

Health Status of Children of Chepang and Other Communities of Nepal

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ABSTRACT

Background: The study was conducted among the children and parents of Chepang community to know their health status in comparison with other communities. Chepang is an indigenous ethnic group living in Central and Southern Nepal especially in Chitawan, Gorkha and Dhading districts and also known as one of the isolated tribal groups of Nepal. They have their own language known as Chepang but is called Chyo-bang by the people themselves. The Chepang settlement is often on very steep land, unfertile and not easily accessible. **Methods:** The study was cross-sectional descriptive design. Simple random sampling technique was used to select the 38 children and their parents from the Brahmin/Chhetri, Ethnic groups, Chepang and Dalit. **Result:** Only 42% respondents had reported that they had visited hospital for checkups during the time of pregnancy. Among them only 11% Chepang had visited hospital. Similarly, 79% reported the use of iron tablets during the pregnancy and after post-delivery periods. In the same way, 95% reported that they had given birth to a child at home. In an average, 17% children of Chepang had better height, weight and thickness of arm than other communities' children. **Conclusion:** Chepang are found back in health seeking practices than the other communities. Cent percent mother had reported that they had given the birth of 1st baby before 20 years of her age. Though, health status of Chepang children found better than other communities' children.

KEYWORDS

Chepang, Health, Nutrition

INTRODUCTION

The study was conducted to identify the health seeking behaviour and health status of the children of Chepang Community and other communities of the Chitwan district of Nepal. The Chepang is an indigenous group living in the Mountain range of Central Nepal. Over the past two or three generations the Chepangs have begun to shift slowly from a semi-nomadic (slash-and-burn) lifestyle to a more settled way of life, relying increasingly upon the produce of permanent fields of maize, millet and bananas. Chepangs, also called 'Prajās', are regarded as one of the marginalized and socio-economically deprived indigenous ethnic communities. They have lived a semi-nomadic life, and have depended enormously on the natural forest resources over a long period of time. Forests are the most important source for them in terms of food, fiber, fodder, medicine, housing materials and various other needs. Hunting and wild food collection has been their traditional living for subsistence and shifting cultivation (Khorriya) is the only feasible way to farm the steep slopes inhabited by them (Limbu, 2011). The traditional food practices are not sufficient to maintain their physical health well so there may be high chances of risk of malnutrition in children. Nutrition may be defined as the science of food and its relationship to health. It is concerned primarily with the role played by nutrients in body growth, development and maintenance. The nutrient or "food factor" used for specific dietary constituents are proteins, vitamins and minerals. Dietetics is the practical application of the principles of nutrition; it includes the planning of meals for the well and the sick. Good nutrition means "reformed a nutritional status that enables us to grow well and enjoy good health" (Park, 2007, p. 480). Malnutrition has been defined as "a pathological state resulting from a relative or absolute deficiency or excess of one or more essential nutrients" (Park, 2007, p. 415).

Malnutrition is a worldwide health problem especially in developing or underdeveloped countries. According to WHO 2003-2009, 16% of under-five year children of India found suffered severely from underweight. Similarly, Sri Lanka 15%, Pakistan 14 %, Bhutan 3 % and 11% Nepalese under-five children found suffered from severe underweight. In relation to the nutritional problem in Nepal, the national nutrition programme under the Department of Health Services has laid the following vision "all Nepali people living with adequate nutrition, food safety and food security for adequate physical, mental and social growth and development and survival (Department of Health

Services, 2011)" with the mission to improve the overall nutritional status of children, women of child bearing age, pregnant women, and all ages.

METHODOLOGY

Cross-sectional descriptive survey was done by using a well-structured questionnaire. Measurement of weight, height and thickness of arm of children was taken by using weighing machine and measuring tape to determine the nutritional status of 3-5 years children. Study was conducted in Chitwan districts of Nepal in Chepang community and other community groups to compare the health status. Altogether 38 children and their parents were selected for this study by using the simple random sampling method. Collected data and information were analyzed and interpreted with quantitative descriptive way. Data were analysed in the SPSS to show the percentage and cross tabulation.

RESULT AND DISCUSSION

The finding of the study has explored the comparative data of health status of Brahmin/Chhetri, Ethnic groups, Chepang and Dalit. In research, total 38 children were participated, among them 95% were males and 5% were females. Similarly, 60% were Hindu, 11% from Buddhist and 29% were Christian. About three fourth (76%) reported that they were living in the nuclear family and rest (24%) were living in joint family.

To know the health status of mother and children of Chepang and other community, various questions were asked. The responses are tabulated and analyzed as below:

Caste/Ethnicity	Less than 20 years		20-25 years		More than 30 years	
	#	%	#	%	#	%
Brahman/Chhetri	2	67	1	33	-	-
Ethnic Group	8	53	6	40	1	7
Chepang	19	100	-	-	-	-
Dalit	1	100	-	-	-	-
Total	30	79	7	18	1	3

Field Survey, 2013

The above table shows that, 79% mother had given the birth of first child in less than 20 years of her age. As compare between the four different groups, 100% respondents of Chepang and Dalit mothers had given birth to their 1st baby before the age of 20. The data clearly shows the culture of early marriage system in Chepang and other Dalit communities.

Out of 38 respondents, only 42% had reported that they had visited hospital for checkups during the time of pregnancy period.

Caste/Ethnicity	Checking Times				Total	
	One time	Two times	Three times	Four times	#	%
Brahman/Chhetri	1	0	2	0	3	100
Ethnic Group	0	4	2	5	11	73
Chepang	1	0	1	0	2	11
Dalit	0	0	0	0	0	0
Total	2 (13%)	4 (25%)	5 (31%)	5 (31%)	16 (100%)	42

Field Survey, 2013

Among 42% of the respondents, 31% visited three and four times followed by 25% visited two times and 13% visited only one time. Comparatively, respondents from the Dalit community had not visited, only 11% Chepang, followed by 73% ethnic group and 100% Brahman and Chhetri had visited hospital for their health checkup. The data also presents that health seeking practices among

the Chepang and other disadvantage community is found very poor which can bring the complication in the mother and child's health.

A previous study was carried out in ward no. 9 of Mahankal VDC, Kathmandu among the 50 women of reproductive age group who had delivered live birth five years preceding the survey. The result of the study shows that 78% of women were using the services. More notable fact was that the 62% of the respondents made antenatal visits for four or more than four times. Seventy two percent of the respondents received the tetanus toxoid shots. Sixty six percent of the deliveries were hospital deliveries assisted by the doctors. However, 34% of deliveries occurred at home. The difference in ANC visit in different age groups and parity was not much obvious. The educational effect was clear as nearly double women who attained SLC or above, made four or more ANC visit as compared to illiterates (Pradhan, 2005).

Antenatal care from a trained provider is important in order to monitor the risks associated with pregnancy and delivery for the mother and her child. According to the 2011 NDHS, 58 percent of women who gave birth in the 5 years preceding the survey received antenatal care at least once for the last live birth from a health professional, that is, a doctor, or nurse/midwife (MoHP: Population Division, New ERA, MEASURE DHS and U.S. Embassy, August 2011).

Out of total 38 respondents, 79% reported use iron tablets during the pregnancy and after post-delivery periods also.

Caste/Ethnicity	Less than Three Months		Post Delivery Days		Total	
	#	%	#	%	#	%
Brahman/Chhetri	-	-	3	100	3	10
Ethnic Group	5	33	10	66	15	50
Chepang	7	64	4	36	11	37
Dalit	-	-	1	100	1	3
Total	12	40	18	60	30	100

Field Survey, 2013

As compared to the hospital visit, the number of user of iron tablets were found high. Only 11 respondents of ethnic group reported to visit hospital but 15 reported that they had used the Iron tablets followed by only 2 Chepang reported about the visit of hospital but 11 had taken iron tablets and 1 respondent from Dalit had also reported about the use of iron tablet.

The prevalence of Anemia among pregnant women in Nepal is alarmingly high at 75%. The most important cause of anemia during pregnancy is an inadequate dietary intake of iron.

Nepal also launched a programme in 2003 using community-based providers to distribute IFA supplements. Phase one of this programme was launched in five priority districts in 2003 with external financial and technical support. Baseline (2003), interim 1 (2004), interim 2 (2005) and end line surveys (2006) were done to evaluate the programme outcomes. Coverage during the second and third trimesters of pregnancy and postpartum increased from 27, 47 and 23% at baseline respectively to 73, 84, and 73% at end line (Figure 2). Similarly, compliance among women in the second and third trimesters of pregnancy and during postpartum increased from 9, 29, and 8% at baseline respectively to 31, 76, and 36 percent at end line (Figure 3). Compliance was defined as consumption of at least 80% of prescribed IFA tablets. Deworming of pregnant women also increased from 2 percent at baseline to 43 percent at end line. Likewise, postpartum vitamin A supplementation increased from 26 percent to 70 percent (S Pandey, 2006).

It is reported that respondents had taken the iron tables either from the female community health volunteer (FCHV) or from the private clinic. They are aware about the use of iron tablets.

Participants were asked about their birthing places also (Table 4).

Caste/Ethnicity	Home	Hospital
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	#	%	#	%
Brahman/Chhetri	2	67	1	33
Ethnic Group	11	73	4	27
Chepang	18	95	1	5
Dalit	-	-	1	100
Total	31	82	7	18

Field Survey, 2013

The data show that 82% reported that they had given birth to child at home followed by 18% reported that they had visited hospital for delivery. Comparatively, 95% Chepang had given birth at home followed by 73% ethnic group and 67% Brahman/Chhetri. It shows that higher numbers of

Table 5. Height of Children

Caste/Ethnicity	< 60 cm		60-80 cm		80-100 cm		>100 cm	
	#	%	#	%	#	%	#	%
Brahman/Chhetri	-	-	-	-	3	75	-	-
Ethnic Group	-	-	1	7	12	80	2	13
Chepang	1	5	1	5	14	75	3	15
Dalit	-	-	-	-	1	100	-	-
Total	1	3	2	5	30	79	5	13

Chepang's mothers are in risk of unsafe delivery.

The results of previous study conducted by Pradhan in 2005 in Kathmandu showed that 66% of the deliveries occurred in hospital and assisted by the doctors. And 34% were the home deliveries, among which 26% were assisted by the family or relatives and 8% by the traditional birth attendants (TBA) (Pradhan, 2005). As the data compared between the Kathmandu and Makwanpur district, institutional based delivery is found higher in practices in Kathmandu than Makwanpur. In 2005, there was 66% in Kathmandu but in 2013, there is only 18% in Makwanpur.

Children were also taken for study to know their health status. Height of 3-5 years children were measured (table 5).

The Table 5 shows that 3% children's height was less than 60 cm followed by 5% height was 60-80cm, 79% height was 80-100cm and 13% height was more than 100cm. as compare among the different caste groups, 15% Chepang children's height was more than 100cm followed by 13% ethnic groups.

Weight of 3-5 years children was taken to know their physical health (Table 6).

Table 6. Weight of Children (in Kg)

Caste/Ethnicity	9-12 kg		12-15 kg		15-20 kg	
	#	%	#	%	#	%
Brahman/Chhetri	2	67	1	33	-	-
Ethnic Group	5	33	9	60	1	7
Chepang	8	42	9	47	2	11
Dalit	-	-	1	100	-	-
Total	15	39	20	53	3	8

Field Survey, 2013

The above data show that 39% children weight was 9-12 kg followed by 53% were 12-15kg and 8% were from 15-29kg. Comparatively, weight of Chepang children was better than others. 11% Chepang children's weight was found 15-20 kg followed by 7% ethnic groups' children.

Similarly, thickness of arm was also measured among the 3-5 years children (table 7).

Table 7. Thickness of Arm (in cm)

Caste/Ethnicity	12-14 cm	14-16 cm	16-18 cm
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	#	%	#	%	#	%
Brahman/Chhetri	2	67	1	33	-	-
Ethnic Group	5	33	8	54	2	13
Chepang	4	21	10	53	5	26
Dalit	-	-	1	100	-	-
Total	11	29	20	53	7	18

Field Survey, 2013

The data report that, 53% children's arm was 14-16 cm thick followed by 29% were 12-14 cm and 18% were 16-18 cm. Regarding the thickness of arm also, 26% Chepang children's arm was found 16-18 cm followed by 13% ethnic group.

In general, the nutritional status of children in Nepal has improved over the last decade. Fifty seven percent of children were stunted in 2001 compared with 41 percent in 2011 and 43 percent of children were underweight in 2001 compared with 29 percent in 2011. However, the proportion of children who are wasted declined only slightly from 13 percent in 2006 to 11 percent in 2011 (MoHP: Population Division, New ERA, MEASURE DHS and U.S. Embassy, August 2011).

Chepang children were found better in health status than Brahman/Chhetri and ethnic groups regarding the weight, height and thickness of arm of children. As the comparison of health checkup practices of mother during the pregnancy, frequency of hospital visit was high among Brahman/Chhetri community but health status of children were found better among the Chepang community.

CONCLUSION

The result of pilot study became more interesting regarding the health seeking practices of mothers during the pregnancy and post-delivery, and health status of children. On the one hand, health seeking practices was found better among the mothers of Brahmin/Chhetri communities but physical health status of 3-5 years children of Chepang communities found better than Brahmin/Chhetri. There may have other influencing factors of health status than only health seeking practices which need to be explored in further research.

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