

Socio-Cultural Factors Influencing in Care Seeking Practices During Diarrhoea in Tharu Community

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Abstract

Introduction	Diarrhoea has been considered as the major cause of death in developing countries estimating about 5 million children under 5 death and 750 millions suffer per annum. In Nepal 90 percent of population suffer by water borne diseases with diarrhoea as major health problem. Human and social factors are very predominant for diarrhoea and death due to diarrhoea. Taking community as a whole, there are many ideas, beliefs, prejudices, and practices those are helpful or obstructive for the health programme for prevention and control of diarrhoea at all levels of health care in Nepal.
Objectives	To identify the socio-cultural factors influencing in care seeking practices during diarrhoea among under five years of children in Tharu community.
Methods	Both Qualitative cum Quantitative research using data derived from semi-structured interview with household respondents, key persons and observation.
Results	Low proportion of people (16.2%) have knowledge about the use of Oral Rehydration Solution (ORS) and only 2(15.4%) out of 262 were known about the correct way of preparing ORS and its use. Majority (35.0%) of them sought care from traditional healers and rate of ORS users was very nominal (16.2%). They people who prefer to give herbal remedy during diarrhoeal episodes were 22.5 percent. Usually breast milk has not been given during the diarrhoea. Sanitary condition around the houses and sources of water resources are poor which leads top have chances of getting diarrhoeal are high. Excreta disposal practices are most unhealthy; usually they are either in river or in bushes. Eating habit and storage practices of cooked foods are traditional and more chances of flies and dust contamination which gives rise to diarrhoeas among the children under five years.
Conclusion	People have low level of knowledge regarding causes of diarrhoea and its control measures. They almost are tightly bounded on their traditional beliefs, prejudices, social values, culture and traditional practices and finally these influencing to care seeking practices during diarrhoea.
Key words	Socio-cultural factors, Care seeking practices, Knowledge, Diarrhoea, Tharu community

Introduction

Diarrhoea is defined as the passage of loose, liquid or watery stool and these liquid stools are usually passed more than three times in a day.¹ During diarrhoea body loses fluids and electrolytes and dehydration occurs and finally to death. In developing countries an estimated 750 millions children of under 5 years are suffering from acute diarrhoeal disease each year. About 5 millions of these children die from diarrhoea, which is approximately 600 in number each hour. Thus diarrhoea kills 10 children every minute. About 80 percent of these diarrhoeal deaths occur in the first year of life². In seven countries of South Asia, which

includes Nepal estimated 8,000 children die every day due to diarrhoea and communicable disease. Diarrhoea only kills 4000 of these under 5 years children. In Nepal 90 percent of population has been suffered by waterborne disease and diarrhoea is considered as the major health problem in community².

Diarrhoea is a major cause of mortality and morbidity among children in Nepal. The direct cause of death in case of diarrhoea is due to dehydration³. Increasing fluids and electrolytes intake by giving ORS alone with usual soft food and continuous breast-feeding (if

child is in exclusive breast fed) is simplest and effective way of correcting dehydration. In most cases this increased fluids prevent dehydration. Caregivers should know the danger signs of dehydration. Replacement of lost fluids and ORS can prevent further dehydration. Feeding should also be continued during diarrhoeal episodes⁴.

Nepal started Oral Rehydration Therapy (ORT) from 1972. ORT, which focuses on continual replacement of fluids and electrolytes lost in diarrhoea and vomiting, is known as Rehydration Therapy. ORT use rate in Nepal is very low in compare to other SAARC countries. It accounts 29 percent, where as India 67 percent, Pakistan 97 percent, Srilanka 34 percent, Bhutan 85 percent, and Bangladesh 96 percent⁵. In Nepal only 27.4 percent in Terai and 9.4 percent in Midhills have been getting increased fluids during diarrhoea. Increased fluids intake is critical during diarrhoea. More than half cases have been receiving weaning foods continued to receive the same amount or more food during diarrhoea in both Terai (74.9%) and Mid hills (60.8%)⁶.

Nepal is multiethnic, multicasts country. Nepalese society has its own values, beliefs, customs, culture and practices during illness. Majority of the people do not have ability to pay for services due to poor economic condition⁷. For most of the Nepalese society, traditional healers have been considered as the first place of receiving care during illness⁸. Water and fluids are not given in most of the community during diarrhoeal episodes. During illness praying God/Goddess and having sacrifice are common. Traditional forms of healing are also widely prevalent in Nepal. This is generally carried out and practiced by the local healers known as *Dhami/Jhankri*. Roles of traditional healers are complementary to that of Priest and the Doctor. The fact that *Dhami/Jhankri* (the local healers) exert immense influence on the health matters of the local communities can be judged from a very high numbers of these healers prevalent in the society⁹.

Human and social factors are very predominant in any society or community. Taking community as a whole, there may be many ideas, beliefs, prejudices, and practices about various diseases that are commonly known in the country. These beliefs and practices those are helpful or obstructive for the health programme for prevention and control of disease should be understood at all level of health care in Nepal. The concept of nutrition and health are vague among Tharu community; nevertheless their diet is quite well balanced, though some time insufficient in quantity. They mostly use underground water and sometime well and hand pump, but surroundings of water source are not clean. So they

get diarrhoea in rainy season. Tharu community practice to consult traditional healers called "*Guruva*" as a first place of seeking care while getting sick¹⁰. Tharu community is considered as back warded indigenous group and their major occupation is agriculture with low literacy rate and poor economic condition. They have peculiar type of social value, beliefs, customs and practices and these factors have been affecting for care seeking practices. Therefore, this cross sectional study was carried out using survey method to identify existing socio-cultural factors influencing in care seeking practices during diarrhoea among under five years of children in Tharu community of Ratnanagar municipality, ward number four, Chitwan district, Nepal.

Methods

Study area

Ratna Nagar municipality is one of the municipalities of Chitwan district and is situated in middle Terai of Nepal and was declared in 2053 BS. It is 158 Km distance from capital Kathmandu by bus and 12 Km east from district headquarter Bharatpur. It is divided into 13 wards and is spreaded over the area of 3.152 hector land. The city has sub-tropical monsoon type of climate with warm and hot on summer and cold in winter. May and June are the hottest months, January and February are coldest whereas June, July and August are the rainy seasons. Population of this municipality is heterogeneous in terms of caste/ ethnicity. More than fifteen different ethnic groups are residing in the city. Common family types in the city are patriarchal and patrilocal types. According to the central bureau of statistics (CBS), the proportion of Brahman is highest (32%) and Tharu is second (19.9%) in its population distribution. The proportion of Chettri (11.2%), Newar (8.9%), Tamang (5.5%), and Kami (2.6%) respectively¹¹.

Study population

There were 515 households (HH) in total with total population 3.078 in ward number four of the study municipality. Out of 515 HH, 288 were belonging with Tharu ethnic group. Out of 288, 262 HH were identified having at least one child under five years from the municipality records and these all 262 HH were included in this study as the study population. Using simple random sampling method (SRS) eighty HH were identified to be study population for HH survey. Either father or mother of under five years of child of these eighty sampled HH were included as the respondents in HH survey method of data collection. Key persons (one primary school teacher and one chair

person) of the study ward were also included as key informants for interview in the study.

Interview schedules

Four different interview schedules were developed for data collection from household respondents, primary school teachers and chairperson. Finalisations was done after its field-test/ pre-test in other wards in similar community. Questions included in the interview schedule were characterized by (1) health seeking practices during diarrhoea (2) source of treatment (3) beliefs regarding diarrhoea and eating practices during diarrhoea episodes. All the respondents were encouraged to participate in this study voluntarily. Purposes of this study and all necessary information were explained before conducting interviews. Confidentiality was kept, as all the participants of this study had right to take part, continue their participation or stop participation without any explanation.

Observation Sheet

Observation check- list was developed and kept confidential. After conducting household interview, observation was done simultaneously regarding the condition and situation in different aspect of life, such as; source and sanitation of drinking water, excreta disposal practice, housing etc.

Results

The findings of this study are presented into three sections: (1) households' survey interview, (2) key person's interview and (3) observational findings as follow:

1. Households' survey interview

Demographic characteristics and educational status of household population

Total HH population was 460, which comprised 248 (53.9%) male and 212 (46.1%) female with population below 15 years of age 43.1 percent. The educational level plays significant role in care seeking behaviour, use of ORS and hygiene habit as well. Almost three quarter (74.4%) were illiterate. It was quite obvious for that 78.3 percent of female population were illiterate and among male it was 71.1 percent. Among the total literate, majority female (17.0%) had attended primary level where as male 20.0 percent. Regarding the family composition, 63.8 percent HH were composed having 6-8 family members with the median number of family members 6. 84 percent HHs were composed joint family, where as 16 percent nuclear.

Demographic characteristics and educational status of the household respondents

All the respondents included in this study were either ever-married men or women with at least one child of under five year of age. Age was ranged from 18-37 years old. More than half (57.5%) respondents were female and majority of them in younger age group, with almost 75 percent below age of 30 years. Men were identified more educated than women. Study reveals that, 60.9 percent women and 29.4 percent men respondents had never attained school education. Majority (30.4%) of the women have attained primary level of education where as this figure among men is 47 percent. None women identified having SLC level of education where as among men it was 5.9 percent. Of the total respondents, majority (62%) were involved in farming, where as only 8 percent were in skilled labour and remaining 28 percent in unskilled labour and 2 percent in services.

Food habit and beliefs

Dal, Bhat, Roti were the usual food for overwhelming majority of the respondents (82%), where as non-vegetarian food such as, Meat, Fish, *Ghungi* for 18 percent. According to the study findings, 22.5 percent of the respondents found to have practice to give bark of *Sorea robusta* and curd to the patients having diarrhoeal episodes and they believe it can control diarrhoea as well, where as 6.2 percent give usual food during diarrhoea. Fifty percent of the respondent identified that they don't give water and salt during diarrhoea due to the beliefs of exceeding to diarrhoea and remaining 50 percent don't have any restriction on foods during diarrhoea.

Source of drinking water and excreta disposal practices

Study reveals that 26 percent of the respondents use private tap water for drinking and cooking purpose, where as 32 percent public tap water and remaining 42 percent well water. Remarkable feature of the study is that none of the respondents were using toilet for defecation. Among them 62 percent practice to go to the river side for the defecation followed by 24 percent bushes and 14 percent back side of the house.

Care seeking practices during diarrhoea

Regarding the question on causes of diarrhoea, 12 percent of the respondents replied that diarrhoea causes due to intake of contaminated food and water. Almost half (48%) respondent stated that diarrhoea is common and viable among children during the eruption of teeth followed by 15 percent due to cold inside the abdomen

and 5 percent due to ghost where as 20 percent respondent not know the causes of diarrhoea. Pattern of care seeking during diarrhoea by educational status is mentioned as following table.

Table 1. Care seeking practices during diarrhoea by educational status

Educational status	No.	Care seeking practices during diarrhoea						
		ORS %	Nun Chini Pani %	Usual food %	More fluid %	Medical treatment %	Traditional healers %	Herbal remedy %
Illiterate	38	10.5	7.9	7.9	0	7.9	47.3	18.4
Primary	30	16.7	6.7	6.7	6.7	13.3	20.0	30.0
Secondary	10	30.0	0	0	0	10.0	40.0	20.0
SLC& above	2	50.0	0	0	0	50.0	0	0
Total	80	16.2	6.2	6.2	2.5	11.2	35.0	22.5

Source: Field survey, 2000.

Study shows that more than one-third (35.0%) respondents sought care from traditional healers during diarrhoea which found higher proportion (47.3%) among illiterate. Only 16.2 percent of the respondents have used ORS to cure diarrhoea which practiced by illiterate only 10.5 percent. By occupation, 35.0 percent respondents sought traditional healers as a first place of seeking care which is high among farming respondents, where as low in service category. By occupation the ORS using rate was almost half (50.0%) among service holder and low among unskilled labour (9.5%). None of them have fed breast milk to children during diarrhoea.

Knowledge and practices about ORS

Of all respondents only 13 (16.2%) have knowledge about the use of ORS and remaining have heard about it but they did not know in which condition it is used. The respondents who knew the correct way of ORS preparation and its use were only 2 (15.4%).

2. Key person interview

Both key persons who were included in this study were familiar with the studied community and belonging to the same. Chairperson was literate male of 41 years old and stated that this community is being more aware than before due to the exposure to electronic media. He stated that agriculture is the major source of income in the family. Keeping pet animals close to the house is an old practice among Tharu community, but it always creates poor sanitary condition around. Excreta disposal practices, going nearby river for defecation has been common for almost people since long ago which creates poor sanitary condition and unsafe water as well. He

also stated that new generation has been attracted towards going to pharmacy for medication while getting diarrhoea, where as local herbal remedy and traditional healing practices during diarrhoea has been choice of old generations. The another key person was the teacher having SLC graduate. People use to take food in *Barandas* or *Pidhi* (small place between courtyard and main gate of house). Beside this, keeping or storing cooked food for long time and eat after a long period is a common practice in this community.

3. Observational findings

According to the observation check list, it was identified that 30 percent houses had unhygienic surrounding, followed by 5 percent healthy, and remaining 65 percent satisfactory. Forty percent of households were found unhygienic due to defecation of children, chickens and ducks. Sanitary condition around the tap water source was 43 percent satisfactory and well water source 12 percent. Bathing and washing cloths near the well was common practice for almost people. Almost wells were uncovered. The height of the parapet was less than one feet. Due to these all observed conditions there were more chances of getting drinking water contamination to the well water rather than the tap water.

Conclusions

Study reveals that very few proportions of people (16.2%) have knowledge about the use of oral rehydration solution (ORS) and only 2 out of 262 knew about the correct method of ORS preparation and its use. The results indicated that, majority (35.0%) of the people of Tharu community sought treatment from

traditional healers and the rate of ORS uses was very low (16.2%). The people who prefer to give herbal remedy during diarrhoeal episodes were 22.5 percent. Usually breast milk has not been given during the diarrhoea. Sanitary condition around the houses and sources of water resources are poor which leads to have chances of getting diarrhoeal are high. Excreta disposal practices are most unhealthy; usually they are either in river or in bushes. Eating habit and storage practices of cooked foods are traditional and more chances of flies and dust contamination which gives rise to diarrhoeas among the children under five years.

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