

introduction

This number of Contributions to Nepalese Studies is the first of what is hoped to be a series of special numbers of this journal devoted to topics of interest to research workers and development planners in Nepal. In future issues, topics will be taken from linguistics, sociology, history and anthropology (the fields of focus at the Institute of Nepal and Asian Studies, Tribhuvan University), bringing together readings based on recent research and presenting new perspectives on areas of recurring interest in the development of Nepal.

Our first special number of focuses on health, but explores the question from an anthropological point of view. Five papers are presented, each with a slightly different emphasis, three are concerned primarily with the cultures of the Brahmins and Chhetris of Central Nepal. Each focuses on traditional views of health in some form. The first study, "Sex and Motherhood among the Brahmins and Chhetris of East-Central Nepal" emphasizes health in relation to sex and family planning from the point of view of women studied in a small, rural community on the edge of the Kathmandu Valley. Traditional Hindu attitudes towards fertility, and childbirth are explored, along with concepts of pre-school child development and an outline of common childhood diseases and their treatments. The second article, "Concepts of Illness and Curing/in a Central Nepal Village", takes a broader perspective. Based on work done in Nuwakot district, the author discusses local concepts of illness causation, concentrating on the cultural and psychological aspects of illness. The third study, "Levels of Medicine in a Central Nepali Village," comes from work done in Gorkha district in a community made up of Muslims as well as Chhetris. As with the preceding article, the paper is concerned with local concepts of illness and its causation. Both present analyses of the complex interaction between these traditional concepts and the new choices presented by the arrival of new techniques of medical practice brought about by the development of health delivery systems in Nepal. By presenting these concepts of illness and curing as different systems of conceptualization, not merely as competitive practices, both papers give new insight into the reasons for success or failure of certain aspects of health development.

The fourth article, "Notes on Two Shaman-Curers in Kathmandu" is the work of an anthropologist whose field here is the urban setting. Presented are the "case-books" of two Tamang shamans who practice among different ethnic groups in the Kathmandu Valley. The author records which illnesses are treated by these urban curers and points out that in Kathmandu, at least (although it is probably true for the rest of Nepal as well), curing is not a primary occupation. Unlike the doctors and health assistants in government service, these curers work at their practices only part-time, spending the major portion of their days in other economic pursuits.

"Health Services and Some Cultural Factors in Eastern Nepal", presents a larger level study of conditions of health as perceived by health workers and villagers in four districts in Eastern Nepal. The article points out some of the specific changes in behavior which have come about as a result of health post outreach and developments in other fields. It goes on to discuss factors which inhibit the further growth of health care delivery, as well as those which inhibit the steps which villagers themselves might take on their own behalf. The author reviews some of the cultural implications of the fifth "Five-Year Plan" as it applies to health services in the four districts.

In some ways, one cannot avoid looking at this issue of Contributions as a kind of apologia for the use of anthropology in Nepal's development. The function and aims of the anthropologist are in many cases not clearly understood. In doing microstudies of single communities, for example, the applicability of his work toward other areas, or to Nepal as a whole is often called into question. It is for this reason that the editors have selected three works on the same ethnic group. Each study has been made in a geographically distinct area, yet one cannot avoid noticing the similarities in perspective and conceptualization of the people of each of these three areas. The third paper's presentation of the differing aspects of health concepts in a Muslim community, by contrast, shows the cultural basis of these concepts. It is the anthropologist's contention that a system of knowledge must be understood within a cultural context. Within that context (i.e. within a given ethnic group) the anthropologist's data has considerable predictive value once the geographic limits of that ethnic group are known.

To understand a system of knowledge within a cultural context has another meaning as well. A jhankri may be looked upon by health workers trained in a western perspective as a competitor, or even worse as a focus of "ignorance" and "superstition" who impedes the forces of development. The jhankri is a manipulator of the spirit world and spirits have been systematically eliminated in the context of western science. The anthropologist, because of his interest in such phenomena, may be considered to be a conservative; an anachronism who works against development because it eliminates to some extent his field of study. The jhankri, however, is not merely a curer and a manipulator of spirits, he is a manipulator of social forces as well. At times, the jhankri acts as both a psychotherapist, treating symptoms of what might be termed as anxiety in a western context, and as a social worker settling problems which otherwise break a village apart. Because the anthropologist lives and studies in a village and because he is interested in how a society (in this case a village) works, the anthropologist might find himself in a position of having to defend the jhankri against developers. Social roles in a village are complex and even though certain aspects of the role of the jhankri

might be considered to be dysfunctional in a development context, the essential role of maintaining social harmony might be missed by the outsider and the useful elements of the traditional system might be eliminated with the dysfunctional ones, without any new institutions being brought in to replace them.

All five of these studies were done in areas where medical choices were available. A patient could select from home remedies, the services of a baidiya (ayurvedic practitioner), a jhankri or jaane manchhe, or a government or missionary hospital. These articles all point to some regularity with regards to a patient's choice as to which system to utilize. It is suggested that attention to these patterns of patient choices will be of great value in understanding problems of medical delivery at the village level.

An essential problem with regard to the use of anthropology in studies for development is that this work takes time. The first three studies presented here represent nearly six years of field research in Nepalese villages (all three scholars are now in the process of writing dissertations from the data gathered) and is systematized from what Paulo Freire calls "moments of life". These careful observations present a complex and detailed picture of conditions in a village. These are descriptive works which were not undertaken with the goal of producing explicit recommendations for development agencies. We leave it to the reader to decide as to whether or not the data suggests possible directions for development. One only hopes that the results presented in this journal will help health and family planning workers understand more about the context in which they are working and will encourage more research to be done in the area.

Editors

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