

Sharada Prasad Wasti, Padam Simkhada and Edwin van Teijlingen, eds.
2015. *The Dynamics of Health in Nepal*. Kathmandu: Himal Books for
Social Science Baha.

In the domain of health related knowledge production in Nepal, many medical colleges are maintaining their forceful presence with the publication of a substantial number of medical journals. These journals are controlled by medical actors oriented towards biomedical knowledge. In contrast, there has been a lack of significant effort from public health and social science

departments under health science institutions and universities to produce vibrant journals and books that explore qualitative dynamics of health. Therefore the book under review is important in terms of understanding emerging issues on health in relation to social determinants and policy developments in Nepal.

Chapter I of this book, titled “Nepal is Changing: Modernization and Diversity in Healthcare” gives an overview of health conditions, policies, and social determinants of health. The authors, the three editors of this book, argue that despite social changes, there are still discrepancies between urban and rural areas and also among castes and genders. The chapter discusses the second long-term health plan (1997–2017), which is in its final phase. However, the chapter lacks any criticism of the plan’s loopholes and its failed promises to deliver health services to the poorest of the poor. Moreover, this chapter is overloaded with generalizations on malnutrition, economic disparity, migration and sexual health. For instance, it argues that migration to foreign countries has increased people’s vulnerability of HIV and AIDS but largely limits itself to discussing Nepali migrants to India, the number of which is small compared to the number of Nepalis who are now working in the Gulf countries.

Chapter II on “Customs and Beliefs Surrounding Newborn Babies in Rural Areas” by Sarah Woodes Rogers *et al.* reflects on the existence of sociocultural factors, customs and practices related to the newborn and the roles of health facilities, and also highlights the role of female community health volunteers (FCHV). While this chapter claims that “public health approach” is necessary to decrease the current pattern of neonatal death rates, it lacks a “public health perspective” to critically analyze the failures of government on the rational distribution of resources not only for the curative sector but also for promotive, preventive and rehabilitative sectors. This chapter highlights existing cultural belief as one of the prominent factors that construct regressive values of rural community with respect to caring for freshly delivered women and newborn babies. However, the authors do not show any effort to question the inefficiency of the state to avoid such regressive beliefs and lack of sufficient effort to educate people with rational health values.

Chapter III on “Education and Health Outcomes: A Glimpse of the Dalit Community” by Damodar Khanal and Bharat Simkhada, argues that the high school dropout rate among Dalits has direct relation to their health.

Education is one of the important factors that determine people's health outcomes. However, just being uneducated is not a sufficient condition for disease susceptibility. Other socioeconomic and cultural factors also matter. In fact, if the term "Dalits" is replaced with other marginalized and deprived caste groups, there won't be any difference in the argument. The chapter cites a study done by Kohrt *et al.* from Jumla which argued that "Dalit castes in Nepal have considerably greater prevalence of depression and anxiety when compared with higher castes" (p. 40). On the flip side, many conflict affected indigenous and ethnic communities have also high prevalence of depression, anxieties and other psychosocial disorders especially during conflict and post-conflict contexts. In fact, this chapter is a victim of conceptual fallacy and stereotypical understanding as it portrays the Dalit community as an undereducated and "sick" community.

Chapter IV on "Socio-Cultural Aspects of HIV/ AIDS" written by the three editors, provides a general description of HIV and AIDS and its epidemiology, prevention, treatment efforts, availability of anti-retroviral therapy (ART), its challenges and issue of adherence in Nepal. While highlighting the socio-cultural dynamics of HIV and AIDS, this chapter also links the notion of stigma as psychological and socio-economic complication at the individual and family levels. However, this chapter has too many generalizations such as "Poverty is fuelling HIV in migrant workers" (p. 47). Arguably, poverty can be one of the factors. But sexual orientation of particular individuals, their level of awareness of risk factors, including knowledge of contraception, also matter. Moreover, the authors have highlighted a broad picture of HIV scenario in the context of Nepal, but do not provide any specific details on how particularly vulnerable section of the society who are forced into distress migration and compelled to perform unsafe sexual behavior in order to fulfil their biophysical needs is getting exposed to HIV infection. Likewise, this chapter highlights accessibility, affordability and acceptability that are key issues for the uptake of ART in Nepal. These are issues in common with other drugs; however the case of ART is slightly different, and the chapter does not consider ART provision by the government nor the dynamics of establishing ART centers with the support of international agencies in Nepal.

Chapter V on "Modernization and Changes in Attitudes towards Sex and Relationships in Young People" by Dev Raj Acharya *et al.* reflects on young people's sexual behavior, sexuality and other dynamics including

romance and extra-marital relationships. According to the authors, popular images disseminated through media such as movies and television are creating a stimulating environment to indulge in both romantic and risky sexual behaviors among the youth in Nepal. However, from the public health point of view, this chapter does not provide any specific information. I am referring, for example, to the kind of information needed by users for the proper use of prophylactics and for the prevention of condom rupture during intercourse that might lead to unintended pregnancy and the risk of infection with sexually transmitted diseases. There is also the lack of knowledge regarding the taking of emergency prophylactics to prevent pregnancy. Being pregnant before marriage could lead to discrimination and stigma against the concerned women. The lack of an abortion-friendly approach in the health care system of Nepal has forced women with unintended pregnancies to visit private practitioners who are mostly profit-orientated. In most parts of the country this creates situations of manipulation and abuse by mal-practitioners and quacks, who are not sufficiently skilled to do abortions.

Chapter VI on “Exploring Maternal Mortality Reduction” by Bibha Simkhada *et al.* claims that different factors such as economic growth, poverty reduction, women’s rights, shifting demography, migration, transport, safety and security, political and legislative reform as well as significant development in the health sector have contributed to maternal health and in meeting one of the targets set by the millennium development goal (MDG) 2015 to reduce the existing maternal mortality rate in Nepal. However, different subsections are loosely interpreted and do not include the empirical realities like the unavailability of human work force and required technology as well as geographical, cultural and psychosocial barriers to reach health institutions. Likewise, since different agencies have projected different maternal mortality rates at the end of MDG target year 2015, the authors should have critically examined the actual maternal mortality rate and its reduction.

Chapter VII on “Exploring Rebel Health Services during the People’s War” by Bhimsen Devkota and van Teijlingen highlights the Communist Party of Nepal (Maoist)’s attempt to introduce a separate health division of the party entitled OMSA (ordinary, medium, secondary, advance) workers under its sister organization, All Nepal Public Health Workers Union (Revolutionary). The authors claim that the government health workers were involved during the Maoists’ attacks to provide medical services, voluntarily

leaving their regular work. This reviewer has done long-term fieldwork in Rolpa and found that for many health workers, such life threatening involvements were mandatory. They were forcefully abducted to provide medical services and were compelled to express their “pseudo loyalty” to the Maoists to save their own lives. The authors also claim that the Maoists kept the government health posts in operation in order to receive health services from them. In fact, the Maoists did so because it was easier to loot the necessary amount of medicines delivered under government schemes if health institutions remained functional. Similarly, the authors’ claim that the Maoist health workers played a role to minimize the existing gap in health services is not empirically well founded, as Maoist health workers’ services were mainly confined within the party circle to treat injured combatants during war. In the post-conflict context, although Ghorneti Model Hospital in Rolpa, built by the Maoists during the war, has made significant contributions in both promotive and curative services, it is an overstatement to say that it has fulfilled the gap in government health services at large.

Chapter VIII on “Elderly Care: A Growing Problem in a Changing Society” by Nir Prasad Dahal *et al.* argues that despite the existing welfare provisions for elderly people, their health and status are continuously neglected due to factors like family fragmentation and the increase in materialism. This chapter provides a homogenous and linear picture that does not reflect any specific empirical scenarios of particular caste or community, or the cross-cultural variations of elderlies in Nepal. For instance, in the process of distress migration, particularly in those districts where the trend of going abroad is higher, elderly people are left out in the village, causing many elderlies to suffer, even compelling some to commit suicide due to loneliness and depression.

Chapter IX by Puspa Raj Pant *et al.* on the emerging health problems of non-communicable diseases (NCDs) thematically highlights different patterns of these diseases like cardiovascular diseases, chronic obstructive pulmonary diseases (COPD), and obesity and describes sociocultural dimensions contributing to the growing risk factors of NCDs, an emerging public health issue in Nepal. Although the authors frequently mention public health dynamics, there is no demonstration of specific correlation that establishes strong cause and effect relationship between the social determinants and rising NCDs in the Nepali context.

Chapter X on “Media and Health” by Sara Devkota, Harsha Man Maharjan and van Teijlingen explores how health as a component has been gradually emerging in print, electronic and audio visual media in Nepal and further highlights the chronological development on health communication from the first to tenth five-year plan and the subsequent two three-year periodic plans of 2007–2010 and 2010–2013. However, the chapter lacks evidences on how specific programs broadcast from media are useful to create health related awareness among people. Also, this chapter looks like a conglomeration of many different researches done at different time periods with different objectives, making it difficult to find its core argument.

Chapter XI on “Injury and its Prevention” by Puspa Raj Pant and Elizabeth Towner is well designed and concentrates on the types, causation and classification of injuries as well as their risk factors including sociocultural and demographic aspects. In this chapter, the authors argue that injuries bring serious consequences to human health and they are an emerging public health issue. The authors mention that road traffic injuries are frequently taken up in the media, whereas other causes of injuries like fall, drowning, fire, burns and poisoning do not receive equal attention. However, I should add that even road traffic accidents are still neglected and confined as next-day news. There is still a lack of early effort for rescue and relief in road traffic accidents, and the unavailability of trauma centers in some regions. Since the geographical, topographical and structural situation of Nepal is prone to many different forms of injuries, there is a need for serious efforts to prevent unintended consequences, and future strategies for preventing different forms of fatal injuries.

In Chapter XII entitled “Health and Social Issues of Migrants and Left-Behind Families,” Yagya Murti Bhurtyal and Suresh Joshi argue that when unskilled and semi-skilled Nepali migrants perform high-risk jobs in the Gulf countries, they begin to suffer from different forms of depression and psychosocial frustrations. The authors beautifully explore the dynamics of migrants’ health as well as the health of families left-behind. Nevertheless, apart from well-established explorations like vulnerability to HIV and AIDS, depression or general anxieties already discussed in other literatures, this chapter does not add any new dimension to health related impacts. For example, it is thought that since many migrant laborers are compelled to share a single room, this condition creates claustrophobic symptoms in some of them and they develop long-term psychological anxiety related to narrow

rooms. Although the authors argue that migrants have to perform difficult, dangerous and dirty jobs, they do not mention specific consequences of occupational hazards such as fall injury, head injury, burns, cuts, fractures and even deaths, and that many migrants are forced to come back home with disability.

To sum up, this book makes a significant contribution towards understanding broader and general dynamics of health in Nepal. Nevertheless, it provides ambiguous and highly etic perspectives that need to be rigorously reinterpreted and critically redefined in future scholarship on the subject.

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