

Sociocultural factors causing delay in hospitalization of children in Nepal

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Abstract

The present study conducted at Kanti Children's Hospital, Kathmandu revealed that 48 percent of parents of sick children admitted to hospital preferred to consult Traditional Faith Healers (TFM) or shamans initially. This was basically responsible for delays in the hospitalization of children.

A further analysis of this data indicated that TFHs were unable to cure diseases like meningitis, diarrhoea, septicaemia, pneumonia, heart diseases, malnutrition, leukaemia.

This study is both descriptive as well as exploratory in nature. A sample size of 300 parents (about 12% of total patients admitted in the medical wards of Kanti Children's Hospital from 1992-1993) were selected to participate in the study, and out of 300 parents, 25 parents were selected purposively from three districts (Kathmandu, Bhaktapur and Lalitpur) for the follow-up study. Five faith healers and ten doctors of Kanti Children's Hospital were also selected purposively for interview to record their views on causes of delays. This study showed that multiple factors played important roles for the delay of hospitalization of children such as technological factors, social factors and kinship, beliefs, economic factor, education and cure-seeking behaviour of people. The socio-cultural factors like literacy, ethnicity/caste, family structure, decision making process, and cultural and belief systems of people played a major role for the delay of hospitalization of children in Nepal.

Keywords: children; hospitalization; sociocultural factors; Nepal.

Introduction

Children are inseparable part of families and communities. Their lives, behaviour and health are influenced by the socio-cultural and economy of the country. Though Nepal has been able to control major killer diseases like malaria, smallpox and reduced the number of deaths caused by cholera, typhoid, bacillary dysentery, gastroenteritis, measles, pneumonia, diarrhoea, meningitis etc., the infant mortality still remains at a high level; one child in 8 does not live to the age of 5, and 2 to 3 die during the first five years of life (Family health survey 1996)¹.

The main reasons for this high mortality are:

- a. inadequate understanding of signs and symptoms of major diseases;
- b. traditional beliefs and practices regarding health and illness;
- c. glaring poverty;
- d. poor transport and communication;
- e. poor hospital management system.

In a traditional Nepali society, faith healing or shamanism still plays a major role in the health care system. Supernatural entities are considered responsible for illness. Since the relationship between illness and spirits are considered to be interrelated, most illnesses are brought to the attention of shamane, Janne, Machhe, Jhankries and others rather than to the attention of doctors in hospitals (Stone, 1977; Hitchcock and Jones 1976).^{2,3}

Methods

This study is both descriptive as well as exploratory in nature. It was based on fields survey designed and focused on qualitative and quantitative analysis. As Kanti Children's Hospital is the only children's hospital in Nepal, it was chosen purposely for research work.

Before selection of sample and sample size, hospital records of the patients were studied, keeping in view a seasonal variation of diseases. A sample size of 300 parents (about 12%) of the patients admitted in the medical ward of Kanti Children's Hospital (Aug. 17, 1992 - Aug. 16, 1993) were selected randomly for detailed study. The respondents were 53% mothers, 34% fathers and 13% parental surrogates. To complement the survey data collected from Kanti Children's Hospital, out of 300 parents 25 parents were selected purposively from three districts: Kathmandu, Bhaktapur and Lalitpur for the follow-up study. Five faith healers from the same district and 10 doctors of Kanti Children's Hospital were also selected purposively for interviews to record their views on causes of delay of hospitalization.

Results

Dhamis/Jhankris play a major role in the treatment of children even in urban areas like Kathmandu where almost half of the respondents consulted them first. There are several reasons for this. People do believe in evil spirits, and thus they have faith in the TFHs. The TFHs are easily available and even if the TFHs are not able to cure, they are not considered responsible for sickness. They think that the sickness was brought either by fate or the will of god.

Table I:

<i>First Examiner of the Child</i>	<i>Number</i>	<i>Percentage</i>
Dhami/Jhankri	145	48.3
Pharma	43	14.3
Kanti OPD/Emergency	29	9.7
Private doctor	26	8.7
Health post worker	18	6.0
Local Hospital	17	5.7
Admitted to Kanti Hospital	14	4.7
Home treatment	8	2.6
Total	300	100.0

Table I shows that 48.3% of parents consulted the Dhami/Jhankri initially, 14.3% consulted pharma and private doctors, 9.7% visited Kanti Children's Hospital OPD/ Emergency Department, 8.7% private doctors, 5.7% local hospital and 4.7% of children were admitted to Kanti Children's Hospital directly without any consultation.



Fig. 1: Delay by Caste/Ethnicity.

The above graph reveals some correlation between caste status and delays in hospitalization. The data indicate the higher the caste status, the earlier the process of hospitalization. For example, the percentage of hospitalization on time is 27% for the Brahmins and Chhetris followed by the Newars (20%), others (16%) and the Tamangs, Gurungs and Rais (15%).

Thus the data shows that higher caste group (like Brahmins, Chhetris and Newars) bring their sick children to hospital earlier than other ethnic groups because (i) their mode of communication is effective than other groups, (ii) as their level of education is better than others, they are more conscious and serious about the health problem, (iii) their income is relatively higher than other groups.



Fig. 2: Delay by Education of Parent.

The data show that there is a co-relationship between the level of education and the degree of delay in hospitalization. For examples, 81% of mothers who were illiterate brought their sick children late compared to 62% of mothers who were either literate or educated. Likewise only 19% of the illiterate mothers brought their children to hospital on time compared to 68% of the literate/educated fathers.

Thus it may be concluded that education of parents plays a significant role in the early hospitalization of sick children as they develop a better understanding of causes and severity of diseases. The comparative analysis of data also shows that the hospitalization ratio of children on time has been higher where mothers are literate/educated as they become more concerned once they realize the gravity of the situation. Thus, there is a greater need to improve IEC (information, education and communication) components in the health education programme of HMG/N.

Discussion

- The Dhamis/Jhankris play a major role in the treatment of a sick child. The TFHs enjoy all the social immunity as quick recovery, or prolonged illness or even death remain the will of God and the TFHs are considered only the medium.
- Though the traditional faith healers have their own interpretation about the causes of diseases, they do not seem to provide a physiological diagnosis of the child. Similarly uncertain reasons about the causes of the diseases create delays in the hospitalization process. Delays in the diagnosis of certain diseases like pneumonia, meningitis may cause serious damage or loss of life. Since more than 48% of patients waited for divine grace for cure, they wasted precious time in treatment of a series of physiological disorder.
- The socio-cultural belief system is still predominant in Nepal's society. A major cause of illness is still considered to be the displeasure of supernatural forces, as 41% of respondents said that diseases were caused by unseen spirits. This indicates that in most cases delays in hospitalization are caused by delays at first stage of illness.
- An overview of follow-up visits of patients and interviews with their parents or parental surrogates concluded that their belief in illness and cure in most of the cases still is a subsystem of the social belief system where the majority of parents still consult TFHs. This system remains popular as the TFHs are easily available in the community; they are less expensive and provide a service that the parents understand. Again in a joint family where the eldest member makes the final decision, the first contact in the majority cases is with TFHs.
- Interviews with the TFHs concluded that they have their own interpretations of disease and its cure. They do believe that diseases are caused by evil spirits or by displeasure of numerous gods and goddesses. Thus to please a series of gods, goddesses and evil spirits become their main objective of treatment.
- The low-level of literacy (25% of mothers and 55% of fathers) in the sample population (correlates to national census figures) indicates that the level of literacy among the attending mothers is very low and more than 50% of mothers attend to their sick children in hospital. They have limited participation in decision-making for medication and treatment for their sick child. The low-literacy rate among the community members especially women is another reason of the poor understanding of health and hygiene. Again there is a co-relation between the low level of literacy

and belief in unseen spirits of people.

- Poor environment is the prime factor for causing numerous diseases. The follow-up visits concluded that most of the children who came to Kanti Children's Hospital live in an unhealthy environment and thus become victims of deadly diseases like typhoid, meningitis, and other water-borne diseases.
- A total of 56% of respondents live in the joint family system and in a joint family, decisions are taken by the eldest or oldest member of the family. Given the impact of the socio-cultural belief systems in the rural areas the older generations (who were born before 1950 when Nepal was exposed to rest of the world) still are as the helms of decision making. Thus first consultation with the TFHs remain an obvious choice.
- The study shows that the father is the major decision-maker about the treatment of child. Though the majority of mothers do participate in the medical treatment system as care-takers, they are not active decision-makers in the hospitalization process.
- The cross tabular of data on literacy shows that increase in literacy rate of women decreases their cases of delays by 19%; cultured factors like religious ceremonies also hampers the timely treatment as 12% have reported.

Recommendations

This study recommends that:

1. A national health policy for structure collaboration is required to enhance collaboration between indigenous and cosmopolitan health care system.
2. Multilevel information and communication service system to improve parents knowledge of modern scientific methods of curing diseases.
3. More emphasis on preventive health care system in order to reduce infant mortality rate and also to reduce financial expenditure on treatment especially in families who live below the poverty line and suffer from major killer diseases.

Conclusion

This study concludes that reasons for delays are:

- a. Inadequate understanding of signs and symptoms of major killer diseases like diarrhoea, acute respiratory infection, malnutrition, typhoid, meningitis, tuberculosis, etc.
- b. Traditional beliefs and practices regarding health and illness of people.
- c. Pluralistic/alternative health care system.
- d. Glaring poverty.
- e. Poor transport and communications system.
- f. Less focus on preventive health care systems.
- g. Low literacy rate.
- h. Social cultural factors like decision making, family structure, sex preference, education of women also play a major role for the delay of hospitalization of children in Nepal.

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