Health Awareness Among Rural Magars towards Communicable Diseases

(A Case Study of Kotdarabar VDC of Tanahun District)

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APPROVAL SHEET

This thesis presented by ...Bishnu...Kumar...Sinjali..... entitled "Health Avogress Among Rural Magars towards Communicable Diseases CA case study of Kotdarbar VDC of Tanahun District" has been accepted in partial fulfillment of the requirements for the Degree of Public Administration (MPA).

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Letter of Recommendation

I hereby forward that Mr. Bishnukumar Sinjali has completed the dissertation entitled- ***"Health Awareness Among Rural Magars towards Communicable Diseases: A Case Study of Kotdarabar VDC of Tanahun District"*** under my supervision and guidance.

I recommend this dissertation for approval and acceptance.

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Bishnukumar Sinjali
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FIGURE AND CHARTS

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 scared 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 death body for crimination
Chita	: Collection of firewood to criminate corpse
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 as 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	: A ethnic caste of Nepal
Gurung	: A 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

Abbreviation

VDC	: Village Development committee
KAP	: Knowledge, Attitude and Practice
STI	: Sexually Transmitted Infections
STD	: Sexually Transmitted Diseases
HIV	: Human Immune Virus
AIDS	: Acquired Immune Deficiency Syndrome
TB	: Tuberculosis
CBS	: Central Bureau of Statistic
HDR	: Human development Report
HDI	: Human development Index
NGO	: Non Government Organization
INGO	: International Non Government Organization
AHW	: Auxiliary Health Worker
CMA	: Community Medical Auxiliary
ANM	: Auxiliary Nursing Midwife
HA	: Health Assistant
SHP	: Sub-Health Post

Chapter 1

INTRODUCTION

1.1 Background

Nepal is a country of Villages. Administratively the nation is divided into five regions, fourteen zones, 75 districts, 58 municipalities and 3915 village development committee. 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 landlocked country. It's 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 Mahadesh (CBS Nepal in figure).

Geographically the country is divided into three horizontal belts; Himal, Pahad and Madhes. 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; further south, there extends the Madhes derived from Madhyadesh, 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 world, 57% 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 diarrhoea, 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 rise problems of

communicable diseases. It is also affecting in managing tuberculosis and other communicable diseases.
Nepal is also a small land locked 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 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 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 is a Secular State on 18 May 2006 (Kantipur, 19 may 2006). It is also mentioned in interim constitution 2063. It means all religion and culture are equal. Of the total population, 80.6 Percent follows 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 religions all get along and the country has never suffered through any conflict of 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 racial 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 hundred different casts 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 also diverse. In rural, health education cannot touch till now because they have not change in knowledge, attitude and practice towards modern health satisfactory.

1.2 Health & Communicable Disease

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 meaning of health is given -"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).

There have been many attempts to define disease. Webster defines disease as "a 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 " a 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 cause, this is called (a) supernatural theory. However in remote areas the concept is still found. When the Louis Pasture discover 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 eg Scabies, lice, sexually transmitted disease, HIV/AIDS etc, (d) parental route eg Hepatitis B, HIV/AIDS etc (e) Placenta route eg. 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 suffered from the communicable disease. So, health awareness is necessary in the community from prevent communicable disease and reduce morbidity and mortality.

1.3 Indigenous Ethnic Groups of Nepal

Nepal is a multi-lingual, multi-religious, multi-cultural and multi-racial Nation. From the perspectives of human origin, Nepal has habitant 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).

Ethnic groups can be defined as endogamous collectivities which postulate, through selected tradition, a distinctive identity. They are a cultural group which does not have an independent political status but is a part of the wider social system called nation state in which they compete and interact with similar groups for social and political gains (Rajbhandari 1998, P.2). The Oxford Dictionary has mentioned the meaning of ethnic as 1.of or involving a nation, race or tribe that has a common cultural tradition, 2 of a person belonging to the specified country of area by birth or family history rather than by nationality and indigenous as belonging naturally to a place; native. In this meaning Indigenous ethnic are those

group, who has a written or unwritten history, has native place, distinct culture and social system, aborigine of that area. They are inhibit from ancient period.

According to ILO, an indigenous ethnic (or indigenous nationality) defined as a group of a people with its own
(1) Traditional life style
(2) Culture and life style distinct from other national communities or nationalities eg. Leading their life and in use of language and customs
(3) Social institution, traditional customs, law and political organization and
(4) Specified region where they have been living since the ancient period or before the encroachment of other people (ILO treaty no 169).

According to Aadibasi Janajati Utthan Rastriya Pratisthan Aen 2058 BS; Indigenous Nationalitis (Ethnic) Caste or community is, one which has its;
(1) Having own mother tongue
(2) Having traditional customs.
(3) Having different cultural identification.
(4) Having different social Structure and written or non written history.

In this meaning Magars are a indigenous ethnic caste. Because they fulfill the above requirements and they have mother tongue, history, distinct culture and they are old habitants of Hilly region as well as other places of Nepal.

The Government of Nepal has indexed 59 indigenous ethnic castes. They are categorized in five different groups. The division or categorization is based on human index (eg. literacy rate, concrete housing, land tenure, profession, language, population and educational situation) 2001 Report. They are as following:

(a) Endangered group : (1) Kusunda (2) Bankariya (3) Raute (4) Surel (5) Hayu (6) Rajee (7) Kisan (8) Lepcha (9) Meche (10) Kushabadiya.

(b) Highly Marginalized group: (1) Majhi (2) Siyar (3) Lhomee (Shingsawa) (4) Thudam (5) Dhanuk (6) Chepang (7) Satar (8) Thami (9) Jhagad (10) Bote (11) Danuwar (12) Baramu.

(c) Marginalized group: (1) Sunuwar (2) Tharu (3) Tamang (4) Bhujel (5) Kumal (6) Rajbansi (7) Gangai (8) Dhimal (9) Bhote (10) Darai (11) Tajpuriya (12) Pahari (13) Takpegola (14) Dolpo (15) Phree (16)Mugal (17) Larke (18) Lhopa (19) Dura (20) Balung.

(d) Dis- advantaged group (Subidha bihin samuha) : (1) Gurung (2) Magar (3) Rai (4) Limbu (5) Chhairotan (6) Tanbe (7)Tingaule Thakali (8) Bahragaule (9)

Marphali (10) Sherpa (11) Yakkha (12) Chhantyal (13) Jirel (14) Byasee (15) Hayolmo.

(e) Developed group (Unnat samuha) : (1) Newar (2) Thakali.

Due to the differences in geographical factors such as land topography, climate and altitude, there is vast considerable ethnic diversity or variation, specialties and uniformity in the life style as observed evident in varied customs and cultures. In course of time indigenous ethnic tribes developed their own social norms and values, traditions and that the rivers, mountainous, forests and climate of the country have enhanced the preservation of different cultures and flourishment of their typicality. The terai is dominated by the Nepalis of the Indian origin, the central region by ancient Nepalese groups and Upper-Bhot by the people of the Tibetian origin. Bhotes, sherpas and Thakali lives in the northen Himalayan region; Bramhins, Chhetries, Newars, Rais, Limbus and Tamang, Gurung, Chepang and Magars in the hill and in Terai are tharu, Dhimals, Rajbansi, Rajputs, Yadavea and other Maithili ethnic tribes, Muslims, Satars Jhagads, Danuwars and Majhi, Darais (Pandey 2045).

Table No 1.1 Ethnic/Castewise Population of Nepal

SN	Caste/Ethnic	Population	Percentage
1	Chhetri	35,93,496	15.80
2	Braman	28,96,477	12.74
3	Magar	16,22,421	7.14
4	Tharu	15,33,879	6.75
5	Tamang	12,82,304	6.64
6	Newar	12,45,232	5.48
7	Muslim	9,71,056	4.27
8	Kami	8,95,954	3.94
9	Yadab	8,95,423	3.93
10	Rai	6,36,151	2.79
11	Gurung	5,43,571	2.39
12	Damai	3,90,305	1.72
13	Limbu	3,59,379	1.58
14	Thakuri	3,34,120	1.47
15	Sarki	3,18,989	1.34
16	Harijan	2,69,661	1.18
17	Koiri	2,51,274	1.11
18	Others	51,11,731	20.73
	Total	2,31,51,423	100

Source: CBS 2001.

Table No 1.2 No of Castes/ Ethnicity of Nepal

1	Identified Nationalities/Castes	101
2	Unidentified Dalit	1
3	Unidentified Caste	1
	Total	103

Source: National Census 2001.

From the Table No 2 above Nepal has 103 castes groups. This is indication of multi racial, multicultural and ethnic diversity. They follows different religions, show different cultures and speaks different mother tongues, however here is unity in the context of racial subjects and adaptation with other culture and respect for each other; so there is no racial riots and severe conflicts.

Broadly, the ethnic groups in Nepal fall into the following two main classses – (1) Indo-Aryan representing the Caucasoid race and speaking Sanskrit derived languages, who mainly inhabit in the southern part of the country which also reveals a strong Hindu cultural influence. These mainly include the castes like Brahamins and Chhetris. (2) Tibeto-Burman representing the Mongoloid stock, speak Tibeto-Burman languages and are mainly includes Sherpa, Tamang, Bhotia, Thakalis etc.which reveal strong ethnic cultural affinities with Tibet and observe religions beliefs, considerably influenced by Buddhism. There is, however a large group of population characterized by and admixture of the above two main stocks in various degrees , the chief among these being the Newars, Rai, Limbu, Magar, Gurung etc. who occupying the main central part of the country (Dastider 1995).

Magars are kept in dis-Advantage group. This means they are away from the to take benefit from the nation. Magars are 1st largest population in indigenous people of Nepal and third largest population among the all castes of Nepal. 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 and with their distinct culture.

1.4 Prevention of Communicable Diseases

Most of communicable diseases are preventable. Prevention is better than cure. The remote areas of Nepal have lack of many modern facilities like safe drinking water, electricity, telephone, media, education, hospitals and health facilities etc. The infrastructure of modern facilities 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 about health sector, however the only few programmes lunched in villages, most of the budgets of villages are spent in kingdom and city area named for rural.

Prevention of communicable disease is simple i.e. become aware. Awareness help to people do healthy behave. Awareness change knowledge, attitude and practices in people. For example young guys of village go Mumbai or other Indian cities to employment and economic support his family. He is separated from family. In time interval he have contact with brothel or Carl-girls. Due to his lack of awareness he become victim of STDs or HIV/AIDS. If he has awareness he would be do safe sex. Such like common diseases like diarrhoea, and other communicable diseases.

For prevention 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 sector of government, making responsible for civil servants, workers and leaders of country, removing depth between village and city, rich man and poor will be play vital role in increase awareness for rural people. The increase of awareness; prevention of communicable disease will be easy. Other wise, it will be only dream and be begging and eating pot for clean persons or community development workers of country.

Simply, health awareness programme and developing modern health facilities in rural community will be prevent them from communicable diseases. The awareness towards communicable diseases should be start from the school level. From the government level, school should be 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.

1.5 Statement of Problem

Although Nepal is rich in ethnic diversity, cultures and religions, customs and traditions and natural beauty, it is far behind other developed countries of the world in human development and civilization owing to geographical extremes, poverty and illiteracy. Nepal is like a garden with different colourful castes and sub-castes, languages, religions and cultures in all three regions viz. Himalayan, Hilly and Terai. There is no even and desirable enhancement and protection of castes, language, religion, culture and ritual despite the fact that they are the main source of national integrity and development. The result is that a considerable number of castes, their religions, cultures and language have been extinct and some others are on the verge of extinction.

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 of 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 school, due to inaccessibility. There are insufficient to 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. However, it has not happened. Similarly, the mother and child get affected from tetanous 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, pesticides are also supplying in villages. These modern foods substituting traditional nutritious dishes from villages, it helps to be under nutrition. Under nutrition will be make a good environment in a man to transmit communicable diseases. And over use of pesticides also destroy ecosystem of rural 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 veneral 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, 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. By 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 survive or economic source they have compel to work in restaurants, massage center, hotels and place where the body is sold. And when they return in village transmission STD and HIV/AIDS. On the other hand, Magar villages also lack of basic infrastructure of development and safe drinking water. They are also one of the dis-advantaged ethnic castes. So, they are backward, especially in rural areas.

They 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 believing 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 attracted 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 researcher subject:

(1) What do they know about communicable diseases?

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

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

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

(5) What do they know about the mode of transmission and route of transmission of diseases?

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

(7) To what extent have they been able to move ahead along with the political, cultural and social mainstream of the country by improving their health?

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

(9) What are the changes observed in their traditional health awareness?

1.6 Objectives of Study

Traveling without destination and study or research without objectives does not have valuable meaning. For example, traveling without destination the traveler can find nothing. Likewise, without objectives the study or research on any subjects can not give answer of questions such as; what, why, how, when, where etc. So to give perfect information about subject; should be mention objectives clearly.

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 study health awareness towards communicable diseases among rural Magars.

(2) To study socio-cultural aspects of rural Magars and influence in health awareness.

1.7 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 aspect of a nation with developing only one caste. The emergence of national culture is due to the mixture of various ethnic/caste's 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 just 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, specially 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.

1.8 Organization of Study

This dissertation consists of six chapters, each with sub-topics. The chapters are mentioned briefly as follows:

Chapter-1: This is the introductory chapter, which provides background of the study, the general introduction to indigenous ethnic groups of Nepal, health and communicable disease, statement of problem, justification of study and organization of study.

Chapter-2: This chapter has included literature review.

Chapter-3: This chapter includes research methodology, Research area, Data collection methods, sample selection method, research design, Source of statistic, limitation of study, statistical analysis and presentation.

Chapter-4: This chapter includes Introduction of the study area, geographic feature, climate, the Magars etc are mentioned.

Chapter-5: This chapter represents the findings and analysis of data about Socio-economic finding.

Chapter 6: The finding and analysis of Health awareness towards different communicable diseases.

Chapter 7: In this chapter summery of dissertation, conclusion and recommendation are presented.

Apart from this chapter bibliography, questionnaire, particulars of population is mentioned as index.

Chapter 2

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 rural Magars from the available books and literature about Magars only.

4.1 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.

4.2 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), he 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 page 533-536.

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 specially 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.

Chapter 3

RESEARCH METHODOLOGY

This chapter is a brief discussion of the methodology employed to collect relevant quantitative & 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 & analysis were used.

3.1 Selection of Study Area

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

(i) Study area is selected on the ground that the respondents will be more helpful in survey, 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 the true facts about this ethnic group are still invisible and unknown. To do additional description about Magar's invisible & unknown facts, exploratory and descriptive research design will be needed. So, exploratory and descriptive research design is 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 & 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 deliberate scientific sampling method.

The "Universe" includes all the households of Kotdarbar VDC. Among the Magar's households, 50 households/respondents were taken from purposive sampling, so that all classes of Magar households could be represented for the study. From the Magars of Kotdarbar VDC 6 persons were selected as key persons, who had thorough knowledge about the Magar community and they were related to household/respondent sampling and other various background.

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.

3.5.1 Primary Data

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

3.5.1.1 Interview Schedule (Questionnaire)

Questionnaire is a main technique of primary data collection. This technique is used to collect data about personal contact, health awareness towards

communicable diseases, economic situation, socio-cultural aspects, customs etc. of the indigenous caste Magar. A precise checklist and comprehensive questionnaire was prepared with consultation from the dissertation supervisor. The questionnaire used in the research is given in index.

5.5.1.2 Observation

Observation is one of the most important techniques for data collection for the social problems. Observation is used to collect information on cultural activities such as marriage ceremony, birth ceremony, death ceremony, Rodi, Kaurha, feast and festivals etc. The researcher has observe housing, toilets, sanitations, animal shed, Drinking water, food habits, traditional health practices, habits related to communicable diseases, type of fashions, customs, life style etc.

3.5.1.3 Interview

Both structured and unstructured interview technique were used to collect data. It was chosen for its flexibility to provide opportunity to know the opinion of the respondent. The data related to the research context but not mentioned in the questionnaire were collected by means of unstructured interview. Interview method was also used in presence of the researcher during the house hold survey, especially with those who were not able to write answers to the questionnaire or disliked to write answer the questionnaire. This has done by developing a friendly relationship with them.

3.5.1.4 Interview of key Informants

This technique is also used to collect information. The persons, who have knowledge about Magars were selected as key informants and given in appendix. 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.

3.5.1.5 House hold Survey

The household survey was conducted by interview, means of a set of questionnaire and observation schedule. 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.

3.5.2 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.

3.6 Data Processing & Analysis

All the data collected through various techniques and sources were put together to be processed with a simple tabulation. Data were splited in to 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.

3.7 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.

3.8 Limitation of Study.

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

(1) 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.

(2) 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.

(3) The study has been emphasized on Water born diseases, vector born diseases, STIs specially awareness to prevent them and other diseases are kept in minority.

(4) The study was primarily conducted for the partial fulfillment of the Master's degree in Public administration, for the Department of Tribhuwan University, Central Public administration campus, Jamal, Kathmandu. 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.

(5) The study has been conducted focusing on only subject health awareness towards communicable diseases among the Magar ethnic based on Kot-darbar VDC of Tanahun district. This sort of study can also be carried out in other areas.

Chapter 4

THE SETTING OF STUDY AREA

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).

On the basis of geographical feature Tanahun can be divided in to two parts (1) hilly region and (2) Low lands eg Bensi, Phant and tar.

The land situated at an altitude of more than 1220 meter height from sea level is called mountainous land. The famous peaks of the includes Chhimka ko Lek (2134 m), Mirlungkot (1650 m), Hilekharka (1646 m), Sinchang danda (1634 m), Chowkdand (1435 m), Bandipur Muchuk danda (1344 m), Habeli danda (1241 m), Tanahunsur (1241 m), Rijal gaun (1225 m), Phidimswanra (1638 m), Ramkot (1340 m) Balipokhari (1281 m), Balakhre (1471 m), Simleswara (1311 m), Dhorbarahi danda (1269 m), Phirphire (1238 m).

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 inhabitant 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 this 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 in to three constituencies, 46 village development committees and one municipality.

4.1.2 Use of Land

According to topographic map 1998 of Department of Survey the total area of land is 157184.10 hectors and usages of land is shown the table no 4.1.

Table No 4.1 Usages of Land

SN	Particulars	Area (Hector)	Percentage
1	Agriculture Land Irrigated Non-irrigated	71,928 13,518 50,723	45.76
2	Forest area Government forest Community forest Kabuliyati forest	67,841 57,443 19,471 659	43.16
3	Bush (Jhadi) area	12,296	7.28
4	Grazing (Charan) area	1,368	0.87
5	River, stream, river bank, Housing and other area	3,791	2.93
	Total	1,57,184	100

Source: Topographic Map of Nepal, Survey Department 1998.

4.1.3 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.

4.1.4 Ethnicity/Caste

Caste diversity can be 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 no 4.2

Table No 4.2 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 them the number of population is not identified of nine ethnic/castes as Bote, Dura, thakali, Chepang, Kusunda, Rai, Limbu, Baramu and Bhujel and not mentioned table no 4.2. The table no 4.2 Shows the ethnic/castes of Tanahun.

The main indigenous ethnic/castes are mongoloid face in number of this district. Indigenous ethnic comprises percent, 53% of total population. Bramin, Chhetri

and Thakuri covers approx 28% and Dalit 14% and the rest belongs to other castes. The categorization of indigenous ethnic group is shown in table no 4.3. It is based on human index published by various organizations and NEFIN.

Table No 4.3 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. 5 Religion

The situation of religion of Tanahun District is shown at table no 4.4. The table shows that most of people follows Hinduism. This means Tanahun is influenced by sanskritization. *Bhanubhakta's Ramayana* has played a role for sanskritization. It is natural; Tanahun is birthplace of Bhanubhakta. He translated the *Sanskrit Ramayana* in to Nepali. The distribution of population according to religion of Tanahun district is mentioned in table no 4.4.

Table No 4.4 Situation of Population of Tanahun According to Religion

SN	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. 6 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. Southern and other region's Magars 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 started with the Nepali or English language. The situation of mother tongue is presented in Table No 4.5.

Table No 4.5 Population Demography According to Mother Tongue of Tanahun

SN	Spoken Language	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.

4.1.7 Roads

The Prithwi Highway passes through almost the mid land of Tanahun district. It's Muglin - Kotre sector is in this district and its length is 72 km. The road to Lamjung Beshisahar runs from Dumre and to Gorkha from Anbukhaireni of the district. By the 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).

Table No 4.6 Situation of Road/ way of Tanahun district

SN	Highway/Road's Name	Runs from to (Sector)	Distance	Remarks
1	Prithwi	Mugling-Kotre	72 km	
2	Kumle – Kotre sector	Kumle - Kotre	10 km	
3	Anbukhaireni-Gorkha	Anbu- Marsyandi river	01 km	
4	Dumre-Bandipur	Dumre-Bandipur	08 km	
5	Dumre-Besisahar	Dumre-Sundar Bazar	24 km	
6	Damuli-Chhaudi	Damauli-Chhaudi	08 km	Kachhi
7	Vyas Marga	Damauli-Bhorletar	17 km	Kachhi
8	Shindhu Marga	Chapaghat-	06 km	-"-

		Syamgha,Nepaltar		
9	Buddha Marga	Damuli- Saranghat	03 km	-"-
10	Bimad-Keladi	Bhimad- Keladi	07 km	-"-
11	Bhanu Marga	Bhansar-Pokharichhap	38 km	-"-
12	Damauli Pharakchaur	Damauli-Pharakchaur	06 km	-"-
13	Bhimad Devgaht	Bhimad-Devghat	06 km	-"-
14	Chakrapath Khairenitar	Chakrapath- Khairenitar	15 km	-"-
15	Chandrapath, City Road	Damauli-Vyas, Bhansar, Kalimati	10 km	-"-
		Total	231	

Source: District Office of Road Department, Tanahun 2007.

4.1.8 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 No 4.7 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, so for sound economic and social stability of a person; s/he should have physical, mental and social well being. The condition of health facilities is shown in following table:

Table No 4.8 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	Nursing home/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 no sufficient telephones. To reach this area a three to five hour journey on foot from the district headquarter Damauli/ highway. Recently there is a non-gravelled (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 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 boarder s are Ramjakot VDC and Ranipokhari, the southern boarder ia 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 December, January and February are cold months. 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 sloppy due hilly area. The lands of VDC are Kharka, Bensi and sloppy. 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 language 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. Present, the sub health post is run by auxiliary health worker (AHW). Nepal health posts are not reliable because they do not give service 24 hours due to lack of staff and doctor. So, people of VDC carry patients to district headquarter or Pokhara to treatment. The ambulance is not seen there, patient is 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 shaman 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 & taking, for personal hygiene and sanitation.

Water is a also 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 depend 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 can not cover all people. It is also not reliable due to long distance sources, damage pipelines, leaking pipe. 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. To fulfill this requirement in context of VDC is impossible.

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 dispose. 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 get challenging to keep sanitation.

4.2.10 Pig-lets and Animal Husbandry

Rural Magars are farmer. 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 human 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 may chance to transmit communicable disease. So, excreta of pig and animals should be disposed properly and can be properly make 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. (Department of Central Statistics 2001).

4.2.12 Caste/Ethnicity, Language and Religion

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.

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 worshiper of nature. Kornel Kork Patric was mentioned Magars were not Hindu. However, in Kot Darbar Most people are Hindu according to census 2001, the 4,975 people follows Hindu, 137 people follow Buddhist and 1 person follow Christian. (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 ethnic tribes 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 3rd 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 are found 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 Tibeto-Burman 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, 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 were 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). In history they have great role to unite Nepal.

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 and they can find out mines by tasting with water. Later on the Rana regime discourage it. Today Magars are involved in all fields. However, at higher level and policy making level their presence is not satisfactory. It is due to they live in villages and have 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 No 4.3.1 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 occurred in social functions and worships of gods and goddesses. They actively take part in *Bheja* to 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 from the modern dress and ornaments.

Magars are aborigine of this land. They live here from immemorial 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 vital Role to unite Nepal and make great Nepal. The most arm force and other diplomatic personnel were Magars to help king prithwinarayan shah. After unification Magars were security personnel of newly wined 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 field 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 doesn'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 movement of Nepal, Magars has great role. The first martyr Lakhan Thapa was Magar. Magars were involved in democratic movement from rana government to till now. They have great role in revolution of 2007 BS, and other revolution of Nepal. They have also vital role in people war and democratic movement before 2063 BS. But, due to their over honest and simple minded 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 separate them and make divide and rule.

C. Origin of Magar

The origin of Magar is exactly unknown. Lots of hidden mystery and facts about the origin of Magars are yet to be innovating. Their history is confined to oral folktales and some in written form. The written form is not clear, only possibilities and the scholars are giving their opinion only. Because Magar must be long history related to this land, which are not written. History may be destroyed because they defeated in the politics and the winner dominated them. This is reason why it was not possible to specify their origin. However, some popular belief and possibilities that came to know during researcher visit are as follows.

(1) Magars were believed in incantation doctrine. This was not any theological philosophy and it was only one 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 came here from the north and settle in this land before Buddha or before becoming human settling able in kathmandu valley by drying water of lake. (Khildhoj thapa 2036 p 7-8) Magar jati Ek aitihasik ruprekha, Serophero barsa 1, anka 1, Falgun 2036 BS.

(2) Some Magars were entered Nepal from Chitauragadh of India. Rishi rana was king of Chitauragadh. They governed state period of 13th offspring. (Francies Tuker, 1957 p21) Gurkha : the story of the Gurkhas of Nepal country 1957.

(3) According to Kirat mundhum, Marars 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 & specially settled in Dolpa, Mustang, Myagdi, Parbat, Baglung, Puthan, Rolpa and other northen part of Rukum in around 1000 to 1500 BC. (Gorak 2048/26, Coded by Dr Budhamagar).

(4) Magars are related to Magga, Maggal, Moggal, Moglan, magadha, Malla, Magaha, Mahanta, Mahar, Magyar and Magarsthan. The names are utterance 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)

(5) Magars were settled down either or both side of kali river and surrounding mountains, hills, district of hills and plain land made by kali 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)

(6) Some scholars belief that Magars are migrated from Kham state of China. They give evidence for athar magars who speak Magar kham language.

(7) Magars are spread from Sikkim to Kumau however, their aborigine land is Sapta Gandaki.

From the above scholars the Magars are lived here from immemorial time. Magars are mongoloid, so it is possible their ancients may aborigine of central Asia or Mongolia and they spread all over in hunting period of human development.

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 précised 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 as joint. The family head is male and patriarchal. In case of absence of male doe to job or other causes head may female. However, the decision power of household matter is shared in male and females. The researcher found following family structure in kot Darabar VDC.

Table no: 4.3.2. Family size according population under study

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 2007

According to table no 4.3.2 161 male and 166 Female were included to study. In the 50 households average family member number is 6.54 found. Highest number of family member is found in 14 household of Kot-Darbar VDC. The 4.3.3 shows family types of rural Magars under study

Table No 4.3.3 Family Type of the rural Magars under study.

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

Source: field Survey 2007

From the table 4.3.3 among the 50 household included study, 32 or 64% were found Joint family and 18 or 36 % household were found Nuclear family.

B. Kinship System

Mans have relationship each other in society. Kinship system related different members of society to each other. From kinship system man can differentiate peoples related to him and not related. Kinship is a basic relationship in society. Kinships develops from birth, marriage and social rites. In kinship persons have materialist relation as well as emotional also. Due to this relation if anybody become far distance as materially, they have related with emotion and become near. Mans helps each other by the kinships, which helps to run society.

In Magar society kinships are two types. First is blood related and next is by marriage. In some Magar community they develop kinship by social rites eg. Meteri rites, and it is not a necessary only accessory. From marriage male and female related each other and become husband and wife. Marriage connects kinship for two household and their kinships. Generally, magar boy does marriage daughter of mama. From this process in Magar community Dai-Bhena or bahini-

jwai, Niba-Nima -khon, Sala-Sali, Nanda –Dewar- Deurani bahini, bhena- dai etc relation are built.

Blood related kinship started from birth. In Magar community maternal grandmother –grandfather, Mama- maiju etc relation stablished and from father side grandmother-grandfather, uncle, aunti, nima/nini- niba, bhanja bhanji etc raltions stablished. magar community, they remember their kinships in every feast and festival and life cycle ceremony.

C. Emotion to Social Unity

The unity of magars stablished in Chandi puja. They share in bheja. They do social function mutually. They have gather in life cycle ceremony and other feast and festivals. Magars are not divided in cast system, so they do not hesitate take part in magar's social function. In village, they do common labour called horoke/jhoreke (parma) and building house also.

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 site of job so, they have big responsibility to run family. Nowadays, due to influence of Hinduism the freeness is going to change.

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 is celeberated by firing gun (Badhai Jatke) at time when tika is performed and other are like other Hindu. Magars do not use red tika in Dashain, use white. Some Magars don't celebrate Dashin.

Puse Pandhra: Puse Pandra is celebrated on the 15th 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 also Lhosar (new year)

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 also eaten. In this day magars remember their ancestors and give them food and dishes by going river or stream called Pinda yahake.

Chandi Purnima: This is celeberate in Baisakh month of the 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 increase due to Buddha full-moon.

B. Worship of God and goddess

Magars seem to 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. Some gods and goddesses of Magars are as follows:

Bhuyar Puja: They make *'Thana"* near the bottom of the tree. Villagers attend carrying Chicken (hen and cock), *achheta*, *phulpati, Dhupdhuwanr* etc which are needed to worship. "*Than"* is made clean and lines are drawn using the flour of rice by umara (priest). Then Pig, a pair of hen and cock are sacrificed commonly and expense is commonly shared called bheja. And all villagers chicken one per house and more if any body have *Bhakal*. Then *prasad* (offering to god) are 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 are 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 sacrifice goat or pig and chickens. 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 Mansiro 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 a 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 *Baji Bajyai*(grand parent).

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 with in 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 month, **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 & 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 gather 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 is 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 dance 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 acts 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 Festival tij and other happy occasion also. Hurra dance is famous in eastern magars. In rising area of Tanahun district, Jyanai song are listened at season of implanting millet in the farm with sunny hot. 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 with 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 celebrate 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. Member of the society learns social norms, value, customs, rites and behavior from his 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 can stay from separating from community and organization.

In Magars basic social organization are Family, kinships, groups, leadership, cultural rites, right on property, social place of female etc which are mention here. Beside 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 baptism of 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)

Baptism (Nwaran) is done in odd number day of birth and generally 11th day. Generally *kutumba* (Son of father sister or sister's husband) give suitable name for a child. *Kutamba* goes to priest (pandit) and utter the Mantras for cow urine, forthcoming suitable name for child before visiting child home. *Kutumba* performed small worship and give name and ties thread string for child and s/his parents. He sprinkled 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 *sartika yahake* (giving flower). All relatives are involved in feast. (Dr Baral 2050 BS/61)

Purbhadai (Pasni)

The initial rice feeding ceremony is called Purbhadai in magars. It is done in 5th month for girl child and 6th month for boys. But in rolpa it is done in 3rd 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 celebrated in big manning with happy occasion and invited all villagers and relatives. In this day Sorathi dance also organized.

In Purbhadai, geneally virgin girl of same clan fed child. In this day 13th variety of dishes are prepared. Worship also done. New clothes are given for child.

Chhewar and Gunyu-Chola dine

This is the ritual for hair saving ceremony of boy and done generally age of 5 or odd age 3, 7 and 9. The children's maternal uncles are shaved the hair with worshiping.

For girl, in odd year of age the parent perform giving 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 are two kinds – (1) arranged and (2) elopements. Besides this, forced marriage, widow marriage, jari marriage are also found. Widow marriage is easily 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 other side. Once, the girl located, 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 take 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 as maning jagge.

The boy's party, again go to the girl's house to confirm the date of *dhogbhet* and *pahurpat*. This day is called *Sodhyani Anke*. In sodhyani day all decision are taken from both side. 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 jus fulfill 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, sacrificing 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 be able to peeling out skin of cock skillfully he is confirmed original magar. After this, food is served to groom and brides and sent bridegroom's house.

In the grooms house, some magars scarify the cock at the entrance door and bride and groom slowly walks stepping on the blood this is done to chase away the evil spirits. Before do this rite janti parsane and tika talo done yard of the house. In The third day of Dhogbhet *Durgan jane* also done in some magar community.

Love marriage

Most of the marriage in magar community love and elopement happen. It is easy due to any boy can marry with maternal uncle (mama)'s daughter. In some community, if mama's daughter is not marrying, maternal uncle 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 into love and marry each other. This is done by elopement. Acceptance by parents of both Dhogbhet is arranged.

Widow marriage

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

Jari marriage

In magar community jari 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 organizing 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. Malami 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, but 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 keep thorn in the way after finishing the cremation. He also give Dhup for malami. All malami return their house stepping through the thorn by treading left foot and getting dhup.

The sons of deceased do not take any food in the death day. They only take burned 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 sacrifice 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 ay before they sacrifice buffalo, goat and making meat, selroti, alcohol etc took in forest and to offer the death soul with worshiping and purified.

4.3.5 Economy

Rural Magars are depend upon agriculture, animal husbandry at small size. They are not going industrial production. The young males go to join foreign army, police and other labourious 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 5

SOCIO-ECONOMIC CONDITIONS OF THE RURAL MAGARS

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 is play 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 finding in demographic and socio-economic status of the rural Magars of Kot Darbar 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 1,69,483 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 under Study

In this study, 50 households of rural magars of Kotdarbar VDC have randomly 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 no 5.2.1.

Table no 5.2.1
Population composition of rural Magars according to sex under study

Household Number	Total population	Female	Male
50	327	166 (50.76%)	161 (49.24%)

Source: Field survey 2007

Age and sex composition is an important to human population. It is also demonstrate socio-economic situation. To develop and make economic level high, the young or working age people should be more in society with suitable equipments. The population composition is also helpful to run health awareness

programme in rural. The table no 5.2.2 shows age and sex compositions of rural Magars under study.

Table no 5.2.2 Age and Sex Composition of the Rural Magars under study

Age Group	Female	Percent	Male	Percent	Total	Percent
0-4	14	4.28	7	2.14	21	6.42
5-9	15	4.59	19	5.81	34	10.40
10-14	20	6.12	22	6.73	42	12.84
15-19	17	5.20	18	5.50	35	10.70
20-24	24	7.34	14	4.28	38	11.62
25-29	11	3.36	11	3.36	22	6.73
30-34	10	3.06	16	4.89	26	7.95
35-39	12	3.67	6	1.83	18	5.50
40-44	5	1.53	7	2.14	12	3.67
45-49	9	2.75	9	2.75	18	5.50
50-54	8	2.45	11	3.36	19	5.81
55-59	4	1.22	6	1.83	10	3.06
60-64	5	1.53	5	1.53	10	3.06
65-69	3	0.92	4	1.22	7	2.14
70-74	4	1.22	2	0.61	6	1.83
75+	5	1.53	4	1.22	9	2.75
Total	166	50.76	161	49.24	327	100.00

Source: Field Survey 2007

The table no 5.2.2 shows the highest population is 10-14 age group and lowest population is 70-74 age group. 29.66% (or 97) are under 14 years old age or children and 6.73% (or 22 population) are above 65 years age or geriatric age.

5.3 Marital Status

Marriage is an important social institution and creates family & society. Marriage is union of male and female to 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. The table no 5.3.1 have shown married and unmarried population according to age and sex wise.

Table No 5.3.1 Sex and Age wise Marital Status of Rural Magars Under Study.

	Married				Unmarried			
Age Group	Female	Male	Total	Percent	Female	Male	Total	Percent
10-14					20	22	42	44.21
15-19	3	2	5	2.82	14	16	30	31.58
20-24	15	8	23	12.99	9	6	15	15.79
25-29	9	7	16	9.04	2	4	6	6.32
30-34	10	16	26	14.69				0.00
35-39	12	6	18	10.17				0.00
40-44	5	7	12	6.78				0.00
45-49	9	7	16	9.04		2	2	2.11
50-54	8	11	19	10.73				0.00
55-59	4	6	10	5.65				0.00
60-64	5	5	10	5.65				0.00
65-69	3	4	7	3.95				0.00
70-74	4	2	6	3.39				0.00
75+	5	4	9	5.08				0.00
Total	92	85	177	100.00	45	50	95	100.00

Source: Field Survey 2007.

In the study, under 14 year old age no population are married. From the age 14 years old above, 177 are married and 95 are not married.

Marriage age is an important for population growth, safe sexual behaviour and health awareness. The marriage in early age can not rise health awareness and may suffering form health troubles in future life. Delay marriage also risky in child bearing for female and illegal or unsafe sexual behaviour, which may transmit STI. In this study, age of marriage was asked in the field visit. Among the married population, the age of marriage is shown in table no 5.3.2.

Table No 5.3.2 Marriage age of Married population under study.

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 2007

The table no 5.3.2 shows 4.35% female and 3.53% male were married at the age below 14 year age. The marriages were happened in the age of 13 year also. 56.52% female and 29.41% male were married in the age 15-19. 35.87% female and 48.24% male were married in the age 20-24. All the married women were married with in 29 years old age, however male is 44 year old.

5.4 Educational Status

Education is basic thing to rise health awareness in the community. Education is the pillar to development of society. The level of education should be understood before the launch of health awareness programme in the community. The table no 5.4.1 give the education status of the rural magars under study.

Table no 5.4.1
Level of education of the rural 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 2007.

The table no 5.4.1 shows level of education of rural magars of Kotdarbar VDC of Tanahun district under study. 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 city or district headquarter. The educate people of the village are teacher. In school the magar teachers are in few number. The above than SLC the percentage is low in comparison of the population.

Age and education are related each other. Timely education is better for life carrier. It is also helpful to health awareness also. The development of body and knowledge is beneficial to prevent health hazards specially, in communicable diseases. The knowledge about anatomy and physiology of the human body, STI in adolescence age are important to prevent HIV/AIDS and STI. The table no 5.4.2 shows age wise education of the rural Magars of the Kotadarbar VDC.

Table No 5.4.2 Age wise educational status of rural Magars under study.

Age Group	Illiterate	Literate	1-5 Class	6-8 Class	9-10 Class	SLC	Intermediate	Bachelor	Master Level	Total
5-9	1		32							33
10-14			23	18	1					42
15-19	1	1	4	13	10	1	5			35
20-24	1	3	2	12	8	8	3	1		38
25-29		6	2	5	2	1	2	2	1	21
25-30									1	1
30-34	2	6	2	6	3	5	1		1	26
35-39	5	8	1		2	2				18
40-44	1	6	3		1	1				12
45-49	9	7		1		1				18
50-54	6	8	4	1						19
55-59	5	3	2							10
60-64	7	1	1	1						10
65-69	5	2								7
70-74	4	2								6
75+	9									9
Total	56	53	76	57	27	19	11	3	3	305

Source: Field Survey 2007.

The table no 5.4.2 shows illiterate population are in older age. Most of the Children are join to educate. SLC and above are younger generation.

5.5 Economic Status

The sound economic condition of the family may able to spend in sector of health and health awareness. The good economic earning people can buy good education, the education is lit of health awareness. To buy health facilities economic earning should be strong in this capitalism age and globalization. If the rural people become economically well, they can afford health facilities in their village. They can manage health facilities themselves also. The land holding, housing and occupation are the indicator of economic activities.

Magars are the indigenous people of the kotdarbar VDC. They have native land. In time interval, increasing population, natural disasters and other causes the lands for people becomes small. In the study, the table no 5.5.1 shows land holding pattern of the kotdarabar VDC's Magars.

Table no 5.5.1 Land Holding Pattern by Rural Magars Under Study

Land In Ropani	Frequency	Percent
No	1	2.00
5 & Below	7	14.00
6-15	23	46.00
16-25	12	24.00
26-35	2	4.00
36-45	1	2.00
46-55	2	4.00
56-65	1	2.00
86-95	1	2.00
Total	50	100.00

Source: Field Survey 2007

In kotdarbar VDC, under study among the 50 households 2% household have no any land. 56% Magars have 6-15 Ropani land and 14% people have 5 ropani land or below. In the view from agriculture the land is insufficient to agriculture for these people. The maximum landholder holding 86-95 ropani lands in 2%. Due to hilly region, the lands are uneasy to agriculture, which is the main occupation of village. This may create seasonal unemployment, which hamper to economic system.

The occupation is also important to income generation. Earning also depend upon profession, occupation, their business and trade. The table no 5.5. 2 shows the occupational status of the rural magars of the kotdarbar VDC under study.

Table no 5.5.2 Occupation/Profession of rural Magars (10-64 age) under study

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 2007

The table no 5.5.2 shows the main occupation of the rural 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 context of foreign employment, Magars are working in foreign army or police and other services in India and other countries. 1.60% are pensioner, they are retired from British or Indian army. 1.60% Magars are doing business in their village. 0.80% are 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.

The age wise occupation distribution is also helpful to increase health awareness. Some communicable diseases are risk to transmission in certain age with occupation. The table no 5.5.3 illustrate the age wise occupation distribution of rural Magars under study.

Table No 5.5.3
Occupation of the Rural Magars by age group (10-64 years) under study

Occupation	10-14	15-19	20-24	25-29	25-30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Total
Agriculture		5	16	10		14	16	7	15	14	9	8	114
Business		1	1					1		1			4
Foreign employment		1	10	5		8		2		1			27
Handicap									1				1
House wife			1	1		1							3
Mason									1	1	1		3
Pension										2		2	4
Nepali Police or Army				1			1						2
Civil Service			3	1				1					5
Sewing and Cutting			1										1
Study	42	27	6	1	1								77
Teacher		1		2		3	1	1	1				9
Total	42	35	38	21	1	26	18	12	18	19	10	10	250

Source: Field Survey 2007

Table no 5.5.3 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 with in country. It is also helping support family and decrease poverty in temporarily. But they only not bring the foreign money, they may also carry fatal communicable diseases. This is may chance who are low educate and aware in 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 rural people who do not know about this, he may unsafe contact with prostitutes and

carry the diseases. The table no 5.5.4 shows the foreign employment distribution of the rural Magars under study.

Table No 5.5.4 Foreign employment of rural Magars under study

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

Source: Field Survey 2007

The table 5.5.4 shows 47.86% people are working India and Indian cities among them 18.52% are Indian army or police. Other who working in Mumbai (22.22%) and Delhi (7.41%) are in labour. The problems are low educate and aware individuals works in India. 33.33% peoples are working in Gulf country and 18.52% are in malasia. The foreign employment in United kingdom or European country or other American country are not found. Most of the Magars who join in British army they migrate to down town, that's why is the result.

Getting loan and investing in income generating works are helpful. The good use of loan give benefit and misuse of loan may sink in the water. The table 5.5.5 shows taking loan pattern of the rural Magars under study.

Table No 5.5.5 Loan taking pattern of the rural Magars under study

Loan taking Pattern	Frequency		Percent
Bank	2		4.00
Relatives	27		54.00
Sahu and Mahajan	16		32.00
Relatives and Sahu	4		8.00
Others	1		2.00
Total	50		100.00

Source: Field Survey 2007

From the table no 5.5.5 among the 50 households 54% or 27 households get their loan from the relatives and 32% or 16 households get loan from the sahu mahajan. This type of loan is risky to exploit. 4% or 2 households are taking loan from the bank. In rural there is no any bank.

The table no 5.5.6 shows using of household utilities of the rural Magars of the kotdarbar VDC under study.

Table No 5.5.6 Using Pattern of Household utilities of the Rural 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 2007

From the table 5.5.5 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 6

CONDITIONS OF HEALTH AWARENESS TOWARDS COMMUNICABLE DISEASES

Communicable diseases are preventable. Prevention of disease is better than cure. To prevent communicable diseases the health awareness should be happen towards diseases. The knowledge about disease pattern, mode of transmission, rout of transmission and about the disease. This chapters includes health awareness of the rural magars of the kotdarbar VDC of the Tanahun district towards communicable diseases.

6.1 General Health Awareness and Practices

In rural village health facilities are limited. However, they are using modern medicine facilities and traditional facilities. The awareness to use modern medical facilities are also increasing. The table no 6.1.1 shows using health awareness of medical institutions.

Table No 6.1.1
General Health awareness toward using Health facilities under study

Treatment facilities using pattern	Frequency	Percent
Hospital/Health Post	33	66.00
Shaw man/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
Dhami jhankri and using herb	1	2.00
Total	50	100.00

Source: Field Survey 2007

From the table no 6.1.1 shows 66.00% 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 are like to use modern medicine as well as Shaw man or Dhamijhankri. Only 2% respondents are use all systems when they fall in ill.

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" (J.W. Richard 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." (L.M. 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)

Communicable diseases are transmitted one person to another. Researcher has asked them about communicable disease. The table no 6.1.2 shows the knowledge about communicable diseases.

Table No 6.1.2 Knowledge about communicable diseas of the rural Magars

Knowledge about communicable diseases	Frequency	Percent
Right Answer	27	54.00
Wrong Answer	23	46.00
Total	50	100.00

Source: Field Survey 2007

From the table no 6.1.2, 54% respondents are gave right answer about communicable diseases. They know something towards communicable diseases. 46% respondents are give wrong answer about communicable diseases. The researcher has touched about communicable disease in the interview period.

Communicable diseases are transmitted one to another via some media. The media of transmission are from food and water, respiration and air, blood and blood containing product, sexual relationships, via animals and insects, via soil etc. To prevent communicable disease knowledge about mode of transmission will be helpful. The table no 6.1.3 shows the knowledge about mode of transmission of the communicable diseases among the rural Magars under study.

Table No 6.1.3 Knowledge about Mode of transmission of the rural Magars

Knowledge towards transmission of disease	Frequency	Percent
No knowledge	7	14.00
One right answer	7	14.00
Two right answer	7	14.00
Three right answer	14	28.00
Four and above right answer	15	30.00
Total	50	100.00

Source: Field survey 2007

From the table no 6.1.3, 14% respondents are not able to give any right answer. 14% respondents are give only one mode of transmission, 14 % give two mode of transmission and 30% respondents give four or more mode of transmission.

Vaccination is also prevents from the diseases. The governmental institutions are giving vaccine to the child in free of cost. In field survey only 2% or 1 respondents have not vaccinate their children and all respondent have vaccinate their child (Field Survey 2007). The Vaccines provide to prevent from the Tuberculosis, Tetanus, Pertusis, Diptheria, Polio and Measles. However, all the respondents are not able to say about vaccinate diseases which are provided from the government. The table no 6.1.4 shows the Knowledge about vaccinate diseases to the children.

Table no 6.1.4 Health awareness towards Vaccine give by Government.

Vaccination From the governments	Frequency	Percent
No thing know	9	18.00
Only one suitable answer	11	22.00
Two Suitable answer	6	12.00
Three Suitable answer	5	10.00
Four Suitalbe Answer	5	10.00
Five Suitable Answer	3	6.00
Six Suitable answer	11	22.00
Total	50	100.00

Source: Field Survey 2007

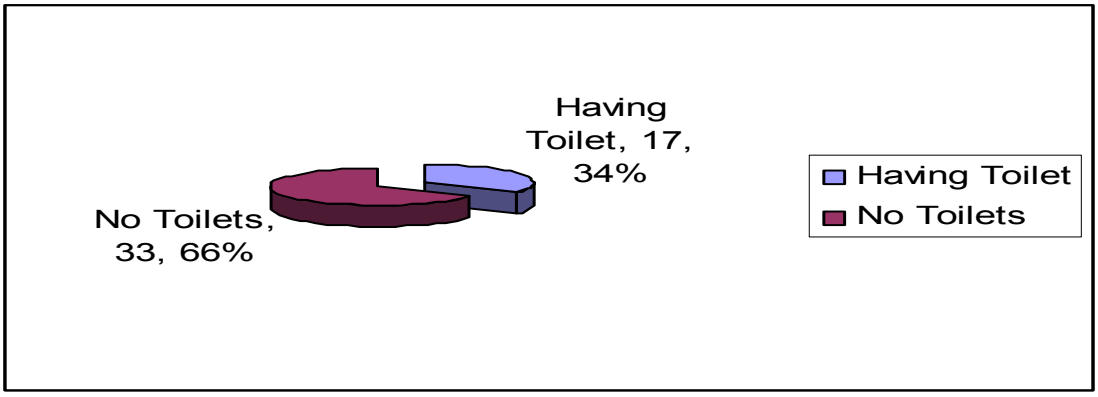
The table no 6.1.4 shows 18% or 9 respondents are unknown about vaccination diseases. 22% or 11 respondent could told only one disease and 12% or six respondents could told only two suitable answer about vaccine. 6% or 3 respondents could told five suitable answer and 22% or 11 respondent could told all the vaccinated diseases. The awareness is seems to low in case of the vaccination which is conducted by governments.

6.2 Water Borne Diseases

Water born diseases are those diseases, which are transmitted though contaminated water and food. In Nepal water born diseases are major public health problem. Every year people die from water born diseases. In rainy season it takes place epidemic. The people of the rural die due to lack of treatment, which are simple diseases from the view of treatment. Diarrrhoea (Bacterial, Viral, parasitic or non specific etc), Dysentery, Typhoid, Cholera, Gastroenteritis, Infantile diarrhea, Viral hepatitis, Poliomylitis, Amoebiasis, Giardiasis, worm infestations (Round, whip, tape etc), food poisoning etc are the examples of the water born diseases.

Toilets and proper use of it may be help to prevent water born diseases. Improper managing of human excreta and sewage may be increase water born disease. Toilets are basic things to human civilization. The Figure no 6.2.1 shows the situation of toilets among the rural Magars of the kotdarbar VDC.

Figure No 6.2.1 Condition of Toilets among the Rural Magars under study

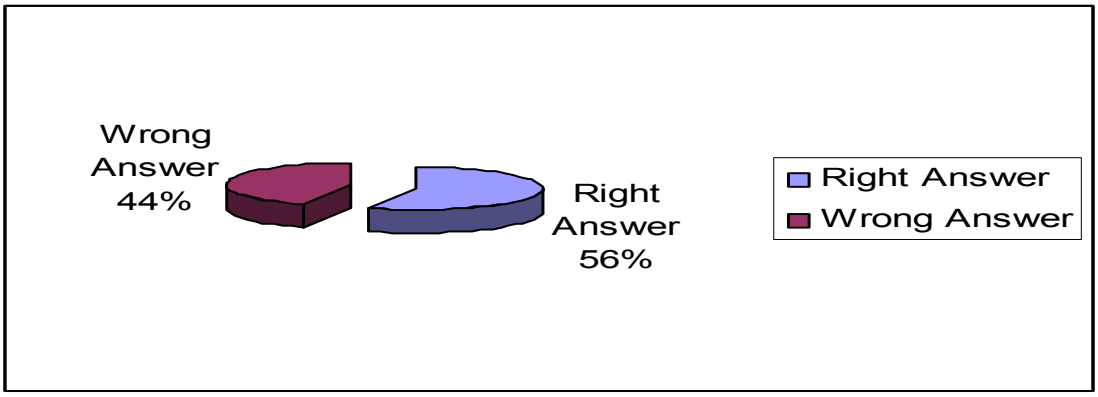


Source: Field Survey 2007

From the figure no 6.2.1 among the 50 household 66% (33) household have not toilets and they defecate in open field. 34% (17) households have raw pit latrine. Which are not proper managed.

Diarrhoea is a common disease in rural area of the Nepal. In this disease more than 3 times loose motion with in a day happen and loose motion may happen in continuous stage also. The abdomen pain may persist or not. Watery defecation more than 3 times a day is major symptom of the diarrhea. Diarrhoea may cause by by various causative agent eg virus, bacteria, protozoa, helminthes etc. The figure no 6.2.2 shows the knowledge about diarrhea among the rural Magars of the Kotdarbar VDC Tanahun.

Figure No 6.2.2 Answer Given about Diarrhoea among the Rural Magars



Source: Field Survey 2007

From the figure no 6.2.2 shows 44% or 22 respondents are keeping wrong knowledge about diarrhoea and 56% or 28 respondents are knowing something about diarrhoea.

Method of transmission of the diarrhea should be understand to prevent from the diarrhoea. It may transmitted via contaminated food and water. The knowledge about mode of transmission of the diarrhoea among the rural Magars of the kotdarbar VDC is shown in the talbe no 6.2.3.

Table No 6.2.3 Knowledge about mode of transmission of the Diarrhoea.

Transmission of Diarrhoea	Frequency	Percent
No thing know	11	22.00
One Right answer	6	12.00
Two Right answers	10	20.00
Three or More Right answers	23	46.00
Total	50	100.00

Source: Field Survey 2007

From the table no 6.2.3 shows 22% or 11 respondent have no idea about transmission of the diarrhoea. 12% respondents can say only one method of transmission and 20% told two medium and 46% respondents are told more than three methods to transmit the disease.

Diarrhoea is transmitted one to another or infect to human being easily. In diarrhea loss of fluid and loss of electrolytes balance may be happen and give trouble. In minor diarrhoea, simply household treatment will be beneficial. Using Oral rehydration salt (eg Jeewan Jal, Nawa Jeewan etc) is also good management of diseases. If the victim is child, should be feed breast milk in several times than in normal. Soups of pulse, beans etc. are also helpful before going hospital. The main aim of the diarrhoea treatment is correction of dehydration and then treats the cause. The table no 6.2.4 shows the health awareness toward treatment of diarrhoea.

Table No 6.2.4
Concept of Diarrhoea treatment among the rural Magars under study

Answer given	Frequency	Percent
Go to Dhamijhankri (Shaw man)	2	4.00
Nothing know	7	14.00
One suitable answer	5	10.00
Two suitable answer	12	24.00
Three and more suitable answers	24	48.00
Total	50	100.00

Source: Field Survey 2007

From the table no 6.2.4 14% of 7 respondents do not told any suitable answer about treatment of diarrhoea. 4% or 2 respondents told to go Dhamijhankri or shaw man. 10% or 5 respondents are told just go to hospital only. 24% or 12 respondents told go to hospital as well use of oral rehydration salt or use of fluids of the pulse bean etc. 48% or 24 respondents told more than three suitable alternatives to cure and manage diarrhoea.

Prevention is better than cure. So the health awareness towards diarrhoeal diseases and worm infestation may help to prevent diseases. To prevent diarrhoeal diseases and worm infestation use of boil water or filtered or medicated water is benefitial, use of toilet properly, washing hand before and after visiting toilets, washing hand before taking food, proper cooking, cutting nail appropriately, proper disposal of sewage and garbage, mass treatment about worm etc should be done. The table no 6.2.5 shows health awareness about prevent diarrhoeal diseases and worm infestations.

Table No 6.2.5
Preventive health awareness towards diarrhoea of the Magar Under study

Preventive knowledge about diarrhea and worm infestation	Frequency	Percent
Nothing know	5	10.00
One Sutable answer	8	16.00
Two Suitable answer	5	10.00
Three suitable answer	6	12.00
Four and more suitable answer	26	52.00
Total	50	100.00

Source: Field Survey 2007

From the table no 6.2.5 10% or 5 respondent have no any health awareness to prevent diseases. 16% or 8 respondents give only one suitable preventive measure from the alternatives. 10% or 5 respondents give two and 12% or 6 respondent give three suitable preventive measure. 52% or 26 respondents give four or more preventive measure about the diarrhoeal diseases as well as worm infestations.

6.3 Soil Borne Diseases

Soil born 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 dispose 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 also soil born diseases as well as water born disease. Health awareness about worm infestation is shown in the table no 6.3.1.

Table No 6.3.1 Health awareness towards worm prevention under study

Health awareness towards worm	Frequency	Percent
Nothing know	5	10.00
One suitable answer	9	18.00
Two suitable answer	5	10.00
Three Suitable answer	7	14.00
Four and above suitable answer	24	48.00
Total	50	100.00

Source: field survey 2007.

From the table no 6.3.1, 48% or 24 respondents are told four or above suitable preventive measure. 14% or 7 respondents give three and 10% or 5 respondents two, 18% or 9 respondents one suitable answer towards prevention. 10% or 5 respondents have no any health awareness to prevent worm infestation.

Hookworm is another worm which is transmitted via soil. In the agricultural field farmers work in barefoot, so there is risk to transmit hookworm via barefoot. Hookworm is a cause of anaemia in the rural areas. It may cause sometime severe anaemia also. Health awareness towards hookworm transmission is shown in table no 6.3.2.

Table no 6.3.2 Health awareness towards hook worm transmission under study

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

Source: Field Survey 2007

From the table no 6.3.2, 12% respondents are told hookworm transmitted via barefoot and 12% or 6 respondents told via food and 18% or 9 respondents told both barefoot and food. The majority respondents of 58% or 29 have no any idea to about transmission of hook worm.

6.4 Arthropod Borne Diseases

Arthropod born diseases are those diseases diseases that can transmitted 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, Japanese Encepahlitis etc. Health awareness about preventive measure of the mosquito born diseases is shown in table no 6.4.1.

Table No 6.4.1 Health awareness towards Control of the Mosquito under study

Preventive measure of Mosquito	Frequency	Percent
No any idea	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 2007

From the above table no 6.4.1, 10% or 5 respondents have no idea about prevention of mosquito. 16% or 8 respondents give emphasis in sanitation such as 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.

Flies, cockroaches are another orthopodes which can transmit water born diseases. It lies on dirt. The health awareness about control to flies and cockroaches are shown in table no 6.4.2.

Table No 6.4.2 Control measure of flies and cockroach under study

Control of flies and cockroaches	Frequency	Percent
No	3	6.00
One Suitable Answer	8	16.00
Two Suitable Answer	6	12.00
Three suitable answer	7	14.00
Four and more suitable answer	26	52.00
Total	50	100.00

Source: Field Survey 2007

From the table no 6.4.2, 6% or 3 respondents have no any idea to control flies and cockroaches. 16% or 8 respondents gave only one suitable answer and 12% or 6 respondents gave two suitable answer. 14% or 7 respondents gave three suitable answer and 52% or 26 respondents gave four or more suitable answer to control cockroach and flies.

6.5 Zoonoses Diseases

Zoonoses is an infectious disease of animal that transmitted to man (L M Harrison p 453, 1986). In rural village the main occupation is agriculture. So the peoples are come contact with animals other hand there may be forest and wild animals. The wild animals also transmitted 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 the one zoonotic disease. It is transmitted via infected dog, cat, jackle, monkey etc house animal as well as wild animal. Health awareness towards rabies of the study is shown in the table no 6.5.1

Table No 6.5.1 Health awareness towards rabies among the rural Magars

Animals	Frequency	Percent
No	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 2007

From the table no 6.5.1, 10% or 5 respondents have no any knowledge about rabies and transmitting animals. 30% or 15 respondents have told transmitted through infected dog. 4% or 2 respondent told 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 No 6.5.2 Preventive knowledge about Tape Worm Under study

Prevention of Tape worm	Frequency	Percent
No	17	34.00
(a) Proper cooking 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 2007

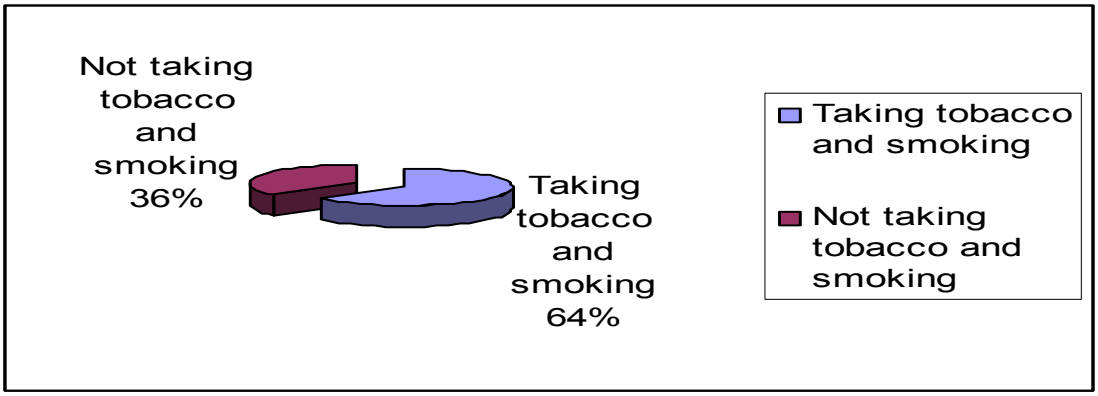
From the table no 6.5.2, 34% or 17 respondents are not know about prevention of tape worm infestation. They told, have not listened about this also. 20% or 10 respondents have told meat should be properly cooked and 8% or 4 respondents have told should be proper manage of the piglets. 38% or 19 respondents have given emphasis on proper cooking meat and proper managing piglets.

6.6 Respiratory Infections

The communicable disease that 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 may help by early diagnosis and isolation of patients and treatment and it will break the epidemic. Should be improve nutrition and take nutritious food. Vaccination on childhood may prevent from some RTIs. Some diseases have vaccines to prevention in other age also. Environment should be keep well sanitations. Smoking should be avoided to prevent RTI and chronic respiratory diseases. The use of smoking and tobacco is shown the figure no 6.6.1.

Figure No 6.6.1 Using Pattern of Tobacco and Smoking under study

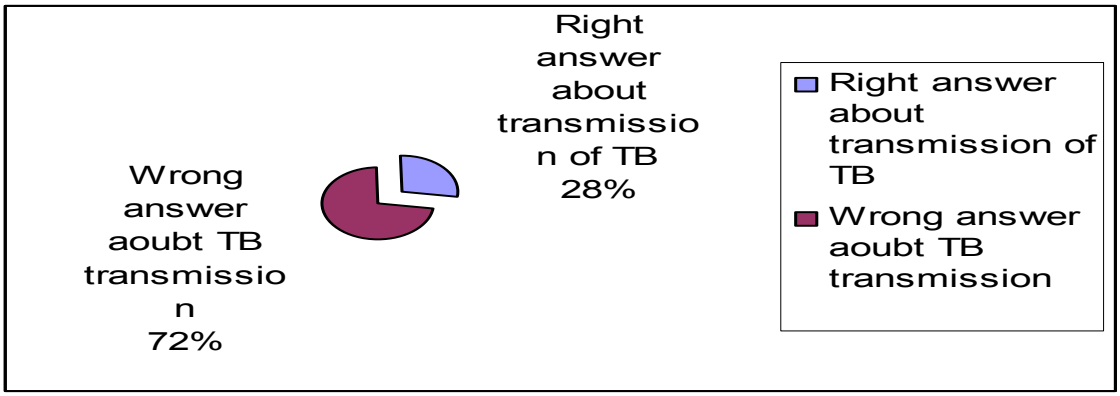


Source: Field survey 2007

From the figure no 6.6.1, 64% or 32 respondents are taking smoking and tobacco and 36% or 18 respondents are not taking smoking and tobacco. The percent is high of smoking it may give chance to respiratory infection.

Tuberculosis is a kind of respiratory disease, which is transmitted via respiration. Now, diseases have treatment and should be do treat for eight months or long period. The treatment is being difficult due to HIV/AIDS and resistance of drugs. Tuberculosis have vaccine to prevent called BCG vaccine. The causative organism of the TB is mycobacterium tubercle. The health awareness towards mode of transmission of the tuberculosis under study is shown in the figure no 6.6.2.

Figure No 6.6.2 Health awareness towards transmission of TB Under study.



Source: Field survey 2007.

From the figure no 6.6.2 shows only 28% or 14 respondents have told right answer about transmission of the diseases and 72% or 36 respondents could not told about transmission of the TB.

After asking mode of transmission of the TB and telling them about transmission rout then researchers has asked symptoms of the tuberculosis what they know. The table no 6.6.3 shows the health awareness towards tuberculosis.

Table No 6.6.3 Health awareness about the symptoms of TB under study

Symptoms of TB	Frequency	Percent
No	18	36.00
One symptom	13	26.00
Two Symptoms	5	10.00
Three and more symptoms	14	28.00
Total	50	100.00

Source: Field survey 2007.

From the table no 6.6.3, 36% or 18 respondents are not knowing any symptoms of the tuberculosis, however radio, television and newspapers transmit the information and government also giving focus TB via his public health programme. 26% or 13 respondents could said one symptom and 10% or 5 respondents told two symptoms. Only 28% or 14 respondents have 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, Tetanus, Yaws, STI and HIV/AIDS etc (Park 2005). In this paragraph leprosy is described and STI and HIV/AIDS are mentioned another topics.
Leprosy is an old disease. The causative organism is Micobacterium lepre and transmitted via skin contact and mucus membrane of the nose. It is also transmit through respiratory, gastroenteritis etc but in minority. The researcher have asked about symptoms, the table no 6.7.1 shows the health awareness towards leprosy under study.

Table No 6.7.1 Health awareness towards symptoms of Leprosy.

Symptoms of the leprosy	Frequency	Percent
No	16	32.00
One Symptom	10	20.00
Two Symptoms	10	20.00
Three Symptoms	14	28.00
Total	50	100.00

Source: Field Visit 2007

From the table no 6.7.1 shows 32% or 16 respondents are unknown about the symptoms of leprosy. 20% or 10 respondents have told one and two symptoms respectively. 28% or 14 respondents have told three symptoms of the Leprosy.

The government has distributing medicines or the Leprosy and Tuberculosis through governmental institution. In Tuberculosis direct observed treatment in presence of health worker (DOT) also running programme. The researcher has asked such question to the respondents and shown in table no 6.7.2.

Table No 6.7.2 Health awareness on distribution of TB, Leprosy Medicine

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 2007

From the table 6.7.2 shows 26% or 13 respondents are unknown about free distribution of the leprosy and TB medicine from the governmental institutions. 54% or 27 respondents are know about governmental help to leprosy and TB. 8% or 4 respondents are blaming that health post does not distributing medicines to TB and Leprosy. 12% or 6 respondent have told 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 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. In roaming the world (by any reason) human may contact with multiple partners and be 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 form the HIV, Hepatitis B & C and other STIs before marriage health check up should be done. Such system prevent from the becoming the victim of STIs. Health awareness towards health check up before marriage is shown in the table no 6.8.1.

Table No 6.8.1 Health awareness towards Medical check up before marriage

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

Source: Field Survey 2007

The table no 6.8.1 shows 6% or 3 respondents has told not necessary to 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 have told cannot say anything or unknown about this.

In Magar family foreign employment in army police sector are preferable and respectable occupations called lahure. If the young guy can not join in army or police of foreign country, he tries to go foreign country to earn. For employments humans are separating long time from his/her family. In separation long period there may be chance to contact with other partner, which may carry HIV, Hepatitis B and other STIs. From this innocent housewife may suffer from those diseases. So, medical check up is necessary to avoid infection.

Table no 6.8.2
Suggestion to Medical check up after rejoining in family after long separation.

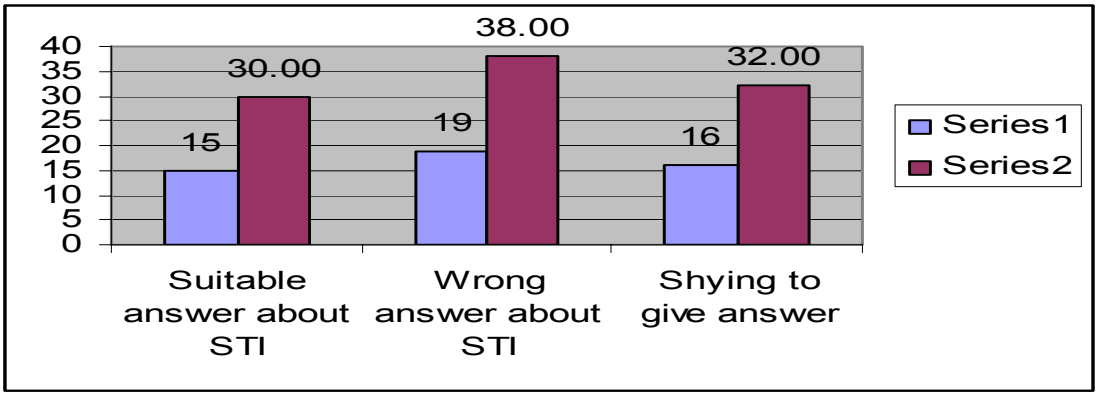
Suggestion to Medical check up	Frequency	Percent
No Suggestion given	34	68.00
Yes	8	16.00
If Give Suggestion, reduces belief	8	16.00
Total	50	100.00

Source: Field Survey 2007

The table no 6.8.2 shows majority respondents 68% or 34 respondents are not giving any suggestion to medical check up after returning foreign employment or long separation. 16% or 8 respondents have show interested to give advice and another 16% (or 8) respondent have told about reduce in belief or misunderstanding between husband and wife.

Researcher has asked about Sexually transmitted diseases to respondents. The Figure no 6.8.3 shows the health awareness towards sexually transmitted infections under study.

Figure No 6.8.3 Answer given about STI/STD by the rural Magars Under study

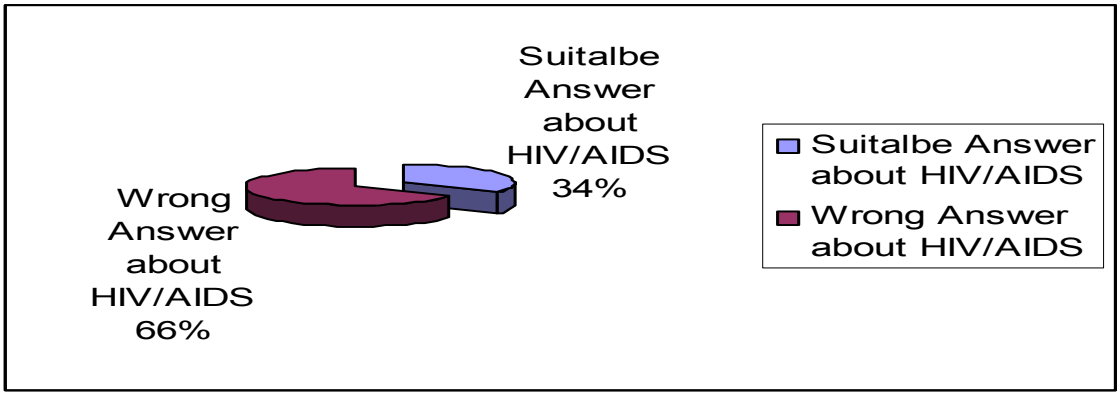


Source: Field Survey 2007

The figure 6.8.3 shows 38% or 19 respondents have told wrong answer about STD/STI. 32% or 16 respondents have shy to talk about STD/STI. Only 30% or 15 respondents give correct answer about STD/STI.

HIV/SIDS is major public health problems in the world. HIV is caused by Human Immune-deficiency Virus and AIDS is end stage of HIV. HIV and AIDS are different matter. AIDS is a syndrome of diseases and called Acquired Immune Deficiency Syndrome. HIV/AIDS has not complete treatment till now, however supportive treatments (called anti-retroviral treatment) are available which helps to long live. The figure no 6.8.4 shows health awareness to wards HIV/AIDS.

Figure No 6.8.4 Answer given about HIV/AIDS by the Magar under study



Source: Field Survey 2007

The figure 6.8.4 Shows 66% or 33 respondents have given wrong answer about HIV/AIDS however, Media and a lots of HIV/AIDS projects are launched in Nepal. Only 34% or 17 respondents are give suitable answer about HIV/AIDS.

Sexually transmitted diseases and HIV/AIDS are preventable. To prevent STI and HIV/AIDS Safe sexual behaviour should be done: should be keep sexual relationship within only one reliable partner and not multiple partner, properly condom should be use, avoid unsafe sexual relationship, if possible not to born child by infected woman, should be adopt safety measure in blood transfusion or exchange, should be use sterilized instruments in treatment, avoid exchange of syringe, pricking or cutting tools other people's should not be use. HIV transmitted through semen, vaginal discharge, blood and mother to child. The health awareness about prevention of STI and HIV/AIDS in under study is shown in table no 6.8.5

Table No 6.8.5 Preventive measurement of STD and HIV/AIDS

Preventive Measurement of STI and HIV/AIDS	Frequency	Percent
Nothing know	20	40.00
One Suitable answer	7	14.00
Two Suitable Answer	7	14.00
Three Suitable Answer	2	4.00
Four Suitable Answer	3	6.00
Five and more Suitable Answer	11	22.00
Total	50	100.00

Source: Field Survey 2007

The table no 6.8.5 shows 40% or 20 respondents are nothing preventive measure known. They have no any idea to prevent HIV/AIDS as well as STIs. 14% or 7 respondents have told only one preventive measure and another 14% or 7 respondents two preventive measure. 4% or 2 respondents have told three preventive measures and 6% or 3 respondents have told four. The 22% or 11 respondents have told five and more preventive measures to prevent STI and HIV/AIDS.

Family planning method cannot prevent from the STI and HIV/AIDS except condom. Vasectomy, Minilap or laproscopy and temporary methods pill, Depo provera, Naraplant and IUD could not save from the these diseases. There may be confusion about it. The table no 6.8.6 shows the confusion of the family planning method and prevention of STI and HIV/AIDS.

Table No 6.8.6 Confusion about family planning and STD under study

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

Source: Field Survey 2007

The table no 6.8.6 shows 40% or 20 respondents have not say any thing about family planning method can or cannot prevent from the STD and HIV/AIDS. 30% or 15 respondents are confused in family planning can prevent from the STD and HIV/AIDS. Only 30% or 15 respondents are sure in not preventing from the diseases by family planning except condom.

6.9 Health Information

Health information can transmit by radio, television, newspapers, health awareness programme, health education etc. In rural village in context of Kot darbar 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. In the village farmers are busy in agriculture and they have no time to listen or watch health awareness programme from radio or television. The table no 6.9.1 shows the pattern of listening or watching health programme transmitted by radio and television.

Table No 6.9.1 Watching/listening Pattern of Health awareness programme

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

Source: Field Survey 2007

The table no 6.9.1 shows 22% or 11 respondent of the rural Magars have not watching or listening health awareness programme. The reasons are they are 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 frequently.

In Magar village, they have own mother tongue. The Health information is transmitted in Nepali and other language with using literature word. It also make difficult to understand. The table no 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 No 6.9.2 Hardness to Understand of Health Information to rural Magars

Health Information of Radio and Television	Frequency	Percent
Very Hard to understand	7	14.00
Hard to understand	13	26.00
Understand only one way	12	24.00
Not feeling Hard to understand/Easy	18	36.00
Total	50	100.00

Source: Field survey 2007

The table no 6.9.2 shows, 14% or 7 respondents have not able to understand about what is the health message form 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 have no any hardness, they understand easily. The difficulties are due to Mother tongue. Magars speak Mother tongue in their house and village but health information are available in Nepali or English with using hard words. If the health information were available in local language they can understand easily. The government should be start to prepare health information about ethnic language also to rise their health awareness.

Chapter 7

SUMMARY, CONCLUSIONS AND SUGGESTIONS

In this chapter, summary, conclusions and suggestions of this research work are included. The conclusion of the study is based on health awareness towards communicable diseases among the rural Magars. The recommendations are presented here according to the opinions of the respondents, who were met during the field visit of Kotdarabar VDC.

7.1 Summary

Nepal lies in the northern hemisphere of the earth. It is a land-locked country and is situated in between India in south, east and west and China in north. The country has more than 100 castes and 59 indigenous ethnic groups. There are more than 40 mother tongues of indigenous people of 59 categories. These mother tongues are included in nearly 100 dialects spoken in Nepal. So, it is a country of linguistic diversity.

Nepal is a country of villages. Administratively the 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, 1,99,23,544 (approx 86%) live in villages and 3227879 (approx 14%) in urban areas.

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

According to Aadibasi Janajati Utthan Rastriya Pratisthan Ain, 2058 BS; 'Indigenous Nationalities (Ethnic) Caste or community is, (1) having own mother tongue (2) having traditional customs. (3) having different cultural identity. (4) having different social Structure and written or non written history.' In this regard Magars are an indigenous ethnic, because they fulfill the above requirements and they have their own mother tongue, history, distinct culture and they are old habitants of Tanahun and all over the Nepal.

The Government of Nepal has indexed 59 indigenous ethnic castes. They are categorized in five different groups. The division or categorization is based on human development index (eg. literacy rate, concrete housing, land tenure, profession, language, population and educational situation) 2001 Report. The Magar is kept in the category C or four- the dis-advantaged group.

Most of indigenous people live in village. In the context of Magars, 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 and having their own distinct culture.

In this study, the main objective was to study the health awareness towards communicable diseases among the rural Magars in their setting. For this purpose exploratory and descriptive research design was used to conduct study 50 households & 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 innovate their ancestral history, culture and other aspects the secondary data and interviews with key informants were taken.

Dividing into groups & sub-groups, coding, tabulating and editing analyzed the data were collected from various sources. The data collected from primary source is presented in tables and graphs. The information found from the observation is presented as descriptive.

Origin of the Magars is still hidden mysteries and facts about the origin are yet to be innovated. Their history is confined to oral folktales and few in written form. Some possible facts are; (a) Magar believed incantation doctrine and it influenced Buddha and hindu religion, so Magar were before Buddha. (b) Magars are come from Chitauragadh of India. (c) Magars are come from Sin zone of china. (d) Magars are come from Kham region of china. (e) Magars are related to Magga, Maggal, Moggal, Moglan, magadha, Malla, Magaha, Mahanta, Mahar, Magyar and Magarsthan. (f) Gandaki region is the origin of Magars. However, Magars are indigenous people of Nepal and they have been living here since the time of immemorial.

The uniformity of social and cultural status was found in study area, with relations of difference in economic and educational status. There is no small and big cast differentiate with in Magar. The total 50 households and respondents were taken to study and the total population was 327 Among them 161 were male and 166.

female. Among the respondents of rural Magars there were 18 households (36%) n a nuclear family and the rest 64% or 32 are Joint. The chiefs of the most household were male. Females were chiefs of house, whose husbands were in foreign employment, India or far away from the family.

Magars worship nature and naturalist. Their some god and goddess are *Bai/Bayu*, *Bhuyanr, Chandi, Sansari mai,, Mandali, Baji bajai, Bhume, Barahi* etc. They sacrifice chicken, pig, pigeon, sheep, goat to the god and goddess.

Magar 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 existence. They keep marriage relation between maternal cousin (Mama cheli-phupu chela). Generally marriageable age is 20-15 for males and 15-20 for females.

Now a days rural Magars are interested towards education. They are investing in children for education. Those who have good economic and awareness status, their children send to private school to downtown and low economic and less consciousness 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.

In the world 57% people die from communicable diseases and 43% are died from non-communicable diseases. The rate of morbidity and mortality from communicable diseases are high in developing countries and rural areas. The HIV/AIDS have also adding challenges in the control communicable diseases in rural areas.

The communicable diseases can be transmitted via (a) faeco -oral route eg. Cholera, typhoid, Hepatitis A, worm infestations etc. (b) From air inhalation eg. Pneumonia, Tuberculosis, common cold etc, (c) direct contact of skin or Mucosa eg Scabies, lice, sexually transmitted disease, HIV/AIDS etc, (d) parental route eg Hepatitis B, HIV/AIDS etc (e) Placenta route eg. 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.

Most of the communicable diseases are preventable. For this health awareness should be raised in rural areas and provided modern health facilities. Health

awareness can be change knowledge, attitude and practice of rural people, it helps to prevent communicable diseases.

7.2 Conclusion

From the study and analysis of the data found from survey interview, observation and available records, the following conclusions have been drawn about rural Magars.

(1) A lots of hidden mysteries and facts about the origin & history of Magars are yet to be discovered. Their history is confined to oral folktales, a few in written form and not complete, scholars are not giving one conclusion. This is the reason why it is not possible to specify their origin.

(2) Some possible facts found are; (a) Magars believe in incantation doctrine and it influenced Buddhist and Hindu religion, so Magar were before Buddha. (b) Magars came from Chitauragadh of India. (c) Magars came from Sin zone of china. (d) Magars came from Kham region of china. (e) Magars are related to Magga, Maggal, Moggal, Moglan, magadha, Malla, Magaha, Mahanta, Mahar, Magyar and Magarsthan. (f) Gandaki region is the origin of Magars. However, they are Indigenous people of Nepal and they have been living here since the immemorial time.

(3) Nepal is a country of villages. Nepal has 58 municipalities and 3915 village development committee. Among the 2,32,51,423 population, 1,99,23,544 (approx 86 %) live in villages and 32,27,879 (approx 14%) in urban areas.

(4) In the context of Magars, 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 that most of the Magars live in rural areas and have their own distinct culture.

(5) Their food habit is based on agriculture. Rice, maize, wheat, millet, mas (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, goat. They also use *haan* and *raksi* (home made wine, alcohol) and now whisky, bear etc (modern alcohols) in feasts and festivals. The traditional food is being substituted by modern packet foods like noodles, biscuits, chocolates, sweets and ready made food. It is also affecting adversely of children nutrition.

(6) They do not always wear traditional dress. They wear casual dress like other people, such as shirt, pants, trousers, t- shirt, kurta sulwar, lungi, blouse etc.

(7) 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 giving their mother tongue and so, it is an obstacle for children 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.

(8) In the VDC one Sub-Health post is established from government level. Institution is run by AHW and his assistance are VHW, MCHW and peon. The institution is not open 24 hourly, only 10-14 O'clock. Due to lack of modern health facilities Shamanism and witchcraft are also practiced in the VDC. The traditional healers also use herbs for treatment. Health awareness programme for rural people is not effective from the government sector.

(9) The main source of the drinking water is natural sources eg. well, streams. The pipeline water is also supplied all over the VDC except ward no three. But pipeline water supply can not cover all people. Villages are in high altitude than source of water, so it may be risk to get water contaminated through human, pig and animal excreta. This may cause communicable diseases.

(10) Among the 50 households 17 household have toilet and 33 or 66% households have no toilets defecate open field. The toilets are temporary and pit-latrine.

(11) Among the 50 respondents 54 % can say about communicable and 46 % cannot say about it.

(12) Among the 50 respondents 56 % know something about diarrhoeal diseases and 44% know nothing about it.

(13) Among the 50 respondents 30% give right answer to about STI, 32 % do not say due to shy and 38% wrong answer about it.

(14) Among the respondents 34% say something about HIV/AIDS and 66% give wrong answer to about it.

(15) 28% of the 50 respondents give right answer about tuberculosis and 72% have not any knowledge about it.

7.3 Suggestions

Nepal is a country of Villages. Nepal has 58 municipalities and 3915 village development committee. Among 2,31,51,423 population of Nepal, 1,99,23,544 (approx 86%) live in villages and 32,27,879 (approx 14%) in urban areas. This means most of the people live in rural areas and most part of Nepal belong to rural areas till now.

Nepal is a beautiful garden of many castes and ethnic groups with their different cultures and languages. The whole of diversity of castes is Nepali culture. The real in fact diverse loss of any caste or culture is the loss of Nepali culture. And some castes and cultures are in danger to disappear. Most of the indigenous people are in the village and backward. In the context of Magars, 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.

To increase health awareness of rural people of Nepal, the government should make policies to the develop villages. Without developing villages Nepal cannot be developed. If government and leaders want to rise and develop indigenous people and backward people from their own heart, they should emphasize the villages for better education, health facilities, infrastructure development and utilization of local resources. The following points will be better to increase health awareness towards communicable diseases for rural people and Magars.

7.3.1 Health Facilities

In rural areas health facilities are insufficient. Health post should be well equipped and man power. Government should manage doctors and other health workers in village level for 24 hour service. The governmental health institution should be given health education and awareness programme in community and every household. The progammes should be such that, which can changes KAP of rural people towards better health. Health is basic human right, so, it is better all health facilities are managed by the government with participation of local community.

Government should give training for shamans, witch-doctors and traditional healers. The science developed by local healers should be also give valued and developed in a more scientific. Traditional healers can transmit the information for community towards communicable diseases and health.

7.3.2 Education

Education is light of life. The education of a community is directly related to health awareness, social, economic, and political situations. So, education helps community to improve all round development. Education makes aware them and they know how to prevent communicable diseases and how to face challenges in the modern time.

Schools and colleges are the suitable institution to give health educations needed for human life. Curriculum of school should include health education and awareness, communicable diseases and prevention, Human anatomy and physiology and other aspects of health science. Government should give training how to teach health science and should remove shyness while teaching reproductive health.

The schools should be free from politics. The teacher should not be recruited according to political ideology. The qualified and intelligent candidates should become teacher only for teach children. To teach children, psychology of children should understand by teacher. Government should manage infrastructure and high quality teaching materials of rural schools. For Magar's children, education should started from in mother tongue and if necessary diverted other language in slowly in higher class. The dropping out of schooling should be managed by the government and should make law of compulsory education.

7.3.3 Economy

To take better education and health facility economic status should be sound. Economic status plays great role to improve health awareness towards communicable diseases. To improve economic status of Magars some recommendations are mentioned below:

The expenditure of Magar community is high in feast and festivals, life cycle ceremony, ornaments and entertainment. This should be avoided from community. The government should create and promote saving system and investing in productive sector in the villages. Rural Magars are simple and honest. Cunning castes or persons may deceive them. So, the government must protect them. The organizations of Magars should also be aware them in such manner.

The government should be create an environment and promote local resources to develop economy of rural Magars. If the opportunity is through the promotion of local resources in villages young boys and girls do not go to Mumbai and other city area for earn or work. And they could not bring STIs.

Government should provide vocational education for rural youths, which helps to develop economy of rural people. If the youths get vocational education, they can change the village.

7.3.3 Religion

Most of the Magars claim that they are Hindus, but their culture doesn't show that they are pure Hindus. Actually they worship nature. They also follow Buddhism, Christian and other religions also. They have more than a dozen gods and goddesses, which they worship and sacrifice and arrange feast. Excessive expenditure to celebrate Dashain, Tihar and other festivals should be avoided. Government should make them aware in community level. The organizations related to Magars should also give education about bad and good aspect of celebrating religious customs.

7.3.4 Culture

Magars have their own culture. So, to increase health awareness and change in KAP, the local culture should be studied and the Programnes should be run accordingly. The good culture should be preserved and bad aspects should be improved. Magar culturesare scientific, they should be innovated and organized because they are worshiper of nature and living in these land from immemorial time. The traditional dress, life cycle rituals & customs of the Magars should be taught to new generations and improve them according to time. Some high expenditure in ceremonies and worships have to be abandoned and improve due to economic reason, which are done regularly in the community. The government should preserved good aspects of Magar culture without any biasness backed up by deep study.

7.3.5 Language & Information

Language is a medium to communicate. To change KAP for rural people via health awareness programme or any means, the language should be according to local community. The rural people of Magars speak their mother tongue. It is difficult for some old people and children to understand Nepali or other languages except Magar Dhut in the context of Rishing area of Tanahun district. So health information, educations should be imported in local language. Health information transmitted via Radio, FM, television should be in Magar language to increase health awareness to rural Magars. If there is clean wishes of government or NGO/INGO, it is possible. If the government does it, rural Magars realy can take part in to develop our nation and can come in main stream of the nation.

Annex - 1

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Annex - 2

NOMINAL ROLL OF THE RESPONDENTS

SN	Name	Age	Sex	Marital Status	Education	Occupation	Religion	Mother tongue
1	Dhanbahadur Rana	67	m	Married	Illitrate	Agriculture	Hindu	Magar
2	Danbahadur Ale	42	M	Married	SLC	Teacher	Hindu	Magar
3	Dhanbahadur Thapa	51	m	Married	5	Agriculture	Hindu	Magar
4	Santabahadur Ale	51	m	Married	5	Agriculture	Baudha	Magar
5	Manbahadur Ale	60	m	Married	3	Agriculture	Hindu	Magar
6	Hirasing Ale	55	m	Married	Illitrate	Agriculture	Hindu	Magar
7	Tilbahadur Rana	55	m	Married	5	Agriculture	Hindu	Magar
8	Tulbahadur Ale	43	m	Married	5	Service	Hindu	Nepali
9	Syamkumari Thapa	51	f	Married	Litrate	Business	Bauddha	Magar
10	Indrabahadur Ale	32	m	Married	Master Degree	Teacher	Bauddha	Magar
11	Purnabahadur Ale	68	m	Married	Litrate	EX britsh A	Buddha	Magar
12	Khimmaya Thapa	16	f	Unmarried	6	Study	Buddha	Magar
13	Pinimaya Ale	43	f	Married	Litrate	Agriculture	Buddha	Magar
14	Chetamaya Thapa	24	f	Unmarried	SLC	Silai	Buddha	Magar
15	Dhanbahadur Thapa	58	m	Married	Litrate	Agriculture	Hindu	Magar
16	Lalbahadur Thapa	46	m	Married	Litrate	Agriculture	Hindu	Magar
17	Khimbahadur Thapa	45	m	Married	Litrate	Agriculture	Hindu	Magar
18	Dhanbahadur Thapa	70	m	Married	Litrate	Agriculture	Hindu	Magar
19	Nandabahadur Ale	50	m	Married	Litrate	Mason	Buddha	Magar
20	Haribahadur Thapa	52	m	Married	Litrate	Agriculture	Hindu	Magar
21	Sherbahadur Thapa	47	m	Married	8	Agriculture	Hindu	Magar
22	Bhaktabahadur Thapa	32	m	Married	Litrate	Agriculture	Hindu	Magar
23	Purnabahadur Thapa	33	m	Married	Litrate	Agriculture	Hindu	Magar
24	Chitrasing Ale	54	m	Married	Litrate	Agriculture	Buddha	Magar
25	Durgabahadur Ale	48	m	Married	Litrate	Agriculture	Buddha	Magar

26	Narbahadur Ale	66	m	Married	Litrate	Pension	Buddha	Magar
27	Bihisara Ale	50	f	Married	Litrate	Agriculture	Buddha	Magar
28	Narbahadur Thapa	52	m	Married	Illitrate	Agriculture	Buddha	Magar
29	Tekbahadur Saru	61	m	Married	Litrate	Pension	Buddha	Magar
30	Sanisara Thapa	36	f	Married	Litrate	Agriculture	Buddha	Magar
31	Dilbahadur Ale	36	m	Married	10	Agriculture	Buddha	Magar
32	Chandabahadur Ale	42	m	Married	Litrate	Agriculture	Hindu	Magar
33	Bamdev Thapa	64	m	Married	8	Pension	Hindu	Nepali
34	Lalbahadur Thapa	38	m	Married	SLC	Teacher	Hindu	Magar
35	Juthe Thapa	42	m	Married	5	Agriculture	Hindu	Magar
36	Megabahadur Thapa	32	m	Married	8	Agriculture	Hindu	Magar
37	Gopal Ale	36	m	Married	10	Agriculture	Hindu	Nepali
38	Anil Thapamagar	38	m	Married	Litrate	Agriculture	Hindu	Magar
39	Ratna Ale	16	f	Unmarried	SLC	Study	Hindu	Magar
40	Bhobilal Ale	64	m	Married	Illitrate	Agriculture	Hindu	Magar
41	Kesharbahadur Ale	55	m	Married	5	Mason	Hindu	Magar
42	Tulbahadur Ruchal	46	m	Married	Illitrate	Agriculture	Budda	Magar
43	Pahalsing Thapa	46	m	Married	Litrate	Mason	Unknown	Magar
44	Maya Thapa	50	f	Married	Illitrate	Agriculture	Buddha	Magar
45	Sandehs Thapa	16	m	Unmarried	10	Study	Hindu	Magar
46	Pabitra Ale	23	f	Married	10	House wife	Buddha	Magar
47	Nilukumari Rhapa	35	f	Married	Litrate	Agriculture	Buddha	Magar
48	Urmila Thapa	22	f	Married	SLC	Agriculture	Buddha	Magar
49	Yambahadur Thapa	59	m	Married	Litrate	Agriculture	Hindu	Magar
50	Manilal Ale	69	m	Married	Illitrate	Agriculture	Hindu	Magar

Annex - 3

NAME OF KEY INFORMANTS

Some key informants, who were selected in the field work are as follows:

SN	Name	Age	Profession	Remarks
1	Indrabahadur Ale	31	Collage Lecture, Social worker	
2	Yambahadur Suru	27	Social Worker, NIFIN worker, Sub-Secretary Magar Sangha, Tanahun	
3	Danbahadur Ale		School Teacher	
4	Kumansing Ale	60	Ex-British Army and famous with Magar culture & Customs	
5	Santabahadur Thapa	35	School Teacher	
6	Khyalimaya Thapamagar	27	Social worker	

Annex - 4

QUESTIONNAIRE

1. General Introduction of Respondent

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

2. Family Situation

SN	Name	Relation with family head	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 Player/Radio
(d) Telephone (PSTN/Mobile/CDMA) (e) Oven (Govar gas/Firewood) (f) Other ……
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 Do you think family planning method (temporary & permanent methods) except use of condom can prevent from the STD and HIV/AIDS? (a) No (b) Yes (c) Having no idea

5.9 In your society, does the pregnant women go to health institutions?

(a) Yes (b) No (c) No accessibility (d) Other ……..

5.10 Do you vaccinate your children ? (a) Yes (b) No

5.11 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

Annex - 5

Check List

A. Introduction

1. Origin of Magars
2. Traditional cultures
3. Myth

B. Health

1. Health facilities
2. Drinking water facilities
3. General sanitation
4. Educational facilities
5. Health awareness education in school
6. Traditional health system

C. Family and Kinships

D. Relation with other caste

E. Economic Activities

F. Gods and Goddess

G. Life cycle ceremony

1. Birth
2. Marriage
3. Death

H. Feasts and festivals

I. Fashions and food habits

J. Situation of Male and Female

Tanahun District

Curriculum Vitae

Introduction

Name :- **Bishnukumar Sinjali**
Date of Birth :- 12 September, 1976 (27-05-2033 BS)
Nationality :- Nepalese
Languages Known :- English, Nepali, Magar Dhut (An Ethnic Mother Tongue), Hindi
Marital Status :- Married, 2 Children
Birth Place :- Nibuwakharka-3, Syangja District, Gandaki Zone, Nepal
Current Address :- Kathmandu metropolis -14, Balkhu, Kathmandu District, Nepal
Contact No :- 9841291022(Mobile), 014289963 (Res.)
E-Mail Address :- bishnusinjali@hotmail.com, bishnusinjali@yahoo.com

Qualifications

Years	Level	Institution/ Board/University	Specialization/ Major Subjects	Remarks
2011	Doctor of Philosophy (Ph.D.)	Tribhuvan University	Sociology (Topic Area : culture, Society & Health)	Running
2008-2011	L.L.B.	Nepal Law Campus, KTM, TU	L.L.B.	Remaining to complete
2007-2008	Master of Public Health	Atish Dipankar University Of Science & Technology (**ADUST**) Dhaka, Bangladesh	Community Medicine	1st Division
2003-2005	Master of Public Administration	Public Administration Campus Kathmandu (TU)	Development Administration	2nd Division
2001-2003	Master of Arts (Sociology/ Anthropology)	Tri-Chandra Multiple Campus Ghantaghar, Kathmandu (TU)	Sociology	2nd Division
1998-2001	Bachelor in Education	Diktel Multiple Campus, Diktel (TU)	Math, Population, Education	2nd Division
1995-1996	Community Medicine Auxiliary (CMA/AHW)	Government of Nepal, MoH Regional Health Training Centre, Surkhet,	Community Health Surgery, Medicine	Passed on 83.6%
1993-1995	Proficiency Certificate Level in Science (I.Sc.)	Tribhuwan Multiple Campus Tansen, Palpa (TU)	Biology, Chemistry, Physics, Math	Pass Division
1993	School Leaving Certificate (SLC)	Shree Shishu Kalyan Secondary School, Gwadi, Syangja (MOE)	Math, Science	1st Division

Ph.D. Research Topic

- Concept of health, illness and health seeking behaviour in social and cultural context: A case study of the Magar community.

Thesis/ Research Works

- Socio-economic Status of Darais (A Sociological Case study of Vyas municipality of Tanahun District) 2006/07.
- Health Awareness Towards Communicable Diseases Among Rural Magars 2006/07.
- Community pharmacy care from the governmental health institutions & drug retailers of the Tanahun District of Nepal 2008/09.
- Concept of health in Magar Culture of the surrounding Tamikot mountain of syangja District (published in Magar Journal, 2067 BS ktm)
- Current situation of medical laws in Nepal in the public health care.

Awards

- Certificate of Commendation – Gurkha Welfare Trust 40th Anniversary Award, 17 Nov 2009 by GWT (UK)

Work Experiences

- Teaching Experience of one year at Adarsa Engish Boarding School, Galyang, Syangja in 1997 & Part time lecturer in sociology/Anthropology Department of Adikabi Bhanubhakta Multiple Campus, Damauli Tanahun in 2008.
- Working in Medical & Health Field for 13 years at British Gurkhas Welfare Scheme Nepal (Four year in remote area Diktel; Khotang district, 7 years Tanahun; Damauli & currently in Butwal) in a computerised system.
- Editor, Aadikabi Rekhabahadur Thapamagar smarika, Dhuto reek gomhok 2062 BS (Collection of poems in Magar (Dhut) Language) & Editor, Magar Dhut O Aahaan Gomhok, 2063 Bhadau 28.
- Co-Editor, Magar Dhut –Khas -English Dictionary 2009, (Published by Nepal Magar Association)
- Vice-president- Nepal Magar Writers' Association (2009-till now), Member- Magar Studies Centre.

Trainings

- (1) Orientation course on pharmacy and pharmacology, (Held in Pokhara in 1997 AD) Government of Nepal, Ministry of Health, Department of Drug Administration (DDA), Kathmandu.
- (2) "Medical trainings" 17- 29 May 1998, – Patan Hospital, Lalipur, (3) "Basic Community Oral Health Care" 4th - 13th Jestha 2057 BS, – United Mission to Nepal, CHDP Patan Hospital, Lalitpur, (4) "Clinical Pharmacology and Primary Health Care" 15-23 Feb 1999, – British Gurkha Nepal Ktm & Graduate Pharmacist Association Nepal, Ktm, (5) "Emergency Medicine – Basic Course" 31Jan – 11 Feb 2000, – BGN/ GWS Collaboration with TUTH Department of Emergency, (6) "Mental Health" 11-16 Feb 2001, – BGN/GWS Nepal, (7) "Computer operating Course" (1st May-17th Dec 2001) Diploma Level, – Prolink Computer Network Diktel, Khotang District " (8) "Common Medical Problems" 4-15th Feb 2002, – BGN/GWS (9) "Specialised Medical Care problems and Pharmacy procedure 3-14 Feb 2003, – BGN/GWS (10) "Dental, Occular and ENT Emergency" 2-13 Feb 2004, – BGN/ GWS (11) " Pharmacy Procedures" 31 Jan- 11 Feb 2005, – BGN/ BWS (12) "Medical training" 16th – 20th Jan 2006, – Manipal Collage or Medical sciences Pokhara, Nepal (13) "Refresher course in preventive Health care in community setting" 14-18th Jan 2007, – Manipal Collage of Medical Science, MTH Polhara, (14) "M Supply & IT Enhance Training" 24-26th Jan 2007, – NIIT Computer Centre, Mahendrapool Pokhara organised by GWS (15) "Pharmacy & Pharmacology with interpretation common Laboratory Results in Common Diseases" 04-15th Feb 2008, – GWS held in KTM (16) "Clinical & Community Medicine" 2-11th Feb 2009, by the GWS (17) "General Aspects of Pharmacy" 15- 17th Falgun 2064 BS, – MSMT Nepal Kathmandu. (18) "Preventive Medicine and Clinical Gerontology" 01-12th Feb 2010 by GWS.

Published Articles

- Shunyatako Aakash (Collection of poem/story in Nepali), 2055 BS
- Mayapreeti (Collection of poem in Nepali), 2060 BS
- Lhung (Collection of stories in Magar language), 2064 BS
- Conversation in Magar (Dhut) Language, 2066 BS (Third edition 2068 BS)
- Badaap (Collection of Poems in Magar Dhut)
- Piece articles and literatures in various papers, journals.

Unpublished Articles

- Mayapreeti, Prajanan swasthya tatha yaun sachetana (Health science), 2058
- Karphyu (Collection of stories in Nepali), 2063
- Nepalese Society & Culture for Doctor, Nurse and Health professionals,
- HIV/AIDS, STI and Indigenous nationalities of Nepal

Interests

- Playing volleyball, football, badminton etc., read & writing literatures, keen to learn & research, enthusiastic to facing Challenges.

Thank You.