

Chapter III

People's Perception of Health and Illness

People's approach to the concerns of everyday life is drawn from the collectively shared perceptions, which again are drawn from the shared traditions, the objective conditions of life, life experiences and from the systemic interventions. Individual experiences and concepts determine the perceptions and beliefs relating to health and illness. They are the systems of symbols organized into cognition about what should exist or occur, as well as what does exist and occur, in specific types of social situations or the present content of consciousness. It does not necessarily involve an attitude. In this chapter attempts have been made to document the perceptions and beliefs of Banigama dwellers towards health and illness.

People learn things/activities since early childhood and internalize traditional family and social values. When someone does something clearly, others observe it deeply and, when convinced, emulate these actions. This may be called the "Demonstration Effect". This process builds individual perceptions and beliefs. Once established, these beliefs trigger off automatic responses to certain conditions. This principle is also applicable in health and illness.

Perceptions and beliefs are individualistic and may differ from one person to another and from one generation to the next. A 16 year old man's understanding of an event is sure to differ from that of a 70 year old. Perception is largely determined by experience, maturity, education, size of land holding, income and other socio-economic and cultural factors.

Perceptions of health

The understanding of health is largely determined by factors such as income, education and socio-economic status. The rich are more conscious of the importance of good health; even a simple uneasiness in their body is looked into as a big health hazard in fear of possible escalation of an illness. They generally not only rely on traditional treatments and home remedies but consult health center/ physician. This might not be the case with those who do not have knowledge/education and sound financial means.

The economically needy have to depend on hard labour, and so are not ready to acknowledge an illness until they become bedridden. Such people do not perceive simple health problems as a sign of illness because they used to simple diseases and wait for the

natural healing without the support of medicine. The table below presents the views of people towards health.

Table 3.1: Household Views Regarding Health

Opinion	Caste/Ethnicity											
	Brahmin/ Chhetri		Tharu		Untouchables		Terai Dwellers		Others		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Environmental sanitation	14	51.85	79	69.29	6	46.15	8	36.36	1	50.00	108	60.67
Absence of morbidity	10	37.03	34	29.82	8	61.54	4	18.18	-	-	56	31.46
Good personal hygiene	15	55.56	35	30.70	4	30.77	2	9.09	1	50.00	57	30.02
State of tension free	2	7.41	9	5.70	-	-	1	4.55	-	-	12	6.74
Able to work	1	3.70	6	5.26	-	-	6	27.27	-	-	10	5.62
Exploitation - free society	2	7.41	2	1.75	-	-	2	9.09	-	-	6	3.37
Don't know	-	-	1	0.88	2	15.38	1	4.55	-	-	4	2.25
Total	27	100.00	114	100.00	13	100.00	22	100.00	2	100.00	178	100.00

Note: Total exceeds because of multiple responses.

Table 3.1 presents household heads' views regarding health according to caste/ethnicity. For 60.67 per cent of the household heads of all communities health or a healthy life means proper environmental sanitation, 31.46 of them identified absence of morbidity as the sign of good health and another 30.02 per cent of the heads thought a state of good personal hygiene is an indication of good health. Although Banigama inhabitants stressed on the need for proper environmental hygiene, they have not put the concept into action. An example of this is the lack of proper lavatories as indicated by the human excreta found left by the road sides. But, it is quite encouraging that they have at least realized and prioritized environmental sanitation and personal hygiene. A minor 3.37% of the respondents are of the opinion that a society free of exploitation is needed for establishing a healthy milieu. Likewise, 6.74% feel that a tension-free life also contributes towards making an individual healthy. Going by the ethnic groups, Brahmans/Chhetris, Tharus and Terai dwellers are aware of the factors that could affect their health though only in a negligible way. The Untouchables and others (Newars and Tibeto-Burman speaking group) on the other hand, appear to not even have heard of the important variables which need to be considered for a healthy life. The majority (61.54%) of Untouchables see absence of morbidity as an important indicator of satisfactory health. Interestingly, 5.62% of Banigama residents also view those who are able to work as

being in good health. It means unless and until people are bed ridden, they do not consider themselves unhealthy or sick.

Overall, it can be assumed that most caste/ethnic groups have at least understood that environmental sanitation is vital for a healthy life. This suggests that the people of Banigama have at least realized the importance of good sanitation. This may be considered a sign of the traditional belief patterns leading to modernization. However these perceptions are yet to find reflections in everyday life of the people.

Table 3.2: Children's Immunization Patterns

Caste/ethnicity	Yes		No		Total	
	Number	%	Number	%	Number	%
Brahmin/Chhetri	26	96.30	1	3.70	27	100.00
Tharu	102	89.47	12	10.53	114	100.00
Untouchable	13	100.00	-	-	13	100.00
Terai Dwellers	19	86.36	3	13.64	22	100.00
Others	2	100.00	-	-	2	100.00
Total	162	91.01	16	8.99	178	100.00

Table 3.2 presents the status of immunization of children in Banigama households. Data suggest that an overwhelming majority of the children in all households have been immunized; only 8.99% of households have not vaccinated their children. The credit for the success in the field of immunization should go to the Government's free immunization campaign and good extension services. The immunization process in Banigama is a sign of progress through which children can be protected from various diseases. It is a pertinent modification of behaviour towards health on the part of Banigama dwellers and is expected to an effective step towards modernization of health culture in a village setup.

Traditional set of beliefs and the current health culture

Although the villagers are gradually inching towards healthier lifestyles, traditional beliefs still have a strong say in matters that influence the health of the local population. People are greatly influenced by socio-economic and cultural values. Just having access to education and knowledge is no guarantee to developing a modern health perspective; even relatively better off and educated people find it difficult to come out of traditional beliefs which are largely shared and practiced by the community. The following case studies illustrate how the locals are set in traditional ways.

Case No. 1 (Household no. 153)

Jamuni Yadav, 30, resident of Banigama VDC-8, mother of two children, has studied up to the fifth grade. She owns 3 ha. of land, on which she manages her two she buffaloes and three cows. Conversations with her revealed that she is deeply influenced by traditional beliefs. Asked to spell out the reasons for which people fall ill, she listed displeased Gods, deities and evil spirits as probable causes. She elaborates by citing a personal incident.

One day she was grazing her cows by the riverside (near a grave site) when, all of a sudden, she had a sudden headache and started vomiting. She was immediately rushed to the local faith healer who performed various rituals to drive the “evil spirit” out of her. She was given magic spelled water and was beaten by a ‘Kucho’ (broom) in the course of the treatment. Jamuni had complete relief once the treatment was over and was able to return to work as usual.

Case No. 2 (Household no. 47)

Kame Koiri, resident of Banigama VDC Ward No. 2, is the father of three children and is living happily with his family. By profession he is a farmer who produces vegetables. While this researcher went to his house, he was cleaning vegetables and the interview began. In the opinion of Koiri, illness is caused when we displease the Gods and can sometimes be caused by witchcraft. He substantiated his view point by recounting a personal experience that he had two years ago.

One day he entered a local ‘Bhatti Pasal’ (local bar) and asked for a glass of local whisky. There was a piece of clove in his whiskey, and developed severe stomach cramps once he drank it. These cramps became more and more frequent in subsequent days and this resulted in loss of appetite; he gradually became thin and black. He was taken to the *Dhami* who performed various activities to the rhythm of drum beats. Kame feels that the NRs.1250 he spent for the treatment was well worth it as the cramps disappeared thereafter.

From the case studies above, it could be made out that people in the area have not discarded traditional values. Society is the field where the local culture reproduces itself by imposing certain rules and regulations on the thinking and behaviour of the people. Culturally, a large number of people in Banigama VDC are inclined towards superstitions. Whenever someone gets sick, they automatically attribute the sickness to evil spirits. Interestingly, people having headache, for example, are not taken to the medical posts for

treatment; the local people have their own methods of treatment which involve sprinkling rice on four directions of an open space while praying for quick relief.

Among the Brahmin /Chettri group, the general trend is to consult the local astrologer to read the horoscope of household members. The astrologer then recommends performance of various rituals, which are usually performed by the household priest to ward off unwanted incidents and maintain the welfare of family members. There is also an established system of commissioning priests to worship and recite scared verses in temples for the speedy recovery from illness and for safeguarding their health. This system is more prevalent among better-off families as it involves some expenditure.

Informal interviews also indicate that when the illness is complicated, the 'Janne Manchhe' (faith healer) is consulted and the household members act according to the advice given. This often involves 'Bhut Manchhine' (means 'drive away evil spirit'). In this method, rice is coloured yellow and red and assorted things like garlic, black thread, about 2/3 balls of ash are placed in the locally made leaf plates and left at crossroads.

A description of some interesting traditional beliefs follows. When someone shows symptoms such as abnormal behaviour, he/she is taken to *Dhamis/Jhakris* who go into a trance to the rhythm of drum beats. People have great faith in traditional healers and only go to health post/hospitals if they are not cured by traditional faith healers.

The people of Banigama also believe in witchcraft. If they suspect any woman of being a witch, they are careful not to make her angry. They always speak to her politely but do not trust them. Banigama inhabitants assert that witches not only give trouble to people but affect animals as well. They cite the examples of how the well lactating cows and she buffalos all of a sudden stop giving milk. In such cases, the 'Janne Manchhe' is called, who is believed to have the power to reactivate lactation by reciting magic spells. If animals cannot be brought to the original lactating condition, they are sold off at very low prices.

Case No. 3 (Household no. 122)

Mr. Karna Kumar Chaudhary and Mrs. Sati Chaudhary of Ward No. 6 have a 6 year old child named Sachin Kumar Chaudhary, who has been blind in both eyes since birth. In spite of several rounds of local treatment, he could not be cured. This couple has three children (two sons and a daughter) who were all delivered at home. The blind child needs help from his mother for everything (eating, defecating etc). Sachin was sick for a week immediately after birth. At that time he used to remain with his eyes closed. A Dhami (faith healer) was brought for further treatment. However, he was not taken for ophthalmic treatment. When questioned

about the dependence on just the *Dhami*, Mr. Karna Kumar Chaudhary replied, "I thought God was angry and that only the faith healers could know the reason why and make my son better." It was only when he was three-months-old that the parents realized that he was blind.

Here, Mr. Karna Kumar Chaudhary is dependent on the traditional faith healers. He never thought of taking his son to medical centers; the hapless son thus received no proper treatment. From the case study it can be inferred that that the preconception that illness is caused by displeased Gods is a part of the shared thought of the people in Banigama.

Case No. 4 (Household no. 36)

Mr. Shiv Narayan Khawas is the Chairman of Ward No. 2 of Banigama VDC and also the village 'Dhami'(faith healer). He says he learnt this art of shamanism from Mr. Shiva Lal Dhami and Mr. Mamrai Dhami, whom he considers his 'Guru' (teacher). He uses herbs to control fever and dysentery, and grass (Dubo) as the remedy to bleeding. He uses pigeon feathers for all kinds of eye problems. He differentiates between various illnesses, saying that certain illnesses are caused by displeased deities, evil spirits, witchcraft, and sorcery and need to be countered by his magic. Interestingly though, he refers cases of injuries, cuts, and fractures to health posts or to allopathic medical stores. He admits that economically well to do (better off) and educated households seek his services less compared to poor and illiterate ones.

Traditional beliefs are deeply rooted in Banigama. People have great faith in traditional faith healers and home remedies which may have a negative impact on the health of the local population. Some such incidences are documented in the following section.

Influence of traditional beliefs on health at present

In Banigama VDC, traditional concepts about health and illness are not based on science. Deeply rooted traditional beliefs have become an enormous problem. People's persistence with traditional beliefs is largely influenced by superstition, income and education.

The unsanitary treatment of wounds in Banigama was immediately apparent. When someone gets cut, a kind of local leaves locally known as 'Banmara' are crushed in a pestle, placed on the wound and tied up with cloth. The leaves used are unwashed and the piece of cloth might also not be clean, making the wound susceptible to various infections. There is a very real danger that this norm of dealing with cuts may invite more serious diseases. The observation also indicates that a large number of people rely on traditional faith healers

thinking that the disease is caused by displeased Gods. This process results in the patient's condition becoming weaker and weaker due to lack of timely and proper treatment.

In a few cases, it was also found that after the unexpected death of a child the parents ritually hand the remaining children over to another family belonging to another caste/ ethnic group which accept them as its children. It is believed in Banigama that when these children are handed over (only for short time) to other parents, the spell of the spirit ends and they would not die premature.

The traditional beliefs of the people could have a negative impact on health and illness. Anyone suffering from a psychological problem is considered to be taken under the spell of a Boksi (witch) and is taken to *Dhami-Jhakris* for treatment. Depending on situation, some times, during the course of performing healing rituals, the sick person is beaten badly, his hair cut off randomly, is sometimes burned in places with a hot iron to brand or ward off Boksi (witch). This is another superstition that claims that the mark put to the sick person will also be automatically duplicated in the *Boksi*, thereby helping to identify and curb the ill deeds of the culprit. Despite being unhealthy such practices survive only because of peoples' affinity to centuries old, long standing beliefs. Unfortunately, when mentally disturbed patients are given such punishment, their problems would further complicate.

Drinking alcohol is fairly common in Banigama and is accepted by all castes/ ethnicities except for Brahmin/Chhetris. The Tharu, Newar, Terai dwellers and Untouchables traditionally drink locally home brewed "Raski" if they have stomach pain. They even have a tradition of drinking alcohol when they have diahorrea, unaware of the health hazards of drinking alcohol as a medicine.

Perceptions towards Illness

Although perceptions are largely shared they might, at times, vary from person to person. In Banigama VDC, a large number of people are guided by the traditional superstitions regarding health and illness largely because of their low income, minimal land holding and inadequate penetration of the modern health culture. With regard to ethnic predisposition, more people from other groups in Banigama believe that the illness is caused by displeased Gods, evil spirits and witchcraft than the Brahmin/Chhetri community. The households in the study area, with the exception of a few Brahmin/Chhetri houses, are habitually influenced by traditional faith healers, and many depend on *Dhami/Jhakri* and 'Janne Manchhe' for treatment. Information gathered through interviews suggests that traditional faith healers are able to sustain the faith of villagers on them partly because they must have succeeded curing

some patients. Peoples' faith in them is therefore driven by both the traditional belief system and their life experiences.

Table 3.3: Household Perceptions towards Illness

??, not clear.

Opinion	Caste/Ethnicity											
	Brahmin		Tharu		Untouchables		Terai Dwellers		Others		Total %	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
No Response	1	3.70	3	2.63	-	-	-	-	-	-	4	2.25
Stomach Ache	11	40.74	51	44.74	8	61.54	13	59.09	-	-	83	46.63
Weakness	17	62.96	87	76.32	9	69.23	19	86.36	2	100.00	134	75.28
Diarrhoea	8	29.63	88	77.19	11	84.62	17	77.27	1	50.00	125	70.22
Morbidity	16	59.26	94	82.46	7	53.85	11	50.00	1	50.00	129	72.47
Bad Dream	-	-	3	2.63	-	-	-	-	-	-	3	1.69
Physical, Mental and Social Tension	2	7.41	8	7.02	-	-	2	9.09	-	-	12	6.74
Total	27	100.00	114	100.00	13	100.00	22	100.00	2	100.00	178	100.00

Note: Total exceeds because of multiple responses.

Overall, the majority of Banigama dwellers are of the opinion that weakness (75.28%), morbidity (72.47%) and diahorrea (70.22%) are actual illnesses. From the same table, it can also be seen that 6.74% of them also feel that physical, mental and social tension is also a state of illness. Nonetheless, 1.69% felt that even bad dreams indicate to a state of illness. Among the Tharus, morbidity, diahorrea and weakness are the most prevalent diseases. For Brahmin/Chhetris, weakness, morbidity and stomach aches are the predominant illnesses. Likewise, Untouchables perceive their major illnesses to be diahorrea, weakness and stomach pain. Weakness, diahorrea and stomach pain are also the main indicators of illness for Terai dwellers. As far as the perceptions of the Others group (Newar and Tamang the Tibeto-Burman speaking group) is concerned, they feel that being weak is the main indication of illness. As stated earlier, lack of physical, mental and social well-being are also attributes of illness and were realized almost equally by Brahmin/Chhetris and Tharus in a small tune of 7.41% and 7.02% respectively. A larger section of The Terai dwellers (9.09%) identified this variable as factor of illness. None of the Untouchables and Others (Tibeto-Burman group) could conceive of this variable as a factor of illness. From such findings, it can be inferred that Banigama dwellers have had ample experience of morbidity and diahorrea induced weakness. This hampers their everyday toil to survive, and as a result have

been classified, though seemingly minor, as a major illness. Fatigue reduces productivity, affects their earning capacity in directly labor intensive jobs and ultimately affects people's livelihoods.

The data identifies physical weakness as a great problem. This might be because of the lack of a balanced diet, arduous work schedule or the result of the diseases they unknowingly suffer from. Diarrhoea causes a lot of weakness. People in Banigama largely drink water from tube wells no more than 20 feet deep, and this makes them vulnerable to diarrhoea.

Table 3.4: Household Beliefs about Illness

Belief/ Opinion	Caste/Ethnicity											
	Brahmin/ Chhetri		Tharu		Untouchables		Terai Dwellers		Others		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Bad Dream	2	7.41	22	19.30	2	15.38	1	4.55	-	-	27	15.17
Stomach Pain	4	14.81	32	28.07	3	23.08	4	18.18	-	-	43	24.16
Leprosy	3	11.11	3	2.63	2	15.38	2	9.09	-	-	10	5.62
Dispute and Unsuccess in Work	7	25.94	34	29.82	2	15.38	2	9.09	1	50.00	46	25.84
witches	3	11.11	6	5.26	2	15.38	7	31.82	-	-	18	10.11
Sorcery	3	11.11	7	6.14	2	15.38	3	13.63	-	-	15	8.43
Faint	1	3.70	2	1.75	-	-	-	-	-	-	3	1.68
Accident	1	3.70	2	1.75	-	-	-	-	1	50.00	4	2.25
Earthquake	1	3.70	2	1.75	-	-	1	4.55	-	-	4	2.25
Death of Livestock	2	7.41	4	3.51	-	-	2	9.09	-	-	8	4.49
Total	27	100.00	114	100.00	13	100.00	22	100.00	2	100.00	178	100.00

Banigama dwellers believe in predisposed systems of events that dictate what should exist or occur, as well as what does exist and occur, in specific types of social situations. They are guided by the belief that when their deities are displeased several things, notably illness/misfortunes, occur. This is reflected in Table 3.4. Sociologically speaking, beliefs about what actually exists and occurs can be biased by values and evaluative beliefs. No social group, however, can do without a belief system. Peoples' behaviors are influenced by their attitudes which, in turn, are shaped by personal values and beliefs. Examples of illness/misfortune when Gods are displeased are involvement in unnecessary disputes and failure to find desired employment (25.84%). Likewise, 24.16% of Banigama inhabitants report stomach pain. A third majority felt that bad dreams were the result of these situations (15.17%).

Among the ethnic groups, the Terai dwellers were most predisposed (31.82%) to the notion of troubles from witches when their deities were displeased. The majority (15.38%) of Untouchables also believed in sorcery. So, it can be said that the Untouchables and Terai dwellers of Banigama largely possess characteristics of pre-modern and tribal/pre industrial people compared to members of other ethnic groups. They perceive low vegetables- and crop yields, frequent injuries, lack of speedy recovery, and spontaneous abortion as the fall-outs of black magic.

The following case studies would spell out the prevalent perceptions and beliefs towards health and illness.

Case No. 5 (Household no. 68)

Kanchha Tamang, resident of Banigama VDC-3, is a small farmer who has two sons and four daughters and is presently suffering from paralysis. When questioned how he became paralyzed, he said, "In the beginning, I thought it was caused by the displeasure of God. I also went to "Janne Manchhe" and he gave me 'Mantreaiko Pani' (magic spelled water) and also asked me to visit different temples and sacrifice a black cock in order to appease God. I was too unwell to go personally so my family did all the things as told by the Janne Manchhe but I could not be cured."

Enquiries into his case reveal that Kanchha Tamang did sacrifice 7 or 8 black cocks and spent a lot of money to perform the rituals advised by the *Janne Manchhe*. He was later referred to the district headquarters by the village sub health post. Kanchha Tamang borrowed NRs 6,000 by mortgaging his land with the local landlord for medical treatment but it was too late.

The above case study illustrates the general perception towards health and illness of the Tamangs in the study area. Mr. Tamang spent money by adhering to traditional beliefs, but ended up causing both himself and his family immense suffering.

Case No: 6 (Household no. 128)

Mr. Amar Lal Tharu, a 40 year old resident of Banigama, Ward No. 6 has 6 household members. About 12 years ago he suddenly became blind in both the eyes. In explaining the reason for the impairment of his vision he said: "I must have committed a big sin in my previous life and this is my punishment."

He is only just able to manage his day to day hygiene regimen and depends on his children for his livelihood. He was previously contributing to his family income by working as a watchman in a landlord owned farm, but lost his job and earnings as he lost his vision.

It thus appears that Mr. Amar Lal is greatly influenced by traditional beliefs. He believes in rebirth and that sufferings and illnesses in this life are the retribution for sins committed in a past life. The people get sick due various factors that affect their body. Had he been aware of modern treatments, he would have realized the proper reason for illness. It is the lack of scientific knowledge that leads people to look to the fate or the super-natural to explain illness.

Perception/ Belief of why People get Sick

Illnesses are caused by a range of factors but individual perceptions of illness are seen to differ in terms of caste/ethnicity, size of land holding and income. Those with large land holdings and high incomes are assumed to be better exposed to the world outside. When people have high income and enough land, their economic condition is healthy, and they don't have to worry about their subsistence. This encourages a search for scientific knowledge through different modes, which challenges the shared perceptions of health and illness based on traditional beliefs. The Brahmins/Chhetris, because of their education and greater access to land, are usually better aware of modern health facilities and appear to have more faith in modern medical treatment.

The economically weak and illiterate are seen to be more influenced by traditional beliefs. They tend to think of illnesses as being caused by displeased Gods and aspire to appease the Gods by performing various religious rituals. A majority of the poor in study area depend on traditional faith healers, quacks and Dhami/Jhakris. This naivety is reflected in that the poor tend to view even medical shopkeepers and local grocery (who also sell medicine) owners as medical practitioners for allopathic medicine. The rich, in contrast, do not accept shopkeepers as medical practitioners.

Views on health and illness are also seen to be largely determined by caste/ethnicity. Those of higher caste/ethnicity may have wide exposure and may get knowledge through different media while dealing with different kinds of people in their every day life. They are much more aware of their health, and prioritize personal hygiene and environmental sanitation. But the poor may lack the understanding of these concepts as they are more worried about their daily subsistence and do not view personal hygiene and environmental sanitation as a priority.

Table 3.5: Household views about causes of illness

Opinion	Caste/Ethnicity											
	Brahmin/ Chhetri		Tharu		Untouchables		Terai Dwellers		Others		Total %	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
When god/goddess/ deities become unpleased	3	11.11	105	92.11	11	84.62	17	77.27	1	50.00	137	<u>76.97</u>
Lack of Proper hygiene & sanitation	19	70.37	7	6.14	-	-	4	18.18	-	-	30	16.85
Natural Phenomena	3	11.11	2	1.75	2	15.38	-	-	-	-	7	3.94
Others (Bad Luck)	2	7.41	-	-	-	-	1	4.55	1	50.50	4	2.24
Total	27	100.00	114	100.00	13	100.00	22	100.00	2	100.00	178	100.00

The majority (76.97%) of Banigama dwellers attribute illnesses to displeased Gods, followed by a small group (16.85%) that cites lack of proper hygiene and sanitation as causes for illnesses. However, caste/ethnicity wise, Tharus (92.11%) tend to have the strongest belief in the supernatural, followed by the Untouchables and Terai dwellers. Brahmin/Chhetris also believe in the supernatural, but in a relatively small number (11.11). Our data thus suggest that the Brahmin/Chhetris among the ethnic groups are relatively more inclined towards scientific thinking.

The fact that the Tharu, Untouchable and Terai communities are greatly influenced by traditional beliefs could be the effect of minimal education and maximum cultural superstitions and influences. As Brahmin/Chhetris are well educated they are able to analyze critically and, comprehend the possible causes of disease; they do not rely solely on traditional beliefs. Only a small percentage of Brahmin/Chhetris still perceive that sickness and disease are caused by displeasure of God.

The perceptions of the factors affecting health and illness also vary in different agrarian categories. The table below shows how the size of landholding is related to health and illness.

Table 3.6: Household perception of causes of illness according to Land Holding

Opinion	Land Holding													
	Landless		Below 0.50 ha		0.50 to 1.0 ha		1.0 to 3.0 ha		3.0 to 5.0 ha		Above 5.0 ha		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
When god/goddess/deities become unpleased	33	82.50	3	8.11	2	5.56	-	-	2	16.67	-	-	40	22.47
Lack of Proper hygiene & sanitation	4	10.00	31	83.78	34	94.44	46	95.83	10	83.33	5	100.00	130	73.04
Natural Phenomena	2	5.00	3	8.11	-	-	2	4.17	-	-	-	-	7	3.93
Others (Bad Luck)	1	2.50	-	-	-	-	-	-	-	-	-	-	1	0.56
Total	40	100.00	37	100.00	36	100.00	48	100.00	12	100.00	5	100.00	178	100.00

Most of the landless people (82.50%) believe that displeasure of God causes illness. It is interesting that none of those with more than 5 ha. of land thinks this way. It could be assumed that those who possess more land and more income have greater exposure to life outside the village and have access to TVs and radios to broaden their outlook compared to the landless or those with very little land. These media reinforces awareness on many issues including health consciousness and people belonging to landed class do not to exclusively depend only on home remedies. As the understanding that germs are the causative agents of diseases develops, this awareness precipitates the search for medical treatment. But the reasoning process is different with the poor. They believe strongly in re-birth and fate and are resigned to the notion that their present suffering is retribution for sins committed in a previous life, or that an illness is simply "meant to be".

It is clear that as the income level increases, people tend to lean towards scientific reasoning. The following table shows the discrepancy in perception according to income levels.

Table 3.7: Household views on reasons for illness According to Income Level

Opinion	Income Level											
	5-10 Thousand		10-15 Thousand		15-20 Thousand		20-25 Thousand		> 25 Thousand		Total %	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
When god/goddess/deities become displeased	23	82.14	1	5.88	2	15.38	1	4.00	2	2.11	29	16.29
Lack of Proper hygiene & sanitation	5	17.86	15	88.24	11	84.62	23	92.00	87	91.58	141	79.22
Natural Phenomena	-	-	1	5.88	-	-	1	4.00	5	5.26	7	3.93
Others (Bad Luck)	-	-	-	-	-	-	-	-	1	1.05	1	0.56
Total	28	100.00	17	100.00	13	100.00	25	100.00	95	100.00	178	100.00

Table 3.7 shows that the majority (82.14%) of the relatively poor, who belong to NRs 5000- 10000 income group, attribute displeased Gods as the main reason for falling sick. As the income increases, so does the realization that the cause of illness is lack of proper hygiene and sanitation. The majority of Banigama inhabitants, in the NRs 20000-25000 income group, feel that illness is caused by lack of proper hygiene and sanitation. This is echoed in the perception of the people belonging to the over NRs 25 000 income group.

Our findings reveal that people in Banigama have a history of repeated health problems and have a tendency of finding solutions themselves. Their perceptions of health problems appear largely associated to their belief system about supernatural powers, and the prevailing treatment patterns.

The people in the upper social and economic stratum, thus, realize the importance of hygiene and sanitation more. Those in the lower stratum are so bound by traditional superstitions and so intensely engaged in their struggle for survival that they cannot grasp the importance of hygiene and sanitation. There are established personal, socio-economic, political and cultural factors which determine health and disease patterns; individual perceptions are based on these. Decision-making is also influenced by others in the society. Another factor in this scenario is the minimal access to modern health care systems in Banigama and the lack of initiative on the part of the health workers to reach the modern health benefits to the needy people. Thus in a tradition-bound impoverished social setup unless people find an alternative, they will continue to hold on to traditional practices and this has been demonstrated in the fact that people are guided by the traditional prejudices even when they have admittedly lost faith in them.

Frequent suffering from disease/morbidity has its economic repercussion as it affects the quality of life and their earning capacity. For the victim and his family, the loss of earnings is often severe. Illness also imposes an extra demand on finances for treatment costs and transportation to hospitals. There are also extra expenditures for special foods and home nursing care. Therefore the economic value of health also depends on losses. These losses may involve the victims, their families, the community and the health services. Even though advances in modern medicine have changed what might previously have been considered "biological imperatives" worldwide, this is not so in places with social institutions such as Banigama.

Changing Traditional Beliefs

The case studies and observations in Banigama illustrate the strong influence of cultural superstitions on individuals in spite of their advances in the field of education. However, the traditional social mould gradually weakens with the rise in income level, education and responsibility towards society. In the tradition-modernity matrix, one could notice a slow but sure movement away from superstitions towards scientific reasoning. While the majority of the people in the study area just have basic education and are unable to shun superstitions, Brahmins/Chhetris are educationally better placed in comparison to other caste/ethnic groups. This is reflected in the fact that their perceptions towards health and illness are not limited to traditional beliefs or superstitions alone. While the educated may still believe that diseases are caused by displeased Gods and deities as well as witch craft and other evil spirits to some extent, they are aware of the scientific causes as well. Brahmin/ Chhetris and Tharus have more links to organizations and are better exposed to the outside world than other groups. The changes to traditional beliefs about health and illness can be credited to improvement in the material condition of the households. Those with TVs and radios are better informed and have access to additional knowledge of health programs and facilities.

In Banigama VDC, female community health volunteers (FCHV) and trained birth attendants (TBA) are working actively in the community. These people provide health services to the people and encourage the people of Banigama to live a healthy life. In the same way, the sub-health post also provides different services, an example of which is the successful Government immunization program for children.

While the people of Banigama have not adopted proper sanitation in their dwellings as yet they stressed the need for proper management of environmental sanitation and personal hygiene. They have at least understood the importance of a healthy life and the usefulness of

proper sanitation. There are at least some people who strongly endorse the modern medicinal practices. The case study below would illustrate how peoples' perceptions are changing.

Case No. 7 (Household no. 93)

Mr. Deepak Khawas, a 20 year old carpenter, has completed primary education. He is a resident of Ward No. 4 in Banigama and is the eldest son of Mr. Joglal Khawas. There are 4 members in his family. Deepak, after working for 3 years in a garment factory in Kathmandu, is back at Banigama because of illness. He complains of regular vomiting and stomach pains. He lost weight and looked thin and black. At his own insistence, Deepak was admitted in the Koshi Zonal Hospital (at Biratnager Headquarters) for further treatment. For this Mr. Joglal and his wife have spent NRs20, 000 and sold 1 tola gold (11 gm. gold worth of approximately NRs10,000/-).

In the case study above, Deepak is taken directly to hospital. It might be because of Deepak's knowledge on health and illness as well as because of his exposure while working in Kathmandu. He is aware of the potential adverse impacts of working in the garment factory but was economically compelled to do so.

Summary

Following the discussions done in this chapter it could be observed that peoples' perceptions of health and illness vary with their varying caste/ethnic background, income, size of land holding and educational status.

The majority of Banigama inhabitants are poor, and do not have higher education. Although the villagers are economically backward and do not have high incomes, they appear to be conscious of the shortcoming in their health environment. They by and large understand the significance of management of environment and sanitation for good health. Unfortunately, poverty prevents them from having properly constructed latrines in the village, and the absence of scientific lavatories tells upon their health of the average people.

In Banigama VDC, views about health vary according to caste and ethnic background of the people. Individual castes/ethnicities have their own understanding of illnesses. The majority of the inhabitants understand that the absence of disease is reflected in healthy body; they view health as a state of mental and physical wellbeing. The villagers categorize even common health afflictions such as stomach pain, diahorrea and fatigue, which could be healed within one two days, as serious as they affect the body directly and can destabilize the normal life in a big way.

Our study has found that people being to various social and economic categories come out with differential explanation of the reasons for illness. A large majority among the Tharus, Untouchables and Terai Dwellers feel that illness is caused by displeased Gods and deities. The majority of Brahmin/Chhetris, on the other hand, do not believe that illness is caused by displeased God. They believe that it happens because of lack of proper hygiene and sanitation. The perception of illness clearly varies also by income levels. Those in the NRs. 5,000-10,000 income brackets believe that illness is caused by displeased Gods but in the higher income groups this opinion is shared by lesser number of people. Those with high incomes (over 25,000) stressed that the prime cause of illness is lack of proper hygiene and sanitation. The size of the holding, which is a strong indicator of economic status in a rural setup, also comes into play in shaping peoples' perception of the reason for sickness. Generally, the landless or those with very little land are inclined towards traditional beliefs. They feel that illness is caused by displeased Gods, but those with large land holdings tend feel that illness is caused by lack of proper hygiene and sanitation.

About the mode of treatment the people of Banigama continue to be largely influenced by traditional set of beliefs. Even the literate and the Brahmin / Chhetris, who have greater exposure to outside world, and Tharus, are seen consulting traditional faith healers. As a part of the general pattern, the sick are first taken to faith healers and taken to concerned health post/hospitals only if they are not healed within a reasonable time. A large number of Terai dwellers believe that witches as well as unpleased deities are to blame for illnesses and other misfortunes. This naivety is reflected in the fact that almost all the Untouchables appear to be dependent on grocery shops for treatment. Compared to other ethnic groups, Untouchables and Terai dwellers of Banigama, though in a flux to change, still possess characteristics of pre-modern and tribal/pre industrial societies. The fact of the Tharu, Untouchable and Terai dwellers being more influenced by traditional beliefs could be attributed to their low level of literacy and strong influence of traditional cultural influence. Brahmin/Chhetris are somewhat less influenced as they are well educated and therefore able to analyze their life critically. The fact of their being economically better off and their greater exposure to modern facilities also make their case different.

These traditional beliefs are also reflected in cases 3 and 5. In case 3, when the child had an eye problem, the parents thought that it was caused by the displeased Gods so he was taken to a traditional faith healer rather than to a hospital with modern facilities. In the same way, in case 5, when Kanchha Tamang had a leg problem (paralysis), he took it as a result of a sin he had committed in his previous life.

The world is in a flux. The changes are taking place in Banigama VDC across castes and classes, although slow, in the field of health culture and health behaviour. This is reflected in the emerging consensus that environmental sanitation in and around their dwellings should be given more attention for the sake of good health. This can be attributed to improved educational facilities in the village and penetration of the modern medicinal practices through government sponsored health infrastructure. While a large majority of the households are still to have sanitary latrines and safe drinking water, there is a strong hope among the people that they would have access to these basic facilities gradually. Changes that are taking place across the communities and classes, at the individual level, will take some time to assume the collective and community character. The study, in sum, shows an undeniable movement from traditional to the modern health culture and practices.