APPENDIX

APPENDIX - I

MEANING OF NEPALI WORDS

Achheta - consecrated rice
Achheta uthaune - raising the achheta
Amulets - piece of jewelry etc. worn as a charm against evil.
Bhut, pret, masan, pichas, bir - spirits formed from souls of people who have died.
Dhara - tap water
Gano - movement of the gas inside abdomen
Graha bigreko - astrological position has gone wrong or the planet god have become angry.
Janne manchhe and
Jhankri - one who knows or able to determine causes of illness.
Katcha house - mud house
Khadko - physical and mental illness
Kokha hanne - respiratory problem, difficulty in breathing
Lagu - "evil spirit"
Mahila - second son
Mudi road - unpaved road
Na khane - patient does not eat
Pacca brick - fired brick, burnt brick
Puja - offering foods to spirit/god
Ropanies - land area equal to 75' x 75'
Runche - crying sickness
Service holder - salaried posts
Sitalmai - measles
Sukuwa - emaciated lean and thin, wrinkled, wasted muscle, looking old man.
Tined roof - corrugated iron sheet, iron pressed into curving folds, used for roofs.
Tole - ward number
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Meaning</th>
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<tbody>
<tr>
<td>A.R.I</td>
<td>Acute respiratory infection</td>
</tr>
<tr>
<td>B.D.</td>
<td>Twice a day</td>
</tr>
<tr>
<td>C.P.</td>
<td>Crysta penicillin</td>
</tr>
<tr>
<td>E.C.G.</td>
<td>Electro Cardio Gram</td>
</tr>
<tr>
<td>I.M.</td>
<td>Intramuscular</td>
</tr>
<tr>
<td>I.V.</td>
<td>Intravenous fluid</td>
</tr>
<tr>
<td>KCH</td>
<td>Kanti Children Hospital</td>
</tr>
<tr>
<td>N.G.</td>
<td>Naso-gastric tube</td>
</tr>
<tr>
<td>O.D.</td>
<td>Once a day</td>
</tr>
<tr>
<td>Q.I.D</td>
<td>Four times in a day</td>
</tr>
<tr>
<td>T.B.</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>T.I. D.</td>
<td>Thrice a day</td>
</tr>
<tr>
<td>TFH</td>
<td>Traditional faith healers</td>
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**APPENDIX III**

**QUESTIONNAIRE FOR PARENTS AT KANTI HOSPITAL**

**Factors Causing Delay in the hospitalization of Children**

in Nepal

Questionnaire for Care Giver (Parent/Surrogate Parent)

Part I: Family Information

1. Name of Mother ____________________________________________

2. Age of mother  
   / / 15-20 yrs  /1/  
   / / 21-25 yrs  /2/  
   / / 26-30 yrs  /3/  
   / / 31-35 yrs  /4/  
   / / 36-40 yrs  /5/  
   / / 41 yrs or above  /6/  

3. Name of Father ____________________________________________

4. Age of Father  
   / / 15-20 yrs  /1/  
   / / 21-25 yrs  /2/  
   / / 26-30 yrs  /3/  
   / / 31-35 yrs  /4/  
   / / 36-40 yrs  /5/  
   / / 41 yrs or above  /6/  

5. Name of respondent ____________________________________________
   (if not mother or father)
6. Relationship of respondent to patient __________________________

7. Name of patient  _______________________________________

8. Age of patient   / /  0-1 yrs   /1/  
                   / /  2-3 yrs  /2/  
                   / /  4-6 yrs  /3/  
                   / /  7-9 yrs  /4/  
                   / /  10 yrs   /5/  
9. Sex of patient   / / Male   /1/
    / / Female   /2/

10. Number of siblings   / / 1-3   /1/
    / / 4-6   /2/
    / / 7-9   /3/
    / / 10 or more   /4/

11. Birth order of patient   / / First   /1/
    / / Second   /2/
    / / Third   /3/
    / / Fourth   /4/
    / / Fifth   /5/
    / / Sixth or more   /6/

12. Full address _______________________________
    (Permanent)

13. Full address _______________________________
    (Temporary)

14. Type of Family   / / Nuclear   /1/
    / / Joint   /2/
15. **Head of Family/Household**

- Mother /1/
- Father /2/
- Mother-in-law /3/
- Father-in-law /4/
- Aunt /5/
- Uncle /6/
- Other /7/
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<td>16. Year of schooling for mother</td>
<td>None / 2-3 / 4-6 / 7-9 / 10 yrs or more</td>
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<td>17. Level of literacy for mother</td>
<td>cannot read or write / can read - cannot write / can read and write</td>
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<tr>
<td>18. Years of schooling for father</td>
<td>None / 2-3 / 4-6 / 7-9 / 10 yrs or more</td>
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<tr>
<td>19. Level of literacy for father</td>
<td>Cannot read or write / Can read - cannot write / Can read and write</td>
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<tr>
<td>20. Occupation of mother</td>
<td>Housewife / Farm worker / Industrial worker / Semi-professional / Professional / Other</td>
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<tr>
<td>21. Income of mother</td>
<td>Nil / Less than Rs. 500/month / Rs. 500 - 1000/month</td>
</tr>
<tr>
<td>Source of income of mother</td>
<td>Details</td>
</tr>
<tr>
<td>----------------------------</td>
<td>--------------------------------</td>
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<tr>
<td></td>
<td>Rs. 1000 - 2000/month</td>
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<tr>
<td></td>
<td>More than Rs. 2000/month</td>
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<td></td>
<td>Land (own)</td>
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<td></td>
<td>Land (others)</td>
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<tr>
<td></td>
<td>Livestock</td>
</tr>
<tr>
<td></td>
<td>Permanent employment</td>
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<tr>
<td></td>
<td>Temporary employment</td>
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<td></td>
<td>Others</td>
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23. Occupation of father

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<td>Industrial worker</td>
<td>2</td>
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<tr>
<td>Semi-professional worker</td>
<td>3</td>
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<td>Professional worker</td>
<td>4</td>
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<td>Others</td>
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24. Income of father

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<tr>
<td>Less than Rs. 500/month</td>
<td>2</td>
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<tr>
<td>Rs. 500 - 1000/month</td>
<td>3</td>
</tr>
<tr>
<td>Rs. 1000 - 2000/month</td>
<td>4</td>
</tr>
<tr>
<td>More than Rs. 2000/month</td>
<td>5</td>
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25. Source of income of Father

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<tr>
<td>Land (own)</td>
<td>1</td>
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<tr>
<td>Land (others)</td>
<td>2</td>
</tr>
<tr>
<td>Livestock</td>
<td>3</td>
</tr>
<tr>
<td>Permanent employment</td>
<td>4</td>
</tr>
<tr>
<td>Temporary employment</td>
<td>5</td>
</tr>
<tr>
<td>Others</td>
<td>6</td>
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26. Language of Mother

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<tr>
<td>Newari</td>
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<tr>
<td>Tamang</td>
<td>2</td>
</tr>
<tr>
<td>Nepali</td>
<td>3</td>
</tr>
<tr>
<td>Others</td>
<td>4</td>
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27. Language of father

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<thead>
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<tr>
<td>Newari</td>
<td>1</td>
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<td>Tamang</td>
<td>2</td>
</tr>
<tr>
<td>Nepali</td>
<td>3</td>
</tr>
<tr>
<td>Others</td>
<td>4</td>
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</table>

28. Religion of Mother

<table>
<thead>
<tr>
<th>Religion</th>
<th>Code</th>
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<tbody>
<tr>
<td>Hindu</td>
<td>1</td>
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<tr>
<td>Buddhist</td>
<td>2</td>
</tr>
<tr>
<td>Others</td>
<td>3</td>
</tr>
</tbody>
</table>
29. Religion of Father:  
   /   Hindu /1/ 
   /   Buddhist /2/ 
   /   Others /3/
Part II: Patient Information

1. Diagnosis of admission to hospital?
   - Gastroenteritis /1/
   - Meningitis /2/
   - ARI /3/
   - Malnutrition /4/
   - Others ________ /5/

2. What do you think caused your child's illness?
   - Evil spirits /1/
   - Weather /2/
   - Germs from another person /3/
   - Dirty water /4/
   - Others /5/

3. Duration of present illness?
   - 1-5 days /1/
   - 6-10 days /2/
   - 11-15 days /3/
   - 16-20 days /4/
   - 21-25 days /5/
   - 26 days or above /6/

4. Duration of illness when you first got help?
   - 1-5 days /1/
   - 6-10 days /2/
   - 11-15 days /3/
   - 16-20 days /4/
   - 21-25 days /5/
   - 26 days or above /6/

5. From whom do you get help?
   - Family member /1/
Neighbor /2/
Dhami/Jhankri /3/
Pharma /4/
Health post worker /5/
Local hospital doctor /6/
Other ___________ /7/
6. Why did you go to this person for help? / Close to home /1/
    / Recommended by friend/relative /2/
    / Costs little/nothing /3/
    / Others /4/

7. What diagnosis was given by the person you got help from?
    / Gastroenteritis /1/
    / Meningitis /2/
    / ARI /3/
    / Malnutrition /4/
    / Others _______ /5/

8. What treatment did this person prescribe? / Nothing /1/
    / Herbal medicine /2/
    / Western medicine /3/
    / Others ___________ /4/

9. Did you follow the treatment? / Yes /1/
    / No (go to Q. 13) /2/

10. Did the treatment cure the illness? / Yes /1/
    / No (go to Q. 12) /2/

11. For how long after the treatment was your child better?
    / 1-5 days /1/
    / 6-10 days /2/
    / 11-15 days /3/
12. Why do you think the treatment did not make your child better? / / Wrong medicine /1/
                      / / Not enough medicine /2/
                      / / Too much medicine /3/
                      / / Others /4/
13. Why did you not follow the treatment
   / / No money /1/
   / / Wrong treatment /2/
   / / Child did not like /3/
   / / Others /4/

14. How many resource persons did you consult before bringing your child to hospital?
   / / None /1/
   / / 1 /2/
   / / 2 /3/
   / / 3 /4/
   / / 4 /5/
   / / More than 5 /6/

15. Who advised you to bring your child to hospital?
   / / Nobody /1/
   / / Family member /2/
   / / Neighbor /3/
   / / Dhami/Jhankri /4/
   / / Pharma /5/
   / / Health post worker /6/
   / / Local hospital doctor /7/
   / / Others /8/

16. Why did you not bring your child to hospital sooner?
   / / No time /1/
   / / No money /2/
   / / Bad previous hospital /3/
   / / Experience /4/
   / / Too far away /5/
   / / No Transportation /6/
<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
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<tr>
<td>17</td>
<td>Has your child been hospitalized before?</td>
<td>Yes</td>
</tr>
<tr>
<td>18</td>
<td>Were you satisfied with the hospital care?</td>
<td>Yes</td>
</tr>
</tbody>
</table>
19. Why were you not satisfied?
   / / Too crowded (no bed) /1/
   / / Too noisy /2/
   / / No medicine /3/
   / / Too few nurses /4/
   / / Doctor not available /5/
   / / Child did not improve /6/
   / / Others__________ /7/

20. For this admission, how long did you wait to see the admitting doctor?
   / / 1-5 hours /1/
   / / 6-10 hours /2/
   / / 11-15 hours /3/
   / / 16-20 hours /4/
   / / 21 hours or more /5/

21. Did the admitting doctor ask you about your child’s illness?
   / / Yes /1/
   / / No /2/

22. Did you find it easy to talk to the admitting doctor?
   / / Yes /1/
   / / No /2/

23. How long after seeing the admitting doctor did you wait for a bed on the ward?
   / / 1-5 hours /1/
   / / 6-10 hours /2/
   / / 11-15 hours /3/
   / / 16-20 hours /4/
   / / 21 hours or more /5/
24. Did the nurse/doctor give you information about the hospital rules/regulations?  
   / / Yes (go to Q. 27) /1/  
   / / No /2/

25. Would it have helped you to know about the hospital rules/regulation?  
   / / Yes /1/  
   / / No /2/

26. Did the nurse/doctor tell you about the treatment your child is being given?  
   / / Yes /1/  
   / / No (go to Q. 29) /2/

27. Did you understand what you were told about the treatment?  
   / / Yes /1/  
   / / No /2/

28. Did the nurse/doctor tell you about the possible consequences of your child’s illness?  
   / / Yes /1/  
   / / No /2/

29. Do you understand what you were told about the possible consequences?  
   / / Yes /1/  
   / / No /2/

30. Would you like to know the possible consequences of your child’s illness?
31. Are you satisfied with the care your child is receiving?
   / / Yes /1/ 
   / / No /2/ 

32. Why are you not satisfied?
   / / Too crowded (no bed) /1/ 
   / / Too noisy /2/ 
   / / No medicine /3/ 
   / / Too few nurses /4/ 
   / / Doctor not available /5/ 
   / / Child did not improve /6/ 
   / / Others _______________ /7/
33. Would you bring your child to this hospital again?
   / / Yes /1/
   / / No (go to Q. 36) /2/

34. Would you bring your child to this hospital as soon as he/she became ill?
   / / Yes /1/
   / / No (go to next Q.) /2/

35. If your child becomes ill again in the future, from whom will you get help?
   / / Family member /1/
   / / Neighbor /2/
   / / Dhami/Jhankri /3/
   / / Pharma /4/
   / / Health post worker /5/
   / / Local hospital doctor /6/
   / / Private doctor /7/
   / / Other ___________ /8/
APPENDIX - IV

DIARY RECORDS OF FOLLOW-UP VISITS
QUESTIONNAIRE FOR FAITH HEALERS

1. What causes diseases ?

2. What are the types of unseen spirits ?

3. What are the types of “deutas” ?

4. What are the types of diseases in children ?

5. What are the types of treatment ?

6. What types of patients can be referred to hospitals ?

7. What types of patients cannot be referred to hospitals ?

8. Why those cases which cannot be referred to hospitals are cured by TFH ?

9. Why some follow up hospital cases came to you ?

10. What types of disease can you cure ?

11. Why the unseen spirits or deuta sometimes are pleased sometime not ?

12. If somebody is sick where he/she should be treated first ?

13. What is the percentage of patients who have been treated successfully by you ?

14. Do you think that the TFHs should be given training in modern medicine ?

15. How do you identify a disease ?
16. How much do you earn a year?

17. How much time do you spend treating patients?
INTERVIEW GUIDE FOR MEDICAL PERSONNEL

Interviews with medical practitioners covered the following issues?

Delays at the level of:
- Traditional faith healers
- Pharmacies
- Vaidyas
- Health posts
- Private clinic
- Treatment at Kanti Children Hospital
CURRICULUM VITAE

PERSONAL AND FAMILY BACKGROUND

NAME : LAXMI THAKUR (SHRESTHA)

DATE OF BIRTH AND PLACE : East No. 4, Bhojpur Bazaar, Bhojpur Nepal, 11 May, 1946,

PARENTS : Father : Ambar Bahadur Shrestha (Late)
Mother: Durga Laxmi Shrestha

NATIONALITY : Nepali

MARITAL STATUS : Married with two children
Husband : Dr. S.B. Thakur
Daughter : Luna Thakur, (1977)
Son: Simanta Thakur (1987)

PERMANENT ADDRESS : Bhojpur Bazaar, Bhojpur, Nepal

PRESENT ADDRESS : B.No. Kha 548-7, Baneshwor, Kathmandu, Nepal

OFFICE ADDRESS : Tribhuvan University, Institute of Medicine
Nursing Campus, Maharajgunj, Kathmandu, Nepal


- M.Sc. Nursing from Madras University, India, 1982
- **Post Graduate B.Sc. Nursing** from Gujarat University, India, 1978.

- **B.A.** from Tribhuvan University, 1975


- **I.Sc.** from Tribhuvan University, Nepal, 1969.


### PROFESSIONAL RECORD

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<td>1985 (2042 Shrawan 26)</td>
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<td>Lecturer</td>
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<td>Employer</td>
<td>T.U., Institute of Medicine, Nursing Campus, Maharajgunj.</td>
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<td>1985 (2042 Shrawan, 25)</td>
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<tr>
<td>Employer</td>
<td>T.U. Institute of Medicine Nursing Campus, Biratnagar</td>
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<td>2084 (2041 Mangsir)</td>
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<td>1979 (2036 Shrawan)</td>
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<td>Assistant Lecturer</td>
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<td>1976 (2032 Falgun)</td>
<td>1978 (Jestha 2035)</td>
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<tr>
<td>1972 (2029 Mangsir)</td>
<td>1976 (2032 Magh)</td>
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Position Held :  Staff Nurse

Employer :  Santa Bhawan Hospital and Nursing School

Description of Duties :  Instruction of Medical, Surgical, Paediatric, Maternity, Outpatients, Community and Clinical subjects

OTHER EXPERIENCE :  Coordinator of Bachelor of Nursing from 2048 Mangsir to 2048 Ashad.

AWARDS :  3M Scholarship, 1975

BOOKS/REPORTS/PUBLICATIONS :  - Reports on Factors Affecting the Roles and Functions of Staff Nurses in Nepal, July 1993.


- "Improving Child Health Care System in Rural Nepal" (Unpublished)

- "Improving Health Support Communication" (Unpublished)

PARTICIPATION IN TRAINING, WORKSHOPS, SEMINARS :  - Participated in Seminar/Workshop on Research Methodology organized for Ph.D. candidates sponsored by the Faculty of Humanities and Social Sciences, Tribhuvan University, Kirtipur (November 17 - 26, 1991).

- Participated in Workshop on Research Methodology in Family Health Organized by Centre for Family Health, Institute of Medicine, Tribhuvan University (27 January - 5 February 1991).
- Training Course on Mental Health organized by Mental Health Project, Institute of Medicine, Tribhuvan University (20 - 29 August 1989).

- Participation in Workshop on Review of Curriculum on Population Dynamics, Human Reproduction and FP/MCH organized by Family Health Project, Institute of Medicine, Tribhuvan University (21 - 26 April 1985).

- Participation in the Teacher's Training Workshop organized by Family Health Project, Institute of Medicine, Tribhuvan University (19 September - 1 October 1982).

**APPLICANT'S FULL NAME**

K.C. Kumar

2. **APPLICANT'S DATE AND PLACE OF BIRTH**

   Date: 28 October, 19962  
   Place: D zobighat, Lalitpur-4, Nepal.

3. **NAME, DATE AND PLACE OF BIRTH OF APPLICANT'S SPOUSE AND CHILDREN**

   **Wife:** K.C. Sudha  
   **DOB:** 7 November, 1965  
   **POB:** Bhutkhel VDC, Kathmandu, Nepal.

   **Child:** K.C. Kushumanjali  
   **DOB:** 26 May, 1988  
   **POB:** T.U. Teaching Hospital, Maharajgunj, Kathmandu, Nepal.

   **Child:** K.C. Sukriti  
   **DOB:** 13 February, 1990  
   **POB:** T.U. Teaching Hospital, Maharajgunj, Kathmandu, Nepal.
4. APPLICANT'S MAILING ADDRESS
   P.O. Box No. 3951, Kathmandu, Nepal.
   Phone: +977-1-526340

5. APPLICANT'S NATIVE COUNTRY IF DIFFERENT FROM COUNTRY OF BIRTH
   No

6. PHOTOGRAPH