

# Health Seeking Priorities and their Reasons among the high-hill People an Ethnographic study of Hyolmos

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## **ABSTRACT**

*Everyone wants to be away from illness but it is unavoidable and people choose the most effective alternative to get well soon. The objective of this paper is to investigate the priorities of health consumers to seek health recovery and its major reasons. Ethnographic study was carried out in January to March 2015 on an ethnic group, Hyolmos residing in Helambu, in high-hill of Sindhupalchok, Nepal by using a number of data gathering techniques such as key informants interview, focus group discussion, and participatory observation for qualitative information and household census for gathering socio-economic data. Health post, hospital, self-medication and traditional healers such as bhombos (faith healers) are under health seeking priorities. The major reasons of choosing any of them are the locales' education and awareness, socio-economic status, person's previous experiences, referral causes, urgency to treat, and availability/accessibility of health service providers. The cultural understanding and perception of illness is also a main reason of their choice.*

**Key words:** *Bhombos, Health-seeking priorities, Lama, Self-medication*

## **The Backdrop**

Diseases and illnesses are unwanted but everyone must face them. The different health seeking behaviours are shown by different people and communities to get rid from them in plural medical practices. Medical practice differs from society to society, by geographical location, by cultural groups and individually. Subedi (2001) states that the medical practices include both the cognitive and social systems of healing and treatment traditions. Cognitive tradition relates to a wide range of medical concepts, values, attitudes and beliefs that serve as guidelines for health action and practices. Thus, people have different theories of causality of an illness among various medical traditions. In looking at health seeking priorities, it is important to examine both the cognitive

and social aspects of the types of health care available to the individual patient.

Scholars have attempted to explore health seeking behaviour in different parts of Nepal and in Nepali culture. Gellner (1994) focused on shamans in Kathmandu, exploring both the ideological and social context of this medical system within the city. Kohrt and Harper (2008) conducted a multidisciplinary study concerning psychiatry and stigmatization of mental illness within Nepal and compared the results they found with the way mental disease is understood in Western medicine. These studies focus that health service consumers' choices vary even though they have a single aim of being get well soon.

Nepali medical practices have been influenced by many different sources throughout

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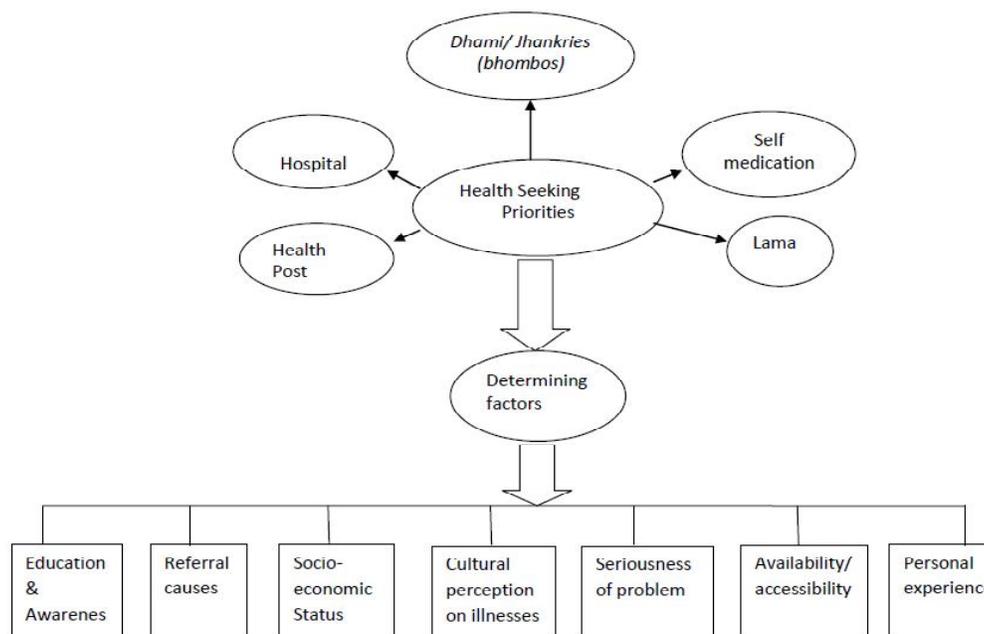
the history. Later wave of migrants from Tibet brought with them Tantric Buddhist ideas about healing that are still popular today (Streefland 1985). Recently, the allopathic ideas of Western medicine have been introduced and well accepted (Acharya 1994; Dhungel 1994; Pigg 1995; Streefland 1985). This signifies that the major characteristic feature of Nepali medical system is pluralistic in nature being the variation in health seeking priorities. Being a multicultural, multiethnic, multiracial, and multi-religious country Nepal, there are diversities in health seeking behavior in many aspects including geography and it is no surprise that there are various methods of dealing with illnesses. The various groups have their own concepts about disease and illness. Different health seeking priorities also observed in these differences. People think that one can heal more effectively in a sector of health problem whereas the next can be more effective for the other.

Nepal is a country having hundreds of castes and ethnic groups. Among them, one of the ethnic groups is Hyolmo, who reside in the high hill region, primarily concentrated in the Sindhupalchok district of central Nepal who also seeks various healing attempts.

### Conceptual Framework

Medical system is an integral part of all cultures. It includes the totality of health knowledge, beliefs, skills, and practices of a cultural group. It incorporates all clinical and non-clinical activities, formal and informal institutions, and other activities that are even remotely connected with illness in a community. This study focuses on Hyolmos health seeking priorities and their reasons. The following conceptual framework was developed to carry out the research about health seeking priorities and their reasons practiced by Hyolmos for healthy life.

**Fig. 1:**  
**Conceptual Framework on health seeking priorities and their reasons**



This study has attempted to investigate why certain health seekers who belong to the same village and have the same tradition go to different places to seek treatment for the same health problem. Hyolmos are particularly traditional and ethno-medical practitioners but they also use many other healing practices for faster and better recovery. The main research questions of the study are as follows :

- i. Why do Hyolmos follow more than one health-seeking strategy?
- ii. How do they determine the health-seeking priorities?
- iii. What factors significantly influence their health-seeking behavior?

**Analysis and Discussion of Empirical Findings**

Even a single ethnic group that resides in a specific place has various socio-economic and educational diversities. Different households

were found with different statuses which guided the choice of health service providers. The culture of Hyolmos also seems to be one of the dominant factors that determine their health status as well as medical choice.

**Health-seeking priorities of the household heads.** When a person becomes ill, he tries to seek competent health service providers of his access. The choice of healers is mainly determined on the basis of the people’s perception. Perception on different healers and their practices involves direct experience gained by the health seeker through various sense organs such as what they have seen, heard, felt or experienced directly or indirectly. Based on the locals’ perception, the health seeking priorities and behavior towards health service providers is determined.

**Table 1:  
Health-Seeking Priorities of the Household Heads  
for Themselves and their Members**

Priority	Hospital		Health Post		Lama		Dhami/ Jhankris		Self-medication	
	HH Head	%	HH Head	%	HH Head	%	HH Head	%	HH Head	% <sup>1</sup>
First	5	5.20	45	46.87	10	10.41	22	22.91	51	53.12
Second	22	22.91	21	21.87	6	6.25	24	25	-	-
Third	37	38.54	1	1.04	3	3.12	3	3.12	-	-
Total	64	66.66	67	69.79	19	19.79	49	51.04	51	53.12

*Source : Fieldwork, 2014*

Table 1 shows that more than half (53.12 percent) of the household heads prioritize self-medication in the initial stage of illness, because it generally involves home remedies made by locally available medicinal substances. So it is easy and not expensive. None of the villagers were found using self-medication in the next stage of illness when complexity arises.

In the ratio of self-medication, almost same (46.87 percent) number of informants chose health post as the first priority in the beginning of illnesses. When the local health post started to serve at a very nominal cost (NRs. 100 per person for check up and medicine annually) and when literacy rate in the village increased, health post followers also increased.

Among Hyolmos, 22.91 percent informants shared that they go to *Dhami/Jhankri (bhombo)* for the first time. Those who choose them are mainly old people who have no formal education. They claim that many illnesses like *lagu, sindi, masan* etc. can be cured only by *Jhankris* and they have strong belief in *Jhankris* from the remote past.

Only 10.14 percent informants chose Lamaism as only few respondents go to Lama for worshipping different forms of god. Lamaism is faith healing practice, more preventive than curative. The least number of informants (5.20 percent) go to hospital in the cities as a first priority. This is because, firstly, they think minor illnesses can be cured locally. There is no hospital in the local area, so they need to travel about at least 40 km up to Melamchi Bazaar or about 100 km up to Kathmandu. Only those who have easy access due to home or relatives in Kathmandu, go to the city hospitals.

The interesting fact that the above table depicts is that all the health service providers except the hospital are in decreasing ratio in the second and the third priority, but people who choose hospital are increasing. That implies people have the final hope on hospital, though there is no hospital in the local area; they have to go to Melamchi Bazaar or Kathmandu city. Obviously, self-medication cannot be the second or the final attempt.

**Reasons to Use More Than One Health-Seeking Strategy.** It is often said that when health is lost everything is lost. This saying clarifies the importance of health in human life. When people become ill, they want immediate recovery. When one health strategy is applied and no improvement appears, the patient seeks the next treatment. Thus, more than one health-seeking strategy is applied.

Each society has more than one medical system, and they may well overlap each other.

But it may be argued that the totality of such systems constitutes the medical system of that society. In Melamchi Ghyang, people use different strategies and practices for the recovery of health. The reasons to choose more than one service providers are pointed in Table 2.

**Table 2 :  
Reasons to Choose the Multiple Health Service Providers**

Reasons	No. of Household Heads	Percentage
Easily available	59	61.45
Cheaper	49	51.04
To get well faster	48	50
Belief on all	41	42.70
No belief in single provider	3	3.12

*Source : Fieldwork, 2014*

In most parts of the world today, no single system is solely used; instead, multiple modalities exist and are used in parallel. Whether these systems are regional in context or institutionalized by the larger society, it does not seem to matter; people have multiple choices (Kleinman 1978). Various authors have claimed that medical pluralism is well utilized throughout the various groups in Nepal (Acharya 1994; Blustain 1976; Dhungel 1994; Streefland 1985; Stone 1976). Like in other parts of Nepal, the people of Melamchi Ghyang also choose multiple options for health recovery. There are many reasons to use plural medical practices among the people in Melamchi Ghyang. The majority (61.45 percent) of household heads responded that attempting more than one medical practice is due to their availability. Andersen (1995) also states that enabling factors include the availability of health personnel and facilities, income, health

insurance, regular source of care, travel and waiting times, and social relationships.

The several reasons of plural medical practices are found in the study area. They are availability of services, cost of service, belief towards the system, intension to get well faster, previous experience about the service, and perception of peoples on the healers. Similar finding was drawn by Hussain and Khanum (2008); and Almasdy and Sharrif, (2011) that previous experience was one of the major reasons for self-medication besides the availability of doctors and transport, ability to self manage, urgency to treat, assumption of better knowledge, lack of time and cost of treatment. Stone (1976) shows that in the several contexts of illness treatment, Nepali villagers easily combine western medicine with traditional practices.

The symptoms that people experience also force to choose more than one healer. Sometimes people experience symptoms of more than one illness. If the sickness begins gradually they go to health post, but if the sickness attacks immediately they take the patient to *Dhami/Jhankris (bhombos)*. People who chose *bhombos* asserted that they were easier than the modern health institutions and they can easily communicate or can express their problem with *Jhankris*. The reason is that *Jhankris* are from their own community. However, Kanchha Lama, a local, says, "Sick people go everywhere for final hope". The informants are more likely to agree this statement. Some people shared that they medicate by themselves first and then go to *bhombos* and the health post, but some people informed that they use *bhombos* and the medicine of hospital at the same time.

### Conclusion

Medical practices and health seeking behavior differ in each geography, society,

culture and even in each individual. Health service consumers' choices also vary even though everyone have single aim of being well. Nepali health seeking practices have been influenced by many sources throughout the history. People think that one is more effective in a sector of health problem whereas the next can be more effective for the other.

The choices of healers are determined by peoples' perception towards service providers. Health post comes in the first priority due to the availability, cheaper in local area and western influence. The second priority is hospital in rigorous cases though it is not accessible. It is due to the concept on people that health is the most important part of life. Self-medication is the most popular in preliminary stage of illness but it is not continued in next stage due to its limitation in many health problems. Traditional faith healers (*bhombos* and Lama) come in the least prioritized sector with modern education and awareness as they are superstitious practices. Even though, it is popular among the sexagenarians and above. Allopathic medicine users are increasing and the followers of traditional faith healers are decreasing in recent days.

Availability of healing services, their reliability, accessibility, economic status and the cost of service, relationship and referral causes, belief and perception towards the healing system, consumers' experience about healing practices, characteristic of illness, willingness to get well faster, easy communication with providers and cultural acceptance are the causes that determine the health seeking priorities.

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