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Medical Pluralism among the Tharu People of Far West Nepal:
The Logic of Shamanism at the Jungle Frontier

by

Omar Shafey

DISSERTATION

Submitted in partial satisfaction of the requirements for the degree of

DOCTOR OF PHILOSOPHY

in

MEDICAL ANTHROPOLOGY

in the

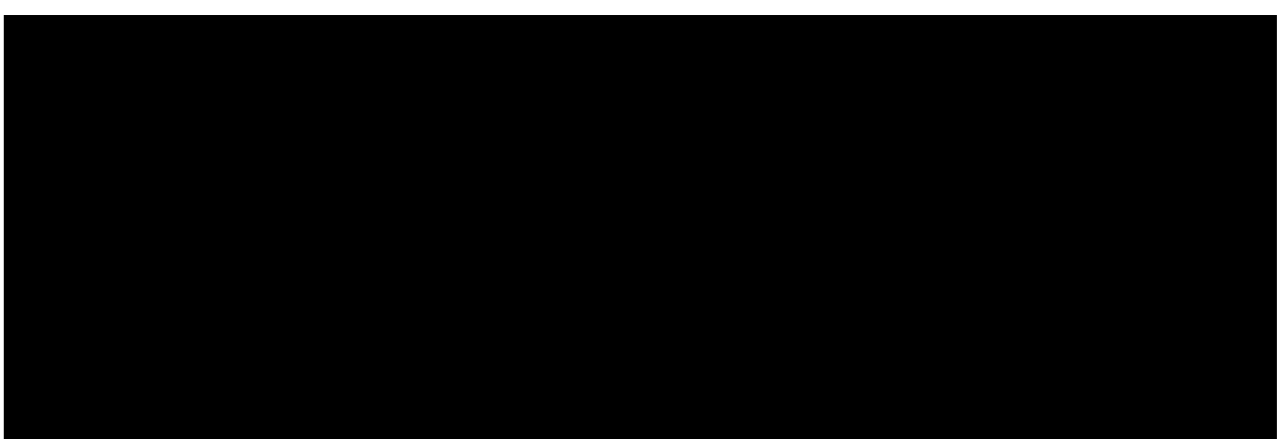
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DEDICATION

This dissertation is dedicated to the people of Nepal.

ACKNOWLEDGMENTS

I express my gratitude to a number of people without whose assistance this project could not have been accomplished.

I thank my parents and brothers for their lifetime of invaluable guidance and support. I am indebted to Chimanando Mahato and every member of the Mahato family of Mura village for their generous hospitality extended over many years. I am deeply grateful to Dhaya Shanker and Tilak Devi Mahato for their kind guidance over the entire course of this research. I thank all the people of Mura village for their cooperation with this research project and for the honor of their friendship.

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I acknowledge the Home Ministry of His Majesty's Government, Kingdom of Nepal for granting the visa under which this research was conducted. I also acknowledge the assistance of the Institute for International Education, New York, USA for providing Fulbright Fellowship grant support for this research in Nepal from July 1995 to April 1996.

MEDICAL PLURALISM AMONG THE THARU PEOPLE OF FAR WEST NEPAL: THE LOGIC OF SHAMANISM AT THE JUNGLE FRONTIER

By

Omar Shafey

ABSTRACT

This medical ethnography employs a critical integrative biocultural perspective on illness and healing in a predominantly Tharu community of Far West Nepal. The 1.2 million Tharu people indigenous to Nepal's southern lowland plain (tarai) represent the kingdom's fourth largest ethnic group. Medical pluralism at the field site includes village herbalists, midwives, spirit healers, biomedical pharmacists and government health workers. This study examines the historical impact of malaria, migrant resettlement and the political deployment of biomedicine. Interviews and participant observaton explored the social, cultural and ideological implications of medical pluralism in the experience of shamanism and biomedicine at the field site.

The Tharu's alpha-thalassemia hemoglobin variant provides partial immunity to regionally holoendemic malaria. Biomedical projects to control malaria in Nepal were explicitly designed by non-indigenous national and international groups to control frontier territories where the Tharu reside and aid in the resettlement of non-indigenous groups. Nepali national elites sought to exploit the land and forest resources of the tarai while international interests, organized by the United States Agency for International Development (USAID), sought to direct Nepal's demographic growth away from the political center. The indigenous Tharu conception of the jungle as sacred space conserves habitat and protects some species. Non-indigenous national and international conceptions view the jungle as a resource to be exploited for economic or geostrategic gain.

The guruwa (indigenous Tharu spirit healer) offers social and psychological healing which biomedicine fails to deliver at the frontier. Spirit healers enforce social codes and relations to sacred spaces such as the jungle ecosystem. The guruwa is an integral part of the self-sufficient village barter

economy. Biomedicine functions in the cash economy and promotes the concept of health as a commodity.

Villagers' resistance to centrally planned biomedical interventions complicates and undermines global health projects in numerous ways, notably by promoting conditions for the evolution and global outbreak of micro-organisms resistant to antibiotic and anti-parasitic therapy. The ideological deployment of biomedicine must be exposed and rejected for scientific advances to effectively address the urgent health needs of all the world's peoples.

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CHAPTER I
INTRODUCTION

This ethnomedical study of village health in Far West Nepal was designed as a critical inquiry into the nature of health and development among the Tharu of Far West Nepal. This research combines a medical ecological perspective on the ethnomedicine of a predominantly Tharu village with a critical socio-cultural analysis of the deployment of biomedicine in this part of Nepal. Biomedicine is used to refer to the practice of cosmopolitan or "Western medicine" as propagated by state approved medical schools and allied allopathic health institutions. This medical anthropological research employs a critical integrative biocultural perspective on health in Nepal.

Anthropology is a discipline engaged in the holistic study of humankind. The field is traditionally divided into four subfields, archeology, linguistics, physical anthropology and cultural anthropology. Ethnography based on anthropological fieldwork in a cultural setting is a *sine qua non* of cultural anthropological research. Medical anthropological research examines many aspects of the relationship between culture and health in human societies and may involve all subfields of anthropology. Critical medical anthropology is a type of medical anthropological inquiry which seeks to uncover inadequacies in biomedical assumptions and practices which adversely affect human health. Critical integrative biocultural anthropology combines medical ecological and critical medical anthropological approaches and is a useful perspective for examining complex relationships between health and culture (Armelagos et al. 1992; McElroy 1991). Critical integrative biocultural anthropology examines how cultural constructions of health are continually shaped and reshaped and how these constructions are related to biological diversity in human populations. Understanding these relationships is important to understanding the human condition as societies compete and negotiate for power and survival.

Reasons for Undertaking this Study

This medical anthropological study of village ethnomedicine explores issues of development and cultural identity in Nepal. The Tharu ethnolinguistic group numbers over one million people yet little previous research has been conducted among the Tharu. This study is concerned with

Tharu cultural survival and prosperity and serves as a record of indigenous Tharu ethnomedical knowledge.

Health practices in local contexts reflect the ethnoecological consciousness of cultural groups. Many indigenous Nepali cultural groups occupy distinct ecological niches in the Himalayan areas. Ecological niches enforce a separation of cultural groups, providing some latitude for further differentiation of local cultural forms including the ethnomedical aspects of culture. Indigenous cultural practices are shaped and influenced by national, regional and global cultural trends, exemplified in medicine, which affect the characteristics of ecological niches. Alterations in ecology have severe repercussions on the expression and survival of local cultures and small-scale societies. Local indigenous cultural practices also shape and influence ecological niches in ways which may have global effects.

In Nepal, the goals of economic development and the rhetoric of modernity combine in biomedicine and are wielded by central elites in order to consolidate the jungle frontier and direct internal migration. Indigenous cultural responses to external domination include assimilation and resistance. Adherence to shamanism and other ethnomedical practice represents a form of resistance to biomedicine, its technology, knowledge forms and cultural correlates. The pluralistic medical environment encountered at the field site raises questions regarding the validity of different and conflicting forms of knowledge and the ultimate meaning of rationality. A combination of medical ecological and critical medical anthropological approaches is appropriate for examining these complex relationships between health and culture.

Site Selection

Nepal was chosen as the site for this research because its pluralistic medical environment includes strong indigenous ethnomedical traditions. The globally important problem of malaria is part of Nepal's medical ecological environment deserving of further study. Nepal's official health and economic development policies have been directed by national and international agencies in ways which have largely ignored local cultural concerns. Describing the impact of international health development on small scale societies is one of the important foci of this research.

The research was conducted at the village level in Far West Nepal. The actual fieldwork site, Mura village, was chosen because of my long association

with community members which enabled me to conduct the necessary participant observation for this study. Village leaders, Tharu farmers, landless laborers, Indian Moslem merchants and Hindu Nepali merchants, health post, school and bank workers cooperated with this study. Preliminary information regarding Tharu village culture was collected prior to this fieldwork research during earlier residence in Nepal.

I first arrived at the field site in January 1985 as a United States Peace Corps Volunteer, a fisheries extension worker for His Majesty's Government Kingdom of Nepal, Ministry of Agriculture. Nepal's Five Year Plan model of centralized development is based on Indian and Soviet centralized planning models. The extension of fisheries workers to rural Far West Nepal was planned for the Five Year Plan following my arrival. The Fisheries Development section of Nepal's Agriculture Ministry kindly approved my request to be posted in Far West Nepal in advance of their Five Year Plan. After living in a nearby village in Kailali district for several months, I was introduced to Chimanando Mahato of Mura village. I accepted Chimanando Mahato's invitation to live in his home and began a long relationship with the Mahato family and other residents of Mura village. With their cooperation, dissertation fieldwork was conducted between June 1995 and April 1996.

Dissertation fieldwork was funded by Fulbright grant from the Institute for International Education, New York, USA. On May 10, 1995, the proposal for this research received approval number H6956-11419-01 from the Committee on Human Research at the University of California, San Francisco, USA. Nepal's Ministry of Foreign Affairs granted permission to conduct this research under visa 1671M valid from June 20, 1995 to April 30, 1996.

Mura Village, the Field Site

This research was conducted in Mura Village, Ward Two of Hausoliya Village Development Committee, Kailali District, Far West Nepal. The field site is located in southwest Nepal, approximately 600 kilometers west of Nepal's capital, Kathmandu and 400 kilometers east of India's capital, New Delhi (Figure 1-2). Mura village lies at map coordinates of 80.42 degrees east longitude and 28.35 degrees north latitude in Nepal's Far West tarai. A mountainous country dominated by the Himalayan range, Nepal's geography also includes a thin strip of tarai along the southern border. The tarai is a flat lowland jungle plain at the base of the Himalayan range. The tarai plain slopes

gently towards the Ganges River 200 kilometers to the south. About half of Nepal's 20 million people live in the tarai.



Figure 1. Map of South Asia.

Kailali District, in Nepal's southwestern corner, is part of Nepal's tarai (Figure 3). The eastern border of Kailali District is formed by the Karnali River, a major tributary of the Ganges and one of Nepal's largest rivers. Royal Bardia National Park lies across the Karnali River in neighboring Bardia District. The western border of Kailali District faces Nepal's westernmost tarai district, Kanchanpur District where Suklaphanta National Park is located. Kailali District's northern border is formed by the initial range of Himalayan hills, the Siwalik mountain range. To the south, Kailali District is bounded by the Mohana River, the border with India. India's Dudwa National Park extends

in an expanse of jungle along this part of the border between the two nations. The rural landscape surrounding the village site is dominated by forests of the tarai's subtropical hardwood jungle. Sal (*Shorea robusta*) and sissoo (*Dalbergia sissoo*, Indian rosewood) are the dominant tree species of the tarai's jungle areas. Swamp mahogany (*Eucalyptus robusta*) and silk cotton trees (*Salamalia malabarica*) are also economically important jungle species. The large pristine jungle of nearby Royal Bardia National Park is protected as a wildlife refuge by Nepali military personnel who guard against encroachment from nearby villages and man strict checkpoints along the main east-west highway as it crosses the park to apprehend poachers and smugglers. Other large remaining forest tracts in the Far West tarai are partially protected by paramilitary government forest guards. The national forests which are not designated national park lands are utilized for pasturage, fuel, and lumber by local villagers. Government timber monopolies contract with Indian and Nepali timber corporations to clear swaths of jungle for resettlement. Large clearings devoted to wet rice agriculture lie between the remaining jungle tracts.

The environmental conditions during the three climatic seasons of hot summer, wet monsoon and cold winter are intense and often considered inhospitable by visitors and immigrants in Nepal's Far Western tarai. The regularity of the climatic cycle is extremely important to agricultural production, the economic mainstay of the region and nation. The nation's dependence on a regular monsoon season is especially crucial in the highly productive tarai where agricultural surpluses are exported both to feed residents of Nepal's hill areas and to balance trade with neighboring India. A two week delay in the annual monsoon rains can devastate rice seedling transplantation in non-irrigated fields resulting in low productivity and food shortages, especially in subsistence households.

Mura village is surrounded by jungle to the north and west with fields of rice paddy to the east and south. The community is linked by unpaved road to the district center at Dhangadhi 30 kilometers to the west and to the East-West Highway (a two lane graveled route under construction) 20 kilometers to the north. An airstrip at Dhangadhi offers light plane access to and from Kathmandu and hill stations of the western Himalaya. North of the highway, the initial range of the Himalayan mountains rises dramatically from the plains. Public buses, government jeeps and international development vehicles ply the east-west transport corridor which provides the main link

between Far West Nepal and Kathmandu. In addition to Kailali's district center at Dhangadhi, large urban centers of the tarai to the east, such as Nepalgunj, Birgunj and Narayangarh, are also important economic centers for Far West Nepal.

Accessible and important economic links are maintained between Kailali District and the Indian market centers at Palia, Lakhimpur and Lucknow in India's Uttar Pradesh state. Most of the trade between Far West Nepal and India consists of raw materials export, especially timber, from Nepal and the import of light consumer goods from India. This relatively remote part of Nepal also serves as a transit point for East and Southeast Asian luxury consumer goods which are imported into Nepal and re-exported south to India.

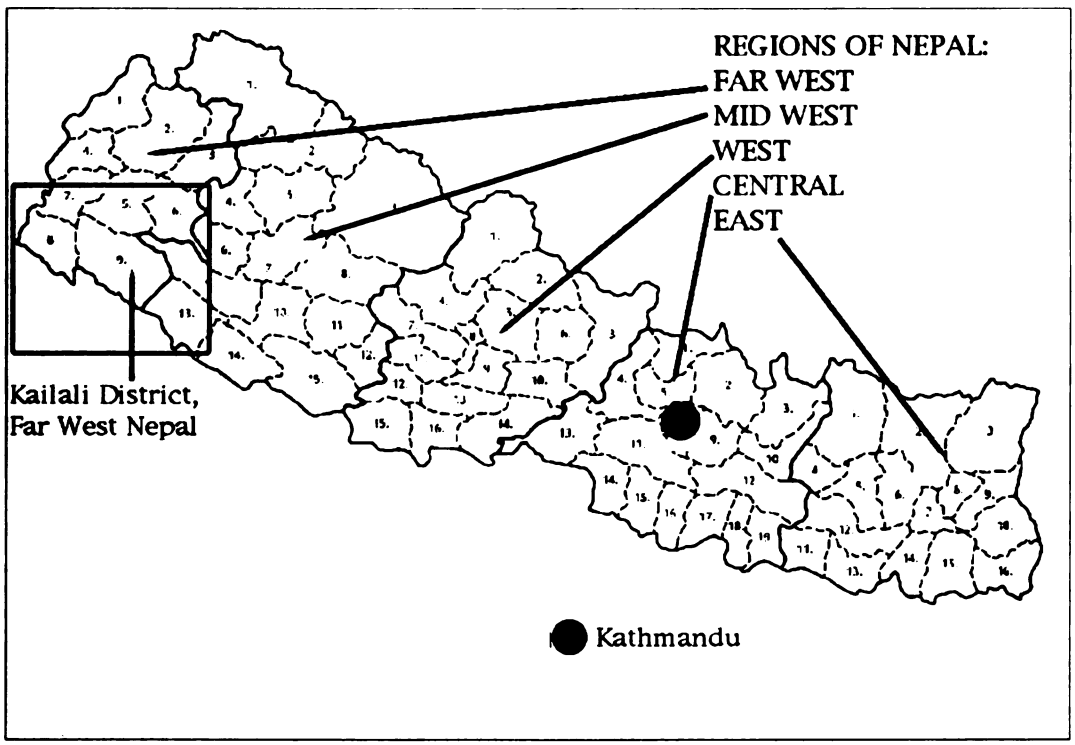


Figure 2. Map of Nepal (Adapted from HMG Nepal 1992).

Lightly urbanized areas, resettlement projects and villages along the Kailali portion of the East-West highway tend to be populated by higher proportions of migrants and small shopkeepers from Nepal's Middle Hills (pahadis, literally "people of the hills"). Rural farming villages away from transport corridors and urban centers tend to be distinctive cluster hamlets of

traditional Tharu mud and thatch houses populated predominantly by Tharu subsistence farmers. India and Nepal impose no passport or visa controls on each others' citizens and Kailali district, like other parts of Nepal, increasingly finds itself hosting economic migrants from India's most populous northern states. Forbidden from owning land in Nepal, Indian migrants to Kailali district are engaged primarily in small scale businesses, exchange trade and wage labor.

Mura village is located only two kilometers north of a lightly urbanized district subcenter, Hausoliya village, where cement buildings house the local police station, government offices, grain silos, schools, temple, banks and small supply stores. Hausoliya's population is increasingly ethnically diverse with several dozen households of immigrant farmers, schoolteachers, pharmacists, merchants and government workers originally from parts of Nepal's eastern tarai or Middle Hill regions seeking a livelihood in Kailali District. The rate of immigration has noticeably increased in the years following Nepal's 1991 Democracy Movement which loosened the central government's control over internal migration. Increasing numbers of Indian Hindus, Sikhs and Moslems have also established residence in Kailali District over the past decade. Members of one Indian Moslem family are now engaged as merchants of stainless steel kitchenware in Hausoliya bazaar. The bazaar area is flanked to the north by a large Tharu community which extends north towards Mura village.

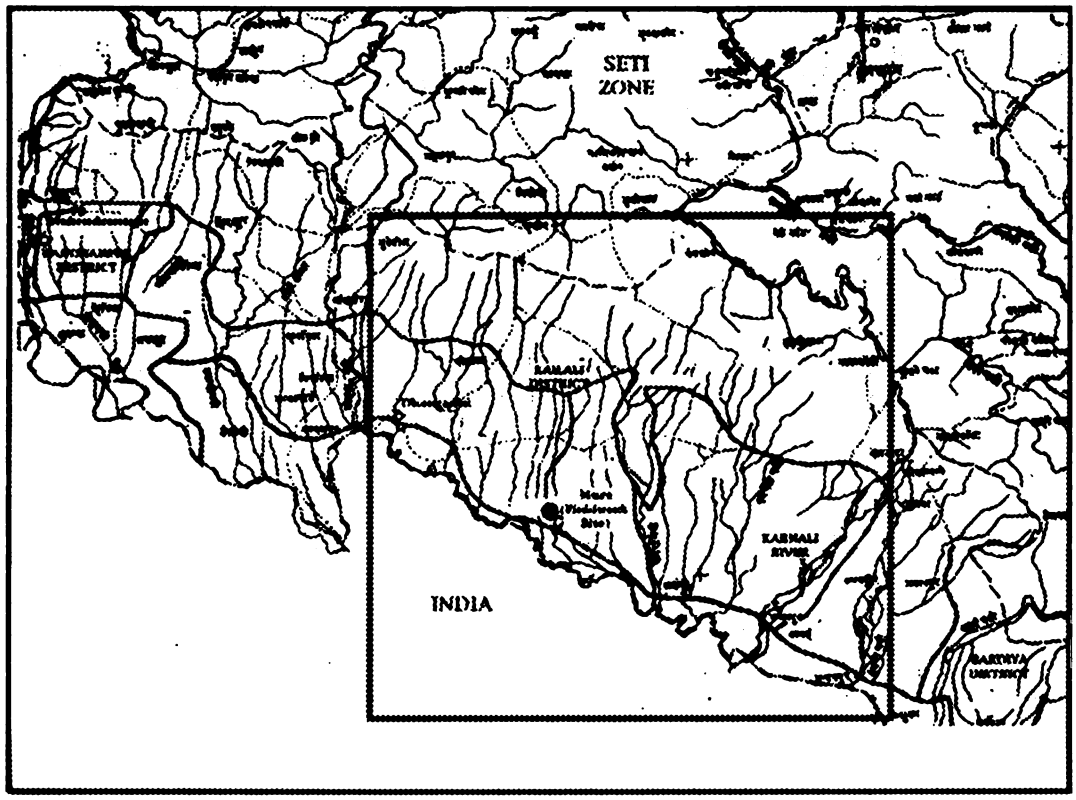


Figure 3. Map of Kailali District, Far West Nepal. (Adapted from HMG Nepal 1989).

Aside from Hausoliya bazaar, several other rural villages surround Mura at the main compass points, including Rana Mura, Basoti and Badari. Mura and these three other surrounding villages are predominantly Tharu villages with very few non-Tharu residents. Unpaved oxcart roads bisect Mura approximately along the compass axes, connecting Mura to nearby villages, India to the south and the East-West Highway, the main transport corridor to Kathmandu, to the north. Footpaths crisscross the raised dikes of rice paddy fields and traverse the jungle interior. The economic activity of the area is devoted almost exclusively to wet rice agriculture and is therefore dependent on the seasonal monsoon rains for irrigation of rice paddy. The roads in Far West Nepal, including Nepal's East-West Highway are often impassable during the rainy season between July and September due to flooding and the absence of bridges over many deep streams. During the rainy season, small ferry boats operating irregularly along the Mohana River offer villagers an emergency travel route, if necessary, to urban centers of India and Nepal via the more reliable all-weather roads on the Indian side of the border.

Research Methodology

The information for this medical anthropological study was derived from surveys, interviews and participant observation conducted in Far West Nepal between February 1995 and April 1996. Important initial contacts with villagers, initiation into the local culture and community, and personal observations of changes in the study area stem from United States Peace Corps service in Nepal between September 1985 and October 1986.

The methodological framework guiding this medical anthropological research integrates the sub-disciplines of medical ecology and critical medical anthropology in critical integrative biocultural anthropology (Armelagos et al. 1992). The results of this research are based on a village-wide health survey, open-ended unstructured and semi-structured interviews conducted with village residents and participant observation of Mura village activities.

Heads of all village households at the study site provided written or verbal informed consent prior to participating in the research project (Appendix A). The survey questionnaire form was developed and tested on a sample set of households and verbally translated from English into Nepali or Tharu during survey data collection (Appendix B). The household survey elicited data concerning household size, householders' gender and age distribution, birthplace origins, clan membership, landholding size and location, educational and economic activities, drinking water sources, waste disposal facilities, child bearing history, present and general health status of household members and householders' recommendations for improving village health and welfare. The questionnaire was administered by a research team consisting of the author and one research assistant, Dhaya Shanker Mahato, a resident of the village.

Survey interviews were conducted over the entire course of fieldwork and entered into computer format after returning to the United States in April 1996. Information from 65 households was collected although 84 households were in the original sample design. Nineteen households refused interviews.

In-depth interviews were conducted with selected members of the village community including Chimanando Mahato, a former government minister, Chuno Lal Choudhary, village chief, Dinu Choudhary, village spirit healer, Taga Choudhary, village assistant spirit healer, Ram Prasad Pachal Dangia, regional spirit healer, Jontoo Choudhary, village herbalist and Bari

Devi, village midwife. Interviews were semi-structured or open-ended in design to elicit information on area history and local health beliefs and practices. Interviews with key informants, community leaders, healers and representative residents explored the ethnohistory, ethnomedicine and ethnoecology of the community. Subjects discussed included the local conception of the origins of the Tharu people and the settlement of Mura and local religious, health and ecological beliefs and practices.

Narrative accounts and tabulations of data elicited were constructed from information supplied during formal and informal interviews. Pseudonyms were used to protect informants' confidentiality. Participant observation of household and community events including religious holidays, agricultural festivals, marriages, funerals, healing rituals, farming, fishing and hunting, daily household chores and other events was conducted throughout the fieldwork period. Participant observation was the primary means of documenting health-related beliefs and behaviors and establishing relationships with informants at the study site. To gain insight into the meanings underlying ethnomedical events and ethnoecological practices, fieldnotes collected during participant observation were coded and segregated by theme. Thematic elements were critically analyzed focusing on the dynamics of social interaction and the social construction of truth and reality. Exegesis of ethnomedical and medical ethnobotanical healing practice was used to decipher underlying socio-cultural meanings of health in Mura village.

During the course of fieldwork 14 cases of sickness and healing were encountered and followed. In all cases, residents sought the assistance of the spirit healer and in 80% of cases other health resources were also pursued, including biomedical interventions.

I have attempted to provide a glimpse into the social and cultural organization and predicates of health governing Mura village life and analyze their exemplification of global processes. The global processes of concern in this research include malaria's global resurgence and control, the dangers to cultural survival posed by the political deployment of international health and resettlement projects, and the ramifications of shamanism on biomedicine and the sociology of knowledge.

Considerable medical anthropological and ethnoecological research in Nepal has been achieved to date (Adams 1989; Brower 1990; Desjarlais 1993).

Many previous studies in ecology, genetics, anthropology and medical anthropology serve as important references and provide important background information for the fieldwork of this study (Dove 1992; Hitchcock and Jones 1978; Semino et al. 1991; Stone 1988). This dissertation explicitly sought to explore issues raised in previous studies of shamanism, medical ecology and the anthropology of medical pluralism.

Focus of the Study

Scheper-Hughes and Lock (1987) encouraged a tripartite medical anthropological interpretation of the body which acknowledges, in addition to the phenomenological and social body, "the body politic, an artifact of social and political control" (Scheper-Hughes and Lock 1987).

> The stability of the body politic rests on its ability to regulate populations (the social body) and to discipline individual bodies. A great deal has been written about the regulation and control of individual and social bodies in complex, industrialized societies. Less has been written about the ways in which pre-industrial societies control their populations and institutionalize means for producing docile bodies and pliant minds in the service of some definition of collective stability, health and social well-being (Scheper-Hughes and Lock 1987).

The mindful body model in medical anthropology is heuristically useful in the examination of malaria and healing in Nepal's southern lowland jungles (tarai). This study explores the nature of medically pluralistic village health practices in light of the impact of malaria and the failure of biomedicine at the tarai frontier. Some of the research questions of interest included how malaria is construed by villagers at the field site. How are biomedicine and shamanism experienced and understood at the frontier? What are the social, cultural and ideological implications of medical pluralism?

This study examines biomedicine's political deployment in the Nepal tarai and views shamanism as a reflection of indigenous resistance to health interventions. Cultural resistance to health interventions complicates global health projects further ensuring their failure. It is hoped that the lessons gleaned from such an analysis may contribute to a better understanding of the relationships between culture and health. More complete understandings of these relationships will enhance an appreciation for the importance of Tharu cultural survival and will promote the development of appropriate global

health and ecological policies which consider their medical and cultural impact on small-scale societies.

Background to Nepal

The Kingdom of Nepal is a small landlocked nation located in the Himalayan mountains between China and India. It has a total area of 140,800 square kilometers, roughly the size and shape of the US state of Tennessee. Nepal can be divided geographically into three zones; the tarai or flat river plain of the Ganges in the south, the central hill region ranging between 300 meters and 3000 meters in elevation and the Himalayan mountain areas along the northern border ranging from 3000 meters to above 6000 meters in elevation.

Nepal is the seventh poorest country in the world with an average per capita income of US$ 210 (USAID 1995). An estimated 49% of the population of Nepal lives in absolute poverty, using currently accepted standards; another 20% live just above that level. The country is relatively poor in natural resources. The exploitable resources include quartz, water, timber, hydroelectric potential, scenic beauty, small deposits of lignite, copper, cobalt and iron ore. Only 17% of the land is suitable for agriculture, 13% is used as meadow and pasture and 33% is reportedly forest and woodland. Massive deforestation due to an almost total dependence on wood for fuel and the clearing of forest land for expansion of agricultural fields without subsequent reforestation contributes to environmental degradation problems of soil erosion and water pollution. The country's most recent available population estimate is 21,560,869 (July 1995) with an age distribution heavily weighted towards younger age groups:

0-14 years: 43% (female 4,479,950; male 4,692,575)
15-64 years: 55% (female 5,778,107; male 5,994,147)
65 years and over: 2% (female 305,502; male 310,588).

Nepal's population growth rate is estimated at 2.44% per annum with a birth rate of 37.31 births/1,000 population and a death rate of 12.9 deaths/1,000 population. At the current population growth rate, Nepal's population will double in only 28 years (USAID 1995). The infant mortality rate is calculated at approximately 84 deaths/1,000 live births and under five mortality is estimated to be 118 per 1,000 live births. The maternal mortality rate is among the

highest in the world; estimated at 520 per 100,000 women of childbearing age (CARE 1997).

Life expectancy at birth is only 53.09 years (male: 52.86 years, female: 53.34 years). The total fertility rate is 5.15 children born per woman. Literacy is very low with only 26% of the population 15 years of age and older able to read. The literacy rate for women is only one-third the rate for men (male: 38%, female: 13%) (USAID 1995).

Agriculture is the main occupation for 93% of the eight million person labor force and accounts for half of Nepal's Gross Domestic Product (GDP). Service industries account for 5% of employment and manufacturing industries account for only 2%. Industrial production of textiles and carpets accounted for 85% of Nepal's foreign exchange earnings in fiscal year 1993/94. The international community provides funding for 70% of Nepal's developmental budget and for 30% of total budgetary expenditures. Budget revenues for the 1993/94 fiscal year were US$ 455 million while expenditures amounted to US$ 854 million. Exports generated US$ 593 million while imports cost US$ 899 million. Main imported commodities included petroleum products 20%, fertilizer 11%, and machinery 10%. Nepal's external debt was estimated at US$ 2 billion in 1993 (USAID 1995).

History of Nepal

Nepal is one of the few Asian nations to have never suffered direct colonial occupation (McHenry 1992). Nepal's geographic remoteness from the sea lanes of the colonial European powers, lack of exploitable resources, early integration under the Gorkha regime of Prithivi Narayan Shah and the strength of military resistance to colonial incursions all contributed to Nepal's status as one of the few nations never colonized by external powers. Nepal's one resource of interest to colonial empires, mercenary manpower, was made available to foreign armies without colonial administration incurring the costs of direct occupation. Nepal's independence coincided with the elaboration of unique syncretic cultural traditions which combine Buddhist and Hindu belief and rituals along with various local and indigenous forms of animism (McHenry 1992).

Nepal's early history is largely unreconstructed prior to the advent of the Lichavi dynasty around 1800 years ago. Ancient Indian texts refer to Himalayan regions of Nepal indicating that the area was known to the Indo-

Aryan cultures of the Gangetic plains at least 3000 years ago. Inscriptions on the pillar of Ashoka, erected at the Buddha's Lumbini birthplace in the third century BC, indicate the wide extent of that Buddhist kingdom's influence in Nepal. Just prior to the fourth century AD, Nepal was dominated by a Tibeto-Burman group, the Kirati, about whose civilization very little is known. The members of the Rai and Limbu ethnolinguistic groups probably represent the present-day descendants of the Kirati people. From 500 AD, the Lichavi dynasty ruled over the important center of Nepal, the Kathmandu valley, leaving behind many stone inscriptions, dynastic chronicles and religious monuments, including the exquisite Changu Narayan complex (McHenry 1992).

The Lichavi lineage was replaced by the Malla dynasty in the twelfth century. The Malla dynasty, based in the Kathmandu valley city of Bhaktapur, created an extremely rich cultural renaissance in Newari culture through the eighteenth century. Newari culture united the Kathmandu valley until the death of Yaksa Malla in 1482 when the area was divided by the principalities of Patan, Bhaktapur and Kathmandu. The three principalities competed with one another for the valuable agricultural land of the valley, the rights to control the flourishing trans-Himalayan trade routes and for alliances linking markets in Tibet and China with those of South Asia (McHenry 1992).

The intense competition between Kathmandu's principalities created conditions of disunity which contributed to the success of the Gorkha regime of Prithivi Narayan Shah in laying siege and capturing the valley in 1769. The Gorkha empire, originally based in western Nepal, expanded throughout the territories of present-day Nepal and into parts of the Indian Himalaya to the east and west of present-day Nepal. The Anglo-Nepalese War of 1814 to 1816 ended the expansion of the Gorkha empire but did not bring British occupation to Nepal. The Treaty of Segauli ending hostilities required Nepal to provide a regular supply of soldiers to the British Army beginning a mercenary tradition which continues today. Nepali Gurkha regiments, volunteers mostly from the rural Middle Hill areas, serve in United Nations Peacekeeping Forces around the world, the British Army, the Indian Army and the Singapore police department, as well as the forces of Nepal's own military. The Treaty of Segauli also realigned the borders between the British East India Company and the Kingdom of Nepal forcing Nepal to cede valuable areas around Darjeeling and the fertile tarai in exchange for less valuable arid land in western Nepal. The

treaty also stationed a British resident in Nepal and prohibited Nepal from engaging in political relations or entering alliances with any other nation (McHenry 1992).

A long succession of royals served as minors on the throne in the years between 1777 and 1846. The country was ruled during these periods by a mukhtiyar, or Commander in Chief, chosen through power struggles between five of Kathmandu's most elite families. Despite a short period of reasonable order presented by Bhimsen Thapa's rule between 1830 and 1837, great instability prevailed as exemplified by the fact that all of the mukhtiyars died from unnatural causes. The political instability of this era was finally halted in a bloody manner by Jung Bahadur Rana in 1846 (McHenry 1992).

Jung Bahadur Rana seized power in Nepal after massacring several dozen competitors from rival clans congregated for negotiations at a central square in Kathmandu's royal compound. The ruthless seizure of power initiated a lineal succession of Rana Prime Ministers who further consolidated their control over Nepal by neutralizing the activity of the royal family. The Ranas sought to maintain their rule by barring foreigners from Nepal throughout the nineteenth century and first half of the twentieth century. The relative isolation of Nepal from most of the world except for India and Tibet from the mid-nineteenth century until the mid-twentieth century left Nepal in an economically undeveloped state as measured by per capita literacy rates, schools, hospitals, road miles, electricity service, etc. More than 95% of Nepalis subsisted independently on their own farms scattered entirely throughout the hills and tarai.

The Ranas provided Nepali troops to assist the British in their efforts to crush the 1856 Sepoy Mutiny, China's 1901 Boxer rebellion and the two world wars but the departure of the British from South Asia in 1948 accelerated the demise of the Rana regime (McHenry 1992). In return for Nepal's mercenary assistance in quelling the 1856 Sepoy Mutiny, some of the areas ceded by Nepal in the Treaty of Segauli were repatriated. The study site for this fieldwork research is located in a Far Western tarai area returned to Nepal in the middle of the last century.

The Nepali Congress Party was backed by the newly victorious Indian Congress Party and in 1950, the long powerless monarch, Tribhuvan, sought refuge in the Indian embassy in Kathmandu as an armed Congress uprising began in the southern tarai. The Rana regime was deposed after more than 100

years in power and a new government was formed restoring the king to power.

King Tribhuvan's successor, King Mahendra, oversaw the promulgation of a new constitution and Nepal's first elections in 1959. In 1960, King Mahendra dismissed the cabinet, dissolved the new parliament and banned political parties. A 1962 constitution created a nonparty panchayat (council) system of government with the monarchy retaining absolute power.

In 1975, King Mahendra's successor, King Birendra Bir Bikram Shah Dev, was crowned monarch. A 1980 referendum approved a modified version of the panchayat system enabling direct parliamentary elections in 1981. A dispute with India over Nepal's purchase of military hardware from China led to India's closing of most border crossings with Nepal from March 1989 to July 1990. The resultant economic crisis fueled demands for political reform. Political agitation organized by leftist and Congress Party reformers led to widespread protests, strikes and marches on the royal palace. King Birendra was forced to dissolve parliament and retreat into the role of constitutional monarch under the terms of a new constitution negotiated that year (Parker 1991).

The united opposition formed an interim government in April 1990 and a new constitution creating a constitutional monarchy and a bicameral legislature became effective on November 9, 1990. The bicameral legislature is composed of a 60 member upper house, the National Assembly, of which 35 members are elected by the House of Representatives, ten are appointed by the king and 15 are elected on a regional basis. The House of Representatives consists of 205 members elected directly from constituencies in Nepal's 75 districts. Nepal is divided administratively into five development regions, 14 zones, 75 districts, 3995 village development committees and 36 urban municipalities.

Multiparty legislative elections held in May 1991 were won by the centrist Nepali Congress party and a coalition of communist parties under one banner became the leading opposition party. Special mid-term elections in November 1994, which were called after the government lost a parliamentary vote, resulted in a hung parliament. The leftist coalition, the Communist Party of Nepal - United Marxist-Leninist (CPN-UML) received a plurality of votes and formed a minority government. The appointment of Man Mohan Adhikari as Prime Minister marked the first time that a nominally communist party

achieved power in any nation during the post-Cold War era (Adhikary and Dahlberg 1994).

The post-Democracy period has witnessed rapid economic deregulation and growth in urban populations. Migration trends have accelerated as growing populations of Nepalis are forced to leave the subsistence lifestyle of their home villages to seek employment in the national and international economy. Political organization and expression is unrestricted although speech against the monarch is still a punishable offense. Constitutional laws guaranteeing citizens' freedom of speech and press prohibit the publication of material that promotes disrespect toward the King or royal family or that undermines the dignity of the King.

The CPN-UML, while retaining a plurality of seats, lost a no-confidence measure to a coalition of Congress Party, Nepal Sadbhavana Party and Rastriya Prajatantra Party (RPP) representatives in September 1995. The seat of Prime Minister was turned over to Congress Party leader Sher Bahadur Deuba.

In February 1996, a Maoist People's War against the state patterned after Peru's Sendero Luminoso, the Shining Path, rocked the nation. Based in Rolpa, Rukum and other western hill districts, the Maoist insurgency claimed responsibility for a series of murder and arson attacks against government political, military and police representatives claiming dozens of victims. The Maoist insurgency has been of unprecedented scope and duration for the Himalayan kingdom. More than 100 people have been killed by the police and guerrillas in the first year of the insurgency. Many of those killed are non-combatants and civilians.

The Maoist insurgency signals deep desperation, hopelessness and discontent felt by many of the nearly 20 million people living under grinding poverty in rural Nepal (Kathmandu Post 1996). The direct impact of the distant insurgency at the field site during the research period was minimal. News of the events reached some village residents who followed reports broadcast over the government radio stations. Some villagers wryly noted the irony of Nepal seeking development through imported ideas but finding itself importing the problems, such as political terrorism, once suffered only in developed countries.

The field site's representative in the national parliament was a local Tharu lawyer, a member of the then-governing CPN-UML. Two other parties, NC and the royalist RPP, also had large constituencies in the village, district

and nation during the study period. More radical communist parties (i.e. Masal) found support primarily among landless hill migrants living in government sponsored resettlement projects and among the landless Tharu villagers.

In March 1997, Prime Minister Sher Bahadur Deuba's government lost a parliamentary confidence vote and a new coalition between RPP and CPN-UML representatives returned Panchayat-era Prime Minister Lokendra Bahadur Chand to office. Parliamentary rules of order and highly fluid alliances between several parties, none of which holds a clear majority, makes it seem likely that change of government will occur frequently. The continuing peaceful circulation of power between political coalitions signifies that democratic principles and the rule of constitutional law will be maintained. Some disenchanted Nepalis sardonically complain that even after the Democracy Movement, politicians are concerned mainly with their "own house" (i.e. personal privilege, perks and power) instead of the "national house" (i.e. parliamentary work, improving the nation).

Anthropology of Nepal

Nepal's unique cultural milieu is the product of the Himalayan region's striking geographic position, topography and history. Along the Himalayan frontier, Hinduism from the Indo-Aryan Ganges valley and Tibetan Buddhism from the northern plateau were mingled fostering multiple syncretic cultural traditions in Nepal (Bista 1967; Shrestha 1987). Islam, the pre-Buddhist Bon religion and Austro-Asiatic tribal groups also contribute to Nepal's complex cultural matrix. The Himalayan region is divided into several culture areas; the South Asian area, the Southeast Asian area, the Southwest Asian area, the Tibetan area, the Mid-montane Nepalese area and the Tarai area. These culture areas are "areas within which the ways of life of the residents are relatively distinctive and homogeneous" (Berreman 1963). There are many distinct ethnolinguistic groups in Nepal, numbering from 30 to 100 or more depending upon criteria (HB Gurung 1994) (Charts 1-3). National census calculations claim that 86% of Nepalis are Hindu with Buddhists and Moslems making up most of the remainder.

The culture areas and resident ethnolinguistic groups of the Himalaya and Nepal are still largely segregated by ecological and geographic zones (Barth 1969; Berreman 1963; Fisher 1978; Furer-Haimendorf 1985; Goldstein and

Messerschmidt 1990; Maloney 1974). There are three major geographic belts in Nepal; the tarai lowlands in the south, the middle hills and the high Himalayas in the north. The unique Himalayan interface between culture areas, primarily the South Asian and Tibetan culture areas, resulted in a complex shading of one culture into the other. From south to north there is generally decreasing Hindu influence and increasing Buddhist influence. Monuments to Hindu gods Shiva and Vishnu give way to Buddhist prayer walls and shrines dedicated to enlightened Bodhisattvas. Specific local deities, deutas, are worshipped and propitiated by common rituals throughout Nepal. Shamanism is a regular cultural feature in most Himalayan societies. Caste observance in the Indian influenced southern part of Nepal is largely ignored in the culturally more Tibetan northeast where different stratification complexes based on wealth, piety and social status operate.

The Tibetan culture area extends along the northern border of Nepal and includes the racially Mongoloid, so-called Bhotiya groups; Tibetan, Sherpa, Mustang, Tamang and others. Nomads from the north, the Tibetan plateau's Bhotiya, established themselves in Nepal in successive waves beginning in the early centuries AD. Societies influenced by Tibetan culture tend to be less rigid than Hindu societies, offering opportunities for social mobility unavailable in South Asian area caste systems (Fricke 1986; Furer-Haimendorf 1964). Tibetan type cultures generally do not recognize caste and do not prohibit intercaste marriage or consider it a ritual offense. Hindu pahadi culture strictly prohibits most intercaste marriages. Sanskritization of formerly Tibetan groups in Nepal implies their abstention from alcohol and meat consumption, employment of Brahmin priests and rejection of Buddhist worship.

The Southeast Asian culture area includes the racially Mongoloid hill tribes speaking languages related to Burmese (except in the case of the Khasi whose language is of the Mon-Khmer family) (Berreman 1963). Southeast Asian area cultures practiced slash and burn agriculture, raiding and head hunting (Furer-Haimendorf 1946). The eastern Himalaya was populated by Southeast Asian and hill tribal groups displaced by Han empire expansion more than two thousand years ago. These eastern groups were referred to in Vedic literature as the Kirati. The Kirati ruled most of eastern Nepal until the Newar period. Early Tibeto-Burman migrant groups, the Kirati, adopted the Munda linguistic device of fusing subject and object pronouns with the verb. The complex pronominalized languages in Nepal today include Limbu, Rai and

Dhimal. The non-pronominalized Tibeto-Burman languages in Nepal were thought to have arrived after these early migrants including the Gurung,, Magar, Rong (Lepcha) and Murmi (Tamang) ethno-linguistic groups (Doherty 1978).

The South Asian area is dominated by the pahadi Khas groups, Caucasoid people subscribing to north Indian Hindu culture (Berreman 1963). Pahadi literally means "of the hills" referring to the location of their original homes. By 1500 BC, the western Himalaya was already widely settled by nomadic Aryan warriors, the Khas. Over time, the Khas adopted Hinduism and eventually unified under the Malla kingdom to consolidate the western Himalaya. (English 1985). The Islamic empire's expansion into India under Turko-Afghan leadership in the fourteenth century (AD) forced migrations of Hindu refugees into the Himalayan zone. By the eighteenth century the Khas rulers of Gorkha conquered Himalayan territory from Kashmir to Sikkim and established the present monarchy.

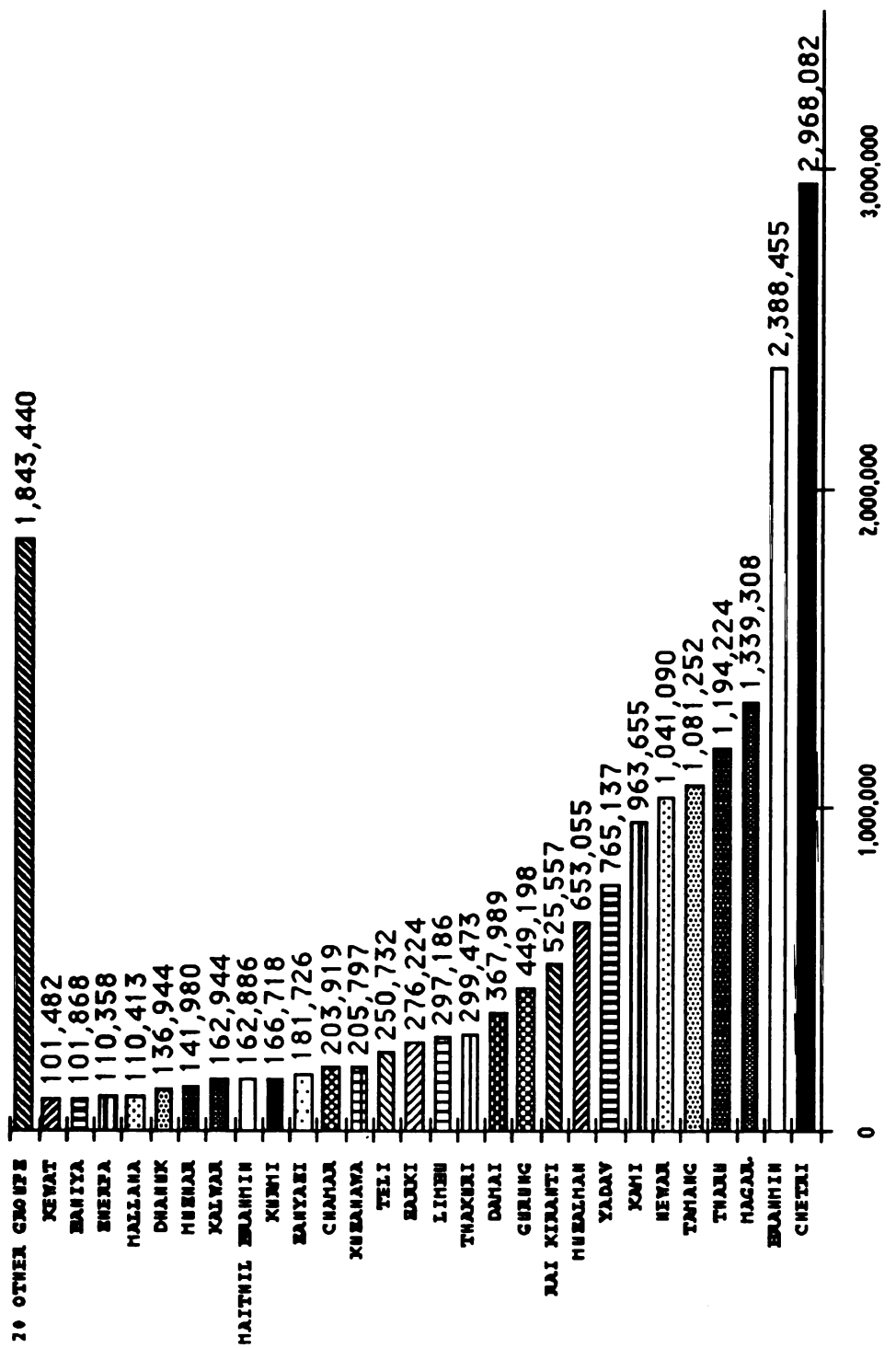


Chart 1. Ethnolinguistic groups of Nepal, total populations. Data: 1991 census.

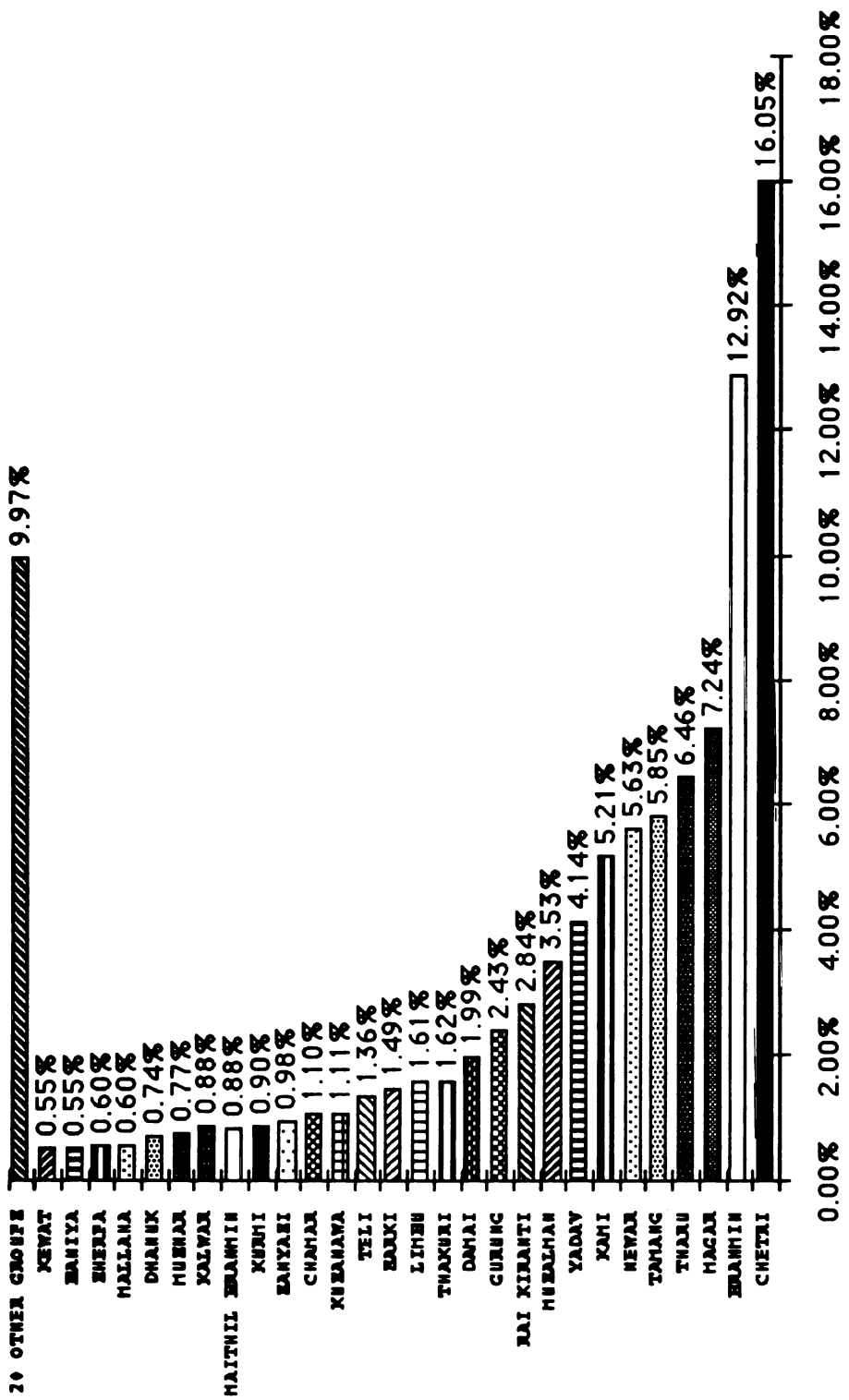


Chart 2. Ethnolinguistic groups of Nepal, percentage distribution. Data: 1991 census.

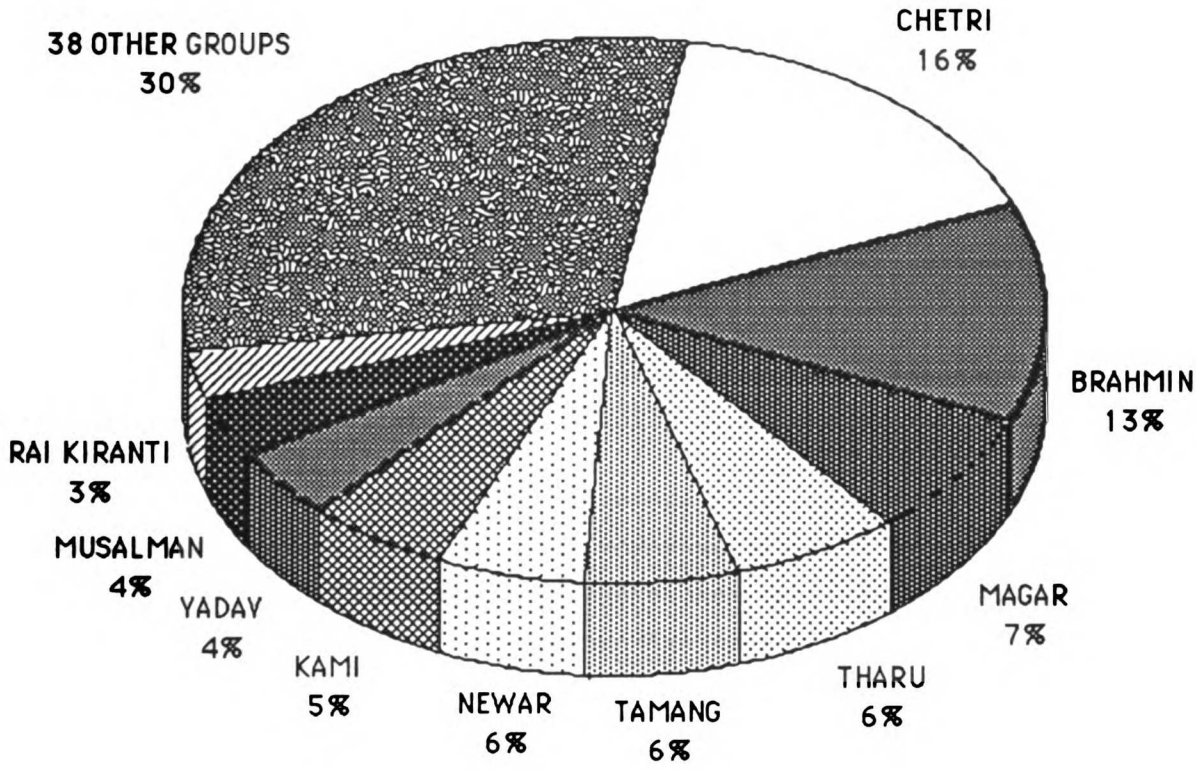


Chart 3. Percent distribution of the ten largest ethno-linguistic groups in Nepal. Data: 1991 census.

The ascendancy of the Gorkha state led to the establishment of Hindu social order over most of the Nepal Himalaya. The kingdom's lands were integrated under the ownership of the royalty, abolishing inherited land holding privileges (English 1985). Army officers were awarded confiscated lands under the jagir system. Tenant cultivators paid half the season harvest and several days free labor annually to their landlords. Immigrant artisans were also awarded jagir assignments for their contributions to the Gorkha kingdom's far-flung garrison towns. The garrison towns often evolved into important administrative and market centers throughout Nepal (Caplan 1975).

The Mid-montane Nepalese culture area covers the zone between about 2,000 and 10,000 feet altitude in the middle hills of Nepal (Berreman 1963). The Mid-montane people of Nepal include the pahadi Khas Hindus and Tibeto-

Burman groups. The Tibeto-Burman groups are represented by Sherpa, Magar, Gurung, Rai, Limbu, Newar, Thakali, Tamang and Sunwar groups (among many others). Mid-montane groups subsist by terrace agriculture of wheat, millet, wet rice (at lower altitudes), barley and potatoes (at high altitude). These groups also engage in livestock raising, pastoralism, wage labor (portering, construction and military service) and trading between the tarai and the Tibetan plateau (Fisher 1986; Furer-Haimendorf 1975, 1981). The Rai and Limbu predominate in the eastern hills of Nepal and the Newar are based in the Kathmandu Valley (Gellner 1992; Levy 1990). The Newar dominate agriculture, artisan and merchant classes in Kathmandu and they have long served as national government administrators. Newar syncretism of Buddhism and Hinduism produced most of the remarkable religious art found in the Kathmandu Valley.

The Magar are the dominant ethnic group of the mid-western mid-montane region (Maloney 1974). At lower altitudes, Magar villagers raise rice, millet and maize. At higher altitudes the Magar tend to subsist by transhumant pastoralism and barley and potato cultivation. The Magar claim to be Hindu but some of their practices, such as consumption of pork, engaging in maternal cross-cousin marriage and chicken sacrifice at wedding ceremonies violate north Indian Brahminical interpretations of Hinduism (Hitchcock 1966, 1980). Thakali and Gurung are generally located farther north and are thus less Sanskritized than the Magar (Berreman 1963; MacFarlane 1976; Messerschmidt 1976a, 1976b). The Sunwar, Limbu and Rai support Lamaist Buddhism yet employ Brahmins for rituals. The Mid-montane groups were heavily influenced by Tibetan culture and other antecedent cultures. Origins are obscure but may include Southeast Asian origin, as well.

Three caste groups gained prominence under the Gorkhali order in Nepal; the Brahmin, Thakur and Chetri groups (Maloney 1974). Thakur and Chetri people usually consider themselves high caste, wear the sacred thread, employ Brahmin priests, observe Hindu ritual purity laws and organize along Hindu family and caste structures. Thakur and Chetri groups have been largely responsible for the establishment of Nepali as the national language (Maloney 1974). Gorkhali rulers encouraged Hindu communities to settle in outlying areas as a method for achieving national unity and increasing the amount of cultivated land under state control. Gorkhali groups exported

intensive wet-rice cultivation, irrigated terracing, manure fertilization and plowing with water buffalo to the Kirati shifting cultivators.

Tibeto-Burman groups were granted some autonomy by the Gorkha monarchs. The kipat system recognized corporate clan-based land claims among some Tibeto-Burman groups. Over time, many individuals from indigenous groups became deeply indebted to usurious high caste immigrants and as various regimes increased taxes on landholders much of the kipat protections were undermined (English 1985). Kipat lands reverted to raikar, unprotected and sold off to pay moneylenders and tax collectors (Caplan 1970). Sanskritization, the adoption of the ruling ideology by conquered groups proceeded rapidly and Hindu immigrants utilized political and legal concessions to alienate the lands of indigenous cultivators, a continuing pattern in Nepal (Blaikie, Cameron and Seddon 1980). Land shortages, debt burdens and other feudal restrictions encouraged large-scale outmigration to India and other labor markets until the opening of the tarai. Upon the control of malaria in the 1950's, the tarai frontier served to absorb large-scale rural to rural migration (Gurung 1989).

The tarai area is home to one of the earliest groups to inhabit Nepal, the Tharu. The Tharu are indigenous people of the Nepal tarai whose culture cannot be linked to Southwest Asian, Tibetan, nor Southeast Asian culture areas. The historical and cultural origins of the Tharu are highly uncertain. Genetic studies claim that the Tharu exhibit genetic similarities with Tibeto-Burman groups (Passarino, et al. 1993). Although now largely Sanskritized, the Tharu appear to conform to the cultural pattern of the central Indian tribes, like the Munda (Berreman 1963; Srivastava 1958). Tharu people originally inhabited all parts of the Nepal tarai and inner tarai.

CHAPTER II
THE POLITICAL ECOLOGY OF MALARIA AND RESETTLEMENT

Malaria is a global health problem with many varied impacts on local cultures. Residents of Nepal's tarai live in zones which put them at risk for contracting malaria. Agricultural expansion, population density intensification and increases in numbers of non-immune hosts create conditions for the outbreak of malaria and other diseases. The Tharu have been noted for their natural immunity to malaria and ability to inhabit the malarious jungle for generations. Tharu natural immunity is apparently due to a hemoglobin variant, alpha-thalassemia, which gives some protection from the effects of malaria infection.

The Global Malaria Problem

Malaria is one of the three leading causes of morbidity and mortality in the developing world and the single highest tropical disease control priority of the World Health Organization (WHO). WHO estimates 300-500 million new clinical cases of malaria each year with the countries of tropical Africa reporting 90% of cases. Not including Africa, the total number of confirmed cases reported for 1992 is more than five million (Table 1). Unreported cases push the global estimated toll of malaria up four or five times higher, approaching 30 million cases in 90 countries or territories (not including Africa). An estimated 1.5 - 2.7 million people die every year from malaria infection and complications. About one million of these victims are children under the age of five. Malaria is one of the world's major causes of infant and juvenile mortality. Pregnant women are also at special risk since the disease is responsible for a substantial number of miscarriages and babies born underweight (WHO 1995).

From the total world population of about 5.4 billion people, 3.2 billion people (58%) live in malaria-free zones. Almost 1.7 billion of these people (31% of total) live in areas cleared of malaria while 1.5 billion people (27% of total) live in areas where malaria never existed in recorded history or disappeared without specific anti-malaria measures. Approximately 1.8 billion people, 33% of the total world population, live in areas where malaria transmission was considerably reduced or even eliminated in this century but has currently been reinstated and the situation is deteriorating. Severe malaria problems

have developed following major ecological or social changes, such as agricultural or other economic exploitation of jungle areas and disruptions caused by regional conflicts. Nine percent of the world population, 500 million people, live in areas, mainly tropical Africa, where malaria transmission has always been endemic yet few resources have been allocated to its control.

COUNTRY OR AREA	NUMBER OF REPORTED CASES BY YEAR			PERCENT OF NON-AFRICA TOTAL (1992)
	1990	1991	1992	
India	1,777,253	2,120,000	2,125,800	39.80%
Brazil	560,396	614,431	609,860	11.40%
Sri Lanka	287,384	400,263	399,349	7.50%
Afghanistan (1)	317,479	297,905	300,000	5.60%
Viet Nam (2)	382,000	333,000	212,000	4.00%
Colombia	99,489	184,156	184,023	3.40%
Thailand	272,634	209,866	168,370	3.20%
Solomon Islands	116,449	141,438	153,359	2.90%
Myanmar	133,049	126,967	125,710	2.40%
Bangladesh	53,875	63,575	115,660	2.20%
Philippines	86,172	86,392	110,457	2.10%
Pakistan	79,689	66,586	103,084	1.90%
P N Guinea (1)	104,939	86,514	95,000	1.80%
Cambodia	123,796	115,701	91,000	1.70%
Iran (Islamic R)	77,470	96,340	76,971	1.40%
China (3)	86,628	83,001	72,026	1.30%
Honduras	53,095	73,352	70,838	1.30%
Guatemala	41,711	57,829	57,560	1.10%
Peru	28,882	33,705	54,922	1.00%
Laos (PDemRep)	21,499	41,026	41,787	0.80%
Ecuador	71,670	59,400	41,089	0.80%
Guyana	22,681	42,204	39,702	0.70%
Malaysia	50,500	312,717	29,320	0.50%
Yemen	11,783	12,717	29,320	0.50%
Bhutan	n/a	22,126	28,900	0.50%
Nicaragua	35,785	27,653	26,866	0.50%
Bolivia	19,680	19,031	24,486	0.50%
Nepal	22,856	29,135	23,234	0.40%
Venezuela	25,944	42,826	21,416	0.40%
Saudi Arabia	15,666	9,962	19,623	0.40%
Turkey	8,680	12,218	18,676	0.30%
Iraq	3,924	8,192	18,451	0.30%
Mexico	44,513	26,565	16,170	0.30%
Oman	32,720	19,274	14,827	0.30%
Indonesia (4)	18,647	15,506	13,655	0.30%

Haiti	4,806	25,511	13,457	0.30%
Vanuatu	28,558	17,150	13,330	0.20%
Costa Rica	1,151	3,273	6,951	0.10%
Belize	3,033	3,317	5,341	0.10%
El Salvador	9,269	5,933	4,539	0.10%
French Guiana	5,909	3,573	4,072	0.10%
UArab Emirates	3,514	3,457	3,605	0.10%
Suriname	1,608	1,490	1,404	0.03%
Paraguay	1,660	2,983	1,289	0.02%
Panama	381	1,115	727	0.01%
Dominican Rep	356	377	698	0.01%
Argentina	1,660	803	643	0.01%
Syrian Arab Rep	107	54	456	0.01%
TOTAL	5,150,950	5,960,609	5,590,023	100%

(1) 1992 estimated.
(2) 1990 estimated from 1986 to 1990 data.
(3) Total cases were 117,000; 102,000; and 74,000 respectively
(4) Figures for Java and Bali only.
(4) Total national cases were 1.64; 1.91; and 1.31 million respectively.

Table 1. Total number of reported cases of malaria in nations outside of Africa. (WHO 1996).

In 1990, 75% of all recorded cases outside of Africa were concentrated in only nine countries: India and Brazil (50%), Afghanistan, Sri Lanka, Thailand, Indonesia, Viet Nam, Cambodia and China. There are also marked differences in the distribution of the disease from one area to another. In India, the majority of reported cases occur in only a handful of states. In Brazil, close to 80% of all cases occur in three states of the Amazon Basin representing a mere 6.1% of the country's overall population (WHO 1995).

In Nepal, 63.4% of the population, more than 12 million people, live in areas which put them at risk of contracting malaria (HMG Nepal 1994). Between 1988 and 1993, Nepal reported an annual average of 23,157 cases of malaria of which approximately 20% were suspected of being imported cases. Although Nepal reports a relatively small percentage of global malaria cases outside of Africa (0.4%), malaria plays a very important role in Nepal's development efforts. USAID considers its malaria control program in Nepal to be one of its most successful projects because limiting malaria opened the tarai for resettlement and agricultural expansion.

The population living in areas at risk for malaria in Nepal has grown steadily over the past thirty years. Most of the population growth by mass

relocation has brought non-immune hosts to the tarai. DDT (dichlorodiphenyl-trichloroethane) insecticide spraying has been discontinued raising the potential for renewed transmission. Control efforts have reduced malaria incidence as measured by the annual parasite index (API) to less than two cases per 1000 population. Malaria incidence in the rapidly growing tarai population exhibits cyclical fluctuations every ten years, with outbreaks in 1966, 1975 and 1985 (Chart 4). Recent outbreaks of visceral leishmaniasis (Kala-azar) in Nepal indicate that insect vectors, phlebotomine sandflies once controlled by DDT spraying are returning in sufficient numbers to transmit the disease. The incidence of malaria in Nepal is expected to rise again as the mosquito vectors also stage a comeback (Pradhan 1995).

Malaria is caused by protozoan parasites of the genus *Plasmodium*. Four *Plasmodium* species cause disease - *Plasmodium falciparum, Plasmodium vivax, Plasmodium ovale* and *Plasmodium malaria*. *P. falciparum* is the most widespread and dangerous of the four types of parasite, often resulting in fatal cerebral malaria. The other forms usually produce more mild symptoms yet can also be fatal. Parasites can only be transmitted from one person to another by the bite of a female anopheline mosquito. Of 380 species of anopheline mosquito, only 60 species are able to transmit the parasite and each species has a particular habitat and feeding pattern. Anopheline mosquitoes can acquire a blood meal from any mammal but the malaria parasite requires human red blood cells to complete its reproductive cycle. The parasites develop in the gut of the mosquito before migrating to the saliva of an infective mosquito each time it takes a new blood meal. After injection into a human host, the parasites circulate in the blood to the victim's liver where the protozoa invade the liver cells and multiply. After an interim of 9-16 days, the parasites re-enter the bloodstream and penetrate the hemoglobin red cells, where they multiply again, destroying the red cells. The destruction of hemoglobin causes anemia and induces cyclical symptoms of fever, shivering, pain in the joints and headache in the infected individual. Vital organs, such as the brain (cerebral malaria), may be damaged as infected red cells obstruct blood vessels leading to disability and death (WHO 1995).

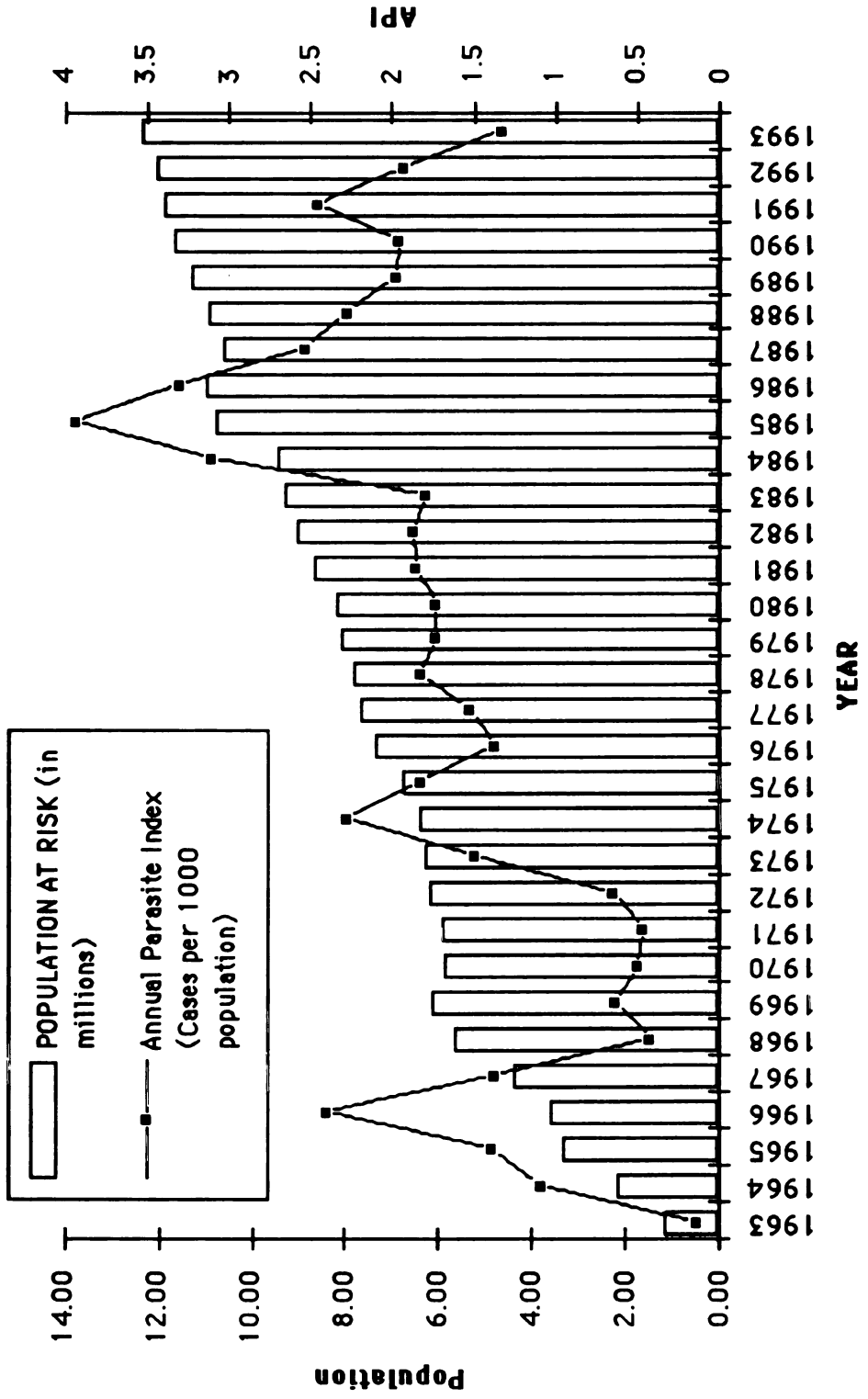


Chart 4. Detected malaria cases (API) and population at risk in Nepal, 1963 to 1993. (HMG Nepal, Ministry of Health 1994).

Malaria is a curable and controllable disease. The cost of treatment is between US$ 0.08 and US$ 5.3 per case according to the type of drugs prescribed as determined by local drug resistance. In 1987, the burden of malaria, the total "cost" in health care, treatment, lost production, etc. was estimated to be US$ 800 million for tropical Africa alone. This figure was estimated at more than US$ 1.8 billion for 1995 (WHO 1995).

Between 1955 and 1969, the WHO Global Malaria Eradication Programme launched a series of campaigns aimed at spraying the inside of homes with insecticide. The initiative proved successful in large areas of North America, Southern Europe, the former Soviet Union and some territories of Asia and South America. Transmission was halted and malaria was eradicated. In Latin America and most Asian countries however, results varied and the disease persisted. The problems and logistics associated with malaria control were considered beyond the scope of the vast majority of African countries and large scale eradication was never even attempted in Africa. Global eradication goals for malaria were abandoned by WHO in 1969 (WHO 1995).

Economic development projects predicated on the eradication of malaria have been complicated by migrations of non-immune hosts, changes in the prevalence of various species of *Anopheline* vectors and the emergence of virulent new strains of the *Plasmodium* parasite (Chapin, Wasserstrom, Curtis and Singh 1983). The global development of new and virulent strains of malaria resistant to chemoprophylaxis and treatment poses a major challenge to biomedicine and development in Africa, Asia and Latin America. The failure of biomedical interventions to control malaria has led to a global resurgence of the disease (Kreier 1980; Packard 1986; Schapira 1990).

A Global Malaria Control Strategy was adopted in 1992 by the Ministerial Conference on Malaria in Amsterdam and plans of action for its implementation were updated in 1995. In 1994, the United Nations General Assembly invited WHO, as the lead agency in this field, to promote international mobilization of technical, medical and financial assistance to intensify the struggle against malaria. Control programs have been instructed to involve the community at large, the general health services and other development initiatives. Local action and the progressive strengthening of local and national capabilities for planning, implementation and evaluation based on community partnership, political determination and provision of sufficient funds and people are considered essential. Five types of activities

are being developed and reinforced: support for national control programs; training, information and education; prevention and control of epidemics; promotion and coordination of research; worldwide surveillance of the risks associated with malaria and anti-malaria drugs.

In all nations, WHO recommends that control programs be based on four main principles:

1. Provision of early diagnosis and prompt treatment to all people at risk, a basic right of all affected populations;
2. Selective application of sustainable preventive measures, including vector control adapted to local situations;
3. An immediate, vigorous and wide-scale response to epidemics;
4. The development of reliable information on infection risk, living conditions of concerned populations and vectors.

With the goal of reducing mortality and morbidity due to malaria, WHO has set two malaria control target objectives:

1. By the year 1997 at least 90% of countries affected by malaria will implement appropriate malaria control programs.
2. By the year 2000, malaria mortality will be reduced by at least 20% compared to 1995 in at least 75% of affected countries.

WHO estimates that US$ 60 million per year is required to meet their target goals, including US$ 26 million for Africa alone. Despite the staggering burden of malaria disease, WHO was able to budget only US$ 20 million for its malaria control program in 1994-1995. Only 75%, US$ 15 million was allocated to support malaria control efforts in developing countries (WHO 1995). For comparison purposes, it should be noted that the global eradication of tuberculosis would cost an estimated US$ 100 million (International Herald Tribune 1995). The US Department of Defense requested US$ 246.0 billion in budget authority for fiscal year 1996-97 (Department of Defense 1996). Total US military spending exceeds by three orders of magnitude the cost of eradicating these major diseases on a global scale. Global health, a shared responsibility, demands a more equitable distribution of resources to combat diseases which exact such high human and economic costs.

Tharu Immunity to Malaria

Immunological responses to malaria infection include the development of *Plasmodium*-specific immunoglobulins such as IgG, IgM and IgE. The development of immunological defenses in maternal blood sera can provide

unborn offspring with protection from malaria infection by inducing prenatal immune hypersensitization of the fetus to malaria (Desowitz, Elm and Alpers 1993). The immunological defenses against malaria infection are enhanced when genetic hemoglobin alterations such as sickle-cell trait or alpha-thalassemia are also present. Together, these genetic and immunological mechanisms apparently give some groups biologically based advantages in settling malarious areas.

More than forty hemoglobin variants are suspected of affording some kind of protection from malaria infection, including sickle cell, the thalassemias and Duffy blood groups (Lappe 1994). Haldane (1949) first proposed that the thalassemias could be genetic conditions which persist because of the selective pressure of environmental malaria. Livingstone (1958), Wiesenfeld (1967) and Luzzato (1979) documented the relationship between malaria and hemoglobin types particularly in the selection for sickle cell trait in parts of Africa. The research on hemoglobin variants' interaction with malaria infection suggested that deleterious genetic mutations, which would normally be eliminated from a population, may be preserved at high rates if the carrier state affords protection against a significant environmental mortality risk (Kar, Seth and Seth 1991; Livingstone 1984; Singh 1986). The selective preservation of genetic conditions which are debilitating in the homozygous condition yet protective in the heterozygous condition is a situation referred to as "balanced polymorphism." Genetic adaptations to disease can have important influences on general patterns of settlement, migration, agriculture, health belief, marriage and kinship, child-rearing, social organization and other forms of cultural expression (Boyden 1992; Brown 1986; Jackson 1990; Kondrashin and Kalra 1991; Kreier 1980; Swedlund and Armelagos 1990).

Tharu communities of malarious southern Nepal experience less morbidity and mortality due to malaria than sympatric non-Tharu communities (Terrenato et al. 1988). The prevalence of malaria cases among the Tharu was found to be seven times lower than the prevalence rate among non-Tharu residents of the same area. Folkloric and anecdotal reports long suggested that the Tharu were protected from malaria but the exact basis for the protection was unclear until recently; "The basis for resistance to malaria in the Tharu people is a genetic factor yet to be identified" (Terrenato et al. 1988).

A gene which may be responsible for resistance to malaria in Tharu populations was identified by molecular biological research methods (Modiano et al. 1990). A significant proportion of the Tharu population carries a recessive allele of the gene coding for the alpha-hemoglobin chain of the red blood cell, often resulting in alpha-thalassemia. The presence of alpha-thalassemic hemoglobin disrupts the invasion and multiplication of *Plasmodium* parasites.

The overall prevalence of the alpha-thalassemia gene was found to be very high, nearing fixation at a frequency of 0.8. The selective pressure of *Plasmodium* infection apparently favored the survival even of individuals homozygous for the alpha-thalassemia condition (Modiano et al. 1990). The protection afforded by the alpha-thalassemia gene was strong enough that "if the entire population was homozygous (for the alpha-thalassemia gene) the protection (against malaria) would be about 10-fold" (Modiano et al. 1990).

The evidence from DNA analyses suggests that Tharu populations developed a hemoglobin variant, alpha-thalassemia, which allowed them to survive the malaria hyperendemicity of the lowland jungle while migrants from both the northern highlands and the southern plains, lacking required genetic adaptations, were unable to successfully colonize and settle the region. After intensive (and ongoing) medical and public health interventions beginning in the mid-1950's achieved limited success in controlling malaria, large numbers of migrants began to resettle in the Nepal tarai drastically altering the terrain, the economy and the indigenous culture of the Tharu.

Because there are large Tharu populations in neighboring Uttar Pradesh, India, the Tharu were assumed to be of Indian origin but recent DNA studies contend that the Tharu are more related to Tibeto-Burman groups (Semino, et al. 1991). The development of the thalassemia hemoglobin mutation enhanced survival in the malarious lowlands but the thalassemic condition is exacerbated by reduced oxygen tension found at high altitude. While the highlanders of Nepal lack genetic immunity to malaria in the lowlands, the Tharu's thalassemia advantage against malaria is a disadvantage at high altitude. In medical ecological terms, genetic adaptations of this human population to the distinct niche of the tarai environment further isolated the Tharu from other cultural groups in Nepal. The survival of specific genetic mutations enabled groups to inhabit regions considered debilitating to non-adapted groups (Hardesty 1975, 1977).

Several authors hypothesized that the expansion and intensification of agricultural activity promoted malaria (Cueta 1990; Desowitz 1979; Packard 1986; Wiesenfeld 1967). Geertz (1963) noted that societies which adopted improved agricultural systems tended to expand in size, increase in density and culturally involute. The increasing density of human settlement with agricultural intensification enhances transmission of the *Plasmodium* parasite and the creation of farms from jungle provides mosquitoes with better breeding grounds. "Of all the agricultural practices that alter the natural tropical ecosystem, rice culture is one of the most important in creating optimal conditions for malaria transmission" (Desowitz 1979). The development plan to intensify wet rice agriculture in the tarai by resettling genetically non-adapted migrant populations from the hills creates conditions ripe for malaria resurgence.

Increasing total populations and rising population densities increase the percentage of non-immune hosts at the jungle fringe and create conditions for the outbreak of new diseases. Agricultural intensification projects integrate poultry, swine and fish production to minimize waste but these projects unwittingly contribute to conditions for disease outbreak. Avian influenza virus is non-infectious to humans but can infect swine herds. Avian influenza viruses recombine with swine influenza in the pig reservoir to create new influenza strains infectious to humans. Because avian influenza mutates rapidly in the duck host, an unlimited repository of influenza viruses in the poultry lines is transmitted to humans via the intermediate pig host. Outbreaks of new strains of influenza are promoted by raising ducks and pigs together. Raising fish in ponds near poultry and swine as part of farm integration ensures that various mosquito species have year-round breeding grounds in close proximity to animal and human hosts. Arthropod-borne viruses causing meningitis, encephalitis and other diseases are then more readily transmitted.

Social and cultural factors can increase malaria risks in rural areas, including lack of concern over exposure to mosquito bites and lack of screening on windows (Pinikahana 1992). Adangbe ethnomedical beliefs concerning malaria complicate biomedical attempts to control the disease in Africa (Agyepong 1992). Cultural features, including child-rearing practices, dietary preferences, division of labor and ethnomedical belief influence the transmission of malaria. Nutritional sources can affect malaria disease

expression (Etkin 1986; Etkin and Ross 1983). Evolutionary interactions between hemoglobin types, dietary organic cyanogens and malaria have been documented (Jackson 1990). It has been noted that the qualities of Ayurvedic malaria remedies are intended to counteract the perceived symptoms of malarious fever (Silva 1991). Cultural features are highly relevant to malaria expression. The Tharu ethnomedical complex is a cultural form which influences the expression of malaria even though malaria remains largely unrecognized as a specific disease within indigenous Tharu ethnomedicine.

Resettlement In Nepal

Nepal's malaria control efforts are explicitly designed to promote the resettlement of the tarai by hill migrants. Land resettlement schemes are promoted in many developing nations as solutions to various economic and political problems. The stated objectives of the schemes include "population redistribution, giving land to the landless, relieving environmental problems, improving the welfare of target groups, sedenterizing nomads, assisting disaster victims, increasing food production, raising the value of exports, creating jobs and fostering national security" (Hulme 1987). State-sponsored land schemes are not motivated by an objective or equitable ends-means economic development rationale:

> Rather than arising out of the application of rational policy and plan formulation procedures the determination to undertake new land resettlement schemes, extend existing schemes and rehabilitate old schemes emanates from a complex, amorphous and constantly changing set of inter-organizational, intra-organizational and interpersonal exchanges. Debate about the types of activities to be pursued focuses upon a critical zone of what is relatively unobjectionable from the viewpoints of the principle protagonists recognized by the debate. A collective process operates with a set of objectives quite different from those that may be appended to policy and project documents. The central quest is for stability and the maintenance of the political and administrative status quo, 'keeping some in power and the offices in being' (Hulme 1987).

Land resettlement schemes are attractive for governments and politicians because they further the exploitation of less powerful members of society for the benefit of those in power:

> As a panacea for economic and social problems settlement schemes are a strategy almost without rival. Their high visibility

> (new roads, new offices and houses, large-scale forest clearance, fleets of vehicles) allows them to be used by regimes as ideal public relations exercises, chosen to generate positive publicity. Those with the greatest cause to object to state-sponsored land settlement, tribal groups and ethnic minorities occupying the 'vacant' land that is to be colonized are generally peripheral to the local and national political calculi (Hulme 1987).

Land resettlement schemes divert attention from intractable substantive issues and delay debate on politically divisive class conflict measures such as land reform, the assimilation of cultural minorities into nations and the reassertion of control over lands held by armed opposition groups. The schemes "have the added political advantage of creating a good which can be partially used for personal gain or patronage" (Hulme 1987). National and international bureaucracies tend to perpetuate the schemes because of the technocratic appeal of tidy centrally planned development in which fund disbursement and accounting are dictated by rigid timetables. Bureaucracies perpetuate development schemes in order to keep bureaucratic offices in existence and bureaucrats employed.

Nepal can be described in terms of center and periphery or metropolis and satellite, terms used to describe the structure of exploitation and domination characteristic of relations between developed and undeveloped regions (Blaikie, Cameron and Seddon 1987). Nepal as a whole is considered the periphery with regard to India, the center. Within Nepal, Kathmandu serves as the center by virtue of political power while the outlying districts function as the periphery. "Certain sections of society resident primarily in Kathmandu or with close connections to those resident there - the nation's capital and the heart of economic and political power in the country - are able to benefit from the fact that Kathmandu is the place where decisions are made regarding the appropriation, distribution and realization of surpluses generated by production in peripheral areas, such as the terai and hills outside the Valley and regarding the use of foreign aid, now a very substantial portion of available resources" (Blaikie, Cameron and Seddon 1987).

The periphery is a frontier zone. The frontier is defined generally as "either the political division between two states or the division between the settled and unsettled regions of the state. In essence, the frontier implies a transition zone which stretches inwards from the state's [state] boundary and merges imperceptibly with the state core. Development of the frontier

generally results from a combination of techniques designed to overcome the adverse physical environment generally found at the frontier and from various incentives" (Shrestha, Velu and Conway 1993). Incentives for resettlement are either forces of attraction, such as mineral deposits, or forces of pressure from already settled areas, such as land shortages and strategic needs. Frontier land settlement is more attractive than aggressive land reform because by opening virgin lands to cultivation, politically powerful large landowners are not forced to partition their holdings.

The environmental conditions in the tarai prior to the control of malaria were so harsh that "some of the earlier settlements of hill people in the lowlands were penal colonies and resettled by emancipated slaves" (Gurung 1989). By the mid-1950's, the tarai was viewed as a location suitable for large-scale land resettlement. The official policy was directed at "rehabilitation of natural disaster victims and landless hill migrants, enhancement of agricultural output and reduction of population pressure in the hills" (Shrestha, Velu and Conway 1993).

Factors influencing migration in Nepal included economic dislocation, internal and external population pressure, food scarcity, malaria control, land settlement and regional disparity. Economic dislocation in the mountain regions resulted from disruptions in the mountain economy mainstays of pastoralism and trade across the northern border due to the 1959 takeover of Tibet by the People's Republic of China. Declines in hill food grain output and growing networks of roads from the southern Indian border which collapsed the important salt trade with Tibet also contributed to the collapse of the mountain economies (Gurung 1989). Population pressures in Nepal and India caused the migration of large populations to the tarai frontier zones. Nepal's population rose from an estimated three million in 1750 to 8.4 million in 1952/1954, an increase of 2.8 times. Some areas experienced greater rates of population growth. For example, one hill district in Nepal (Kaski) increased by 5.2 times in the period between 1820 and 1960. One of the earliest pahadi settlers in the immediate vicinity of Mura village is a Gurung household which emigrated from Kaski district in the 1960s (Gurung 1989).

Until recently, international migration between Nepal and India consisted mainly of "an outward expansion of populations into similar ecological niches: Nepalese eastward to subtropical hills and Indians northward into the tropical tarai" (Gurung 1989). Food scarcity due to

population growth and declining productivity in the mountain and hill regions forced a certain amount of out-migration to the tarai. "The production and availability of food grain, therefore, appears to be an important influence on the interregional migration: People from food-deficit highlands are moving to the source of food production in the lowlands" (Gurung 1989).

Malaria control programs were first introduced in Nepal in 1955. USAID funded the first phase of the malaria control project as part of "a modern scheme of resettlement in Chitawan in the Central Inner Tarai. The initial target was to resettle a population of 30,000 by reclaiming 20,240 hectares of grassland and forest land. The success of the pilot project in Chitawan led to the establishment of the Nepal Malaria Eradication Organization (NMEO) and the program was expanded to cover other lowland regions. The control and eradication of malaria in the lowlands provided new impetus to a large-scale spontaneous migration, particularly from the hills" (Gurung 1989).

Policies of land resettlement in the tarai tended to benefit early migrants and wealthier migrants with strong political connections to the bureaucracy of the resettlement schemes' state apparatus (Shrestha, Velu and Conway 1993). This earliest pioneering phase of centralized development (1954-1956) was succeeded by the organized phase and the establishment of the Rapti Valley Development Project (RVDP) with foreign assistance as an important component of Nepal's first five-year plan (Elder 1976). During the organized phase, "migrants' previous socioeconomic positions came to play a paramount role in their ability to obtain land. RVDP's handling of land allocation was marked by widespread malfeasance: nepotism and patronage. Encroachment of public lands, that is, squatting or spontaneous settlement, thus emerged as a trend among those who were unable to acquire land. The government's response to the continuing land encroachment was to implement other resettlement projects. Following a recommendation by A. Kadem, an Israeli advisor, the Nepal Purnavas Company (Nepal Resettlement Company) was created in 1964" (Shrestha, Velu and Conway 1993).

The control of malaria greatly aided the state-sponsored Nepal Purnavas Company's population resettlement schemes. Between 1964 and 1970, the Nepal Purnavas Company's five major resettlement projects officially resettled 6,740 families on 14,268 hectares of newly cleared forest land (Gurung 1989). Between 1970 and 1980, five subsequent resettlement projects moved 11,746 families onto 19,015 hectares of land. In 1969, the Department of Resettlement

was established to encourage more extensive migration to frontier territories and forest lands. Between 1970 and 1983, the Department moved 50,859 families to 33,733 hectares of land. Tarai forests were cleared for most of these new settlements. The resettlement projects shifted west as the forest lands in the densely populated eastern tarai were exhausted. Officially resettled migrants were followed by hundreds of thousands of other migrants as indicated by Nepal's 1981 census in which 773,0307 (74.4%) out of a nation-wide total of 1,038,862 in-migrants arrived in the tarai (Gurung 1989). The core of Nepal's internal migration has been "a large-scale relocation of people from the highland villages in the hills to the Tarai frontier in the plain " (Shrestha, Velu and Conway 1993).

In 1973, as the volume of internal migration increased and land became scarce in the original resettlement zones of Chitwan and Nawalparasi, the government instituted a new selection procedure in order to verify that applicants to the Nepal Purnavas Company were natural disaster victims. Unfortunately, "bureaucratization of the selection process resulted in the corruption of land distribution [and] it exacerbated squatter settlement" (Shrestha, Velu and Conway 1993). Poor farmers, largely excluded from the land resettlement schemes, relied on public land encroachment to subsist. The fragmentation of small land holdings by squatters resulted in widespread landlessness and near landlessness (defined as less than 0.5 hectares per person) in the Nepal tarai. Conditions of landlessness and near-landlessness in the tarai perpetuated poverty and placed severe pressure on the few remaining forest tracts (Gurung 1989).

Criticism of corruption during decades of resettlement project activity received exposure in the national media only after the Democracy Movement of 1991. Corrupt allocation of lands intended for the landless to those who are not needy was criticized in an editorial cartoon featured in one of Nepal's daily national newspapers (Figure 4).



Figure 4. Editorial cartoon critical of misappropriation of land in the government resettlement schemes. Kathmandu Post: September 14, 1995. Arriving to inaugurate a new resettlement project, a government minister mistakes an emaciated Sukumbasi (landless) group for the recipients of the land redistribution project. The official's guide points to the well-fed and well-dressed group, "No sir, the Sukumbasi being resettled in our project are standing over there!"

Poor central planning of Nepal's development is an underlying cause of Nepal's underdevelopment. Land resettlement schemes do not "really relieve population pressure or help to build a better regional balance between population and resource distribution in the manner that is consistent with the national objective of agricultural growth with social justice" (Shrestha and Conway 1985).

> The sociodemographic relations - not population pressure as such - are indeed the primary roots of agrarian development problems in a country like Nepal and resettlement schemes, when implemented without due consideration of the pervasive

> sociodemographic relations, are a gravely deficient technical fix to imbalances in ecodemographic relations (Shrestha and Conway 1985).

In the first resettlement scheme in Nepal, located in Chitwan district in the East Central region of Nepal, "the existing sociodemographic relations allowed dominant-class migrants to maintain their monopoly over land distribution and control the economy as a whole. Such a property monopoly situation keeps both land and labor in a state of underdevelopment because socioeconomic surpluses are not being utilized in a manner that would fully unleash their productive potential" (Shrestha and Conway 1985).

Without access to the tarai, population pressure in the hills was relieved by out-migration to Kathmandu and other regional centers or emigration to India and elsewhere where Nepali men could find employment primarily as mercenaries, guards, other laborers and small scale merchants. The political instability of large and growing urban centers was dissipated by rural to rural migration, generally possible only by frontier exploitation. Near landlessness at the frontier "acted to keep the volume of rural-to-urban migration in Nepal fairly small and consequently has helped to minimize many typical Third World urban problems by keeping these potential urban migrants tied to their small land holdings at the frontier" (Shrestha, Velu and Conway 1993). In addition to the demographic effect of land resettlement schemes, the political effect was to defuse and pacify "potentially explosive peasant revolts through geographical dispersion and relocation of discontented elements of the rural population" (Shrestha, Velu and Conway 1993). Almost half the population of the tarai (46%) currently subsists as landless or near-landless, effectively negating efforts to improve economic and agricultural conditions (Shrestha, Velu and Conway 1993).

The Sukumbasi are landless squatters who settle spontaneously on government controlled forest land in the tarai. The Sukumbasi are a product of the existing inequitable distribution of economic and political power:

> They (Sukumbasi) are produced continuously as a historical necessity to perpetuate dominant-dependent relations in the production system. Only by means of production and reproduction of landlessness in the agrarian production system did the skewed property relations characterized by the monopoly control over the means of production - land and capital, become possible. Such a monopoly control allows the dominant class,

> which is composed of village landowners, absentee landowners and rural elites, all of whom enjoy access to the social, economic and political power structure to control the existing power relations and appropriate the social-economic surplus generated by the rural working class for their personal benefits (Kaplan and Shrestha 1982).

A grim future for Nepal's development prospects unfolds under the difficult economic conditions. "As the hill economy becomes increasingly precarious and the terai's potential disappears, the dependency relationship between the (West Central) Region and India will become clearer. In addition, we see no reason to believe that the peasantry of Nepal will discover a collective political expression of its needs which reaches beyond mere populist rhetoric in time to save millions of people from impoverishment, malnutrition, fruitless migration and early death" (Blaikie, Cameron and Seddon 1980).

Mass migration of pahadi settlers to the tarai frontier affects the indigenous Tharu communities and tension between Tharu and non-Tharu ethnic groups in the tarai exists. A resettlement scheme-sponsored study of the Far Western region justified the perpetuation of resettlement scheme projects as a valuable political strategy of the central government (Nepal Purnavas Corporation (NPC) 1977). The Far Western resettlement project was specifically promoted to create internal migration to the frontier zone in order to counterbalance migration from across the Indian border. It was hoped that creating such migration trends would save the Nepali government from facing politically difficult policy decisions such as direct immigration controls with India. The report argued that the problem of unrestricted Indian immigration into the frontier zone "may demand on the part of HMG (His Majesty's Government) the seeking of policy alternatives such as the provision of compulsory visa, passport system or work permit systems. One of the best alternatives suggested by the task force on population policy is the policy of equalization of population densities (resettlement). It is based on the ground that it is not so controversial as other policies mentioned above, but this policy of inducing high densities in the border areas in the Terai is a time-consuming and colossal one" (NPC 1977).

The NPC study acknowledged that the policy of resettling hill migrants to the tarai created competition between the indigenous Tharu communities and the settlers. "Although indications are that, there is a fair degree of social

and political integration between the migrants in the Terai and the indigenous people, there is to a certain extent a competition between the hills settlers and the indigenous people in acquiring land, getting jobs and in taking part in village panchayat, etc. Participation in local politics is more with the Brahmin and Chetris of hill stock than the indigenous terai people" (NPC 1977).

Migrants from the Middle Hills and India have reduced the proportion of Tharu residents in the east to less than 20% of the population in Chitwan district and less than 10% in districts farther east. The Western district of Dang remains 30% Tharu. Bardia in West Nepal and the Far Western Districts of Kailali and Kanchanpur are home to the largest Tharu populations in Nepal. The proportion of Tharu residents in Bardia, Kailali and Kanchanpur districts is now around 50%. Thirty years ago, more than 90% of area residents were Tharu (G Gurung 1994).

Major changes in the ecology of malaria and mass resettlement of the tarai have completely altered most of the tarai forests in recent history. The social impact of mass resettlement on the indigenous Tharu inhabitants of the tarai has also been noted:

> During the period of Nepal's policy of limiting foreign influence (1816-1950) the interests of the government were consciously geared to preserving this protective zone of forests and swamps. The autochthonus inhabitants of Chitawan, the majority of whom are Tharus, lived relatively undisturbed in this environment. Their traditional form of livelihood and economic activity was oriented towards exploitation of forests and grasslands. Until the 1950s the agricultural economy was based on shifting cultivation. The forests and grasslands, together with rivers and streams, were also pasturage for their large herds of cattle as well as being hunting, fishing and gathering grounds; they provided all the firewood and raw materials necessary for house construction and household items. The situation changed drastically with the eradication of malaria - Chitawan having been largely free of malaria since 1969 - and the turnabout of Nepal's political orientation. A large and still continuous flow of immigrants from the mountains entered Chitawan with the added impetus of governmental settlement projects. Although large tracts of the valley have been transformed into an almost unbroken landscape of rice fields, extensive forests and savannas of tall grass have been preserved due to the establishment in 1973 of the Royal Chitawan National Park. An area of almost 1000 square kilometers has been incorporated into the preserve and thus withdrawn from use by the local population in order to protect the habitats of endangered fauna, particularly the great one-horned rhinoceros and the Bengal tiger.

> It is the Tharus who have been particularly affected by the loss of these forests and grassland areas so important to their way of life (Muller-Boker 1991).

This description of centralized development, malaria control, migrant resettlement and marginalization of the Tharu is repeated in many surveys of Nepal's development history across the tarai (Gurung 1989; Jha 1993; Ojha 1983). The result of these historical, medical ecological, social and political processes has been the large scale alienation of Tharu populations from their ancestral lands in both India and Nepal (Strahorn 1995).

The political deployment of health and development projects changes the ethnic demography of the Nepal tarai by altering the jungle ecology of malaria. The rapid demographic changes reflect a national political policy of culturally and ethnically transforming the tarai through systematic pahadi resettlement. Geostrategic concerns about containing agrarian communist revolutions in Asia during the Viet Nam era drove international interest in the rapid transformation of the tarai. Development projects funded and guided by international donors were deployed by national elites to systematically squeeze the Tharu from many of their ancestral tarai lands (G Gurung 1994). Tharu cultural resilience in the face of these rapid transformations in the jungle environment and tarai economy is evident in Far West Nepal where the largest Tharu populations reside.

CHAPTER III
THE DANGORA THARU PEOPLE OF FAR WEST NEPAL

Despite their relatively large population and the dramatic nature of the social changes accompanying the rapid resettlement of migrants, agricultural expansion and development in the tarai during the past few decades, few ethnographies of the Tharu have been written and most concern Tharu communities in India. Early ethnographic notice of the Tharu people was made by Sylvain Levi (1908). Majumdar (1937) reviewed the status of the Tharu as one of many so-called primitive tribes in India. The first major ethnography focusing entirely on the Tharu explored some of the processes of social change and national integration experienced by Indian Tharu communities (Srivastava 1958).

The Tharu People of Nepal

A small collection of monographs and articles examine limited aspects of Tharu society and culture in Nepal (Bista 1967; Krauskopff 1990; Maheshwari, Singh & Saha 1981; McDonaugh 1989; Mikame 1979; Muller-Boker 1991; Rajaure 1975, 1981a, 1981b, 1982). Bista (1967) describes the Tharu as one of the oldest groups to inhabit the tarai, living in close proximity to the forest. Tharu social organization consists of two main lineages, six superior Pradhan lineages and 26 inferior Apradhan lineages. According to Bista (1967), the mahato maintains law and order in the position of village chief, once an elected position since supplanted by the landlord zamindar's appointment. The worldview for most Tharu is based on Hinduism but extensive indigenous animist beliefs in local spirits have been combined with the dominant Hindu ideology to produce a unique syncretic cultural tradition (Bista 1967; Shrestha 1987). Tharu society includes a class of religious functionaries, the desbhandiya guruwa (spirit healer) and ghar guruwa (household priest), who exercise considerable political power in Tharu communities (Bista 1967; Krauskopff 1989 1990; McDonaugh 1989).

The only major ethnography of the Tharu in Nepal to date, published in French, records in great detail the traditional Tharu cultural practices in Dang Valley of West Nepal (Krauskopff 1989). Tharu spirit possession practices are firmly established. Cultural concepts of ritual order and hierarchy between the spirit healers and their clients, the "masters and possessed," have major

social and political consequences in Tharu communities. Healers at the level of village priest, desbhandiya guruwa, are the masters who control possession by spirits in their client's clan. The superior spiritual power of the healer's clan translates into political control, eventually formalized by royal decree. Exclusive privileges to act as healer were retained by certain clans guaranteeing political power until the rise of zamindar landlords. Conceptual divisions of jungle, village and household parallel women's changing identity and status from unmarried girl to wife and mother in Tharu patrifocal society (Krauskopff 1989).

Ethnogeography of Kailali District

The Tharu people traditionally map Kailali District into six regions; Malwara, Leek, Tappa, Boktan, Raikwar and Pariyar. The Tharu regional divisions are not recognized by non-Tharu residents or official government maps. Each of these six vast regions of Kailali District encompass dozens of villages and thousands of hectares of jungle and farmland. The traditional regions divide the district from the base of the Himalayan range to Nepal's southern border with India. Each region is further divided into several jurisdictions (pargana). Tharu pargana divisions remain generally unrecognized by non-Tharu residents and government agencies.

The field site, Mura village, is located in the Boktan region. Boktan is divided into seven pargana jurisdictions each containing several villages. Mura village is part of the Basoti pargana. Basoti pargana includes a total of six villages; Mura, Basoti, Kukkerbhukka, Nawalpur, Rana Mura and Barka Mura villages.

The other pargana jurisdictions of the Boktan region are Udasipur, Kailari, Bharri, Hausoliya, Jabdahuwa and Bhuiyafanta pargana. Udaisipur pargana includes six villages; Udasipur, Chamaripur, Pirthipur, Doodhiya, Bhaisasar and Jhanjhatpur. Kailari pargana includes Kailari, Soormi, Bedouli, Ujlisal and Lukker. Bharri pargana includes North Bharri, South Bharri, Lalpur, Konpur and Bhitariya. Hausoliya pargana includes Hausoliya, Gobrella, Sarakpur and Choti Paliya. Jabdahuwa pargana includes Jabdahuwa, Barki Paliya, Mankapur, Baijpur and Ratanpur. Bhuiyafanta pargana includes only three villages; Bhuiyafanta, Basanta and Rampur.

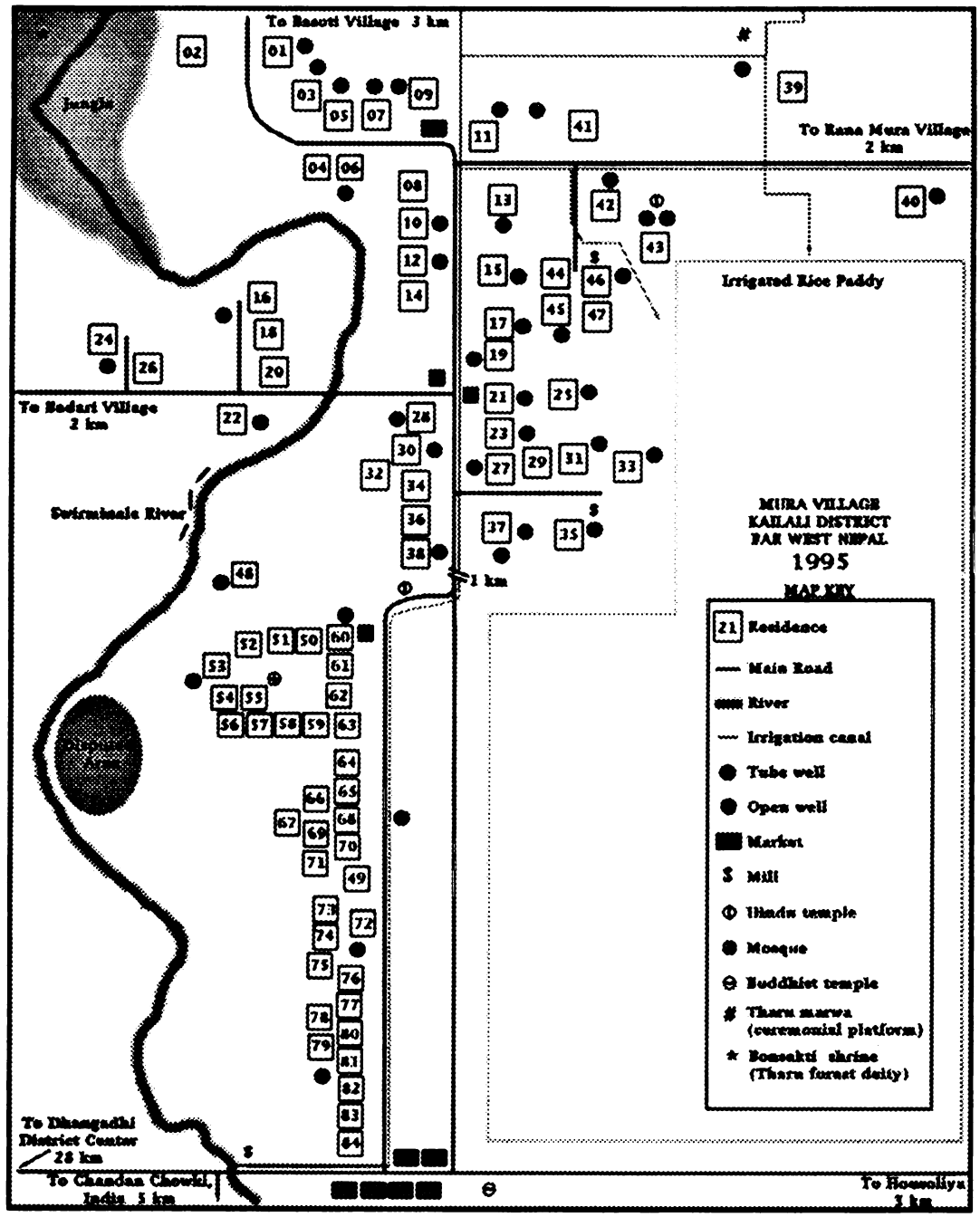


Figure 5. Map of Mura Village, Far West Nepal in 1995.

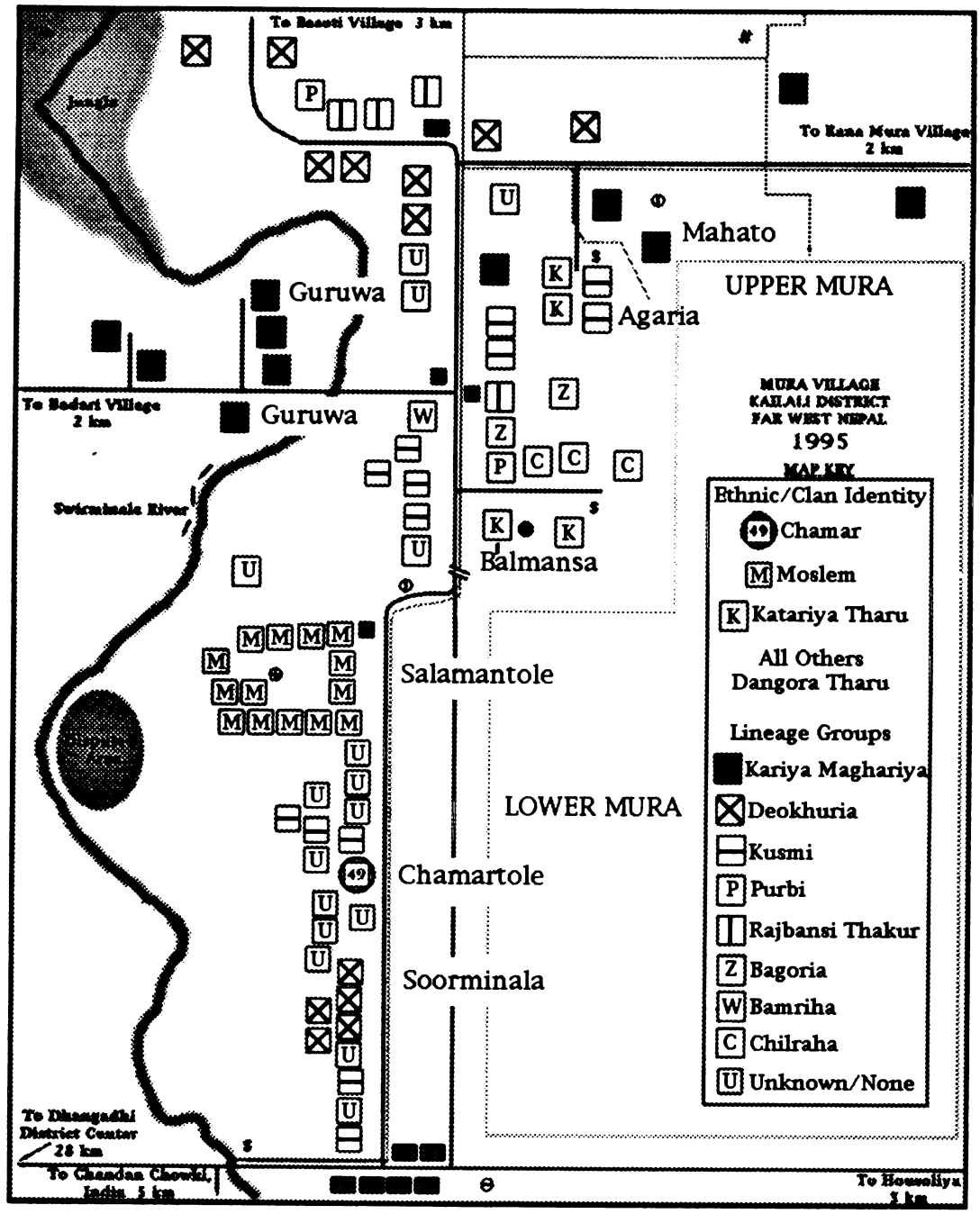


Figure 6. Ethnic/Clan identity of Mura households.

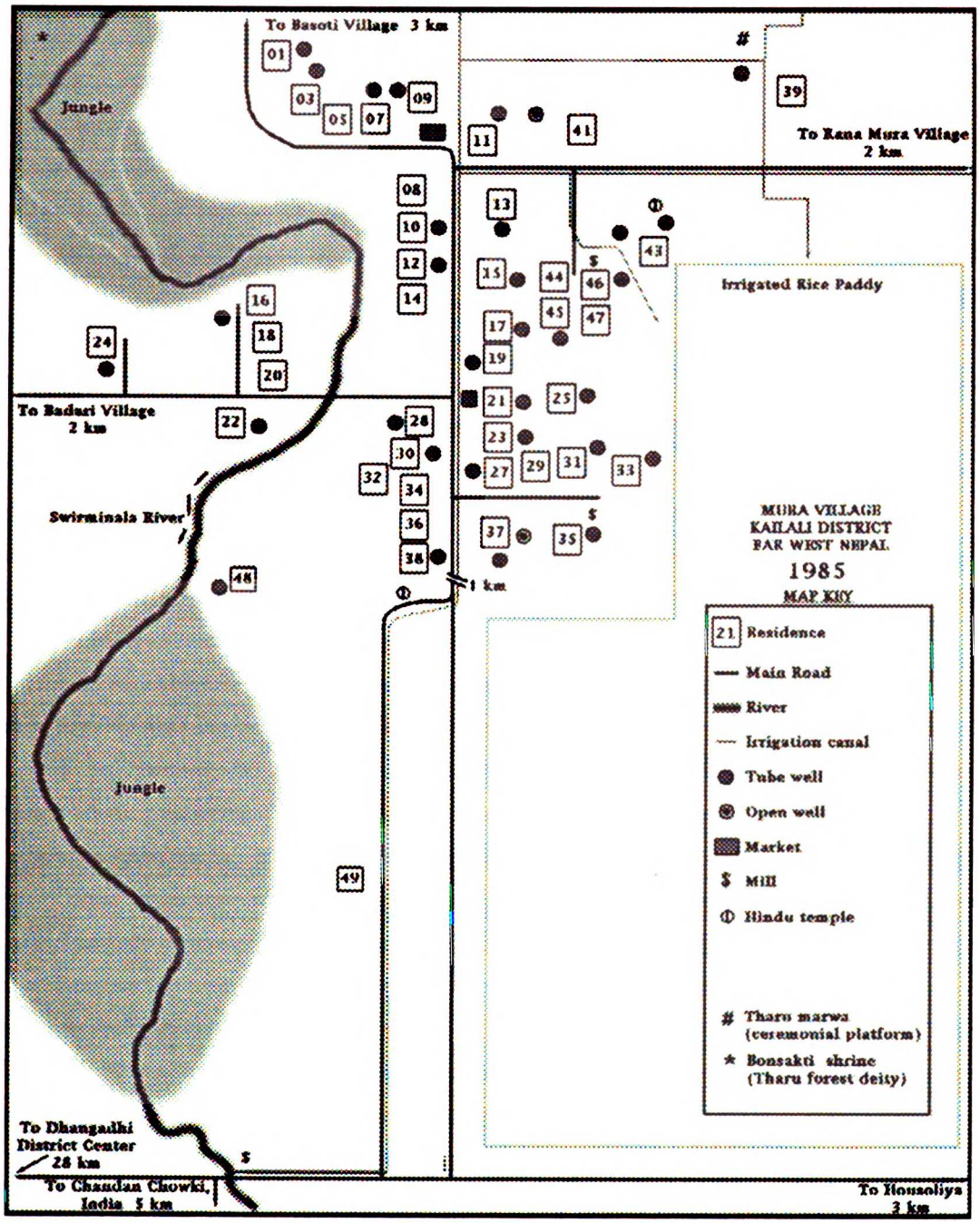


Figure 7. Map of Mura village, Far West Nepal in 1985.

Mura Village

Mapping the village study area of Mura village revealed 84 households located in two main areas of the village; a clustered older community of landed farmers living north of a recently established (within ten years) community of landless settlers along the road to the south (Figure 5). The northern part of the village consists of 48 households (Households 1 through 48). The southern part of the village, the landless settlement, is known variously as Chamartole, Soorminala, or Salamantole. The name Chamartole refers to the Chamar household of leather workers who established the first household in this part of the village (Household 49). Soorminala is the name derived from the local stream, the Soorminala River, which is the name preferred by the landless Tharu residents (Households 64 through 84). The name Salamantole, derived from the Moslem greeting of Salaam aleikum (Peace be upon you), is preferred by the Moslem community of this part of the village as it reflects and validates their presence (Households 60 through 63). Landless people are referred to throughout Nepal as Sukumbasi. Landless Tharu people are also referred to as kamaiya, which in the Tharu language simply means "laborer." For the purposes of this study, I have referred to the landed community as Upper Mura and the landless settlement to the south as Lower Mura.

All 48 households of the clustered older community to the north (Upper Mura) are Tharu households. All but three households in Upper Mura are occupied by landed farmers owning between 0.2 and 7 hectares of farm land (average 3.1 hectares). Four households of landless laborers also maintain their own residences on marginal lands or their employer's property in Upper Mura. Other landless workers reside within the households of some of Upper Mura's landed farmers. The clustered community is surrounded by rice paddy fields divided by small dikes which serve as boundaries identifying the patchwork of plots to their owners.

Based on survey of 237 individuals in 65 households in Upper and Lower Mura, the total village population is estimated at approximately 600 with a male:female ratio of 1:1.05. Household size averages 8.2 members. The mean age of village residents is 19 for males and 21 for females. Half of households consist of two, three or four married couples and their children living in extended family units. Three households in Upper Mura consist of polygynous unions. Nuclear families comprise the other half of village households.

Birth histories of 76 village women of childbearing age reveal an average of 3.8 live births per mother with 3.2 surviving children. The average infant/child mortality rate in the village over the past 20 years is estimated at 160 deaths per 1000 births. Four births were recorded in Mura village over the course of this study, three girls and one boy (Households 31, 52, 53 and 65). Four deaths were recorded in the village during the study. Tuberculosis claimed a woman aged 50 (Household 39). Cardiac arrest was the village mahato's (age 69) apparent cause of death (Household 42). Suicide by hanging was the cause of death for two young men (age 35 and 33) in the village (Household 12, 45). Serious illnesses were recorded in 12 households. Chronic cases of tuberculosis, paralytic polio, emphysema, female infertility and asthma were reported. Acute cases of seizure disorder, snakebite and severe burn occurred during the study period. Less serious cases of diarrhea, upper respiratory tract and skin infection were reported from almost all village households.

Moslems of Mura

Lower Mura is a new Sukumbasi settlement of landless Tharu kamaiya and Indian Moslem migrants which was not present in 1985 (Figure 7). The Moslem community members interviewed claim to be of Indian origin from the area of Gonda along the border of Uttar Pradesh and Bihar state. When their land holdings diminished below the amount needed to sustain their growing families, sons from several households left their home village together to roam with their families across north India and Nepal. For the past 20 years they have been in Kailali district. The men bring supplies from India and then cycle alone or in pairs to barter in remote villages where rural farmers lack direct access to the simple bazaar trinkets and cosmetics valued mainly by Tharu village women. Items such as tika dots, combs, brushes, glass bracelets, bangles, bead necklaces and inexpensive ear and nose rings are exchanged for baskets (dukhiya) of rice netting the Moslem peddlers food and profit. The Moslem traders use the profits to pay for their families' daily food, medical, religious, educational and other living expenses. They are merchants and are extremely quick in mathematical calculation and itemization.

The Tharu villagers consider the Moslems to be clever in business but also as pitiful because of their landlessness. Some Tharu villagers complain that the Tharu community is being exploited and overcharged by the Moslem

peddlers but in fact, stable Tharu subsistence farmers purchase the bangles largely out of charity towards the itinerant Moslem traders.



Figure 8. Moslem women of Salamantole, Mura village.

The Indian Moslems are not considered citizens of Nepal despite the fact that many of them were been born in Nepal. Citizenship in Nepal is granted only by parentage. Nepali citizenship is based only on lineal descent and not on geographic place of birth. The Tharu consider the Indian Moslems to be gypsies, wandering peddlers whose temporary encampments are inhabited indefinitely for years or decades. The camps are considered temporary because they do not possess the required citizenship status to own land or make claims of landlessness. The Nepali government requires no passport or visa for Indian nationals who may remain indefinitely in Nepal. The Indian residents of Lower Mura feel discriminated against because of their official identity as foreigners and they want recognition for having been born and raised entirely within Nepal. Some of the Moslem women give their name as "Ansari," implying that they are Nepali Moslems. Other residents take the name Muhammad or Khan to indicate their Indian or Pakistani origins.

One Moslem settler claims Pakistani origins for his parents although he was born in Nepal and served in the Indian Gurkha regiment in war against Pakistan. He also served as steamroller driver for the construction of Nepal's

Dandeldhura Highway and he was at various times a weight lifter, movie actor and owner of a fleet of 40 rickshaws in Dhangadhi. His luxuriant mustache once earned him a government stipend under the macho royal decree which paid an allowance to Nepali men who could grow full handlebar mustaches (a government policy long since discontinued). The Moslem man's wife is a pahadi Nepali woman from a Hindu Chetri household. She uses the name Begum to indicate her conversion to Islam although she still dresses in pahadi style clothing and jewelry instead of the Indian sari style of her Moslem neighbors. The couple's ten-year-old daughter is the most multicultural member of Mura, fluent in Hindi, Urdu, Nepali and Tharu. The young girl often serves as a translator for the elders of Soorminala when Nepali visitors come to the settlement.

History and Ethnohistory of Kailali District

Kailali District was part of the Naya Muluk (New Territory) lost by Nepal to the British East India Company by the terms of the Treaty of Segauli. The region was returned to Nepal by the British in gratitude for Nepal's assistance in putting down the Sepoy Mutiny. An East India Company train line connected to India used to terminate at Basanta, near today's East-West Highway, almost 40 kilometers from Nepal's border with India. The train tracks ran through present-day Chandan Chowki, India, the current train line terminus, as well as Pawera and Jabdahuwa villages of Nepal. The train line was established 100 years ago to extract Nepal's most precious lumber, mostly kosum (*Madhuca butyracea*), khair (*Acacia catechu*) and sal (*Shorea robusta*), for use by the British colonizers. The earliest records of Kailali history reflect the region's value to outsiders who have continued over the decades with the colonial, neo-colonial, regional colonial and internal colonial exploitation of the local forest resources.

A majority of the residents interviewed considered themselves Dangora Tharu, tracing their origins to the Dang Valley of West Nepal. Prior to occupying the Dang Valley, the origins of the Tharu are unknown even by their own ethnohistory.

During the Deshehra (Nepali: Dasain) festival, Jujariya, the horse god, is celebrated as the highest deity among the Tharu reportedly because the homeland of the Tharu, Rajasthan's Thar village, was overrun by Moslems in the Mogul era and the Tharu were forced to flee to Ayodhya where Bhagwan

(God) miraculously provided a horse for their escape to Dang. Dang became the base from whence the Dangora Tharu expanded settlements into Kailali and other districts of Nepal. According to this origin myth, the Tharu were originally Singh Chetris and only recently acquired the name and caste status of Tharu. Another villager adds to the origin myth by hypothesizing that the Tharu are of Mongolian origin who originally came to Rajasthan thousands of years ago from Mongolia via Tibet. Concerning the scientific validity of Tharu origin myths, one villager commented, "Let believers believe and scientists disprove. We will do our work and attend to our business. God created the universe in all its beauty. What have scientists created but bombs and destruction?"

Chimanando Mahato, a 69-year-old village resident and key informant, was appointed to Nepal's royal court and to ministerial posts of government administration during his long public service career. He is considered the most high ranking political figure in the village by virtue of his experience in government and his ascribed authority as mahato, Tharu leader (Household 43) .

Chimanando Mahato's father and grandfather were responsible for the settling of Dangora Tharu in the Boktan and other regions of Kailali district. Chimanando Mahato derives an ethnohistorical origin of Mura village through his immediate lineage and he traces the origin of the Tharu people to Rajasthan, India:

> When this area was Naya Muluk, the Rana rulers gave my grandfather settlement rights over Boktan area from Indian border to hills. My grandfather was in Dang and my father was born there. My grandfather called on his friends and said "Let's go," to settle the Naya Muluk. All food and house construction lumber was provided free by my grandfather. As much land as one family could clear was theirs for free. The Rana rulers assigned my grandfather as the zamindar for Boktan. My grandfather called for settlers from Suraj, Butwal, Deokhuri, Dang, Rajhet (India), from Bamhar, people settled Bitaria and all of Badari where there was only scattered trees and clearing the jungle was not much effort. In the open fields rice was planted and in the east and west the jungle was to be saved and cutting was banned. Canals were dug and irrigation of the rice paddy was accomplished.
>
> Juddha Shamsher Rana, the King and my grandfather, Jagu, went hunting together. My paternal uncle had a ditta (zamindar authority) over Boktan. We originally came from Jitpur, Dang. Before Dang we came from India, Rajasthan, a place called Tharhat village. This village gave us the name Tharu. From Rajasthan we went to Ayodhya and from there moved to Jitpur, Dang. From Dang we came to Bardia district, Dudhaphena village. An imli tree planted at that time is still there and is

very big now. Then my great-grandfather, Rati Ram came to Kailali and established Ramshikharjala and Ratipur in his name. My grandfather, Jagu, moved to Janakpur also in Kailali district. Jagu and his son Nanu, my father, then moved to Likma village but had a land conflict with Khadka Bahadur Singh's father and uncle, Bala Singh and Bhairav Singh in Chamaripur. The Singhs brought a case against Jagu in the district court and won. Jagu was forced to pay a five rupee fine which was a great sum of money in those days.

Upset at this confrontation, Jagu and Nanu moved to Udasipur (named from Udas - great sorrow). It was all jungle at the time. Sri Teen Sarkar King Juddha Shamsher Rana called on my father and grandfather to settle the Boktan area. When settling Ujalisimra they found all the simra trees (*Bombax ceiba*) with red flowers except for one tree with white flowers which is where the name Ujalisimra (bright simra) comes from. Basoti village name came from the fact that Nanu was going to live there himself, "basne" (reside), so Basoti. Then there is marabhumi, meaning sandy, so we get our Mura village name from that.

Daily Life in Mura Village

All Tharu homes are aligned along a north-south axis and their internal layout is largely similar although three village homeowners have built cement houses. The location of the altar room (deorhar) and alignment of the Tharu dwellings is consistent throughout the village and in all area villages lending a subtle symmetry to the communities not seen in villages occupied by other ethnic groups. The alignment of Tharu houses along a north-south axis, as well as the high thatch roofs, have the added benefit of efficiently deflecting the harsh solar radiation of the summer season. Non-Tharu houses aligned along an east-west axis tend to absorb the full force of the summer sun against one wall throughout the day, baking the occupants to exceedingly uncomfortable temperatures. Non-Tharu homes in resettlement projects are built in a typical Middle Hill style reflecting the occupants' ethnic group. Middle Hill architecture is inappropriate to the tarai because it lacks the orientation, high ceilings and nearly windowless design of Tharu homes which better withstand the hot winds, heavy rains and intense sun of the Far West tarai.

Most village homes are made of mud and thatch in traditional Dangora Tharu long house style with high woven grass thatch ceilings supported by stout central pillars of hardwood sal from the local jungles. Some homeowners have opted to replace their thatch roof with clay tiles. Government restrictions on collecting timber and thatch from the jungle puts pressure on homeowners to invest in cement homes and clay tile roofing which have the

benefit of lasting several years before requiring replacement whereas mud and thatch requires regular repairs. Some villagers resist conversion to the "modern" style, complaining that cement homes and clay tiled roofing are exceedingly expensive as well as uncomfortably hot in the summer and cold in the winter compared to the traditional Tharu style.

Rooms in traditional Tharu homes are subdivided from the large internal space by the placement of the household's grain silos (dheri) along a central hall (Figure 9). The altar room (deorhar) is always placed in the north of the house with the exception of two lineage groups which maintain an inverted house layout. Other rooms in a Tharu home serve as bedrooms (sutna conti), cooking rooms (bansa conti), a main hall sitting room (bahari) and, in many homes, a room is dedicated to alcohol distillation (madhuwa conti).

Furnishings are sparse consisting mainly of woven twine cots and low wooden stools made from local materials. The walls are made of bundled grass thatch regularly plastered, like the floors, by the women of the household using a mixture of mud and cow dung. The floor is usually built on a raised frame above ground level to prevent water intrusion during the rainy season. Many Tharu homes include a covered outdoor patio (serwa) usually on the western side of the house. All Tharu homes maintain an open courtyard (angana) facing the entrance to the house. The angana is used to thresh, winnow, husk and clean harvests of grain collected from the fields. Wooden oxcarts are made by every household to carry the grain harvest in from the fields and for other transportation needs. Oxcart wheels are still crafted from wood in most cases but an increasing number of wooden oxcarts are being fitted with truck axles and tires in a technological example of innovative eclecticism.

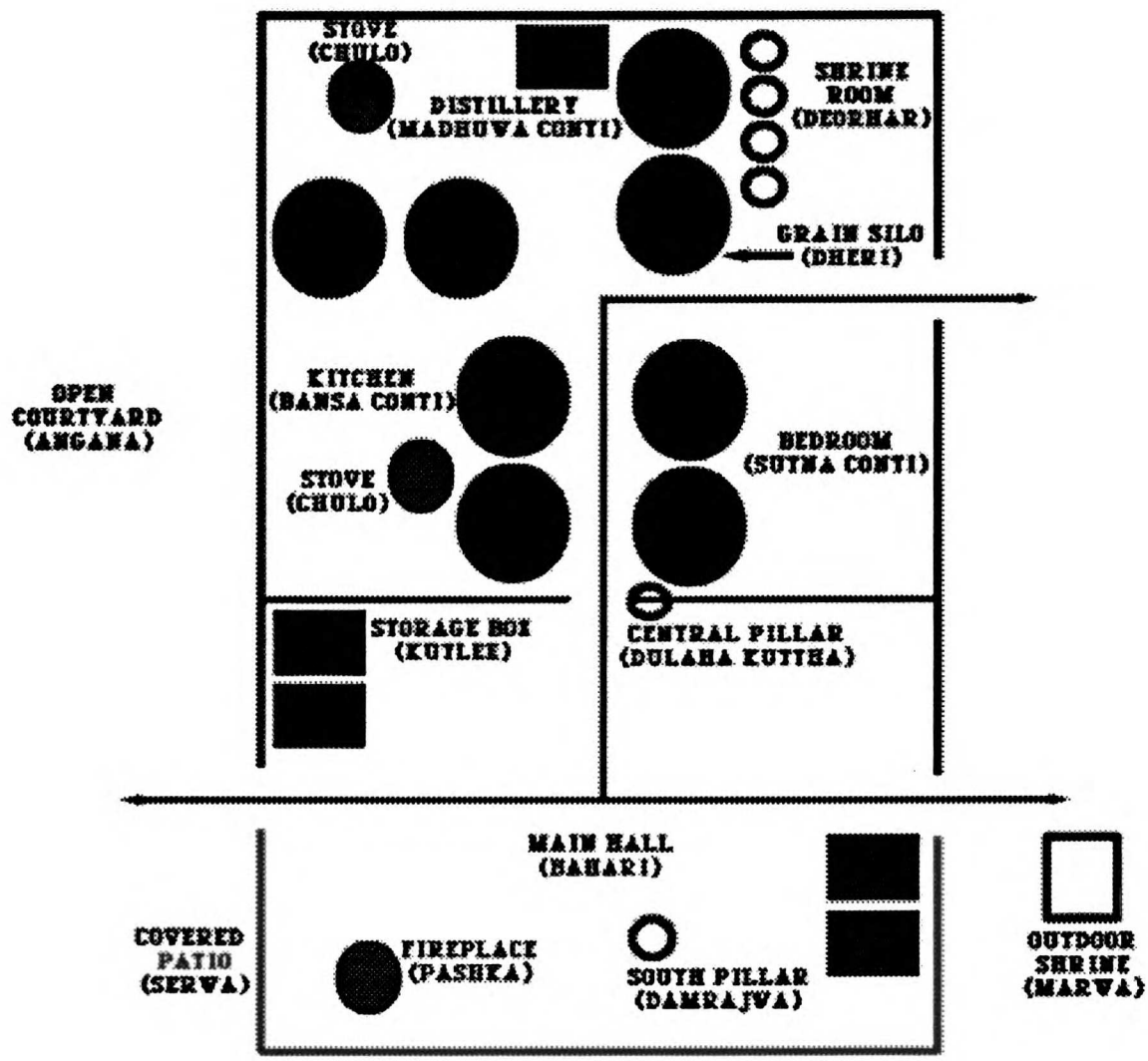


Figure 9. Schematic layout of a typical Tharu village residence.

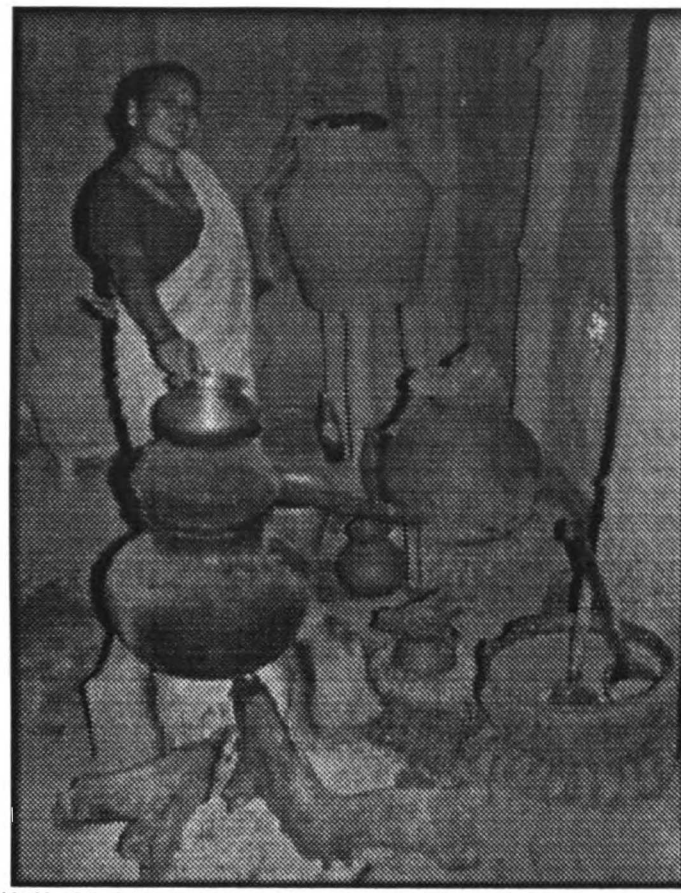


Figure 10. Chotilali Mahato preparing daru (rice liquor) in her home's madhuwa conti (distillery room).



Figure 11. Traditional Tharu oxcart transportation with Tharu long house in background.



Figure 12. Shanta Kumari Choudhary winnows rice on the wind.

Farming, food preparation and storage is the central activity in this agricultural community's life. Aghala (rice) is the main staple and carbohydrate as it is throughout most of Nepal and Asia. Rice is so important that the word khana (food) is synonymous with rice. Lentils, pulses and vegetables round out dietary nutritional needs. Vegetables preserved by pickling are eaten in all seasons. The only processed foods stocked at Mura village's four small stores are biscuits and candy along with salt and masala (spices). Chewing paan (pieces of betel nut (*Piper betel*) and spices rolled in betel leaf) while socializing at the market stalls is a popular male pastime.

Shikhar (meat) is highly prized in Mura village, especially sungur (wild or semi-domesticated swine), bungur (imported varieties of swine), kasi (goat), murgi (chicken), hasuwa (ducks), and chital (*Axis axis*, spotted deer). Machee (wild and cultivated species of freshwater fish, shrimp and eel),

gangetwa (crab), goongi (snails) and musuwa (field mice and rats) are also eaten. Fishing is a major social activity in which members of all village households regularly cooperate. Most wild animals and birds are not consumed. Cows and steers are completely protected by strict national laws and tenets of Hinduism. Cows are worshipped as a form of Luxmi, goddess of wealth.

Water buffalo, raised by every Upper Mura household, are never consumed in the village even though buffalo meat is consumed elsewhere in Nepal. Of the few Tharu villagers who have lived in Kathmandu, some have acquired a taste for water buffalo. The meat becomes available in the village only if the animal is butchered by migrant settlers, the Moslems or pahadis. Most Tharu villagers find consumption of water buffalo to be repugnant.

The following table lists some of the common grains, vegetables and fruits found in the local diet:

	THARU NAME	ENGLISH	LATIN
1	Aaph	Mango	*Mangifera indica*
2	Abraak	Fruit	unidentified
3	Achaar	Pickled condiment	variety
4	Aduwa	Ginger	*Zingiber officinale*
5	Aghala	Rice	*Oryza sativa*
6	Alu	Potato	*Solanum tuberosum*
7	Amar	Fruit	unidentified
8	Amba	Guava	*Psidium guajava*
9	Bahgi	Lettuce	*Spinacea oleraceae*
10	Bandagobi	Cabbage	*Brassica oleracea*
11	Bemti	Mushroom	*Lycoperdon sp.*
12	Betuha	Spinach	*Chenopodium album*
13	Bhaata	Eggplant	*Solanum melongena*
14	Bindi	Lady's finger	*Abelmoschus esculentis*
15	Bori	Bean	*Vigna sinensis*
16	Busehela	Mushroom	*Boletus edulis*
17	Chamsur	Spinach	*Lepidium sativum*
18	Chutney	Pickled condiment	variety
19	Daal	Golden gram	*Phaseolus aureus*
20	Dal (masur)	Lentil	*Lens culinaris*
21	Dalchini	Cinnamon	*Cinnamomum tamala*
22	Daniya	Coriander	*Coriandrum sativum*
23	Daru	Rice liquor, distilled	*Oryza sativa*
24	Dengrajuwa	Spinach	*Helminthostachys zeylanica*
25	Dhaan	Rice (unhusked)	*Oryza sativa*
26	Ekpatiya	Spinach	unidentified
27	Elaichi	Cardamon	*Amomum subulatum*

28	Farsi	Gourd	*Cucurbita maxima*
29	Ghuia	Squash	*Colocasia esculenta*
30	Gobi	Cauliflower	*Brassica oleraceae*
31	Hardi	turmeric	*Curcuma longa*
32	Hing	herb	unidentified
33	Jaard	Rice beer, fermented	*Oryza sativa*
34	Jaiphar	Nutmeg	*Myristica fragrans*
35	Jamun	Blackberry	*Syzygium cumini*
36	Jira	Cumin	*Cuminum cyminum*
37	Jiriko sag	Lettuce	*Lactuca sativa*
38	Kabali	Pumpkin	*Cucurbita maxima*
39	Kalimarich	Black pepper	*Piper nigrum*
40	Karela	Squash	*Momordica charantia*
41	Katahar	Fruit plant	*Artocarpus heterophyllus*
42	Kera	Plantain	*Musa paradisiaca*
43	Keraw	Pea	*Pisium sativum*
44	Kopuwa	Vegetable rice soup	variety
45	Lahi	Mustard	*Brassica campestris*
46	Lasun	Garlic	*Allium sativum*
47	Lawong	Myrtle	*Myrtus caryophyllus*
48	Loka	Gourd	*Cucurbita pepo*
49	Makai	Maize	*Zea mays*
50	Mewa	Papaya	*Carica papaya*
51	Mircha	Capsicum	*Capsicum frutescens*
52	Mula	Radish	*Raphanus sativus*
53	Mung	Mung bean	*Phaseolus mungo*
54	Muray	Radish	*Raphanus sativus*
55	Nighar	Rice liquor	*Oryza sativa*
56	Paan	Betel	*Piper betel*
57	Palak	Spinach	*Lepidium sativum*
58	Phutki	Mushroom	*Armillaria mellea*
59	Piaz	Onion	*Allium sp.*
60	Reep	Rice soup	*Oryza sativa*
61	Roti (gahu)	Bread (wheat)	*Triticum vulgare*
62	Salgum	Radish	*Raphanus sativus*
63	Sem	Bean	*Phaseolus vulgaris*
64	Soher	Spinach	*Amaranthus spinosus*
65	Supari	Betel nut palm	*Areca catechu*
66	Tamater	Tomato	*Lycopersicon esculentum*
67	Tejpat	Cinnamon	*Cinnamomum tamala*
68	Tina	Vegetables (generic)	variety
69	Toree	Rapeseed; Mustard	*Brassica campestris*
70	Tulsi	Basil	*Ocimum sanctum*
71	Ukhu	Sugarcane	*Sacharum officinarum*

Table 2. Common dietary food plants in Mura village.

Drinking water sources are improving. Open wells are not used as drinking water sources as much as they once were and hand pumps have been installed to replace the wells. The hand pumps, constructed privately, with aid from the Nepali government or international sources, draw water from a depth of 30 to 40 feet which is a sufficient depth to filter surface impurities.

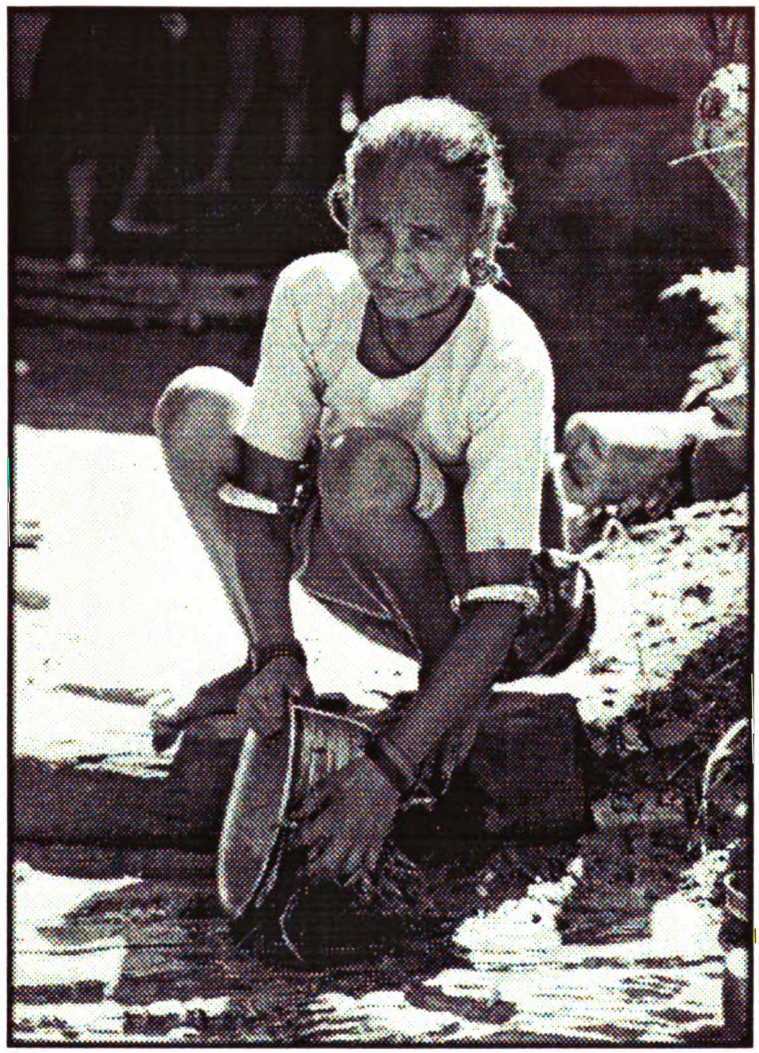


Figure 13. Lacking indoor plumbing, Luxmi Devi Choudhary and other Mura villagers use tube wells, streams and irrigation canals as water sources.

Men's clothing varies from a highly westernized or cosmopolitan style which includes T-shirts and blue jeans to a highly localized style of beguwa (loincloth) or langota (g-string). Indian style clothing, such as the doti or punjabi are popular as are national Nepali clothing, the dowra (baggy pants) and surwal (double breasted shirt).



Figure 14. Sri Pal Choudhary ready with a ceremonial offering of basil, wheat sprouts and bottle of rice liquor.

Women traditionally wear very colorful and individualized homemade lengaha (skirts) and tight single hued choli (T-tops). Married women also wear an elegant agraan (shawl) draped over their heads. Indian saris and ready-made garments are gaining in popularity, especially among younger women. Silver jewelry, including tiaras, necklaces, bracelets, armbands, ankle bracelets and earrings, is worn for special occasions and glass bangles are

worn on the wrists as daily accessories. Purchased tika dots are applied on the forehead by many village women more as marks of fashion elegance than symbols of Hindu religious piety.



Figure 15. Pati Devi Choudhary with child in the Soorminala settlement of Lower Mura.



Figure 16. Young Tharu women of Mura village. Koziniya Choudhary **(right)** celebrated her marriage in 1996 at age 17.



Figure 17. Tilak Devi Mahato in traditional Tharu attire.

Ethnoecology Of Malaria

In 1986, malaria was still highly endemic in Kailali district. Nepal's cyclical outbreak of epidemic malaria last peaked during 1985 and 1986. The Nepali government health apparatus, assisted by international donor nations, conducted intensive spraying of the insecticide DDT in Kailali and other tarai districts to control the mosquito vector and the malaria epidemic. Insecticide was stockpiled throughout the district and health workers outfitted with backpack canisters containing DDT were a common sight in Kailali's villages as they carried out orders to spray the insecticide throughout the villages, even inside dwellings and food storage areas. Field sites operated in some villages to monitor malaria prevalence by microscopically detecting the parasite in blood drawn from area villagers. Chloroquin tablets were freely distributed to infected villagers in an effort to control the disease and stem broader transmission. Education campaigns were conducted in area schools and through the village health posts to alert area residents to the symptoms of malaria infection and to methods for its prevention and treatment.

Despite the massive official response efforts and widespread malaria control activities in the area, most Mura residents remained unconcerned by the malaria threat and did not take prophylactic drugs or other precautions. Several villagers experienced malaria fevers but survived. Some infected villagers sought and received biomedical treatment in the form of chloroquin phosphate tablets while others refused to seek any outside treatment. The incidence of malaria dropped dramatically in the following years and the disease has been virtually eliminated in recent years.

DDT is considered a highly effective malaria vector control agent by public health authorities because of its relatively low direct cost, its high toxicity to most mosquito species (until they develop resistance to its effects) and because the pesticide persists for decades in the environment before degrading to less toxic byproducts. Precisely because of its long-term toxicity and accumulation in the food chain, DDT was implicated as an environmental hazard. As a result of increasing awareness of DDT's damaging effects on the ecosystem, federal law prohibited the use of DDT in the United States in 1971. Despite the ban on use of DDT in the United States due its known environmental hazards, DDT was used in Nepal by USAID-directed malaria control programs until 1992.

After the 1991 Democracy Movement liberalized political debate in Nepal, objections to the widespread use of DDT halted the importation and use of DDT in Nepal. Due to increasing mosquito resistance to DDT and in the absence of adequate effective alternatives to DDT for the control of the malaria vector, public health authorities in Nepal fear a resurgence of malaria and other insect-borne diseases, such as leishmaniasis, which were controlled by DDT spraying.

Among Tharu residents, there is almost no recognition of malaria as a disease and little notice is paid to government sponsored efforts to control malaria. The Indian Moslem community in Mura village is highly aware of malaria with 70% of respondents expressing recognition of the disease. The lack of recognition for malaria among the Tharu is reflected in the absence for a word to describe malaria in the Tharu language vocabulary although there are Tharu words describing many other biomedically recognized diseases.

Only 12% of Tharu household heads interviewed recognize the disease by the name oulo, the Nepali language word for malaria. In only 6% of households, half the households where malaria is recognized, is the mosquito known as the vector for malaria transmission. This biomedical disease concept is likely the result of government administered public health education efforts. In 88% of Tharu households even the Nepali word oulo is not recognized as a disease. The lack of recognition for malaria, a regionally common disease with distinct symptoms, may be due to the fact that the majority of Tharu community members have achieved some level of genetic and acquired resistance to the disease and do not experience classic symptoms of malaria infection.

Forty-five percent of households report owning at least one mosquito net but very few village households own enough mosquito netting to protect all members of the household. Large landowners, more highly educated household heads and those who recognize mosquitoes as disease vectors possess enough nets to protect all or nearly all members of the household. Landless and near landless residents regardless of the level of disease knowledge cannot afford enough netting to protect all household members. Household heads generally control the distribution of nets, ensuring their own protection, while female household members and kamaiya laborers receive last

consideration in the distribution of nets and go unprotected if there is a shortage.

In 55% of village households no mosquito nets are owned. Especially around dawn and dusk during the spring and summer months, the intensity of mosquito swarming is so severe that some protective measures must be taken to ensure a night's sleep. Several protective strategies have been devised in the households without mosquito nets. Heavy clothing is probably the most common form of protection, especially among women, despite the extreme heat in the summer months. Another strategy involves the burning of smoky fires in the central fireplace throughout the night to ward off mosquitoes. Women feed iron censers with burning coals and cannabis leaves placing them upwind of sleeping cots to confuse mosquitoes and prevent biting. Emollients produced from besarma (*Ipomoea*, water hyacinth) extracts are applied to the skin to relieve the irritation produced by bites.

A large number of Tharu household heads report using the "pachis rupiya jhule" (25 rupee net), a humorous reference to the practice of consuming a bottle of liquor to anesthetize oneself against a night of mosquito bites. (The standard price for a bottle of homemade liquor is 25 rupees (approximately US$ 0.50)). Heavy alcohol consumption is largely accepted for adult men in the village but drinking among women and children is far less tolerated. Women in some of these households complain vigorously against the "25 rupee net" method because they are denied the anesthetic protection and suffer sleepless and highly uncomfortable nights due to mass insect bites. Men tend to shrug off these complaints.

When it was noted that ten to twenty days worth of the "25 rupee net" alcohol method would cost the equivalent of a longer lasting cotton or nylon mosquito net, village men offered two justifications for the alcohol method. One, it is easier to save for the small expense of 25 rupees per day than to save for one large expense of 250 rupees. Two, the alcohol method for mosquito bite anesthesia offers an important additional benefit which a mosquito net cannot offer; intoxication. Benefits of alcohol intoxication are understood to be both recreational and medicinal. The medicinal effects of alcohol which villagers cite as sleep aids include alcohol's analgesic properties (countering aches and pains) and its function as a central nervous system depressant (enhancing drowsiness).

The local ethnohistory of malaria was recounted by Chimanando Mahato:

> There used to be a great amount of malaria. There was no medicine and a great deal of jungle in those days. In the winter there were few mosquitoes but beginning in the hot season, Fagun (March), when the mosquitoes came out all the pahadis would evacuate back up to the hills. After DDT spraying killed the mosquitoes the pahadis came down in large numbers and many new villages were built and settled. Before, there was more land than one man could farm and 90% of the fields were left fallow. After the large settlements were built, the land suddenly became insufficient to support the people. So many people moved in that even the cows and buffaloes ran out of grass. Malaria is now 5% of what it used to be, 95% is eliminated.
>
> Tharu people are of the tarai. Where will we run when malaria breaks out? We can't go to the hills, we have no home there. Our home is here, we are born here and die here and if malaria is going to kill us then it will kill us. We have the local habit, we have developed immunity.
>
> We call the big mosquito (*Anopheles fluviatis*), "mos." It is brown. It will transmit malaria. I haven't seen one here in eight or nine years. At first the medicines were effective in treating malaria now they are all counterfeit and do not work. Just like tea which at first is not even tasty and people are always pushing it on you. Then after you have the tea habit it costs five to ten rupees per day. Same with the medicines. At first we didn't know what they were, now we waste great sums of money at the pharmacy.
>
> The fertilizer situation is similar. At first dung was used and worked for five years after one application. Now chemical fertilizers are in vogue even though they cost money every year and destroy the soil after 10 to 15 years. But it is the fashion and has become a habit.
>
> With growing populations of less resistant pahadis and unsanitary conditions which will breed mosquitoes I think malaria can return. In any case, if malaria returns or if there is a revolution or if the mountains fall down, we will die here. That is our fate.

Tharu Religion

Local Tharu and Hindu religious beliefs are highly integrated with the climatic and agricultural cycles of the monsoon regime. Although no Tharu villagers subscribe to Islam or Buddhism, these two religions have also entered into the village milieu during the past ten years. Islam was established in the area by a small Moslem community which migrated in a group to settle in the village sometime during the previous six years. Buddhism now has a presence in the village due to the purchase of a small plot of land and construction of a Buddhist statue by members of the relatively recent Buddhist community, migrants from the mountain areas, who have established shops in the district center 30 kilometers away. The construction of the Buddhist monument in the

village has been welcomed by the Tharu villagers who accept Buddhism in the syncretic Nepali Hindu tradition which considers Buddhism a branch of Hinduism. Some villagers joke that they participate in celebrating Buddha's birthday at the village Buddhist monument "because it gives us another opportunity to be festive and drink liquor!"

The importance of the regularity of agricultural seasons is indicated by the celebration of agricultural and religious festivals coinciding with the rice harvest. The main Hindu festivals of Dasain and Tihar coincide with the season of the rice harvest, the most bountiful season of the year, although these Hindu festivals are not explicitly directed toward celebrating the harvest. The form of Hindu festival celebrations in the village appears to more closely resemble the north Indian Hindu model rather than the model of the Middle Hills in that Tihar (Tharu: Dewari) is somewhat more highly stressed over Dasain as the high holiday. Also, water buffalo are never sacrificed during Dasain, in contrast to the centrality of water buffalo sacrifice in the usual Middle Hills model of the Dasain ritual.

The Tharu festivals of Hareree pooja, Lawongee pooja and Dhooriya pooja are explicitly tied to the agricultural cycles of planting and harvesting. Hareree pooja (literally, fresh green fields offering) is performed in the month of August (Badow). It is believed that this ritual offering (pooja) guarantees the welfare of the recently planted rice crop.

Lawongee pooja means literally "feast of the first harvest." This celebration is held in the grain storage area (kheranwa) near the house during November (Agahan). Lawongee pooja is given to the Devi deutas in thanks for protecting the crops and giving a good harvest.

Dhooriya pooja is conducted in April (Baisakh) at the beginning of the new year. Similar to Hareree and Lawongee pooja, Dhooriya pooja is a thanksgiving for the all the harvested crops which have been completely collected by this time of year.

Religion is important to almost all members of the community and the vast majority claim to be Hindu. Tharu community members are generally highly tolerant stating that it doesn't matter what form of religion a person adopts as long as a person has religious beliefs. The Moslem community members are less tolerant, considering Hinduism a form of idolatry.

A few rare Tharu individuals consciously choose to worship only the Tharu gods, radically rejecting Sanskritization and the influence of the north

Indian Brahmanic tradition. One neighboring village resident, Bakta, angrily dismissed a pahadi Brahmin who demanded a sacrifice of farm land along with assorted animals to honor Bakta's recently deceased father. Bakta believes that pahadi Brahmins hope to expropriate Tharu land by advocating that sons give a percentage of their inheritance to the Brahmins. Bakta conducts only Tharu pooja and shuns major Hindu gods and their Brahmin priests. Bakta's position marks an unusual defiance of the dominant Hindu social order and a conscious revival of his ethnic Tharu heritage in response to feeling besieged from threats to his economic survival from the forces of Nepali Hindu nationalism. Bakta is a successful capital intensive farmer and his response represents a retrenchment to ethnic nationalism and his own household economy rather than allegiance to broader identities such as South Asian Hinduism or Nepali nationalism.

Equally rare are those Tharu villagers who have chosen to discard the Tharu spirits of their altar in favor of the mainstream Hindu gods alone. Samja is an educated Tharu farmer of mahato lineage in a nearby village. He literally threw out the gods of his Tharu altar. His case is sometimes cited by other Tharu villagers as a negative example when asked about their beliefs in the Tharu spirits. "We may no longer understand the nature of our gods as well as our ancestors but what are we to do? Throw away our gods like Samja did? Never! It would be like discarding our entire culture."

There are exceedingly few Tharu individuals who have adopted Islam. An equally rare Tharu household has been influenced to adopt Christianity by Lutheran and other missionaries active in Kailali district or by their Jesuit educators if they had the opportunity to study in the Jesuit institutions located in India and Nepal. Proselytization of Hindus remains forbidden by the laws of the Hindu Kingdom of Nepal and foreign missionaries have been incarcerated for their efforts. The influence of Christian missionaries remains very modest although Christianity is reportedly gaining adherents in Kathmandu and other urban centers.

The Tharu community members at the study site all practice Hinduism, including the worship of Tharu gods. The Indian Moslem community is nominally Moslem although, aside from their imam, they do not strictly practice Islam by praying five times on a daily basis. There are no Christians in the village although two men received a Jesuit education in India and have some knowledge and appreciation for the tenets of Christianity.

Dasain (Tharu: Deshehra)	Kali goddess festival
Duttia, jowra dharna (Dasain)	Seedling offering
Dikri pujna (Dasain)	Steamed rice flour offering
Murgi pujna (Dasain)	Chicken sacrifice
Chegara pujna (Dasain)	Goat sacrifice
Tika pooja (Dasain)	Offering tika to relatives
Tihar (Tharu: Dewari)	Festival of lights
Luxmi pooja (Tihar)	Homage to cow goddess of wealth
Gobar dhan pooja (Tihar)	Homage to rice fertility
Bhai tika (Tihar)	Homage to brothers by sisters
Majhiya	Ritual of household purification
Rakshabandan	Homage to brothers
Aitawari	Ritual for domestic tranquility
Astimki (Krishna janmastami)	Krishna birthday celebration
Gughree	Celebration of fertility
Holi	Festival of colored water
Baisack ek gatay, Baisack sakranti	Celebration of Nepali new year
Bon Devi	Forest goddess ritual
Ghar goteli	Ritual for new home site
Bhau	Ritual for household productivity
Daharcandi (generational)	Ritual marking lineage descent
Putrabadow	Ritual for male rite of passage
Muhorowa nasko pooja	Ritual pior to martial dance
Latowa nasko pooja	Ritual prior to stick dance
Maghi	Celebration of Tharu new year
Ganga dasera (Chaiti dasain)	Renewal of altar gods
Asari	Ritual for successful rice planting
Lawongee	Annual choosing of village guruwa
Hareree (village-wide)	Celebration of end of rice planting
Dhooriya	Celebration of spring harvest
Saraswati pooja (school children)	Homage to goddess of knowledge
Guruwa pooja (Acheta)	Divination ritual
Tokta	Exorcism ritual
Bhut tokna	Exorcism ritual
Nikasi	Purification ritual

Table 3. Tharu festivals and offerings celebrated in Mura village.

Tharu religion includes a host of local gods and their attendant ritual offerings, most of which remain unrecognized by non-Tharu practitioners of

Hinduism. Tharu villagers rarely make an explicit distinction between Hinduism and Tharu religion, reflecting the syncretic character of religion in Nepal. Yet, villagers refer to the Tharu gods as spirits (bhootwa) in contrast to the major Hindu gods, such as Ram and Shiva, which are generally understood to be representations of God (Bhagwan) and not spirits (bhootwa) in a strict sense. The widely recognized Hindu deities are never referred to as spirits in the manner in which reference is made to the locally recognized Tharu gods. The Tharu spirits (bhootwa) may represent the persistence of an indigenous animist religion which has been incorporated into the Hindu cosmology and some villagers specifically describe the Tharu gods as local spirits of the jungle which remain active and important although they have been subordinated by more powerful pan-Hindu gods. Spirits (bhootwa) recognized in the altars of Tharu households include the stallion god (Jujariya), the elephant god (Hatiya), the tiger god (Juggernautiya), the staff (Bhetko dunda) and the fish net (Ghoriya), among others.

A core group of six spirits are represented in the altar of every household in the village although some households rely on a main altar at an elder relative's household to serve their religious needs. The six spirits common to all households and clans in the village are Danbiri, Bharni, Mahya, Kekari, Sowra and Bhetko dunda. In addition to the core group of six spirits, four other spirits specifically associated with certain clans are included in the altars of clan households. Some clans share these four variable gods but no two clans in the village have the same total combination. The household altar is always located in the northeast corner of the main dwelling.

The method of ritual offering at Tharu altars is largely the same regardless of the combination of spirits in the altar. Blood sacrifice, usually a goat, must be made at least once per year on Dasain to the spirits in the altar. Liquor, rice, milk and water are also required for ritual offerings to the Tharu spirits which may be conducted several times per month depending on the needs of the household.

Rice liquor is an essential part of Tharu religion and village life, in general. One villager noted with delight the widely held view concerning the centrality of rice liquor to the Tharu way of life, "Our gods drink rice liquor. They need rice liquor. Therefore Tharu people also need rice liquor. Our gods drink it therefore Tharu people also drink it!"

Spirits common to all households:	
Bheruwa (Jujariya, Bheraguni)	Large horse god
Sowra (also known as the loha)	Metal rod converts water to health elixir
Bhetko dunda	Wooden staff for beating evil spirits
Bharni	Hand broom
Danbiri	miniature granary
Kekhari	Ritual object protecting health
Clan-specific gods:	
Juggernautiya	Tiger god, vehicle of Bawani Devi, spirit healer's patron goddess
Shapuwa	Snake god, protects against thieves and poisonous snakes
Mahya	Abstract ritual object, ensures fertility
Tetto ghora	Small horse god
Purbi	Oil lamp
Tapuwa	Oil lamp
Bawani	Devi goddess
Chait Pathiya	Bamboo basket representing Patan Devi
Ghoriya	Oval fish net called upon for fishing success
Jokuwa-Jokiniya	Pair of clay objects for domestic tranquility
Latuwa Mahadeo	Peacock feather
Churiya	Jujariya's weapon in battle
Demraj	Wooden staff for protection of livestock
Tatela	Leaf wrapped into a ball
Guru Baba	Human figure cut from cowhide
Kuthi	Wooden peg, delineates sacred spaces
Tharu jungle spirits not in the altar:	
Bankariya	Dominant forest god, god of the hunt
Bon Devi	Female forest goddess, protects in jungle
Danwa	Male forest spirit, god of the hunt
Churiniya	Female forest nymph, sexual dream agent
Jamjute	Male forest spirit, sexual dream agent
Dhanchorwa	Rice thief
Gongwa	Spoils food

Table 4. Tharu bhootwa (spirits) of the household altar and jungle.

Some Tharu spirits require distinct offerings in addition to rice liquor, blood and rice. For instance, Ghoriya, the fish net, must receive the first catch of a successful fishing expedition even though fish are never offered to the other gods of the altar. Extensive festive celebrations of Tharu holidays are enjoyed with the consumption of shikhar (meat), daru (rice liquor), jaard

(rice beer) and nighaar (rice wine). Maghee, Tharu New Year, the most boisterously celebrated festival of high inebriation, is anticipated with great delight.



Figure 18. Young men of Mura enjoying the camaraderie of village life.

Tharu Social Organization

There are more than a dozen subcastes within the Tharu caste in Nepal. In Kailali District, three subcastes are present, the Dangora Tharu, the Rana Tharu and Kathariya Tharu. The Dangora Tharu, tracing their origins to Dang District in West Nepal, have the highest population of the three subcastes in the district. The populations of Kathariya and Rana Tharu subcastes are much smaller in number. Most of the Rana Tharu who once resided in border areas of Nepal and India migrated to neighboring Uttar Pradesh state in India over the past 50 years, reportedly under pressure from both nation's governments to force Tharu populations to choose residence on one side of the international border. At one time, intermarriage between members of different Tharu subcastes was forbidden but these social prohibitions have relaxed considerably.

There are many lineage groups (thar or pud) within the Dangora Tharu community, including the Dahit, Kariya Maghariya, Kusmi, Kakkatwa, Dhawrarwa, Bakhariya, Ultaha, Umar and Pachal-Dangia, among others. No lineage group is considered superior to others within the Dangora Tharu caste. The Dahit clan is notable because the women of this social group give first offering to the spirits (bhoot pooja) during Deshehra (Dasain) (Households 17,

19, 21). Five days before Deshehra, Dahit women offer Saradh, giving the deuta (goddess) a sacred forest incense (bharu gunni baan dhoop) which is made from rice, beeswax and blood drawn from eight parts of the women's body; the forehead, tongue, both shoulders, both thighs, chest and stomach. This incense (dhoop) offered by the Dahit women is used by all the other castes during their Vijaya Dasain celebrations. It is collected by all households in a ritual exchange for a bottle of rice liquor (daru) on Saradh. All groups observe Dasain, offering daru (rice liquor) and sacrificing many murgi (chickens) on the occasion.

The Kariya Maghariya lineage group is one of the largest and most influential lineage groups in the village. They are renowned for their hunting and fishing abilities (Households 15, 16, 18, 20, 22, 24, 26, 39, 40, 42, 43). Kariya Maghariya lineage group members call on the bhootwa (spirit) named Bankariya for good hunting. The pooja for the Bankariya bhootwa includes the sacrifice of a large rooster and baby pig (ghedru). The Bankariya spirit assists in the hunt by inviting the jungle bhootwa, Danwa, and his wife, Churiniya, to dance to Bankariya's sacred song (mantar). Danwa and Churiniya are the protective gods of the forest animals. As Danwa plays his drum (maadal) and Churiniya dances intoxicatingly to please and entertain Bankariya, the hunter may easily approach and shoot the wild animals of the forest. The Bankariya's bhootwa is thought to be useful in farming and raising livestock, as well.

The Kariya Maghariya also may call on the Ghoriya bhootwa for success in fishing. While fishing, group members invoke the name of the Ghoriya bhootwa enabling fish to be caught easily. The Kariya Maghariya must sacrifice the head of the first catch to the Ghoriya bhootwa represented by the small net hanging at the altar (paata) in the shrine room (deorhar).

Most Tharu households build long homes directed toward the north with the main entrance near the southern part of the house. The Ultaha (literally, opposite) and Bakhariya lineage groups maintain their homes in the opposite alignment, with their main entrance located at the northern part of the house. A running joke in Tharu communities centers around Tharu visitors from other clans, unaware of this unusual layout, who, when visiting an Ultaha household proceed to exit by habit from the usual southern route. Instead of finding the exit, the surprised guest runs into the Ultaha altar provoking hearty laughter from the resident family.

The Katwa, Dharwa and Pachal Dangiya lineage groups are renowned for the power of their spirits to assist in healing. These groups in particular contribute a large proportion of guruwa (spirit healers) in some pargana. The Sat Gauna descent group is renowned for their bhootwa (spirit) which protects Tharu communities against boksiniya (witches).

The Kariya Maghariya group is a large and politically powerful Mura descent group with eleven households, including that of the mahato, desbhandiya guruwa and keshoka guruwa (Households 15, 16, 18, 20, 22, 24, 26, 39, 40, 42, 43). The Deokhuria lineage group, from Dang Deokhuri District, is the largest in Mura village with thirteen households (Households 1, 2, 4, 6, 8, 10, 11, 41, 76 - 80). The Kusmi group is also large with twelve households although there is a local disagreement regarding the compatibility of gods in the altars of different Kusmi lineage members in Mura indicating another division into at least two distinct other groups (Households 17, 19, 30, 32, 34, 36, 44, 45, 67, 69, 70). The Rajbansi Thakur (Households 5, 7, 9, 21), Bagoria (Household 23, 25), and Chilraha (Households 29, 31, 33) lineage groups account for nine of the village households. The Purbi (east) from the eastern part of Dang (Household 3) and Bamriha (Household 28) households are the sole households of their respective descent groups. The Katariya are a distinct subcaste from the Dangora Tharu subcaste but the two subcastes do not segregate themselves into separate villages as they once did (Households 35, 37, 45). Mura's balmansa (village chief) is of the Katariya subcaste. Most of the landless settlers in Lower Mura claim to be of the Dangora Tharu subcaste but they are unaware of their lineage group affiliation (Household 38, 63-66, 70-81). The landless settlers have been migrating from village to village searching for employment and they have lost their ties to the traditional descent network which operates in long-established communities such as Upper Mura.

All lineage groups have occupational specialties, such as hunting, fishing, pottery-making, and metal-working which distinguish them in Tharu society. The division of labor tends to keep lineage group members employed in their traditional specialties. Begging is unknown in Tharu communities except for the case of a single household in an entire region such as Boktan, the dhakerwa. The dhakerwa beats a ritual drum (dhak) with a short stick (nakura). The dhakerwa is allowed to roam the villages of Boktan banging his dhak to beg for food year-round.

The household is the basic unit of village social organization. Households recognize relationships with one another on the basis of membership in clans and lineage groups (Tharu: thar or pud) known as gotra in Nepali Hindu terminology and as a phratry to anthropologists. For example, the mahato clan established Mura village and all clan members (except one) take the name Mahato. (All other Tharu villagers take the name Choudhary as their surname). The Mahato clan is a member of the Kariya Maghariya lineage group. There are several other Kariya Maghariya households in Mura village which do not trace descent from the mahato clan. Members of the same lineage group refer to each other's households as ghotiyar, recognizing kinship ties and implying hospitality, marriage, funeral and other social responsibilities. Households often cannot trace or recognize seniority between ghotiyar members because relationships to an actual common descendent, although assumed, may be distant and unknown.

Households in the village are occupied by extended, joint and nuclear families all of which are engaged in rice agriculture as their primary occupation although individual family members may locate wage labor or entrepreneurial employment to supplement farming income. Only 15% of village households possess land in excess of the household's immediate food needs. The remaining 85% are subsistence farmers or landless field laborers. The patrifocal extended family structure of the households is dominated by the patriarch who represents the household at the village level and oversees farming and other economic activities carried out by household members.

Tharu men and women have different social titles of reference over the life course based on their age, marital status and in the case of women, number of offspring. For males the list is shorter beginning with londa (child), ketta (teenager), tharuwa (adult) and burruwa (elder). For women, the social titles are londi (child), battinia, literally "breasts" (teenager), acharahi (bride), tarni (mother of one to three children), burri, a disrespectful term, as in "old lady," or more respectfully, buddhi, literally "wisdom" (mother of four or more children). All elderly women are referred to as buddhi on the assumption that they have had more than four children.

The patrilineal line of descent is reckoned only through the male offspring. The practice of daramputra (adoption) allows a man with no sons to leave his estate to an orphan. An adopted son assumes responsibility for the care of his adopted mother should she be widowed. Generations of offspring

are marked by social titles from the ego beginning with chawa (son), natti (grandson), aja (third generation), paja (fourth generation) and baja (fifth generation). A Tharu aphorism states that if a man meets his baja (fifth generation offspring) the time has come for him to marry a dog or cat. The meaning behind the aphorism lies in the Tharu concept of the reincarnation of the mind in one's male lineage descendants. Tharu belief holds that a man's mind is reincarnated largely in his natti (grandson) and a man's complete mind is reincarnated in his baja (fifth generation descendent). Therefore, a man who lives long enough to meet his baja is thought to have no mind left and he may as well marry a cat or dog because his mental faculties will be reduced to that level. Assuming 15 to 20 years per generation, a man could hypothetically meet his baja at the age of 75 to 100 years in age. The Tharu aphorism may be an explanation for senility in the very elderly. Loss of mental acuity with extreme age is considered a normal part of transferring one's mind to one's lineal descendants and not an abnormal degradation of mental function with age.

Family members maintain intricate hierarchical relationships within households, families, affinal kin and clans. Some of these relationships and their Tharu nomenclature are outlined below:

ENGLISH	THARU	Ego's relation
Father	Baba	Formal
Mother	Dai	Formal
Grandfather	Boodoo	Formal
Grandmother	Boody	Formal
Paternal eldest uncle	Barapoo	Formal
Paternal uncle	Kaka	Formal
Paternal affinal aunt	Kaki	Formal
Paternal aunt	Fooa	Formal
Paternal affinal uncle	Foofa	Formal
Maternal uncle	Mama	Formal
Maternal affinal aunt	Mai	Formal
Maternal elder aunt	Bari	Formal
Maternal elder affinal uncle	Bara	Formal
Maternal younger aunt	Mausy	Formal
Maternal younger affinal uncle	Mausa	Formal
Elder brother, male cousins	Dadaa	Formal
Younger brother, male cousins	Bhaiya	Informal
Elder sister, female cousins	Deedee	Formal
Younger sister, female cousins	Bahiniya, Baboo	Informal

Son	Chawa	Informal
Daughter	Chai	Informal
Nephew	Batija	Age dependent
Niece	Batijiya	Age dependent
Wife	Patohiya (by husband)	Informal
	Natnu patohiya (by elder relatives)	Informal
	Bhauji (by husband's younger sibs)	Joking
Father-in-law	Samdhi (by groom's parents)	Equal
	Rauwt (by groom)	Formal
Mother-in-law	Samdhiniya (by groom's parents)	Equal
	Mau (by groom)	Formal
Wife's elder sister	Jesas mau	Avoidance
Wife's elder brother	Jethan	Formal
	Ban Dada (by young female sibs)	Joking
Wife's elder sister-in-law	Jethiniya	Formal
	Ban Didi (by young female sibs)	Joking
Elder affinal brother-in-law	Saru bhai	Formal
Wife's younger brother	Sala	Joking
Wife's younger sister	Salee	Joking
Younger sister-in-law	Buharee (by elder males)	Avoidance
	Bahnoeeya (by elder brothers)	Avoidance
	Nadhoeya (by elder sister-in-law)	Equal
	Bhatu (by younger sibs)	Formal
Elder sib's brother-in-law	Damad	Formal

Table 5. Tharu kinship terminology.

Men of equivalent status in Tharu communities refer to one another informally as gochali (comrade, fellow) or in the case of close friendship as sangariya (best friend). Residents of Mura village can identify all village households by the name of the household head but there are also nicknames for socially active households based on the patriarch's village of origin, the patriarch's social status in the village, the home's proximity to a village landmark, the household's occupational specialty, or some other significant identifier. In addition, family members have in-house names to refer to each other and their own home site. Other villagers do not use the in-house nicknames. For example, the mahato household is known as the Mahotan by villagers but Mahato family members refer to the patriarch's residence as the Pavilion.

Household nicknames which are used by all villagers include the following:

Balmansanay	Village chief's (balmansa) residence.
Dukrihani	Mouse in the rice.
Mahotan	Village justice official's (mahato) residence.
Manrani	Proficient drum (maadal) musicians.
Soormihan	By the banks of the Soorminala River.
Fulrahan	Originally from Fulbari village, Kailali District.
Falkahan	Originally from Falkapur village, Deokhuri District.
Bagran	Originally from Bagarapur, Deokhuri District.
Mankahani	Originally from Mankapur village, Kailali District.
Gulrahai	Originally from Gulraha village, Kailali.
Buifatani	Originally from Buifata village, Kailali.

Table 6. Names of some households in Mura village.

Almost all household and village activities are highly segregated by gender. Men eat meals together before the women. Men and women generally do not socialize with one another unless married. Men must even avoid contact with younger female in-laws. Some important activities are carried out by men and women together, such as rice planting, rice harvesting and fishing expeditions but even these activities are marked by some gender segregation.

Linkages between clans and households is made through the exchange of brides in marriage. Women assume the clan identity of their husbands but the relationship with their natal home (maiti) is not ignored. Although most marriages are arranged with women from other villages, a significant number of marriages within the village guarantees that members of different lineage groups will have affinal relationships with each other.

The eldest women in the household, usually the wife of the patriarch, is responsible for managing the daughter's-in-law in the domestic sphere, including the responsibility for cooking, cleaning, gardening, and child rearing, among other chores. Women occupy a strong position within households, especially elders in their roles as mother and mother-in-law. Although expected to submit to the decisions of their father, father-in-law, or husband as head of the household, women have the right to unilaterally dissolve marital unions. Polygyny is practiced in only three households, a small percentage of the village total. Inability of the first wife to bear more children is given by men as their reason for taking a second wife.

Premarital sexual relations and divorce are not encouraged but neither are they highly stigmatized. Under Nepali law, fathers retain custody of their children if a marriage is dissolved. This legal factor alone prevents some

Tharu village women from abandoning their husbands. Remarriage after divorce is accepted for both men and women. Polygyny is technically illegal but to be prosecuted, at least one wife must file a formal legal complaint against her husband.

Marriage Ceremonies

In the past ten years, attendance at school has increased for female children but marriages continue to be arranged by fathers during their daughters' teenage years. Traditional wedding rituals begin with the prospective groom's representatives meeting the prospective bride (dulahee herne, literally "looking at the bride"). If both sets of parents find the match suitable, wedding plans (toktak) are prepared. Monday is considered an auspicious day to make Toktak plans.

The actual wedding (bharat) may be the first time that the bride and groom see each another. Held at the groom's house, the wedding party is a joyous occasion marked by the consumption of large quantities of rice liquor and meat by the groom's family and invited guests from the groom's clan and village. The bride wears a red sari while the groom, carrying a bamboo staff, wears a thick white shawl. After the wedding, his wife will store the shawl and the groom will never wear it again until his death when the shawl will serve as a death shroud. The shroud will be torn into strips and one of the groom's sons will wear the strips of cloth on his limbs and tied as a bandanna around his head for two weeks as he sits in mourning (kiriya).

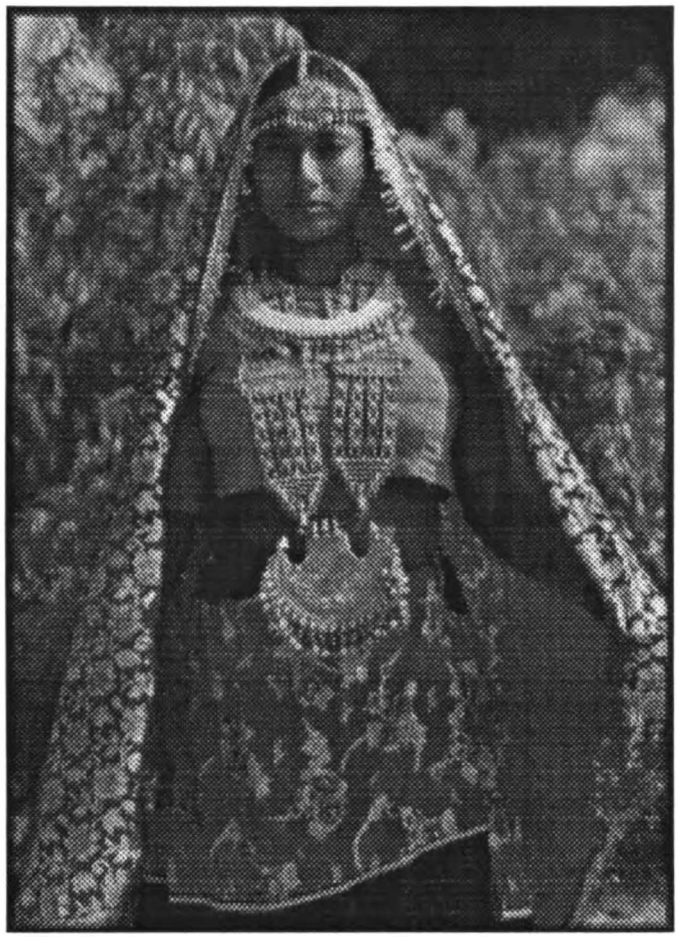


Figure 19. Parsadni Choudhary of Mura village in traditional Tharu finery.

Following the wedding, the bride brings her girlfriends to her new home to meet her new husband (nenhar). Nenhar originally was scheduled for one year after the wedding but now a two week interval is observed, if it is observed at all. It is often neglected. During nenhar, the husband is expected to tease and joke with his wife's girlfriends, offering them tobacco (makur) and defining the relative social status of each of his wife's girlfriends based on their age. The wife's girlfriends become fictive sisters-in-law of the husband and are thereafter referred to as younger sister-in-law (sally) or older sister-in-law (bettinia mau). This process further enlarges the kinship relations between villages and members of different clans.

The absence of brideprice or dowry considerations in Tharu marriages is a notable exception to the traditional marriage customs among both the Nepali Hill castes and north Indian Hindus. Despite the ease with which traditional marriages are arranged in Tharu society, some members opt to

elope (bagne) with their lovers in what is coyly referred to as "love marriage." Even some arranged marriage ceremonies are held belatedly or as a formality. In one village wedding held during the study period the bride was eight months pregnant.



Figure 20. Tharu bride and groom.

Unity among the village women is remarkably strong. There is even a "secret" language in use among village women which most men cannot understand. It is a clipped highly local slang of the more widely used local form of the Dangora Tharu language. Women can use this gender based village language to discuss their affairs in private even while serving or sitting with their oblivious husbands.

Song is also very important in Tharu culture and women sing different ballads about and during many social activities such as planting, harvesting, visiting one anothers' villages, returning from a visit, looking for a husband, beckoning a stranger, the heartache of love unrequited, the excitement of romantic attraction, etc. Women, especially unmarried girls, enjoy dancing although they must dance as a group with other women because of strict gender segregation. Some women become especially adept at choreographing innovative dance routines and one family of nine exceptionally talented daughters has spread their particular style of choreographed dance routines across Kailali District as they were married off to villages in different areas.

Cultural attributes may be spread widely by women because of marriage patterns which force them to migrate from their natal villages. Language, music and dance are examples of cultural attributes transmitted across districts by women due to village exogamy and patrifocal residence.

Women of the village act as midwives and healers, sorheniya, attending to their fellow women villagers' obstetric needs. Sorheniya are also highly regarded by men of the village for their proficient massage and tattoo therapy to counter a variety of orthopedic and gastrointestinal pain complaints.

Despite their relatively strong position in the Tharu community, domestic violence disproportionately affects women within the village. Violence was reported and observed as being directed at subordinate siblings, in-laws, servants and wives with women bearing the brunt of abuse. The violence may be inflicted by women against other women. One female villager, the oldest daughter in her natal home, reported being abused physically in her natal home by an elder sister-in-law. Elder sisters-in-law are accorded higher status than the younger sisters in Tharu households and they may exploit their social dominance by engaging in violence against their subordinates. Spousal violence is not uncommon according to some male and female village informants. Assertiveness, aggressiveness and women who make demands (even apparently reasonable ones) on their husband are considered obnoxious and undesirable. Submission is valued. Women value men who provide security and comfort for them and the children of the couple. The same provider-submission relationship is mirrored in the relationships between the kamaiya and his/her landlord and between the men of the village and the gods. Violations of expectations of submission rupture the social hierarchy and are met with violent retribution.

Funeral rites

Tharu villagers often bury their dead at the edge of the jungle. In some cases, deceased villagers are buried on the household property although this is thought to risk the return of the deceased's spirit to haunt the household. Many villagers prefer cremation of remains on a funeral pyre in the Hindu manner. Villagers of high status are more likely to receive cremation and Hindu funeral rites.

On 12/29/95, Chimanando Mahato, the highest status member of Mura village, died at age 69. He will be remembered with reverence in his home and

many other homes in Boktan. He was the eldest living male of his generation in the mahato lineage. Chimanando had a history of heart trouble and apparently suffered a cardiac arrest while attending to village needs at the district center. His corpse was returned to the village under military escort in deference to his status as a former minister of Nepal. A 21-gun salute was offered by a military honor guard as his body was brought back to his home in the village.

At the funeral ceremony, Chimanando's two wives and attending sons fed the corpse rice pudding (keera) and then washed it. Hundreds of men from the surrounding villages marched with the body to the cremation grounds on the banks of the Mohana River, the Ganges River tributary near the village. Laying Chimanando's almost nude body on the large pyre surrounded by garlands and flower, rice and vermilion (sindoor) offerings, his son said prayers for his father's spirit then circled the pyre three times before lighting it aflame. As the flames consumed the body, mourners cried and threw offerings of rice and flowers to accompany the great man's spirit into the hereafter. The remains of the pyre were floated into the river to join with the Ganges and the villagers returned to their homes.

For the following two weeks Chimanando's family observed choko (purification) rituals at home as part of the post cremation observances. No meat, oil or peppers were eaten. Bathing was completely avoided and solemn sobriety descended on the household. One of Chimanando's three surviving sons was expected to sit in kiriya (special mourning) and Gauri Shanker, the middle son, performed this obligation (Household 42). As part of kiriya observance, Gauri Shanker ate only one meal of rice and milk per day and slept on the floor without a cot. During kiriya, Gauri Shanker was not to make use of non-Tharu or any manufactured articles such as watches, chairs and stitched clothing. He wore simple clothes made of unstitched fabric and ribbons of cloth from his father's funeral shroud, the shroud which Chimanando had worn almost fifty years earlier at his wedding. Gauri Shanker tied the ribbons of cloth around his head and limbs. He carried a hasiya (sickle) at all times to ward off evil spirits in the form of bad dreams of his deceased father. He abstained from bathing for 13 days.

Gauri Shanker suffered the entire thirteen day choko period in social isolation. No person, family member, friend, or stranger was permitted to touch Gauri Shanker as he maintained his vigil in a ritually impure state. His

impurity was further signified by the presence of his daughter or servant following Gauri Shanker's movements to sprinkle purifying water, water into which gold had been dipped (soon pani), around him and the areas at which he rested.

At night, Gauri Shanker talked to his father in dreams while sleeping under the kiriya net, a casting net like that used for fishing hung with iron weights which kept out spirits from entering and attacking Gauri Shanker in his sleep and dreams. Gauri Shanker called to his father's spirit to be in peace and informing him that all is well with the household. The son asked his father's spirit why his father died, if there was foul play, or if evil spirits were involved in his death.

On the thirteenth day after Chimanando's death and cremation, gaidowna (funeral purification) was observed. The Tharu brahmin, bahunbana, came to receive a complete set of Chimanando's personal possessions purchased anew so that the old man's spirit does not feel that anything is lacking in the afterlife. With these offerings to the Tharu Brahmin, Chimanando will rest easily and not return to disturb the family. If the family did not offer these articles then they would fear the patriarch's angry return as an unhappy spirit. Household members wryly note that the Tharu brahmin alone seems to benefit substantially from this custom.

Early on the morning of gaidowna, all male lineage group members and affinal male kin congregated to march in solemn single file to a stream north of the house serving as the local tributary of the Ganges River. There we stripped to shorts in the chill morning air and bathed in preparation for shaving our heads. There was some delay as it was realized that no one had brought a gold object to dip in water for making the ritually pure soonpani. A messenger was sent to a nearby village to fetch a gold ring for this purpose. After creating the soonpani, the Tharu brahmin trimmed the first lock of hair from the heads of the assembled clan members before a professional Moslem barber summoned from the Indian border town stepped in to finish the head shaving process. Lineage group members cut only a symbolic lock of hair. Direct descendants of the second generation (grandsons) shaved their entire heads except for their toopee (lock at the crown). Chimanando's three immediate sons and others who saw fit to show their respect in this manner, such as myself, a son-in-law and several clan members had their heads completely shorn bald.

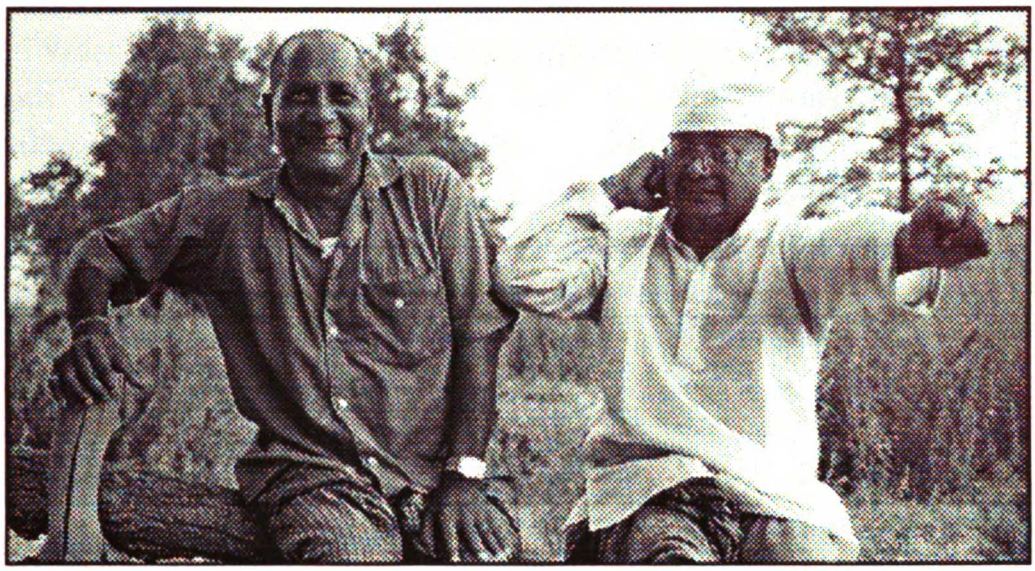


Figure 21. Chimanando Mahato (left) and Sebendra Mahato. May 1995.

After the shaving ritual, the kiriya watch and choko ritual impurity ended. We gave our hair and floated other offerings to father, then bathed. The Tharu brahmin gave all clan members white caps to wear, signifying completion of the purification ritual. The mourning period was over. The women of the clan and Chimanando's daughters, although married into other clans, performed the same ritual at another point along the stream. In all aspects it was identical to the men's ritual except that heads were not shaved. Instead, fingernails were trimmed and the purification ritual was officiated by the bahunbaniniya (Tharu brahmin priestess).

Male lineage group members returned to feast together in the main house after the women returned from their offerings. Each person took portions from his meal to make symbolic last offerings of food to Chimanando's spirit and memory. The women of the clan feasted after the men, offering a portion of their meal to the spirit of the deceased in the same ritual manner. Affinal kin and guests were hosted at a feast outside the house. Lastly, the representatives of every village household came to pay respects and partake of the funeral feast. At least 500 people attended the funeral wake, receiving and giving juju greetings in formal re-establishment of social contact between the family, clan and community. As night descended, a choir of Vishnu Bhagat elders (Hindu holy men) sang on late into the night with paeans to the gods and the greatly missed departed patriarch, Chimanando Mahato.

Occupational Roles

Villagers occupy distinct social status based on occupation. Although all villagers are farmers (kissanwa), they may serve other identifying roles in the village social structure. The guruwa (spirit healer), mahato (justice), balmansa (chief) and agaria (clerk) serve in their roles in addition to their own farming. Villagers also maintain important social relationships with non-farming occupational specialists residing outside the village such as the Chamar (tanner) and the Tharu lohar (smith), kumhar (potter), and sugi (tailor).

Mahato (Justice Official)

The village mahato (justice official) is the highest authority in the Tharu village (Household 43). The position of mahato is ascribed at birth and the title is passed through the line of male descent. All disputes which cannot be settled by the village chief will be taken to the mahato. The mahato's decision is considered final although villagers now have recourse with the police authorities and official court system of the Nepali government.

In many Tharu villages, the position of mahato has been conflated with that of zamindar, the largest landlord. Tharu and non-Tharu zamindar landlords were at one time responsible for revenue collection to distant rajas, the kings of Indian and Nepali principalities laying claim to remote tarai outposts of their kingdoms. Plantation laborers worked as virtual serfs to the feudal zamindar until successive waves of land reform policies were instituted to redistribute agricultural land, breaking the control of the landlords. Despite the redistribution efforts, many farm laborers never received their own lands and many large landlords were able to retain relatively large holdings, sometimes many times more than ten bighas (6.7 hectares), the currently permitted maximum agricultural landholding in the tarai. The mahato retains authority as the ultimate political authority in Tharu communities although land reform has reduced them from their formerly high economic status relative to other villagers.

Balmansa (Village Chief)

Balmansa (village chief) is another occupational station which confers social status in the village. Chuno Lal Choudhary is Mura's balmansa (Household 37). The balmansa must be a resident of the village and is elected

on an annual basis at the Tharu New Year (Maghee) by the universal consent of all household heads. The position confers no direct salary or compensation although his status as village chief makes it likely that he will be hosted as a guest at influential households seeking his cooperation on various matters. The balmansa represents the village to government authorities, such as area police officials. He is responsible for providing hospitality to visiting dignitaries and other outsiders passing through the village.

As village chief, the balmansa may call meetings of village household heads to address village-wide concerns or to raise emergency funds for sick villagers in need of cash to pay for hospital expenses. At such meetings, each head of household will pledge 50 Nepali rupees (US$ 1.00) or contribute whatever little they have available on hand and by this cooperative effort 2000 rupees to 3000 rupees (US$ 40.00 to 60.00) is quickly raised. Farmers without even 50 rupees must take a loan from the Deshi Mahajan (Indian moneylender) with the promise to pay him back with harvested rice at the end of the season.

Perhaps the most important work of the balmansa is organizing and dictating village regulations concerning issues of village importance such as commissioning labor details for the annual construction and repair of roads connecting villages to one another and important irrigation works. Road work and irrigation is vitally important to all villagers. In this southern part of the tarai, neither large stones nor gravel are available to lay an adequate roadbed and the severe monsoon downpours combined with wear and tear from oxcarts, cattle and the rare tractors, motorcycles and government office jeeps require that the dirt road be maintained. Work details require the labor donation of one man or two women per household per day for several days during the dry season. The laborers are employed raising mud and dirt from roadside trenches onto the roadbed.

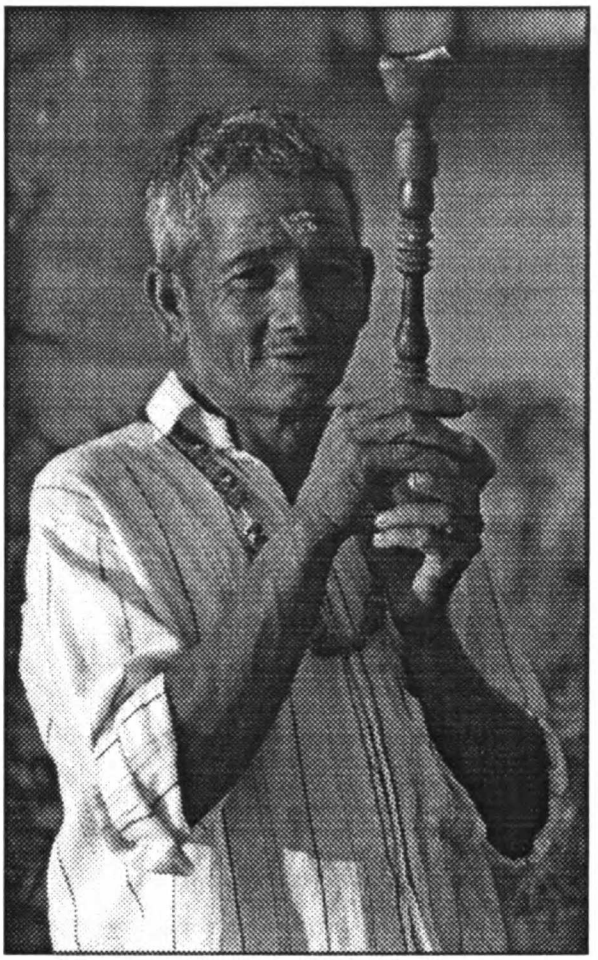


Figure 22. Chuno Lal Choudhary, Mura's balmansa (village chief).

The balmansa may regulate village activities by prohibiting practices such as defecation along roadsides, illicit sexual relations and damages caused by untended livestock to other villagers' fields or gardens. He is authorized to levy fines against villagers who violate village regulations and he may be asked to settle disputes between villagers. The balmansa may require that disputes be settled by the payment in cash or kind to aggrieved villagers. Violators of village ordinances or regulations may be compelled to pay a cash fine ranging from 10 to 500 Nepali Rupees into a village fund. The fund of accrued fines is used to finance village-wide celebrations. A fine of one chicken is levied for every day during which a household fails to contribute manpower to community projects, such as road construction projects. These fines are usually consumed by the balmansa and his friends.

Agaria (Clerk)

The agaria (village secretary) is chosen at the same Maghee meeting at which the balmansa is elected. Mura's agaria is Tulsi Choudhary (Household 47). Like the village chief, the agaria is not directly compensated with a salary. The agaria's job is to locate and notify villagers of community work projects, meetings, or signatures for petitions and applications in the name of the village. He is a central pivot for information and planning at the village level although he is rarely responsible for decision making except in the absence of the balmansa. The time for village-wide meetings is set by the balmansa. With the scarcity of time-keeping devices in the village, meetings are arranged around the standard meal times of breakfast (koluwa), lunch (mijini) and dinner (bheri). Clock time is never referenced when scheduling village meetings.

Bahunbana and Bahunbaniniya (Funeral Priest and Priestess)

Another position of social status in the village is held by a married couple, the Tharu funeral priestess (bahunbaniniya) and funeral priest (bahunbana). These functionaries are referred to as the Tharu brahmins. They attend to funeral rituals for deceased villagers, purifying the household after the obligatory mourning period. The funeral is strictly segregated by gender with the priest officiating for the surviving men of the clan and the priestess officiating over the women's funeral observations. The bahunbana shaves the heads of male members of the deceased's lineage and oversees the funeral wake (gaidowna) held two days (for deceased women) or three days (for deceased men) after death in Tharu tradition. Under pressure from the expectation to conform to traditional Hindu rites, the mourning period is now observed for 11 days for deceased women or 13 days for deceased men, especially when the deceased was of high social status.

Tharu brahmins must be members of the Umar lineage group but they need not reside in the village. The position of bahunbana and bahunbaniniya is ascribed. They receive substantial compensation for officiating at death ceremonies. In addition to cash payments, the Tharu brahmins receive newly purchased duplicate articles of all the worldly material possessions of the deceased. These articles, including furniture, clothes, food, cigarettes and personal toiletries are ceremoniously presented to the bahunbana and bahunbaniniya to symbolically pass them to the spirit of the deceased. If the

ceremony is not conducted appropriately or if some of the deceased's articles are not presented to the Tharu Brahmins, it is believed that the restless spirit of the deceased will desire these objects and return to seek them after death, causing family survivors to suffer nightmares and misfortune.

Sugi (Tailor)

The Tharu tailor (sugi) lives in nearby K-gow (village K), a government resettlement project. The sugi makes his rounds in the village carrying a manual sewing machine of Indian manufacture. In some homes, women sew their own clothing but in others the sugi stitches the traditional T-tops (choli) and skirts (lengaha) for household women and the men's traditional Nepali style clothing (dowra surwal) or European style shirts (camise) and pants (pants). The sugi is also employed by landed farmers to stitch the clothing of their kamaiya servants. The sugi may receive a set fee from households who use his services or he may operate on a per piece basis.

The sugi is being pressured on several fronts. There is also a pahadi tailor (damai) operating in the area who competes for clientele. The increasing popularity of cheap mass produced clothing from India, especially the women's housedress (maxi), has nearly eliminated the use of the traditional Tharu lengaha skirt, especially among wealthier and younger women. Younger men have increasingly chosen to wear T-shirts imported from abroad and available in Kathmandu, Dhangadhi and nearby Hausoliya bazaar. It is not uncommon to see village men sporting T-shirts and more recently baseball caps, emblazoned with the names and logos of the Los Angeles Raiders, Pittsburgh Steelers and University of Miami Hurricanes! The village men wearing these artifacts of global capitalism do not recognize the teams or even the sport of American football or baseball but they like the "modern" style, designs and the status symbol of owning English lettered jerseys. The demand for the services of the sugi in the village is rapidly dissipating.

Lohar (Smith)

The lohar (village ironworker) lives in nearby Kumhartole. He provides both utilitarian iron tools such as sickles and plow tips and ritual iron objects placed in the Tharu altar or used in healing ceremonies. In exchange for his services, the lohar receives a set annual fee (tihai) of harvested rice from

every village household. The wide availability of mass produced farm implements is diminishing the need for the lohar to produce farm tools but ritual objects made of iron, such as the Kekari, are unavailable in the marketplace. The lohar has another advantage over the merchants of the bazaar in his acceptance of rice instead of cash in exchange for his products.

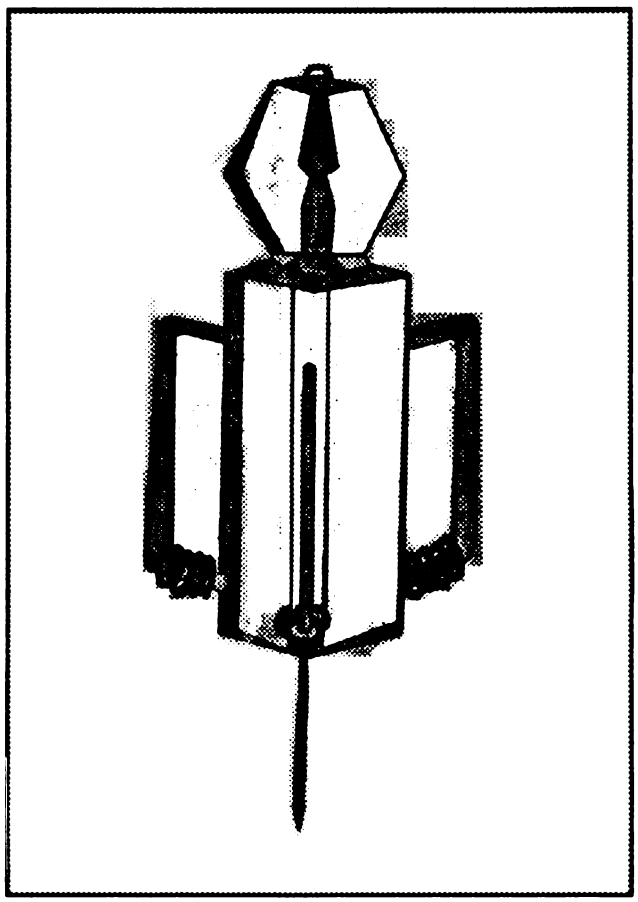


Figure 23. The Kekari, a symbolic ritual object of the Tharu altar. It is made by the lohar (metalsmith) from wood and iron. It must be propitiated to protect householders' health. Actual length: five inches. (Illustration by Dhaya Shanker Mahato).

Kumhar (Potter)

The village potter (kumhar) produces a wide variety of clay vessels used in all Tharu homes of the village. The availability of a pottery craftsmen in the village affords the Mura economy an important element of self-sufficiency. Without locally produced pottery, villagers would be more reliant on market sources for manufactured goods. The kumhar helps to insulate the village from external market forces. Pottery vessels and articles produced by the kumhar and used in every Tharu household include the following:

Bakari	Giard (beer) vessel, very large
Hary	Giard (beer) mixing pot
Golra	Giard (beer) vessel, large
Bokti	Giard (beer) or vegetable mixing pot, small
Carai	Liquor vessel
Doriya	Swan neck distillery
Gumra	Internal distillery
Surahi	Cold water storage jug
Gagri	Water carrying vessel
Korua	Water drinking vessel
Tillia	Water carrying vessel, small
Chillum	Tobacco pipe bowl
Diya	Oil lamp
Metiya	Carrying vessel, very small
Bhurki	Baby oil vessel, very small
Dugi	Kerosene lamp

Table 7. Utilitarian clay pottery produced by the Mura village kumhar (potter).

In addition to the utilitarian pottery vessels listed above, the kumhar makes the clay figurines which represent many of the Tharu spirits (bhootwa) placed at the household altars. No other source produces the ritual objects provided by the kumhar. The production of ritual objects guarantees that the kumhar's services will be in demand despite the availability of glass, plastic and stainless steel kitchenware in Hausoliya market. In exchange for the provision of clay ritual icons, cups, bowls and mixing vessels in whatever amounts are needed by the household, the kumhar receives a variable annual allotment of rice harvest from every household based on its size. Instead of harvested rice, some households exchange the dried straw of harvested rice stalks in exchange for their pottery supplies. The kumhar uses the straw to fire the earthen kilns in which the pottery is baked.

Chamar (Tanner)

The Chamar (leather workers) are a low status position held by a low caste ethnic group of Nepal. The Chamar are pahadis of Middle Hill origin and not of the Tharu caste. The Tharu are ritually prohibited from leatherwork, considered an impure profession and have long relied on the Chamar for this service. The Chamar resident of Lower Mura migrated with the Tharu from a Tharu community in Dang indicating his family's long established coexistence with the Tharu (Household 49). In return for disposing of livestock carcasses he receives hides at no cost which he then tans, exports and/or resells in larger markets where leather goods are manufactured (India) to earn his sustenance. The bones of dead animals are likewise collected and exported by the Chamar for manufacturing bone china, fertilizer and for other purposes.

Tharu villagers consider the Chamar a juto (impure) lower caste. Because of the low status of the Chamar and their ritual impurity, they are forced to reside outside the perimeter of Tharu villages. They are not welcomed into Tharu homes and are not permitted to eat or drink from the same utensils used by Tharu villagers. Intermarriage between Chamar and Tharu families at one time was considered an inconceivable violation of caste boundaries despite the Chamar's long-standing residence alongside Tharu villages and their close knowledge of Tharu customs and language. Intercaste marriage is still rare. The Chamar suffer as outcasts despite their contributions to the Tharu community. Only one Chamar household is located in Lower Mura. They were the original household in Lower Mura and for many years prior to the settlement of landless kamaiya households and Indian Moslems as their neighbors, the location was referred to as Chamartole, Chamar intersection.

Kamaiya (Laborer)

The lowest social status of any Tharu occupational group is that of the laborer, kamaiya. Nepal's mass media and social service non-governmental organizations (NGOs) refer to the kamaiya as a form of near slavery or indentured servitude because of the history of the kamaiya system in Nepal. Historically, Nepal's Tharu workers, kamaiya, were often burdened with debts to Tharu and non-Tharu zamindar landlords and were unable to freely leave their place of employment. The kamaiyas' debts, compounded beyond possibility of repayment by exorbitant interest charges, were passed down

from generation to generation creating a permanent ascribed class of servants among the laborers. In many parts of the Nepal tarai, the feudal kamaiya system still operates despite national legislation against it. At the field site, the term kamaiya refers to a landless worker who exchanges his or her labor at the prevailing market rate. Labor is usually exchanged for subsistence rations of food, lodging, cloth and, rarely, a meager monthly cash sum. Occupational titles for kamaiya laborers in Mura's Tharu community include the following:

Kamaiya	Laborer
Ghotariya	Farm manager
Agohowa	Work crew manager
Aginiya	Female work crew manager
Larriawan	Oxcart driver
Kamlariya	Inside maid servant
Bukarahee	Outside maid servant
Barriar	Gardener
Gairuwa	Cow herder
Baisheruwa	Buffalo herder
Barduwa	Bull herder
Ghoruwa	Horse tender
Chegaruwa	Goat herder
Pasiya	Pig herder
Milluwa	Mill operator
Majdooria	Field worker for daily wages

Table 8. Categories of kamaiya (laborer).

Body Practices

Villagers exhibit particular gestures, esthetics and body practices which are part of Tharu, Nepali and/or many other Asian cultures. The right hand is preferred and used as much as possible for eating and for giving and receiving objects. The left hand is considered less pure. Left-handed villagers are ridiculed for eating with the wrong hand. This preference for the right hand is common throughout Nepal and is attributed by some to the practice of using water on the left hand to clean the body after elimination, the contact with feces rendering the left hand ritually impure.

Squatting on the haunches with arms extended between the legs is the main resting posture for both men and women. A three inch high wooden stool or woven grass mat is often used to provide a platform to rest upon while

squatting. Cross-legged sitting on the floor or on rope hammocks is also a popular resting position, especially for eating. Bed hammocks made of grass rope woven on a wooden frame are popular furnishings and sitting on them with legs dangling to the floor is the formal seating posture for guests and high status individuals. Chairs and stools are more rarely used. Class status is implied by seating posture because some villagers consider squatting to be the position reserved for the working classes, not large landowners or other high status individuals.

Women usually maintain a ramrod straight upright posture with shoulders squared, back arched and head tilted up. Women bearing this proud posture walk the village paths balancing loads in thatch baskets atop their heads. When sweeping, weeding or lifting, women bend only at the waist keeping their legs and back straight and unbent. Bending the knees is considered inelegant for women.

Stepping over a prone individual or even pointing the sole of the foot or shoe at another person is considered highly offensive and insulting. Intentionally aiming at someone with the bottom of the feet may indicate hostile intentions and impending violence. The feet are considered ritually impure as the lowest part of the body. The crown of the head is considered the most ritually pure region and is dabbed with oil in purification during important rituals. Women are expected to show submission to their husbands by bowing their heads to their husband's feet and massaging the husband's feet with oil at weddings. In some households a similar daily ritual of obeisance is performed every morning.

Formal greetings between people of markedly different status entail another ritual of obeisance centered on the feet of the higher status individual. The lower status individual bends over to touch the feet of the high status individuals, such as parents or village mahato, with the right hand before placing the right hand to their own forehead in a symbolic subordination to the high status individual. The high status individual gently places the palm of the right hand on the subordinate's forehead granting "Juju" in return. Social relationships and relative status are constantly reaffirmed by the giving or receiving of juju and other symbolic greeting gestures.

Men of equal status greet one another formally by uttering the phrase, "Ram Ram" or "Ram Sita Ram" while sliding an extended flat right palm

against their partner's palm in a vertical scissor motion. With the palm of the left hand extended in a pointing gesture at their right wrist, the scissor like greeting handshake is accompanied by a simultaneous sliding of the left hand along the right forearm. Informal greetings consist of the same phrases but accompanied by a raised right palm facing outward. An alternative neutral greeting is the standard Nepali form of "Namaste" accompanied by palms pressed together in prayer position.

Many local gestures are used to indicate various village activities. An arm bent up at the elbow and down at the wrist with a the hand forming a spout with four fingers pressed against the thumb represents the doriya, the clay swan neck flask for rice liquor distillation. The gesture alone implies an invitation and desire to become intoxicated.

Swinging the wrist while grasping an imaginary string and hanging oil lamp mimics the guruwa's (spirit healers) actions and represents the spirit healing Pati ritual. The gesture indicates a belief that a spirit possession ceremony may be necessary to determine the cause of some misfortune being discussed.

Tharu Political Organization

Political organization at the village level is very complex. Two lines of political organization are simultaneously in effect; the official and the informal. Officially, political organization is based on a democratic system of universal adult suffrage which elects representatives to serve at the village, ward, district and national level. In practice, informal channels of political organization are dominant at the village level. The two lines of political organization may overlap with members wielding power in both channels.

The mahato is the traditional leader of the Tharu community. The feudal zamindar system was used in past decades by the Indian and Nepali governments to assign landholding rights to individuals for purposes of revenue collection. The now defunct zamindar position elided with the Tharu's traditional mahato position of authority making the mahato a large landowner although succeeding cycles of land reform and partition of land among surviving sons have reduced their economic power in the past few decades. The Mura Mahato family holdings were reduced from a control over thousands of hectares of land encompassing all of Boktan to the current maximum of ten bighas (6.7 hectares) per adult.

According to the Mahato family, a local influential pahadi zamindar was national Minister of Land Reform at the beginning of the land redistribution process. The land reform process began in the Far Western tarai districts targeting the fertile Tharu controlled farmland of Kailali District. The pahadi landlords were able to enlarge their homesteads into vast plantations by redistributing land in the names of their family member while neutralizing the unprepared Tharu zamindars of the area.

> Because of successful settlement the Rana rulers gave my father and grandfather a zamindar birtha for 201 bighas (134 hectares) of land and inclusive villages. The royal decree (lal mohor) granting us the land and exempting us from taxes was burned when our house burned down in 2025 Bikram Sambat ((BS) Nepali calendar year) (1968 AD). We lost so many old documents from my grandfather's time in that fire. In Mura 65 homes burned in that fire. For ten years we were exempt from paying all government taxes. Since the earliest times land was given to the workers although usually it was not officially registered in their name. I came to Mura from Basoti in the year 2012 BS (1955 AD). At that time I gave 1000 bighas (667 hectares) of land to the workers of Basanta and Ratanpur at no charge.
>
> From Bajni to Tikapur all this was ours; 900 villages were settled. In the year 2021 BS (1964 AD), land reform took effect (bhumisudar lagle). After land reform, one person 16 or older could own a maximum of 25 bighas (17 hectares) for rice paddy and 3 bighas (2 hectares) for house and garden. Total: 28 bighas (19 hectares). My oldest son and I were reduced to 56 bighas (38 hectares) and all the rest was converted to government land for redistribution. My other sons were underage at the time.

The Mahato family belatedly endeavored to distribute their land to Tharu friends so as to maintain the lands expected to be seized within their own circle of associates. The pressures of land reform encouraged capital intensification in farming and forest use. The Tharu zamindars bought the first tractor in Boktan at that time and built seven lumber mills with Indian Marwari investors. The mills were used to cut lumber from the trees being felled by the Nepal Purnavas (Resettlement) Corporation to clear jungle for pahadi settlers. Large profits from the operation of the lumber mills (reportedly one million Nepali rupees) were squandered on political payoffs during the Chimanando Mahato's campaign for a seat in Parliament during Nepal's first election. The campaign failed largely because the local pahadi zamindars fielded two candidates from the district, a pahadi clan member and a Tharu red herring candidate. Chimanando Mahato and the other Tharu candidate split the votes of the district's Tharu majority (then 70%) enabling

the pahadi candidate to win the election. The politically and economically disempowered landlords of the Mahato clan resent being outmaneuvered by their pahadi competitors.

Locally elected officials include the village pradhan panch (mayor) and the district's representative to the national assembly, MP (member of parliament), both of whom live in nearby villages. The previous term's mayor (pradhan panch) is a resident of Mura village. He retains the title of pradhan panch and is still active in official politics. Chimanando Mahato retains the title and prestige of minister arising from his previous government service as a national Minister for Planning and Local Development. Two other villagers serve on ward development committees. There are no other elected officials in the village. One unpaid female health volunteer associated with the Ministry of Health is based in the village. The official authority of the government is enforced by the locally based police and forest guards who wield considerable direct power over all villagers' lives. The national army is deployed in Royal Bardia National Park across the Karnali River to the east and they are also housed at a military base near Dhangadhi to the west. Government sponsored educational, banking, health and agricultural development offices in the village and the nationally broadcast Nepali and local language AM and medium wave radio broadcasts also contribute substantially to the influence of the national government in village life.

The unofficial line of political authority is organized without official government sanction. The ascribed title of mahato retains significant prestige and is the highest traditional authority figure in Tharu society. Village residents elect a village chief (balmansa), a secretary (agaria), a healer (desbhandiya guruwa) and an assistant healer (keshoka). Elections are decided only by universal agreement of all village household representatives but compliance with orders from these authorities is also universally required. Violations of the unofficial village political authority result in fines and other enforcement sanctions. The mahato acts as village justice official with ultimate authority to settle disputes which the balmansa cannot resolve.

There is some overlap between the official and unofficial lines of political authority. In some cases, royal decrees and official appointments recognize local elites and give the unofficial authorities official standing. The family of the regional maha guruwa (high spirit healer) possesses a royal land

grant (lal mohor) based on recognition of his family's ascribed authority as healers for 40 or 50 villages.

Political organization is closely linked to the construction and maintenance of irrigation works in the region. Irrigation projects are vitally important to the rice planting communities of Far West Nepal. The villages organize the construction of dams and canals built by hand with labor contributed by every household receiving water through the irrigation system. The unofficial village mayors (balmansa) of concerned villages form committees to plan the construction of these projects and the most influential local leader, the mahato, leads the balmansa as committee chairman. The mahato of Mura village served repeatedly as chairman of the Tehri Dam Committee, the committee responsible for providing irrigation to Mura village and twenty other villages comprising thousands of residents.

The mahato retains the respect of all villagers to the extent that they seek his organizational skills for the crucial task of annual irrigation construction. Chimanando Mahato was influential in receiving funding from the private Nepal Arab Bank, Limited to finance the construction of a cement dam. The cement dam is more permanent than the old mud, wood and grass dams which required annual repair.

After the season's monsoon rains, a neighboring irrigation project suffered the destruction of their eastern canal dam and the affected villagers could not afford the money to repair it despite its importance to them. They petitioned the Tehri Dam Committee to release some of the 900,000 rupees (US$ 45,000) in their fund to repair of the eastern canal dam but the committee balked. The Tehri dam funds were raised by taxing all downstream beneficiaries 250 rupees (US$ 5.00) per bigha (0.67 hectare) of irrigated land. The eastern canal beneficiaries did not contribute to the Tehri fund assuming that their dam was built well enough to stand for many years therefore they had no basis to appeal for relief from the Tehri irrigation network. Without funds to buy stones, bricks and cement, the eastern canal farmers will have to cobble together a wood and mud dam to suffice for at least one season at a time.

The results of this research support Krauskopff's (1991) analysis of the political nature of the Tharu desbhandiya guruwa. In Mura village, the lineage group of the desbhandiya guruwa is the politically most powerful one. Two group members have held the most powerful unofficial and official positions of mahato and pradhan panch. Yet, the most senior regional

desbhandiya guruwa is of another clan, the Pachal Dangia clan. He is politically powerful and charismatic, garnering deep respect for his spiritual power. The maha guruwa claims official political authority to his station with a royal certification, lal mohor. In social situations, even the maha guruwa subordinates himself to the mahato.

The informally elected village chief of Mura is Kathariya Tharu, not of the desbhandiya guruwa clan and, in fact, is considered to be of an entirely different subcaste than the Dangora Tharu. The Katariya subcaste is not considered a clan of the Dangora Tharu and they comprise only three households in the village. The mahato's political authority and the desbhandiya guruwa's spiritual advice guide the balmansa's decisions.

The choice of ghar guruwa and dadariya is assigned at the household level and is not imposed by the combined village authority, unlike the case for the desbhandiya guruwa. By virtue of the unanimously elected nature of the desbhandiya guruwa, the post is inextricably tied to village-wide politics. The decision is based on the villagers evaluation of the guruwa's performance over the past year. If the guruwa exhibits competence with the rituals and responds promptly in emergencies, his position of authority will likely be reinstated.

Madness at the Edge of Town: Village Violence

No case of murder has ever been recorded in Mura but suicide is a well-known cause of death in the village. At least two cases of attempted suicide by teenage women were recorded during the study period. In 1996, two men of the village successfully killed themselves by hanging. The prevailing cognitive explanatory models for disease recognize three main types of illness based on causation; disease (rog), accidents (ghatna) and spirit intrusion (bhoot). Suicide while suffering from insanity is caused by spirit intrusion. But there is also death by suicide without spirit intrusion or madness. The Tharu apophthegm, "Bina sati, bina gati - gael," ("Neither by goddess, nor accident - gone (by his own hand)") expresses the notion that death by suicide may be a conscious choice not the result of an accident or spirit possession.

Suicide by Spirit Intrusion

Spirit intrusion caused Kalish Ram to plunge into insanity and death by suicide. Kalish Ram, aged 36, had always been a hard-working and cheerful farmer who cared well for his large family and earned extra income by driving tractors for larger landlords. Madness descended inexplicably on Kalish Ram at nightfall on an otherwise ordinary March day. His usual jovial mood descended to nightmarish paranoia as he fled two imagined tormenters, reporting one tall and one short assassin hunting him. Yet neither man was seen by others. Kalish Ram felt his life threatened and he fled his home and his wife Sabitra. He left two sons and two daughters aged seven to thirteen. He fled the village and hid in the nearby jungle overnight. Men from the village formed a search party and scoured the nearby jungle until they found Kalish Ram cowering and whimpering with fear in a burrow at the base of a large khair (*Acacia catechu*) tree. He refused to exit from his hiding place for several hours and only returned to the village late the next day.

Kalish Ram was disoriented, confused and fearful. He had lost his usual exuberant expression and manner of speech. He labored to express himself and his affect was flat. The village spirit healers were sick themselves and unavailable to assist. Kalish Ram's fellow villagers called a neighboring village's desbhandiya to perform the necessary rituals to identify and cast off the offending spirit which had apparently possessed Kalish Ram causing his insanity. Kalish Ram eventually accepted that his imagined tormenters were no longer a threat and he resumed his daily farming and household chores but with an altered personality. He finished the construction of his new home at the southern edge of the village, he harvested his small plot of summer wheat and he celebrated the seasonal religious holidays of the ensuing months. Kalish Ram never seemed to fully recover from his inexplicable break with reality and without warning or explanation, he committed suicide one hot July day by hanging himself from a rafter in his home. His wife and children were shocked, depressed and confused at the loss of their beloved household head and completely economically devastated by Kalish Ram's death. They were cared for by Kalish Ram's brother who also grieved his younger brother's death.

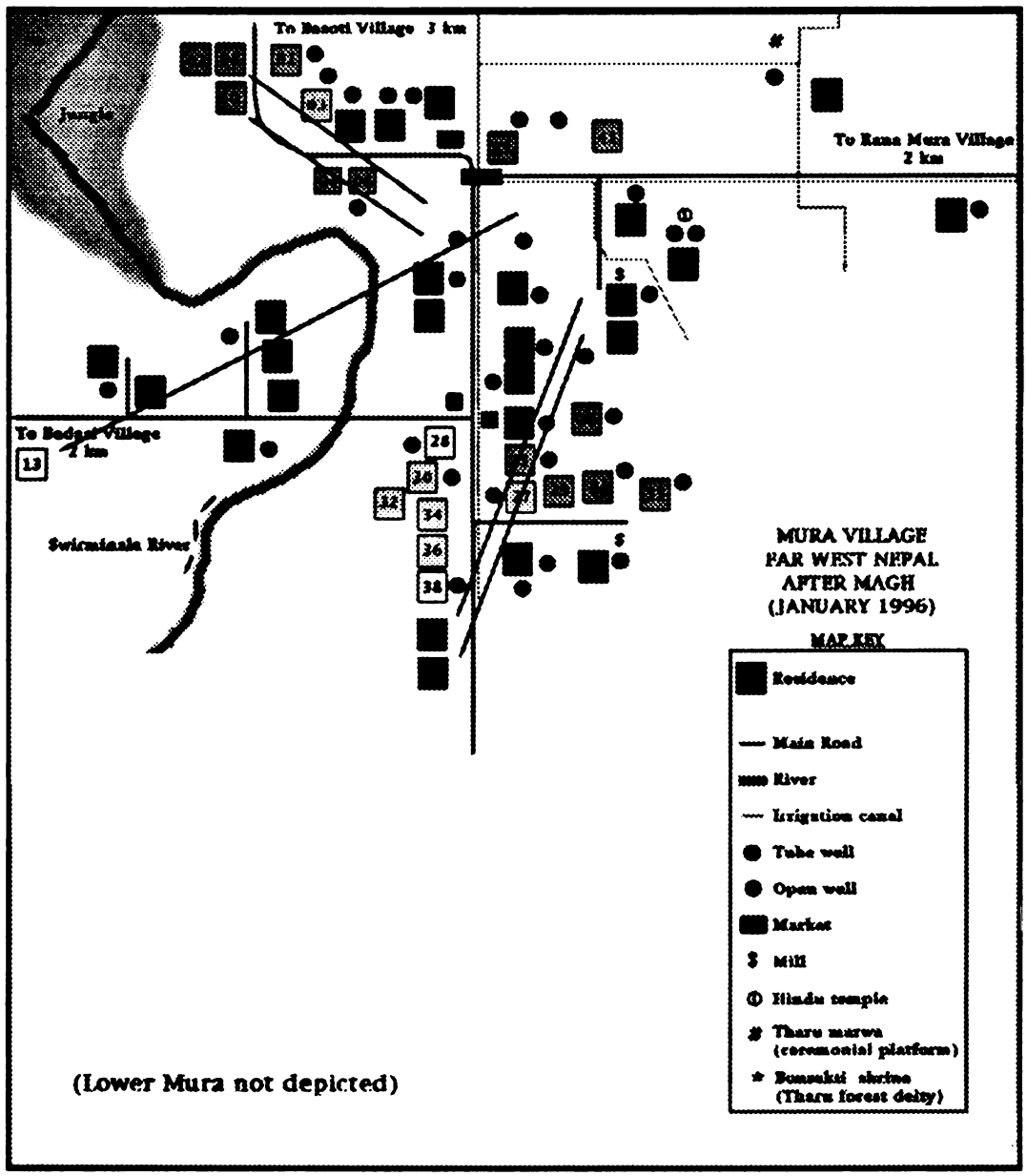


Figure 24. Map of Mura village, Far West Nepal in 1996. A cement bridge was built at the north intersection and a road from the highway is planned. Households relocated from the center of the village to its periphery.

Villagers attributed Kalish Ram's misfortune to his decision to relocate his home after Maghee (Tharu New Year) of 1996 (Figure 24). Several other villagers moved from the center to the edge of the village in 1996. They attributed their decisions to preparations for the new road link under construction. Some villagers wanted to position themselves along the main route while others wanted to avoid the busy intersection at the north of the village. Prior to his crisis, Kalish Ram had decided to move his home to the

southern edge of Upper Mura (Household 45). He was in the process of constructing the house when he experienced the paranoid episode which presaged his suicide. Kalish Ram was building his home near an ancient khair tree which villagers believed was the home of a spirit. After his suicide, villagers opined that the home must have blocked the spirit's path and for that reason, the spirit wreaked its revenge on Kalish Ram.

Tharu villagers hesitate to move their households so as not to disturb the jungle spirits. The process creates the distinctive cluster hamlets of Tharu villages at the jungle fringe, preserving forest areas by preventing dispersed inhabitation. Only the guruwa can determine whether a location is completely suitable for occupation. Every household relies on their own ghar guruwa (household priest) to conduct the necessary offerings for moving to a new location.

Violence of Class Conflict

Violent incidents of less severity also occur. Beatings with fists or readily available farm and household implements such as sticks, flashlights, or sickles occur. Permanent physical injuries due to violent confrontations are rare. Nevertheless, violent incidents reflect power relations among village residents and between villagers and outsiders. Violence is a graphic indicator of social relations in the village. Lower social positions seem prone to violence at the hands of those with higher status. Women and servants seem to suffer disproportionately from the effects of violence. Landowners and heads of households most frequently inflict violence against their subordinates and against outsiders who grossly violate village social norms. The acts of violence directed against women and servants are intended to enforce their submission and subordinate status in the village. Other cases of violence reflect cultural conflicts and cultural misunderstandings between members of different ethnicities, castes and classes.

Violence is a regular feature of inter-tribal relations even between Tharu sub-castes. The Rana Tharu and Dangora Tharu have such a relationship at the field site. Marriage between the two subcastes was at one time taboo and a contemporary relaxed avoidance of social contact between the two groups remains in place. If a fight breaks out between members of the two groups the threat of escalation and retribution along clan and subcaste lines is possible. One incident of violence between Rana Tharu and Dangora Tharu villagers

during the study period created widespread fear and caution. Mura villagers avoided a common market center in India so as to avoid contacting Rana Tharu villagers and risking retribution attacks.

Violence based on class conflict was observed during a wedding party in the village. All the invited male guests were seated in a line on the ground in the courtyard of the groom's home enjoying the food and liquor of the wedding celebration. One of the wedding party guests, Dasru, a village farmer aged about 45, was seated next to me. The groom's younger brother, Mindu, age 25, was walking down the line offering cigarettes to the guests. Both Mindu and Dasru were visibly intoxicated. Dasru made an apparently innocuous comment to Mindu that perhaps someday Dasru's son would be groom to Mindu's daughter. The comment incensed Mindu to such an extent that he showed the sole of his bare foot to Dasru before kicking him with a short sharp heel to the face. The kick sent Dasru rolling backwards into a flower hedge along the perimeter of the house.

Mindu continued to kick at Dasru as the latter, visibly shaken, attempted to regain his composure. Dasru seemed to be an admirably wise and restrained fellow as he calmly rose to his feet until he started flailing away with powerful punches at Mindu's face and jaw. Both men were restrained by their respective clan mates. The restraints inevitably triggered collateral fist fights between the restraining members of the different clans. The ugly scene then terminated. The father of the groom was more ashamed and disappointed than the participants in the brawl.

The next day, Mindu, still drunk, explained his behavior: "We are high rank (mahato) and when a mere farmer (kissan) says he will marry (his son) to my daughter, I have to put him in his place. First I showed him my foot - this is our tradition. Then, I kicked him. (Laughter). Yes I kicked him good, right in the face." This case of violence was triggered by the perceived need to assert class dominance. The diminishing relative wealth and status of the mahato class frustrates some younger members of that class who then resort to violence in an effort to maintain a dominant social status.

Family disputes lead to a considerable amount of domestic violence in the Tharu community. Wives bear the brunt of this violence. Tharu women are not expected to conform to the rigid social expectations of caste Hindu or Moslem households. Husbands resort to violence in order to assert dominance within the household against their relatively autonomous wives. Dangora

Tharu villagers express amazement that Rana Tharu men are excluded by their wives from the cooking area of the home and claim that Dangora Tharu women cannot expect such power over their husbands. Spousal abuse against wives is tolerated but spousal battery of husbands, even in self-defense, violates village social codes.

Occasionally, brothers in an extended family household will resort to violence in frustration over unresolved differences concerning household rights and responsibilities. Two brothers began an evening fist fight in the public space of the road near their courtyard (angana). The younger brother was wailing that his work load was too much and the older brother did not do enough work for the household. The neighbors gathered to watch the performance drama as the younger brother cried angrily with pent-up bitterness at his dumbstruck older brother. The younger brother beat his fist on the ground before attacking his brother, only to be restrained by other male relatives. Onlookers whispered that the younger brother's wife (buharee) was responsible for refusing to obey the older brother's wife. Most observers find such drunken displays amusing entertainment but there is also a sense of responsibility among the onlookers to bear witness. Villagers make a public decision regarding the factors involved in the family dispute. The resolution of the dispute will be made by a consensus of community opinion regarding who is the aggrieved party, what are the extenuating circumstances and what is fair compensation. If the consensus is unacceptable to the household members then household fission may result. A brother will decide to leave the extended household and form his own independent household some distance away from his family home. Household fission may be quite traumatic to each family member in different ways depending on the change in their rights and responsibilities in the newly constituted households.

Intercaste violence reflects political relations between village residents and Indians. On two occasions outsiders, travelers from India, were beaten while in the village. Violence was directed against a drunken Indian reveler passing through the village who was accused of attempting to grope a group of village girls returning from the jungle. The violator was beaten senseless by village residents. He was belatedly rescued from further beating by sympathetic villagers. The violator slept off his stupor at the home of an influential village patron and departed the village surreptitiously later that day.

Witchcraft Accusations in the Politics of Gender and Ethnicity

Political manifestations of witchcraft accusation in the village were exemplified in the case of a spry Tharu villager, Sri Pal, age 75. Very thin and limping on crutches with noticeable edema building in his lower extremities, Sri Pal had been kicked over by his water buffalo while milking it a few weeks ago. The fall was light but at his age he probably dislocated or fractured his hip and he had not been able to walk easily since the accident. The fact that he was not able to recover indicated to everyone the presence of some complication which, in ethnomedical terms, meant the involvement of a witch.

A pahadi dhami jhankri (spirit healer) attributed Sri Pal's lingering disability to the curse of a witch (boksi) living to the east. There is only one house in Mura to the east of Sri Pal's, the mahato's house. The dhami jhankri's word was enough for everyone to speculate that the responsible boksiniya must be the kamaiya house servant, Jetbi, a woman at whom Sri Pal had once shouted. Adding to the household's suspicions of Jetbi's witchcraft was her relative independence in being married three times. Householders speculated that Sri Pal's shouting had precipitated Jetbi's anger at Sri Pal which she translated into the curse which was complicating his recovery from the fall. Jetbi's own recent illness was attributed to the revenge of the dhami jhankri's bhoot tokne ritual against the spirit causing Sri Pal's illness.

A household member, angry at his household being implicated as a source of witchcraft, speculated that the dhami jhankri, a pahadi, may have been trying to sow discord among the Tharu by virtually naming his house as the location where the boksiniya lives. The Tharu guruwa never commits to naming the offending witch or household or even village where the witch lives for fear of provoking revenge attacks against the witch and fear of an accused witch taking revenge on the guruwa. Non-Tharu healers who do not reside in the village have little to fear by making witchcraft accusations against individuals or households. As the household member suggested, there may even be some political advantage to be gained by an outsider, a pahadi, in disrupting the unity of a Tharu village. The household member's suggestion is in itself a recognition of the political nature of witchcraft accusations. The fact that household members took the suggestion by the jhankri seriously and then immediately suspected their own servant of being a witch was another aspect of the encounter which reflected the class, gender and sexual morality considerations which drive witchcraft suspicions and accusations.

Political Violence Masked by Witchcraft Accusation

One violent incident involved a wandering magician who overstepped the socially constructed bounds of magic and unwittingly ventured into witchcraft. The wandering magician arrived in Mura on the chilly morning of January 24, 1996. Out of the early morning mist, the Indian magician walked his bicycle down the powdery dirt road into the village from the north, shaking his drum and bellowing confidently in Hindi, "Come small ones from your snacks, come adults from out of your houses, witness these amazing displays of magic and power!"

The magician cut an imposing figure as he marched confidently through the village. Children scurried excitedly out of their houses, followed by young boys and girls, older women and finally some of the men of the village, walking slowly and feigning disinterest. Tardy children rushed past the chuckling old men as the village congregated to enjoy the show. Nearly everyone in the village congregated at the home of the village chief. The crowd was buzzing with excitement. A semi-official delegation of village men stood at the head of the large crowd which encircled the magician as he began to conduct his craft.

After a few authoritative introductory remarks uttered in a commanding tone and well-rehearsed sleight of hand tricks which left the crowd dazzled and murmuring with delight, the magician knelt down in the middle of the circle waiting for silence to descend. Gaining the rapt attention of his wide-eyed audience, the magician withdrew a long dagger from his jute bag of tricks. Rapping the dagger several times against the hard ground of the village chief's courtyard to highlight the solidity of the weapon, the magician covered it from sight with a stained rag before uttering an unintelligible mantar to the heavens. Still kneeling before the crowd, the magician appeared to slice his left forearm in one swift cutting motion. Blood spurting from the wound drew horrified gasps from many women in the assembled audience.

Writhing in animated pain, the magician grimaced convincingly to indicate that the blade of a dagger was deeply lodged in his left forearm. The gathered women and children of the village squirmed uncomfortably and cried out with mortification at the magician's apparent display of self-mutilation. The crowd's imagination exceeded my own skeptical eye as I noticed the magician momentarily break his concentrated anguish on spotting a stain of the blood-like liquid on his polyester shirt. The magician's split-

second of exasperation indicated to me that perhaps this wasn't the first time he ruined a shirt during his act although the audience didn't seem to notice this brief but revealing shift in the magician's expression.



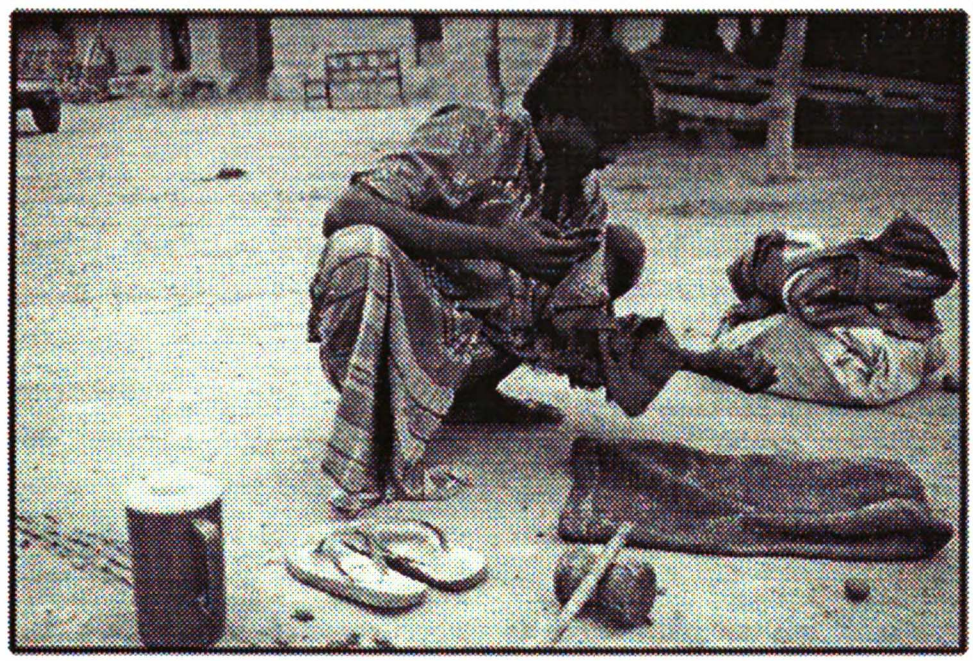


Figure 25 (top). The Indian magician (center) entertains the assembled villagers.

Figure 26 (bottom). The magician writhes in pain as he conjures the illusion of slicing his arm with a knife.

Recovering quickly from his laundry concerns, the magician called out in renewed anguish describing loudly how his magic powers enabled him to endure the incredible depths of pain felt in his sliced forearm. Sensing that the audience was completely mesmerized and yearning for him to remove the cloth covered knife, the magician rose slowly to his feet and called out, "In the name of God (invoking Allah and Bhagwan), I have cut my arm, spilled blood and I am in severe pain. I have spilled my own blood in your village and I will not remove this knife from my arm until every witness to this magic brings me a full basket (dukhiya) of harvested rice (dhaan). Those who do not comply will be cursed with terrible scabies (kanjali) all over their bodies. I do swear that this will befall anyone here who does not comply in the name of God (Bhagwan, Allah). etc., etc."

The distraught assembly of women and children dispersed in terror at the magician's threat, children running frantically as some of the young women screamed in fright. The audience members began rushing home to collect the rice donation demanded by the magician.

The magician's ruse enraged the former mayor (pradhan panch), clad in Chinese army surplus jacket, Indian-style lungee and Nepali national cap. Flanked by other leaders of the village, rage disinhibited by early morning tippling, the mayor railed with rapidly escalating hostility against the startled magician, "How dare you use God's (Bhagwan, Allah) name to extort money from the people? You may only ask for donations. You have no right to demand payment using threats of disease. You are not practicing magic. How dare you carry on like this in our village? How dare you use God's name for this deceit? Remove the cloth from your arm now. If you have really been injured then we will help you but you mustn't take advantage of the villagers' compassion."

The cowering magician, alarmed at the turn of events, pleaded earnestly for the mayor's forbearance, "Yes, pradhan, I am sorry. Of course, I will show you my arm. But I can only reveal my magic to you after everyone else has left."

The women and children having dispersed, the remaining village men closed a circle around the frightened and submissive Indian magician, looking ever less powerful under their harsh glares. A uniformed forest guard, a pahadi and one of only three non-Tharu observers, dipped his finger into the blood-like liquid pooled at the jute bag near the magician's feet, sniffing the scent of the liquid. Indicating by his disappointed expression that the liquid

was not blood, the forest guard then used his stout bamboo pole (lathi) to gingerly probe the magician's sack. The forest guard's search uncovered the magician's duplicate dagger with a curved center designed to fit the arm like a half-bracelet, the means by which he conjured the illusion of a sliced forearm. This discovery brought smiles of recognition from the few remaining witnesses but further agitated the forest guard who seemed surprised and disappointed to find that the magician's forearm was not actually sliced open. Encouraged by the mayor's increasingly hostile verbal attacks against the magician, the forest guard became enraged and began clubbing the magician about the head and shoulders with his lathi cane.

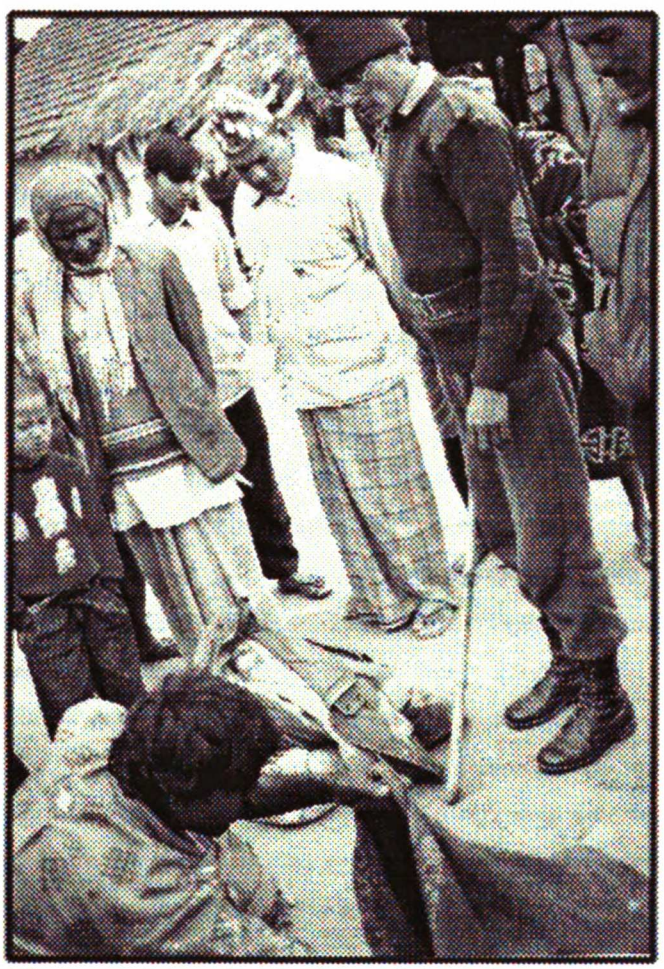


Figure 27. The Indian magician is confronted by the former mayor and the forest guard.

After five or six blows from the lathi cane, the forest guard's summary punishment was concluded. The magician was ushered out of the village chief's compound and he meekly wrapped his bag of tricks into a large cloth bundle tied to the back of his bicycle. The mayor, pleased to wield territorial power so convincingly, hurled some final taunts at the retreating magician, "How much rice stolen from other villages do you have in that bundle? If you were a real magician you would know better than to attempt your fraud in Mura!"

At the intersection to the main road near the village chief's house, the magician initially steered his cycle north in the direction from which he arrived but the mayor called out to him, "No, no! You will not be allowed to engage in your deceits at any other villages. You will head south and back across the Mohana River (the Indian border). And do not dare to ever return!"

The magician complied submissively, head bowed, turning south for India. Pedaling away from the village depressed, beaten and defeated, the magician cut a tragically morose figure in sharp contrast to his dramatically bold and powerful entry to the village only one hour earlier.

The lessons learned from observing this encounter were manifold. The hapless Indian visitor, in attempting to manipulate the Tharu villagers by exploiting their health beliefs and their compassion for strangers, had violated local cultural norms which offended the mayor and his entourage. The Indian magician had crossed the fine line between conducting the sanctioned practice of magic (jadu) and the unsanctioned practice of witchcraft by threatening to curse the villagers with scabies. The difference between magician and warlock (tengaha) is subtle and the magician failed to recognize the danger to himself because of his incomplete understanding of Tharu cultural beliefs and lack of appreciation for the political sophistication of the mayor.

Itinerant begging (other than by the dhakerwa) is not countenanced in Tharu villages although wandering holy men, magicians and snake charmers are considered acceptable occupations and these itinerant wanderers can expect small donations from even the poorest village households. Tharu household members enjoy entertaining demonstrations of mysterious powers consistent with the widespread belief in omnipresent spirits. The warlock (tengaha), the male witch, is identified mainly by the malicious use of magic to incur the destructive powers of the spirit world. Witchcraft is defined by

intention not by method. The tengaha is a black magician and practitioners, never publicly exposed, practice in secret because of their social unacceptability. The visiting magician clearly crossed the line into witchcraft by threatening to incur the wrath of the spirit world to cause disease, scabies (kanjali). Making his case even worse than that of the average warlock (tengaha), the magician threatened the entire village without provocation whereas a tengaha is thought to usually curse individuals and only those who have enraged him by some slight. Furthermore, the Indian magician directly extorted rice payment to call off his curse whereas the malicious warlock is interested in revenge and makes no explicit economic demands of his victims.

Political considerations also must be taken into account when analyzing events such as the magician's visit to the village. This part of Nepal was lost to India during the first half of the nineteenth century and was ceded back to Nepal after the Sepoy Mutiny in 1856. Nepalis resent intrusions on their national sovereignty by India's regional colonialism. Nepal is a landlocked nation highly dependent on commerce with India and with the rest of the world through the Indian port of Calcutta. Nepal suffered a punitive economic blockade by India in 1989. Media reports of Indian police violating Nepali territory on multiple occasions angers nationalistic Nepalis. Nepalis, while recognizing the formidable political, economic and cultural legacy of India, resent being treated as an extension of India, as another Indian state or as India's "little brother." Resentment over international relations between Nepal and India spills over into social interaction and sometimes inspires individual cases of anti-Indian discrimination in Nepal.

Tharu villagers, living in close proximity to the Indian border, experience directly the effects of political relations between Nepal and India. Tharu villagers harbor and express resentment at mistreatment when traveling through the neighboring regions of India. Indian merchants are regularly accused of cheating, officials of the Indian police, army and customs service are accused of extortion, anonymous Indian travelers are accused of harassment and ridicule and Indian thieves are accused of banditry. Villagers regularly report fearing violence at the hands of border bandits engaged in highway and home invasion robbery. Several villagers claim to have fallen victim to residential burglaries and armed robbery in the jungle. The clay and thatch walls of Tharu homes are easily breached by burglars. Doors have no locks or have only simple wooden bolts. The local police are ill-equipped to

patrol the border and cross border robbery occurs with enough frequency to instill a sense of caution in Mura village residents. The jungle areas are especially avoided at night because both tigers and bandits are thought to travel through the jungle at night hunting for their prey.

Tharu villagers, helpless and unprotected when traveling alone or in small groups through neighboring India, feel threatened even by ordinary Indians who are perceived as clever and aggressive. Within their own territory, Tharu villagers feel confident about asserting their authority over solitary Indian travelers such as the Indian magician. The villagers are usually extend kind hospitality to strangers and they rarely prejudge an individual's intentions, a quality which conniving outsiders mistake for simple-mindedness. Indians who violate local customs or are caught cheating villagers in the village present an immediate opportunity for revenge and release of frustration against perceived exploitation by Indian tormentors.

The political nature of the confrontation with the Indian magician revealed important aspects of Nepali nationalism and Tharu ethnic identity as experienced by villagers. Although the former mayor of the area, a Tharu leader, led the opposition to the magician's manipulation of the Tharu villagers, it was the pahadi forest guard who violently enforced the local opposition. A political perspective on the nationality and ethnicity of the involved actors suggests that the pahadi forest guard, a Chetri from the Middle Hills, enforced the position of the Tharu mayor in a multi-ethnic alliance of Nepalis against the Indian magician. The only other Indian (and the only Moslem) in attendance was an Indian Moslem household head from lower Mura who observed the events in mute silence. Lacking any real authority in village affairs and dependent on good relations with the Tharu mayor and government authorities, the Indian Moslem observer was in no position to rescue or defend the magician.

The mayor's status in the village is highly political, having once been elected to a local office of some power and prestige. The mayor also retains ascribed political power as a direct descendent of the local zamindar landlord, the mahato. In addition to this dual political identity, the mayor aspires to higher caste identity as indicated by his adoption of an unusual last name for members of the Tharu ethnic group (a move not adopted by his brothers) identifying himself with the Chetri caste, the caste of warriors and political rulers.

The Tharu mayor had recently celebrated his forming mit (union of ritual brotherhood) ties, a fairly solemn oath of brotherhood observed by members of many Nepali ethnic groups. The mayor's choice for a partnership of ritual brotherhood was a Chetri bank employee who had lived in the nearby bazaar town during the mayor's tenure in office. The choice was considered unusual. The formation of fictive kin relationships is often based solely on friendship but the choice may also have a political and economic strategic basis as was the case in the mayor's choice. Aside from being a social acquaintance and drinking companion, the mayor reasoned that his pahadi ritual brother would serve as an economic ally because of his extensive land holdings. The bank employee reciprocally saw some benefit in forming a bond with the mayor, a locally powerful figure. By asserting his authority over the Indian magician in the presence of his pahadi ritual brother with enforcement by the pahadi forest guard, the mayor seemed to highlight his leadership and enhance his status in the community.

The incident involving the magician's violation of local cultural values created several days of commentary during village discussions. A resident of neighboring Badari village commented half-jokingly that the desbhandiya guruwa appears little different from the magician, "Both use magic and expect some form of payment."

Regarding the failure of Badari village residents to renew their annual contract with their desbhandiya guruwa, the same Badari villager punned, "His name is Taga and his work is also takne (cheating)!" (Equivalent to "His name is Chet and he is a cheater!"). The guruwa's contract with the village was not renewed because he was accused of not responding to calls for assistance when household members fell ill. One Badari villager lamented that when his daughters fell ill leaving no one to cook or brew rice liquor the desbhandiya guruwa refused to respond because he knew that there would be no rice liquor available at that household. This enraged the villager who suspected that the guruwa was less concerned with meeting his responsibilities than with acquiring a payment of rice liquor. When faced with this accusation, the guruwa denied it and claimed that his own illness (tuberculosis) prevented him from responding at times. The guruwa denied that the village rejected him and claimed that he declined to serve for another year because of his failing health. The villager's accusations against the guruwa, comparing him to the

magician charlatan, reflect the fine differences with which villagers differentiate between magic, witchcraft and fraud.

Ethnic Stereotypes and Disputes

In the Nepali language, original residents of the hill areas (pahar) are termed pahadis. High mountain area residents are often referred to with some derogation as Bhote or Bhotiya in Nepali, probably a corruption of the Tibetan language terms for Po (Tibet) and Popay (people of Tibet). In the Nepali language, people originally of the Indian plains (madesh) commonly are referred to as madeshi and sometimes derogatorily referred to simply as deshi.

In the Nepali language, the original inhabitants of Nepal's jungle lowland plains may be referred to with significant derogation as junglee (of the jungle) or junglee manche (people of the jungle), implying uncivilized characteristics. Hill Nepalis perceive the Tharu with certain stereotypes. The primary stereotype concerning the Tharu concerns their jungle origins. Secondarily, the Tharu are often said to be honest and loyal, as one pahadi shopkeeper noted, "Tharu people are very trustworthy." Less respectful stereotypes depict the Tharu as heavy alcohol drinkers, a sign of low caste status used to explain the ease by which they were dispossessed from their lands. A pahadi shopkeeper noted, "The Tharu would get drunk with their friends and sell their property for a cheap price. There was so much land that it cost very little. Now they are more sophisticated but it still happens."

Pahadis who have lived in the tarai for generations still stereotype the Tharu as meek and easy to abuse. "The Tharu are loyal but meek. They are simple jungle dwellers who drink liquor and have no real (Sanskrit) culture." Many early pahadi migrants to the tarai took advantage of humble Tharu communities and established themselves as zamindar landlords over entire villages further perpetuating the stereotype of the Tharu as easily cheated and exploited.

Conversely, in the Tharu language, the pahadi (hillsmen) are referred to derogatorily as pakay (fools). Recent pahadi immigrants are considered fools because they easily lose their way in the jungle and because of their inappropriate attempts to cope with the local environmental conditions. Foreigners from beyond South Asia are known as bideshi (outsiders) in formal Nepali. The term qweery (cloudy) is used as a derogatory term for foreigners,

especially Europeans and other Caucasians, based on the lack of dark eye pigmentation which is said to resemble a cloud in the eye.

These terms indicate some of the reciprocal ethnic distinctions and animosities extant in Nepal although there are many more subtle differences recognized by and between residents of different castes, regions and levels of urbanization and education. These distinctions are used in a very matter-of-fact way and offense is rarely taken by their usage except by the minority of Nepalis who are highly politicized by ethnic nationalism or others who are conscious of the detrimental effects of discrimination against their own or other groups. Such distinctions form the basis by which people in Nepal recognize one anothers' social status in varying contexts. On first meeting, Nepalis of every group usually attempt to identify each others' social status by inquiring about caste affiliation, regional origins and other social markers. These distinctions are important for assessing their relative authority and the extent to which respect and service should be rendered or expected. These forms of social evaluation permeate social interaction in Nepal even though discrimination based on caste or religion is specifically prohibited by national law.

In the village context, Tharu and non-Tharu villagers frequently note that the spirits, extreme heat, biting insects, impassable mud and bone-chilling cold of the tarai's jungle environment are conditions difficult for non-natives to withstand. Generally, locals seem to believe that environmental tolerance is an acquired trait because residents note that children raised in the area usually withstand the extreme conditions well regardless of their ethnic or geographic origins. Some Tharu residents claim that the Tharu are especially well adapted to the tarai jungles and these claims are often based on concepts of differences in human biology between groups. The Tharu claim that Tharu people can work in the intense summer heat without exhaustion and heavy perspiration noted among non-Tharu groups residing in the tarai. Superficial observations of environmental adaptation are usually attributed to innate strengths of Tharu people based on their many generations of residence in the tarai.

Competition between pahadi and Tharu groups often centers on issues of land ownership. Nepal's scarcity of arable land and rapidly growing population places extreme pressure on land use. Intercaste competition sometimes finds expression in unusual ways. For example, Nepal's national Tae

Kwon Do Flyweight Champion, a pahadi black belt in martial arts, trains about 150 local Tharu youth at Hausoliya and other towns in the region. His visits are sponsored by a Tharu leader who expresses his desire to build a Tae Kwon Do army of Tharu youth to defend villages against madeshi (Indian) and pahadi (Hill Nepali) incursion and "domination" of Tharu areas.

Criminal cases such as the home invasion murder of a Bhuiyafanta village farmer by armed Indian (reportedly Sikh) criminals underlines the perceived need for village defense. The Tharu leader talks often about preventing the settlement of pahadis in the village. "They've taken over everywhere they settle. Everything from here to Malwara to the east has been captured. We have to stop them or we will also lose our land. That's why we won't allow pahadis to live here."

The local Tharu leader explains his sponsorship of the local Indian Moslem community because as traveling merchants, they are able to provide him with political intelligence about voter allegiance in remote villages. The Tharu leader is a political operator, par excellence.

The landless Tharu kamaiya and pardesi (refugee) Indian Moslems are forced to compete for the small plots of land and few wells of Lower Mura. Disputes regularly erupt over limited living space, fuel, fodder and water. The Indians control two of the five village wells and the two groups never share a water source. A Tharu resident claims that the women chatter shrilly like monkeys (chig chig garcha) when raising complaints with Tharu neighbors. Tharu manners dictate that women maintain a reserved and less confrontational demeanor in neighbor relations. The Indian Moslems engage in daily squabbling and haggling as part of their occupations as gypsy village peddlers and in their own domestic patterns of relations with spouses, children and one another. The Tharu farmers, even the day laborers, lead more tranquil agriculturist lives and resent their combative Moslem neighbors.

Agohowa, the leader of the landless Tharu community, reports a recent incident when one of the Indian women entered into a dispute with the son of a Tharu householder. The father of the Tharu boy was not home when the Indian woman chased the boy into his own home and hit him. The violence violated the sanctity of the Tharu boy's home and offended the father who said it would have been acceptable if the woman had hit his son in the street outside. She had not been invited into the Tharu home and the offense against private domestic space was deemed more serious than the physical assault

against a household member. In a public space, the same behavior would be ignored. Private space is more highly valued than freedom from physical violence. Violation of their limited private space threatens the integrity and existence of the landless settlement in ways that hitting a child does not.

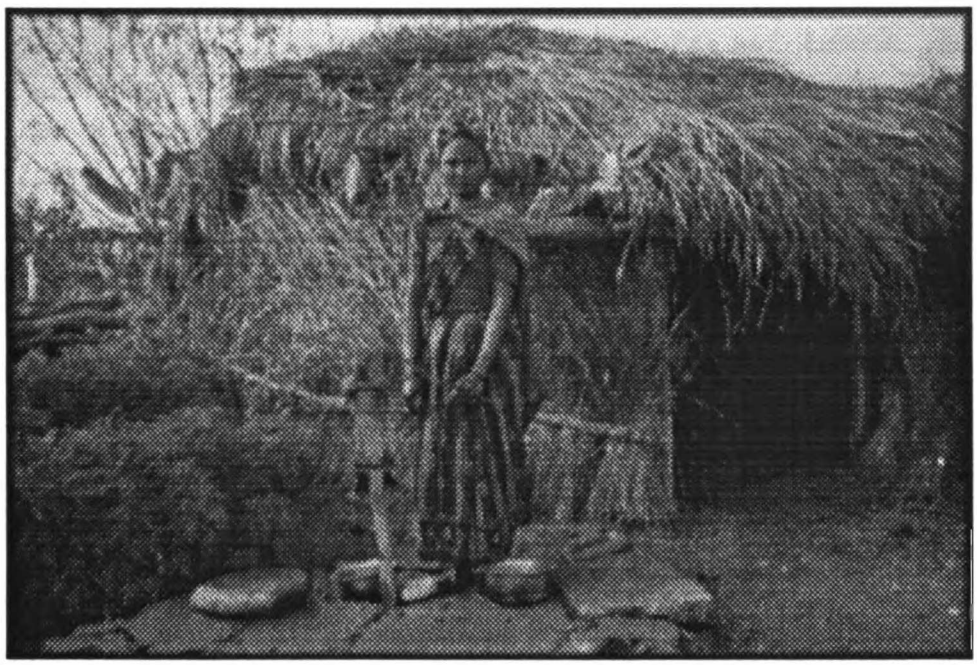


Figure 28. Tharu kamaiya woman of Lower Mura in front of her residence.

The Indian Moslems, in turn, are ritually offended and genuinely disgusted when sungur (semi-domesticated wild pigs) from the Tharu settlement wander through the Moslem compound. The Tharu's production and consumption of alcohol (daru) is not tolerated within the Moslem religious code but alcohol rarely becomes an issue of dispute. The Moslems intolerance for alcohol within their own community causes them to stigmatize the Tharu as consumers of alcohol. The caste status of the Tharu identifies them as alcohol consumers and so the Tharu do not feel ritually polluted or ashamed of their alcohol use. In fact, alcohol is an integral part of ritual offerings and an important medical analgesic. Alcohol use also may disinhibit Tharu men during hostile encounters with their Moslem neighbors.

The current major and long-standing dispute between the Tharu and their Indian Moslem neighbors centers around a strip of land adjacent to both communities extending westward within a small bend in the Soorminala River (Figure 5). The total disputed area is less than half a bigha (0.33 hectare) of

riverbank jungle first used intensively by the Indian Moslems for grazing goats. Tharu villagers who settled in Lower Mura a few years later cleared vegetable gardens up to the edge of a north-south line 50 yards from their homes towards the river. Agohowa and the other Tharu kamaiya of Lower Mura would like to claim the grazing land for more gardens in order to extend the limited land under their control, improve their diet and income, and create a more permanent settlement. The desperate plight of both the Tharu kamaiya and Indian Moslems and their close proximity to one another increases inter-ethnic tensions in Lower Mura.

Mura village's religious, social and political organization establishes the basis for the prevailing conditions of medical pluralism at the field site. The two main ethnic groups in Mura village pursue health care along culturally specific lines, dominated by their respective religious functionaries. Class considerations and political ideology also guide villagers' choices in the creation of Mura's highly pluralistic health environment.

CHAPTER IV
MEDICAL PLURALISM IN PRACTICE

In Nepal, as elsewhere, medical systems reflect the cultural world view. "Medicine is an exquisitely sensitive indicator of the dominant cultural characteristics of any era, for man's behavior before the threats and realities of illness is necessarily rooted in the concepcion he has constructed of himself and his universe. Every culture has developed a system of medicine which bears an indissoluble and reciprocal relationship to the prevailing world view" (Pellegrino 1963). The prevailing world view in Mura village depicts the jungle as a place where dangerous spirits dwell and health practices extend directly from belief in the supernatural. The practice of shamanism reflects belief in the spiritual origin of illness and health.

Shamanism

Shamanism has long been a subject of study for anthropologists. The term shaman is a gloss, a general term, for certain types of healers who employ supernatural or magical techniques of curing and divination. Lewis (1984) described the difficulties of defining indigenous words for healers as "shaman" because, when used cross-culturally, the word shaman loses important local contexts. The gloss, shaman, also implies a perceived (or constructed) generalized essence which may not exist. Yet, in most cases, using a local term, like jhankri (Nepali) is inconvenient because it carries no meaning in English and requires elaborate definition or return to generalization by using a cross-cultural term such as "shaman."

The term shaman has been used synonymously with witch doctor, medicine man, healer, sorcerer, magician, wizard, soothsayer, prophet, seer, diviner, necromancer and psychiatrist (Atkinson 1992; Dobkin De Rios & Winkelman 1989). The delineation of "natural" from "magical" or "supernatural" raises problematic questions regarding the sociology of knowledge and the political deployment of science and technology. In various contexts, the shaman refers to any person who is spiritual, one who quests after some esoteric knowledge, a healer (either within a medical tradition or a lay healer), a person who enters trance states, is possessed by supernatural spirits, or one who undergoes ascetic trials.

Medicine men are special healers who have "obtained exceptional power from the spirits" (Lowie 1954). The shaman is one "endowed by birth, training, or inspirational experience with a special power, [one who] intervenes for a fee with supernatural beings or forces on behalf of human clients" (Wallace 1966). A shaman is "a human being, male or female, often of a special social status in the society, who uses a special technique and trapping and is assisted by helping spirits under his control. Through soul journey in the state of ecstasy the shaman gets into direct contact with the supernatural forces, which can speak through him, at his will, to his people." The "soul journey" is an important aspect in differentiating a shaman from other religious, spiritual, or health practitioners. The shaman must control the possession experience. If spirit possession is spontaneous then the practitioner cannot be considered a shaman. The social context determines the practitioners role because one person may serve as shaman, healer and priest on different occasions (Gilberg 1984).

Classic shamanism originated in Siberia during the Pliocene epoch and was distributed with human migration to the rest of Asia, Europe and the Western Hemisphere (Eliade 1964). The word "shaman" has been traced to the Vedic words, sram and sramana. These words are translated as "to heat oneself or practice austerities" and "a practitioner of austerities, an ascetic," respectively (Lewis 1984).

Magic, spell casting as part of communication with an unseen spirit world is central to a definition of shamanism. "The control of spirits by Magic, especially spells - or by other spirits who, in turn, are controlled by spells is the essence of Shamanism" (Read 1920). A shaman was "a functionary combining certain elements of priest and doctor and believed to have in himself authority to order the gods or spirits for the securing of good and averting evil. He directs the ceremonial and other public interests, frequently through the medium of ecstatic phenomena" (Read 1920) .

The Siberian Tungus differentiated between two types of possession; possession with trance and trance without possession. This differentiation indicates that a single culture can have multiple interpretations of similar shamanistic practices (Shirokogoroff 1935).

Ecstatic experiences, altered states of consciousness, are crucial to defining shamanistic practice and differentiating it from spirit possession. Technique refinement and conscious control over induction of the ecstatic

experience through ritual technique marks the shaman as one who "emphasize(s) the mechanical techniques of magic. The specific element of shamanism is not the incorporation of spirits by the shamans but the ecstasy provoked by the ascension to the sky or by the descent to hell: the incorporation of spirits and possession by them are universally distributed phenomenon, but they do not belong necessarily to shamanism in the strict sense" (Eliade 1951, 1964).

The shaman heals individuals of illness within a specific social and cultural context. While his "ministrations tend to be directed towards individuals rather than the social group" (Norbeck 1961), the shaman engages in an "ecstatic state of communication with the spirit world on behalf of the community" (Eliade 1964). The healer's strength comes "not only from the interpersonal ties between doctor and patient" but also from the "reinforcing effect of participation of the entire community in his treatment" (Caudill 1953).

British anthropologists preferred to use the term "spirit possession" over "shamanism" to describe magical healers. This preference extends from Eliade's (1951) distinction between "authentic 'shamanistic celestial ascent' and the contaminating 'possession' of 'spirits' " (Lewis 1971). Spirit possession is a violent experience. The shaman volunteers to undergo the ordeal in order to rescue the possessed from illness.

Lewis (1971) hypothesized that there were two types of possession; central and peripheral. In "central possession cults" no social stigma is associated with possession. In such societies, possession is accepted and even valorized. In societies which stigmatize possession, "peripheral possession" represents a strategy of resistance by the weak and socially marginalized and is therefore deemed "deviant" (Lewis 1971). Many anthropologists pursued this theme of juxtaposing "little" versus "great" traditions by examining the centrality or peripherality of possession (Gellner 1992, 1994; Gomm 1975; Hitchcock and Jones 1976a, 1976b; Hofer 1973a, 1973b).

Shamanism and belief in magic has been interpreted in psychological terms as expressions of basic health needs combined with wishful thinking. "Magic, then, was the first therapeutic principle, an irreducible element in mental healing. Magic is the infantile wish of the human race for accomplishment of the impossible; its universal presence depends less on

proof of previous successes than on an ineradicable human wish" (Bromberg 1975).

Regular differences among the shaman are related to levels of social complexity; divination shaman among hunting and gathering societies, the mediumistic possession trance cults of complex agrarian societies and the healing practices of advanced agricultural and postindustrial societies (Winkelman 1986).

The Winkleman model used the term "shaman" to describe practitioners of ecstasy in hunting and gathering societies who utilize trance states and engage in healing and divination. "Shaman/healer" was used to describe practitioners working in societies in the process of developing sedentary agricultural and pastoral communities hierarchically politically organized beyond the community level. "Medium" was used to describe predominantly female trance practitioners whose trance states resulting from organic brain dysfunction affecting the temporal lobes. Mediums only function in societies politically organized beyond the community level. "Healers" are practitioners operating in politically organized societies who relied less on trance states than any of the other types of practitioner outlined above (Winkelman 1986).

The shaman's use of magical techniques does not preclude a rational and empirical basis to his practice. "A further aspect of shamanism, however, is that the shaman may at times have recourse to methods that may be called *empirical science* - courses of action that are essentially naturalistic, but have not been repeatedly verified to the degree that they can be termed scientific. [Emphasis in the original]" (Rogers 1982).

The shaman serves in a strategic political role as a link between various clans and/or segmented lineage groups. The practice of shamanism may reflect the struggles of oppressed classes and groups (Crapanzano and Garrison 1977; Evans-Pritchard, 1937, 1940, 1956; Goodman 1988; Gomm 1975; Hitchcock 1967; Kakar 1991; Lewis 1971; Miller 1979; Snellgrove 1957, 1961). Taussig (1987) presented an analysis of shamanism in the Putumayo region of Colombia in which the healer was a political leader mediating divisions and conflicts between castes and classes. Taussig's view of shamanism examined shamanism as a product of an intersubjective regional discourse and as a response to colonial and neocolonial domination in a multicultural context.

The political and strategic importance of the shaman lies in his power as a cultural policy-maker in the Himalayan region. The spirit healer wields his influence to direct a range of social activities in rural villages.

> He is a man, who may be of any caste, whose prestige and power are dependent on success in his practice of diagnosing supernaturally caused difficulties through the use of a personal deity who provides the insights and information, using the practitioner as a vehicle. They generally use their considerable influence to encourage adherence to traditional religious usages and to stave off plains emulation (Berreman 1972).

In Nepal, the label "shaman" is applied to many different types of healers from different ethnic groups. In local languages, the shaman of Nepal is known as the "jhankri," "ban-jhankri," "dhami-jhankri," "janne manche," "lama," "bombo," "tulku" or "guruwa," among others. Early research on Nepali healers sought to trace the historical diffusion of shamanistic practice from its putative homeland in central Asia to the Himalayas and local variations in practice were examined as "decadent" manifestations of the "ideal" central Asian shamanism (Allen 1973 1976b; Frank 1974; Hitchcock and Jones 1976). Many researchers follow the lead of Lewis (1971) in explicating the central or peripheral nature of possession among shaman (Gellner 1992, 1994; Hofer 1973a 1973b; Winkler 1976; Wolf 1973). Other researchers examine psychological aspects of shaman healers in Nepal (Jest 1976; Jones 1976a, 1976b; Peters 1978, 1979, 1981; Sharma 1973). Recent trends in studies of Himalayan shamanism examine the dialogue between various traditions and the impact that representations of the body make on community members (Desjarlais 1989, 1990, 1991, 1992, 1993; Dougherty 1986; Holmberg 1989; Maskarinec 1992; Mumford 1989).

> A jhankri is a being who goes into trance and at that time voices speak through his body which allow him to diagnose illnesses and sometimes to cure them, to give advice concerning the future and to clarify present facts in the light of events which took place in the past. He is, therefore, a privileged intermediary between spirits (which give and cure sicknesses) and men; between the past, the present and the future; between life and death and, in another perspective, between the individual and a certain social mythology. He can, it seems be of any jat (caste/tribe) and he can take as a pupil, in order to transmit to him his knowledge and his techniques, a person of any other caste. (MacDonald 1975).

Jhankris in Nepal are "magico-religious specialists whom one can provisionally designate as healers." In many cases the jhankri survives a life threatening illness himself before healing others. "The true jhankri is he who, after having first of all suffered possession by a spirit foreign to his everyday world, manages to control it and to regulate it" (Macdonald 1975).

A "ritual journey" is the central aspect of many Nepali healing ceremonies dubbed "shamanistic" (Allen 1973). The existence of the "classic themes of ecstatic initiation" found among the Kham-Magars and other similarities among other Himalayan societies reflect the common historical "proto-tradition of the non-Indic peoples of Nepal which may have very closely resembled the classic Inner Asian tradition" (Watters 1975).

Buddhist and pre-Buddhist practices of Tibetan refugees in Nepal include shamanistic elements. Spirit-mediumship, including trance induction, focus on the "curing of the sick and the counteraction of evil forces" (Berglie 1976). The spirit-medium exists outside the main lamaistic tradition of the Tibetan Buddhist institutions. Practitioners undergo a separate process of recruitment, testing and training from that of the lamas. Spirit-mediums utilize specific shamanistic symbol-laden paraphernalia such as drums, bells and feathers. The spirit mediums' convulsive induction of trance state and the ritual introduction of the spirit-medium to a pantheon of gods distinct from Buddhist theology indicate the pre-Buddhist origins of these practices.

In the Langtang valley of north central Nepal, the lamas of the Buddhist monasteries supported by the indigenous Tamang and recently immigrated Tibetan communities are dominant to the local shaman known as jhankri and bombo. The shaman of Langtang valley are in decline because of their advanced age and the lack of suitable young replacements (Hall 1978). The role of the Buddhist lamas displaced the shaman because of the overlap in their duties. "The orthodoxy of Buddhism with its sacred scriptures and long tradition carries more weight and prestige" than the local shaman (Hall 1978). Economic incentives in the maintenance of lamaism, "regular rounds of festivals" and the receipt of alms (practices that were not directed towards the maintenance of the shaman) contributed to the decline of shamanism. There is no direct competition between the two practitioners (lama and shaman); "relations between the two types of specialist seem cordial and the boundaries between them sometimes become blurred. In some rites the bombo may even be found assisting the lamas and in old age some turn away from shamanism to

the study of lamaism. Each seems to respect the other as a powerful practitioner in his own right although the methodology is different" (Hall 1978; Miller 1979).

Extending from Lewis' (1971) classification of "peripheral and central spirit possession," studies in Nepal indicate subdivisions of "central possession" states into categories of "tutelary possession," "oracular possession," and "reincarnate possession" (Jones 1976b). Oracular possession is dependent on critical times and sacred spaces. Tutelary possession is dependent on specific times but not on sacred spaces. Reincarnate possession refers to the shamanistic aspects of the tulku, reincarnate gurus of the Tibetan monastic community. The tulku consider themselves to be both the living embodiments of the spirit of a deceased lama and as deities (Aziz 1976).

The jhankri was the creator and the maintainer of certain forms of religious centralisation in the Nepalese hills" (Miller 1979). The healing process entails a restructuring of social relations between the participants. What participants derive from the healing ceremony is not a reaffirmation of their social and caste position, but "the truth about themselves as individuals in relationships with those divine powers which influence their and the jhankri's local situation" (Miller 1979). The jhankri dramatizes the link between mundane concerns and cosmological questions of life because, "he asks and transmits the answers to what are, at any place and time, great questions: they concern man's suffering, on a fragment of the earth's surface, under a local sky" (Miller 1979).

The shaman's healing power is interpreted as largely social and psychological. The bombo shaman of north Nepal is described as follows:

> The bombo is most effective curing illnesses of a socio-psychological nature. The cure itself also indicates this: it involves a reorganization of sentiments within the family. The activities involved in shamanic healing are not techniques for treating organic diseases but attempts to remedy disturbing emotional states and interpersonal relations. The belief that a ghost is the cause of illness served a number of social and psychological functions. The patient got a statement about her social relations and psychological condition. During the *jhokana* (healing ritual), the disease was named and a consensus established. Public opinion was directed outward thereby removing all responsibility and guilt from the patient (Peters 1979).

The shamanic healing ritual provides an opportunity for emotional catharsis during the ecstatic flight. Participants ventilate aggression and

frustration during the emotional ordeal. The healing ritual is a moment of suspended social constraints which allows subordinate actors to indirectly address the inequity of their social condition (Peters 1979). Employing culturally recognized symbols is especially effective during the psychological crises known as 'transmarginal collapse' evidenced during shamanic rituals, religious conversions and other cathartic events. The shaman employ powerful cultural symbols for the purposes of healing while the patient is exhausted after cathartic emotional outbursts, "The shaman's use of the *narling mendo*, a white flower which is one of several key cultural symbols represents many Tamang cultural values like goodness, sacredness, growth, fidelity, purity, health, trust and life. It is also called 'soul flower'; it symbolizes the healthy soul and giving it as *tika* (blessing) to the patient, by placing it on the forehead, symbolically depicts the returning of a lost soul - one cause of illness. By identifying with these dominant symbols, the individual, in a sense, uses them as vehicles to transform himself or his condition of health" (Peters 1979).

The elaboration of Gurung shamanism in Nepal is "a process of historical becoming, in which rival perspectives are continuously transformed through interaction. Great and little tradition comparison can best be made through the study of intersubjective dialogue as a temporal process" (Mumford 1985). Lamas of the sanctioned and literate tradition of Tibetan Buddhism incorporate cultural elements into practice by synthesizing and transmuting images from the local shamanic tradition of the pre-Buddhist Bon specialists. The Bon practitioners likewise informed their rituals by utilizing common understandings of the nature of the universe promulgated within the Buddhist cosmology.

Tamang healers in Nepal employ shamanic elements from a variety of sources creating a unique syncretic cosmological order. Tamang shaman are extremely diverse, drawing freely on other shamanic and non-shamanic traditions. The Tamang shaman draws on widely based opposing and fused dialogic elements from shamanic, sacrificial and lamaic rituals to create a paradoxical order (Holmberg 1995).

Nepali shaman (jhankri) create images of journeys to sacred spaces through words, metaphors and symbolic action to effect alterations in the perceptions of the patient and audience and stimulate healing. The jhankri carries the burden of illness in his journey to the psychic "hinterlands of

confusion, distress and closed mouths" restructuring the symbolic landscape and revitalizing the patient (Desjarlais 1989).

The shaman reiterates and reinforces social values concerning the body. Values of harmony and balance and fears of soul loss are imbued in Yolmo Sherpa lives by the practices jhankri. The Yolmo manage their lives and evaluate their actions based on the beliefs and values expressed by the jhankri (Desjarlais 1992).

Several types of illnesses are recognized by the shaman. These illnesses range from what would be called symptoms of disease in biomedical terms; coughs, pains, fevers and headaches to what would be called psychosomatic, emotional, or supernaturally induced illness. The latter illnesses are thought to be induced by anger, envy, witches and curses (Allen 1976a).

Hinduism is a cosmology which lessens the distance between gods and men while simultaneously increasing the distance between religious elites and the laity. The product of these opposing forces results in the adoption of shamanistic practices (Hofer 1973a, 1973b). The Nepali people distinguish between physical illnesses which could be treated in hospitals by physicians and the supernatural illnesses which required the intercession of shamanistic healer (Dougherty 1986). Tantrism, spirit possession, witchcraft and ghost belief are prevalent among Newar Hindus (Gellner 1992, 1994; Levy 1990). Traditional medical practitioners are very influential in the Newar community, "People trust him because his practice is grounded in the local traditions. [Although he] provides vague explanations for the cause of disease, his method of treatment incorporates the emotional aspects of his people. The practice of traditional medicine is very much alive and its popularity will remain so in the foreseeable future" (Devkota 1984).

Ghosts and ancestor spirits enter Hindu health cosmologies even in the preparation of foods in Hindu ritual and everyday life. Certain foods and preparations of food were transferred between family members, castes, with ghosts and with ancestor spirits. In Nepali Hindu health cosmologies individual health requires the feeding and propitiation of hungry demons in elaborate food rituals. By deflecting the demons with offerings of food, villagers prevent demons from feeding on themselves thereby preventing illness (Stone 1983, 1988).

Tharu Ethnomedical Concepts of Disease Causation and Cure

Different types of health systems can be differentiated based on beliefs about disease etiology. Some health cosmologies include ghosts, spirits and other supernatural causes for illness. Others are grounded in a "naturalistic" reality. Belief systems which accorded disease etiology supernatural and/or magical connotations are personalistic. Disease etiologies which do not consider supernatural causation are naturalistic. (Foster 1976).

The etiology of disease within the village ethnomedical complex clearly includes a strong belief in disease-causing spirits indicating a personalistic belief system in Foster's (1976) model. The explanatory model recognizes three types of illness based on causation; disease (rog), accidents (ghatna) and spirit intrusion (bhoot). Rog denotes disease of natural causes which might have a treatment in biomedicine or herbal medicine. Ghatna refers to explainable injuries which are not caused by spirits. Bhoot implies the intrusion of spirits which cause inexplicable complications to simple injuries or illnesses which cannot be controlled by biomedicine or herbal medicine. Spirit healers (guruwa), are the recognized ritual experts in treating supernaturally-caused illness while biomedical practitioners are considered effective for disease and accident treatment. Local herbalists, Ayurvedists and midwives are also approached to treat naturalistically caused illness. Supernaturalistic and naturalistic practitioners are considered ineffective in treating illnesses outside of their respective domains. Causation is attributed tautologically; if biomedical treatments fail to cure an illness, illness is attributed to supernatural causes. Alternatively, if spirit healing fails to achieve the desired result, villagers suspect naturalistic causation and approach biomedical treatment.

Tharu ethnomedical terms differentiate between many disease conditions (Table 11). Barka bayar (big wind) is the Tharu word for epidemic illness. Epidemic illnesses recognized by the guruwa include kalra (cholera), kesra dedra babra (chickenpox) and maharani (measles). Maharani is so dreaded that its name should not be invoked lest the disease strike. Sukrog (dehydration) is a disease seen primarily in infants. The guruwa recognizes sukrog by examining the skin elasticity of the infant's limbs. Jamroga (tetanus) is recognized as a significant cause of perinatal death. Cherog (tuberculosis) is widely known. The village guruwas suffer from tuberculosis and villagers attribute their sickness to weakness and exhaustion from

repeated spirit possession rituals. Soonbai (polio), though extremely rare now due to widespread immunization, is recognized by its distinctive paralysis. Polio struck an unimmunized Indian Moslem boy in Lower Mura. Kanjali (scabies) is a widely known ectoparasitic infection. Had tootle (broken bone) refers to skeletal fractures and chot (laceration) refers to mechanical soft tissue injuries.

Many disease symptoms are recognized in Tharu ethnomedical models. Jhoro (fever) and hegni (diarrhea) are common complaints in every household. Adharatia jhori (night fevers) and mijnia jhori (afternoon fevers) are considered to be different types of disease. Sardi (nasal congestion) refers to common upper respiratory tract infections. Ragat masi hegni (bloody diarrhea) is recognized as a more serious disease symptom than simple diarrhea. Skin infections are graded by severity and location; gow (sore), muha (oral lesions), pilo (boil), jalkowa (fluid-filled cyst), gat catara (joint ulcer) and catara (severe ulceration). Bitri catara (internal ulcer) or bitri jhuri (internal fever) are diagnosed mainly by complaints of pate batai (gastrointestinal pain). Capal dukhne (headache) literally translates as "hair pain." Infants suffer from rohni (teething pain). The infirm elderly may exhibit symptoms of swagitay (peripheral edema) or sontal (pulmonary edema). Piaj (extreme thirst) is recognized as a disease symptom. Bhitata janike dood nayayat (insufficient lactation) is a problem experienced by some young mothers. Ang bati (eye pain) may be caused by dust or chaff irritating the eye, by headaches or infections. Trachoma infection is also prevalent in the tarai. Ratondi (night blindness) may indicate xerophthalmia, the result of vitamin A deficiency disease.

Bowlaha (insanity) is a pathological altered mental state. To restore a normal mental state, herbal treatment for insanity follows the doctrine of signatures. Treatment requires the liver of a chameleon, an animal which can change its appearance to match its background. Mirgi (seizure) and dubow (infant seizure) refer to neurological conditions of unknown origin, possibly caused by malaria in some cases. Malaria is unrecognized as a disease complex. Malaria has no local name in the Tharu language. The guruwa offers no particular treatment for malaria.

Ensefalitis (encephalitis) is a "new disease" with no local name. The guruwa claims that he cannot help in cases of "new diseases" which are the result of modern changes, such as large-scale pig farming, in Tharu village

areas. The guruwa limits his practice to healing illness caused by spirits (bhootwa).

Illness-causing spirits in the Tharu ethnomedical complex can be transmitted by water, air and food in striking similarity to pathogens identified as disease-causing agents in biomedical systems. The definition of spirits which cause illness matches closely to biomedical descriptions of viruses which cause disease. Both agents are transmitted from person to person through water, air or food and neither agent is effectively countered by antibiotics. The maha guruwa describes the origin of some disease causing spirits:

> When many people are getting sick we call this a howa (wind) or barka howa (great wind) or haija (epidemic). They are caused by bhootwa (spirits). Spirits all come from outside. Jinn (ancient spirit), jamjootwa (sexual dream agent), masan (spirit of person who died untimely death) all come from outside the village. In the jungle there is the jungli masan, in the rivers there is the jel masan and there is the masan whose origin cannot be detected and it is known as bahirake masan (outsider masan). Boksiniya (witches) make use of the masan by aiming the masan at the person whom they want to curse, saying "Here, feast on him." When the victim becomes ill, then the guruwa is called. The guruwa must defeat the witch.
>
> Nikasi pooja must be performed to purify the entire village. All the spirits are cast out. They go to other villages outside the pargana and cause someone to be ill there. Then those villagers must call a guruwa to rid themselves of these spirits. Sometimes I have to go myself. Eventually, all these spirits make their way to Patan (a site in India). It is their center. They like to play there. Especially in Chait (March/April) when there is a big festival of spirits in Patan and the many spirits are traveling there, that is when many people get sick in the villages from these spirits. Vomiting, diarrhea, fevers are common at this time. And then they return and must again be sent onward. It is an annual cycle.

Tharu Spirit Healer (Guruwa)

Many village residents practice public and private rituals intended to counter the malevolent spirits thought to cause disease and misfortune. Tharu residents who employ spiritual techniques to alleviate suffering are referred to as guruwa, spirit healers. Seventeen male household heads of Mura village admit to practicing guruwa techniques (guruwai), mainly for members of their own household, neighbors, or for related households lacking a guruwa.

Seven types of guruwa are recognized by members of the Tharu community; the maha guruwa (chief regional spirit healer), the desbhandiya

guruwa (chief village spirit healer), the keshoka guruwa (assistant village spirit healer), the ghar guruwa (household spirit healer), the dhararíya guruwa (fertility spirit healer), the kardhuniya guruwa (layman spirit healer) and the tengaha (warlock). The desbhandiya guruwa is the chief spirit healer for the entire village. He acts as physician, high priest and public health officer for the village and is assisted in his many duties by the keshoka guruwa. The maha guruwa is a regional chief among desbhandiya guruwa whose jurisdiction extends over many villages in a region.

The ghar guruwa is a household priest who attends to the ritual needs of individual households. Each household has its own ghar guruwa, a lifetime assignation. He attends purification ceremonies for the household altar at least once per year or in the event of a household changing location. The ghar guruwa always lives in another village some distance from the household which he attends. If the ghar guruwa does not sanction the relocation of a household, it is feared that illness, death or some other misfortune will strike the family.

The dhararíya guruwa is a ritual fertility specialist. He performs ritual offerings at the household altar to ensure the fertility of the household and the women's continued reproductive health. The dhararíya guruwa usually resides in the same village and his services may be shared by several households of the same patrilineal descent group (ghotiyar). The dhararíya guruwa conducts rituals to increase the reproductive success of the household by increasing fertility. The biomedical establishment only offers services for villagers who wish to limit their fertility.

The ghar guruwa and dhararíya guruwa receive token compensation for their work on behalf of the household, usually in the form of rice liquor and meat consumed at a meal prepared after their ritual offerings are complete. The senior desbhandiya guruwa and his assistant, the keshoka, receive a set standard fee from every household, in addition to the meals of rice liquor and meat prepared and consumed from the sacrificed animals of the healing ceremonies.

Only one guruwa, the desbhandiya guruwa, is recognized as the official spirit healer of the village. The desbhandiya guruwa is elected annually by universal consent of all village household heads. Another village guruwa, the desbhandiya guruwa's assistant, the keshoka, is also elected at the same time and in the same manner as the desbhandiya guruwa. These two functionaries

act together as the official spirit healers of the village. All Tharu households in the village may utilize the services of the spirit healers and, in exchange, they are required to contribute a set fee (tihai) of 40 kilograms of harvested rice paddy (five kilograms from landless households) annually to each guruwa, the desbhandiya and keshoka. The cumulative total of these contributions constitute considerable earned income and wealth, especially in large jurisdictions containing many villages. This steady income motivates some competition among guruwa to attain the status of desbhandiya or keshoka.

Every Tharu village has a desbhandiya and keshoka guruwa but there may be dozens of other recognized guruwa residing in the village. The other guruwa of the village are referred to as kardhuniya, or emergency assistants. The kardhuniya may be called upon in the event of epidemic illnesses or other occasions during which the desbhandiya and keshoka cannot attend to all village needs. Every household of the village also has a relationship with two other guruwa; the household ghar guruwa and fertility dharariya guruwa.

Desbhandiya guruwa treat individuals by the exorcism of spirits and they treat the village as a whole through purification ceremonies. The healers perform rituals to protect or treat livestock and crop infestations. The desbhandiya's counsel and rituals also are sought for the treatment of nightmares which are considered the product of restless or malicious spirits. In effect, the guruwa serves multiple roles in Tharu society paralleling the role of high priest, physician, psychiatrist, veterinarian and public health official found in other societies. The very social nature of the healing process is evidenced in the belief that ill individuals do not have to be present for the guruwa's rituals to be effective.

The desbhandiya guruwa maintains a high degree of control over villagers behavior. The authority of the guruwa is regularly emphasized in rules which dictate villagers' behavior. During Hareree pooja, villagers are strictly forbidden from cutting even a blade of grass. All vegetables for the day's meals must be picked the previous day. Once per year, the guruwa declares Bajahar Bagne and all village residents, except the frail elderly, are required to evacuate the village. Villagers spend four or five days camping out together in the jungle. They days are spent fishing, socializing and conducting pooja. Complete village discipline is maintained on the order of the spirit healer.

In his role as a public health official, the guruwa can ban fish, meat, cooking oil and chili pepper consumption in all village households if he detects an outbreak of food poisoning. The ban may last from one week to one month. Epidemics (haija) of the fish poisoning disease are apparently caused by the accumulation of endotoxins in fish after an algae bloom as reflected in the description of symptoms; "Many, many dead fish are in the water and we feel sick half an hour after eating anything we catch."

As part of his emergency powers, the guruwa can restrict villagers movement by banning all inter-village feasting visits (pownee), both incoming and outgoing. These bans are instituted only in cases of barka bayar (big wind) indicating a recognition of infectious spread and methods for control.

In their role as physician for individuals who are ill, the Tharu guruwa conducts three main types of ceremony; divination, exorcism and purification. The guruwa recognizes that not all illnesses are caused by witches and the presence of malicious spirits. Tharu villagers believe that a disease caused by the presence of spirits cannot be successfully treated by biomedical physicians. Conversely, a disease not caused by spirits cannot be treated successfully by the guruwa. Therefore, it is essential to determine the cause of illness. When the guruwa recognizes that an illness is not caused by malicious spirits, he will notify the patient of his inability to bring relief. The guruwa may recommend that such individuals seek other treatment, usually herbal, biomedical or Ayurvedic, but usually the choice is left to the patient. The guruwa undergoes spirit possession in order to make diagnostic inquiries of his patron goddess and to directly confront the disease causing entities of the spirit world. The maha guruwa claims supremacy over all witches, "The boksiniya only has one bullet but the guruwa has many bullets (mantar) to counter the boksiniya."

The jurisdictions of the desbhandiya guruwa are marked in places by ancient weather worn wooden pillars sunk deeply into the soil of agricultural fields and at the jungle edge. The guruwa's pargana does not actually extend into the jungle but the maha guruwa's pargana encompasses many villages separated by jungle. Mura village's desbhandiya guruwa of several years is Dinu Choudhary (Household 16). Dinu is the elder brother of Mura's keshoka guruwa, Taga Choudhary (Household 22). While Taga was keshoka of Mura

village, he also served as the desbhandiya guruwa of neighboring Badari village pargana during 1995. He was not re-elected in 1996.



Figure 29. Ram Prasad Pachal Dangia, maha guruwa (regional spirit healer) holding a ring of knives used in self-flagellation while sucking venom from the wounds of snakebite victims.

The pargana jurisdictions are stable and do not change even over generations although the guruwa elected to serve as official spirit healer may be changed annually. An especially influential guruwa, the maha guruwa, is a desbhandiya guruwa who serves many villages within a large pargana. Each village has its own desbhandiya guruwa but each pargana has a chief maha guruwa. The maha guruwa of the village field site, Ram Prasad Pachal Dangia, lives in nearby Lukker village and serves 15 area villages within his pargana. He is highly respected for his fire massage therapy technique used to treat women's menstrual cramps and for his skill as a snakebite cure expert.

The maha guruwa is selected by the all of the pargana's desbhandiya guruwa for a three year term. It is the maha guruwa's responsibility to test each new village desbhandiya guruwa to ensure his qualification to practice

his craft. The test of the village guruwa is conducted with the maha guruwa's assistant, the dhakerwa. The dhakerwa beats a ritual drum (dhak) with a short stick (nakura) while singing the sacred song of the maha guruwa (pachara). The maha guruwa observes whether the singing of pachara induces the goddess to possess the desbhandiya guruwa. If so, the desbhandiya guruwa passes the maha guruwa's test.

There is only one family which serves as dhakerwa for all the of Boktan. The dhakerwa is the only Tharu occupational group in which begging is permitted. The dhakerwa is allowed to visit the villages of Boktan banging his dhak to beg for food year-round.

There are no restrictions on summoning a guruwa from another pargana especially if his special expertise is needed. On the other hand, the official village spirit healer, the desbhandiya guruwa, is required to respond to all requests for assistance from villagers within his pargana. Because the desbhandiya guruwa is only elected by universal consent of village household heads, failure to respond to any household's request for assistance increases the likelihood that he will fail to be re-elected to his position in the following year.

The guruwa is responsible for officiating as high priest at several village-wide ceremonies, rituals and festivals, including Hareree pooja, Lawongee pooja and Dhooriya pooja. Hareree pooja guarantees the health of the rice crop shortly after its planting has been completed in August (Badow). On the day of Hareree pooja, villagers may not cut grass nor pluck any fruit or vegetable. The pooja is given to the Devi deutas (goddesses) in the Rajawar marwa, the community ceremonial platform located at the north end of the village (Figure 40). As all of the Tharu villagers at the field site are farmers dependent on the success of their crops for their livelihood, Hareree pooja is considered one of the most important ceremonies of the year. Even those villagers who are occupied out of the village return to take prasad (blessing) from the Devi deutas of the Rajawar marwa. Prayer is offered to protect the crops from insect and fungus blight and to guarantee a good harvest.

Hareree pooja is scheduled for a Monday (Sombar) after every farmer has completed his sowing and transplanting of rice seedlings for the season. The desbhandiya and keshoka guruwa fast until the sacrifice of the chegara (male goat), ghedru (baby pig), seven murgi (chickens) and pair of pareba (pigeon chicks) is completed. Seven leaves of sakhwa (teak) and seven cloth-

covered kappar (tripods) are arranged by the guruwa to represent the seven Devi sisters (Kalika). One bottle of daru (rice liquor), some rice, salt, peppers and mustard oil are collected from each house of the village for the pooja feast. The desbhandiya and keshoka conduct their spirit possession (guruwai sooswaina) in front of the Devi Durga Kalika shrine. They confront any jungle spirits (bhootwa) or witches (boksiniya) and compel them to do good works by driving an iron nail into a mudraha (round wooden block) buried in the northwest corner of the Rajawar marwa.

The guruwa offers his own blood to the goddess by piercing an iron trident through the bottom of his tongue (trisul baan). Then the healer offers blood from his heart drawn out of his mouth (hulka baan) to an egg representing the tiger god, Juggernautiya. The chegara (goat) is sacrificed to the Devi Durgas while the ghedru (pig)) and seven murgi (chickens) are sacrificed to Juggernautiya. The Dakshin Kali goddess is offered the pair of pareba (pigeon chicks) in sacrifice. The sacrifice of the is carried out by first freeing the pigeon chicks in front of the altar and then pelting them with hardened clay balls until they are dead.

The guruwa break their fast with the meat and daru from the pooja. The men of the village also enjoy the meat and alcohol while the children eat jhorbhat (a curry soup with rice). In the evening, dried cow and buffalo dung is burned in the round fireplace of the house of the mahato or balmansa and the guruwa dance on the burning coals of the fireplace to the beat of a drum. All the villagers then organize a ceremonial dance (jhumra) for themselves and continue singing and dancing joyously late into the night long.

Lawongee pooja, held in November, celebrates the success of the rice harvest. It is similar to Hareree pooja in that the guruwa maintain a fast before the pooja. It is during Lawongee pooja that the annual contract of the desbhandiya and keshoka guruwa with the villagers is reviewed (khojni bhojni). The balmansa questions the guruwa and asks if they are willing to serve for another year. If so, the village household heads enter into discussions over whether to renew the guruwa contracts or to dismiss them and seek new ones. After decisions are made, sacrifices are conducted in much the same way as in Hareree pooja except that the guruwa offers dhaan (freshly cut rice paddy) instead of chamal (milled rice) to the Devi deuta (goddesses) .

Dhooriya pooja, conducted in April, celebrates the wheat and corn harvest of the spring. It is conducted in the community religious platform at

the north end of the village (Rajawar marwa). The ritual process follows the same pattern as Hareree pooja. The villagers (kissanwa) ask for the continued protection of the village goddess and guruwa. The guruwa may undergo possession (sooswaina) to conduct healings for particularly difficult cases of illness at this pooja. Again, there is night-long feasting and drinking by the men while the children enjoy their jhorbhat.

Initiation of a new guruwa requires a large ceremony requiring daru, the most essential element in any Tharu ceremony, and the sacrifice of a male goat (chegara) and 7-9 chickens (murgi), including 2-3 cocks which crow in the morning (Basan murga). In mid March (the full moon marking the first week of the month of Chait (amawas)), the male ghotiyar members of the guruwa's clan gather and bathe near sunset. After bathing, they all sit in a row at the eastern side of the new guruwa's house with their hands in the namaskar (prayer) position (case dogna). A trained guruwa will chant his sacred mantar (charaina dohai) until the goddess enters some of the clan members. When the goddess has possessed them, they begin convulsing (sooswaina) to the beat of the of a log drum (maadal). Afterwards, the new guruwa will go inside to the altar room (deorhar) to give their oath to the Tharu gods (deutas). The entire process takes six to seven hours.

In the morning, the new guruwa gives in sacrifice a type of rice liquor (chanki), milk (doodhak dhar), goat (chegara) and several chickens (murga). This celebration formally inducts the new guruwa who then receives his special mantar from his master guruwa. Some informants claim that the goddess (Devi deuta) gives the sacred mantar to the guruwa during the guruwa's dream. To become an official village guruwa, a desbhandiya, a new guruwa must train several apprentices after perfecting his own ritual skills over time. The desbhandiya must be proficient with all the sacred prayers and songs (mantar), including the harmful ones. The harmful mantars are used as curses against the witch (boksi) and warlock (tengaha).

Dreams and Nightmares

Dreams and nightmares are considered a form of illness caused by spirits. The guruwa in his role as psychiatrist treats villagers who are in emotional turmoil. The purification ceremony to protect against nightmares was necessary when Gauri Shanker became highly agitated and concerned because he was suffering from recurring dreams of his recently deceased

father. In the nightmares, Gauri Shanker's father was giving him money in his father's cement house (pakki makan). Dreams are not considered harmless or a reflection of suppressed psychological concerns in the Tharu ethnomedical complex. Gauri Shanker adamantly insisted, "We believe that it is not a small thing to have spirits of the dead return during our sleep. It is a bad omen and I will call Taga."

In Tharu culture, the dead return to haunt the living only if the dead are unhappy and are not resting in peace. The deceased's spirit is restless and returns to haunt the dreams of the living. The vision of a dead loved one may also represent a disguised malicious spirit trying to cause insanity in the dreamer. Bad dreams are a cause for serious concern and the guruwa addresses the problem of disturbed dreams with solemn gravity.

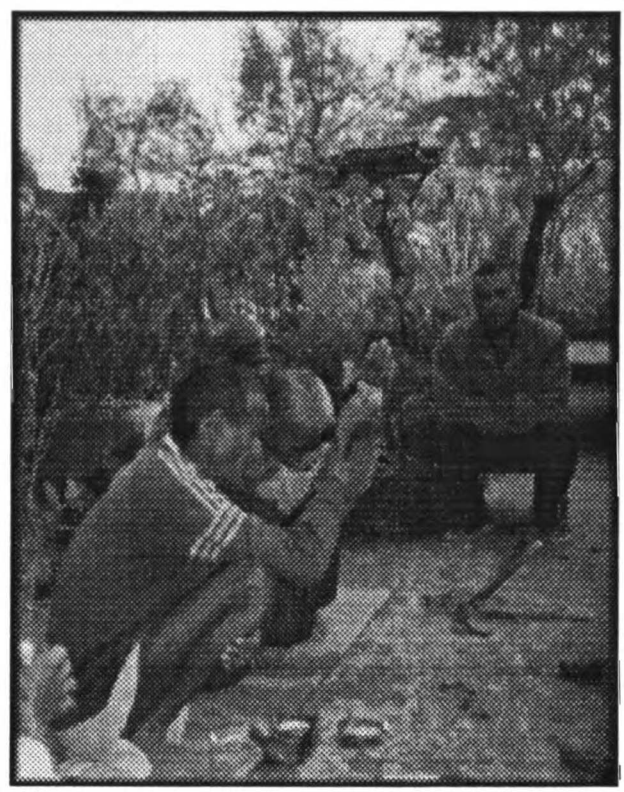


Figure 30. Dinu and Taga conducting the Acheta divination ceremony as Gauri Shanker watches.

Gauri Shanker called for the assistance of the desbhandiya, Dinu and keshoka guruwa, Taga, and they determined from descriptions of the nightmares that the household required a ghar bandne (sealing the house) ritual. Taga went into trance divination possession and inquired in the spirit

world as to the cause of the nightmare visions and whether the dreams had some spiritual causation. His findings indicated that the dreams were clearly spiritual in nature but there was no malicious spirit at work.

Because no malicious ghosts were detected, the bhoot tokne ceremony was unnecessary and the log used to symbolize the offending spirit was left unused. Taga informed Gauri Shanker that there was a chute basyo (taboo violation) causing the problems. The house had not been properly purified before the men returned from bathing in the river for roti pani (funeral observance). The guruwa deflected blame for the taboo violation on subordinate household women and servants for not properly purifying the household by plastering the house with mud and sprinkling the grounds with soonpani (water into which gold had been dipped).

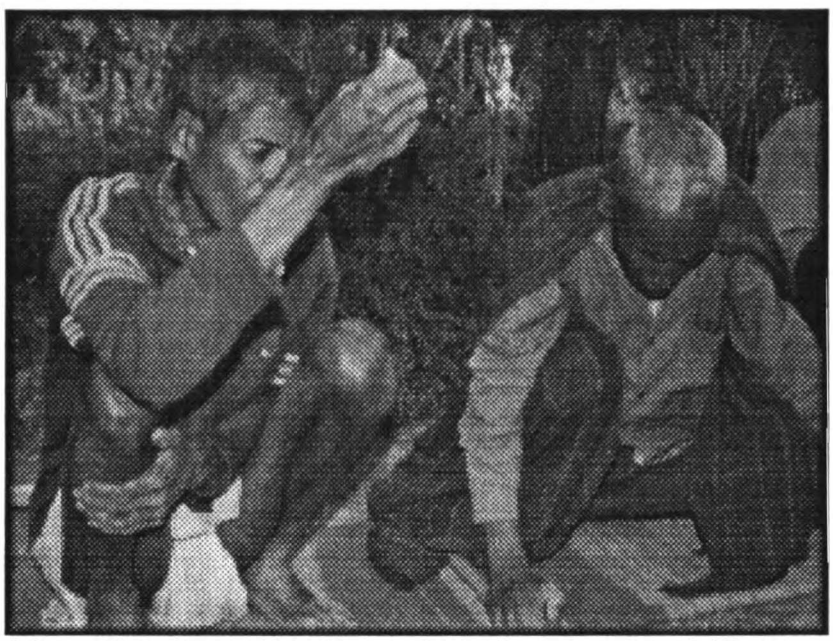


Figure 31. Dinu Choudhary, Mura's desbhandiya guruwa (village spirit healer) (left) and Taga Choudhary, keshoka guruwa (assistant village spirit healer) (right) conducting a divination ceremony. Taga's altered state of consciousness indicates possession by the spirit of his patron goddess, Bawani Devi.

The small taboo oversight created unintentional contact with the spirit world in turn causing Gauri Shanker's nightmares. This situation was dangerous because a rift in the spirit world could be capitalized on by a malicious spirit to create illness. Therefore, a ghar bandne ceremony was required. Special pegs made from the khair tree (*Acacia catechu*) were

wrapped with a thread into which the keshoka cast spells (mantar) while sitting alone in the kitchen room (bansa conti). Special iron nails provided by the lohar (blacksmith) were then nailed into all the door and window frames of the main house in a completely silent ceremony by the desbhandiya guruwa accompanied by a kamaiya (servant), barriar (the gardener). As the desbhandiya hammered the ritual nails into all the door and window frames, Barriar followed him dripping daru (rice liquor) and water on the rice grains which the desbhandiya placed on the nailhead after completing each hammering. The previously wrapped khair pegs prepared by the keshoka were then hammered into the outside four corner pillars of the main house.

New oil lamps (diya) were lit and soonpani was sprinkled around the house. The women later plastered the entire house, walls and floors, with a fresh coat of mud and gobar (manure) to make the altar and home choko (ritually pure). The next morning, after bathing, my friend earnestly offered water, daru (rice liquor) and milk (dood) to the gods to complete the purification ceremony of the house and altar. Gauri Shanker reported no subsequent nightmares and attributes the resolution of the problem to his having taken correct measures in calling the guruwa. The taboo violation and Gauri Shanker's conscience were simultaneously cleared.

Witchcraft

A guruwa who learns and practices in secret and does not arrange a guruwa ceremony is known as a warlock (tengaha or kainpakra (literally, sacred thread grabber)). Village residents who engage in rituals designed to affect the spirit realm but who lack acknowledgment and sanctioning by the desbhandiya guruwa are assumed to be engaged in witchcraft for malicious purposes. The tengaha is not always considered entirely malicious. At times, a friendly tengaha will cooperate with the desbhandiya to intervene with malicious spirits or to treat poor households which the desbhandiya may prefer to neglect.

Males are referred to as tengaha, warlocks and females are referred to as boksiniya (witch) or gurubahini, the guruwa's little sisters. The tengaha and boksiniya are considered partners in black magic and are thought to be on friendly terms. While the tengaha may not always be malicious and is, in fact, rarely accused of causing illness, the boksiniya is always considered malicious and is very likely to be invoked as the primary cause of any illness or

misfortune indicating the gender discrimination inherent in witchcraft accusations.

Boksiniya (witches) are said to be exceptionally attractive in their appearance and personality. Their manner of speech is very seductive and their eyes are full of expression (mohinidar). They are similar to other Tharu women so it is difficult for villagers to identify conclusively who may be a boksiniya in their community. Witches are thought to engage in witchcraft only when motivated by rage against mistreatment by village residents or others. The types of mistreatment thought to enrage witches ranges across a wide spectrum of behaviors from non-verbal glares, verbal teasing, fights or scolding, physical beatings, unwanted sexual touching or harassment and economic cheating or other unfair treatment. Witchcraft is the defense of oppressed women in accordance with descriptions of peripheral possession (Lewis 1971). Unsanctioned spirit possession can be interpreted as resistance by the dispossessed trying to wring gender equity from an inequitable patriarchy (Scheper-Hughes and Lock 1991).

Spirit possession is "a cultural idiom for the expression and management of negative feelings in traditional societies. Traditional idioms such as these serve to redress individual wrongs without necessarily altering the social system." Likening the dramatic nature of possession to the fantasy and play of carnivals and pageants, possession rituals are social events which offer a space for "the weak, the humbled, the oppressed and the marginal to take center stage, to wield albeit momentarily, symbolic dominance" (Scheper-Hughes and Lock 1991). Thus, instances of possession may be interpreted as "ways of expressing and dramatizing dissent, refusal and protest" (Scheper-Hughes and Lock 1991).

The guruwa is thought to know all witches' identities but he promises not to reveal them to anyone in the Tharu society (Tharu samaj). It is said that for every guruwa there are at least seven boksiniya waiting to combine their lagu basu mantar curses against him, if necessary and this makes the guruwa's occupation one fraught with danger. The maha guruwa stated, "It is dangerous for the guruwa to enter the spirit world because the boksi will try to hurt him. The boksiniya doesn't like me because undoing her evil is my work. This is why two guruwa must work together. The keshoka is necessary to assist the guruwa in this battle."

Yet, the boksiniya is unlikely to attack unless provoked so the guruwa, while he must engage in symbolic battles within the confines of the spirit realm, never confronts or directly accuses actual village women of witchcraft. The Bahaw pooja given at the last stage of the healing ceremony is actually a symbolic offering to the seven boksiniya sisters. The guruwa and black magicians of his village must come to an agreement to treat each other with deference. The black magicians promise to be good little sisters (gurubahini (boksiniya)) and little brothers (gurubaiyas (tengaha)) to the desbhandiya guruwa.

Villagers believe that the warlock (tengaha) plays with mischievous spirits (bhootwa) like Dhanchorwa (rice thief), who steals paddy and milled rice from luckless farmers, delivering it to his tengaha master at midnight in two baskets (dela) hanging like a scale from a bamboo crossbar (behenga). If the Dhanchorwa steals a large quantity of paddy, he may be forced to carry it back on a buffalo which he may steal from another house. The victims only notice their losses when they cook their meals and find that their stock is dwindling and is insufficient when in past years the same quantity was sufficient for the entire family. A portion of the stolen paddy is shared with the tengaha's guruwa in the village.

One of the tengaha's mischievous bhootwa friends is Gongwa, who bathes in maar (rice gruel) during the hot season. Gongwa's bathing leaves a terrible odor in the maar making it impossible to eat. Another mischievous bhootwa friend of the tengaha is known as Jamjootwa, a kind of spirit which sucks milk from the breasts of young mothers and even from water buffalo to feed the tengaha's children. Sometimes the Jamjootwa enjoys the milk himself only to trouble his victims. Villagers cite the most dangerous aspect of the Jamjootwa is his penchant for sexually molesting married and unmarried woman during their dreams. Women are unable to resist because Jamjootwa binds them with his mantar (spell/curse). Women finally realize their predicament when the Jamjootwa begins visiting on a nightly basis. Embarrassment about revealing assaults by Jamjootwa are considered harmful so girls and women are encouraged to discuss their sexual dreams openly with their mother, sisters and/or neighbors. If necessary, the guruwa will be called to oust Jamjootwa from the woman's dreams.

The tengaha also invites a female bhootwa, Ban Churiniya (Forest Nymph), who also appears at night during dreams but attacks boys and men

instead of women. Ban Churiniya appears in the form of a very beautiful and carefree young girl who desires sex. When Ban Churiniya begins visiting on a nightly basis, boys understand that they are being haunted by a mischievous and harmful spirit and they call on the guruwa for assistance in dispelling the nymph from their dreams.

The tengaha is thought to assist the guruwa at times by instigating these malicious spirits against families who have opposed or offended the guruwa in some way. The guruwa himself is prohibited from using his knowledge for personal vendettas at risk of degenerating into a tengaha, himself.

The tengaha may also help the guruwa by communicating with the boksiniya on the guruwa's behalf. During epidemics with high mortality (mahamary), when even the desbhandiya and maha guruwa are helpless to stop the plague, the kainpakra tengaha can stop the epidemic by enlisting the support of his associates in the village's boksiniya group to desist from their deadly activities.

No ceremony is necessary for the initiation of boksiniya. One boksiniya merely whispers her mantar (spell) into the ear of a susceptible young girl at the midnight hour for seven consecutive nights during any time of the year. Only willing girls are thought to be susceptible but since no pooja or sacrifice is necessary for initiation, there is no financial burden in joining.

Male and female villagers consistently agree that initiated boksiniya sneak out of their houses at the midnight hour and travel far from the sight of other villagers to disrobe in the middle of the agricultural fields. The nude boksiniya dance together in the fields holding a lit clay oil lamp (diya) in the palm of each hand. Usually congregating in groups of seven boksiniya sisters, they dance naked in a circle with their hair standing straight up on their heads. Many villagers claim to have seen evidence of these covens engaged in their celebrations. The gyrating oil lamps in the fields "burn like the sparkle of fireflies at night." During these assemblies, the boksiniya sisters teach and exchange with one another the techniques of witchcraft, perfecting their illness causing curses (lagu basu mantar).

Several types of boksiniya are recognized by Tharu villagers. An unmarried girl who always travels in groups of seven boksiniya sisters is known as a Kaniya Dayan, a particularly dangerous boksiniya. Jog Dayan, another type of boksiniya, is either a childless married woman or a learned widow. Jog Dayan is usually accompanied by five sisters and requires large

sacrifices and several Tokta poojas to counter her curses. The Kaniya Dayan and Jog Dayan type of witches are known as Daharchandi, the most powerful type of witch responsible for large scale epidemics. They are also thought to cause loss of appetite (loogabar). The curse of loogabar occurs when a witch symbolically snatches food from another person causing that person to lose his appetite for food of any flavor. The guruwa must perform a ritual known as kowrabar to return the ill person's appetite.

Daharchandi witches may deprive an individual of confidence, vitality and the will to live (sato) by means of their lagu basu mantar curse. The accursed person is frightened and depressed for no explicable reason. The Daharchandi witch haunts her victims through nightmares, barking dogs and other minor disturbances which take on ominous and debilitating proportions to affected individuals. The guruwa must bring the ill person's sato back to him by infusing a thread with a sacred mantar and having the affected person wear it as an amulet (jantar) around the neck. Many other types of boksiniya are considered ordinary witches, not Daharchandi. Nevertheless, ordinary witches are considered troublesome enough to cause headaches, body aches and the general misery of less serious illness.

It is believed that if the guruwa fails to control a boksiniya, the tengaha can help because the tengaha is believed to be a close friend with the boksiniya. If a boksiniya cannot be stopped, it is possible that she will kill her victim. If her victim dies, villagers believe that the seven boksiniya sisters gather and happily consume the victim's heart and liver. Joyous at their success, the boksiniya sisters celebrate by feasting on the corpse and exchanging their curses (mantars) with one another.

If a boksiniya can find no victims, she may use her curses (mantar) to consume her own child. She may do this in order to assuage her own anger and frustration but in so doing, it is said that she risks losing her Dhaya Daram (generosity, mother love).

The boksiniya is not confined within the village's boundaries and may travel anywhere, even beyond the pargana, during her midnight forays. The guruwa, on the other hand, is bound within his pargana. If necessary, the guruwa may call on the desbhandiya of a neighboring pargana to assist him in the case of a boksiniya who crosses jurisdictions.

It is widely believed that the boksiniya avoids objects made of iron. Therefore, many people attach miniature hand sickles (hasiya) to their

infants' waistband or slide them under the pillow for protection at night. The sorheniya midwife uses a sickle to cut the umbilical cord. In addition to an ornamental amulet shaped like a sickle, villagers utilize ghazal (black eyeliner) and a jantar (a blessed amulet wrapped in cloth worn on the belt) to protect children from the curse of witches by deflecting the evil eye, the covetous or malicious attention of the boksiniya.

Uneducated villagers believe that the witches and warlocks which cause disease will forever plague the Tharu samaj (Tharu society). Educated villagers believe that education will eliminate the boksiniya because formally educated young girls are thought to be less susceptible to the lure of black magic. Lack of education is thought to provide young girls with the incentive to pursue witchcraft, a most dangerous form of juvenile delinquency. The female literacy rate in Nepal is low (13%) and the literacy rate among Tharu women in Kailali district is even lower than the national average (5%) (HB Gurung 1994; USAID 1995).

Every Tharu and non-Tharu village resident believes in the existence of spirits (bhootwa), including protective benevolent spirits and the malevolent spirits which can cause illness and other misfortune. For instance, on October 7, 1995 a Mura villager was reported kidnapped from his home by a ghost or spirit (bhootwa) in the dead of night. He disappeared while sleeping on the same cot with his wife. She heard nothing and the man's clothes and shoes were still in their place by the cot in the morning. Some villagers commented that the missing man was too drunk to perform Dasain pooja correctly and as a result his protective deity (Jujariya) was not activated to protect him from the ghost. Villagers suspected that the spirit probably kidnapped him to a mystical jungle palace of spirits where missing people are thought to be held for a few days before being released. The guruwa was beckoned in order to call the man back to his home.

On October 9, 1995 the missing man returned from Dhangadhi, the district center about 30 kilometers to the west. He reported that he had gotten very drunk at the village's Dasain festivities and had spontaneously decided to take the five hour midnight stroll barefoot and without pants. That he was not kidnapped by a ghost or spirit did not shake villager's belief in ghosts. After all, simply because this man's disappearance was not the work of a spirit does not irrefutably disprove the existence of ghosts and mystical jungle palaces.

Repeated contradictions and reasonable explanations for events which are at first attributed to ghosts does not make ghosts any less real to believers.

In another case, a local Tharu villager felt haunted by the predations of a warlock (tengaha) in a nearby village. Suffering nightmares and hallucinations for several days, the man called upon the village guruwa to perform the necessary rituals. When the rituals brought no relief, the desperate sufferer reported the warlock's activities to the local police station. The pahadi police officers, unsympathetic to Tharu witchcraft beliefs, scoffed at the man's accusations and informed him that they were unable to take action against Tharu witches and warlocks in the absence of physical crimes. The Tharu villager was enraged at the police officers' apparent lack of concern for threats against his life and began berating them rudely. Eventually, the police arrested the complainant for his rudeness. After spending some days in the police station's miserable jail cell, the man's nightmares and hallucinations dissipated in the face of more immediate concerns and he was released from custody. Witches and dangerous spirits are very real to most Tharu villagers.

A few young village residents who have received an education in local government schools are beginning to question the validity of belief in the supernatural. Rajesh, a biomedically-trained pharmaceutical vendor, scoffs at the guruwa as a charlatan perpetrating a superstitious hoax against his ignorant fellow villagers. Rajesh is firmly committed to scientific rationalism, the products of which form his pharmaceutical merchandise. Yet despite his beliefs, Rajesh's household must contribute the set fee (tihai) of 40 kilograms of harvested rice paddy to both the desbhandiya guruwa and keshoka because it is a village rule laid down by the balmansa. All villagers must comply regardless of their personal beliefs concerning the guruwa and spirit healing. The pharmacist admits that he will at times call on the guruwa for ritual assistance, despite his claims of disbelief in the superstitions of the village, but only "if there are problems with witches."

The local school principal, a Brahmin migrant from eastern Nepal, claims not to subscribe to the "superstitions" of the local Tharu residents, "We are educated Brahmins, after all." Nevertheless, he reports that he will call upon the Tharu guruwa to perform some rituals for his household needs. He defends this obvious dissonance by indicating that he calls the Tharu guruwa only for "small problems," mainly veterinary (milkless cow) and agricultural

(crop blight). His household's human health needs are immediately referred in a biomedical direction, the hospitals in Lucknow, India being the pinnacle of this track. He sees no conflict in using the Tharu guruwa because the principal admits that he "believes a little."

"If you live here you can either go along with these local beliefs or die. You cannot live alone (independently). Spirits dwell in Tharu areas even if they don't elsewhere," is the school principal's explanation. The Brahmin's actions reflect a case of reverse sanskritization, the loss of Brahmanic tradition in a demographically and culturally dominant Tharu region.



Figure 32. The Brahmin school principal smoking bhang (*Cannabis sativa*) from a clay chillum (pipe).

The landless residents of lower Mura engage in a great deal of unsanctioned spirit manipulation and are cognizant of its subversive nature. They earnestly assert that their practices are guruwai (healing) and that they are not tengaha (warlocks). Due to their landless status and relative and absolute poverty, the healers of lower Mura cannot afford the costs of the elaborate guruwa initiation ceremony. Many other lower Mura households are unable to afford the required annual fee of five kilograms of rice paddy for

the desbhandiya guruwa. Nor can many households afford to sacrifice their chickens and rice liquor for healing ceremonies conducted by the desbhandiya guruwa when there are healers within their own family and/or clan. For residents of Lower Mura there is utility in using a family member to conduct the guruwa ceremony because it keeps valuable food and liquor at home. Upper Mura residents frown on such practices which they perceive as witchcraft, indicating the extent to which class considerations influence accusations and definitions of witchcraft.

The guruwa engages in three types of pooja (ritual offering) when faced with an illness complaint. The divination ceremony which determines whether spirits are causing the illness is referred to as Acheta, Achaat or Pati ritual. If spirits are found to be responsible in the Acheta or Pati ritual then the spirits are confronted in the Tokta ritual. The ill villager is followed up in one week to one month with the Bahow purification ritual. Village-wide purification is conducted after a blight or epidemic in the Nikasi ritual.

Diagnosis/Divination

Acheta or Achaat refers to the technique of divination using rice grains and Pati is a divination ritual involving the rotation of a lit oil lamp hanging in a sling constructed from the guruwa's sacred thread (kain). The guruwa sees Achaat by viewing rice grains on a plate (thaliya) or in his hand. Some guruwa claim to see the face of the offending witch or warlock while other guruwa claim to hear the cause of illness "in the wind" while in trance. The Pati ritual is a form of seeing which is accomplished by dangling a flaming mud diya (oil lamp) which gives the guruwa a signal (lahara) by its rotation which indicates the presence or absence of disease causing spirits. During Pati rituals, the desbhandiya guruwa may appease his opponent, the offending spirit (bhootwa), by making offerings (pooja) to it. The Pati ritual is roughly equivalent to diagnosis in biomedical terms.

The Acheta or Pati ritual is conducted to inquire of the guruwa's patron goddess if there are spirits involved which are causing illness. The keshoka guruwa in Mura village is Taga Choudhary. Taga's patron goddess is Bawani, a Kali goddess astride her tiger vehicle, Juggernautiya. Taga agreed to conduct this ritual for me one morning shortly after I arrived in the village to begin fieldwork. The 53 minute ceremony was designed to inquire whether any malicious spirits had entered my body which may cause me to suffer illness

during my stay. Taga, dressed in a factory made button-down shirt and traditional Tharu beguwa (loincloth) and topi (cap), recognized me from my residence in the village ten years earlier and referred to me as Americwa (the American).

Taga assembled his ritual implements, a colorful ceremonial woven basket containing some rice grains and decorated with the shells of freshwater clams, a clay oil lamp slung on a sacred thread and a folded cloth rug as seat on the mud floor before seating himself in a cross-legged pose and spontaneously beginning the ritual without any direct conversation with me. Facing through north door of his home's main sitting room, the keshoka began a rhythmic chant of his sacred mantar, prayer song, while swinging the diya, a shallow clay cup of oil with a dangling cloth wick, suspended by a ritual thread. Taga keeps the sacred thread, known as a kain, attached to his belt loop when it is not in use. Warlocks are sometimes referred to as kainpakra, he who snatches the ritual thread, indicating the subversive nature of their witchcraft. The keshoka entered into a self-induced trance of possession by his patron goddess, Bawani, through the hypnotic swaying of the oil lamp's flame and by gently chanting of his sacred mantar song.

The lyrics of the mantar are not intelligible to members of the Tharu community and the words are not in Tharu, Hindi, Nepali, or other recognizable language. Taga admits that he does not know the exact meaning of the words, only that they are used to call the protective goddess to enter his body. Taga claims that the song is an ancient language known only to Tharu guruwa and passed down over generations solely for ritual purposes. Some of the mantar's words are purposely kept unintelligible by the guruwa so that practitioners of witchcraft will not gain knowledge of key words, especially the bacha (personal code words) of the guruwa which are necessary to make effective contact with the bhootwa (guruwa's patron spirit). Practitioners of witchcraft, referred to as kainpakra (thread grabbers), would like to steal not only the ritual thread of the guruwa but also these crucial bacha code words. The guruwa mumbles the bacha code words during his mantar chant to deprive any listening warlocks of this knowledge.

After approximately ten minutes of chanting and gently swaying the rotating oil lamp, Taga convulsed into an altered state of consciousness indicating that the goddess had arrived and entered his body. Continuously chanting, the guruwa occasionally shifted position, raising his right leg while

continuing to rotate the oil lamp dangling from his kain ritual thread. Taga resumed his cross-legged posture and began singing the mantar at a higher pitch and volume.

Villagers claim that an oil lamp would never stay lit while being rotating for an hour if attempted by a layman as the flame likely will blow out or run out of fuel. They regard Taga's ability to perform this feat to be a sign of his spiritual powers.

After 50 minutes of continuous chanting and rotating the oil lamp, Taga entered into the final phase of the Pati ritual, breaking from the sing-song chanting of the previous hour to a staccato poetry in an unknown language with an occasionally decipherable word, such as Devi, goddess. After less than two minutes of rapid-fire poetry, the guruwa clicked his tongue five times to indicate the conclusion of this portion of the Pati ritual, ceasing the oil lamps rotation and ceremoniously raising and lowering it five times before removing the sacred thread sling and laying it in front of the oil lamp. Taga removed a small handful of rice grains from the ceremonial basket and circled them in his right hand around the oil lamp once in a counterclockwise direction before depositing them on the floor between the oil lamp and the sacred thread while reciting sacred phrases interrogating the spirit world. After flicking the floor three times with his right index finger, the guruwa used his right thumb to arrange the rice grains into pairs. Studying the grains closely until satisfied, the guruwa continued chanting rhythmically throughout the procedure. The guruwa later explained that he pairs the grains to check if the random handful of rice grains thrown to the floor are even or odd in number. If odd, the presence of witchcraft is indicated.

By casting a few small handfuls of rice over the oil lamp's flame, in words and by clucking his tongue repeatedly, Taga thanked and took leave from his patron goddess, Bawani Devi. Fifty-five minutes from the beginning of the ritual, the guruwa clasped his cap between his hands in a prayer position and rotated it several times in a counterclockwise direction over the oil lamp's flame while thanking the goddess and bidding his leave. He then placed the cap on his head and returned the sacred thread to the drawstring of his shorts before rising and declaring the ritual complete. Much to my relief, Taga declared me free from the effects of malicious spirits which could interfere with my health or progress in the research project. Many divination

rituals indicate an absence of spirit involvement at which point villagers who are ill will seek care from a source other than the guruwa.

Treatment/Exorcism

If spirits are found to be responsible for the illness then the Tokta ritual is necessary to exorcise malicious spirits possessing villagers and causing them illness. The ritual both confronts the spirit (bhootwa) directly, ousting it from the victim's body through the superior powers of the guruwa's patron goddess and indirectly, by appeasement in offering blood sacrifice to the offending spirit. The ritual of Tokta, literally "to hit," ritually and symbolically hits directly against the witch or warlock responsible for directing the offending spirit against the victim. The Tokta ritual endangers the guruwa because of the risks of battle in the spirit world and so, unlike the Pati ritual, the Tokta ritual must be attended by both the desbhandiya guruwa and his assistant, the keshoka guruwa.

One May evening in 1995, the desbhandiya and keshoka guruwa assembled with a Mura villager, Bukalee, whose son (age 11) had been suffering from a painful gastrointestinal illness. The illness had previously been determined by Pati ritual to be the result of malicious spirit intrusion. Bukalee is recognized as a village kardhuniya guruwa but he called on the officially appointed desbhandiya and keshoka guruwa to perform the Tokta ritual for his son.

Dinu, age 65, the desbhandiya guruwa, Taga, age 60, the keshoka guruwa and Bukalee, age 40, participated in the ritual while several children and a few men of the village, including myself, observed the proceedings from a short distance. Women are forbidden from attending the guruwa rituals (unless they are the patient) reportedly because of the jealousy of the patron goddess, Bawani Devi. Dinu wore a traditional Tharu loincloth beguwa, a simple hand stitched white shirt, a shawl draped over his shoulders and a Nepali style cap (topi). Taga wore simple stitched short pants (cotoo), fastened to his waist by a drawstring, a factory made buttoned blue shirt, a thin shawl and topi cap. Both of the guruwa wore a simple string bracelet on their right wrists and arrived barefoot wearing no jewelry. Dinu's lightly graying hair was cropped close to his scalp. Taga's nearly bald head was peppered with gray stubble. Taga removed his shawl and both men removed their caps and placed them on the blanket during the ceremony.

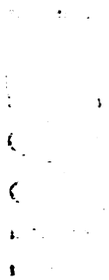
The three men gathered in a clearing near a khair (*Acacia catechu*) tree in the middle of a fallow field overgrown with wild bhang (*Cannabis sativa*). Facing north, the men lined up on the cloth blanket assembling the necessary ritual elements which had been brought to the ceremony by Bukalee. The ritual elements required for Tokta pooja included a beer bottle filled with rice liquor (daru), a stainless steel drinking vessel (lotiya) filled with water, a small hand broom (bharni), a basket (dukalee) containing rice grains, a shallow clay cup oil lamp (diya), a wooden log, iron nails (kuttia) provided by the village metalworker (lohar) and a chicken (murgi).

The desbhandiya guruwa, Dinu, squatted in the center of the blanket with his brother the keshoka guruwa, Taga, squatting to Dinu's left. Bukalee positioned himself to Dinu's right. The clay oil lamp was lit by Bukalee and the two guruwa began a barely audible prayer while blowing on rice grains held in small sal leaf plates (dhuniya) which they each held in their hands. The purpose of blowing the prayer onto the rice grains provided by the farmer was to infuse the rice grains with the spiritual power necessary for ritual use.

After applying their mantar, the rice grains were put aside and Bukalee poured water from the lotiya jug into two small dhuniya rice plates held by Dinu and Taga. Beginning to chant their sacred mantar songs, Dinu and Taga poured the water from the leaf plates directly into the soil in front of them, as an initial purifying offering to the makeshift altar of their patron goddess, Bawani Devi. Bukalee was then instructed by Dinu to pour rice liquor from the bottle into the same dhuniya leaf plates and the offering with prayers was repeated.

With much mischievous chuckling among the three men and onlookers, Taga then instructed Bukalee to refill the dhuniya cups with rice liquor jokingly stating, "We also need this offering because we too have some work to do here!"

After consuming the liquor with the toast, "Just a little for a start" and an involuntary shudder at the liquor's high potency, the men broke into hearty laughter as they tossed aside the dhuniya leaf cups. Some rice grains were ceremoniously patted to the ground and sprinkled in the air as offerings to the spirits. Taga assumed a ceremonial squatting pose with hands clasped in prayer pose above his head, a position known as case dogna. Dinu applied a tika mark to both of Taga's feet, knees, elbows and the tip of his clasped hands. Dinu then began a hypnotic mantar chant designed to invite the Bawani Devi



patron goddess to enter Taga, who maintained the case dogna position in silence.

Within three minutes, Taga began experiencing sooswaina (altered states of consciousness) marked by convulsions, which indicated the arrival of the patron goddess. The severity of the convulsive possession ebbed and flowed but reached dramatic proportions as Taga lurched and heaved up and down off the ground with the full force of the spirit entry. After a minute of extreme convulsing, Taga began speaking in an altered manner suggesting that he was now the conduit for the patron goddess. Dinu questioned the goddess through Taga in the staccato but unintelligible language of the guruwa. Taga responded in an equally unintelligible rapid-fire manner as Dinu handed him handfuls of rice grains which Taga briefly examined before hurling towards the oil lamp in a manner suggesting dissatisfaction.

Taga, completely entranced, began to systematically lay hands on the ritual objects and the makeshift altar as Dinu continued his rapid mantar chanting. Dinu removed an iron nail and after dipping it in the oil lamp's oil and holding it in the flame handed it to Taga. Taga, in an altered state of consciousness circled the nail around the back of his head before biting down on it producing a loud cracking sound. He then circled the nail around his head once again before stroking it down the length of his left arm. Taga hammered the nail vigorously with a small hoe into the log at his left side, exclaiming energetically, "Soosiyo!" translated roughly as "Enough!"

Each nail pounded into the log symbolically represents a nail pounded into the head of the witch or warlock who directed the malicious illness-causing spirit against Bukalee's son. As Dinu prepared the next nail for repeating the process, Taga rubbed the earth with his left hand in a distracted manner. Beating the ground in agitation, Taga cried out, "Soosiyo!" repeatedly and with vehemence.

The unsynchronized chatter of mantar recitation by both of the healers and the pounding of nails into the log followed by examination of rice grains continued for ten minutes in a cyclical manner. Bukalee poured water from the lotiya into a dhuniya leaf cup held by Dinu who then handed it to Taga, still possessed by Bawani Devi. Taga poured the water from the dhuniya leaf cup into the ground in front of him and handed the leaf cup back to Dinu. Bukalee poured rice liquor into the leaf cup and Dinu handed it back to Taga who again offered it to the ground in front of him. Dinu then handed some rice grains to

Taga who blew on them before tossing them to the ground near the oil lamp in offering, as well.

The mantar recitation took the form of Dinu questioning the goddess through his possessed assistant. The cycle of pounding nails, examining rice grains and offering liquor was repeated fourteen times. The guruwa later reported that the initial rice grain examinations indicated that the malicious spirits had not been defeated and so the cycle of pounding nails into the log had to be repeated until the rice grains indicated complete success. Not all ceremonies require fourteen cycles. Some may require fewer while others may continue even longer.

A final mantar chant and offering of rice grains by the possessed keshoka guruwa was concluded. Taga's possession trance was terminated by the desbhandiya guruwa, Dinu, as he stroked Taga's spine with his left hand while snapping the fingers of his right hand above Taga's head. With a final cry of "Soosiyo!" Taga snapped out of his possession trance exhausted and disoriented, rubbing his head, chest and legs as if to wipe the possession experience off his body. As Dinu chuckled, concerned onlookers asked if Taga needed help. Taga gestured with a raised outstretched palm saying, "No, no, I'm OK" indicating that he was no longer experiencing an altered state of consciousness. Taga indicated that he was psychically drained but not physically hurt by the dramatic possession experience. A moment later, Taga was convulsed by a residual shaking which was taken as the sign of the patron spirit making her final exit from his body.

Dinu handed Taga the thin straw brush and a leaf plate of liquor supplied by Bukalee. Taga ignited the straw brush on the oil lamp's flame and brushed the log embedded with nails with the flaming brush while pouring rice liquor over the log. Taga then left to discard the log in the nearby Soorminala River.

Bukalee presented Dinu with a small chicken which chirped in agitation as Dinu poured water over its head and plucked the feathers of its neck while chanting another mantar. Holding a sickle under his right foot, Dinu pushed the neck of the chicken into the blade, instantly severing its head and squeezing the blood from its body into the ground near the oil lamp before tossing the carcass into the distance. Dinu offered water and rice liquor from dhuniya leaf plates filled by Bukalee by pouring the liquids over the same spot near the oil lamp serving as makeshift altar while chanting mantar

phrases. Dinu then offered rice grains over the altar by ceremonially raising them twice to his forehead before sprinkling them over the ground.

After Taga returned from the river, Bukalee poured water from the lotiya into two dhuniya leaf cups held by the two guruwa. The guruwa began chanting a mantar of thanks to Bawani Devi while pouring the water into the ground. The process was repeated twice with water and twice with rice liquor and concluded by two sprinkled handfuls of rice grains. The two guruwa retrieved their caps from behind them and clasped them between their hands over the altar bidding leave from the goddess as the 35 minute ceremony was completed.

Purification/Follow-up

Some days or weeks after the successful conclusion of the Tokta ritual, the guruwa may conduct a final ceremony of purification known as Bahaw. The Bahaw ritual requires the sacrifice of a female goat (pathiya dagar) and chicken (murga), as well as liquor (chanki). The Bahaw ritual must be conducted outside of the guruwa's pargana to oust the offending spirit from the jurisdiction. The Bahaw ritual is roughly equivalent to follow-up in biomedical terms. Nikasi pooja is a village-wide purification ceremony to designed expel illness causing spirits out of the households and into the jungle.

The village-wide purification ritual of Nikasi pooja was observed in nearby Bankuta village on October 30, 1995. The ceremony was led by the maha guruwa, the regional chief of all village guruwa, Ram Prasad Pachal-Dangia. Beginning in the morning hours, men of Bankuta village gathered at the home of the balmansa (village chief) to assemble and construct the pooja's necessary ritual articles. The articles included a miniature larriya (oxcart) constructed from strips of bamboo and other pieces of wood, miniature animals molded of clay, a representation of the spirit to be expelled from the village made of a wooden frame covered with a red skirt of cloth and a white strip of cloth as head, several tripods made of bamboo, one steel needle fastened tightly to a small piece of bamboo, several diya (clay oil lamps), a maadal (log drum) decorated with embroidery, tassels and mirrors, several hand cymbals, offerings of sindoor (vermilion powder), rice, lawong (*Myrtus caryophyllus*), incense, red and yellow flowers and water.

At the appointed hour, around noon, after eating koluwa (first meal of the day), representative men from every household gathered in a mango grove at the western edge of the village. Some of the men dressed as women in false wigs and wearing saris while carrying dukhiya (baskets) atop their shawl covered heads. Another villager wore makeup to paint a handlebar mustache on his face and he carried a hoe, an apparent imitation of an Indian farmer. Another man strapped the branches of a small bush against his back. Many were obviously inebriated as they danced to the rhythm of the maadal to a clearing at the jungle fringe.

The carnivalesque party continued at some distance from the ritual itself as the guruwa of the village assembled the ritual articles in a procession aimed out of the village and into the jungle. The red-clothed representation of the spirit was placed at the head of the miniature procession. Behind the spirit, the oxcart was arranged yoked to the clay animals of the village animals, bulls and water buffalo. Behind the model oxcart other clay animals, elephants, horses and deer representing the spirits and animals of the forest were placed in a row. Some distance behind these clay figurines, seven bamboo tripods standing about three feet in height and festooned with strips of white and red cloth were arranged to hold cups of water offerings at their apex. Other offerings of rice and sindoor placed in dhuniya (leaf cups) were arranged behind the last tripod at the feet of Ram Prasad guruwa.

Tika offerings of red sindoor powder were made by guruwa of the village to all of the figurines in the procession, including the spirit the procession's leading point. Another guruwa poured water from a dhuniya leaf cup in offering to the procession. The wicks of the diya, placed alongside the procession were lit by yet another guruwa of the village. All the guruwa of the village considered themselves chela (apprentices) to the maha guruwa, Ram Prasad Pachal Dangia.

Ram Prasad began by chanting a rhyming mantar punctuated by exclamations designed to expel the spirit from the village while he slowly poured offerings of water purified with lawong at the base of the last tripod. Burning incense wafted up from the tripods. In the distance, the festive drumming and dancing continued as villagers took advantage of the guruwa's protection to play at the edge of the jungle, a dangerous place inhabited by many spirits. The villager's playfully enjoyed blurring the usually inviolable boundaries of gender, caste, class and even human identity. They danced as

women, Indians, noblemen and spirits of the forest, testing the limits of identity while protected by the guruwa's presence. The great guruwa's presence prevents evil spirits from taking advantage of the carnivalesque loosening of the social order indicating that the social order itself contains and controls the danger of malicious spirits.

With a cigarette tucked above his right ear and dressed in a sweater vest with a shawl draped over his shoulders despite the heat, Ram Prasad gave himself tika before blowing on a steel needle while whispering some more words of his mantar. After serious deliberation but no trance state the dramatic expectations of the observers were heightened. The great guruwa quickly plunged the steel needle into the underside of his tongue and left it hanging in graphic display of his supernatural mastery over pain. The act reinforced the villagers awe and respect for the shakti (spiritual power) and self-sacrifice of their master healer. An apprentice poured sprigs of lawong (*Myrtus caryophyllus*) in water over Ram Prasad's impaled tongue as spiritual purification and antiseptic. After a few moments, the guruwa removed the needle and spit the blood from his tongue into a dhuniya (leaf cup) before offering his own blood as an appeasement offering to the spirit. In a standard Nikasi pooja, a chicken would be sacrificed but Ram Prasad has arbitrarily chosen to keep Bankuta village free from ritual animal sacrifice. In replacement, he offered his own blood, a highly symbolic and appreciated gesture, to keep the village safe.

In finale, Ram Prasad repeated his commands to the unseen spirits, beckoning them to follow the procession out of the pargana and into the jungle, demanding that they leave the livestock and people of the village alone. With a final offering of lawong water, burning incense, rice grains and flowers sprinkled over the iconic procession while waving his arms outward as if to definitively shoo the spirits away, the ceremony was concluded. The highly festive and increasingly drunken carnival continued in the shade of the trees at the jungle edge late into the afternoon.

Hill Region Nepali Spirit Healer (Pahadi Jhankri)

On September 30, 1995, I was called to look at Ram Charan's son (age eight) who had been ill for more than a month (Household 19). The boy, Luxman, was suffering from fever, malaise and severe weight loss. He was highly agitated and markedly disoriented. Many villagers were concerned that Luxman had become bowlaha (insane). Luxman wasn't able to walk on his own and his speech was incoherent. He deliriously and agonizingly called for his mother, Kiyoli Devi, even as she held him in her arms. The doctors at the district hospital in Dhangadhi had discharged Luxman after one day stating they were unable to treat his condition. The doctors suggested that Ram Charan take Luxman to India. In an Indian hospital, Luxman was treated for paratyphoid with antibiotics, vitamins and analgesics (paracetamol) but the Indian doctors eventually dismissed Luxman's condition as untreatable.

The village's Tharu guruwa had been called prior to the family's rounds of nearby hospitals but the guruwa couldn't counter the curse of the boksiniya. Tharu guruwa from nearby villages were also called but they too failed to effect a cure. Ram Charan seemed particularly depressed at the expenditure of 10,000 Nepali rupees (US$ 200) on hospitalizations, doctors' fees, medications and the chickens and liquor supplied for the many failed guruwa rituals. Ram Charan bitterly resented the loss of such a large sum without gaining any apparent benefit .

On cursory examination and examining his medications, I could only guess that Luxman was mentally confused due to his prolonged fever. Even the hospital diagnostic facilities could not pinpoint the source of Luxman's continuing illness. Since he had survived the actual infection, I tried to reassure Ram Charan that Luxman would soon recover his senses completely with simple rehydration therapy. My advice to give the boy water and simply wait for a few more days was met with an understandable lack of enthusiasm by Ram Charan.

Desperately seeking a cure for his youngest son, Ram Charan made contact with a pahadi jhankri in a nearby resettlement village. The jhankri is a spirit healer common to many parts of Nepal, particularly the Middle Hill areas. The jhankri is the Tharu guruwa's occupational equivalent in Middle Hill Nepali societies. The jhankri was once rare in Far West Nepal's tarai but with the great influx of pahadi settlers to the area over the past decades, the

jhankri has become more widely available for consultations and ritual treatments.

The pahadi jhankri, Babu Ram Sonar, arrived at Ram Charan's house to examine Luxman on October 5, 1995. The jhankri did not perform a spirit possession ritual on this first visit but during the examination, he measured the distance between Luxman's outstretched palms with a thread and he compared the length of the thread to the distance from the top of Luxman's head to his feet. He gazed into Luxman's eyes and uttered soothing words of comfort to both the boy and his parents. He supplied Ram Charan with a cloth jantar (amulet) to be tied around Luxman's upper arm to ward off any further debilitation caused by the illness causing witch (Nepali: boksi) and promised to return on the following Tuesday, an auspicious day to conduct a healing ceremony. Before leaving the village, Babu Ram Sonar gave instructions for preparing the liquor and chicken sacrifice necessary so that Ram Charan could procure the necessary items in advance.

On October 20, 1995, after a week-long unexplained delay, Babu Ram Sonar and his assistant, carrying a large sack of the jhankri's ritual tools, arrived at Ram Charan's home to perform his healing ritual. Ram Charan's son was much more alert than he had been earlier in the week. Villagers attributed Luxman's improvement to the protective effects of the jhankri's jantar. The night-long ritual was a hypnotic ceremony full of mysterious pahadi elements largely alien to many provincial Tharu villagers. Several dozen male villagers of all ages came to Ram Charan's house to witness the healing ceremony and be entertained by the jhankri's magic.

Addressing Luxman's parents, Babu Ram Sonar spoke quietly and with conviction, "I will not kill your son but you must listen to what I am going to tell you and follow my instructions."

Ram Charan and his wife solemnly nodded their assent. Adorned in eagle feathers and bells, the jhankri deployed family and community members on assorted tasks throughout the night. There was endless mantra chanting, drum beating with a vajra (a dumbbell-shaped ritual tool), some patient palpitation and a great deal of alcohol drinking and tobacco smoking. Luxman was unafraid, lulled by the singsong chant of the jhankri's mantras and his incessant beating on a large drum. Luxman watched impressed as the healer called to the boksi (witch), "What do you want? I will give you blood, the blood of this chicken!"

The jhankri exited his trance with the information he was seeking. "This spirit came to enter your son while he was bathing in a stream. Wasn't he bathing in a stream before he fell ill?" inquired the jhankri.

"No. He bathes at our well," answered Ram Charan honestly, much to the jhankri's dismay.

"Yes, he used to swim at the Soorminala River before this illness. The jhankri is right!" exclaimed Ram Charan's wife with surprise at the insights of the strange pahadi healer.

Boys of the village were tested for their whistling ability before the jhankri sent them out to whistle in succession at the four compass points at the edge of the village. The rest of us were made to stay put in the dark and cold for 15 minutes while the jhankri went on a mysterious tour. Babu Ram Sonar returned to conduct jharfook (blowing on the body) and then he used jam (*Syzygium cumini*) leaves to brush and stroke the body of Ram Charan's boy. Later a chicken was offered in sacrifice after being hung from the threshold of a doorway which no one was allowed to cross. During the jharfook ceremony, a young girl of the household unwittingly tried to enter her house through the doorway but was immediately restrained by alarmed observers in the assembly.

Sucking the poison from Luxman's belly and spitting out water to exorcise the spirits, the jhankri mesmerized the crowd. He repeated the rope measurement study of Luxman's height and breadth which he had performed at his initial exam three days earlier. Babu Ram Sonar called for Ram Charan to send a servant for some ashes from the cremation grounds several miles away. The servant was later severely berated for his laziness when the retrieved ashes were determined not to come from the cremation grounds. The kamaiya's duplicity was revealed by both Babu Ram Sonar's discerning eye and the attending village keshoka who employed a quick rice grain divination to determine the origin of the ashes. The Tharu guruwa's cooperation lent legitimacy to the pahadi jhankri's healing ritual. The kamaiya shifted with embarrassment at the public revelation of his obvious forgery of the ashes and admitted that he collected them from another home's fireplace because he feared trespassing at the cremation grounds in the dead of night.

"Do you know how many legs there are on a crab?" queried the jhankri in his mocking but soothingly reproving way. The crowd laughed at the feeble clay model of a crab presented to Babu Ram Sonar for the next phase of the

healing ceremony. "Crabs have 10 legs!" came the quick reply from a Tharu member of the audience.

"Very good, most people don't realize that" answered the jhankri pleasantly supportive as he enlisted every community member into the healing ceremony. The clay model of the crab was handed to him complete along with a clay snake. These were looked over briefly before the jhankri quickly rolled them into a clay ball and left it on a plate of offerings.

The entire village was focused in various ways on the healing of their community member, Ram Charan's son. No women, except Ram Charan's wife and daughters were present for the healing and later other village women were very curious to see the videotape I made of the proceedings saying, "We (women) never get to watch these events".



Figure 33. Babu Ram Sonar, the pahadi jhankri (Nepali spirit healer).

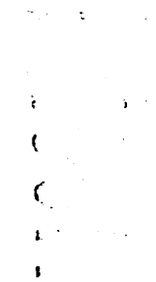
The men in attendance were not overly impressed by the jhankri's treatment because he didn't perform "real magic." No startling tricks were displayed except for Luxman's complete cure. Luxman's eyes gleamed with the delight of a child at the circus. He laughed with the good-natured jokes and appeared solemn at the serious moments of the ritual. Luxman was still weak but fully recovered in his mental faculties and appropriate in his affect; a remarkable improvement over his previous disoriented state, a condition which had persisted for over a month. On the day following Babu Ram's

healing ritual, Luxman was chopping hay and attending to his chores as if he had never been ill.

The attention, love and concern shown by the entire village community could only have reassured Luxman of his important place in society, a feeling which may have given him the comfort and solace to speed his own self-healing process, ultimately any healer's best ally. But aside from the timing of the jhankri's arrival, I can see no reason why the guruwa's healing ritual could not have afforded the same benefits. Yet, the jhankri's presence concentrated the diffuse social concern for Luxman and invigorated and reordered the village society in ways that even a Tharu guruwa's ritual did not foster. The actual processes and rituals employed by the jhankri were not the factors which enhanced his efficacy in mobilizing villagers. On the contrary, one would imagine that the local healer could mobilize the community more effectively than an invited outsider with different language, ethnic origin and alien rituals. But the novelty of the jhankri's presence in the village garnered a great deal of attention. In a way, the novelty of the pahadi jhankri was akin to the novelty of biomedicine in impressing villagers and offering them hope for some dramatic form of countering the suffering of illness and disease.

Both the jhankri and biomedicine offer the promise of curative systems highly valued by non-Tharus which Tharu villagers analyze closely for efficacy. The pahadi jhankri's technique in manipulating the supernatural realm was recognized and supported by the village's keshoka guruwa. Concepts about supernatural disease etiology were culturally congruent for the hill shaman, the Tharu shaman and their clients. Biomedicine is not able to address these cultural needs for spiritual explanations and dramatic action to improve health.

The efficacy of biomedical cures is measured by rapid and dramatic improvement. Long slow recoveries are not considered efficacious because villagers do not correlate a positive outcome with an efficacious treatment if the treatment preceded the outcome by weeks or months. Measuring the relative efficacy of various treatments is impossible when all treatments are taken simultaneously. The relative efficacy of any medical system is not readily apparent to consumers. Rates of positive outcomes for employing different cures are obscured and ambiguous. Evaluations of efficacy are not



the driving force in the maintenance of traditional medical practices (Elling 1981).

Biomedical pharmaceuticals are valued precisely because they are imbued with the cachet of modern consumer goods. Villagers perceive packaged drugs to be instantly effective relative to Ayurvedic and local herbal remedies which are deemed more completely curative but much slower acting. The jhankri's ritual was highly anticipated by villagers (and by Ram Charan's boy, the center of attention) because of the promise of a dramatic and unusual ritual. Luxman's cure was rapid and the jhankri was credited for the result. The credit to the jhankri was given almost as a foregone conclusion. The jhankri seemed to be taken for granted. His ritual was not overly dramatic and villagers were largely disappointed. They wanted to be entertained with amazing feats of supernatural power.

Ram Charan was thankful for his son's recovery but believed that just as the jhankri expected payment for his services so Ram Charan was correct to expect a cure for his son's illness. Health is expected in exchange for offerings. Because biomedical cures are even more costly than the offerings to the jhankri, pharmaceuticals are expected to work miraculously in direct proportion to their exorbitant expense by local standards.

Sending villagers on tasks for ritual objects and functions, not knowing these villagers and their relative status, the jhankri stumbled as he learned the different status of villagers, equalizing relations among them. All villagers respected him with deference and followed his commands in order to contribute to Luxman's cure. The jhankri's healing process placed the society's highest status members at the service of Ram Charan's boy, a young person with relatively low social status. These inversions of status serve as a broader type of healing of the community with a positive effect on Luxman's health. All villagers recognize that from highest to lowest status they all share a stake and are concerned with each others' welfare.

The rich, the gods, ghosts (bhoot) and spirits of the universe can be induced to support the health of any community member at the behest of the jhankri. This re-establishes contact for the disoriented by re-enacting birth, youth and life in the lullaby mantras and magical acts which seem to have no apparent rational or medical purpose. It is both a social and psychological healing; a reorientation and reassertion of the myriad social connections between villagers. For a sick and disoriented individual, such a concentration

of village-wide concern and reassertion of social place and social worth may have a healing power which members of alienated and atomized industrial societies can hardly imagine. For the community, the healing ritual reinforces bonds of reciprocity which govern relations between villagers, the gods and the jungle.

Moslem Spirit Healer (Hafizgi)

Hafizgi, the imam of the Moslem settlement, serves as a spirit healer for the Moslem community. Hafizgi is the Qu'ranic scholar invited by the community to serve as their imam and teacher of Urdu to the Moslem children. He conducts healing rituals by blowing (jharfook) Qu'ranic verses onto the sick individuals' affected limbs or body parts. Hafizgi also ties jantar (amulets) onto clothing to ward off the evil eye despite Islamic injunctions against magic amulets. Cures involving the blowing of sacred mantras and the use of amulets are common in Himalayan medicine and Hafizgi's practice appears to be an amalgamation of South Asian healing practices and Moslem faith.

Hafizgi recites Qu'ranic verses to expel malevolent spirits and is highly regarded, even in the Tharu community, for his efficacy in confronting the Jinn, a notoriously difficult malevolent spirit. He describes the Jinn as an ancient ghost, much older and more dangerous than the ghosts which plague the Tharu. Tharu villagers actively seek out Hafizgi's treatment of Qu'ranic verses even though they possess no interest in Islamic religious beliefs. Tharu villagers suppress ideological conflicts in order to seek health. Although they do not call on the services of the Tharu guruwa, the Moslems believe in the guruwa's efficacy because they also believe that spirit intrusion is a viable disease etiology. Hafizgi's healing practice is entirely of the personalistic type (Foster 1976).

Few villagers, notably the Indian Moslems in lower Mura, intentionally avoid accessing the government health services. As Indians of uncertain residency status, the Moslems are not qualified to access the government health services. The results of the Moslem community's avoidance of government health services is indicated by the presence of a disabled Moslem boy (age 12), the only victim of paralytic polio in the village. Reflecting the history of controversial politically motivated health care projects in India, the Moslem community members interviewed expressed faith in biomedicine's efficacy but mistrust for the motivations behind government sponsored health

care, especially contraceptive services. Hafizgi argues against family planning as a sin against God claiming that contraception violates Islamic codes and is foisted on the Moslem community by Hindu dominated governments in India.

Hafizgi and other Moslem adult men in the village claim that contraception violates their religion and they suspect Indian and Nepali government health bureaucracies of encouraging contraception to limit the number of Moslems in order to control the demographic growth of Moslems. The history of coercive population control policies in India during Indira Gandhi's tenure as Prime Minister of India has left its mark. When asked about the problems of hunger and overpopulation which would seem to arise inevitably from such an aversion to contraception, the leader of the Moslem community resorted to his absolute faith in God stating that in all cases, "Allah will provide for his people." Hafizgi asserted that population growth meant "more soldiers for Allah," thus framing the issue of population control in the political terms of an ongoing demographic battle between religions.

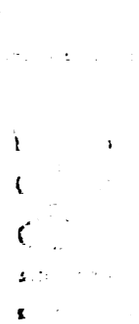
Midwife (Sorheniya)

Six Tharu women in Mura, three in upper Mura and three in lower Mura, act regularly as midwives, sorheniya. The average age of the village sorheniya is 54, ranging from 33 to 69. The sorheniya provides the assistance of a midwife but is also considered an expert massage therapist and her services are called upon by both men and women. Another health practice conducted by the sorheniya consists of the application of distinctive bullseye tattoos which are thought to contribute to health by distracting witches and pain causing spirits. The sorheniya is used in every village household and is usually highly praised for her good work. The Moslem community even calls the Tharu sorheniya to assist them if there is a birth in the village.

The sorheniya is not sanctioned to enter into spirit possession. Ritual manipulation of the spirit realm is not involved in the sorheniya practices and so women serve openly as village sorheniya. Men are never permitted to function in the midwife capacity and although some village men are expert in massage therapy, they can never be considered sorheniya, a title restricted to women. The sorheniya operates on both the physical and spiritual realm but she does not enter into trance. The sorheniya's practice combines both naturalistic and personalistic types of healing (Foster 1976).

In her role as midwife, the sorheniya is called upon only when pregnant women begin labor. Prenatal care is not considered part of the sorheniya's responsibility. At birth, the midwife is called to assist the women in the household to attend to the mother and deliver the infant. The sorheniya is respected for her expertise in these matters usually based upon her own multiple births. Mura's six sorheniya have themselves given birth to 32 children, more children on average (5.3) than the average for all women resident in the village (3.8). Bari Devi, a village sorheniya, lost eight of her nine children to infant death. Only her last child, a son, survived. Her personal experience with nine deliveries and her tragic loss of so many children inspired her to assist other women in the village with their babies' births. Women often begin working as sorheniya after passing through their own reproductive years.

The sorheniya assists in difficult deliveries by manipulating the infant into the proper position for passing through the birth canal. If necessary, she folds the head of the infant by turning the chin to one side in order to twist the entire fetus around by massage. Once the infant is delivered, the sorheniya



strips the umbilical cord by pulling it gently away from both mother and child before ligating both ends. Once ligated, the umbilical cord is severed with a sickle blade heated over open flame.

The Tharu sorheniya describes the importance of vigorously depressing the newborn's tongue believing that this action frees the tongue muscle and prevents muteness. After the birth, the sorheniya administers eight days of mustard oil massage for the baby and nine days for the mother. Each massage session can last up to an hour and the frequency is determined by the extent of the mother's post-partum pain and speed of recovery. The mother receives a relaxing abdominal massage believed to speed healing of the womb. The infant receives a daily full body oil massage followed by several hours of sunbathing which together are believed to improve blood circulation and muscle vigor.

A government sponsored health initiative to provide the sorheniya with basic biomedical midwifery training has been useful according to the village sorheniya interviewed. Although the training conducted by women health volunteers in the village taught the importance of using a sterile, or at least unused, razor blade to cut the umbilical cord in order to prevent tetanus, the sickle remains the preferred tool for this highly charged birth event. The sickle is considered a protective symbol, miniature sickles are frequently tied to children's belts to ward off disease causing spirits. The sickle, with its symbolic connotations of the harvest is invested with positive meanings of health and wealth and so it is considered an appropriate tool despite biomedical admonitions against its use.

The sorheniya charges no fees for her services although a small party is usually given in the sorheniya's honor about ten days after the birth of the child. Meat (usually chicken) and rice liquor are consumed at the party which is held at the house of the recipient family and attended by the family of the sorheniya. The mother of the regional guruwa is a sorheniya and is reputed to be a highly effective herbalist, as well. Her son shares her knowledge although each claims to have taught the other their skills.



Figure 34. Shiv Lali Choudhary, one of Mura village's six sorheniya (midwives).

The sorheniya is the only healer in the village who is called upon by both the Tharu households and the Moslem households. The Tharu sorheniya is valued in the Moslem community for her skills as midwife and massage therapist but not for tattoos which the Moslems usually abjure. The other traditional healers of the village, the guruwa and baiduwa, are never called for assistance by the Moslem households.

Attempts to include traditional healers into national health development projects are likely to meet with only limited success. Even the conceptual categorization of traditional birth attendant (TBA) and traditional medical practitioner (TMP), acronyms used by international health planners, serves the interests of policymakers while effacing important social and cultural differences in local traditional medical practices (Pigg 1995). Biomedicine fails

to meet local needs because in its industrial-scale global reach it is unable to modify itself to accommodate human cultural variation.

On 1/29/96 I requested treatment from the sorheniya because of a shoulder injury aggravated by carrying a heavy Indian bicycle across some streams while visiting a neighboring village. Without pointing out its exact location other than to say I had a sore shoulder, the sorheniya instantly located the knot in my shoulder blade with her expert fingers. She massaged it vigorously with strong fingertip pressure lubricated by oil heated on her palms held to the fireplace. The sorheniya (age 70), mother of nine children only one of whom survived past childhood, grunted with strain as she leveraged off my neck with one hand while massaging my shoulder with the other. The women of the household chatted peacefully, warming themselves by the fire as chickens scrambled around my feet chasing their chicks. The sorheniya's warm hands, cracked and wrinkled with age, relentlessly smoothed my shoulder and back in repetitive and forceful strokes reflecting her long experience with massage. I relaxed under sorheniya's expert fingers and melted into the woven mat feeling a timeless, organic and calm feeling. After her one hour massage which completely eradicated the pain in my shoulder I found it no wonder that everyone in the village loves the sorheniya.



Herbalist (Baiduwa)

The local, regional and international demand for Himalayan religious and medicinal plants is strong. Ayurvedic and biomedical drug manufacturers in Nepal, India, Europe, Japan and North America have made medicinal herbs Nepal's most highly valued export (Aryal 1993). The Himalayan yew tree is a source of taxol, a highly valued anti-cancer treatment in biomedicine (Kolata 1991; "New source" 1992). Understanding the many varied ethnoecologies of Nepal is imperative if these valuable natural resources are to be widely distributed and utilized in a fair and sustainable manner (Hedberg 1993; Heinen and Yonzon 1994). Tharu ethnoecology recognizes the jungle's value as a source of medicine.

Herbalists are referred to as baiduwa (male) or baidiniya (female). No ritual knowledge or manipulation of the spirit realm is involved in herbal medicine so female practitioners participate openly and are recognized for their knowledge. A large percentage of households (40%) claim to know at least three herbal cures with both male and female household members claiming some herbal knowledge. Only very highly regarded individuals with knowledge of dozens of herbal remedies are regarded as baiduwa/baidiniya and their expert counsel is sought out by other village residents. The baiduwa charges no fee for services although small cash or rice liquor donations are accepted from thankful villagers if cures are successful.

Herbal lore is passed down as an oral tradition from baiduwa to chela (apprentice). The tradition is not transmitted with great fidelity because each baiduwa experiments with different herbs when treating clients and modifies treatment based on individual experience. The baiduwa is the least ritually oriented of all the traditional healers in the village. In fact, if an illness is thought to be caused by spirit possession, the herbalist claims that herbal remedies are ineffective. The guruwa determines the nature of the illness. The herbalist is a naturalistic healer who claims no power over the spiritual realm.

Mura village's baiduwa is Jontoo Choudhary, age 55, a lifelong resident of Kailali district. Jontoo reports that he learned most of his herbal knowledge from his father-in-law, now deceased, in his time a highly regarded herbalist in a nearby village. Jontoo maintains communication with other herbalists in neighboring villages, making frequent social calls during which information regarding herbal cures is exchanged.

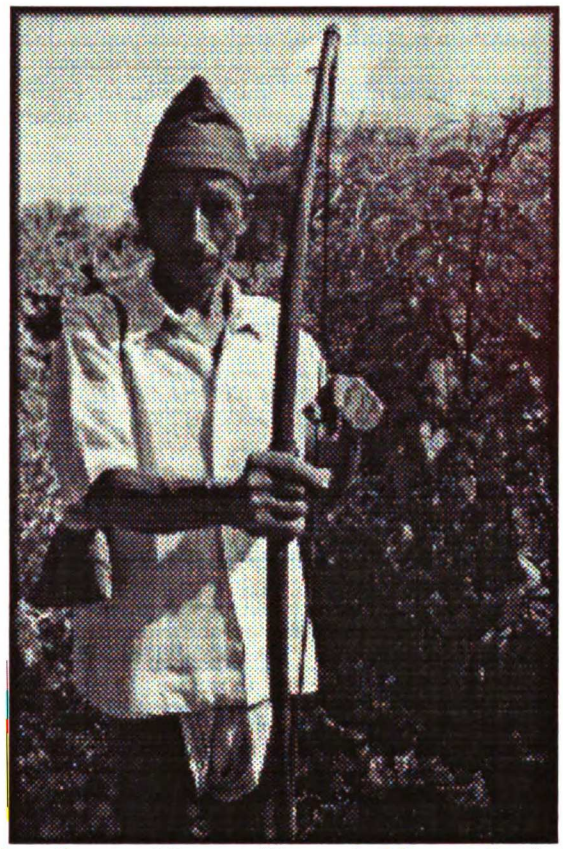


Figure 35. Jontoo Choudhary, Mura village baiduwa (herbalist) displays the bow he uses with clay marbles to hunt for birds and small animals while in the jungle.

Plant products form the vast majority of this herbalist's pharmacopoeia although animal, insect, fungal and mineral products are also included. The numerous medicinal plants, animals and minerals used by the baiduwa and other Mura village residents indicates the depth of indigenous knowledge concerning jungle ecosystem species.

	Tharu Plant Name	Disease Condition	Part Used	Preparation	Application
1	Aamp	Callus, split heel	Sap	None	External
2	Aamp	Malnutrition	Seed	Powder	Mouthwash
3	Ael	Dehydration	Root	None	Amulet
4	Aheroga	Rash	Leaf	None	External
5	Aheroga	Malnutrition	Seed	Grind	Mouthwash
6	Ael	Dehydration	Root	None	Amulet
7	Ajubak	Abcess, to heal	Leaf	Heat	External

8	Akhchimka	Ulcer, joint	Root	Grind	External
9	Amarbet	Pain, GI	Seed	Grind	Internal
10	Amarutke tusa	Vomiting	Leaf	Grind	Internal
11	Anarke phula	Diarrhea, bloody	Flower	Grind	Internal
12	Arhul barhul	Pain, GI	Flower	Grind	Internal
13	Asana	Diarrhea	Bark	Grind	Internal
14	Asiddha	Ulcer, GI	Leaf	Grind	External
15	Asiddha	Cavity	Sap	None	Direct
16	Awar bawar	Seizure	Root	Grind	Internal
17	Badaam	Dizziness	Leaf	Grind	Internal
18	Badarike labhi	Seizure	Monkey navel	Grind	Internal
19	Baghanochuwa	Pain, GI severe	Root	Grind	Internal
20	Bakulak haddi	Bone stuck in throat	Egret bone	Grind	Internal
21	Baluk chala	Boil	Bear skin	Grind	External
22	Bandarbeguwa	Lactaction aid	Root	Grind	Internal
23	Bankas	GI, worms	Leaf	Burn	Internal
24	Barera	Boil	Leaf	Grind	External
25	Barka chakund	Wart	Seed	None	Internal
26	Barka dahigola	Abcess, large	Root	Grind	External
27	Barkachak-churika	Pain, GI	Root	Grind	Internal
28	Barkachakond	Wart	Seed	None	Internal
29	Barkadahigola	Cyst	Leaf	Grind	External
30	Basik	Pain, eye	Sap	None	External
31	Batulia	Pain, GI	Root	Grind	Internal
32	Bel	Diarrhea	Fruit	Juice	Internal
33	Bend	Pain, GI (Stones)	Root	Grind	Internal
34	Bend	Pain, GI	Seed	Grind	Internal
35	Bend	Pain, GI	Seed	Grind	Internal
36	Besarma	Repellent, tick	Sap	None	Direct
37	Besarma	Insecticide, tick	Sap	None	Direct
38	Bhaata	Vet, buffalo	Fruit	Cook	External
39	Bhaata	Lice	Leaf	Grind	External
40	Bhang	Repellent, mosquito	Leaf	Burn	Direct
41	Bhang	Dizziness	Leaf	Grind	Internal
42	Bhangrela	Pain, Headache	Sap	Grind	External
43	Bhangrela	Pain, Headache	Leaf	Grind	External
44	Bhelak ras	Laceration	Bark	None	External
45	Bhemti	Infection, GI	Mush.	Grind	Internal
46	Bhirmati	Boil, disseminated	Insect	Mix w/curd	External
47	Bhitari bhur	Edema	Root	Steam	Inhalation
48	Bhitari bhur	Edema	Spore	Steam	Inhalation
49	Bhuicheptha	Malnutrition	Root	Grind	Internal
50	Bhuicheptha	Lactaction aid	Root	Grind	Internal
51	Bhuicheptha	Laceration	Root	Heat	External
52	Bichcopara	Boil	Bark	Grind	External
53	Bichcopara	Boil, finger joint	Leaf	Grind	External

54	Bijay sal	Pain, hip	Bark	dilute	Internal
55	Bilariak sal	Loss of consciousness	Amniotic sac	Grind	Internal
56	Biriyake patiya	Pain, Headache	Leaf	Grind	External
57	Bismari	Paresthesia	Seed	None	External
58	Bon san	Seizure	Root	Grind	Internal
59	Bonbharta	Ulcer, GI	Mixed	Grind	External
60	Bujbujiya	Boil, head	Root	Grind	External
61	Charas	Short. breath	Root	pill	Internal
62	Chatari	Ulcer, GI	Mixed	Grind	External
63	Chatiyun	Pain, thoracic	Bark	Heat	Massage
64	Chini piaj	Diarrhea	Sugar/Onion	Mix	internal
65	Chiraik gorakjar	Boil, from bone	Leaf	Grind	External
66	Chitkatata	Oral cleaner	Leaf	Brush	Oral
67	Churakik	Appetite	Root	Grind	Internal
68	Dadareeke ghotiyar	Pain, GI	Root	Grind	Internal
69	Daldaliyak dant	Diarrhea	Stem	None	Amulet
70	Danarat	Aphasia	Flower	Grind	Internal
71	Dapheher	Boil, to heal	Root	Grind	External
72	Dengrajuwa	Impotence, male	Root	Grind	Internal
73	Dhaldhuliya	Diarrhea	Stem	None	Amulet
74	Dokari	Pain, GI	Root	Grind	Internal
75	Dubba	Boil, to heal	Root	Grind	External
76	Dukrinke karja	Vet, poultry	Mouse liver	Chop	Internal
77	Dulreeke	Diarrhea, bloody	Root	Grind	Internal
78	Galahana	Fracture	Root	Grind	External
79	Galbhomaara	Night blindness	Leaf	Mix	External
80	Galbhomaara	Night blindness	Leaf	Grind	Internal
81	Gandhaini dharaa	Fever	Root	Grind	Internal
82	Garalk pongra	Snake bone in foot	Stork bone	Rub stone	Amulet
83	Gari	Pain, Headache	Fruit	Milk	Massage
84	Gemnitorai	Edema	Seed	Grind	Internal
85	Gepchuhia	Delirium	Lizard	Grind	Internal
86	Golochike	Ulcer, GI	Mixed	Grind	External
87	Gonkar	Ulcer, GI	Mixed	Grind	External
88	Gor katala	Laceration	Root	Heat	External
89	Gor sikari	Dehydration	Root	None	Amulet
90	Gotke jar	Constipation	Root	Grind	Internal
91	Gulabke phul	Pain, eye	Leaf	None	External
92	Gurbas	Edema, peripheral	Root	Grind	Internal
93	Guroj	Vet, buffalo	Leaf	Mix	Internal
94	Haatpiper	Pain, GI	Leaf	Mix	Internal
95	Harak charta	Ulcer, skin burning	Hornet nest	Heat in oil	External
96	Hardihuwa harjor	Pain, GI	Root	Grind	Internal
97	Hardik chutney	Congestion	Fruit	pickle	Internal
98	Harjhot	Lactaction aid	Root	Grind	Internal
99	Hatapiper	Vet, Sick buffalo	Root	Grind	Internal

100	Hurhur	Infection, ear	Sap	None	External
101	Jaiphar	Edema	Root	Steam	Inhalation
102	Jarak biruwa	Gas	All	Dilute	Massage
103	Jethimadha	Malnutrition	Seed	Powder	Mouthwash
104	Jharbarwa	Bite, snake	Root	None	Amulet
105	Jhinphuluwa	Excessive thirst	Sap	Grind	Internal
106	Kabalikobheti	Malnutrition	Stem	Powder	Mouthwash
107	Kacche	Ingrown follicle	Sap	Mix in oil	External
108	Kacha hardi	Rash	Root	Grind	External
109	Kacharee	Pain, GI	Root	None	Amulet
110	Kacharee	Cavity	Seed	None	External
111	Kacharee	Infertility, female	Flower	Dil. in milk	Internal
112	Kacharee	GI, worms	Bark	Grind	Internal
113	Kagdike	Abortifacent	Root	Grind	Internal
114	Kalajiri	Indigestion	Seed	None	Internal
115	Kalguta	Malnutrition	Seed	Powder	Mouthwash
116	Kandar jar	Pain, GI	Root	Grind	Internal
117	Kapari ghad	Pain, GI	Root	Grind	Internal
118	Kaptigad	Lactaction aid	Root	Grind	Internal
119	Karajiri	Gas	Seed	None	Internal
120	Karela	Night blindness	Leaf	Grind	Internal
121	Karmak tusa	Vet, elephant malaise	Leaf	None	Internal
122	Karmuwa	Ulcer, skin, burning	Leaf	Dil. in curd	External
123	Kasturike jar	Boil, early stage	Root	Grind	External
124	Khair	Sore, oral	Bark	Grind	External
125	Kharihuwa harjot	Fracture	Stem	Grind	External
126	Kherak bokla	Edema	Bark	Steam	Inhalation
127	Kherak bokla	Edema	Root	Steam	Inhalation
128	Kohawer	Malnutrition	Leaf	None	External
129	Kosam	fly repellent	Seed	Grind	External
130	Kosam	vet. insecticide	Seed	Grind	External
131	Kumaniyak ghar	Abcess, carbuncle	Wasp nest	Grind	External
132	Kuralak jar	Disorientation	Root	Heat	Internal
133	Kurla, Dadaree	Pain, GI	Root	Grind	Internal
134	Kurladudaree	Lactaction aid	Root	Grind	Internal
135	Lahik ke menkun	Pain, Headache	Seed	Grind	External
136	Lali gurans	Bone in throat	Flower	Grind	Internal
137	Lalmewak dud	Rash	Sap	None	External
138	Larangike ras	Fungal rash	Fruit	Juice	External
139	Lassunke jawa	Bite, snake	Root	Chop	External
140	Lawong jephar	Edema	Seed	Steam	Inhalation
141	Lokake pata	Burn	Leaf	None	External
142	Longare	Pain, eye	Leaf	None	External
143	Madaar	Pain, eye	Root	Grind	Internal
144	Madaarke phula	Rabies	Flower	Grind	Internal
145	Madhuksahat noon	Abcess, to open	Honey/salt	Mix	External

146	Mahurain ke lahara	Papules	Stem	Dil. Alcohol	External
147	Main	Edema	Bark	Grind	Internal
148	Main	Edema, peripheral	Root	Grind	Internal
149	Majhiniaphul	Fever, afternoon	Root	None	Amulet
150	Makai	Edema	Leaf	Steam	Inhalation
151	Makai	Edema	Root	Steam	Inhalation
152	Makar goruwa	Abcess, small	Seed	Heat	External
153	Man gadke pata	Edema	Leaf	None	External
154	Mandar	Ulcer, GI	Mixed	Grind	External
155	Masurik guda	Wart	Seed	None	Throw
156	Matak poka	Edema	Leaf	Steam	Inhalation
157	Matanke poka	Edema	Leaf mound	Steam	Inhalation
158	Mewa	Ulcer, GI	Mixed	Grind	External
159	Murgike satilla	Pneumonia	Chicken liver	Grind	Massage
160	Nim	Boil, head	Leaf	Grind	External
161	Niurasin	Bite, snake	Leaf	None	Internal
162	Pahadi kagaz	Bandage	Paper	None	Direct
163	Pakail karal	Boil	Sap	Heat	External
164	Panchamiya	Fever	Root	Grind	Internal
165	Parasi ke jar	Bite, tiger	Root	Grind	Internal
166	Patal bhata	inflammation, testes	Sap	None	External
167	Pawariya	Vet, Sick buffalo	Leaf	Mix	Internal
168	Peetmari	Poison	Root	Grind	Internal
169	Phutki	Infection, GI	Mush.	Grind	Internal
170	Pipra	Congestion	Bark	None	Amulet
171	Piprake pata	Disorientation	Stem	Grind	External
172	Pitmari	Scabies	Root	None	Internal
173	Pran	Ulcer, GI	Mixed	Grind	External
174	Ratmulkira	Fever, nocturnal	Insect	None	Amulet
175	Rohanike jar	Excessive crying	Root	None	Amulet
176	Rohini	Teething	Stem	None	Amulet
177	Rohuk	Cataract	Fish spleen	None	External
178	Sari	Seizure, infants	Bark	Burn	Incense
179	Satalchingani bokla	Ulcer, GI	Mixed	Grind	External
180	Semak pata	Vet, fracture	Leaf	None	Amulet
181	Semar	Abcess, to close	Root	Grind	External
182	Semar	Ingrown follicle	Seed	None	External
183	Semarke laasa	Diarrhea	Sap	Dry	Internal
184	Semke pata	Sobriety	Leaf	None	Amulet
185	Silajeet	Ulcer, GI	Mineral	Grind	Internal
186	Simra	Boil	Seed	Oil	External
187	Sirasik jar	Pain, tooth	Root	None	Amulet
188	Sontarik bhat	Indigestion	Seed	Grind	Internal
189	Sontata	Dizziness	Whorl	Grind	External
190	Sowake bia	Malnutrition	Seed	Grind	External
191	Surak chongi	Bloody nose	Pig nose	Dry	Amulet

192	Surujmandal	Pain, Headache	Seed	Grind	External
193	Thulpatiya	GI ulcer	Root	Grind	Internal
194	Tin patiya	Pain, GI (Stones)	Root	Grind	Internal
195	Toraik gargaj	Ulcer, GI	Mixed	Grind	External
196	Tul patiya	Ulcer, GI	Root	Grind	Internal
197	Tulsa	Ulcer, oral	Leaf	Chew	Oral
198	Tutke bokla	Ulcer, GI	Mixed	Grind	External
199	Ultakur	Vomiting	Root	Grind	Internal
200	Ultakur	Fever	Root	Grind	Internal
201	Upari bhur	Edema	Root	Steam	Inhalation

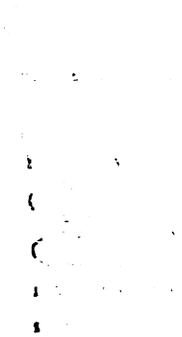
Table 9. Medical ethnobotanical inventory of Mura village's baiduwa (herbalist).

More than 200 medicinal plants and other products are used by Jontoo Choudhary to treat a wide variety of diseases. With the assistance of Mr. Hemanth Bhandari of the Natural History Museum in Kathmandu, some 116 medicinal plant specimens collected by Jontoo Choudhary from the fields and jungles surrounding Mura village have so far been identified.

	THARU NAME	BOTANICAL/SCIENTIFIC NAME
1	Aamp	*Mangifera indica*
2	Ael	*Albizzia mollis*
3	Aheroga	*Cassia fistula*
4	Ajubak pata	Unidentified
5	Akhchimka	Unidentified
6	Amarbet	*Citrus grandes*
7	Amaroot	*Pissidium guajava*
8	Ampchooncha	*Oxalis corniculata*
9	Anarke phula	*Punica granatum*
10	Arhul barhul	*Hibiscus rosa-sinensis*
11	Aroo	*Prunus persica*
12	Asana	*Terminalia alata*
13	Asiddha	*Lagerstroemia parviflora*
14	Awar bawar	Unidentified
15	Badaam	*Prunus amygdala*
16	Badarike labhi	Langur (*Presbytis entellus*) navel
17	Baghanochuwa	Unidentified
18	Bakulak haddi	Egret bone (*Egretta sp.*)
19	Baluk chala	Bear fur (*Ursus sp.*)
20	Banbebree	*Ocimum sp.*
21	Bandarbeguwa	Unidentified
22	Bankas	*Sacharum spontaneum*
23	Barera	Unidentified

24	Barka chakund	*Cassia laevigata*
25	Barkachakchurikake jar	Unidentified
26	Barkachakondke guda	Unidentified
27	Barkadahigola	Unidentified
28	Basik dud	Unidentified
29	Batulia jar	Unidentified
30	Bayer	*Zizyphus mauritania*
31	Beeriya	*Persicaria sp.*
32	Bel	*Aegle marmelos*
33	Bendke jar	*Crotolaria albida*
34	Besarma	*Ipomoea*
35	Bhaate	*Clerodendrum infortunatum*
36	Bhajee	*Brassica campestris*
37	Bhang	*Cannabis sativa*
38	Bhangrail	*Eclipta prostata*
39	Bhartahir	*Glycine max*
40	Bhauka	*Persicaria sp.*
41	Bhelak ras	*Semacarpus anacardium*
42	Bhemti	Mushroom
43	Bhirmati	*Termite mound*
44	Bhitari bhur	Unidentified
45	Bhuichapta	Unidentified
46	Bichkopra	*Sida sp*
47	Bijay sal	Unidentified
48	Bilariak sal	Unidentified
49	Biriyake patiya	Unidentified
50	Bismari	Unidentified
51	Boke dara	*Ageratum connyzoides*
52	Bomhra	*Solanum americanum*
53	Bon san	Unidentified
54	Bonbhartake pata	Unidentified
55	Boojboojiya	*Medicago sativa*
56	Charas ke jar	*Mesua ferrea*
57	Chatarike pata	Unidentified
58	Chatiyun	*Alstonia scholaris*
59	Chhegara doodhi	*Sonchus sp.*
60	Chini piaj	Sugar and onion
61	Chiraik gor	*Polygonum sp.*
62	Chitkatata	Unidentified
63	Choorkee	*Imperata cylindrica*
64	Churakik jar	Unidentified
65	Dadareeke ghotiyar	Unidentified
66	Dafeher ke jar	Unidentified
67	Daldaliyak dant	Unidentified
68	Danarat ke phula	Unidentified
69	Darkumhee	Unidentified

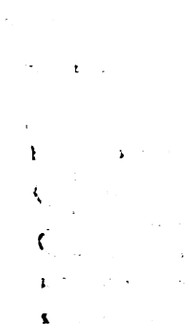
70	Datur	*Datura metel*
71	Dauna	*Occimum basilicum*
72	Denaradt	*Desmodium sp.*
73	Dengrajuwake jar	Unidentified
74	Dokree	*Asclepiodiaceae*
75	Dooba	*Cynodon dactylon*
76	Dudahee	*Euphorbia hirta*
77	Dudhi ful	*Asclepias curassavica*
78	Dufariha ful	*Compositae*
79	Dukrinke karja	Unidentified
80	Dulreekejar chini	Unidentified
81	Galbhomora	*Physalis minuta*
82	Gandhaini dharaa	Unidentified
83	Garalk pongra	Stork bone (*Leptoptilos javanicus*)
84	Garee	*Alternanthera sessilis*
85	Gari	*Cocos nucifera*
86	Gemnitoraikeguda	Unidentified
87	Genda	*Tagetes patula*
88	Gepchuhia	Chameleon liver
89	Golauchee	*Plumeria acuminata*
90	Gonkar	Unidentified
91	Gor katala	Unidentified
92	Gor sikari	Unidentified
93	Gotah	Unidentified
94	Gotke jar	Unidentified
95	Gulab	*Rosa indica*
96	Gulgulawa kanta	*Cirsium sp.*
97	Gurbas	Unidentified
98	Gurhaka muree	*Compositae or Asteraceae*
99	Guroj	Unidentified
100	Gurubas	Unidentified
101	Haatpiper	Unidentified
105	Hadjhor	*Cissus quadrangularis*
102	Harak charta	Unidentified
103	Hardihuwa harjor	Unidentified
104	Hardik chutney	Unidentified
106	Hookahkat	*Solanaceae*
107	Hurhur ke jar	*Cleome viscosa*
108	Jaiphar	*Myristica frangrans*
109	Jam	*Syzygium cumini*
110	Jarak biruwa	Unidentified
111	Jethimadha	*Glycorrhiza glabra*
112	Jharbarwa	Unidentified
113	Jhinphuluwa	*Croton sp.*
114	Kabli	*Malvastrum sp.*
115	Kacche karaal uwe	Unidentified



116	Kacha hardi	*Holarrhena antidystenterica*
117	Kacharee	*Acacia catechu*
118	Kagji larangi, Kagdike	*Citrus lemon*
119	Kalajiri	*Vernonia antihelmintica*
120	Kalguta	Unidentified
121	Kandar jar	Unidentified
122	Kapari ghad	Unidentified
123	Kaptigad	Unidentified
124	Karelee	*Momordica charantia*
125	Karmak tusa	*Adina cordifolia*
126	Karmuwake pata	Unidentified
127	Karonda	*Carissa karanda*
128	Kasturike jar	Unidentified
129	Kateruwa morsa	*Amaranthus spinosus*
130	Khair	*Acacia catechu*
131	Kharihuwa harjot	Unidentified
132	Kherak bokla	Unidentified
133	Kochiya	Fern
134	Kohawer	Unidentified
135	Kokna	*Lippia nudiflora*
136	Kosum	*Madhuca butyracea*
137	Kumaniyak ghar	Unidentified
138	Kuralak jar	Unidentified
139	Kurla, Dadaree	Unidentified
140	Kurladudaree	Unidentified
141	Lahik ke menkun	Unidentified
142	Lali gurans	*Rhododendron arboreum*
143	Lalki battiniya	*Phyllanthus sp.*
144	Lalmewak dud	Unidentified
145	Larangike ras	*Citrus lemon*
146	Larangi	*Citrus lemon*
147	Lassunke jawa	*Allium sativum*
148	Lawong	*Myrtus caryophyllus*
149	Loka	Unidentified
150	Longara	*Salvia officinalis*
151	Madaar	*Calotropis gigantea*
152	Madhuksahat noon	Unidentified
153	Mahurain ke lahara	Unidentified
154	Main	*Xeromphis spinosa*
155	Majhiniaphul	Unidentified
156	Makai	*Zea mays*
157	Makar goruwa	Unidentified
158	Man gadke pata	Unidentified
159	Mandara	*Calotropis procera*
160	Manjiniya ful	*Croton sp.*
161	Masurik guda	Unidentified



162	Matanke poka	Red Ant
163	Meerchee	*Aerva lanata*
164	Mehndee	*Lawsonia alba*
165	Mewa	*Carica papaya*
166	Murgike satilla	Chicken bone
167	Mutiya	*Amaranthus sp.*
168	Nagbeli	*Bougainvillea glabra*
169	Nim	*Azadirachta indica*
170	Niurasin	Unidentified
171	Oordaira	*Pogostemon bengalense*
172	Pahadi kagaz	Unidentified
173	Pakail karal	Unidentified
174	Panchamiya	*Hedychium spicatum*
175	Panchamiya	*Labiatiae sp.*
176	Parasi ke jar	Unidentified
177	Paror	Unidentified
178	Parsa	*Butea monosperma*
179	Patal bhata	Unidentified
180	Pawariya	Unidentified
181	Peetmari	Unidentified
182	Phutki	Unidentified
183	Pipra	*Ficus religiosa*
184	Pranmakaiketesana	Unidentified
185	Rair	*Ricinis communis*
186	Raniful	*Compositae*
187	Ratmulkira	Unidentified
188	Rohini	*Mallotus phillipinensis*
189	Rohukmacheeke pid	Carp roe
190	Sari	Unidentified
191	Satalchingani bokla	Unidentified
192	Seesuwa	*Dalbergia sissoo*
193	Seetaful	*Polygonum sp.*
194	Semra	*Bombax ceiba*
195	Shikhul	*Monocot*
196	Silajeet	Mineral
197	Sirasik jar	Unidentified
198	Soa	*Anethum soa*
199	Sontarik bhat	Unidentified
200	Sontata	*Oroxylum indicum*
201	Sowake bia	Unidentified
202	Surak chongi	Boar's nostril (*Sus scrofa*)
203	Surujmandalkebiya	Unidentified
204	Thulpathiya	*Timnospora chinensis*
205	Tin patiya	Unidentified
206	Toolsaha	*Ocimum sanctum*
207	Toont	*Morus alba*

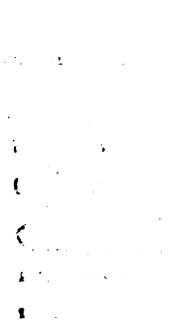


208	Toraik gargaj	*Brassica campestris*
209	Tutke bokla	Unidentified
210	Ulta koor	*Achyranthes aspera*
211	Upari bhur	Unidentified
212	Veriya chukchiya	*Cynoglossum zeylanicum*
213	Vervanda kanta	*Argemone mexicana*

Table 10. Identification of important medicinal herbs used in Mura village.

Jontoo Choudhary's inventory of jungle medicines includes more than 150 different cures covering at least 70 recognized types of disease (Table 11). Tharu disease names were matched with their likely biomedical equivalents based on description by the baiduwa and examination of some cases. Most herbal remedies treat pain, skin infections and gastrointestinal complaints (Table 11). Pain alleviation accounts for the use of 30 herbs, 17% of the total. Infections causing ulcers, boils and abscesses are treated using 38 herbs, 22% of all medicinal plants used.

Condition	Specific complaint	Number of Herbs Used	Total by Disease Group	Percent of All Herbs Used
Pain			30	17%
	GI pain	16		
	Headache	6		
	Eye pain	3		
	Body ache	2		
	Hip pain	1		
	Thoracic pain	1		
	Toothache	1		
Ulcer			19	11%
	Ulcer, GI	13		
	Ulcer, skin	3		
	Ulcer, skin burning	2		
	Ulcer, joint	1		
	Ulcer, oral	1		
Edema			16	9%
	Edema, pulmonary	14		
	Edema, peripheral	2		
Boil			13	7%
	Boil, general	5		
	Boil, head	2		
	Boil, speed healing	2		
	Boil, disseminated	1		
	Boil, early stage	1		



	Boil, from bone	1		
	Boil, finger joint	1		
Malnutrition			9	5%
Diarrhea			8	5%
	Diarrhea, general	6		
	Diarrhea, bloody	2		
Veterinary			8	5%
Abscess			6	3%
	Abscess, carbuncle	1		
	Abscess, large	1		
	Abscess, small	1		
	Abscess, to open	1		
	Abscess, to close	1		
	Abscess, to heal	1		
Fever			5	3%
	Fever, general	3		
	Fever, afternoon	1		
	Fever, nocturnal	1		
Lactation aid		5	5	3%
Bite			4	2%
	Bite, snake	3		
	Bite, tiger	1		
Seizure			4	2%
	Seizure, adults	3		
	Seizure, children	1		
Dehydration		3	3	2%
Infected wound		3	3	2%
Insect repellent		3	3	2%
Laceration		3	3	2%
Warts		3	3	2%
Vomiting		2	2	1%
Alcohol anti-intoxicant		1	1	1%
Aphasia		1	1	1%
Appetite stimulant		1	1	1%
Bandage		1	1	1%
Bloody nose		1	1	1%
Bone stuck in throat		1	1	1%
Burn		1	1	1%
Callus, split heel		1	1	1%
Cataract		1	1	1%
Constipation		1	1	1%
Delirium		1	1	1%
Excessive crying		1	1	1%
Excessive thirst		1	1	1%
Impotence, male		1	1	1%
Infertility, female		1	1	1%

Ingrown follicle		1	1	1%
Insecticide		1	1	1%
Lice		1	1	1%
Loss of Consciousness		1	1	1%
Oral cleaner		1	1	1%
Papules		1	1	1%
Paresthesia		1	1	1%
Pneumonia		1	1	1%
Poison		1	1	1%
Rabies		1	1	1%
Scabies		1	1	1%
Shortness of breath		1	1	1%
Snake bone in foot		1	1	1%
Teething		1	1	1%
Testicular inflammation		1	1	1%
TOTAL			174	100%

Table 11. Allocation of Jontoo Choudhary's herbal remedies by disease category.

The baiduwa's herbal treatments are almost entirely naturalistic. Herbs generally are not imbued with spiritual power and cannot counter the influence of malicious illness-causing spirits. The baiduwa identifies some remedies based on the doctrine of signatures. Plants resembling anatomical parts are associated with efficacy in treating those anatomical parts. Hadjhor (literally, bone joiner), a plant used to speed healing of broken bones, has a limb-like appearance. The treatment for insanity is the liver of a chameleon, based on the lizard's ability to change its shade. Most of the herbal remedies are selected based on empirical results, not by the doctrine of signatures or supernatural beliefs.

The baiduwa uses different remedies to treat the same illness in children and adults. Treatment duration varies from one week to three months. The baiduwa usually follows the course of treatment to test results. If there is no sign of improvement after several days, the baiduwa may suggest another herbal remedy.

Much further research identifying and investigating indigenous medicines used by Tharu and other indigenous herbalists is necessary. This medical ethnobotanical study contributes to the discovery of potentially valuable phytopharmaceuticals by learning from indigenous healers and other plant users (Berlin 1992). Further medical ethnobotanical research requires identification of all plants used in Tharu herbal remedies,

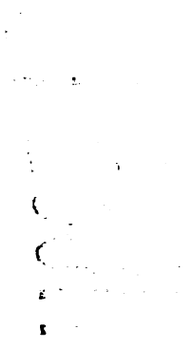
comparison of herbal inventories between many baiduwa and isolation of herbal remedies appropriate for more widespread use.

Government Health Services

Government health services extend biomedicine to its frontier in rural Nepal (Streefland 1985). Although based on cosmopolitan and universal principles, biomedicine's practice at the frontier deviates from the ideal. There are no clinical laboratory facilities available in the vicinity of Mura village. The simple laboratory tests required to correctly diagnose and treat infectious diseases are not readily available. Pharmaceuticals such as antibiotics are dispensed haphazardly.

Only three village residents are engaged in providing health care based on cosmopolitan biomedicine; one village health volunteer and two private pharmaceutical vendors. Only one resident, the village health volunteer, provides biomedical service within the village. She is supervised in the health ministry bureaucracy by the village health worker who operates out of the government health post at Basoti located four kilometers north of Mura. The village health worker regularly makes rounds to area villages to provide contraceptive care, immunizations and monthly clinics.

The health post is irregularly staffed with a physician and a clerk known as a peon. The peon in many Nepali health posts is socially closer to the served community than physicians who usually come from such different cultural and educational backgrounds that communication and care is impeded (Justice 1983). At some health posts the peon is "the only real local worker involved in the health program. He lived in the village, spoke the local dialect and knew the patients and their families. There was not the status differential between villagers and peons which existed with the health assistants, who were usually educated urbanites unfamiliar with rural conditions and local dialects. Whereas the trained workers were away from the health posts much of the time the peon was always available either at the health post or in the village" (Justice 1983). The same conditions were found at the Basoti health post where the physician was often absent but the locally hired peon was usually available in the village. The peon and village health volunteers often act as cultural and language translators for the pahadi Brahmin physician and health worker.

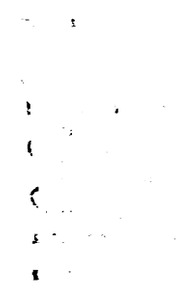


Dukhi Ram Choudhary, the father-in-law of the village health volunteer describes himself as a "modern," progressive or development oriented (bikaasi) villager. Modernity (bikaas) is defined at the village level as belief in the value of change as progress towards improving village and personal welfare with some implicit confidence that government sponsored initiatives and foreign development expertise can achieve these positive goals. Technological, social and cultural development overlap in the concept of bikaas. The official rhetoric labels Nepal abikaasi (undeveloped, primitive) among nations and, similarly, the Tharu people are considered abikaasi among Nepali groups. Abikaasi implies a primitive nature in need of modernization. Tharu villagers often internalize the official rhetoric and refer to themselves as a primitive people.

Few Mura villagers make claims of modernity. Most villagers remain unconvinced by official rhetoric concerning modernization and development. Dukhi Ram is the only village resident who openly claims to harbor no belief in the traditional Tharu spirit healing practices of the guruwa. He even laments that he has no choice but to conform with village rules by contributing his tithe (tihai) to the guruwa but since he is expected to contribute he feels that he may as well utilize the guruwa's services when needed.

In order to promote progress in the village which Dukhi Ram believes includes the acceptance and utilization of biomedicine, he encouraged his daughter-in-law, Lali Devi, to receive six weeks training as a village health volunteer. Lali Devi, lacking literacy or a high school level education, learned rudimentary disease diagnosis and first aid treatment during a series of government sponsored training sessions at the district center. A small stipend was paid to her during the training period but no funding supports her subsequent work as village health volunteer. A small quantity of basic medical supplies, such as antiseptics, bandages, vitamins and analgesics were initially provided to Lali Devi to distribute in the village but those supplies were not replaced after they were depleted. Villagers generally agree that low-cost medication should be made available through the village health volunteers.

The village health worker, Khadananda Neupane, administers a regular program of additional training one day per month to Lali Devi and health volunteers from neighboring villages in subjects such as maternal and child health, hygiene and the prevention of commonly occurring infectious



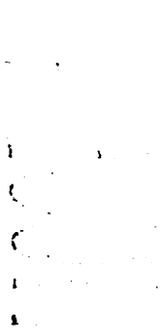
diseases. Lali Devi is expected to report changes in overall village health to the health worker who tabulates results from dozens of villages for his written reports to the district level health officer. Perhaps the most valuable service provided by Lali Devi as village health volunteer consists of her notifying women in Mura of scheduled visits by the village health worker to nearby villages where childhood immunization and female contraceptive injections are administered. Lali Devi serves as the first link connecting village residents with the government sponsored health services which are designed entirely on the cosmopolitan biomedical model.

All government health workers responsible for attending to Mura village health needs (above the level of the village health volunteer) are non-Tharu. Lali Devi's immediate supervisor in the health bureaucracy is Khadananda Neupane, the village health worker assigned to the government health post five kilometers north of Mura. He is a Brahmin transplant from the east of Nepal. Khadananda is a high school graduate with paramedical training. He is literate in Nepali, Hindi and English and speaks some Tharu. He is proficient at numerical record-keeping, a skill very important to the daily conduct of his duties. His routine is organized around a 30 day monthly cycle divided as follows:

1. Five days in attendance at the government health post.
2. Five days administering immunizations in various villages.
3. Five days in attendance at temporary village health clinics.
4. Five days conducting health lectures at area primary schools.
5. Five days training village health volunteers and collecting their reports.
6. Three days holiday.
7. Two days travel allowance to reach his natal home from the work site.

The health post worker's salary is 1750 rupees/month (US$ 35) about which he complains bitterly. To add insult to injury, he is expected to pay for the fuel needed to sterilize the syringe needles, the pens and inoculation record cards from his own salary.

In January 1995, there were 5493 entries for patients in the health post worker's two-year-old record book. Most records showed two to five inoculation entries. Khadananda estimates 3,000 people per village health



worker to be a reasonable client load in the tarai yet his service population consists of 12,000 people. Khadananda calculates that one village health volunteer such as Lali Devi is needed for every 150 villagers but currently each volunteer under his supervision serves 400 or more people.

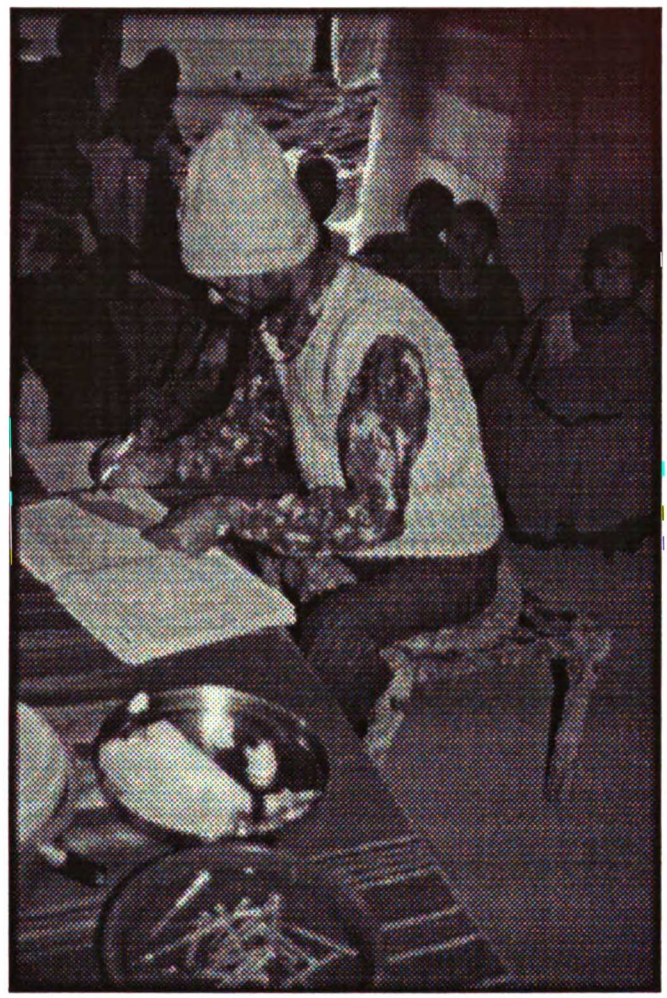


Figure 36. Khadananda Neupane, village health worker, visiting Rana Mura village to administer inoculations and contraceptive injections.

Khadananda is a meticulous and dedicated health worker who believes that his job is a small but important contribution to development in Nepal. He feels frustrated at the cultural gap between himself and the majority of his patients who are Tharu. He possesses an almost missionary zeal about technical details and is an irrepressible fountain of official wisdom on everything from the correct way to administer children's dosage of Vitamin A to the correct way to conduct a Hindu funeral ritual. Khadananda is a Brahmin "doctor", a

double high priest, expert in both Hindu ritual requirements and the biomedical practices he learned in training. He embodies the official health sector at the village level in the way the police and the national and agricultural bank officials embody officialdom in the judicial and economic sectors, respectively.

Khadananda pundits philosophically on death, "We are all just passing time in this existence filling our stomachs before we die." I counter with Buddhist reformation logic by pointing out that serving others and relieving suffering is not just time passed but is a positive existence. He shrugs off my approach as just another delusion. His fatalistic outlook considers service to others as just time passed anyway since in the totality of existence, the amount of suffering can be neither diminished nor increased.

Khadananda interprets the villagers' suffering with illness to be a result of their ignorance. He describes ignorance as the lack of a school education which prevents locals from recognizing the value of biomedical health care. Khadananda believes that his patient community's superstitious belief in spirits and spirit healers is maladaptive. From a dominant cultures' perspective, cultural variation in conflict with biomedicine is an obstacle to health.

Villagers, in turn, appreciate their health worker's efforts especially Khadananda's attempts to speak in Tharu, although they recognize that he does not fully comprehend village life because of his outsider status. Health post immunization services have almost universal acceptance but other treatments are looked upon with some skepticism. One village resident, Kalish Ram, claims that his wife has been disabled since receiving a tubal ligation at a private hospital in India. His wife was accompanied by another women who underwent the same procedure and who had no apparent ill effects. Nevertheless, Kalish Ram mistrusts biomedical practitioners and refuses to send his children to the health post or doctors out of fear of iatrogenic illness. Several villagers commented that women are left weakened by family planning procedures and are unable to carry out their household duties effectively because of the perceived ill effects of medical procedures. These concerns discourage them from placing complete faith in biomedicine and its practitioners.

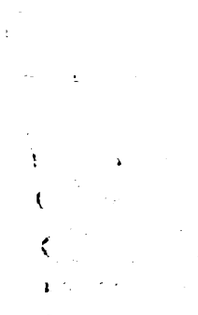
Although landless, the Tharu kamaiya of Lower Mura do have a daily cash flow that the landed farmers do not have. Landed farmers sell what they

can of their harvests at the end of the three crop cycles and then they must budget their year's expenditures from these three crop sales. The landless kamaiya work for a daily wage and usually spend their earnings immediately on daily essentials. The difference in the kamaiya's cash flow cycle seems to give them a different outlook towards buying pharmaceutical products. Medicine is another expense, like food, an economic burden but something which must be purchased like the other commodities necessary in their lives.

The subsistence farmers have seasonal income mainly from sales of paddy rice at the low rates fixed by the state monopoly. The farmers have large farm input expenses, education costs and often a debt burden consuming interest payments; expenses which the most of the Sukumbasi do not face. Therefore, the subsistence farmers, lacking a daily income, feel forced to economize strictly on daily expenses, even in the face of medical necessity. The kamaiya have no saved capital and spend their daily 50 rupee (US$ 1.00) wage on food. When there is a strong medical indication, the kamaiya seem more ready than many of the landed farmers to buy medicine. Subsistence agriculturists are economically conservative while laborers, even though they own less capital, are fiscally less conservative in some areas than their more well-to-do neighbors. Landed farmers expend resources on luxury items such as radios and will occasionally jump quickly to purchase antibiotics at the first hint of diarrhea but the kamaiya carefully consider the necessity of their expenses and seem to be more reasonable in their purchase habits, seeking pharmaceuticals when the necessity is clear.

Some villagers seem to recognize that Khadananda's training is minimal and not much can be expected from him while others seem to think of him as a medical doctor who can treat any illness with an injection. Still others would just like him to store beer in the health post's kerosene powered vaccine refrigerator.

As far as appropriate compensation for the health worker, one village resident stated that Khadananda and other health workers are compensated well enough for their work considering the local cost of living and the average villager's income. A political leader of the landless Tharu community and resident of lower Mura commented, "A decent standard of living is necessary for the government health workers who are responsible for bringing us health care but we do not like it if they aspire to great wealth. No man should become rich on the sickness of the poor. Rich doctors are unable

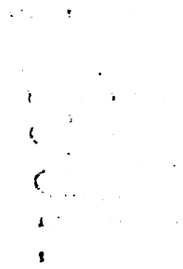


to understand the concerns of the common man and they are never available in times of emergency."

Village women accept and utilize biomedical contraceptive injections of Depo-Provera administered by the village health worker. Women seem to make relatively independent decisions regarding the use of contraceptives although husbands are consulted. Daughters are cherished but husbands generally hope for at least one son to perpetuate their line of descent. If a couple's first children are daughters then there is a tendency to keep trying for sons, resulting in large family size. Many village women actively coordinate their contraceptive care directly with the village health worker in the absence of male villagers. Women seek to prevent pregnancy only after three or more children. Unmarried women do not utilize contraceptive injections offered by the government health workers because of the public nature of village health services. Low cost male contraceptives are available for only 1 rupee (approximately US$ 0.02). Subsidized by international aid, the condoms are available from many general stores and private shops in Hausoliya and other bazaars.

Pintoo, a young boy from Lower Mura suffered a terrible accident in Upper Mura and required emergency medical attention. His experience revealed many of the social limitations on the utility of biomedicine in a country like Nepal. Pintoo was badly burned across his upper torso by an exploding kerosene lantern at a party during the festival of lights. He was rushed by his family to the government hospital at the district center where he stayed for one month recovering from his injuries. A few months later, contracture of the wound site at his pectoral muscle began to restrict the mobility of his right arm and his mother requested my assistance in seeking further care. A medical doctor in a nearby Indian town referred Pintoo to a plastic surgeon in Lucknow, India but the boys parents were hesitant to go there because they felt that Tharu villagers were cheated by Indian hospital workers, merchants and other city dwellers.

I accompanied Pintoo and his father, Dani Ram, to Kathmandu where they faced an exceedingly difficult series of bureaucratic hurdles in reaching a physician, receiving a hospital bed and negotiating with a gauntlet of hospital gatekeepers, the peons, nurses and even other patients. The ordeal was made especially difficult by their unfamiliarity with Kathmandu and the social hierarchy at the hospital. The urban Nepalis considered Pintoo and Dani



Ram to be from a backward area and primitive tribe. They suffered neglect by the hospital staff and ridicule from families of other patients. People use social connections to compete for the scarce commodity of health in the government hospital. Eventually, Pintoo's needs were recognized and he was given a bed. The transient community of the hospital ward came to accept Pintoo and Dani Ram. When Pintoo's anemia required three pints of blood in transfusion, a Nepali man visiting his uncle in the next bed contributed a pint in a moving gesture of generosity. After three weeks, Pintoo received the necessary autograft surgery and release of the contracture injury from a very capable and helpful Dr. Rai.

The experience was a vivid reminder that despite the limited availability of highly competent medical care in Nepal, accessibility is not assured, especially for low status individuals such as low caste, poor, uneducated, rural villagers. It became clear during this experience that without contacts in the all-important social networks which ration care and without sufficient financial resources, the majority of Nepalis are unlikely to overcome the medical care obstacle course presented by the official health care system. Dani Ram, amazed at the hospital obstacle course, stated that alone he could not consider seeking care for his son in Kathmandu.

Pharmaceutical Vendors

Two male pharmacists are residents of Mura although their shops are located outside the village in Hausoliya bazaar. A third pharmacist resides in a nearby village and makes frequent visits to Mura, sometimes responding to villagers' requests for medicines.

The pharmaceutical vendors are licensed to sell a wide array of drugs after receiving three months training from private or governmental educational institutions in India or Nepal. The pharmaceutical vendors operating near Mura village are high school graduates and literate in Nepali, Hindi and English. The vast majority of medicines and supplies are manufactured in India and Nepal under license from European and North American biomedical pharmaceutical giants such as Johnson and Johnson, Hoescht and Bayer. The biomedical pharmaceuticals are sold alongside Indian and Nepali Ayurvedic medicines in a few cases. The pharmaceutical vendors are well-versed in the treatment of common ailments, especially diarrheal diseases, TB and skin infections, but they lack medical training in disease

diagnosis. In the absence of clinical laboratories to conduct urine, stool, blood, X-ray and other tests many conditions remain inadequately diagnosed and treated. Despite the shortcomings of the health infrastructure, the village pharmacists are considered doctors by many rural villagers. The pharmacists dispense pharmaceutical drugs to fill a physician's prescription or on their own authority.

The popularity of biomedical treatment is related to economic and political forces which promote biomedicine as a progressive advance over traditional therapies (Comaroff 1981, 1982; Frankenberg 1980, 1981). The forces of development undermine the traditional social relationships supporting traditional medicine while promoting centralized capital intensive social connections and biomedical practice. The popularity of biomedicine is linked to class status and upward mobility. Specific forms of medical pluralism are determined by forces of "social control, dominant power structures, the viability of economic models of development and cultural hegemony" (Elling 1981). Medical pluralism only exists in class stratified societies (Frankenberg 1980). Pluralism reflects differences in the relations and modes of production in stratified societies. One medical mode dominates another only insofar as it is supported by politically dominant groups for their own purposes.

One Upper Mura villager, Utpradhan, claimed that he purchases medicines from the pharmaceutical vendors mainly to treat the ailments of his kamaiya workers (Household 21). He cited a commonly held belief that herbal medicines are more effective than pharmaceuticals although pharmaceuticals are believed to provide more swift relief. Pharmaceuticals are considered stronger than local herbal medicines but because of their strength, the pharmaceuticals are also blamed for causing unwanted side effects. Pharmaceuticals are thought to provide instant symptomatic relief requiring shorter treatment courses but there is little confidence that they can completely treat underlying disease states. Herbal preparations are considered weaker medicines requiring a longer course of treatment but once treatment is effected herbal cures are considered complete.

Economic considerations drive landowners to seek biomedical cures for their workers. Utpradhan (Household 21) explained his concerns in this way: "If one of my workers is sick, I need to buy some drugs to get him back on his feet immediately so that he can get back to work. If one of my family members is sick then I don't have to spend money on expensive drugs. I can get herbs

from the baiduwa at no cost and make sure that they receive complete cure. I don't have time to let my workers wait for the herbal cures to take effect. I need them back at work as fast as possible. That is the only reason why I buy drugs from the medicine shops."

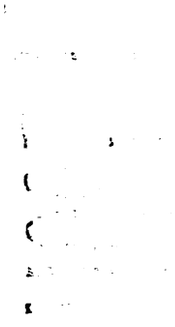


Figure 37. Swanchiria Mahato taking her daily pharmaceutical asthma medications.

The guruwa system is based primarily on the health needs of a cashless society which, until very recently, encompassed all local villages. Biomedical pharmaceuticals clearly are based on capitalist modes of production and their use and availability are determined by the extent to which villagers can afford to pay for them with currency. The guruwa in effect organizes the producers and providers of the cashless agrarian society to ensure that the blacksmith (lohar) and potter (kumhar) are compensated for providing ritual objects to the primary producers, the farmers (kissanwa). The guruwa's role is being marginalized by capitalist penetration of the cash economy into these remote villages but he continues to serve as an alternative until biomedicine can provide cheaper and more effective cures for most common illnesses.

Ironically, the wealthier members of the community are cash poor. Their wealth is held in land, granaries and livestock and they remain self-sufficient and relatively disconnected from the cash economy. Tharu laborers and Moslem small scale merchants, many of them landless and among the poorest community members, are heavily involved in the cash economy. Familiarity with the cash economy influences decisions to seek biomedical care. Villagers less connected to the traditional barter economy, the wealthiest landowners, merchants and laborers are more likely to understand health as a commodity instead of a product of social relations. Small scale subsistence farmers in close relation with the land avoid the cash economy and prefer spirit healing.

One of the area's pharmaceutical vendors, Rajesh Choudhary, is better known by local villagers as Kankutuwa Doctor, literally Ear Cutting Doctor. Rajesh earned his nickname by virtue of his specialty, a simple plastic surgical procedure which he has performed on several hundred women from nearly every nearby village. The nature of the procedure is illustrative of local aspirations to modernity and Rajesh gladly cooperates as modernity's biomedical facilitator. The local tradition being abandoned in the name of modernity is the distinctive personal ornamentation of Dangora Tharu women, the ear ring. In traditional Tharu fashion, the hole in the ear lobe into which the ear ring was inserted was gradually enlarged by the introduction of successively larger cylinders until the hole reached the maximum diameter possible. With an ear ring hole of approximately one inch diameter, Tharu women were able to insert the traditional tarki, a large and heavy silver ear ring. Like other traditional fashions once popular among the local women, such as sewing and wearing of the traditional Tharu lengaha (brightly colored embroidered skirt), the tarki ear rings have fallen into disfavor. Elderly Tharu women retain their allegiance to traditional fashion while most younger Tharu women, exposed to non-Tharu fashions from India and Kathmandu, are unwilling to adorn themselves with clothing and jewelry that is distinctively Tharu. In order to avail themselves of the now popular simple small ear rings from India, the local women request from Rajesh that he close and stitch shut the enlarged holes in their ear lobes. Rajesh is paid 100 rupees (US$ 2.00) for plastic surgery on both ears, a procedure lasting about one half hour. The cost includes anesthetic.



CHAPTER V
SACRED SPACES

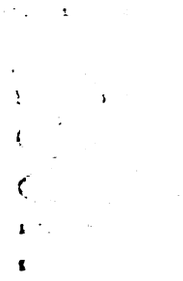
Indigenous ethnoecological beliefs can be responsible for both ecological degradation and significant biodiversity conservation (Anyinam 1995). Habitats and species biodiversity are protected by local ethnoecologies which view natural resources as sacred. Dwindling virgin forest tracts are particularly important to biodiversity conservation in Asia. The sacred forests of Asia were identified as "de facto nature reserves that may be very important in maintaining populations of some plants and animals" (Gadgil 1991). Tharu ethnoecological beliefs protect tarai jungle habitats as sacred spaces as well as protecting certain species regarded as sacred spirits of the forest.

Ecological and Ethnoecological Studies in Nepal

Ecological studies in Nepal have focused primarily on cultural variations in subsistence type and local villagers' use of field and forest resources (Bhasin 1990; Bishop 1989; JF Fisher 1986, 1990; RJ Fisher 1986, 1989; Fricke 1989; Ghosh 1992; Gilmour 1989; Gilmour and Fisher 1991; Goldstein & Messerschmidt 1990; Metz 1989, 1994; Muller-Boker 1991; Shrestha 1987; Stevens 1989, 1993; Zurick 1989). Cultural groups in Nepal have developed a multitude of unique local traditions which served in various ways to regulate resource use and shape their communities' relations with the land.

Plants are used for construction, food, medicine and religious ritual in different ways among Nepal's many ethno-linguistic groups (Adhikary et al., 1979; Bajracharya 1979; Bhattarai 1989, 1992; Bichman 1989; f 1956; Boicsya and Majumdar 1981; Coburn 1984; Dash 1976; Joshi & Edington 1990; Maheshwari, Singh, & Saha 1981; Majupuria 1988; Manandhar 1980, 1989; Messerschmidt 1990; Namba 1985; Pohle 1990).

Five constraints on the subsistence system of the Far Western Himalaya lock the region into "an ever increasing, downward spiral of degradation" (Bishop 1990). Farmland fragmentation due to indigenous cultural practices, such as inheritance patterns, and the destructive aspects of central development share responsibility for degradation in the Himalaya. "It is one of the many ironies of modern life that efforts, for the most part undertaken with good intent, to modernize and develop backward regions often destroy a delicate balance and already endangered way of life" (Bishop 1990). For



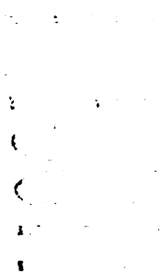
example, road-building projects undermine crucial trans-Himalayan trade relations which in turn forces residents to pursue unsustainable forest practices in order to survive. National policies implemented to protect forest areas, such as those which created Rara National Park, displace high mountain villagers and forcibly resettle them in the tarai jungle. As the people of Far West Nepal struggle to maintain the region's delicate ecological balance, the example of the Sherpa in the eastern Nepal's Khumbu District offers a possible model for the development of culturally appropriate resource management policies.

The Example of the Khumbu Sherpa

Indigenous Sherpa resource management systems closely regulated the grazing and forest use practices of villagers in parts of the high Himalaya (Furer-Haimendorf 1964). The Khumbu region of northeast Nepal, at the base of the world's tallest peak, has attracted the attention of hundreds of thousands of foreign visitors and the interest of a number of anthropologists (Fisher 1986, 1990; Ortner 1978, 1989a, 1989b; Stevens 1993). The increasing numbers of visitors to the Khumbu has serious impacts on the local society, its culture, economy and regional ecology (Brower 1990; Fisher 1990; Furer-Haimendorf 1984; Ortner 1989b; Stevens 1993).

Indigenous Sherpa land management practices collapsed under the influence of state intervention (Stevens 1993). The resistance of the Sherpa communities to government timber industries and national park regulations eventually resulted in compromise resolutions to resource management. Yak livestock raising is a central concern of Sherpa resource management practices (Brower 1990). The Khumbu landscape has been altered over many generations yet it has "been protected from rapid, irrevocable degradation by an array of cultural adjustments that temper the impact of people and their livestock on the land." (Brower 1990). Yak pastoralism, potato, barley and buckwheat agriculture, trans-Himalayan trade and, more recently, tourism, have become fundamental and interrelated parts of the Sherpa economy.

Early land use in the Khumbu necessitated controls to permit livestock production in the fragile and low-productivity alpine environment. Traditional land-use controls centered around land tenure arrangements and the communal control of common lands. Land-use controls forced herders to practice transhumance between high altitude grazing pasture and lower

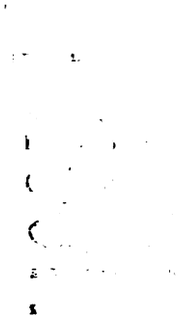


altitude settlements. Communal lands, especially critical winter grazing lands, were protected by the authority of nawa (traditional forest guards) who were designated by and for each village. The nawa regulated land use in the vicinity of the village by defining the di (season of protection of village grazing areas). The di, declared by the nawa in order to respect the desires of the local deities, was calculated by observing the first signs of village crop maturation and was not rescinded until the completion of the harvest. While the di was in force, hay cutting was prohibited and all livestock had to be moved out of the village to higher pasture, thus protecting scarce resources during the monsoon growing season for use later during the long winter (Brower 1990).

The increasing impact of trekking and expedition tourism directed at the Khumbu region disrupted the traditional land-use controls of the nawa. Intrusive policies of national park management also contributed to the marginalization of the traditional resource management system of the di. Large numbers of yaks and zopkios (crossbred yak and cow), suitable for profitable employment in tourist supply portage, increasingly infringed on protected lands and disrupted the cycle of pastoralism that supported Sherpa livestock raising in previous years. The collapse of nawa authority was followed by a natural disaster, jokulhlaup (glacial lake outburst flooding), which "some people believed was retribution for disregarding the di" (Brower 1990). The disruptions in the traditional resource management system did have direct and substantial negative effects on the health of livestock herds in affected villages resulting in agitation to restore the traditional practices under the additional auspices of the Buddhist monastery and local and national government institutions.

Sherpa cultural resilience withstands and reshapes the "alien elements of change" wrought by state intervention and global capitalism. "One wonders what the future can hold, even for so adaptable a people, when the forces that undermined traditional institutions in the first place continue unabated. Whatever solutions there may be to the prospect of culture change and consequent environmental degradation, it appears that the Sherpas in Khumbu have the inherent ability, in the form of long cultural experience, to find them" (Brower 1990).

The breakdown and subsequent resurgence of traditional resource management practices in the Khumbu provide lessons of value for the resolution of environmental crises in the Nepal tarai. Malaria control efforts aimed at



opening the tarai for population resettlement and agricultural expansion have created hardships for the indigenous Tharu residents who are now prohibited from utilizing forest resources. A compromise over resource management practices needs to be formulated in the tarai similar to what has been accomplished in the Khumbu.

The Tarai Jungle as Sacred Space

The Nepal tarai has been recognized as a zone of particular ecological significance under intense pressure. "The reserves of the Nepalese Terai are the most important reserves in Nepal for species diversity and the region has had a great deal of human population growth since the malaria eradication programs of the 1950s and 1960s" (Heinen and Yonzon 1994). Because of the tarai's ecological importance, a comprehensive inventory of the biodiversity and local ethnoecologies in the remaining forest tracts is necessary in order to conserve these important forests in ways appropriate and meaningful to local populations.

The forests of the tarai and indigenous ecological understandings of the Tharu residents of Chitawan District were examined using an ethnoecological approach based on ethnoscientific and classificatory techniques (Muller-Boker 1991). The main differences between outsider and insider views of the environment revolved around conservation and resource management issues. The Tharu regarded the forests as sacred places, the home of innumerable spirits both disembodied and embodied in the plants and animals. The Tharu also regarded the forest areas as "an economic resource important for their survival" (Muller-Boker 1991).

Recently resettled migrants from India or the Nepali hill regions do not share indigenous Tharu concepts regarding the sacred nature of the tarai jungle areas. Recent immigrants view the tarai jungle solely in terms of its potential for resettlement and economic exploitation evincing little appreciation for indigenous Tharu religious, ecological and medical ethnobotanical concepts. The formally educated outsider views the forest in terms of biotopes for endangered species and sources of conservation problems such as soil erosion and deforestation. The multiple perspectives on tarai forest lands rarely coincides and is often in conflict over various resource utilization and conservation practices in the tarai region (Muller-Boker 1991).

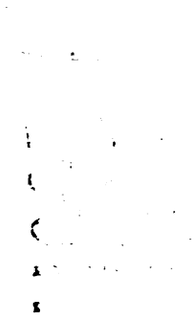
Traditional Tharu classification of forest types parallels closely the landscape ecology classification scheme of ecotopes based on the dominant plant species present. The Chitwan Tharu call sal forests kathaban or jinawahan if the dominant tree was jinawa (*Shorea robusta*). Riverine forests are referred to as sissohan or simarhani from the terms for sissowa (*Dalbergia sissoo*) and simar (*Bombax ceiba*), respectively. Savannas, jhaksihani, are identified by the name for the common tall grass, jhaksi (*Saccharum spontaneum*). Swampy areas are known as dhab and marshy soils are called gaheri, areas valued because of their suitability for rice agriculture. "An essential factor (the logic) for the Tharu evaluation of ecotopes is, in the first place, the suitability for exploitation" (Muller-Boker 1991).

In Mura village, forest and soil types are also based on suitability for farming. Five forest types are recognized by local Dangora Tharu ethnoecological terms. Jungle lands are defined based on dominant species. Jamneheta, sakhuniya, asnehera, bhetahunee, and kachareeniya are jungle areas dominated by jam (*Syzygium cumini*), sal (*Shorea robusta*), asana (*Terminalia alata*), bhet (*Dalbergia sissoo*) and kacharee (*Acacia cetechu*) trees, respectively.

Tharu ethnoecological terms categorize land types according to topographic features, soil types and suitability for rice agriculture. Tharu ethnoecological terms include taluwa which refers to the many lakes which dot the jungle interior. Baluha is sandy riverbank soil. Jabdaha refers to wet marshy areas suitable for farming rice. Damaara is the term used to identify dry elevated land and hillocks of the tarai. Simaha is land with a year-round water source for irrigation. Phatuwa is the term for natural grassy clearings in the jungle. Natural phatuwa clearings in the jungle are further differentiated by their dimensions. Phatli refers to a small circular jungle clearing. A sohtiya is a jungle clearing in the shape of a thin rectangular strip. Natural clearings are valued and preferred for farming because the arduous work of clearing forest is not required.

In examining the plant types exploited by the Chitwan Tharu, some part (tubers, leaves, or fruit) of 62 different species were consumed as food, 36 species were used for house construction and 63 species were used as medicine (Muller-Boker 1991).

> The Tharus say of themselves, in contrast to recent settlers, that they are a 'people with a strong relation to the forest.' For them, 'going into



> the woods' is something positive, something they like to do. However they attached great importance to going in large groups of people particularly when going to the more remote regions. The presence of the gods and spirits made the Tharu uneasy. The pantheon of Tharu gods, many of which live in the forest, may feel disturbed by the inappropriate behavior of intruding humans. Even more dangerous are the spirits (*bayar*) whose paths one may accidentally cross. The Tharus avoid these 'spirit ways' (*bah*); the shaman knows where the spirits and gods abide (usually in damp places and puddles) (Muller-Boker 1991).

Taboos against solitary travel or travel during darkness tend to limit the impact of villagers on the forest because trips through the jungle can only be accomplished when large groups are organized. In order to return by nightfall, groups rarely travel farther into the forest than the distance covered in a half-day walk. As long as people adhered to these practices, large areas of forest between villages were left relatively undisturbed by human activity.

Spirit Healers as Natural Resource Managers

Tharu spirit healers reinforce beliefs in the sanctity of the forests as the abode of ghosts, gods and goddesses and the ethnomedical complex of the Tharu in turn produces distinct ecological effects which impact Tharu society, the Nepali nation and global health development projects. Tharu social codes concerning forest resource use reflect religious, ecological and health beliefs. The social codes derive from a moral desire to please and placate the gods, goddesses and ghosts which inhabit the forest, protecting it and themselves from disease and death.

The Tharu residents at the village field site maintain a very close relationship with the local jungle. Living at the jungle fringe, Mura residents collect many necessary materials from the jungle. Firewood for warmth and cooking, livestock fodder, home and oxcart construction materials, fish, game animals, liquor ingredients and medicinal herbs are all collected from the jungle areas. The Tharu residents of Mura consider the forest sacred and they pay homage to Bonsakti, "power (goddess) of the forest." Within the jungle to the north of Mura village is a simple shrine to Bonsakti. The shrine is composed of a large pile of branches assembled at the intersection of two paths bisecting the jungle. Tharu travelers always pay respects and make offerings to Bonsakti as they pass the intersection to guarantee their safe passage through the jungle. The jungle is sacred but is also considered a dangerous

place full of wild animals and malicious spirits. The protection of the forest goddess is highly valued by Tharu residents in all area villages.

Every Tharu home includes a deorhar (altar room) where the household shrine is maintained. Homes of certain clans, such as the Kariya Maghariya clan, also maintain a marwa (outdoor shrine) dedicated to Jujariya (the horse god). The horse god is represented by a clay animal model fired by the village's kumhar occupational clan of potters. The Jujariya clay model must remain in the marwa and does not enter the main house except in spirit form at night. To allow the Jujariya access to the deorhar a clear path through the passageways of the house is maintained so residents of the house will not sleep or store articles along the main passages of the house at night.

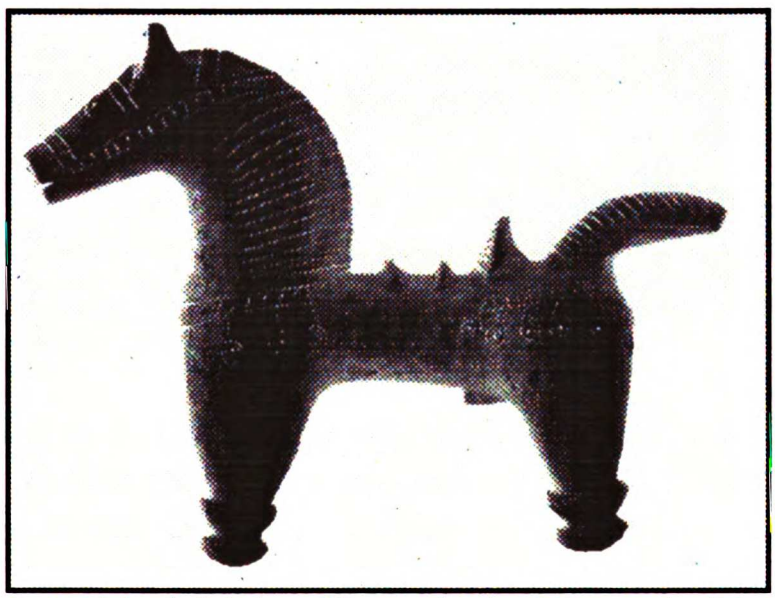


Figure 38. Clay model of Jujariya (Bheruwa), the horse god. Actual height: eight inches.

The importance of clearing a path for the spirits of the household is paralleled in the treatment of the forest spirits Juggernautiya (tiger god), Shapuwa (snake god) and Hatiya (elephant god). Juggernautiya is maintained in the deorhar (altar) of some clans such as the Kusmi clan and is represented by a clay model of tiger. The clay models sometimes depict the tiger with tail curled around the neck or with tail curled skyward. The tail curled skyward model is more ominous because a real tiger in the jungle will assume that pose when it is about to strike its prey or human victim. The threat of tiger attack is

real and at least three Boktan region villagers were killed by a single tiger during the fieldwork period. Royal Bengal tigers (*Panthera tigris tigris*) and Asian elephants (*Elephas maximus*) are protected species in Nepal by Tharu religion, Nepal law and international convention but poaching of tigers is common. Deutas, gods, like the tiger, Juggernautiya, and elephant, Hatiya must not be molested but human habitation demands that tigers be isolated or eradicated because tigers pose a very real threat to human life. Villagers completely avoid the jungle at night due to fear of both tiger attack and robbery by bandits.



Figure 39. Two clay model representations of Juggernautiya, the tiger god, one of several ritual objects made by the kumhar (potter) for use in household altars. Actual height: six inches.

Juggernautiya is the tiger god vehicle for the goddess Bawani, a representation of Kali. The desbhandiya guruwa considers Bawani to be his patron goddess. Bawani Durga and Juggernautiya are combined as goddess and tiger vehicle. Juggernautiya enables the guruwa to travel through the spirit realm when possessed by the goddess providing rapid transportation in medical emergencies. The maha guruwa, Ram Prasad Pachal Dangia claims that Juggernautiya enables him to travel several hours walking distance in only a few minutes and can also transport him to Kathmandu, if necessary.

Tharu ethnomedical and ethnoecological concepts collaborate to produce a distinct natural resource management philosophy. Spirit healers served as cultural leaders enforcing the belief in the forest as an abode of spirits. Settlement activities in Tharu villages guided by the mahato were tempered by a view which regarded forest areas as natural resources and supernatural abodes of sacred spirits. Chimanando Mahato describes Tharu

ethnoecological understandings of Kailali's jungle as his family settled the area in the first half of the twentieth century:

> In many places it was sal jungle but mostly it was dry grassland with some large lakes. There was some clearing but mostly of isolated trees in the grassy fields which were leveled for rice paddy. Elephants and tigers were very common. Many elephants and tigers left Nepal for Dudwa National Park, India. Also, many hunters after being captured by forest guards would enlist the assistance of some politician who would have him released for the hunter's vote or some small bribe. In these ways the wildlife has been greatly reduced in the local jungle.
>
> The construction of irrigation canals was very difficult. The land was not level. Lakes and depressions diverted the water and digging canals was a big problem. Our house in Mura was once a large lake. Fill was brought in from the jungle and the house was built on top of that. In those days my grandfather and most other people were not educated and could not read but from their wisdom they were able to make a living. These days young people are educated but they can't work as hard as the people of my grandfather's time.
>
> Just as people live in the village so the animals live in the jungle. If there are no people in the village it is abandoned and an abandoned village does not give a good feeling. Likewise, if there are no animals in the jungle this is not good. If you walk in the jungle and encounter no wildlife, it doesn't seem right. It is a sick jungle. Therefore it is important to preserve the animals of the jungle. These rules were laid down by my grandfather in his orders for the preservation of the jungle. I have memory of him guiding my father in this way.

Tharu homes often include large elaborate murals on the large wall of the main room (bahari). The mural is painted by all members of the household, men, women and children during celebrations of Krishna's birthday. The multicolored murals depict the universe from the Tharu perspective including gods, demons (Rawan), animals and birds of the forest, men, women, geographic places and sacred spaces. Sacred objects are painted within a bas relief frame molded into the wall. Creative scenes decorate the periphery of the mural. Exceptionally creative murals include drawings of airplanes flying above the scene or depictions of the hilly regions with people and vehicles tumbling over precipices. A multicolored grid at the center of all murals represents a map of the jungle. The jungle tracts are interspersed with irrigated rice paddy exhibiting the Tharu conception of the sacred jungle transformed by human habitation. The map is thought to represent the location and historical development of the Tharu within the jungle. Offerings of homage are made to Krishna and the other gods and goddesses depicted in

the mural during the celebration of Krishna's birthday. The offerings are made in gratitude to the gods' creation and preservation of the universe.

Village households recognize each others' rights to control parts of the jungle demarcated by known landmarks. These exclusive rights to communal jungle territory are passed down from generation to generation within households. These territorial rights are recognized during one season of the year and for only one purpose; the collection of flowers from the mahuwa tree (*Madhuca latifolia*). The ripe mahuwa fruit is used exclusively for alcohol production. In Baisack (April-May), the nights are cold but the days are warm and the mahuwa flower blossoms. Villagers set grass fires to clear small plots in their allotted jungle areas. The coldest nights are considered best because the mahuwa flower drops from the branches when the nights are very cold. Early in the morning villagers scramble around picking up the mahuwa flowers which have fallen in their plots during the night. Villagers exert a great deal of effort collecting the ingredient for this special type of liquor.

Mahuwa is used to make a type of liquor (daru) called somraj. Somraj is compared in the village to mythical amrit, the immortality-giving ambrosia of the gods. Vedic literature exalts the intoxicating qualities of amrit as soma, the most highly valued libation of the early Aryans only available in the Himalayan foothills. The definitive identity of ancient soma is unknown but one Mura villager, Dhaya Shanker, conjectured that the Rig Veda's soma is the same as Tharu somraj, the liquor produced from mahuwa flowers. Dhaya Shanker noted that the importance of the mahuwa tree is widely understood: "When the government timber corporations clear-cut a forest area, they will not fell the mahuwa tree because even they recognize it's value."

Other Sacred Spaces

Other sacred spaces in the village include the rajawar marwa (village ceremonial platform), the Hindu shrines to Shiva, the Buddhist shrine and Moslem prayer area. The rajawar marwa is located at the north end of the village. It is a simple thatched hut construction with no walls. It contains representations of major Hindu gods, Tharu gods, the sun, the moon and its central pillar is dedicated to the mahato (village justice official). Village-wide Tharu ritual ceremonies and offerings are conducted at the rajawar marwa. Every new bride entering the village from another village is expected to circle the rajawar marwa three times as an initiation to Mura. A bride leaves her

natal village to join her husband's lineage group. During the initiation at the rajawar marwa, the bride adopts the spirits associated with her new clan and village.

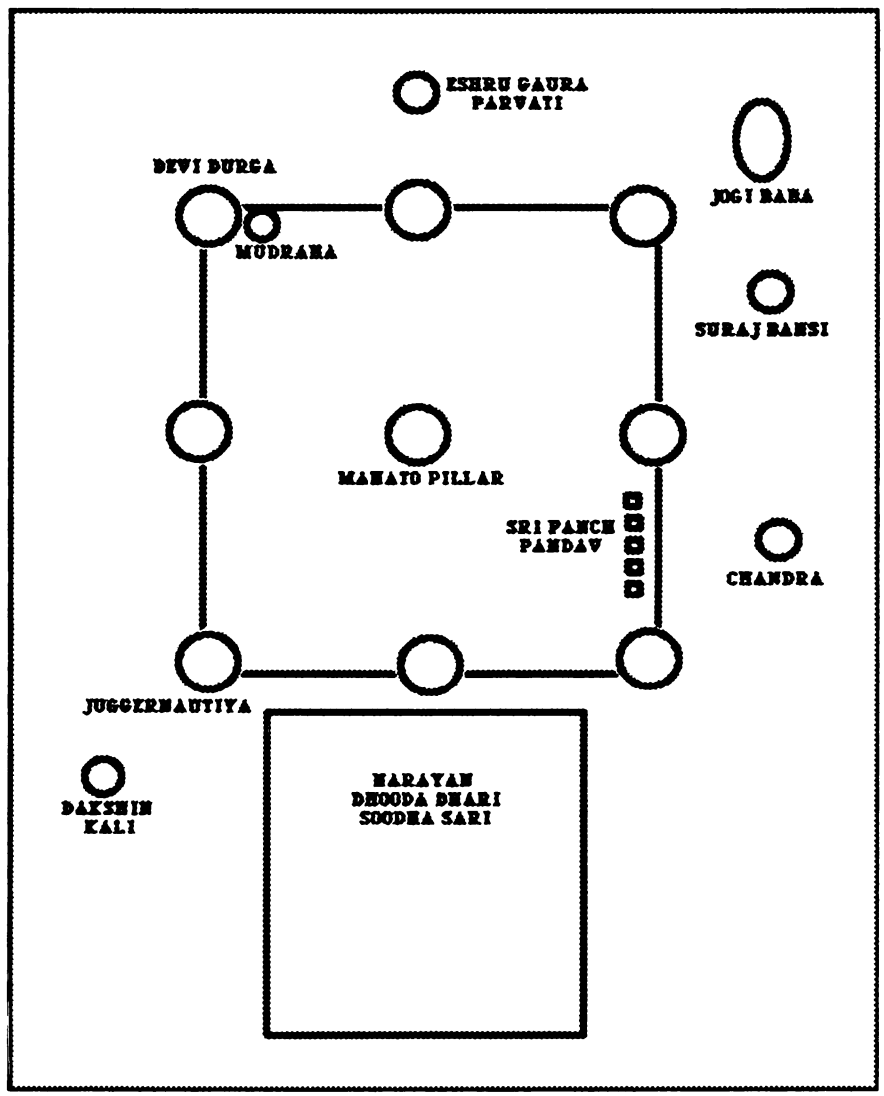


Figure 40. Schematic arrangement of the Rajawar marwa, village ceremonial platform.

At the southern edge of the village, the newest shrine in the village honors the Buddha Sakyamuni whose birthplace was in the Nepal tarai 2500 years ago. The small cement shrine housing a four foot tall mortar statue of the Buddha was built by Buddhist migrants from the hill areas of northeast Nepal who have migrated to southwest Nepal in recent years. The Buddhist migrants from northeast Nepal to Kailali district comprise a small minority the hill migrants, most of whom are caste Hindus from the western and far

western hills. The Buddhists who have found their way to Kailali's district center of Dhangadhi in increasing numbers over the past five years constructed the Buddhist shrine in Mura as an act of merit-making. The Buddhists at the district center live 30 kilometers away and rarely visit the shrine but the shrine's distinctive presence along the main trail serves as a permanent marker of Buddhist presence in this part of Nepal. Although there are no Buddhists living in the immediate vicinity of the village, Hindu villagers freely make offerings and attend celebrations of the Buddha's birth at the shrine.

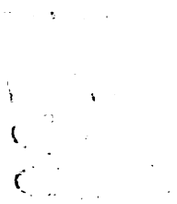
Within the Moslem compound (Households 50 through 63), a simple thatch roofed courtyard set aside for prayers and classes in Urdu and Islam for the Moslem children serves as both masjid (mosque) and madrasa (school). The only decoration for the walls of this site are pictures of Islam's central mosque located in Mecca, Saudi Arabia and an arabesque prayer inscription from the Qur'an. The Moslem villagers contribute food and shelter but no salary to the imam of the settlement who was called from India to teach the children and provide spiritual guidance to the adults. Courses are taught in Urdu and the Qu'ran is recited in Arabic. The Moslem residents feel least connected to the local space and the mosque is a temporary structure which will last only as long as the temporary Moslem settlement.

Just to the north of the Moslem community and midway between Upper and Lower Mura is a Shiva temple of the Hindu religion. It's construction was financed by the Tharu villagers of Upper Mura. The cement structure contains the symbols of Shiva; an iron trisul (trident) next to a stone lingam (phallus) covered with offerings of vermilion powder, coins and rice. Traveling Indian and Nepali sadhus (Hindu ascetics) visit the shrines, conduct worship services and collect donations from villagers tying this region with others in the sphere of the dominant Hindu ideology. The shrines reflect the high degree of Sanskritization among the Tharu and the social influence of the officially Hindu government. Shrines to Shiva can be found at the homes of prominent villagers and government offices in many area villages but in Mura the only household with a cement Shiva shrine is Chimanando Mahato's.

Altars to the Tharu gods are maintained in every Tharu household and the Tharu gods have strong ideological resonance for the Tharu residents of Mura. The Buddhist, Moslem and Hindu sacred spaces in the village do not have the strong connections to the local jungle geography of the region. The

Moslem settlers consider the Tharu and Hindu gods to be simple idols and they do not consider any aspect of the jungle sacred. To the Moslem settlers, the jungle is simply an economic resource, mainly a source for firewood and fodder.

Sacred spaces within Tharu homes, villages and nearby jungle link the domestic, natural and supernatural realm. Indigenous medical practices of the guruwa ground the cosmological link between household, forest and spirit world in the healing experience. Tharu shamanistic cosmology directs ecological practice and serves to regulate forest resource use among local villagers. The Tharu ethnoecological concept of the jungle as a dangerous yet sacred zone of great economic importance protected the jungle habitat and conserved its biodiversity as evidenced by the survival of these jungle tracts to the present day. Immigrants to the tarai rarely feel compelled to act with deference to Tharu spiritual associations resulting in unsustainable exploitation, ecological degradation and potentially ruinous economic collapse.



CHAPTER VI
VISIONS OF MODERNITY

Heads of households were interviewed concerning their visions of the village future. The research question was phrased, "What development will most improve your children's health and future?" Villagers expressed a wide range of concerns for developing the village. In Nepal, progress and modernity are summed up in the ethic of "bikaas." Bikaas denotes modernity with all its attendant complications and individual evaluations. Ethnomedically, the guruwa is considered the antithesis of bikaas. Questions about the future and development imply biomedicine and health posts, road building and other governmental and international projects which are considered bikaas. Villagers' practices often conflict with their rhetorical support for modernizing initiatives.

Most heads of households interviewed describe themselves as interested in development with more than 80% expressing some hope for progress through development projects such as road building, electrification, water supply and health services. Some 20% of villagers claimed no faith in development projects and espoused adherence to traditional Tharu cultural practices, self-sufficiency and keeping expectations in line with prevailing economic conditions.

Before the Road

Many years of planning for the construction of a paved road into Mura were coming to fruition in 1995. The first paved section, a bridge spanning the irrigation channel at the main intersection of Upper Mura was completed by Tharu contractors in early 1996. A 20 kilometer spur route would create a more reliable link to the Mahendra Rajmarg, the main East-West highway to Kathmandu. Such a road will bring buses, supplies and further social change to Mura village. Many villagers looked forward to the construction of the paved road as an all-season link to the rest of Nepal. One villager remarked, "The road will make it easier to travel by bicycle to other villages to visit friends and clan members. It will also help commerce. We can sell our goods in other villages, at the highway or even in Kathmandu more easily so it should help bring some income to the villages."

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Other heads of households interviewed foresee the electrification of the village. Most Indian villages across the border have long been electrified with the benefit of India's relatively well-developed national electric power grid. Several village households ran electric generators to power lights for the light festival at Diwali, for weddings and other social functions and in the commercial operation of a video hall playing highly popular Hindi films. "If we get a paved road and village electricity then the rest of development will naturally follow" summed up a common view of development.

Attitudes about Biomedicine

About 20% of households request that a health post and doctor be placed in the village. Another 10% of villagers requested Ayurvedic medicines and professionals be brought to the village. Many others agree that the village needs a health post and doctor but assume that the request is unreasonable. Ved Prakash lamented, "There are so many new diseases which can't be treated with herbs. It is necessary to have a doctor now but how can there be a doctor in every village when there are only a few in every district and most of them want to live in Kathmandu?"

Many villagers would like to see expanded health volunteers and paramedics placed in the village and supplied with a stockpile of local, Ayurvedic and biomedical pharmaceuticals. One villager suggested that volunteers in every village be selected by local health posts in order to direct village sanitation programs. Cleanliness and sanitation is noted as a priority by several villagers even if they have not installed a latrine on their property yet. Some villagers note that the survival rate for infants and children has improved in the recent years since mass immunization programs have been instituted. Improving child survival encourages women to more closely regulate their fertility. Immunization and contraception services are provided by the government health worker and many women in the village maintain close contact with the health worker during their reproductive years.

Some villagers expected to improve their health by expanding their farmsteads. More land would ensure more food for the children and promote their good health. New land cannot be cleared from the jungle any longer and must be purchased from other farmers. Some villagers saw progress in the form of water buffalo which could be used to earn an income by offering oxcart transportation to other farmers. One villager was eager to raise

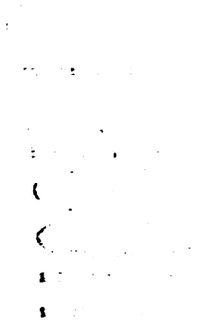


Figure
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chickens not for their economic potential or even as food but so that he could offer them to the guruwa to ensure his family's health through traditional supernatural means. Another villager suggested reversing the power relation between ideologies by imposing the Tharu ideology on official state activities instead of *vice versa*. He recommended that government authorities recruit spirit healers of the villages to eradicate supernatural illness.

A minority of heads of household interviewed, about 20%, claim to have no need for government health service expansion. Some villagers expressed skepticism of the rhetoric of modernity, considering it little more than political propaganda. Villagers claim that contrary to the rhetoric, actual benefit from modernization never materializes. A few skeptical villagers completely shun health posts and their children usually do not attend schools. These village residents claim that education ruins village youth for farm work.

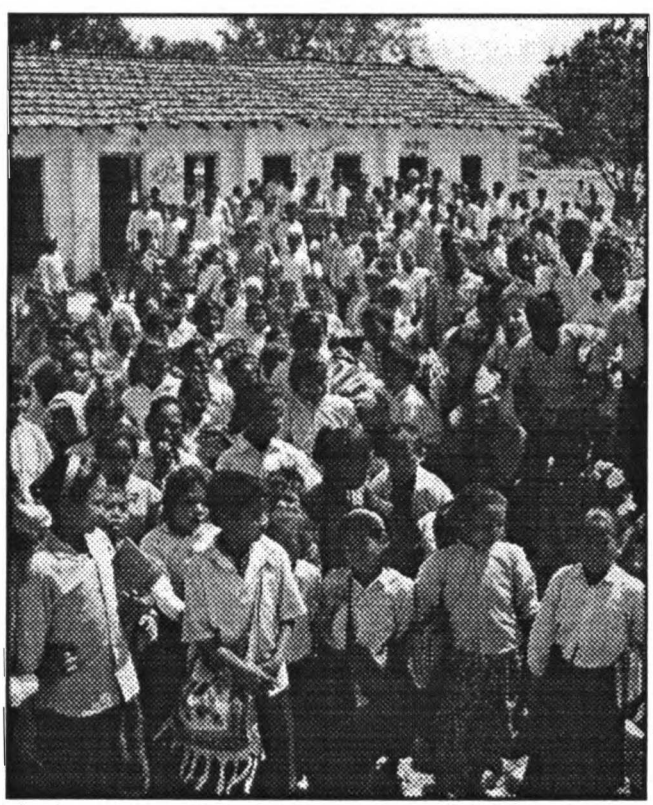
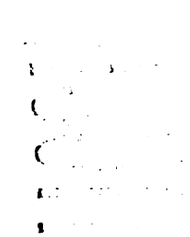


Figure 41. Some of the 500 students attending Chimanando Mahato Middle School in Hausoliya. Five teachers use the school's four small classrooms to teach students Nepali, English, math and science in two daily shifts.

Most villagers see some benefit in government schools being built in the village so that their children would not have to walk to the next village to receive an education. Literacy and an education are highly valued among the residents of Upper Mura as the most important factor in assuring children's health. The children of the landless Tharu kamaiya community in Lower Mura do not attend school. Tharu kamaiya children are pressed by necessity into the labor market at the earliest possible age. Mandatory public education for children and provision of year-round employment to parents would help to end the kamaiya's cycle of exploitation which begins in child labor. Landed villagers demand improvement in the number and quality of teachers posted to nearby schools. The language of instruction is also an issue. In other parts of Nepal there is a growing demand that schools teach in local languages as well as the national language, Nepali. At the field site, villagers complain that teachers talk to the children in Tharu instead of educating them in the national language. Villagers complain that they feel compelled to pay expensive private school fees because the education provided in the crowded government schools is of low quality.

Water supplies still concern a large number of villagers without their own wells. Villagers look forward to having a hand pump installed at their households to make clean water easily available. Human waste disposal remains crude as the vast majority of villagers continue to use the jungle, farm fields or banks of the Soorminala River to defecate. Very few homes have latrines and, in any case, latrine design is so poor that most existing latrines are fairly unsanitary. Although latrines are considered a "modern" improvement in the village and promoted by health authorities and popular rhetoric, the rare actual construction and maintenance of latrines often falls short of the ideal model. Latrines may be located too close to water sources or the pit may descend below the water table. The latrines are rarely enclosed adequately and the open pit rarely has a cover to prevent flies from contacting feces, all of which increases the risk of pathogenic bacteria being transferred to food, drinking water or directly to people in the house. Villagers have little concept of germ theory and generally do not incorporate biomedical understandings into their daily practices. Indigenous understandings of disease causation take precedence.

Some villagers rhetorically advocate use of latrines in response to public health education efforts but reject it in practice because they are



repulsed at the thought of accumulating human waste near their homes. Human waste disposal generates practical concerns of unpleasant odors and the fear that poisonous snakes may take shelter in latrines. Cultural concerns which lead to the rejection of the modern improvement of latrines center on the issue of ritual pollution. Feces are juto (contaminated) and contact with feces requires ritual purification. Thus, villagers believe it is better to "send the waste to India" by using the river for waste disposal than to maintain a latrine near the house.

Another cultural concern involving waste disposal led some villagers to comment that their daily morning routine of relieving themselves by the banks of the Soorminala River in the sunshine is a pleasurable experience whereas using a latrine presents an unpleasantly cold and uncomfortable prospect. Villagers, segregated by gender, take their morning constitutional to the river in pairs or small groups, giving the experience a positive social dimension which the solitude of the latrine does not offer.

Villagers complained about the shortage of agricultural supplies such as fertilizer, pesticides and livestock medicine. One villager suggested government sponsored local agricultural expansion into cash crops such as cotton and sugarcane. Corruption and abuse of police and government authority was resented bitterly by several villagers. Mismanagement of development budgets and embezzlement are widely seen as major obstacles to progress in the village and nation. Villagers also wanted government investment in building irrigation systems with the construction of dams, bridges and concrete channels.

An expansion of the national telephone network sponsored by Japanese aid recently installed the first area phone link in nearby Hausoliya bazaar. Two villagers were encouraged by this development and foresaw phone lines installed in Mura village.

Villagers noted that job growth is essential. Landless farmers especially need year round employment. Sons of landed farmers also need occupational employment in order to supplement their subsistence from the family farm. Villagers look to the Nepali government to provide public sector jobs in education, the forest service, police or military because industrial development is absent and private businesses cannot absorb the available workforce. Some men from the village find temporary work on large Indian

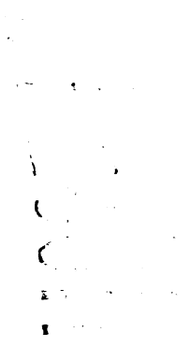
farms and factories or more permanently as painters and laborers in Kathmandu.

The Problem of Indentured Servitude, the Kamaiya System

The migrant resettlement process alienated many indigenous Tharu people from large areas of the tarai creating a pressing problem of landlessness and unemployment. Landless laborers among the Tharu are known by the term kamaiya, although the more generic Nepali term Sukumbasi also applies to landless Tharu laborers. The kamaiya work for landowners as servants and seasonal field laborers, often in exchange for nothing more than food, shelter and a few meters of cloth annually. If loans are outstanding, kamaiya are forced to work until repayment which may require years and even multiple generations when large debts are inherited. Approximately 100,000 Nepali men, women and children, mostly Tharu, subsist in this state of indentured servitude (Kathmandu Post 1996).

The kamaiya settlers of Lower Mura work under conditions only marginally less worse than slavery. Being Sukumbasi (landless), the kamaiya must work as seasonal field hands and short-term rural wage laborers for the pitiable wage rate of rural Nepal (approximately US$ 0.50 per day). Without their own land and because of the absence of year-round wage labor opportunities, the kamaiya settlers suffer periodic shortages of income with which to buy food and other essentials unless they submit to a contract of annual service with a landed farmer in exchange for meals, minimal clothing and lodging. The contract of annual service is renewed or terminated by mutual agreement at Maghee (the Tharu New Year celebration) and neither the laborers nor their employers are permitted to terminate the labor contract at other times of year. The kamaiya's contract with landed farmers rarely includes cash compensation thus saving and investment are impossible, eliminating hope for the laborers to improve their economic productivity. Out of sheer necessity, most kamaiya households of Lower Mura send their children at an early age to work as field hands, shepherds and house servants in the households of neighboring landed farmers thus depriving the children of the opportunity to attend school, further perpetuating the cycle of poverty.

The landless Sukumbasi/kamaiya settlers want good wage labor on a steady basis more than they want farm land for themselves. They realize that there is little or no land left for redistribution unless the forest lands are



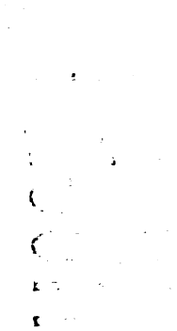
completely cleared. Even then, these Tharu Sukumbasi were never included in previous resettlement schemes and they have little reason to believe that future schemes would more effectively address their problem of landlessness. The kamaiya are detached from traditional Tharu practices, such as identifying with a household spirit healer (ghar guruwa) from another village. Their ties to the local space are less strong than the ties of the landed villagers in Upper Mura. The kamaiya own no land so they cannot make the frequent pooja offerings which the landed farmers sponsor regularly. The Sukumbasi are more likely to go directly to a pharmacist and use cash than to engage in the village barter network, the annual tithe of rice harvest and per case barter of chicken and daru (rice liquor) to the guruwa (spirit healer).

Landowners claim that their employment of the kamaiya is not exploitive but instead guarantees the kamaiya's subsistence in the absence of alternatives. Some landowners consider their employment of handicapped kamaiya workers to be a form of social service. Begging is not accepted in the Tharu community and instead the poor and handicapped are expected to provide some labor in exchange for food and clothing. The kamaiya claim that some employers are not only exploitive but physically abusive and observations of violence against kamaiya servants reveals that this claim is not unfounded. Both landlords and kamaiya agree that the provision of an alternative, the availability of adequate wage labor employment, will terminate the kamaiya system. Unfortunately, economic stagnation and tendencies of wealth concentration in Nepal and India offer dim prospects for the provision of gainful paid employment to the kamaiya, a class of highly exploited worker among the Tharu of Nepal.

Stoicism and Suicide

Some 20% of interviewed villagers said nothing was needed to improve life in the village. "We have enough to eat, we don't need more than what we have." Kalish Ram was one of those who commented in the stoic vein, "This God given life is enough. We need no more than that." Nine months later Kalish Ram committed suicide.

Chimanando Mahato, loyal to the King and government, believed in the value of modernization through roads, electricity and health posts but also recognized the ever-shifting ground of modernity:



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Development projects will never seem sufficient. So much is needed. The people will always demand more. I was appointed to the rajniti royal court in the year 2002 BS (1945 AD). In those days there was no road to the capital. From here one had to go to Lucknow and Muzzarafpur to go to Kathmandu via Raxaul. It took three to four days by foot from Raxaul. I was not even literate enough to be able to read the documents of the royal committee but I served loyally. I left the royal court in 2007 BS (1950 AD) to stay at home for a few years. From Dhangadhi, I worked to overthrow the Rana regime and I was jailed for my organizing. In that year, Dev Narayan, the Rana's senior officer in Kailali was killed by an assassin and the Ranas were overthrown bringing freedom to Nepal.

On 2013, Magh 13 (February 1956 AD) I was appointed Minister of Local Self-Development. I served one year until there was a change of cabinet. In 2019, Magh 13 (February 1962 AD) I was appointed to the Royal Advisory Council of King Mahendra's court. In 2028 (1970 AD) I was appointed District Chairman for Kailali and served until 2034 (1976 AD). In 2044 (1986 AD), I was appointed to (one of ten seats on) the King's Emergency Advisory Committee. In 2046 (1988 AD), there was an uprising against the Panchayat system. I returned to Kailali where I found that the district's irrigation organization had broken down in my absence. I requested funds from the government for construction of cement dams and irrigation works and received funding of 29,600,000 rupees through the Nepal Arab Bank. This is the third year of the project and it should be complete this season. I have made great efforts on behalf of the people and I need a rest. I am not as young as I once was. But the people don't let me rest because they have confidence in me and they know that I have never embezzled a single rupee in my life. I have done service all my life. Let me say that for Nepal three things are necessary: The country must be developed, the King and Queen must be preserved and the people must stay happy. I have kept these three goals near my heart all my life. I would give my life for my King and country.

Now there are too many politicians while the people remain uneducated. The higher bureaucrats do not concentrate on our local problems. The Far West zones of Seti and Mahakali are being completely left behind while the rest of Nepal is being developed, be it ever so slowly. There is almost no effort at development out here. I have made many requests of the King and Ministers for assistance in developing the Far West zones. They must attend to the pain of the people and assure them a fair price for their harvests. It is so expensive to buy food but when the farmers sell it they find the market prices held at a low level.

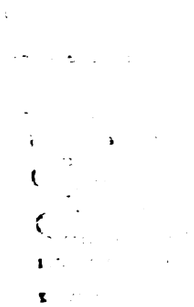
Many villagers noted that self-sufficiency was the best way to achieve health. "Production based on our own seeds and our own labor is better than relying on commercial products. We have medicine that we need in the jungle. We have manure, we don't need expensive imported fertilizer. Picking fresh vegetables grown by your own hand in the garden is healthier and more economical than buying old vegetables which were brought to market and sold for money a few days later."



Current ethnoecological considerations of major importance to Chimanando Mahato and voiced by other villagers centers around the utilization of forest resources by local villagers. The forest lands once used communally by Tharu villagers are now officially protected government properties. Nepal's Ministry of Forests and Soil Conservation administers the forest tracts for clearing by Indian and Nepali timber contractors and subsequent resettlement under the Nepal Purnavas Corporation. Forest guards stationed just west of Mura village regularly patrol the jungle interior to apprehend villagers who are poaching animals, cutting trees or collecting material from the forest. In theory, villagers can remove nothing from the forest. In reality, villagers rely on the forest for fuel, fodder and building materials, among other needs. Forest guards enforce restrictions inconsistently and reportedly extort bribes from poachers and villagers apprehended in the jungle. While recognizing the importance of conservation, many villagers feel persecuted by the official ban on necessary forest resource uses and corruption in its enforcement.

Villagers resent government enforced restrictions on the use of forest lands. One Mura villager commented, "We are forced to steal fuel wood and timber from the forest since cutting is banned. At first, the TCN (Timber Corporation of Nepal) lumber mill delivered timber to us in exchange for our agreement not to cut our own wood from the forest but that system fell apart after only one or two years. Now we are forced to be thieves. The local government forest guards steal from the forest themselves on one day and then arrest others for doing it on other days. The system is corrupt."

TCN and Nepal Purnavas Corporation (Nepal Resettlement Project), government enterprises, are the single largest deforesters in Kailali District. Deforestation is blamed on villagers although local farmers are generally small-scale subsistence users of forest products. Unsustainable mass deforestation is carried out for government timber sales and the clearing of tracts for the resettlement of hill migrants to the tarai. Local villagers are punished for using the forests which have always been the most available source of timber, fuel and fodder. In Royal Bardia National Park, army patrols protect the forest from poachers and encroachment. Mura villagers fear that the nearby forest areas will someday be occupied by military camps to more effectively deter villagers from gaining access to local forest resources.



Tarai populations living on the edge of subsistence cannot be expected to refrain from utilizing valuable forest resources. Compromises must be developed to enable sustainable use of the tarai forest areas. A user fee system or direct contribution to reforestation would help to satisfy needs while ameliorating forest degradation. Chimanando Mahato spoke for many Nepalis facing well-intentioned but onerous conservation policies:

> The biggest problem is that all the homes are from wood. And when they are being repaired or constructed, lumber is needed and is brought from the jungle. But taking trees from the jungle is banned. Every house needs fuel for the wood stove. If they don't collect it from the jungle, where will they get it? The people are requesting that the Forest Department charge user fees and give permission for the use of wood from the jungle because we do not have the habit of stealing and such a habit should not be encouraged. These days there are no allowances made for legitimate needs and so the villagers are forced to steal. With a user fee system, if a forest guard is encountered while a villager is collecting his firewood or lumber, there will be no problem. The government gets some income and the villager gets his necessary wood. I have requested Ministers and politicians to introduce this system because if the people are happy then I feel happy. If the people are suffering then I also feel pain. The needs of the poor people must be met.
>
> In the eastern districts the roads are repaired when they fall apart but in our Far Western districts the highway still hasn't even been built and there is no date set for completion. While the politicians are fighting amongst themselves, development is impossible. Campaign promises are made easily but once in office they don't follow through on their word."

CHAPTER VII
SHAMANISM, BIOMEDICINE AND THE SOCIOLOGY OF KNOWLEDGE

Official national policies regarding the integration of cosmopolitan biomedicine with local forms of traditional healing can take several forms, including exclusivist, tolerant, inclusivist and integrationist. In extreme contrast to the United States' officially exclusivist policies regarding the primacy of biomedicine, Nepal is one of the few nations (China and North Korea being other notable exceptions) which officially authorizes the integration of traditional healers into the national health system (Roemer 1993). Medical pluralism combining indigenous shamanism with global biomedicine raises epistemological questions regarding the sociology of knowledge.

The Failure of Biomedicine at the Frontier

Biomedicine, primarily public health interventions, achieved many notable successes confronting global disease in the late nineteenth and early twentieth century. The eradication of smallpox and partial control of polio, malaria, tuberculosis and other plagues resulted in reductions in infant mortality and increases in life expectancy. Yet, limits on the success of the biomedical approach are also apparent (Fanon 1965; Janzen 1978; Paul 1955). Biomedicine fails because it can't respond adequately to "the appearance of new [and resistant] strains of disease; diseases generated by alterations of the environment; the inability of doctors to deal with the social sources of illness; the appearance even of new 'diseases of affluence;' the massive increase in problems classified as 'mental illness,' and of physical illnesses caused by personal and social stresses" (Worsley 1982).

Indigenous peoples' resistance to and skepticism about biomedical interventions is rational and often justified (Paul 1955). For example, opposition to biomedical intervention in Algeria took on explicitly political meanings of resistance to French colonialism (Fanon 1965).

From the perspective of Mura villagers, the indigenous medicine and biomedicine are not in competition with one another. The various practices are complementary and used in series and combination until the illness is resolved. The pluralistic environment permits villagers to choose between local traditions and a global modernity. Nepalis create syncretic

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interpretations by combining global influences with local medical and cultural practices. "To an outside observer, there perhaps exists a rivalry between traditional and modern medical systems, but to the local people both systems are mutually complementary" (Devkota 1984).

Integration of Traditional Healers with Biomedical Practices

Extensive medical and anthropological literature regarding the integration of medical traditions in Nepal has evaluated the effectiveness and utility of integrating traditional and "modern" forms of health care in Nepal (Achard 1983; Agarwal and Shrestha 1984; Ali 1991; Bichman 1989; Blustain 1976; Dhakal, Graham-Jones and Lockett 1986; Fricke 1986; Glover 1972; Melia and Mumford 1987; Oswald 1983; Pandey, et al. 1991; Parker 1988; Pigg 1995; Subedi 1989). These studies addressed "the problem" of introducing biomedical interventions into areas where their acceptance was not supported by local cultural understandings of health and illness. "The problem facing the public health worker is one of finding the means of integrating western ideas into the village system" (Blustain 1976).

The Nepali jhankri or other traditional healers are considered patently inferior and an obstacle to biomedicine in most of the biomedically-oriented literature. The biomedical establishment has difficulty coexisting with competing medical traditions and beliefs. "The most important problem regarding health service utilization in Third World countries is that established indigenous forms of health care are readily available and compete with modern health care. [T]he presence of medical pluralism is a significant factor which delays use of modern health services" (Subedi 1989).

The conventional psychiatric view opposes recognition of the legitimacy of culture-bound psychiatric syndromes attributing illness to witchcraft and the health system integration of "witch-doctors," such as the jhankri, because of the expense and the potential risk of retaliation against accused witches. In biomedical perspective, local healers could be appropriate in psychiatric care of patients who subscribe to alternate medical beliefs - but only after prior screening by a physician. "Once physical illness has been excluded and a psychiatrist, admittedly from a different culture, has found no other symptoms suggestive of psychiatric illness, it was reasonable to refer the patient to the jhankri" (Melia and Mumford 1987).

Accommodating or exploiting the traditional healer within biomedical paradigms is the focus of some approaches (Achard 1983; Oswald 1983; Pandey et al. 1991). The recognition and utilization of traditional healers within the biomedical health care system is a partial solution to the skilled manpower shortages of the Nepali health system (Oswald 1983). A program of training and support for traditional healers, dhamis and jhankris was instituted in Sindhupalochok District, Nepal in order to integrate the healers into the biomedical establishment (Dhakal, Graham-Jones and Lockett 1986). The healers are held in high esteem held by villagers in most of Nepal and they are "potentially a large, untapped, influential workforce that could be mobilised in an effort to improve the availability of primary health care. We felt that we could teach the Dhami/Jhankris to recognise signs and symptoms of common illnesses and to give first aid. The aim was not to undermine their traditional practices or status, but to provide them with new additional techniques to make them more effective village healers" (Dhakal, Graham-Jones and Lockett 1986). The training consisted of nine days of instruction over a six month period. The instruction covered biomedical concepts and therapies such as the germ theory, oral rehydration therapy, immunization, nutrition, hygiene and family planning. After six months, more than 33 (90%) of the 36 healers introduced into the training regimen claimed to use oral rehydration therapy and claimed to encourage their clients to participate in biomedical projects such as immunization and family planning services.

Indigenous healers were educated and mobilized in Jumla, Far West Nepal to use biomedical diagnoses and antibiotic treatment for respiratory diseases with positive results (Pandey, et al. 1991). Similar projects are underway throughout Nepal to integrate the local healers into the biomedical health services. "A patient in a hilly region will most probably first contact a dhami - jhankri, a local healer, unless he lives very near to a Health Post. The jhankri is anyway much nearer to the patient's sociocultural status than the Government assigned Health Post staff. A psychologist would use the word empathy - being of the same root, the same culture, the same belief - for describing the relationship between the faith healer and the villager" (Achard 1983).

Traditional healers are attractive to government health policy makers because the indigenous healers are already in contact with the target communities. It has been suggested that traditional healers, especially those

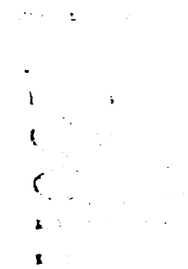
who conduct divination be used as an indigenous referral service in the pluralistic medical environment. The Buddhist monks of Thakali communities conduct a mu-tu divination ceremony which makes them prime candidates for this type of integration (Parker 1988).

Critics of integration cite that the jhankri "operates under such a markedly different set of health beliefs and premises that if they are forced into an allopathic model they will loose (sic) the ground under their feet" (Achard 1983). The jhankri should be treated as a "complementary factor in curing disease, foremost in the psychosomatic range and neither as a competition nor as the lowest level of our health care system" (Achard 1983). Because Western-trained health professionals in Nepal dismiss the jhankri as a fraudulent practitioner, rural patients are "forced into a quite severe and unnecessary conscience conflict" (Achard 1983).

Traditional healers' persist in popularity among the Sherpa people of Nepal in spite of increasing integration of the Sherpa into intensive capitalist industries such as trekking and tourism (Adams 1988, 1989). "The exportation of capitalism to the Third World does not necessarily reproduce social relations and ideologies found in the developed capitalist world. Indeed, one of the most amazing aspects of culture is its ability to not only be shaped by production tasks but to itself shape the kinds of production systems that are imported from abroad" (Adams 1988). The agency of local actors and the power of local traditions shape social change and cultural expression despite the strong influences of global capitalism.

Nepali villagers are active in integrating their use of resources from different specialists, such as the spirit healers, astrologers, priests, herbalists and physicians in Nepal's medically pluralistic environment but that there is an underlying social conflict about modernity played out rhetorically as a conflict between health ideologies:

> Although villagers display a high regard for Western medicines (pills, ointments, injections, etc.) they are somewhat less enthusiastic about the institutions of Western medicine, such as the Trisuli hospital. The hospital is used infrequently or as a last resort, not because it embodies a system of alien or threatening ideas of illness, but because it lacks institutional success or institutional integration with village life. Secondly, there have been repercussions from the fact that developing agencies explicitly oppose modern and traditional medicine. Villagers in particular contexts seek to be identified with the 'modern' world, which, in this area, is largely defined as the world of the



> educated. Symbolic denials of traditional medical practices and confirmation of Western medicine is one of the ways in which such identification is effected. In several instances a person's public stance on medicine does not coincide with his actual practices. The disparity between Western and traditional medicine is not an ideological conflict over systems of medicine. It is, rather, a social and institutional conflict expressed through the rhetoric of medicine and the symbols of 'supernatural' vs. 'modern' treatments of illness (Stone 1976).

National and international health planners in Nepal tend to ignore local social and cultural contexts in the design and implementation of health projects and interventions. Planners are primarily beholden and constrained by the bureaucratic culture of national and international development agencies.

> It would be naive not to recognize that national and international economic and political considerations are also extremely important in shaping the policy and plans of specific programs, but within given economic and political parameters there should be scope for incorporating social reality into the planning process. Plans reflect the cultural environment of the planning agencies. Therefore the information used in health planning represents the values and culture of the planners, rather than the culture and circumstances of the intended recipients (Justice 1983).

Health development organizations in Nepal are constrained by national and international bureaucratic priorities instead of being guided by the needs of the local people (Justice 1986, 1987). The preference for traditional healing over biomedicine in many traditional societies may be due to the lesser "social distance" of indigenous healing, the closer fit offered by indigenous medicine to the worldview of the patient (Subedi 1989). Healing serves two functions; to control sickness and to provide meaning for illness expression within a given cultural context. Biomedicine often deals only with the first function while traditional health care may address both requirements, making indigenous medicine the preferred choice among many individuals in traditional societies.

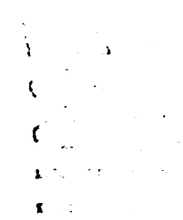
Traditional healers in urban areas may not offer more personal or holistic care than their biomedical counterparts. Traditional healers may be "both specialist and perfunctory. Interviews with the healer's patients endorsed the negative descriptions of speed, standardized treatment and

impersonality" (Skultans 1988). Also, the urban healer's practice duplicates "the mental hospital in the nation-wide expansion of his catchment area, in the narrowing of his field of expertise and in the routinized processing and treatment of patients" (Skultans 1988). Clients from rural areas visit urban shamanistic healers "seeking the model of the Western hospital which offers expert, specialist treatment to large numbers of people who have in common a particular type of illness or problem" (Skultans 1988).

The integration of traditional and "modern" biomedical health services in Nepal was advocated following the recommendations of international planners in the World Health Organization's Primary Health Care (WHO PHC) initiative launched in 1978 and 1984's Health Promotion Initiative. Integration, in the WHO PHC context, was a one-way process of discarding most traditional medical forms, judged inadequate by biomedical standards, in favor of biomedical interventions which were not subject to indigenous evaluation (Sharma and Ross 1990).

WHO PHC treated Nepali culture as an obstacle to health education instead of understanding the strength and diversity of Nepali culture. The PHC also mistakenly assumed that rural people blindly and irrationally subscribe to traditional healing practices. In fact, rural Nepalis often understand and value the curative power of some biomedical treatments and actively seek them out based on a rational consideration of the range of available alternatives (Stone 1986).

Despite the open hostility of the biomedical establishment, represented by doctors and nurses, against the use of traditional healers, patients actively seek to utilize indigenous medical resources in addition to hospital-based treatment. Because the "modern" biomedical establishment was constrained by Nepali and local Maithali cultural values (i.e. men, even doctors, did not enter the delivery room, educated nurses from the hill districts considered childbirth work "degrading," etc.), the established health care system was unable to fully meet the obstetric needs of patients seeking care. Traditional healers, midwives and marginal actors, peons, were actively sought out by patients to fill the unmet needs of childbearing in the hospital environment. Agency in determining the extent of integration of traditional medicine with biomedical services rests with patients, not with the medical establishment (Reissland and Burghart 1989).



In its global reach and demands for standardization, biomedicine is unable to accommodate and include traditional healers into national health development projects. Even the conceptual categorization of traditional healers as a uniform entity effaces the unique social and cultural differences which make traditional healers relevant to their clients (Pigg 1995).

The hierarchy of resort to health care for Mura villagers is very fluid. In general, when sick they will check with the guruwa who will conduct a divination ceremony (pati) to detect the presence or absence of ghosts (bhoot) or witches (boksiniya) being responsible for the illness. Pati is performed by going into trance induced by the chanting of divination prayers, by the gyration of a diya oil lamp on a string for up to 1 hour and by the reading of rice grains. After asking the Devi to impart the cause, the healer hears the answer "on the wind" or sees the face of the offending witch in the plate containing rice grains. If there is no supernatural cause then the illness is deemed to be the result of disease (rog). If one is diseased then a doctor or other non-spiritual healer must be called because the guruwa cannot treat diseases caused by factors other than spirits. But if the illness is caused by a ghost or witch then no doctor can cure it and only appeasement or intervention by the guruwa will be effective.

On the relative efficacy of the Tharu healers Chimanando Mahato offered these observations:

> In the early times the spirit healer, the herbalist and sorheniya did good work but now they only work because they get paid with rice liquor. The guruwa's days are coming to an end.
>
> There are many types of herbs but identifying them is a rare talent. Out of the millions of plants, some could be made into medicines which are then sold in pharmacies. There are fewer and fewer of them. Herbs are the source of all medicines including modern medicines. Some of the medicines that the guruwa or baiduwa gives are very effective like sissoo (*Dalbergia sissoo*) but scientists can search for the mechanism of action and the active ingredients. The guruwa quickly gives an approximate dose then goes home drunk from the ritual without knowing whether the herbs have been effective or not. As long as his stomach is full of liquor he doesn't care either. I don't think it's like it once was. But I still call on the guruwa because it is important to maintain the faith. The local pharmacists are inadequate for major illnesses. If the medicine shop owners are "doctors" then why does anyone bother to spend years studying medicine?
>
> "Andanagari ma kana raja (Among the blind, the one-eyed man is king)," as the saying goes. At Ram Charan's house there is a sick boy. I told them to take him to a good doctor because in the village he won't get help. At first the boy was sick at home for many days then he received

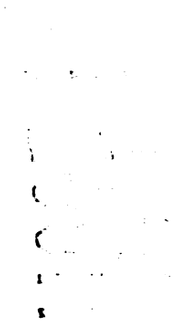
> tablets from the local pharmacist then went to Dhangadhi and Palia hospitals. The degree holding doctors have a different understanding than these local pharmacists. There are those so-called doctors who are half studied and are neither here nor there. Neither uneducated (class five) nor educated (School Leaving Certificate (SLC) pass) but in the middle. Those in the middle do a lousy job. They are like the warlock (tengaha) who knows half the mantar and can only give suffering but no relief. A real doctor must have a degree and practice.

Sociology of Knowledge

The persistence of shamanism raises epistemological questions regarding the nature of truth and rationality. Biomedicine rejects as irrational the premise that disease can have supernatural causation. Ethnomedical practices which include shamanism imply a belief that supernatural entities may be responsible for illness. Tharu villagers ignore the ideological conflict between medical traditions and seek health from any available provider.

The sociology of knowledge examines whether the foundations of Western thought and science are based in a universal empirical reality or whether there can be other rational interpretations of reality. Sociology of knowledge probes the "Great Divide," the belief in the "victory of Western science over superstition," "the rationalization and disenchantment of everything," and that "the 'death of God' are assumed to be inevitable or already an existential fact" (Worsley 1982). This ethnocentric assumption reduces illness, a social phenomenon, into purely biological and mechanistic terms. Adherents of so-called "Western" medicine tend to adopt a positivist belief in science as a body of objective knowledge independent of its social and political roots. In criticizing traditional indigenous forms of medicine, politicians and physicians assume that "Western medicine is the only *scientific* medicine, even if lip service is paid at times to other kinds of medicine" (Worsley 1982).

Ideals of modernity and social progress are associated with the material products of technologically advanced societies. Technological advances based on Western scientific thought reify scientific positivism by lending a powerful legitimacy to the methods of Western science. The reification of scientific rationality obscures the social and political forces driving technological progress (Marcuse 1964). People begin to feel subject to "an objective rationality that is both uncontrollable and mysterious. Technological rationality protects the 'legitimacy of domination' of those who control the

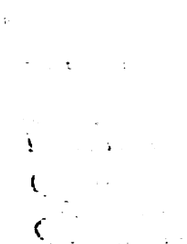


productive uses of technology. Technology is always a historical social project: in it is projected what a society and its ruling interests intend to do with man and things" (Tambiah 1990).

Non-western thought, including ethnomedicine, has often been discredited as irrational and inferior to the scientific rationality of Western medicine. Ethnomedical systems utilizing shamanic healing are based on supernatural magic which cannot be verified by scientific observation. Tylor (1970) asserted that magic was the mistaken application of general human propensities for association, "mistaking 'ideal connexions for real connexions'" (Tambiah 1990). Frazer (1911), drawing on Morgan's (1877) concepts of evolutionism, explicitly differentiated between the mistaken associations of magic and religion and the correct associations developed by advanced cultures through the type of knowledge called "science."

Evans-Pritchard (1937) believed in a context-independent reality within which the superstitions of the Azande could be disproved although the Azande witchcraft beliefs were rational within the context of Azande society. Durkheim (1965) distinguished an analytic juncture in the ways in which people differentiate between a sacred and profane world. Durkheim considered magic and religion as sacred while science existed in opposition as profane. Malinowski (1948) distinguished magic from religion on the basis of function: religion was described as an end in itself while magic was seen as a means to an end. Malinowski believed that magic and science were regarded as profane. Supernatural beliefs take hold and magic is employed when rational action fails to deliver the desired results. Religion alone can represent that which is sacred (Tambiah 1990).

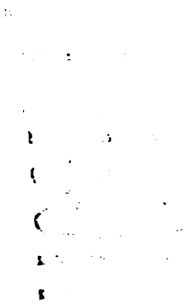
The dominant ideology of Western industrialized nations, science is privileged by describing development as the process of adopting the ideal of rationality as propounded by Western capitalist societies. Science is considered an objectively superior knowledge compared to other forms of knowledge and "development" is considered a "process of rationality" in which traditional societies modernize by accepting rationality and discarding tradition, or "ingrained habituation" (Weber 1968). The conscious and unconscious motives believed to be responsible for all social action (Verstehen) are of four types; instrumentally rational (Zweckrational), value rational (Wertrational), affectual and traditional. Modern science and technologically advanced societies are guided by instrumental rationality (Weber 1968).



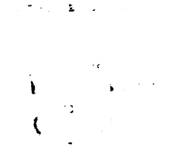
Elaboration of Weberian motives in health related social roles, such as the sick role, and the function of pattern variables, values, norms in health settings distinguishes the traditional from the modern. Five variables which distinguish the modern rational from the traditional irrational in doctor-patient relations are particularism vs. universalism, diffuseness vs. specificity, affectivity vs. neutrality, collective orientation vs. self orientation and ascription vs. achievement (Parsons and Shils 1951). The modernist view expects that modern physicians are more effective because healing is based on universal disease concepts, specific symptoms and etiologies, unemotional analysis, mobilizing patient self-accountability and responsibility for self-healing and educational achievement. Biomedicine is seen to be more scientific, rational and effective than the distinctly local, vague, emotional and collective productions of health and illness envisioned by many indigenous knowledge and traditions.

"Western" biomedical approaches should be understood as just another type of medical knowledge among others not as some kind of objective and superior knowledge. "Western conceptions of health, illness and treatment badly need the infusion of a social theory that the study and use of other medical systems could provide. There is much to learn from studying the strategies of the truly social systems of dealing with illness used by the wretched of the earth which place the current technicist hegemonic ideology firmly where it belongs: in the realm of metascientific myth" (Worsley 1982).

A positivist scientific interpretation assumes that explanatory models which include supernatural causation are inferior, less rational, than explanatory models which reject supernatural causes for illness. There are clear flaws in such an analysis. Explanatory models which include supernatural causes for disease may be more acceptable in cultures, such as Tharu culture, which are replete with protective and malicious supernatural entities. The cultural congruence of traditional medical practices with the traditional beliefs of their community members may represent an important advantage of traditional medicine in providing relief and comfort where impersonal biomedicine fails. Microanalytic studies have documented the social nature of traditional healing and how traditional healers reorder social relationships and fulfill psychological needs to render some comfort and relief to ill individuals.



It was once believed that the inexorable application of rationality would eradicate superstition and bring scientific knowledge to every corner of the globe. The supernatural world forms an ineradicable part of the human experience because science fails to contend with aspects of existence which defy rational explanation. Scientific advances are applied to further the interests of politically powerful groups often at the expense of less powerful groups. The correlation between development projects, land alienation and political domination is more apparent at the frontier and it disinclines disempowered groups from subscribing unquestioningly to development initiatives. Villagers readily have faith and trust in the spirit healer because the spirit healer is a cultural and community leader.

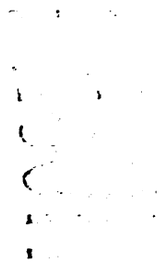


CHAPTER VIII
CONCLUSION

This medical anthropological research reveals some complex interactions between human biology, ecology, political economy and cultural diversity in determining the health of villagers in Far West Nepal. The village field site is a medically pluralistic environment where individual villagers actively seek out treatment from a multitude of healing practitioners including family members, herbalists, midwives, Tharu, Nepali and Moslem spirit healers, Ayurvedists, pharmacists, paramedical workers and medical personnel. Biomedical practitioners in rural Far West Nepal present treatment choices from an array of available health-seeking options for villagers who actively create the pluralistic health environment with their health seeking practice. The results of this research concern international health development in Nepal and the implications of shamanism on the sociology of knowledge and the scope of rationality. Centralized health development projects such as malaria control in Nepal are promoted under an aura of biomedical legitimacy and objective rationality. Assumptions about the universal human body and universal social good conceal the deployment of health and development for political purposes. Health interventions deployed for political purposes and without due consideration for the unique health concerns and indigenous culture of the Tharu have resulted in large scale resettlement of migrants, land alienation and alterations in the jungle ecology. The seemingly irrational practice of shamanism reflects the failure of biomedicine and the rejection of a modernity which threatens cultural survival.

Microanalytic View

Foster's (1976) delineation between personalistic and naturalistic medical systems based on belief in supernatural and natural causes of disease is defied in the syncretic medical system developed by the Tharu villagers encountered at the study site. The Tharu invoke the distinction between illnesses caused by spirits and those caused by disease but the locally developed medical system incorporates both naturalistic and personalistic aspects, as needed. The emphasis, rationally, is vitally centered on finding a cure and not on blind adherence to one system over another. In addition to the personalistic



spirit healers (both Tharu guruwa and pahadi jhankri), the Tharu villagers have recourse to multiple naturalistic treatments, including Tharu herbal medicine, Indian Ayurveda and biomedical pharmaceuticals and procedures.

The Tharu villagers create their own village culture from disparate threads of indigenous, regional and global influence. The medical influences of biomedicine, Ayurveda, Islamic medicine and traditional Tharu herbalists, midwives and shaman are combined to produce a unique village health amalgam. Villagers attribute high efficacy to traditional healers strictly within their domains; the supernatural realm for the guruwa, simple herbal remedies for the baiduwa and midwifery or massage for the sorheniya.

Ayurvedic and biomedical pharmaceuticals are held in equally high esteem although biomedical pharmaceuticals are considered strong enough to be capable of immediate action but are so strong that they are potentially toxic. Ayurvedic medicines are considered to be mild and slow-acting compared to the highly concentrated biomedical pills and injections. The relative efficacy of the treatment modalities, the social status of the medical system and cultural resistance to central interventions guide ethnomedical choice in the village. Villagers have maintained healing options which are unavailable to people living in medically exclusivist societies but they will accept biomedical therapies when there is a clear and direct benefit.

A microanalytic perspective perceives the social and psychological aspects of healing ritual. The guruwa provides emotionally satisfying rituals which order villagers' social relations with each other and spiritual relation to the jungle spirits. The cathartic power of the mysterious shamanic ritual provokes deep psychological reactions to induce self-healing. The guruwa's practices also unite the social group in healing, reinforcing community solidarity in the pursuit of health as a common good.

Tharu Ethnomedicine

The Tharu ethnomedical complex defies simple categorization into personalistic and naturalistic systems or central and peripheral possession cults (Foster 1976; Lewis 1971). Personalistic and naturalistic concepts of disease causation are combined in the syncretic medical system enacted by the villagers at the study site. Nepali and Tharu spirit healers engage in central possession, a sanctioned and self-controlled oracular possession with positive social features (Lewis 1971).

The spirit healer reconstructs the social order by manipulating the sacred spaces in healing rituals and social rules. The villagers' responsibilities to one another and their social roles in the community are reinforced in the social healing of rituals to treat individual illnesses. The spirit healer's ceremonies symbolically and psychologically heal illnesses by addressing the spiritual needs of the community.

The Tharu also recognize an unsanctioned spirit possession, peripheral possession, which causes illness, madness and death. Witchcraft is a socially deviant peripheral spirit possession (Lewis 1971). Witchcraft accusations reflect gender inequity as less-powerful women are accused of resorting to witchcraft to remedy injustices against them.

Ethnomedical Models of Etiology

The Tharu ethnomedical complex recognizes three main types of illness based on etiology. Illnesses can be caused by supernatural entities (bhootwa). They can be caused by disease (rog) and injuries can be caused by accidents (ghatna). If an illness can be treated by medicinal herbs or biomedicine then by definition it is not caused by supernatural entities. The bhootwa represents the inexplicable complication or the biomedically untreatable sickness.

The bhootwa is an invisible pathogenic entity clearly parallel in some cases to naturalistic viral entities described by biomedical explanatory models. In other cases, the term bhootwa refers to an entity causing non-infectious illness, such as nightmares, sexual dreams, thefts and complications from simple accidents. These misfortunes do not have naturalistic explanations in the Tharu cosmology and are attributed to the supernatural entity of bhootwa. Tharu gods are also bhootwa but they protect against the illness-causing bhootwa. The gods must be properly propitiated at household, village and jungle altars and shrines in order to secure their protection. The belief in jungle spirits regulates the activity of villagers by structuring their relationship with the natural environment. Natural resource management rules are guided by the concept of a sacred jungle populated by spirits.

The bhootwa as an illness-causing entity also reflects gender and class inequalities in the village. Class and gender discrimination motivate witchcraft accusations. The terms boksiniya and tengaha refer to female and male black magicians. The bhootwa is guided to its victim by the actions of the boksiniya or tengaha. Women and landless laborers are more readily accused

of witchcraft than men and high status landowners. The guruwa is the sanctioned priest of the village whereas the deviant warlocks must be suppressed. The difference between a kardhuniya guruwa (apprentice) and tengaha (warlock) hinges on approval and initiation by the desbhandiya guruwa (village spirit healer). The initiation ceremony requires an expensive offering which poorer community members cannot afford. Women are simply barred from participating in spirit healing practices so any type of intervention or intercession in the spirit realm by women is a mark of witchcraft.

Witchcraft accusations label suspect classes as potentially subversive and in need of domination and control. The discriminatory aspects of witchcraft accusation are balanced by the fear of witchcraft which protects women and poorer villagers against direct abuse by more powerful members of the community. Fear of curse by witches limits the exercise of power by dominant groups. Witchcraft beliefs moderate relations between villagers of different status because individuals fearing curse by witches limit their abuse of weaker members of the community.

Villagers make informed health decisions based on apparent health outcomes but health outcomes are not always readily apparent. The spirit healer is relatively effective compared to biomedicine for a large number of illnesses, especially those of viral origin for which biomedicine currently offers no effective treatment and those conditions considered psychological (nightmares, depression, etc.) for which biomedical treatment is culturally mismatched to Tharu cultural concerns. Due to the high cost and status of consumer products, pharmaceuticals are expected to act instantly. When they fail to bring an immediate cure, pharmaceuticals are rejected as ineffective and villagers resort to traditional cures. When the illness is finally resolved, curative powers are usually attributed to traditional healing.

The relative efficacy of various forms of healing is obscured. Because prescriptions are mixed and there is a lag from the time of administration to the time of assessment, identification of curative factors follows emotional factors rather than a strict risk analysis. In the absence of clear differences in efficacy, social and political influences guide village ethnomedical decisions concerning which health system to follow.

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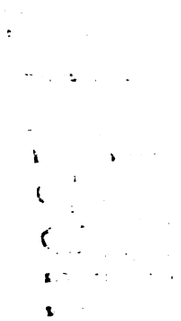
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Macroanalytic View

The medical pluralism of the village field site reflects the incomplete social domination of biomedicine over alternate traditions. The coexistence of diverse traditions of healing in Nepal's pluralistic cultural environment is emblematic of "the more general tendency towards the accretion and super-imposition of cultural traits which has been a common feature of Hindu-influenced social systems" (Parker 1988). Nepal's tolerance of pluralistic medical traditions renders the status of the health paradigms promoted by the biomedical establishment to that of contender among regional and local systems.

Biomedicine cannot establish hegemony over other healing traditions but is integrated into the existing pluralistic matrix. Specific forms of the ethnomedical matrix are determined by forces of "social control, dominant power structures, the viability of economic models of development and cultural hegemony" (Elling 1981). Biomedicine's popularity is linked to economic and political forces which promote it as a progressive advance over traditional therapies (Comaroff 1981, 1982; Frankenberg 1980, 1981). The popularity of biomedicine is linked to class status and upward mobility at the field site. Economic development undermines the village barter relationships supporting the guruwa and promotes centralized capital intensive social connections and biomedical practice. With increasing economic development, health is seen as a commodity instead of within its traditional identity as a product of social relations.

Medical pluralism reflects differences in the relations and modes of production in stratified societies. One medical mode dominates another only insofar as it is supported by politically dominant groups for their own purposes (Frankenberg 1980). The deployment of malaria control programs in Nepal was predicated on goals of health and state security which neglected the impact of resulting ecological changes on the indigenous Tharu populations. Malaria control was used as a tool to accommodate land resettlement schemes in which mass population transfers were used to effect the political ends of national and international elites. Frontier expansion was used to redirect urban demographic growth for the political purpose of defusing population pressures and maintaining the monarchy and central elites in power. On an international level, Western donor nations sought to support central control of frontier territories to undermine communist expansion in Asia during the Viet



Nam and Cold War era. Malaria control and land resettlement schemes have had the effect of alienating Tharu populations from their ancestral lands.

Aspirations to modernity motivate some villagers to embrace biomedicine as a marker of their participation in global modes of scientific knowledge and medical practice. Villagers strive to bring the benefits of modernity to Mura village but there is a constant tension of unmet needs. Biomedicine and development fail to bring desired results at the frontier. There is no clinical laboratory near the village and there will likely never be a physician in every village. Many villagers reject biomedicine as dangerous based on their own iatrogenic experiences. Others express skepticism about biomedicine's regional viability considering the environmental, economic and political conditions.

Traditional medical practices are promoted by certain social and cultural factors. Issues of cost, accessibility and availability are important to understanding the strength of the traditional healing system compared to biomedicine. The guruwa has the advantage of accessibility, low barter cost and easy availability compared to biomedical healers. The Tharu guruwa is appropriate because he is a local cultural leader to community members who shares common cultural beliefs in the nature and cause of illnesses as having a possible supernatural origin. Biomedicine does not recognize a supernatural origin for disease. The guruwa provides unlimited services for a flat annual rate paid in grain plus offerings used in each healing ceremony. The biomedical system operates only on a cash basis and so is limited to a cash-based economy. It's inability to completely render the village barter economy archaic makes the guruwa economically attractive to landed farmers. Capital intensive forms of healing such as biomedicine are part of expanding capitalist penetration in the developing economy.

Macroanalytic studies explore the economic and political forces which impose biomedicine from the center and which sustain traditional systems at the periphery of biomedicine's global expansion. From a macroanalytic perspective, economic and political forces from outside the village tend to promote the use of biomedicine. There is no official promotion of traditional medicine whereas the government health authorities attempt to extend biomedical health services into the village. Economic pressures of the cash economy reinforce the concept of health as a commodity. Cash inputs are

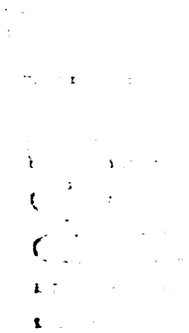
required for the purchase of biomedical pharmaceuticals whereas spirit healers accept non-cash compensation in rice, liquor and meat.

The poorest community members are more likely to seek biomedical treatment and purchase pharmaceutical drugs precisely because they have a daily cash flow. Their lack of land, large granaries and livestock means that they cannot regularly provide the inputs necessary for the traditional healers unless they buy those inputs with earned cash so they are more likely to spend their money directly on biomedical therapies. Landed farmers also use biomedical treatments but feel encouraged to do so especially for the health of their income producing workers. They have less incentive to expend cash on their own family members who do not generate an income to justify the expenditure.

Ideological Analysis

These analytic frames, while contributing important understandings to the relationship between different medical systems, fail to address an important central issue which underlies the persistence of traditional medical systems. It may be perfectly rational for people to reject scientific biomedicine. Biomedicine does not necessarily represent the most rational choice for villagers trying to maximize their health under difficult proximal conditions.

In addition to an analysis of proximal efficacy and macroeconomic forces, Tharu villagers in this study make ideological assessments of the overarching role biomedical interventions have played in their lives and some villagers consciously reject biomedicine as part of a rational rejection of modernity and the detrimental effects of centrally planned interventions, in particular. Many Tharu villagers rhetorically subscribe to visions of modernity promulgated by health and development authorities while rejecting interventions in practice. Some villagers explicitly reject modernist rhetoric because the destructive aspects of central interventions motivate their continued distrust and lack of faith in the promise of biomedicine to offer a modernity worth embracing. The mood of mistrust and cultural resistance to biomedicine radically complicates and undermines global health projects in numerous ways, notably by the widespread misuse of antibiotic and anti-parasitic pharmaceuticals which hastens the evolution and global outbreak of resistant pathogenic organisms.

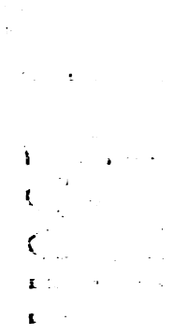


Villagers adhere to both shamanistic and biomedical healing and leave the ideological conflict between the two systems unresolved. Dualities are ignored in the pluralistic perspective. Efficacy and cure are the most highly valued goals. Conditions are ripe for a resurgence of malaria at the frontier. The failure to eradicate malaria, the increasing populations of non-immune migrants to the tarai, and the partial resistance of indigenous communities to cooperate with biomedical projects create conditions for a resurgence of the disease. Ironically, malaria parasites and the anopheline mosquito vector serve to protect Tharu culture.

The Tharu are well-adapted, genetically and culturally, to life in the malarious jungle. The Tharu possess a selective advantage in such an environment which buffers them from the most insidious effect of social and political domination from outsiders, alienation from their lands. Tharu genetic immunity to malaria based on the alpha-thalassemia hemoglobin variant appears to offer an advantage in settling environments with malaria. Changes in the jungle ecosystem brought about by malaria control and migrant resettlement have a direct impact on Tharu society. Tharu ethnomedical beliefs guide forest resource use and medical practices in the jungle ecosystem fostering conditions for the global outbreak of new and resistant infectious diseases.

Scientific claims to objectivity are ideological assertions mystifying complex socio-cultural relations. Tharu villagers have long recognized that they have a fundamentally different relationship with the natural environment than do the non-Tharu residents of their locale. Ethnoecological and genetic studies provide evidence supporting these contentions. Complex interactions between genetics, culture and health require careful consideration. The relationship between the genetic variant, alpha-thalassemia, and the high mortality disease, malaria, is readily apparent. Claims of genetic difference used to disparage ethnic minorities or to justify prejudices and stereotypes should be rejected. Genetic links to complex behaviors or traits such as intelligence are spurious.

The ideological nature of scientific positivism and the manipulation of medical science for political ends tends to deny genetic and ethnoecological differences between groups to support biomedical interventions which may be directly destructive to disadvantaged groups. Assumptions about the universal nature of health are indirectly destructive by concealing the state of political



and economic relations which are culpable in the distribution of health and disease. Some villagers express a rational disaffection for the results of biomedical and other modern interventions which have disrupted their lives.

When biomedicine fails to meet health needs, individuals may make the rational decision to resist, protest and/or subscribe to alternative medical authorities. Resort to indigenous medicine should not be considered "ingrained habituation" (Weber 1968). Neither is it just a matter of indigenous medicine being rational within the local epistemological context but objectively wrong (Evans-Pritchard 1937). The use of the spirit healer represents an active choice by individual members of the local community (Reissland and Burghart 1989; Stone 1976; Worsley 1982). The main goal of active patients is seeking an effective cure. Biomedicine and traditional medicine offer nearly equivalent efficacy for many common illnesses under village conditions (Djurfeldt and Lindberg 1975). Spirit healing offers a form of social and psychological healing which biomedicine fails to address. The persistence of shamanism is a logical result of villagers maximizing the range of ethnomedical choice available to counter illness. Shamanism, in turn, protects the jungle ecosystem, retaining species biodiversity and jungle habitat necessary for the support of traditional Tharu communities.

Development Priorities

About 70% of Nepal's development budget is funded by international donors. Foreign aid is spent by foreign planners and national elites in Nepal and elsewhere based on the strategic interests of national and international elites. Development projects tie developing nations into the political and economic spheres of the developed nations through debt and dependency. In previous Cold War decades, Western nations directed development projects in Nepal with the aim of preventing communist expansion such as in Viet Nam spreading elsewhere in Asia. International projects are still explicitly tied to donor interests. USAID's 1996 Development Assistance Fund Request of US$ 27,314,000 for Nepal indicates that the motivation for international aid is based primarily on the national interests and goals of the donor country rather than the needs of the recipient people: "USAID's assistance, while only four percent of the total international aid package for Nepal, represents major support for U.S. interests in free-market development, the promotion of participation in a

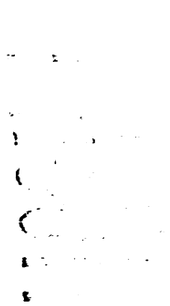


democratic society and the stabilization of world population growth" (USAID 1996).

As with other bilateral donors, much of USAID's budget is expended on USAID personnel. Restrictions on the use of disbursed foreign aid funds require that Nepal contract with US corporations, guaranteeing that foreign aid returns to the United States. Global resources must be invested to meet basic global health needs and fully unleash the productive potential of the developing world. WHO estimates that US$ 60 million annually is needed to meet global malaria control goals. WHO reports that it was only able to fund 30% of its malaria control budget in 1994-95 (WHO 1995). Yet, the US Department of Defense requested US$ 246.0 billion in budget authority for fiscal year 1996-97 (Department of Defense 1996). An appropriate and rational allocation of global resources has yet to be devised.

National entities in recipient countries deploy development to further their own interests, as well. Elites protect their status and wealth and prosper by exploiting the available resources and directing economic development in ways which serve their interests. Governing elites seek to direct demographic trends in order to maximize their political power often at the expense of the migrant masses, the peasantry, indigenous groups and other politically and economically disenfranchised people. The deployment of biomedical interventions to control malaria in Nepal was predicated on collective definitions of health and state security which neglected the indigenous knowledge and concerns of the Tharu residents of the tarai. This analysis of malaria among the Tharu reveals the fallacy of hegemonic constructions of the universal body and ostensibly objective biomedical measures of health and illness. The fallacies of biomedicine and central development are based on differences in the cultural construction of health and the jungle ecosystem among different groups in Nepal.

The negative impact of ecological and social change on the Tharu should be recognized. Malaria resurgence is a recurring threat to the health of all communities but may indirectly support Tharu land claims by limiting the rate of non-Tharu migration to the tarai. Large-scale migration to the tarai in the wake of malaria control has resulted in deforestation, biodiversity loss and alienation of many Tharu farmers from their landholdings. Strict national resource management policies banning local people from using forest resources compounds the misery of indigenous groups by forcing criminal

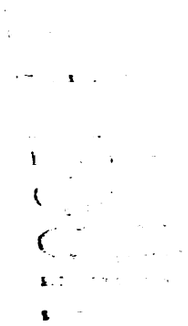


status on local villagers who rely on materials from the jungle for their basic fuel, shelter, food and medical needs. Forest management policies should be sensitive to the requirements of local villagers and encourage a system of exchanging the legitimate local use of forest resources for villagers contributions to reforestation projects in a culturally sensible way.

Attention to the special medical and public health needs of the Tharu population is necessary considering the high prevalence of alpha-thalassemia and other hemoglobin variants among the Tharu people. Medicinal plants used by the Tharu should be protected and investigated for potential contributions to national and international health. Large and dangerous animals such as tigers and elephants were largely eliminated from the nearby jungles but biodiversity was maintained by the limited impact of small village populations on the virgin jungle and by traditional Tharu resource management practices directed by the desbhandiya guruwa and the mahato. Tharu villagers rely on the products of the jungle for many essential needs and they have a deep knowledge of the jungle ecology. The collected Tharu ethnobotanical specimens consist of nearly two hundred plant species. The biodiversity of the tarai jungles and the plant knowledge of the indigenous people must be conserved for local and international health benefit.

Biomedical and shamanistic medical beliefs vie for power at the jungle frontier. Malaria can be expected to return in more virulent and drug-resistant forms with expanding agriculture, the local ecological degradation accompanying population growth, the increase in non-immune host populations and the effects of worldwide ecological degradation, such as global warming. Medical systems are powerful cultural tools deployed by social groups to modify the environment and change the characteristics of ecological niches. The long term effects of ecological changes cannot readily be predicted by either the shamanic system or the biomedical one. Shamanism persists where a seemingly irrational belief in the supernatural is a rational choice. Development ideals of global capital expansion enforce unsustainable levels of exploitation on the land and people. Traditional Tharu relations with the jungle may prove to be more stable, sustainable and appropriate than the "modern" approach.

Local healers continue to address the health needs of villagers across Nepal where biomedicine fails. The value of Nepal's indigenous medical knowledge should be recognized, preserved and advanced. Institutes devoted to



researching indigenous medical knowledge should be developed and training methods should be developed to enhance and perpetuate the local medical traditions which serve the health needs of the Nepali people. No standardization of these disparate cultural practices under one paradigm is necessary. Rather, exchange of information and sharing of techniques could lead to development of culturally appropriate health care delivery methods for use in Nepal's diverse communities. Study of Nepal's ethnomedical diversity offers understandings of the social nature of health and illness which promise to make increasingly important contributions to global health, as well.

Balancing the cultural concerns of local populations with the concerns of universalizing concepts of health, development and environmentalism must be resolved in Nepal and elsewhere through difficult negotiation. The rights of indigenous peoples to the use of their traditional lands comes into conflict with national and international political goals and environmental management policies. The most important right of indigenous peoples is the right to their territories and customary land use and tenure (Indigenous peoples 1987). The rights of indigenous groups to live on their ancestral lands should be respected. Concerning the Tharu of Far West Nepal, respect for indigenous cultures mandates that compromises be made to permit the sustainable utilization of forest resources by local groups. Health and resource management policies must be designed to answer the needs and beliefs of local populations instead of being dictated by bureaucratic priorities and national or geostrategic goals. The understandings of traditional Tharu ecological practices offered in this study are required for the development of culturally appropriate health, resource management and development policies in Far West Nepal.

Maintaining ecological biodiversity while respecting human cultural diversity should be a guiding principle for all national and international development activities. Policy planners should recognize that the complex interaction of culture, medicine and ecology can defeat large scale biomedical and development projects and lead to unpredictable and untoward effects. Medical anthropological exposure of the political deployment of science and technology serves as a reminder to the global village that health is a reciprocal right and responsibility shared by all.

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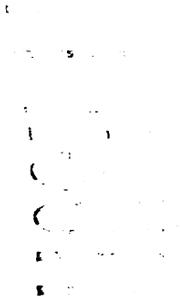
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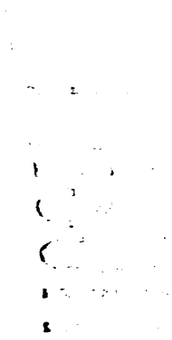
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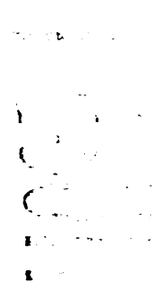
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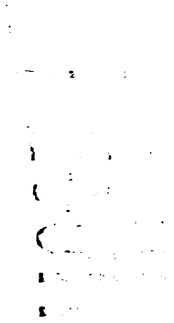
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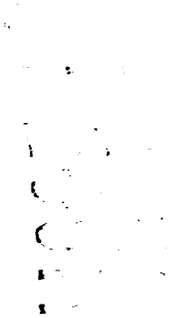
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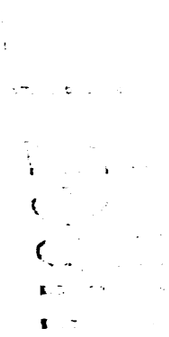
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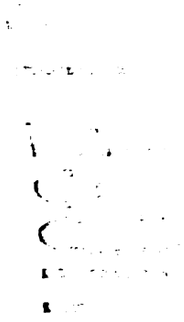
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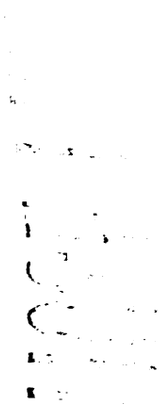
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APPENDIX A

CONSENT FORMS

हमरे गाउक सकु किसान श्री ओमर शेफी जी गाउक परिवारक मिडिया, फिल्म और गाउ, संस्कृति के बारेमे फिलाम बनाइन चाहतेछ । यमिन हमर पूरा इच्छा का, इस लिए हमरे पूरा अनुमती छहती ।

I agree to participate in this study of Tharu culture and village health. I give Omar Shafey permission to use my name, the names of my members of my family, our photographs, video and other information for publication.

Signed:

1. बम बहादुर / रामकीसन _____ Bam Bahadur Choudhary
2. _____ Ram Krishnao Choudhary
3. मनबहादुर चौधरी _____ Man Bahadur Choudhary
4. लौटन राम चौधरी _____ RAM LOTAN CHOUDHARY
5. कृष्ण प्रसाद चौधरी _____ Krishna Prasad Choudhary
6. पतिराम चौधरी / हुलासराम चौधरी _____ Pat Ram Choudhary
7. _____ Vijay Choudhary
8. रामसेवक महतो _____ Ram Sewak Mahatao
9. _____ Bet Prakash Mahatao
10. _____ Gauri Shanker Singh
11. चिमानन्द महतो _____ Chimanando Mahatao
12. _____ Tej Ram Choudhary
13. VERBAL CONSENT _____ Tulsi Choudhary

Signed:

14. _____ Kalis Ram Choudhary

15. _____ Gintu Choudhary

16. _____ Ram Charan Choudhary

17. _____ Ram Barosi Choudhary

18. _____ Bharat Ram Choudhary

19. _____ Luxman Choudhary

20. _____ Lasi Ram Choudhary

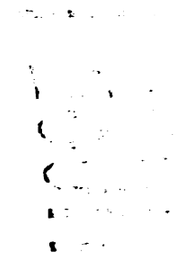
21. _____ Risi Ram Choudhary

22. VERBAL CONSENT GIVEN _____ Nageswor Choudhary

23. _____ Rameswor Choudhary

24. _____ Duki Ram Choudhary

25. _____ Chuno Set Choudhary



26. verbal consent — Sadalu Choudhary

27. refused — Sukdeo Choudhary

28. refused — Kuldeo Choudhary

29. दासीराम चौधरी — Dasi Ram Choudhary

30. _____ — Dasrat Choudhary

31. बनीराम चौधरी — Japi Ram Choudhary

32. ठागुराम — Tagu Choudhary

33. कल[redacted] चौधरी — Kali Ram Choudhary

34. ~~X~~ सीताराम — SITA RAM CHOUDHARY PUNI

34. _____ — Nachan Ram Choudhary

35. [illegible] — Dinu Choudhary

36. दुलीराम चौधरी — ~~Asha Ram~~ Choudhary ↑

36. _____ — Duti Ram Choudhary

37. verbal consent — Masa Ram Choudhary

38. तिलकराम चौधरी — Tilak Ram Choudhary

39. नानुराम चौधरी — Nanu Ram Choudhary

40. _____ — Dundee Ram Choudhary

41. आशाराम चौधरी — Asha Ram Choudhary

42. रामरती — A. BUDHA RAM CHOUDHARY RAMRATI

43. VERBAL GIVEN, WRITTEN NOT POSSIBLE. — D. TEJ RAM CHOUDHARY

44A. चेदूराम चौधरी — CHEDU RAM CHOUDHARY

APPENDIX B

MURA SURVEY FORM

House number:_____ Date:_____

Husband Wife

Name:_____

Ghotiyar:_____

Home of origin:_____

Number of Births:_____ Number Living:_____

Birth History	School	Marriage/Ghotiyar	Residence/Origin	#Children
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Land holding size:_____Bighas Location:_____

House kamaiyas:_____ Field labor:_____

Current health problems:_____

_____

_____

History of health problems:_____

_____

Provider Family Member Condition Result

Health post/Hospital:

Guruwa:

Baiduwa/Baidiniya:

Sorheniya:

Kankutuwa Doctor/Other:

Other Notes:

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