

GNE 2020 Survey of Seven Nepali Villages

Neil F., PhD, Catherine T., MD, Liz G., DVM, Leslie M., Marie L., MD, conducted the conversational surveys. Our Nepali translators were Bhanubhakta Adhikari, a third year college student in agriculture; Sonny Pun, son of the regionally elected Mayor; and Narayan Bhandari, our guide. We met with 20-30 villagers in 2-3 groups in each of 7 villages. The first village audience was primarily a “Mothers Group,” but other villages included a mix of women and men. We conducted conversations on nutrition, agriculture, reproductive health, and use of technology. The following is a synopsis of the villagers responses.

Nutrition

Nutrition was variably defined as clean, organic food that is needed for good health. People nearly uniformly understood there were categories of foods such as carbohydrates, proteins, vitamins and calcium but invariably wished for more information about the sources and components of these in specific foods. Though one group in one village felt they didn’t need any more nutrition education. Groups identified children (n=4), pregnant women (n=5), diabetics (n=3), individuals with hypertension (n=3) and an individual with with gout (n=1) as examples of persons that could benefit from special diets or as having special needs.

Positive findings:

- In general, people eat a variety of foods including grains, legumes, veggies.
- Although several individuals in 2 villages identified obesity as an issue, most felt their weight was ok.
- One NGO, SEWARA, provided nutrition education in 5 villages but they no longer come.
- 5 of 7 villages identified community health volunteers as providers of services including dietary, weight and health monitoring for children under 5 and during pregnancy.
- Most people don’t think they have much food insecurity. One village said they did, but all identify natural disasters with crop loss. Most of the food is grown by the village.
- In 3 of 3 villages queried, family members (mostly mothers) taught their children how to cook.

Negative findings:

- No village identified the need for folate supplementation in childbearing-age women
- In 3 villages, prenatal supplements are reported to begin after the identification of pregnancy.
- Junk food was a concern in 5 of 6 villages, now coming in due to roads. Villagers note that junk food provides a fast way to give children food and that parents were getting begged for it.
- Only 3 villages identified fruits in the diet semi-regularly.

Agriculture

VARIETY

Probably not all villages recounted all the foods they grow. This is compiled from all 7 villages. Food purchased is oil, salt, sugar, rice (6/7), fruits, lentils (2) and junk food. Only one person stated he bought all his food.

Grains: millet-6, wheat-3, barley-2, rice-3, buckwheat-3

Protein: Beans, soybeans, corn-5, lentils-5, eggs intermittent use, chicken at most 1/w; buffalo or goat for special holidays. Most families have chickens but not all. One village had a cheesemaker. Children and some older people drink milk.

Veggies: greens (both foraged and grown)-6, potatoes-5, cauliflower/radish-4, carrot-3, peas-2; onion-1, coriander-1, cucumber-2; tomato-1; beets-1, garlic; pumpkin-1; bitter gourd-1.

Fruit: tree tomato-2, plum/peach or pear-3, banana-2; 1 mention each: Guava, orange, apples, grapes, tomato.

CROP PRACTICES

- 5 villages identified not using pesticides (but deeper questioning was not done on this)
- At least 4 identified using compost. All use animal dung or some “fertilizer” 2-4 times/year, but some (2) mix with weeds, 2 kitchen scraps, chicken refuse-1.
- 2 villages reported no agricultural training.
- Specific training in 1 village each for beekeeping, medicinal herb, hybrid seed use, and 2 with animal care -possibly goats.
- Leslie Melnyk had visited a number of these villages testing soil for pH, phosphorus, nitrogen but didn’t find much follow-up in further testing though the materials were available.
- Crop issues: tomato fungus-1, worms or red ants in potatoes-3; fruit falling early-1, “sour crop”-fermentation-1; powdery mildew-1
- Salt feed to animals
- Several villages with a hot house.
- Irrigation in many villages is an issue, otherwise they must carry water. Not enough irrigation for wet rice.
- Sale of fruits by 2 villages, sale of veggies noted in 3-4.

ANIMAL HUSBANDRY

- Most villages had cows, buffalo and chicken—but not every family.
- Most families have 1-2 chickens.
- 3 with goats, one with large amount of sheep
- One mention of a village horse.
- Only 2 villages noted getting sick from animals—eating chickens that had died.
- Only 2 villages noted the children were given de-worming medicine and possibly Vit A every 6 months
- Veterinary service: 3 yes nearby or by phone, 1 sometimes and none 3
- Animal sicknesses noted:
 - Buffalo: foot and mouth disease,
 - chicken diarrhea, watery eyes or mouth
 - Cows with bloated abdomen,
 - Dogs: mange (scabies)

- Sheep (one village)
- Goats-stillbirth or early delivery
- Richest village had a family with 200 chickens

Sanitation

- All villages report minimal problems with diarrhea. 3 of them reported that is due to toilets in all buildings.
- All villages are using river water. 1 village with 2 water tanks for pressure and pipes.
- All report handwashing understanding.
- Most don't filter or otherwise treat but some used to boil. 1 filters at certain times. They will if someone is ill.
- Other NGOs have been in area and provided training on proper water sanitation. There was a general understanding of the importance of clean water and of washing hands. Posters on walls of community centers illustrated the importance of water sanitation. On-going support does not appear to be on-going.

Technology

- All families report one phone used for that purpose.
- Phone usage for other activity: Internet access for info (teachers primarily)-5; videos -3 Music-1; Facebook-2; News -2; Banking 1; Observed a 2yo using it for streaming.
- They identified potential internet problems: Cybercrime, wasting time, fake news-2 but several noted that they significantly limit child usage.
- Positive uses: internet but little access to Nepali language-3 ; creativity-1

Reproductive Health

All women report lack of skilled reproductive care and delivery that is accessible. One village had a community health center, but no midwife. Another village noted a health worker coming once a month.

- Female age at first child 18-21
- 3 villages when asked about how many children is now the norm or desired answered 2. One person said 3 if, "they could afford it".
- Breast feeding continues to 2 to 2.5 years in most reports. One person said less than 2. One other caveat is intermittent breastfeeding if field work took precedence but others noted they carried the children everywhere at that age.
- Introduction of solid food: 6 months.
- Contraception: Condom/pill most common but not always available, but some with IUD, implant or Depoprovera shot. (note that when asked half the husbands are not present in the villages and work outside the country.)
- Sources of repro health information: Mother, other women, community health workers.
- Women concerned with many issues:
 - more contraceptive resources and explanation,
 - pregnancy and delivery services - long travel to Pokhara or Beni or none during monsoon;
 - hemorrhoids,
 - infrequent or severe menses.

- Side effects of contraception-like loss of menses, heavy flow; difficulty becoming pregnant after implant removed.
- Menarche in one village was thought to have become much earlier at 13 rather than 16?
- Average education level of girls was higher in the most affluent village up to 12th, otherwise 8th to 10th grade. (Hard to assess if this was what was available or typically attained.)

Primary desires for improving their village or quality of life.

- Business opportunities-One village had a training on doll-making. Others on selling crops, but they are eager for more.
- Irrigation
- Health services of most types.
- Community Centers
- Post-harvest training to prolong food storage or seed storage.
- Training in child health
- Training in different agriculture techniques-esp to increase sales (tomato, mushroom, products like orange juice)
- First aid training

These survey results were summarized and shared with Captain Dam for consideration in developing an action plan for education in the region perhaps in partnership with GNE.