarks
				M	F	Main	Auxuliary								
1															
2															
3															
4															
5															
6															
7															
8															

3. Economic Situation

3.1 How much land do you have? (a) Ropani …… Aana …. Paisa ….. (b) No
3.2 Which of the following appliances are do you have ?
(a) Computer (b) Television (Black and White/Colour) (c)Cassette er/Radio
(d) Telephone (PSTN/Mobile/CDMA) (e) Oven (Govar gas/Firewood)
3.3 Have you kept house domestic animals (Cattle and birds)? (a) No (b) Yes
If Yes,

SN	Name of domestic animals	Number	Remarks	SN	Name of domestic animals	Number	Remarks
1	Cow/Ox			5	Chickens		
2	Buffalo			6	Dog		
3	Goat/Sheep			7	Cat		
4	Pig			8	Others		

3.4 Where do you take loan or borrow money from?

(a) Bank (b) Relatives (c) Rich people (d) Others

4. Health Awareness Situation

4.1 Had anybody suffered from a serious illness in your family or among the relatives?

(a) No (b) Yes

If, Yes mention the symptoms or name of diseases and treatment ……..

4.2 Where do you go for treatment when somebody falls ill in your family?

(a) Hospital/Health Post (b) Witch-doctor/Shaw man (c) Apply medicinal herbs

4.3 If you go to a witch-doctor/Shaw man, how long for?

(a) For some days (b) Until the patient is healed

4.4 What do you mean a communicable disease? (a) Right Answer (b) Wrong Answer

4.5 How do communicable diseases transmitted?

(a) Food and water (b) Respiration, Air (c) Blood, Syringe (d) From Cloths

(e) Unsafe Sexual relation (f) Soil Contact (g) Other ……..

Drinking Water, Food and Sanitation

4.6 Do you have a toilet in your house? (a) Yes (b) No If yes, specify ……

4.7 What do you mean by diarrhoea? (a) Right answer (b) Wrong answer

4.8 How are diarrhoea and communicable diseases related digestive system (eg. Dysentery, Typhoid, Cholera, Worm, Jundice etc) transmitted?

(a) Contaminated water (b) Faeces mixed with food (c) Stale and rotten food

(d) Have no idea (e) Other ……

4.9 What do you do if you are suffering from Diarrhoea?

(a) Go to witch doctor/shaw man (b) the mixture of Salt-Sugar water or Jeewan jal

(c) In child, frequently breast feeding (d) Plenty of Fluids (e) If Patient is can not treat home, go to hospital (f) Have no idea (g) Other …….

4.10 What should be do for prevention of diarrhoea and communicable diseases related to digestive system? (a) Taking boil water (b) Not to eat stale and rotten food

(c) Proper use of toilet (d) Wash hand before taking food (d) Cutting nail properly (e) Pay attention to sanitation (f) Take well cooked food (g) Other ……

4.11 What are the preventive measures of worm infestations?

(a) Washing hand before food (b) Foods should be well cooked (c) Proper use of toilets (d) Use boiled water (e) well wash the edibles that can be eaten raw (eg fruits, roots etc) (f) nail should be keep short (g) Other……

4.12 How does Hook worm, which cause anaemia, get transmitted?

(a) Walking barefoot in the field (b) From food (c) Have no idea

4.13 Flies, Cockroaches can transmit diarrhoeal diseases and infective diseases related to digestive system. How can we prevent them?

(a) Proper using toilets (b) Maintaining sanitation in the surrounding area of house

(c) Foods should be cover well (d) Kitchen should be hygienic (e) Using pesticides

(f) Proper management of cattle and piglets (g) Other …….

4.14 Tape worm may cause digestive disease, epilepsy etc, what can be done to prevent for tape worm infestation? (a) Meats of pigs, buffalo should be cooked well

(b) Pigs should be kept properly (c) Have no idea

4.15 Mosquito can transmit malaria, filariasis, J. encephalitis etc, how can we prevent the mosquitos?(a) Maintain proper sanitation and water drainage in the surrounding area of

house (b) Use of mosquito net (c) Use pesticides (d) Having no idea (e) other ……

4.16 How we can prevent scabies, lice and fleas?

(a) Have a bath regular (b) Washing cloths regular (c) If the cattle are suffering then should be treated well (d) Not to use the of infected person (e) Others ….

Respiratory Infections

4.17 Do you take tobacco or smoking? (a) Yes (b) No

4.18 How is Tuberculosis transmitted? (a) Right answer (b) wrong answer

4.19 What are the symptoms of Tuberculosis?

(a) No knowledge (b) Fever lasts longer than 3 weeks (c) Cough lasts longer than 3 weeks (d) becoming lean and thin (e) blood in sputum (f) other ……

4.20 What are the symptoms of Leprosy?

(a) No knowledge (b) non-sensative, whitish grey and non itchy lesions on the body (c) Loss of sensation of hands and foot (d) deformity (e) other …….

4.21 Can you get medicines of Tuberculosis and Leprosy free of cost in governmental health institutions? (a) No knowledge (b) Yes (c) No (d)

can be obtained but not reliable

5. Socio-Cultural Awareness

Language and communication

5.1 How Often do you watch & listen health programmes on television & radio?
(a) Never (b) Some times (c) Most programmes (d) all
5.2 How difficult is it for you to understand language used in the health programme?
(a) More difficult (b) A bit difficult (c) Understand one way
(d) No difficult If difficult, why? …….

Marriage and Reproductive Health

5.3 Do you feel the need of medical check up for boys and girls before marriage?
(a) Not needed (b) Needed (c) Know knowledge/ cannot say
If needed, why? ……..
5.4 Do you give advice for medical check up to the person who returns home after a long time in foreign or away from the family?
(a) No (b) yes(c) If give advice, the confidence with in pair will be decrease
5.5 What do you mean by sexually transmitted diseases?
(a) Right answer (b) Wrong answer (c) Shy to answer (d) Other
5.6 What do you mean by HIV/AIDS? (a) Right answer (b) wrong answer
5.7 What measures should be adopted to prevent STD, HIV/AIDS?
(a) Avoid unsafe sexual relations (b) Avoid multiple sexual partner (c) Not to give birth by these who have such diseases (d) Proper use of Condom (e) Safety measure should be adopt in exchange of blood (f) Avoid exchange of syringe (g) void the used for blade, pricking instruments of other people (h) Know knowledge (i) Others ..
5.8 In your society, does the pregnant women go to health institutions?
(a) Yes (b) No (c) No accessibility (d) Other ……..
5.9 Do you vaccinate your children ? (a) Yes (b) No
5.10 Vaccination programme is run by governmental health institutions in every part of Nepal. What are the diseases that can be prevent by Vaccine?
(a) No knowledge (b) Tuberculosis (c) Tetanus (d) Pertusis/whooping cough (e) Diptheria (f) Polio (g) Measles (h) Hepatitis B

6.Miscellaneous

6.1 Which animals can transmit rabies to man? (a) Dog (b) Cat (c) Jackal/ hyena(d) others
6.2 Is there any chances to transmission of communicable diseases due to deficiency of nutrition?
(a) More chance (b) Few chance (c) No (d) No knowledge
6.3 From where did you get this health information?

(a) Radio (b) Television (c) Newspaper (d) Health Programme (e) Family and friends (f) Other