



NORWEGIAN
SCHOOL OF THEOLOGY

**ACTIVITIES FOR IMPROVING THE HEALTH CONDITIONS OF
MARGINALIZED CHILDREN BY NORMISJON IN OKHALDHUNGA
DISTRICT IN NEPAL**

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Abstract

Normisjon being a Christian organization has been overhauling the poor health condition of those marginalized and destitute children in the Okhaldhunga district financing patient relief fund in the Okhaldhunga hospital which is in the very district. The fund benefits those poor children paying bills to the hospital for them.

On the other hand, the organization is conducting many health awareness programmes forming a group of women in all the VDCs in the district to provide the health services relating to children and women health concerning on preventive methods for a healthy and sound life.

As a qualitative researcher, I applied a semi- structured interview as a research method to collect the information for the dissertation to find out the activities of the organization for the enhancement and endorsement of healthiness of the poorest children of the district.

A development theory was implemented for the probe of the data which exhibited the information in regarding to the accumulated information and previous studies had mutual collective ideas and propaganda which proved a pace of progress in the health situation of the children now can be taken as an emblem of development in physical and mental health of those children.

The marginalized and downgraded children in the Okhaldhunga district acquiring the free health services and treatment from Normisjon patient fund experienced a change in living of life and many improvements in physical and mental health condition that lead them to stay a quality of life and ponder a golden future for them ahead.

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Acronyms

AAIN	Action Aid International Nepal
ABBS	Hope for Children’s Development
AIDS	Acquired Immune Deficiency Syndrome
AIN	Association of International NGOs
ARI	Acute Respiratory Infection
BNMT	The Britain Nepal Medical Trust
CBPHC	Community Based Primary Health Care
CBR	Crude Birth Rate
CBS	Central Bureaus of Statistics
CDR	Crude Death Rate
CHW	Community Health Workers
CIA	Central Intelligence Agency
CMC	Centre for Mental Health and Counselling
CPCS	Child Protection Centers and Services
CRHP	Comprehensive Rural Health Project
CRIN	Child Rights International Network
CWS	Child Welfare Scheme
FBOs	Faith – Based Organizations
FCHV	Female Community Health Volunteers
FELM	Finnish Evangelical Lutheran Mission
GDP	Gross Domestic Product
H4L	Health for Life
HDI	Human Development Index
HIV	The Human Immunodeficiency Virus
IMCI	Integrated Management of Childhood Illness
IMF	International Monetary Fund
IMR	Infant Mortality Rate
INGOs	International Non-Governmental Organizations
MCH- FP	Maternal Child Health and Family Planning
MDG	Millennium Development Goals
MOHP	Ministry of Health and Population

MOPE	Ministry of Population and Environment
NCBI	National Centre for Biotechnology Information
NCD	Non – Communicable Disease
NGOs	Non- Governmental Organizations
NHFS	Nepal Health Facility Survey
NHSP	Nepal Health Sector Program me
NORAD	Directorate for Development Cooperation
PHCRD	Primary Health Care Revitalization Division
SEARCH	Society for Education Action and Research in Community
Health	
STI	Sexually Transmitted Infection
TB	Tuberculosis
TPO	Transcultural Psychological Organization
UMN	United Mission to Nepal
UN	United Nation
UNDP	United Nation Development Program me
UNHCR	United Nations High Commissioner for Refugees
UNICEF	The United Nations International Children ´s Emergency Fund
US	United State of America
USAID	United States Agency for international Development
VDC	Village Development Committees
WB	World Bank
WHO	World Health Organization
WVIN	World Vision International Nepal

Chapter one

Introduction

1.1 Research background

Children are supposed to be the backbone of every nation, and homelands should provide with the fundamental rights for the academic and physical developments. We know that health is wealth for everyone and especially the health for children is essential because they are the pillars of a country.

I am from Nepal, which is known as a developing country, is confronting many social and political problems. Such unsolvable and unending issues have germinated a topsy-turvy circumstance in which rights are offered only to mighty and strong ones, not for weak ones.

Children and women are everywhere thought to be the most susceptible beings in my nation. Women as defenceless members of the country cannot go ahead for demanding their rights and defying the unacceptable action occurred to them as a challenge and children being helpless and vulnerable part of the society and nation have no potential to defy misbehaviours and misconducts from the highly potent people in both community and country.

On the other side, the youngsters know no vivid propaganda or information on their rights. The children are entirely out of touch with their rights, and they are always kept beyond from these rights to oppose and misuse of them for mighty people's profits.

Though the nation is conducting lots of programmes for the uplifts of such helpless people in the country, many of them are deprived of the rights because many other greedy people never want to offer such rights to them to get benefits from these weak people.

I have visualised many governmental and International non- governmental organisations attempting to assist to the ramshackle people in the nation. But the conditions of such fragile people of the society are still not so much overhauled and they are in a pitiable situation. These vulnerable people of the country are doing works without raise of any question because they think, they need to survive for life for which they are obliged to accept anything to do even though they have to put their life in risk. In this time of modernisation and democratic age, such people are out of touch with their fundamental needs for livelihood.

It was the time when I came to Kathmandu, capital of Nepal as I finished my master's degree then I saw street children almost everywhere. The children were from the age seven to fifteen, and some were aged people. I was astonished by the views of such gloomy situation of children who were begging to people passing by them for money to buy food. Wherever, I went, I found

children asking for something to eat. At that time, many questions came to my mind such as: why these children were begging? Who were they? Where were their parents? What made them beg? How could they survive? What could they do when they needed medical support? And were there any organisations or not to help them? And many more questions evolved in my mind.

As I got in contact with my sister-in-law, she told me a bit about the situation that she experienced. She informed me that the governmental and non-political organisations were conducting programmes for children, but they could not be able adequately to assist their every aspect of life, for example, health, education, food and many more. That is why; there always remained a lack of providing necessities for them. The ragged clothes of these children and the way of living and eating were indeed touchy heart because they were seen unwary about the health of them. By hook or crook, they could manage something for food but what about the health? They soon would be infected by diseases and would get premature death. By her experience and my views of children on the street made me ponder of children's health condition.

This circumstance vehemently touched my heart, and I determined to assist to these children in any one of the aspects of their life, and it was also because my passion was to work in an international organisation and also my academic qualification was related to human and society known as sociology and anthropology.

Then I came to Norway for my further study in the master's programme in Religion, Society and Global Issues where I got an excellent chance of experiencing and studying human rights. In the process of study, I came to talk with my friend who knew that some Norwegian organisations directly abet the vulnerable children and women of Nepal, for example, Himal Partner. Then I searched Norwegian non-profit organisation, which has primarily contributed to the health sector of the vulnerable children. My passion and devotion to helping the children in Nepal were in fact connected to my academic here in Norway, and I sought for the organisation. Ultimately, I got the name of the Norwegian organisation, which is helping to marginalised and poor children especially in the health sector even though it has many disciplines in Nepal, is known as Normisjon.

1.2 Literature reviews

Abundant researches have been conducted on Children Health and Children Rights especially entailing the developing and underdeveloped countries in the universe. Rights for children have

often been the matter of discussion for the nation and politics to grasp political power and vanity for many politicians. Children's rights involve the rights for education, health, food, shelter, sanitation, freedom from child abuse, child trafficking, armed conflict, and child labour and many more.

According to Child Rights International Network (CRIN), "Children rights are human rights. Children must be treated with equality, respect and dignity, not because they are 'the future' or the 'adults of tomorrow', but because they are human beings today".¹ Children are the most vulnerable people in the society, nation and global level because they are assumed to be unable to distinguish the rights and wrongs and many superior people in the community announce plenty of decisions in their own favour not for children's inclination. Children under age 18 are unable to give the vote that even indicates their immaturity and fragility. So, people take advantages of them and exploit them from every angle.

The children deprived of fundamental rights and they even do not know what to do in this situation and where to go for their reasons and whom to ask. They are so innocent that every single person wants to get benefits from these kids. So, for the sake of children rights, many governmental, non-governmental organisations (NGOs) and international non-political organisations (INGOs) have been playing a vital role. Now, many organisations are on the lists you can find which are assisting children in the different aspects of their lives. Some of the organisations have same purposes, and some of them have different to each other. Anyway, these organisations' main motto is to offer the rights to the feeble children. Now, many of these organisations have been commencing various programmes especially regarding on education and health for children.

Among these children rights, I would like to draw an attention of people to the children's right for health, it is because my dissertation is about the marginalised and poor children's health and how the health condition of them is overhauling in the context of Nepal with the assistance of international non-governmental organisation.

I have gone through many literature reviews, and I found many writings on children rights from different organisations and people who attempted to support many ideas regarding children rights. So, being influenced by all, I have just aimed to write some of the writings which are pertinently linked to my dissertation, which are about the health situation of children and approaches for the improvements in their healthiness.

¹ <https://www.crin.org/en/guides/introduction/what-are-childrens-rights>, accessed on 31st October 2017.

According to the writers Henry B Perry, Bahia M Rassekh, Sundeep Gupta and Paul, A. Freeman in the article *Comprehensive review of the evidence regarding the effectiveness of community – based primary health care in improving maternal, neonatal and child health: 7 Shared characteristics of projects with evidence of long-term mortality impact* delineate the approaches which are applied by the projects with proofs eventually can give a way of preventing child and maternal demises within the year 2030.²

Almost 700 databases have assessed from CBPHC for overhauling the health condition of child and mother, and a study of research conducted on these data which portrays the mitigating mortality rate of both children and mothers for ten years, and also four projects have been selected to study the data are:

The Matlab Maternal Child Health and Family Planning (MCH–FP) P in Bangladesh; the Hôpital Albert Schweitzer in Deschapelles, Haiti; the Comprehensive Rural Health Project (CRHP) in Jamkhed, India; and the Society for Education, Action and Research in Community Health (SEARCH) in Gadchiroli, India which have been studying the research more than 30 years which indicate there is a reduction in the child death.³

The writers Ning, Pan, Li Cai, Caijuan Xu, Han Guan and Yu Jin in an article named *Oral health knowledge, behaviors and parental practices among rural-urban migrant children in Guangzhou: a follow-up study*⁴ Published on 7th June 2017 have studied the changes to the rural and urban migrant children health by oral health knowledge, behavior and parental practices in China.⁵ The writers have applied the sampling method and took children from school, and after two years they got changes.

Similarly, the article named *Association of water handling and child feeding practice with childhood diarrhea in rural community of Southern Nepal* published on 30th May 2017 in Journal of Infection and Public Health written by Acharya, Dilaram et al. emphasize on diarrhea is the leading cause of childhood mortality in which the objects of diarrhea should be stripped

² Perry, Henry B et al. "Comprehensive Review of the Evidence Regarding the Effectiveness of Community–based Primary Health Care in Improving Maternal, Neonatal and Child Health: 7. Shared Characteristics of Projects with Evidence of Long-term Mortality Impact." Journal of Global Health 7.1 (2017): 010907. PMC. Web. 1 Nov. 2017.

³ Perry, Henry B et al. (2017).

⁴ Pan, Ning et al. "Oral health knowledge, behaviors and parental practices among rural-urban migrant children in Guangzhou: a follow-up study" BMC oral health (2017).

⁵ Pan, Ning et al. (2017).

and constrained.⁶ They further conveyed that partial child feeding and worse usage of drinking water are the causes of disease and to get prevented from the communicable disease, a health care strategies should be promoted.

The writers L. Nkonki, A. Tugendhaft and K. Hofman in their article *A systematic review of economic evaluations of CHW interventions aimed at improving child health outcomes* Which published 28th of February 2017 describe the sustainable development in health and to support health condition, the cost-effectiveness of community health workers interventions depend directly on the decision makers and planners for health care. Nkonki, L et al. further utter,

The growing body of evidence for the cost-effectiveness of community health workers in improving child health outcomes presents an enormous opportunity for governments in low- and middle-income countries to invest in child survival. However, a stronger evidence base on the cost-effectiveness of specific packages of interventions delivered by community health workers is necessary to guide country health policy and program my implementation.⁷

In the report, *Every Woman Every Child Global Strategy for Women`s, Children`s and Adolescents` Health* was initiated by the global frontrunners in September 2015 with United Nation (UN) to set up impetus for Children`s, women`s and adolescents` health and safety. This strategy has emphasized the needy, marginalised and susceptible children, women and adolescents in which the report has applied the holistic approach focusing on mitigating inequalities, boosting ramshackle health system of children and women which has a target of preventing the demise, sickness and wound by 2030.⁸

The authors Mark Young, Cathy Wolfhim, David R. Marsh, Diaa Hammamy in an article *World Health Organization/ United Nations Children`s Fund Joint Statement on Integrated Community Case Management: An Equity- Focused Strategy to improve Access to Essential Treatment Services for Children* elucidates though there has been reduction in the childhood mortality rate with age below 5. The fatality of children has been caused by virus and ailment

⁶Acharya, Dilaram et al. 2017.

⁷ Nkonki, L et al. (2017) “A systematic review of economic evaluations of CHW interventions aimed at improving child health outcomes”, Human Resources for Health.

⁸ <http://apps.who.int/iris/bitstream/handle/10665/258504/WHO-FWC-NMC-17.3-eng.pdf?sequence=1>, P. 20, accessed on 3 November 2017.

rapidly it is because the diseases like diarrhea, pneumonia, malaria and many more along with malnutrition have formulated high in the death rate in children. So, the proper treatment for these children should be applied to reduce the mortality and morbidity.⁹ In 2004, WHO and UNICEF focused on the crucial role of community-based treatment for the best treatment of diseases, which caused the mortality rate high in children.¹⁰

In the writing *Improving Lives for Children and Women in Nepal* by UNICEF in a sub – title *Integrated Management of Childhood Illness* is mentioned an approach conjointly by WHO and UNICEF to tackle the vital infantile sickness: diarrhea, acute respiratory infection (ARI), measles, malaria and malnutrition which indicate that about 70 percent babyhood mortality in the emerging countries and Nepal, IMCI was instigated in 1997 in Mahottari for the first time then as usual spread to 33 districts and Female Community Health Volunteers(FCHVs) also began to treat such diseases and improvements were on the hand.¹¹

From the above literature reviews, I have comprehended many of the ideas and views are alike though the ways of approaches of them are various to relegate the mortality rate of children.

The writers Perry, Henry B et al. (2017) and Nkonki, L et al. (2017) have constant views on decreasing the mortality rate is community health. CBPHC and CHW denote equivalent propaganda. So, these writers have collective idea that for the improvements in the health of children, community health workers. Works should be there for improving the health situation of children. But the writers have gone via different technique in which data analysis and impact of cost to workers are respectively to the writers mentioned in this paragraph. The authors Young has also emphasized the writers' views Mark et al. because they also said community - based treatment is the best solution for diminishing the death rate of children.

Archarya, Dilaram et al. (2017), the authors Young, Mark et al. (2012), the organizations UNICEF and WHO have the harmonizing conclusion that there is lofty mortality rate of

⁹ Young, Mark et al. (2012), World Health Organization/United Nations Children's Fund Joint Statement on Integrated Community Case Management: An Equity-Focused Strategy to Improve Access to Essential Treatment Services for Children p. 6 – 10.

¹⁰ Young, Mark et al. (2012).

¹¹ <http://unicef.org.np/uploads/files/615489217534939116-final-dacaw-brochure.pdf>, P. 20, accessed on 3 Nov 2017.

children due to diseases and illness and virus which have been caused by different means such as drinking contaminated water, air and partial feeding of children etc.

Whereas the writers Pan, Ning et al. (2017) are entirely different among the writers mentioned above and organizations (UNICEF and WHO) because they expressed that the mortality rate of children can only lessen by the oral health, parental practices in which they have applied sampling method.

These above – mentioned concepts and thoughts are entirely related to my dissertation because my thesis is only concerned with children's health and ways of improving their health conditions. The health problems are frequently uncovered in the developing countries in which my homeland is one of them. Many NGOs and INGOs have concerned on the health issue in which I attempt to explore strategies and tactics implemented for the treatments and improvements of children by the international organization, Normisjon.

1.3 Developing research questions

My research concentrates on poor and marginalized children and their health situations and how the problems related to the health of them resolved and poor health conditions of them improved by the Christian organisation, Normisjon in Okhaldhunga district in Nepal. Among the children rights, health is one of them and in the process of time, there have been alterations in the policies and strategies for dealing health problems of children. The poor and relegated children refer to the children of destitute parents.

Nepal is the developing country where the tension between government and insurgents brought many hindrances to children such as problems to education, health, girls trafficking, child labor, involvement in a war, kidnapping of children and many more. As the issue between government and the terrorist was resolved then government and non- government along with international non- government organizations paid attention more to the sector of children. These organizations have found primarily converging on health and education.

My research highlights the roles of Normisjon for the enhancement of the health of children. This research endeavors to grasp how does Normisjon help needy children in Okhaldhunga district? , Who is known as weedy children for Normisjon? , Does it only aid the children of Okhaldhunga or children from other regions also? , Does Normisjon provide all the services to the underprivileged children or not? , Does it deliver even all the medicines to children without a fee? , What are the other facilities does it offer besides services? , What does Normisjon do if

it finds the treatment is beyond their capacity? , Does Normisjon contribute general services only or even do operational act if needed? , What are the areas of services of Normisjon in Nepal? , Does Normisjon have any benefits from these services or not? , How is Normisjon funded for the improvements of children health? Among these questions, the two issues given below are the central questions of my research:

1. How does Normisjon overhaul the health condition of marginalized children in Okhaldhunga district?
2. What are the services conducted by Normisjon to children?

1.4 Scope and limitation of study

The research is an act of collecting information on how Normisjon, a Christian organisation is improving the health condition of marginalized children in Okhaldhunga district in Nepal. The area of study geographically located, and the services provided by Normisjon are rigid and to whom are fixed. The research only deliberates the health of children not the health of women and adolescents and dying ones that convey the research has a perfect and limited area of the research study. So, the discipline of the study of Normisjon has been narrow down even though it has another sector of services for fragile and uneducated women in Nepal, which can be studied further by anyone as research.

The scope of the study in this globalized and terrorized world is essential to reduce the mortality and morbidity of children globally. As we all know that violence, detonation and atrocity, worldwide have begun enormously and rapidly to demonstrate might and power to the rest of the world but who cares the health especially those who are banished and destitute conditions in this cosmos. So, at present, health has been the prime discipline of the study of all the organizations especially for downgraded children of every corner of the world.

1.5 Structure of dissertation

The research work has been categorized into seven chapters commencing with introduction chapter. In this chapter, the motivation of writing this dissertation, some articles related to the thesis, limitation and its scope along with some research questions have been displayed well.

In the same way, the second chapter involves a lot of things regarding Nepal's history in health, children conditions in health and situation of poverty and children, child rights and many

helping organizations for children health. This second part also comprises the history of Normisjón and its mission in Nepal.

A methodology is in the third chapter where the research design, methods, data collection and lists of informants and ethics are vividly informed.

In the same way, the fourth chapter embraces theory, and here the approach is development theory. The fifth chapter encompasses views and news of participants where all the answers to research questions are classified into different clusters.

The second last chapter comprised analysis and discussion of data accumulated from the fieldwork and studied concerning theoretical perspectives. And the final section is the sum up of the whole thesis and gist of the research.

1.6 Conclusion

This introductory chapter is the gist of the dissertation because it presents a brief explanation of each section and the main issue related to the research question. The ways of getting in touch with the topic of research by different pertinent writers, and my reason behind selecting health of children as a research topic, and its limitation and further research have been depicted in detail.

Chapter Two

Children, Health and Normisjon

2.0 Introduction

This introductory section embraces a bit outline of Nepal, health of children, population by sex of children, mortality, birth rate of children, average life expectancy at birth, children under the age of five underweight health services for children, mother's role for children, child rights, poverty, child labour and health of children, health as a right of children, introduction to Normisjon, helping partner and roles for improving health conditions of marginalised children by Normisjon.

2.1 Geography and demography of Nepal

Nepal is a landlocked country located in South Asia is renowned as the land of Mt. Everest and the birthplace of Lord Buddha which covers 0.03% and 0.3% of the total area of the world and Asia respectively where the entire length of the nation from east to west is 885 kilometres and from north to south is 193 kilometres¹².

Nepal is categorised into three geographical regions – Hill, Mountain and *Terai* where the present constitution of Nepal announced the federal democratic state of Nepal with seven countries. Nepal is remoter separated into 75 districts in which there are at present 217 municipalities involving one metropolis and 12 sub- metropolises, 3157 village development committees (VDC)¹³.

The population of Nepal was approximated to be 29,018,803 in the first of January 2017, in which there was a rise of 1.18%(339,279 people) associated to the population of 28,679,524 the year before in 2016. The increase of population was definite as the figure of births went beyond the number of deaths by 416,427¹⁴.

There were 602,557 live births, 186,130 deaths, and net migration: -77148 people. The numbers of males – 14,393,422 and the population of females – 14,625,381 at the 31st December 2016. In the same way, there were 10,032,092 young people under 15 years old in which males – 5,111,662 and women – 4,920,718. The people between 15 - 64 are 17,724,104 out of which

¹² <http://cbs.gov.np/image/data/2016/Nepal%20in%20Figures%202015.pdf>, accessed on 9 November 2017.

¹³ Ibid

¹⁴ <http://countrymeters.info/en/Nepal>, accessed on 9 November 2017.

men – 8,498,156 and the rest 9,225,948 were females. 1,262,608 people were above 64 years old in which males – 589,952 and women – 672,656¹⁵.

Table 1: Population of Nepal (2018 and historical)

Year	Population	Yearly % Change	Yearly Change	Fertility Rate
2018	29,624,035	1.09 %	319,037	2.27
2017	29,304,998	1.11 %	322,227	2.27
2016	28,982,771	1.14 %	326,489	2.27
2015	28,656,282	1.18 %	326,629	2.23
2010	27,023,137	1.06 %	276,570	2.96
2005	25,640,287	1.55 %	379,875	3.64
2000	23,740,911	2.10 %	468,905	4.41
1995	21,396,384	2.68 %	529,396	4.97
1990	18,749,406	2.31 %	405,090	5.33
1985	16,723,956	2.33 %	364,359	5.62
1980	14,902,163	2.26 %	315,270	5.80
1975	13,325,814	2.12 %	265,577	5.87
1970	11,997,929	1.91 %	216,841	5.96
1965	10,913,724	1.64 %	170,143	5.96
1960	10,063,011	1.60 %	153,904	5.96
1955	9,293,493	1.84 %	162,034	5.96

Source: Worldometer (www.Worldometer.info), Elaboration of data by United Nations, Department of Economic and Social Affairs, Population Division. World population Prospects: the 2017 Revision.¹⁶

The table as mentioned above exhibits that the population of Nepal has been increasing in the future time. The data demonstrates the number of people of both females and males in Nepal is proliferating year by year even though there is constant fertility rate. It is because of superstitious beliefs and faith on God, and religious rituals, cultural traditions, the males' members of the society only conduct many activities and women are thought just to be the subordinate part of the community.

¹⁵ <http://countrysometers.info/en/Nepal>, accessed on 9 November 2017.

¹⁶ <http://www.worldometers.info/world-population/nepal-population/>, accessed on 9 November 2017.

On the other hand, the more sons will be more unity and strength in a family and easy to perform social and cultural works for them. That is why, in every festival, the superior male person is required to function any ritual programme and also after the death of father or mother, a son can only steer the burial processes. Son is the shield of the family and protector of the whole family who alone can offer complete and pleasant lives to the family. The essence of the males in the society is still enormous because Nepal is the male-dominated country.

In this way, the table below predicts the future population of people will be more and more in Nepal. There is a forecast of Nepal population that I mention here.

Table 2: Nepal Population Forecast

Year	Population	Yearly % Change	Yearly Change	Fertility Rate
2020	30,260,244	1.10 %	320,792	2.08
2025	31,813,598	1.01 %	310,671	1.93
2030	33,167,612	0.84 %	270,803	1.83
2035	34,246,881	0.64 %	215,854	1.76
2040	35,068,441	0.48 %	164,312	1.72
2045	35,685,878	0.35 %	123,487	1.69
2050	36,106,578	0.23 %	84,140	1.68

Source: Worldometer (www.Worldometer.info), Elaboration of data by United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects: the 2017 Revision.¹⁷

So, the table apparently conveys that the number of population in Nepal will be more in the coming time that will bring many problems to the nation. Even though the fertility rate mitigated, and the number of births reduced, there is still rise of the population of both sexes. The data presents that people of Nepal are also conscious on the adverse impacts of an excessive people that is why; you can visualise that the fertility rate is slowing down and there has been very less difference of the number of population in 2045 to 2050. This prediction based on the first table indicates son was the reason behind the upsurge of people.

2.2 Population of children in Nepal

Children are physically and mentally vulnerable, and they are the pillars of a nation who should be adequately guided and provided all the necessities for their growth. Human rights mean the

¹⁷ <http://www.worldometers.info/world-population/nepal-population/> accessed on 9 November 2017.

liberties for children or child rights, which now have efficiently assisted to the susceptible children to be uplifted and progressed in their lives. In the subtitle *Declaration of the rights of the children*, it is said “In 1959 the UN General of Assembly adopted the Declaration of the Rights of Child, which defines Children’s rights to protection, education, healthcare, shelter and good nutrition”¹⁸.

This section illuminates childbirth rate, child death rate, infant mortality rate, a life expectancy of a child. It also embraces population growth rate by ecological regions, population distribution by development regions, CBR, CDR and IMR rate by various sources, age structure, child dependency and child labour, children under the age of 5 years underweight, health services by government and private sectors to children. It also involves a mother’s roles in the health of children, child rights and poverty, a history and working partner of Normisjon in Nepal.

2.2.1 Age structure

Table 3: ages 0 – 14 in Nepal from 1990 till 2016 by sex

Year	Male	Female
1990	4062365.0	3893354.0
2000	4978687.0	4752136.0
2007	5174223.0	4946828.0
2008	5154023.0	4936490.0
2009	5135499.0	4917489.0
2010	5117320.0	4886833.0
2011	5058262.0	4829460.0
2012	4991599.0	4760980.0
2013	4920186.0	4685826.0
2014	4850185.0	4611958.0
2015	4785353.0	4543676.0
2016	4713545.0	4467743.0

Source: World Development Indicator, 2017¹⁹And²⁰

¹⁸ <http://www.un.org/en/sections/issues-depth/children/>, accessed on 10 November 2017.

¹⁹ <http://databank.worldbank.org/data/reports.aspx?source=2&series=SP.POP.0014.MA.IN&country=NPL>, accessed on 10 November 2017.

²⁰ <http://databank.worldbank.org/data/reports.aspx?source=2&series=SP.POP.0014.FE.IN&country=NPL>, accessed on 10 November 2017.

The population of children under 14 in Nepal of both sex has been uncovered variously in the different times of years, and the community of men is all the times higher than the number of women. Nepal is the male-dominated country where masculine is superior to feminine and only the male members of the house, society and nation can announce every decision even in this modern time.

What I want to say is that the wish for a baby son, many mothers have to do abortion as they achieve the baby is a girl in their pregnancy. This way of abortion generates many problems to mothers' health, and the child after birth because it might be after 2/3 abortions. Even in the year 2016, the number of males is more than three hundred thousand than the number of women and if you just compare the difference between of the number of both males and females in each year, you perceive the number of males is higher than the opposite sex. this data confirms the coming time, there will be no fewer numbers of men than the names of females in Nepal.

2.2.2 Crude birth rate (CBR)

Crude Birth Rate is "the number of live births per year, is estimated mid-year, and is almost always reported per 1000 living people."²¹. Nepal is divided into urban and rural, hill, mountain and terai, five development regions and seventy-five districts where there is not equal access to both health facilities and services. Because of the lack of such services and insufficient proper health information to the people, they believe in the traditional creed for the protection of all people of the family. The Orthodox faith has in people, and they do all the ceremonies from birth to death basing on the rituals. Their credence in the process of birth and death are superstitious, and the lack of health education has made the women in the society give the birth of many children because child after birth is not sure to be alive after some months. That is why; CBR is high in the rural areas than the urban area where there are not enough and developed hospitals and health awareness, health workers and health education.

In Nepal, CBR is decreasing every year, which depends on sex and age group of people in a particular area. Due to the consciousness in the health education, women education and health awareness to the school level for the uneducated ones by different organisations and governmental bodies, the birth rate has been mitigated. Family planning, single family, big family and problems of many children, nutrition for mother and child and much more health

²¹ <https://study.com/academy/lesson/crude-birth-rate-definition-calculation-quiz.html> accessed on 14 November 2017.

awareness have rendered the people of the society especially in the remote area conscious to their vigorous life.

According to the census, there was 33.83 CBR in the year 2000 that plummeted to the rate 21.07 in 2014. From the year 2000 till 2007 there was almost same standard thirties. Whereas, from 2008, the price was drastically lowered from 29.92 to 23.18 in 2009 but in the years 2010, 2011 and 2012, the rate was almost same was twenties²². Whereas in 2016, the CBR out of 1,000 population was 19.9²³.

CBR has also been calculated by the different sources, which have undoubtedly exposed the CBR is lesser every year that I mention here.

Table 4: CBR by various sources, Nepal 1952 – 2011

Sources	Years	Crude birth rate (Per 1000 population)
United Nation, ESCAP	1952-54	45.0
Vaidhyanathan and Gaigre	1954	48.7
Krotki and Thakur	1961	47.0
CBS (Census data)	1971	42.0
Nepal Fertility Survey, MOH	1976	45.5
CBS	1981	44.0
Nepal FP/MCH Project, MOH	1981	42.9
CBS Demographic Sample Survey	1986	40.7
CBS	1991	41.6
Nepal Family Health Survey, 1996	1994-96	37.0
Nepal Demographic Health Survey, 2006	1998-2000	33.5
Nepal Demographic Health Survey, 2006	2003-2005	28.0
Nepal Demographic Health Survey, 2011	2008-2010	24.3

Source: Nepal Population report 2016²⁴

According to table 4, the CBR was higher in 1954 whereas the lower was in 2010. From the years 1952 till 1981, the CBR rate was in the forties though little change could be viewed in the year 1994. There was a drastic change in CBR rate was 37.0 which was less than 4.6 than the previous year 1998. The years from 2003 to 2010, the CBR percentage decreased, and it

²² <http://www.indexmundi.com/g/g.aspx?v=25&c=np&l=en>, accessed on 15 November 2017.

²³ https://www.indexmundi.com/nepal/demographics_profile.html, accessed on 15 November 2017.

²⁴ Population Education and Health Research Centre(P) Ltd. Nepal Population report 2016.

reached to 24.3 from 28.0. So, the table presents there is a decline in the CBR rate in Nepal. Through these surveys, we can exclaim that there have been improvements in the health of both mothers and child during and after the birth of a child.

2.2.3 Crude death rate (CDR)

The report, *Demographic changes of Nepal: Trends and policy Implications* Written by Government of Nepal and National Planning Commission and UNICEF expounds “the Crude death rate is the average annual number of the deaths per 1,000 population over a given period.”²⁵

Nepal is an unguarded and developing country where there are inaccessible to all kinds of health cares and health workers to all the places. People have lack of health knowledge and information concerning to pregnancy and child after birth.

Due to lack of health awareness and beliefs in superstitions and the processes, they apply during the childbirth have triggered most of the pregnant women lose their lives and also child’s life. If they are lucky, then the mother and child may be safe, but after the birth of the child, the condition of both mother and child may be in fragile and ramshackle situations. It is because, after birth, both of them do not get enough nutrients and health cares. That is why, after the birth of a child, even there is less chance of survival for the child and the mother.

Some parts of Nepal are in contact with health posts, but most of the places are out of coverage with health workers. By mistakes, if there are any health workers and health posts, then the people have no information whether they should take the pregnant women to the health post for the safety of both mother and child or not.

And if some people know, they should take the pregnant women to the hospital for the regular check-up for the excellent condition of child and mother, but they do not have sufficient money to go to the hospital. Due to the lack of transport to the city hospital from the remote area, and the time, one day, or two days walk from the remote area, makes impossible for the pregnant women to reach to the hospital. So, there is a severe chance of demise of both mum and kid. So, there is a maximum chance of losing the life of the child in the period from birth until under age five.

But CDR is slowly mitigating and still going down because of the consciousness in the field of health. Behind the declining condition of CDR is the helping hands of Governmental and many

²⁵http://www.npc.gov.np/images/category/Demographic_Dividend_Report_May_2017_final_for_circulation1.pdf, P. 4, accessed on 15 November 2017.

NOGs and INGOs which provide health services. It is the lack of transport; the rural people have no chance of getting the health services and health awareness.

It is complicated to change the concepts of people of the rural area because they are mostly uneducated, and it is challenging to consult with them regarding a health condition. Many of the health issues of the people in the rural area are kept hidden because they feel shy and afraid. The isolated people think what people will say to them and they are also careless to the condition of both mother and child all the time because they are mostly busy in their agricultural life and have not plenty of time for health consciousness.

But CDR is altering gradually and steadily. It was only because of the assist of health workers and agencies, CDR is in the process of declining condition. Now, we can understand many villagers have been educated on health conditions and given practical training on health awareness and free approach on health. That is why, CDR is deteriorating slowly.

According to CIA World Factbook (Central Intelligence Agency), there was a decline in death rate and was declining continuously. There were 10.41, 10.22 and 10.03 CDR rate in the years 2000, 2001 and 2002 respectively whereas in the years 2003, 2004, 2005, 2006 and 2007, there was quite same CDR rate were 9.84, 9.66, 9.47, 9.31 and 9.14 respectively. From the year 2009 till 2014 there was almost same CDR rate were 6.62 to 6.97 which showed that the CDR rate was going downwards²⁶ Whereas in 2016, the CDR rate was 5.7 out of 1,000 population²⁷.

Table 5: Crude Death Rate, Nepal 1954 – 2012

Source	Estimated duration	Crude death rate
Vaidhyathan and Gairge, 1973	1954	36.7
CBS, 1977	1953 – 61	27.0
Gauvaju, 1975	1961	22.0
CBS, 1977	1961 – 71	21.4
CBS, Demographic Sample Survey, 1976	1974 – 75	19.5
CBS, Demographic Sample Survey, 1977	1976	22.2
CBS, Demographic Sample Survey, 1978	1977 – 78	17.1
CBS, 1977(Census data)	1971 – 81	13.5

²⁶ <http://www.indexmundi.com/g/g.aspx?v=26&c=np&l=en>, accessed on 15 November 2017.

²⁷ https://www.indexmundi.com/nepal/demographics_profile.html, accessed on 15 November 2017.

New Era, 1986	1984	10.9
CBS, Demographic Sample Survey, 1986	1985 – 86	16.1
CBS Census	1991	13.3
CBS	1996	11.6
MOPE	2001	9.62
MOHP	2006	9.0
CBS	2008	8.3
PRB datasheet	2012	6.0

Source: Nepal population report 2016²⁸

So, the data displays that the child death rate is shrinking condition which means most of the pregnant women and child have achieved proper nutrients, and health cares before and after the childbirth. It is only possible by the consciousness in health sectors and health education. The act has been successful not just because of the action was taken by governmental bodies but also the involvement of many international organisations. So, by this data, we can divine in the future, there will be least CDR rate.

2.2.4 Infant mortality rate (IMR)

Infant Mortality Rate is the death rate of a child under age one. The above-mentioned CDR reveals that the demise of children is very low that is why the IMR also presents the death rate of child lower, just the difference is CDR involves all level of children whereas infant means under age one. What I want to say that CDR includes IMR as a whole, but IMR contains the children's demise under age one.

IMR is defined as "the number of deaths of infants under one-year-old in a given year per 1,000 live births in the same year; included is the total death rate, and death by sex, males and females"²⁹.

IMR in Nepal in 2000 was 75.93, the highest IMR whereas, 40.43 the lower IMR in the year 2014 whereas the years, 2001, 2002 and 2003 had almost same slightly difference in number were 74.14, 72.36 and 70.57 IMR out of 1,000 live birth respectively. The IMR in the sixties' ratio in the years 2004, 2005, 2006, 2007 and 2008 were 68.77, 66.98,

²⁸ Population Education and Health Research Centre (p) Ltd. (2016). p. 41, accessed on 16th November 2017.

²⁹ <http://www.indexmundi.com/g/g.aspx?v=29&c=np&l=en>, accessed on 16 November 2017.

65.32, 63.66 and 62.0 respectively. Finally, there were 46.0, 44.54, 43.13, and 41.76 IMR out of 1,000 live birth in the years, 2010, 2011, 2012 and 2013 respectively³⁰. The current total IMR in Nepal in 2016 was 28.9 out of 1,000 live in which male and female IMR were 30.2 and 27.5 respectively³¹.

Several factors affect the IMR are - Nutrition of mothers and children, Birth intervals, Parity, Age of mother at child's birth, Mother's education and economic status, basic health services including Immunization, ARI, Diarrhea, Safe motherhood program, Environment³². Most of the people in the rural, hilly and mountain areas are out of the of the access of health education and health services, and it is arduous to provide services to them also. These people even cannot go to the urban area where there are health facilities like hospital and clinics because of lack of economic condition and long distance and also illiteracy.

Most of the pregnant women in the rural areas are not physically matured and the women are not provided enough nutritious foods, which cause many problems for example malnutrition to a child after birth. Immunization is not vaccinated to the born child in the different periods of ages. Then, diseases penetrate into the body of the child, and lastly demise of the child. People have no ideas about the injections that should be injected, to the baby child otherwise there is a high chance of death of the child. On the other hand, people in the rural area, also have no ideas about the contagious diseases and sanitation, which causes many diseases. Because of the ways of receiving food and cuisine without washing hands, many rustic people are encountering diseases like diarrhea, cholera and others.

But with the assist of many national and international organizations, it has been possible to reduce the IMR, especially in the rural area. Many organizations have been centering on health issues related to mothers and infants. United Nations, UNICEF, Red Cross and many non- profit organizations are attempting their best to provide the best health services to all the poor and marginalized people in the rural area. At present, these organizations have been directing on children and women health especially in pregnancy and after the recent birth of a child to mitigate the IMR in Nepal.

2.2.5 Average life expectancy at birth

The life expectancy at birth is " the average number of years to be lived by a group of people born in the same year if mortality at each age remains constant in the future and the entry

³⁰ <http://www.indexmundi.com/g/g.aspx?v=29&c=np&l=en>, accessed on 16 November 2017.

³¹ https://www.indexmundi.com/nepal/demographics_profile.html, accessed on 16 November 2017.

³² Population Education and Health Research Centre (p) Ltd. (2016). Accessed on 16 November 2017.

includes total population as well as the males and female's components³³. When a child is born, then it is calculated how long the child can live before the last day of its life. It depends on the different factors such as a physical condition of the mother, the economic situation of the child's family, health consciousness of the child's family and immunization and the food served to the child and the environment where the child is born. The more health consciousness in the pregnancy, and after a child born, assures more life expectancy of the child. Life expectancy depends on how the mother cares the child after birth. Socio-economic is the primary factor for the long life of the child born.

Due to the deficiencies of essential elements for the healthy life of a pregnant mother and child, many children after birth have been the victim of various diseases and at last death. Lack of proper nutrients, ignorance of health consciousness and high mortality rate have diminished the life expectancy but sluggishly there is an acceleration for life expectancy because different agencies are energetically organizing many health-related programs.

So, numerous organizations at present, are involved actively in this kind of health problems especially in the developing countries like Nepal. Nepal has got benefits from such international organizations to overhaul the situation of a poor health condition of people in Nepal. Due to the health awareness and services to every corner of Nepal, many people mostly uneducated people and every woman and child have acquired health advantages and improved their life and stayed a healthy life. That is why, these health provisions have attained the mortality rate lower, and life expectancy of a child higher in Nepal.

To prove the life expectancy in Nepal, rising higher and higher with the assist of such health-related international and national organizations, I mention a data which vividly conveys improvements in health and growth in life expectancy at birth. According to the World Data Bank the life expectancy rate increasing since the 1990s. The life expectancy at birth was 54.2 in the same year, and the life expectancy rate at delivery was a bit more in the next year was 62.3. Whereas there was almost equal life expectancy at birth were 66.5, 67.0, 67.5, 67.9 in the years 2007, 2008, 2009 and 2010 respectively. Similarly, in the years, 2011 and 2012 there were 68.3 and 68.7 a slight difference respectively but in the years 2013, 2014 and 2015, there were a higher rate of life expectancy than the previous years were 69.1, 69.5 and 69.9

³³ <http://www.indexmundi.com/g/g.aspx?v=30&c=np&l=en>, accessed on 17 November 2017.

respectively³⁴. Whereas the life expectancy in 2016 was 70.7 which showed that the chance of survival of any child in Nepal was higher which also indicated that the CDR was low³⁵.

By the above data, we can declare that the death rate is decreasing. The chance of death even after a birth of a child is also reducing which informs the life expectancy is higher because of consciousness in pregnancy. It is all because of the health services provided to all the women and children who live in the rural areas and have no access to such health facilities by the many health-related agencies. The chance of longevity of a child depends on what the child is consuming for the growth and how he is getting access to them. So, the health welfares applied in child and mother's life and consciousness of their health conditions perform essential roles in the robust life of a child.

2.2.6 Children under the aged of five underweight

The physical development of a child under age five depends on the nutritional supplements to the child, which indicate, how the child is growing physically. The height and weight of a child with the passing of years of the child is to be balanced otherwise different problems related to physical and mental appear. The child who does not get weight and height according to his or her age, then the child is considered as underweight. Underweight is defined as "Underweight means weight-for-age is approximately 2 kg below for standard at age one, 3 kg below standard for ages two and three, and 4 kg below standard for ages four and five"³⁶. Due to the scarcity of balanced diet and nutrients, the child cannot fully grow up, and his or her immunity system in the body to defeat virus and bacteria is fragile. So, different kinds of diseases can easily penetrate into his or her body then the child sooner gets premature death. Underweight of a child occurs, as a pregnant woman in their pregnancy does not consume the nutrients and does not get immunized and if the child is inoculated after the birth. According to data, there were 38.8 and 29.1 underweight percentage in the years 2006 and 2011 respectively³⁷ Whereas there was 30.1% in the year 2014³⁸. By this data, it is evident that the problem of underweight has been fluctuating. So, we can guess that the proper information to the pregnant women and child after birth has not been delivered. But many health workers appointed by the international and national organizations at present time, have been attempting to solve the underweight problems,

³⁴ <http://databank.worldbank.org/data/reports.aspx?source=2&series=SP.DYN.LE00.IN&country=NPL>, accessed on 17 November 2017.

³⁵ https://www.indexmundi.com/nepal/demographics_profile.html, accessed on 17 November 2017.

³⁶ <http://www.indexmundi.com/g/g.aspx?v=2224&c=np&l=en>, accessed on 17 November 2017.

³⁷ Ibid, accessed on 17 November 2017.

³⁸ https://www.indexmundi.com/nepal/demographics_profile.html, accessed on 17 November 2017.

especially in the rural area because the people in the rural areas are impoverished and economically ramshackle. Not only that in the rural area, many women are from the lower caste or ethnicity which means they are viewed as subordinate members of the society. These women are segregated from all types of benefits in the very community because Nepal is a Hindu kingdom and divided into four Castes in which the lower caste people are ignored and hated and are not allowed to acquire the basic needs. On the other hand, the more depressed caste people are marginalized from the society and they are also uneducated and are financially bankrupt which have compelled them out of the touch of the different facilities in the community. So, if lower caste women are in pregnancies, then the children from them are the victims of underweight due to the information mentioned above. The *Janajati* children in terai and hill are 31.5%, and 24.7% are underweight respectively whereas *Dalit* children in terai and hill are underweight 36.2% and 33.7% sequentially³⁹. *Dalit and janajati* (lower caste people) in each part of Nepal are living, and it has been difficult for them to get benefits of health services. It is said no one from the upper caste, Brahmin cannot enter the house of these lower caste people and accept things and the lower caste people are banned to enter into the buildings of the higher caste people. The lowered caste person in the society is neglected or considered as untouchable. This concept of untouchability is ubiquitous in Nepal, which restricts them to get the facilities and there are not serious cares to a mother and even to a child after birth who are from the lower caste background in the hospital and clinic centers. Because of the patchy majority of these lower castes and ethnic people in Nepal, they have no words against any biases which create the situation of pregnant women and children in the critical condition which even makes the position of both even ruinous and sometimes death of both mother and child. Sometimes, the born child suffers from many diseases due to the lack of many health services like immunization and proper feeding, and other child cares which cause malnutrition. There are 10% and 25% *janajati* people in terai and Hill/Mountain correspondingly whereas *Dalit* in terai and hill are 4% and 10% respectively⁴⁰. Because of social disparities, many of the children and women from the *Dalit* (lower caste) and the *janajati* (lower caste) deprived of such health facilities. So, most of the weaker class and ethnic pregnant women give birth of their children at home because they cannot go to the hospital due to the costly services. The negligence of these lower caste people even lets the high chances of death of both mother and child in the

³⁹ <http://nepal.unfpa.org/sites/default/files/pub-pdf/Nepal%20Population%20Situation%20Analysis.pdf>, P.29, accessed on 21 November 2017.

⁴⁰ Panday, Jhabindra Prasad. (2013), P. 9, accessed on 21 November 2017.

delivery process at home. On the other hand, if children from these women are born, they usually do not know how many times they should breastfeed the children and what breastfeeding does to the child because they have no health education regarding this. These women along with other family members have to work more hours for the survival of the all family that lets the mother have short hours to breastfeed and care for children of them. So, the children of them slowly implode the immunity power and get sick. Due to the lack of time to take care of the children, the children get communicable diseases like diarrhea and cholera. This situation of the children gradually worsens the physical position of the children and the mothers. They even do not know preventive methods in such condition. The women also have no idea in that situation, breastfeeding is very important, and they must do, but they do not do because of the lack of knowledge of health services. So, the lower caste and ethnic women and children are the people of the society who are known as the marginalized people because they are constrained from the health facilities in Nepal.

2.3 Poverty, child labor and health of children in Nepal

Nepal is a developing and impoverished country in the Asian continent, and many problems are here related mostly to children and women. Nepal is divided into three geographical areas where there are not equal opportunities and facilities for everyone. Being male-dominated country, primarily women are thought as subordinate members in each part of Nepal, which enormously affect lives of every woman where males take every decision for the prosperity and healthy life of every woman. Urban and rural areas have different perspectives and views to females and children. Poverty is often seen in the rural areas and far-western region though it is also visualized in the urban areas of patchily.

Due to the parental fragile economic condition, children have no access to opportunities and facilities instead of that the children have to go to work for the livelihood of their parents. The children have been seen begging for food and money for living off them and of their parents, too. The parents who cannot send their children to school due to an economic crisis and mostly the concept to girls because the girls are sent to someone's house after marriage so she has to work and learn many household activities, which cause illiteracy, and these children have to go for work. Whereas some children obliged because their parents are weak, and they have to work for the parents because of the responsibility of the children to provide and offer services to their parents.

Many children are homeless and parents less because the parents give birth to children but are unable to support to them and abandon them to the side of a temple or in an orphanage home. Whereas some parents are dead because of unexpected and accidental death and the children are alone. Even some parents do divorce and marry another person who makes the children feel neglected and ignored that also lets the children think emotionally distracted from their parents and want to live away from such parents then they go away from home to the urban area and become the street children. So, these are the causes let every month, and year the increasing number of street children and they are all in the line of poverty.

The home for these children is the street which is apparently not suitable for shelter for them and concern to their health, and they eat whatever they find on the road and pass on lives on a single piece of cloth without having a bath for a long time. So, these situations make the children unhealthy and victim of diseases sooner or later. Then these children are compelled to do any type of work for the livelihood, which is the beginning of child labor.

Some of the children are found doing street jobs for example selling small gadgets, and some are selling fruits and vegetables, and some are found working in the restaurants and bars. Whereas some are in companies like cotton factory and brick factory operating for a long hour with low wage even girl children are in prostitution and girls trafficking. These children work entirely in dusted and polluted areas day and night whole time without caring own health and after a time the children get infected from different diseases, but they do not care, and eventually, they need to go to a hospital for treatments, and they even cannot go due to lack of cost. So, finally, these children have to die a premature death.

So, the health condition of most of the children in Nepal is fragile and feeble who are generally from the low-income family background. The street children can be the paradigm of a collection of marginalized children because they are outcomes of parents less, homeless, lower caste, ethnicity and low-income family background and many more.

But a bit of hope has been raised in Nepal for protecting these children because many national and international organizations have been putting keen attention on such issues and defend for their rights. Now, the health conditions of such poor and marginalized children have been improved and overhauled by the assistance of such health-related organizations. Many organizations such UNICEF, save the children, Red Cross and UN and many more have been concerning on health sector of children and mother. By the assist of such agencies, there has been slow and steady progress in the health sectors and health consciousness to the people of rural and far development regions including all lower castes and ethnic people.

2.4 A mother's roles for children health in Nepal

Nepal is a male-dominated country, and every decision is taken from the side of male members of a family. Due to the subordinate members of the family, females are obliged to accept any matters that males of the family announce. A father, elder brother and husband of family dominate the rest of the family members and apply strong rules of respect whatever other matters come. Females are mostly limited in the household activities such as cooking and looking after children.

Since dawn to dusk, the females have erratic schedule in the household activities, and even they have not enough time to care themselves and her children too. Women have to go to jungle for wood and grass and they have to work in a field. Then again, they have to prepare themselves in the house like cooking and washing dishes and clothes and cleaning house.

They have a hectic schedule of each day which continuously weakening the health condition of these women because they have no single time for rest and caring their children and themselves. Because of the busyness of the women in work, they have very less time to take care of the children, and they can only breastfeed their children two times of the day in the morning and evening because they need to go for work in the field. Due to the less breastfeeding and lack of supplements of nutrition to the children, health condition of the children becomes fragile. The children become the victims of the diseases.

The other factor hindering the health of a children is menstruation because when a mother gets menstruated, then she has to stay untouched from the family even out of the house and has to stay in a hut for five to six days. In these periods, the mother does not get the nutritious foods and appropriate physical cares which let the mother condition weaken and get sick. Physically not strong women cannot give proper attention to their children, and both mother and children get eventually get the prey of various diseases.

The other factor is illiteracy of a mother and lack of health consciousness during pregnancy and after the birth of a child. Girls are thought to a part of other home's members because after marriage the girls have to go to bridegroom's house. This thinking shows illiteracy rate higher in women, and they are just born for services in the home, and they are like a machine to give a birth of a child. Due to this concept of not sending girls to school for their education letting the future of the girls destroy and the girls when becoming pregnant then have no knowledge of health awareness which finally puts risks both of mother and child. This lack of education to girls and health consciousness to the pregnant women especially in the remote area of Nepal is the leading cause of death of both mother and child.

The other factor hinders health of both mother and child is the decision making of the family in which the superior of the family members is the key person who plays a role in the health of mother and child. A mother has to play as she is directed to do to health cares. So, every decision taken by males may not be a right for both mother and child and all the superior male member of the family may not be educated and have not knowledge of health consciousness especially concerning women health in pregnancy and childbearing which puts the lives of mother and child in risks.

The other factor strikes the health of child and mother is superstition because most of the mothers in Nepal are uneducated and they believe blindly in a stupid act to take care of children. If children are sick and ill, then the mother goes to a witch doctor in a hurry, and she follows what the witch doctor conveys them. For example, if a child is suffered from diarrhea, then the witch doctor advises the mother not to breastfeed and give water to the child which causes dehydration and demise of the child.

In the remote areas, few health posts which are very far from the residential areas and the way to health posts are arduous which puts the lives of pregnant mother in jeopardy. Many of the government health workers do not like to go the remote areas to work which brings the scarcity of health volunteers to the places which increase expiry of both mother and child.

A mother is a prime factor for the survival of any child in which the mother has to take care of herself in pregnancy and health consciousness to the child after birth. The above- mentioned factors are the main reasons behind the accidental demise of both mother and child. But at present, health consciousness has been mainly launched to the rural parts of Nepal concerning mother and child from different national and international agencies to minimize the death rate of both mother and child.

2.5 Health as a right of children in Nepal

Children are backbone of nation, and they should be always kept an attention for their physical, mental and social development and progress. Nepal is a developing country, and it is unhurriedly improving in each sector related to human beings for their growth and security. Most of the children in Nepal are deprived of their rights. Children are innocent, unknown to the facts and convincible who, are easily persuaded for different works that brings violation of their rights. Children in Nepal found in the various sectors working hard and being abused and misused. Poverty, illiteracy, exploitation and many more are the reasons behind being abused

and used of such children for various purposes. Children rights in Nepal has been a recent agenda, and government and international agencies have been attempting to ensure their rights. In an annual report 2008, *Status of Child Rights in Nepal* by National Human rights Commission conveys on the convention of child rights as “the convention was passed by the UN general assembly on November 20, 1989 and implemented on 2 September 1990. Nepal ratified this convention unconditionally on 14 September 1990. This convention has 54 articles”⁴¹. The convention includes,

Definition of a child, provision against any discrimination against children, the welfare of children... prioritized the issues related to refugee children and disabled children and associated with health and health facilities of children, periodic evaluation of nutrition, social security, life standard, education and the objectives of education⁴².

In regarding health of children in Nepal, there has been steady progress due to the child right convention and its ratifications in which children are getting to some extent some essential health services free. Education related to health is taught formally and informally to children and parents of children for the preventive and protective health of the children.

Geographical location of Nepal has been a hindering part for the health of children who live far away from the approaches of health services, and it is tough to go to the remote areas walking at least five or six days for providing health services to the health workers. Away from such health awareness, the children have no access to their health rights. The people living in such remote area even are economically bankrupt and unable to give everything concerning health services such as to buy nutritious foods. The women cannot take their children for immunization because the health posts are far from the village at least two days walk or more. Parents are also unwillingly forcing their children to go for earning for survival, and the parents also have no time for caring for these children. The parents are not well known to the health facilities and awareness, which directly strike to the health of children. It is inextricable to stay hygiene and make the residential environmental neat and clean especially for the people living in the rural arena, which has even enormous adverse impacts on the health of children.

The other important factor directly affecting the health of children is negligence because girls are thought not to be the permanent part of the family who does not need special care for health. Girls are socially considered the subordinate members who have to marry and go to bridegroom’s house that is why health cares should not be offered to them, and if they die a

⁴¹ http://www.nhrcnepal.org/nhrc_new/doc/newsletter/Status_CR_AR_2008.pdf, p. 17, accessed on 29 November 2017.

⁴²National Human Rights Commission, p. 17.

premature death, then they again give birth of another baby which they do not take seriously. The parents are not serious about the health conditions of girl children as much as they concern on boy children. That is why; mostly girl children in the rural areas of Nepal are not receiving their child rights especially involving health facilities.

According to UNHCR, *the convention on the rights of the Child* mentions the rights of children from where I withdraw the only health-related articles for children rights in which the sections 19, 23, and 24 have talked in detail about the health as a right of children⁴³.

WHO has also mentioned the health-related articles of children in *Convention on the rights of the Child* that I cite as follow⁴⁴:

1. Article 19(1): protection from physical and mental violence, injury, abuse, neglect, negligent treatment, maltreatment or exploitation, including sexual harassment.
2. Article 23(1): For children with mental and physical disabilities, the right to a full and decent life, in dignity... to education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities.
3. Section 24: Right to health (1a) Diminish infant and child mortality
4. Section 24 (1c): combat disease and malnutrition
5. Section 24(e): education, knowledge and support to ... nutrition, hygiene, environmental and sanitation and prevention of accidents.
6. Article 24(1f): To develop preventive health care, guidance for parents and family planning education and services.
7. Section 24(3): Abolishing traditional practices prejudicial to the health of children.

Since the child right convention in Nepal, governmental health organisation, United Nation agencies, non- political organisation and international non-governmental organisation have been actively playing for guaranteeing the health rights of children in every part of Nepal especially focusing the rural area. These international organizations with the assist of national organizations and local partners are inaugurating health awareness to parents for their children and free health services to the marginalized children for buffering their rights and educating their health liberties.

⁴³ <http://www.unhcr.org/protection/children/50f941fe9/united-nations-convention-rights-child-crc.html>, PP. 5-7 accessed on 30 November 2017.

⁴⁴ <http://www.who.int/gender-equity-rights/news/rights-child-convention-anniversary/en/index1.html>, p. 2, accessed on 30 November 2017.

2.6 Introduction to Normisjon

Normisjon is an evangelical Lutheran organisation, which has communication with more than 70,000 people in Norway⁴⁵ And it was initiated on 1st of January 2001⁴⁶. It has 1100 adult communities, 600 Acta teams and 270 helping units in the Norwegian Church⁴⁷, which has extended its function in Asia, Africa, the Middle East and South America that work in partnership with many domestic Churches that mainly the work of Normisjon are both for Church building and diaconal and it also has been reinforced by NORAD⁴⁸. Normisjon conducts its amenities with the assist of its partners in which it provides priority to the South and central Asia emphasizing service on minority people. Later this organisation also focused on discipline and leadership building inside Normisjon and its partners along with Normisjon's local communities that gave priority on exposing domestic amenities and resources to make the better life condition of the people which means Normisjon centralized on diaconal⁴⁹.

2.7 Helping partner – United Mission to Nepal

United Mission to Nepal (UMN) commenced in Nepal in 1954 which is a Christian international non-governmental organisation (INGO) has a congregation of people from different parts of the world. It delivers services to Nepal in the name of Christ, and it instigated to provide training to Nepali people and helped to build the ability of Nepali organizations without owning any organisation and projects permanently.⁵⁰ The primary objectives of UMN concerned on education, health, livelihood, peace building, good governance, integral mission and many more in which how UMN has enhanced the total health condition of most impoverished people living in poverty and made the realization of their health rights are expressed a⁵¹:

1. Communities with increased knowledge of HIV and access to HIV treatment care and support services
2. Communities with safe drinking water, sanitation and good personal hygiene
3. Cities with the knowledge, means and motivation to ensure proper nutrition for children under five years of age, adolescent girls and women of reproductive age

⁴⁵ <http://www.normisjon.no/om-oss/om-normisjon>, accessed on 15th January 2018.

⁴⁶ <http://www.normisjon.no/om-oss/om-normisjon/historie>, accessed on 15th January 2018.

⁴⁷ <http://www.normisjon.no/om-oss/om-normisjon>, obtained on 15th January 2018.

⁴⁸ Ibid

⁴⁹ <http://www.normisjon.no/om-oss/om-normisjon/vart-oppdrag>, accessed on 15th January 2018.

⁵⁰ <http://www.umn.org.np/page/our-history> accessed on 16th January 2018.

⁵¹ <http://www.umn.org.np/what-we-do>, accessed on 16th January 2018.

4. Adolescents equipped with the knowledge and skills to make healthy sexual and reproductive choices
5. Increased awareness, reduced stigma and strengthened mental health services including psychological counselling
6. Strengthened health systems focusing on safe motherhood, including family planning

So, UMN with the coordination of Normisjon has been overhauling the health conditions of the most miserable people living especially in the very remote areas of Nepal.

2.8 Normisjon in Nepal

Normisjon was launching a Norwegian school in India from 1948, but it repositioned its school to Kathmandu in 1972, which was the commencement of Normisjon in Nepal⁵². Nepal held the position of Norway's core partner nation in the term of supports in which the Norwegian school carried on for a short period of times with Norwegian education for Norwegian and other Scandinavian children, but over the years, the school also had Norwegian course for Nepalese children which closed in 2005⁵³.

Nepal is a country of poverty and high birth rate, high death rate and disparity in society along with vulnerability to a health condition. Normisjon has been assisting Nepalese people and children in their different fragile situation and trying their best to make a comfortable life for Nepalese people. That is why; Normisjon has many scopes of support for example – health services to the impecunious and relegated people, help siblings with disabilities, discrimination against girls and women and battling against traditional malicious practices and others⁵⁴.

Normisjon is providing the health services to the marginalized people with the assistance of its partners, especially in the hospital Okhaldhunga district. In the 2000s, there were not skilled health workers, and doctors that led the severe problem to the health conditions of the people of the community and the hospital management had also not been able to recruit any skilled workers in the hospital permanently. But often unskilled doctors and nurses used to come for the short time which indicated the somber situation of the hospital, but later the couple Kristin and Erik Bøhler heard the status of the hospital where they already had worked, wanted to run the hospital with the Nepalese staff⁵⁵.

⁵² <http://www.normisjon.no/internasjonalt/nepal>, accessed on 15th January 2018.

⁵³ <http://www.normisjon.no/internasjonalt/nepal>, accessed on 16th January 2018.

⁵⁴ Ibid

⁵⁵ Ibid

Now this couple is operating the Okhaldhunga hospital and many possible services have been provided to the vulnerable people of Okhaldhunga district in which there is a high concern to the children from the economically deprived background. Normisjon supports this hospital. According to the report, "Normisjon is an important supporter of Okhaldhunga Hospital, operated by United Mission to Nepal. The hospital, located 8 miles from Mount Everest, is the only functioning hospital in an area of over 250,000 people."⁵⁶ There are over 1,100 births per year in this hospital, and the services for delivery are free. When a child is below 12 kg, Normisjon plays a vital role by patient support funds that funds mainly pay to the poorest where Normisjon provide the treatments equally for every sick and wounded, adequate information of nutrition and child health⁵⁷.

Normisjon has been playing as a backbone for the Okhaldhunga hospital economically especially to the poorest people in which most of the children are here in this hospital come for treatment it is because of the missionary patient fund. Normisjon has been helping this hospital for building construction and many more aspects. Normisjon has been focusing different disciplines but as concerned to my thesis, I have just only dragged out the assistance by Normisjon for the most impoverished children in Okhaldhunga district. Okhaldhunga hospital is in Okhaldhunga district that is supported by Normisjon. So, the hospital offers free treatment to the poverty-stricken children and provides the best remedies.

In an article, *the whole family suffered from tuberculosis* written by Line Konstali on 1st of September 2014, it is said, "Every year more than 50,000 are affected by tuberculosis in Nepal. Okhaldhunga hospitals treat the poorest people."⁵⁸ It was only possible due to the help of Normisjon patient fund in this hospital. According to the missionary letter, Okhaldhunga times, one family of two children and the pregnant woman treated who suffered from tuberculosis. The mother had suffered from lung tuberculosis before she gave birth to the youngest daughter later the three children have well treated in Okhaldhunga hospital which was only possible due to the assistance of Normisjon patient fund in this hospital.⁵⁹ Line Konstali again writes in an article, *Finally saturated* on May 16, 2014 "Karan was only two years old and weighed 6.8 kilos when he exhausted, and malnourished came to the nutrition center at the Okhaldhunga hospital. After just a few days, the parents felt that he got up and left. For the first time in a while, they saw his smile."⁶⁰ The Normisjon patient fund in this Okhaldhunga hospital has been

⁵⁶ <http://www.normisjon.no/post/373907/helse-i-nepal?projectID=306002> accessed on 16th January 2018.

⁵⁷ Ibid

⁵⁸ <http://www.normisjon.no/post/57294/hele-familien-rammet-av-tuberkulose> accessed on 16th January 2018.

⁵⁹ Ibid

⁶⁰ <http://www.normisjon.no/post/41327/endelig-mett> accessed on 16th January 2018.

assisting to the poorest children in which the children and pregnant women who are from the marginalized or impecunious family background. Normisjon is itself not able to conduct such helpings to the poor people in the health sectors that's why, it is coordinating with many partners such as Mission to Nepal.

2.9 Normisjon international diaconal work

Normisjon is an organisation based on the faith-based institution, which attempts to provide services to the needy people especially who are in poverty and injustice. Normisjon has its mission and vision for work to the communities. It collaborates with many local churches and other partners to run services to the people. It focuses on the marginalized people and goes against disparity. It has afforded its services mainly to the developing countries where there are plenty of injustices and needs for help. It believes that by services is to please God, Christ, so you get a love of God. Normisjon's primary values are "love and sent' firstly together with all people; we are loved by God who created us and died for us. We are sent with the love of God to each other and the world... we are all created by God, given our dignity by Him, loved by Him and sent by Him to share His love with the world."⁶¹ That is why; Normisjon has diaconal work to the different countries for the poorest people. The organisation has been offering services in the name of God, Christ believing the concept of love of God and the service of God. According to Norwegian Church Diakonia for Normisjon is "Diakonia is the caring ministry of the Church. It is Gospel in action and is expressed through loving your neighbor, creating inclusive communities, caring for creation and struggling for justice."⁶² So, Normisjon works by congregating other partners and group of people for services to the opposed and discriminated people in the society by loving them and doing their best services for the remedy of the people. It has played its roles in the different sections of needs, but here I would like to centralize on the sector of health.

Normisjon commenced its works for health for both mother and child concerning nutrition and sanitation for hygienic lives. Via the international diaconal work, Normisjon was going on serving to the sick people in caring and healing them since the time of Jesus. They also focused on primary health and community health focusing on mother and child, so the people could be able to earn a living of their family and do development in the community and they established many hospitals which made excellent access to the most miserable people for remedy. It also

⁶¹ Normisjon's strategy for international Diakonia, (2017).

⁶² Ibid

centralized on child mortality which is caused by lack of nutrition and balanced diet that is why, it contributed priority to food of children, so the children do not have premature demise and suffer from malnutrition. In the same way, it has also offered more emphasis on good drinking water and sanitation so as keep the children and mother safe and healthy to avoid the premature death and attack from diseases.⁶³

That is why; Normisjon has played a vital role in the health sector of marginalized people in Nepal especially in the context of Okhaldhunga district because of its patient fund in the hospital, which is only offered, to the poorest children and others too.

2.10 Conclusion

This chapter embraces pertinently the concept of health linked to children and how the health situation of children has been severely affected by the ignorance and illiteracy along with the idea of superstitions and the perspective on women as subordinate. It also involves the roles of NGOs and INGOs for boosting and overhauling the poor health condition of children and how much the children can relish the quality of life with their rights.

⁶³ Normisjon's strategy for international Diakonia (2017).

Chapter Three

Theoretical perspectives

3.1 Introduction

This chapter embraces the concept of development and religion along with the need of religious organisations and adherent religious groups for overhauling the quality of life and human development concerning on health. Development theory here is applied to evaluate the vicissitudes and improvements in human health in the developing countries to the marginalised children. With the emergence of development theory, there also appeared many other theories demanding with a situation and time to resolve problems of human beings and for the nation's progress and development.

3.2 What is development?

There is an excellent discussion of development when it emerged and applied in the different fields of study and used in the various sectors for fluctuations in both society and nation. Before the concept of development was institutionalised, it appeared in the period of Scottish Enlightenment, which paved the way to progress in the 19th Century and early 20th Century in which the book *An Inquiry into the Nature and Causes of the Wealth of Nation* written by Adam Smith provided the founding question of development which he meant as 'improvement'.⁶⁴ But after Second World War, the concept of development was theorised. The writer, Helleiner has defined development in the book *Understanding Development* written by Paul Hopper in the subheading *A brief history of evolution* as "Development in its contemporary guise emerged after the second world war, with the creation of the UN and in particular institutions like the World Bank (WB) and the International Monetary Fund (IMF) that were designed to bring about post-war reconstruction and international economic stability, respectively."⁶⁵ David William further mentioned in his article *Study of Development* as "internationally it emerges alongside the institutionalisation of the 'project of international development' itself in international politics – the establishment of bilateral and multilateral development agencies and the provision of foreign aid."⁶⁶

⁶⁴ http://www.developmentideas.info/website/wp-content/uploads/Ch01_StudyofDevelopment_DavidWilliams_2013.pdf, p.5 accessed on 24th, January 2018.

⁶⁵ Hopper, Paul (2012), p.3

⁶⁶ William, David (2013), p.5

The actual beginning of the development commenced with the inaugural address by the president Truman in 20th January 1949 in which he proclaimed fair deal and the declaration was,

We must embark on a bold new programme for making the benefits of our scientific advances and industrial progress available for the improvement and growth of an underdeveloped area. The old imperialism – exploitation for foreign profit- has no place in our plans. What we envisage is a programme of development, based on concepts of free, fair dealing.⁶⁷

In this speech the president focussed on underdeveloped areas which were thought as the beginning of the development by many writers and the statement was to the other developing countries to watch to the US so as to get support which was a kind of hegemony in the post-war time and other critics thought this time as a neo-colonial relation between these countries which lead the western states a dictating agent to the rest.⁶⁸

Since the time of westernisation dictatorship to the non-western countries, a concept of new theories emerged in the name of development theory such as modernisation theory in the 1950s to 1960s, dependency theory in 1970s and 1990s, the neoliberalism respectively. These theories attempted to make changes and growth in most of the developing countries⁶⁹.

3.2.1 Modernization theory as a development

The writer Paul Hoper in his book, *Understanding Development* expressed:

This position reflects the fact that emerging from the late 1940s onwards, and modernisation theory was caught up in the Cold war politics of the era. In this regard, from the perspective of western governments, modernisation constituted an alternative path to development for the Third World from that offered to them by the Soviet bloc and communism⁷⁰.

According to Oxford Dictionary, “A theory of social development originating in the United States in the 1960s as an alternative to Marxism, which proposes that all societies necessarily evolve from a simple to a complex structure and towards a goal of industrialization.”⁷¹

So, modernization theory evolved after the second world war in which the USA became the powerful country whereas Soviet Union, France, Germany became fragile ones. Then, America brought a new concept of economic development mostly to the third countries, and the third countries were decolonized which also needed economic growth as well as social and political reforms for the event in the nation. Every developing nation intended to rectify every aspect of

⁶⁷ Hopper, Paul (2012), p.4

⁶⁸ Hopper, Paul (2012), pp 4-5.

⁶⁹ Ibid, pp 5-6.

⁷⁰ Hopper, Paul (2012), p.31

⁷¹ https://en.oxforddictionaries.com/definition/modernization_theory accessed on 24th January 2018.

society in rapid growth. It was a great era for the advancements and uplift of nations. The notion of development indeed underpinned to the third countries with the assist from developed countries.

According to Encyclopedia of Sociology "Modernization theory is a description and explanation of the process of transformation from traditional or underdeveloped societies to modern societies."⁷² A change in the social, political, economic sectors has been the symbols of developments in countries. Modernization played an essential role in the development of people and nations of the most developing countries. According to Eisenstadt, modernization theory is:

Historically, upgrading is the process of change towards those types of social, economic, and political systems that have developed in Western Europe and North America from the seventeenth century to the nineteenth and have then spread to other European countries and in the nineteenth and twentieth centuries to the South American, Asian, and African continents.⁷³

So, the social and economic changes in nation correctly bring the positive modifications in personal development, cultural development and health consciousness. To be renowned as a developed nation every part of societies and countries should be in impeccable and immaculate. Every individual should be able to maintain a quality life for which budget should be assured of the nation to make each person capable of sustaining growth in perfectness. Health as quality assurance of life is to be maintained by a country to name as a developed nation in which the western countries have been assisting to those of the developing countries.

It has also been said "Modernization theory elaborates the development process within the societies. A theory states that the marginalized and underdeveloped societies develop in the same phase with that of other developed countries by providing proper support."⁷⁴

At present, many developed nations from the west are ready to help to the eastern countries in the developmental process in different disciplines. One of the major areas to contribute to these impecunious nations is health. Health has been engaged at present as an essential part of the country to be overhauled and rectified. So, different international organizations are approaching in the name of development to the health sector of the developing nations.

⁷² <https://www.encyclopedia.com/social-sciences/encyclopedias-almanacs-transcripts-and-maps/modernization-theory> accessed on 25th January 2018.

⁷³ <https://www.encyclopedia.com/social-sciences/encyclopedias-almanacs-transcripts-and-maps/modernization-theory> accessed on 25th January 2018.

⁷⁴ <https://www.communicationtheory.org/modernisation-theory/> accessed on 25th January 2018.

3.2.2 Dependency theory as a development

According to an essayist, Antoine Mézo:

Dependency Theory was developed in the late 1950's by Raul Prebisch, Director of the United Nations Economic Commission for Latin America, as a reaction to modernization theory. He believed that the economic growth in the advanced industrialized countries (the first world) did not necessarily lead to increase in the poorer countries (the Third World). Indeed, economic activity in the more affluent countries often leads to severe financial problems in the developing nations. As a field, development economics looks not only at traditional economic rubrics, such GDP or per-capita income but also it looks at things like standard of living, healthcare, education and equal rights opportunities.⁷⁵

Due to modernization era, every nation was autonomous to trade worldwide because there was a perspective of an open market to develop their country economically. But the concept of free market came as opposite to the developing nations because the developing countries could not compete with the first countries in businesses. The developed nations imported every raw material from developing countries in lower prices in return the first world countries exported the goods manufactured from the same raw materials in double prices which always kept the developing nations under debts. These developing nations day by day entangled in the trap of obligations and could not come up and needed more monetary assistance from these sophisticated nations to maintain and run businesses. This case emerged a concept of dependency. So, these economically bankrupted developing nations had tough era for development in the different sectors. An idea of core and periphery established in which the developed countries were in the center whereas the developing nations at the boundaries.

So, many developing nations even today are unable to function developmental works because of deficiency of monetary funds. Governments always had to stretch hands to those developed nations for supports. An economically weak country had abundant problems which cease it to do even essential developmental works such as a provision of food, shelter and clothes to its citizens. The developing nations always became poor, and the rich ones were richer due to lack of financial problem to countries.

According to the writer Andre Gunder Frank “developing nations have failed to develop not because of ‘internal barriers to development’ as modernisation theorists argue, but because the

⁷⁵ <http://www.markedbyteachers.com/as-and-a-level/geography/what-is-dependency-theory-and-how-does-it-apply-to-development.html> accessed on 25th January 2018.

developed West has systematically underdeveloped them, keeping them in a state of dependency.”⁷⁶ The developing nations even could not manufacture plenty of goods to fulfil the requirements of the developed, as well as all the price tags, were also fixed in the developed countries. So, these developing nations were always in suppression and oppression. It was the strategy of prosperous nations to make the developing countries under pressure and control. In this situation, the third world countries had no alternative for the development than begging for help to these vast countries.

Even in this 20th century, many developing nations were under the line of poverty and insufficiency of requirements that should be provided by the countries to the citizens in such situation, the developing countries appealed to the wealthy nations for assisting them and their citizens. That is why, many wealthy countries were supporting these poorest countries in different sectors such as education, health, women and children and many more.

Now many international organisations are set up in the developing nations to solve these problems. Health at present has been a core issue to all the developing countries, and many of the developed countries have focussed on this health sector especially to children and women. These sophisticated nations have provided such supports and assistance to the health-related problems but have not entirely resolved in the name of development in the third world countries.

3.2.3 Neo-liberalism as a development

According to the writer Paul Hopper, the period 1980s was the progressive era for the neo-liberalism within development by economists like Harry Johnson, Peter Bauer, Douglas North, Ian Little, Bela Balassa, Deepak Lal and Michael Beanstock who linked to WB and IMF in which these economists explained that the nations had to depend on markets for the economic growth and the markets should have the authority to decide the labour wages and prices to goods to make nations’ economic conditions efficient⁷⁷. Similarly, the writer Harvey mentioned “at the heart of neo-liberalism lies a particular conception of the state, one that performs a minimum of functions but also facilitates entrepreneurial freedom, private ownership, free markets and free trade.”⁷⁸

Neo-liberalism was an era in which all people of developing nations mostly wanted to do again free trade in which the government should be a catalyst and let the personal businesses run well-providing markets and fewer constraints along with flexible policies to the economic demands

⁷⁶ <https://revisesociology.com/2015/10/17/dependency-theory/> accessed on 25th January 2018.

⁷⁷ Hopper, Paul (2012) p.40

⁷⁸ Hopper Paul (2012), p.40

to make each economically powerful and capable. This theory informed us that privatisation, less tariff to import and export, free trade and freedom to the people to do their entrepreneurs made both individual and nation economically strong. It was said “Neoliberalism is in the first instance a theory of political, economic practices that proposes that human well-being can best advance by liberating individual entrepreneurial freedoms and skills within an institutional framework characterised by secure private property rights, free markets, and free trade.”⁷⁹

Likewise, in the book, *The Handbook of Neoliberalism* edited by Simon, Springer, Kean Birch and Julie MacLeavy, it was said

Neoliberal governmentality, a suite of practices in which individuals across a much more extensive set of social classes enlisted into becoming competitive agents who invest in their human capital as entrepreneurs and who reimagine the meanings of their lives, citizenship and individuality – including their health – as calculating consumers continually comparing metrics of ownership, mobility and social ranking.⁸⁰

So, neoliberalism being a theory of open market without government intervention and meddling has provided opportunities to all the local and national level businessmen to participate in all kind of competition in nation-wide and globally. The individual economic progress has indeed overhauled their living standard and offered a severe consciousness on health.

3.3 Meanings of development theory

The actual concept of development approached only after second world war because there were destructions and menaces of everything and required to correct with the time. The economic, social and political situations and many more were in the condition of upside down. So, the countries mainly involved in the world war two commenced pondering of the development concept of their country and people. Even the countries after decolonised wanted to be a nation of free. So, these countries began to get betterment in the policies and development.

According to the writer, Brookfield, “development is defined as change.”⁸¹ Similarly the writer, John Harriss stated development as “development theories are about understanding how the processes of change in societies take place.”⁸² From these definitions, we understand that development is a slow and continuous process in which there are changes in societies in many sectors concerning to human beings. To support these writers, Robert Chambers defined

⁷⁹ Harvey, David (2005).

⁸⁰ Springer, Simon et al. (2016).

⁸¹ Hopper, Paul (2012), p.10

⁸² http://www.developmentideas.info/website/wp-content/uploads/Ch02_DevelopmentTheories_JohnHarriss_2013.pdf, Accessed on 27th January 2018.

development as 'good change'⁸³. So, with the change of time, the meanings of development reformed and altered. In fact, progress had highly concerned to the economic concept after the second world war. According to Paul Hopper, "development has evolved from a concept concerned primarily with economic growth to one which pays more attention to the quality of human life, a shift that has entailed attaching greater weight to the attainment of political freedom and social welfare targets."⁸⁴ So, development related with different fields started from the social discipline to the quality of life and political freedom as well as economic and more concerned to the social welfare. The concept of development involved in the economic growth of countries which is the foundation for improvement of quality life. The lecturer, Anamzoya Sulemana in his work *Theories of Social Development* explained development as "development therefore could be defined as the capacity of a state to increase its human resource with the aim of achieving higher outcome of production for the satisfaction of the basic needs of majority of its citizens and empowering them to make demands on the government."⁸⁵

So, the concept of development was applied not only to the economic growth but also to the human development too. After late 1980s, United Nation Development Programme(UNDP) started to take Human Development Index(HDI) as a measurement of progress which concluded a result named as '*Human Development Report*' in 2001 that was about the focus on opportunities to develop from different angles was about "expanding the choices people have to lead lives that they value."⁸⁶ In this way, the focus on human development was centralised and quality of life that had only been possible by offering them the good changes to them like the freedom for livelihood. Every men and woman should get an opportunity to develop their lives and a way of doing works according to their abilities. The autonomous situation to the people could offer that they would do a better life, and they would bring a quality lives for them. The writer, Amartya Sen also emphasised on personal freedom and capabilities in his work *Development as Freedom* in 2001 in which he said, "the case for development being oriented towards enhancing human freedom and the provision of choice and opportunity for people, employing the vocabulary of 'entitlement' and 'capabilities'."⁸⁷

Taking development as a process of change in society, nation and even in people, it focused on human development. It was very awkward for the human development because most of the third countries had been profoundly affected by the colonisation and wars. In that case, the

⁸³ Hopper Paul (2012), p.10

⁸⁴ Hopper (2012), p.11

⁸⁵ Sulemana, Anamzoya (2010).

⁸⁶ Hopper (2012).

⁸⁷ Hopper (2012), p.11

physical, economic and many sectors had been indeed in an effect of such oppression and turmoil in the nations of the third countries. People in such countries deprived of basic needs of life and they were under the line of poverty. Every sector was ups and down in the nations if the nations were poverty stricken. So, development as a process of change to the lifestyle of people of third countries, seriously was observed by the sophisticated states as a support. Accordance with Seers, "the purpose of development is to reduce poverty, inequality, and unemployment." ⁸⁸ Similarly, the writer, Sen supported the ideas of Seers and said, "development involves reducing deprivation or broadening choices. Deprivation represents a multidimensional view of poverty that includes hunger, illiteracy, illness and poor health, powerlessness, voicelessness, insecurity, humiliation, and a lack of access to basic infrastructure." ⁸⁹

So, Human development has many barriers such as poor health, uneducated situation, lack of security, no food, no good drinking water, no hygiene life and many more. It was quite impossible to make people free from such issues mainly concerned with the third countries. That is why, western nations approached ahead many agendas in the name of development promising to offer a quality life. So, such wealthy and affluent nations established many organisations in the name of human civilization. Such international agents and organisations also had problems, and the issues were that they could not supervise all the sectors that is why, they selected a particular field of work.

So, in this way, at present, we can notice many organisations not only national but also international organisations ready for assistance to the needy people who are in poverty. The writer, Alan Thomas says, "development is increasingly viewed as the practice of development agencies like multilateral organisations, governments, NGOs and social movements that conceptualise development concerning alleviating problems and setting targets." ⁹⁰

In the same way, the UN in the year 2000 accepted the Millennium Development Goals (MDGs) which also focussed on poverty and its goals were ⁹¹:

- Goal 1: Eradicate extreme poverty and hunger
- Goal 2: Achieve universal primary education
- Goal 3: promote gender equality and empower women
- Goal 4: Reduce child mortality

⁸⁸ <http://www.rrojasdatabank.info/widerconf/Nafziger.pdf>, p.1 accessed 29th January 2018.

⁸⁹ Nafziger, W. E. (2005), PP 1-2.

⁹⁰ Hopper (2012), p.12

⁹¹ Hopper (2012), p.13

Goal 5: Improve maternal health and other targets.

So, development in the process of changes connected to the human growth and human development in the developing countries. Obstructions were only solved by the assistance of the wealthy nations in which these sophisticated countries usually underpinned. But such international organisations and agents were also in connection of any religious organisations which influenced the life of people in the developing countries.

Presently, many INGOs relating to religion, have served to the marginalised people in the developing countries. So, religion has been playing a significant role in the development task in the different sectors for human development to provide a quality of life and standard of living.

3.4 Religion and development

After the 1945s, there was a concern about development to the different sectors of nations in the west with the involvement of secularisation. Secularization was the modern period in the history that was for relinquishing poverty and social changes and economic growth and human development without embracing religious parts, but it was not like that what it meant. So, the resurrection of religion was there for the fulfilment and recovery of the loses and to eradicate poverty and promote human development.

So, many religious agents and organisations of the west appeared in the developing countries to abandon problems related to poverty and overhaul the condition of poor quality life. These organisations approached faith-based organisations wishing to resolve the human-related issues by different methods such as helping in a monetary problem, health-related problems, providing awareness to education and sanitation and quality of life. It was said, "faith-based organisations can play a significant role in the delivery of development goals in the developing world."⁹² The developmental goals further were explained by the assistance of World Bank with the authorship of Katherine Marshall as "the work of faith communities and faith-based organisations engaged in development-related work, such as HIV/AIDS prevention, health care, education, environmental protection and conflict resolution."⁹³ By the data of World Bank, "50 percent of health and education services in sub- Sahara Africa were provided by faith-based organisations in 2000."⁹⁴ In the same way, it was also said, "faith-based organisations provide an average of 30 to 40 percent of basic health care in the world."⁹⁵ So

⁹² Haynes, Jeffrey (2007), p.1

⁹³ Deneulin (2009), p.2

⁹⁴ Deneulin (2009), p.1

⁹⁵ UNFPA (2014), P.10

many religious organisations and agents and groups were helping to the poor people of third countries. It was said, "religious groups have long provided education and health facilities not only in their home countries but also in mission countries."⁹⁶

So, these organisations in the developing countries were established in a rapid way to resolve problems concerned to human development. Many secularised organisations commenced working with these religious organisations. The government of developing countries desired these faith-based organisations to participate in the developmental works to maintain the condition of the nations in a correct situation. According to the writers Cleary and McConville "Demands for greater developmental justice from faith-based organisations dovetails with the wider call- from both citizens and international agencies, including the United Nations and the World Bank – for better governance."⁹⁷ For the good governance, the service-oriented faith-based organisations were playing an essential role in the human development and political and social issues. The writer, Marshall, conveyed, "faith-based organisations are one of the driving forces working to effect improved development, political and social agendas- including improved development outcomes."⁹⁸

Now, many faith-oriented organisations and religious leaders are cautious and curious in concerning health to the poorest people of the impoverished country. That is why; many NGOs, INGOs have been extending their hands to get support from the FBOs. These organisations are jointly launching developmental programmes concerning on human development especially relating to healthiness.

3.5 Faith-based organizations (FBOs) and development

The writers Gerhard Hoffstaedter and David Tittensor in their writing on *Religion and development: Prospects and pitfalls of faith-based organisations* delineate:

For a long time, international development and religion were seen to be mutually exclusive – a somewhat ironic turn of events, considering that many of the most significant secular aid and development agencies today owe their beginnings to some aspect of faith and/ or religious ideals, and that much of the reconstruction efforts in Europe after World War II were undertaken by Christian Organization.⁹⁹

⁹⁶ Clarke (2011), p.2

⁹⁷ Haynes (2007), p.3

⁹⁸ Deneulin (2009), p.46

⁹⁹ Clarke, Matthew (2013), P.402

Actually, after the second world war, US and west countries commenced thinking of developmental works to the developing nations to the East. Many policies connected to modernisation and liberal market and open access to the global for business provided some economic progress to the developed countries whereas to the developing nations downward. Then, after such affluent nations began to support by establishing many secular international organisations to the poorer nations for developmental tasks but such secularised organisations were not enough to assist for the developmental and progressive functions for the human beings. So, as counterparts, the religious organisations appeared for underpinning these secularised organisations. These faiths- based organisations collaborating with such organisations could offer basic needs for humans. Slowly and gradually, people from such poorer countries depended on the religious organisations because these organisations could soothe and mollify them spiritually and materialistically. The writer Ferris told "the ubiquity of Christian aid groups that a research report in 1953 found that religious agencies provided 90 percent of the post-war relief."¹⁰⁰ It was the concept of belief in faith-based organisations that made these organisations to win the heart of such people especially living in the remote areas of developing countries. The motivation, aspirations for good future and quality life provided by religious-based organisations assured these people that they had prosperity and happiness. The writers Lunn and Marshall conveyed "FBOs' virtues, explaining that they are better placed to deliver services due to their unrivalled reach in rural areas via their active social networks and religious values, which engender greater trust."¹⁰¹ Likewise, the writer Tyndale described

FBOs are more rooted or have better networks in poor communities than the non-religious ones, and that spiritual leader is trusted more than any others. Faith-based organisations are thus seen as essential agents both for influencing the opinions and attitudes of their followers and for carrying out development work at the grassroots.¹⁰²

Faith-based organisations after post world war II proliferated in its number and spread all over the developing countries by the support of wealthy nations. The donors for FBOs were from these wealthy countries, and they somehow were involved in particular religions. Different religious cults had various concepts of development and ways of conducting developmental works. But the typical propaganda of these religious-based organisations was same that was to eradicate poverty, provide health facility and education to mostly women and children. The writer Michael Jennings in his writing on *Do not turn away a poor man: faith-based*

¹⁰⁰ Ibid p. 402

¹⁰¹ Ibid, p. 403

¹⁰² Clarke, Matthew (2013), P.406

organisations and development informed “the role of FBOs and organisations situated within a religious tradition do not have a long-standing role in the development and humanitarian activity; they are significant actors regarding a scale of operation, resources they bring, and their involvement in the lives of poor across the developing world.”¹⁰³

In the same way, the writer Berger explains:

Religious NGOs are formal[non-state] organisations whose identity and mission are self- consciously derived from the teachings of one or more religious or spiritual traditions and which operate on a non- profit, independent, voluntary basis to promote and realise collectively articulated ideas about the public good at the national or international level.¹⁰⁴

Governmental bodies of developing nations in the recent time have provided entrances to many religious organisations for their voluntary work for the developmental tasks. There are a lot of such religious-based organisations to offer services to the more unfortunate people of the emerging countries in the different disciplines such as health, peace, human rights, girls education, caste discrimination, racial discrimination, gender biases and many more. These institutions presently with the collaboration of secularised organisations have been launching such relief programmes and adding assistance for the developmental tasks. These organisations without any bias and profit-oriented are devoting to serve to these helpless and needy people of the poverty-stricken nations. According to Gerard Clarke, FBOs are “faith-based charitable or development organisations, which mobilise the faithful support of the poor and other social groups, and which fund or management programs that tackle poverty and social exclusion.”¹⁰⁵ These FBOs’ motto is to abandon poverty and afford the minimum requirements for a quality of life. For the living standard of life for those marginalised and poor people and nation, many secularised NGOs, INGOs and FBOs with collaboration have been keenly playing a vital role for the uplift and betterment of human life.

3.6 Conclusion

This chapter deduces that development theory emerged as it required with the time especially after the post-world war II and it developed into the different forms with lots of criticisms and supports. But with its change in its forms indeed modified the life standard of human being mainly in the emerging countries. In the name of development, many international secularised

¹⁰³ Clarke, Matthew (2013), p.359

¹⁰⁴ Haynes, Jeffrey (2014), p.7

¹⁰⁵ Haynes, Jeffrey (2014), p.11

and non-religious organisations with a collaboration of adherent religious cults approached developmental work because most of the people in the developing countries are Christian based and superstitious who are be susceptible and highly influenced by religious leaders.

Chapter Four

Research methodology

4.1 Introduction

This chapter includes information on what is research, research methods, interview as a qualitative research method, data collection, primary and secondary data collections, research areas, validity and reliability and finally ethics on writing.

4.2 What is research?

The act of finding something new knowledge or resolution to a problem related to any discipline of philosophy by repeating the search or novel within a period that has pertinently associated with the subject matter to scrutinise. Research is a way of accumulating information from the field to the subject related and a method of analysis of the collection of data then finding the solving conclusion of the problem. By the writer, Grinnell research is:

The world research is composed of two syllables, re and search. The dictionary defines the former as a prefix meaning again, a new or even back and the latter as a verb meaning to examine carefully and carefully, to test and try, or to probe. Together they form a noun describing a careful, systematic, patient study and investigation in some field of knowledge, undertaken to establish facts or principles.¹⁰⁶

In the same way, the writer Young PV discloses, “research may be defined as the systematic method of discovering new facts or verifying old facts, their sequences, interrelationships, casual explanations and the natural laws which govern them.”¹⁰⁷ So, research means to find new knowledge or search again to the previous research to find more information regarding the issues. Likewise, research is defined as “research is an endeavor to discover, develop and verify knowledge. It is an intellectual process that has developed over hundreds of years, ever-changing in purpose and form and always searching for truth.”¹⁰⁸ . Research has been defined by different writers differently, but most of the writers have the same meaning of the definition that is search or research for the truth of knowledge which is a resolution to the problems or not. The writer, P. Cook, has said

¹⁰⁶ Kumar, Ranjit (2014), p.51

¹⁰⁷ Dr, Khan, A. J. (2008), P.2

¹⁰⁸ Devi, Suganda Pagadala (2017).

Research is an honest exhaustive, intelligent searching for facts and their meanings or implications concerning a given problem. The product of findings of a given piece of research should be an authentic, verifiable and contribution to knowledge in the field studied."¹⁰⁹ So, research what I think is to find a solution to a problem. The writer, Burns says research as "a systematic investigation to find answers to a problem."¹¹⁰

My dissertation is to find the activities of Normisjon which overhauls the life of children in Okhaldhunga district in Nepal or not. How Normisjon has been playing a pivotal role for finding health-related problems to children mainly from the low-income family background and what functions it has been playing to rectify to the living standard of such children and helping in their physical development. The writer Adams and Schvaneveldt utter "research in any field seeks to generate new information of knowledge that, in turn, can be applied to solve problems, improve the quality of life, and provide a better understanding of conditions in a field."¹¹¹

4.3 Research design

The writer, Alan Bryman in his book, *Social Research Method* defines research design as "A research design provides a framework for the collection and analysis of data."¹¹² He further in his book says "research design is, therefore, a framework for the generation of evidence that is chosen to answer the research questions in which the investigator is interested."¹¹³ Research design has many elements that are necessary to be coherence and work together so as to find the resolution of the main research question. Research design is the main part of any dissertation in which the qualitative researcher attempts to give a lot of evidence to justify the issue raised as a problem. Many methods and processes and studies of different sources and analysis of the data accumulated from both primary and secondary sources assist the qualitative researcher to find out the core solution to the problem raised in his work. In accordance with the writer Trochim (2005) "research design provides the glue that holds the research project together. A design is used to structure the research, to show how all of the major parts of the research project work together to try to address the central research questions."¹¹⁴ Similarly, the definition from Sacred Heart University Library "the research design refers to the overall strategy that you

¹⁰⁹ Devi, Suganda Pagadala (2017).

¹¹⁰ Kumar, Ranjit (2014), p.52

¹¹¹ Mangal, Mangal (2013), p.3

¹¹² Bryman, Alan (2016), p.40

¹¹³ Bryman (2016), p.39

¹¹⁴ United State Department of Health and Human Service

choose to integrate the different components of the study in a coherent and logical way, thereby, ensuring you will effectively address the research problem; it constitutes the blueprint for the collection, measurement, and analysis of data.”¹¹⁵

So, research design means the processes of a collection of data from the beginning until the ultimate resolution of the problem raised.

4.4 Research methods

The research method is an equipment to accumulate the required and pertinent data to solve the raised problem as a question in any case of study. Different qualitative researchers apply various tools for the collection of data to resolve the issue posed. There are qualitative and quantitative research methods to be approached to the research field to grab the data related to the problem. These two different methods have different ways of collecting data and finding the solution to the problem. But they both attempt to take out the core and valid solution of a problem in the research. The writer Dabbs has tried to distinguish between these two methods of the analysis in his definitions.

The notion of `quality` is essential to the nature of things. On the other hand, `quantity` is elementally an amount of something. Quality refers to the what, how, when, and where of a thing- its essence and ambience. Qualitative research thus relates to the meanings, concepts, definitions, characteristics, metaphors, symbols, and descriptions of items. In contrast, quantitative analysis refers to counts and measures of things.¹¹⁶

The writer Julia Brannen in his work, *Mixing Methods: Qualitative and Quantitative Research* portrays, “Traditionally a gulf is seen to exist between qualitative and quantitative research, with each belonging to distinctively different paradigms.”¹¹⁷ So, a good researcher always attempts to understand which method for him or her is appropriate and applies to the research, but it is entirely unsuitable to use both procedures but some researchers are found applying both processes in research.

As being a qualitative researcher, I only require applying qualitative research method because this process helps me to find definitions, symbols and concepts, characteristics and explanations of the things to investigate and this approach works with the personal involvement especially in collecting the pertinent data for the research problem. There are many methods of collecting qualitative data, but the appropriate way of probing to my case study is an interview.

¹¹⁵ <https://library.sacredheart.edu/c.php?g=29803&p=185902>, accessed on 6th February 2018.

¹¹⁶ Berg, B. L. (2007), p.3

¹¹⁷ Brannen, Julia (2016).

4.5 Interview as a qualitative research method

One of the qualitative research methods for accumulating data is interviewing. A qualitative researcher customarily sets a bundle of research questions and asks to the respondents face to face to probe directly related to the case study. The writer Tim Rapley defines interview as

Interview – a story that describes how two people, often relative strangers, sit down and talk about a specific topic. One of those strangers. – An interviewer - introduces the particular issue, then asks a question, the other speaker - an interviewee - gives something hearable as an answer to that specific question, the interviewer listens to the solution and then asks another question... and so the pattern repeats itself until at some point the interviewer says `thank you, that was helpful/interesting/useful`, and then they part company.¹¹⁸

A list of questions is asked to the interviewees, and the interviewer goes on recording or writing all the information as the answerer replies. The qualitative researcher often attempts to gain the truth by probing to the interviewees. The writers Atkinson and Silverman inform interview as

The interview seen in the various forms of news interviews, talk shows and documentaries, alongside research interviews - pervades and produces our contemporary cultural experiences and knowledge of authentic personal, private selves. The face- to- face interview is presented as enabling a `special insight` into subjectivity, voice and lived experience.¹¹⁹

Similarly, Atkinson and Silverman further explain that “modern society has been called the `interview`, or even the `confessional` society, the latter calling up a particular type of interview where private matters may be revealed.”¹²⁰

In the same way, the writer, Kvale says, “interviews- compared to questionnaires- are more powerful in eliciting narrative data that allows researchers to investigate people’s views in greater depth.”¹²¹

At present, many researchers apply qualitative interview as the best method for probing data. The interview can be seen presently in every context such social, political, religious and medical and even psychological arena to accumulate the pertinent data for the best resolution of any case study. So, different contexts may have different ways of getting access to have information to research. Some contexts get very tough to enter to obtain the required data for the study of

¹¹⁸ Seale, Gobo, Gubrium & Silverman (2007), p. 15

¹¹⁹ Seale et al. (2007), p.15

¹²⁰ Edwards & Holland (2013), p.1

¹²¹ Alshenqeeti, Hamza (2014), p.39

any case. A good researcher always pays attention to the setting because the place determines how much information can be obtained. A respondent can only exude his or her experiences and feelings when he or she feels no embarrassments in the situation. A good selection of a place for an interview should be determined by the research questioner to make comfort to the interviewees so the respondents could provide all the required information. So, if a researcher can set the natural setting to the respondent, then there would be a free expression of feelings, emotion and experiences that are indeed essential to the research study in the process of interviewing. The writers Cohen et al. say, “interviewing is a valuable method of exploring the construction and negotiation of meanings in a natural setting.”¹²² In the natural setting, an interviewee not only answers the asked questions but pours his or her feelings and experiences. The writer Berg utters interview enables the interviewee to “speak in their voice and express their thoughts and feelings.”¹²³

To better comprehend of an interview as a qualitative research method, we need to go via its types. Interview has been categorized into different parts, I would like to mention the three elements that are relevant to gather the information for my research study and they are structured, unstructured and semi-structured interviews.

My research method for the collection of data in the research field is semi-structured interview whereas I also briefly introduce the rest of the means to let you know why my selected tool is apt for an accumulation of information from participants.

4.5.1 Structured interview method

The writers Norman K. Denzin and Yvonna S. Lincoln in their book *Collecting and Interpreting Qualitative Materials* portray

In structured interviewing, the interviewer asks all respondents the same series of pre-established questions with a limited set of response categories... the interviewer records the responses according to a coding scheme that has already been established by the project director or research supervisor. The interviewer controls the pace of interview by treating the questionnaire as if it were a theatrical script to be followed in a standardized and straightforward manner. Thus, all the respondents receive the same set of questions asked in the same order to sequence by an interviewer who has been trained to treat every interview situation in a like manner.¹²⁴

¹²² Alshenqeeti, Hamza (2014), p.39

¹²³ Ibid

¹²⁴ Denzin, N. K. & Lincoln Y. S. (2008), P.124

The interviewer plays a passive role and has no any hindrance in the responses of the respondents and comments, he or she has to be friendly and active listener being impersonal and there is everything is determined not flexible to the questions where everything is preplanned how to probe to the respondents.¹²⁵

In the same way, the writer Michael D. Myers in his book *Qualitative Research in Business and Management* delineates

Structured interviews involve the use of pre-formulated questions, usually asked in a specific order, and sometimes within a particular time limit. Structure interviews require considerable planning beforehand to make sure that all the important questions are included in the script from day 1...in fact any departure from the script is usually looked upon with disdain. The whole idea of structured interviews is to ensure consistency across multiple interviews.¹²⁶

So, structured interviews let the interviewer inactive in the field of research with just limited questions to be asked to the respondents in that case the interviewees reply to the questions directly as he or she is asked to answer. But the problem is that the participants have no more time to provide every detail which does not let the chance of oozing the feelings of the respondents which is significant. It is because the emotions are thought to be the truth and valid for the data required for the research. The number of possible responses is limited in structures interviews; interviewees may be forced into giving responses which do not reflect their true feelings, thereby raising validity problems.¹²⁷

4.5.2 Unstructured interview method

This qualitative research method is applied to collect the required data from the field of research which is different than both research methods. It is the open-ended, in-depth interview method.¹²⁸ The writers Juliet Corbin and Anselm Strauss in their book, *Basic Qualitative Research: Techniques and Procedures for Developing Grounded Theory* elaborate

Unstructured interviews- those not conducted according to a pre-structured interview guide – provide the most abundant source of data for theory building. Participants are able to talk more freely about those problems pertinent to them. Unstructured interviews give participants more control over the course of the conversation. Participants can

¹²⁵ Denzin, N. K & Lincoln Y. S. (2008), P. 125

¹²⁶ Myers, M. D. (2013), P.122

¹²⁷ Klenke, Karin (2016), p. 129

¹²⁸ Denzin, N. K & Lincoln Y. S. (2008), p.129

determine what subject to talk about, at what pace, in what order, and to what depth. Besides, unstructured interviews provide researchers with the ability to follow up during subsequent meetings, with the same or a different participant, on concepts found to be relevant to the evolving theory and in need of further elaboration¹²⁹.

Similarly, the writers Minichiello et al. define “interviews in which neither the question nor the answer categories are predetermined. Instead, they rely on the social interaction between the researcher and informant.”¹³⁰ In the same way, the writer Punch says, “unstructured interviews as a way to understand the complex behavior of people without imposing any a priori categorization, which might limit the field of inquiry.”¹³¹

It is not easy to do unstructured interviews because the researcher has to know many things before he or she has to conduct the interviews. The basic ideas such as setting, respondents history, behavior and characters and even language to get information out from the interviewees which are a terrible work that is why, in unstructured interviews, the interviewers have to do strenuous work before taking an interview. The writer Karin Klenke further informs

Informal conversations aim to delve deep beneath the surface responses to obtain true meanings that interviewees assign to their experiences and the complexities of their attitudes and behavior. The interviewer uses open-ended questions that emerge from the immediate context and asks in the natural course of things instead of relying on a predetermined sequence. There are no predetermined questions, topics, or wording.¹³²

He further mentions the disadvantage of unstructured interviews are¹³³:

1. Time-consuming
2. Attention not focused on a given issue
3. Very little factual information is provided
4. Less detail is provided on general concepts.

¹²⁹ Corbin, Juliet & Strauss, Anselm (2015).

¹³⁰ https://www.ischool.utexas.edu/~yanz/Unstructured_interviews.pdf, p.1 accessed 28th, February 2018.

¹³¹ Ibid, p.1 accessed 28th, February 2018.

¹³² Klenke, Karin (2016), p. 129

¹³³ Ibid, p. 130

4.5.3 Semi-structured interview method

One of the qualitative interview methods for summing up the pertinent data to the case study is a semi-structured interview. This equipment for collecting information is applied mostly in the field of social research.

The writer Michael D. Myers delineates what semi-structured interview is

Semi-structured interviews sit somewhere in between structured and unstructured interviews. Semi-structured interviews involve the use of some pre-formulated questions, but there is no strict adherence to them. New items might emerge during the conversation, and such improvisation is encouraged. However, there is some consistency across interviews, given that the interviewer usually starts with a similar set of questions each time.¹³⁴

So, the interviewer comes with some core questions to the research field and asks to the respondents commencing with listed items then the interviewer improvises as he or she feels the necessity of novice questions. The participants are a little bit free to express their feelings and emotions centralizing on the research question in an unstructured method. It is because the interviewer does not let the informants go out of the boundary of the research study. In the course of questioning to the respondents, there are improvised questions which allow the interviewees to convey the inner feelings without their much awareness because the setting at that time indirectly pushes the respondents to deliver their emotions. A qualitative researcher is talent and perfect to exude the feelings from informants which are essential for the case study. Similarly, the writer Karin Klenke says, “in semi-structured interviewing, the researcher combines the use of close-ended and open-ended questions.”¹³⁵ Karin further supports the writer Michael D. Myers that semi-structured interview is merged of both structured and unstructured interviews.¹³⁶ Karin also informs the advantages of the semi-structured interview are: positive rapport between the interviewer and interviewee, results in high reliability, clarifies complex issues, reduce prejudgment on the part of the interviewer.¹³⁷

The writer Tom Wengraf in his book, *Qualitative Research Interviewing: Biographic Narrative and Semi-Structured Methods* portrays “Semi-structured interviews are designed to have a number of interviewer questions prepared in advance, but such prepared questions are

¹³⁴ Myers, M. D. (2013), P.122

¹³⁵ Klenke, Karin (2016), p.131

¹³⁶ Ibid, p.131

¹³⁷ Klenke, Karin (2016), p.132

designed to be sufficiently open that the subsequent questions of the interviewer cannot be planned in advance but must be improvised in a careful and theorized way.”¹³⁸

A researcher has to prepare himself or herself in a perfect without any mistake way before interviewing because a semi-structured interview is not so much easy though only with shortly listed questions, it commences rest of the subsequent questions have to be prepared on the spot of interviewing for which a researcher needs strenuous efforts before handling the interview. A researcher has no idea what will be the replies of asked questions which may not be valid for the data that is why a researcher in semi-structured interview commences the interview with some listed questions and goes on creating new questions depending on the answers of the informants. Depending on the situation of answering of the interviewees, the good researcher does the cross questions so as to ooze the feelings and reality related to the data from the respondents.

This semi-structured interview method is the best method because it mixes with both structured and unstructured processes. A consistency in questions is not perfect because the different situation demands different format of issues in which the preplanned matters may not be entirely suitable for the validity of data for the case study. The collection of data from the unstructured way of a method is not reliable because the respondents might be too free to express feelings and reality which may go beyond the case study. And some of the informants might be not talkative, so they speak decidedly less that also not efficient for the data where the interviewer is passive, and interviewees are active.

That is why; a semi-structured method for accumulating data is apt because it does not let respondent express ideas, experiences and feelings out of context in an autonomous way. This is the method I have applied in my research field for the data collection because it not only makes me active in the field of interviewing but also makes the respondents also willing.

4.6 Data collection

In the field of both qualitative and quantitative research disciplines, the collection of data is essential for the resolution of problems raised in these areas. A good researcher can only be able to conclude of the research after analysis of data. And for the accumulation of data, there are different means such as interview, observation, questionnaire, internet, oral history, biography, magazines, newspapers, books and many more. Some of the information is easy to get access, and some of them are tough. A trained researcher attempts to find always an

¹³⁸ Wengraf, Tom (2001), p.32

excellent way of collecting data via different means. The most critical and challenging part of research is to collect data because the data should be pertinent to the investigation. So, with lots of strenuous efforts both physical and mental, an excellent research worker accumulate data filtering the important and unimportant.

A researcher has two ways of collecting data – one is a primary source of data, and the other is a secondary source of data.

4.6.1 Primary source of data

This source of data is too essential for the analysis of research and conclude. For the primary source of data, the researcher has to present himself or herself in the research field. It is a more strenuous task to the researcher because the interviewer should be perfect and knowledgeable to get the required data for research. Until the interviewer knows the cultural, geographical, biographical, language, behaviors and attitudes of the respondents, it becomes harder for the questioners for probing. So, for the primary data, an interviewer should know the background of the participants.

To get access to these kinds of data, a researcher has to follow different protocols and should be aware while probing to the respondents. The research area for this kind of data is varies depending on the research disciplines. Some primary source of data can be accessed in the public province whereas some data have to be obtained in a lobby. Anyway, before an interviewer presents himself or herself in front of respondents, he or she has to be cautious and prudent and familiar to the setting not only to make himself or herself comfort but also to the informants, too.

For the primary source of data, I am applying the interview method as a qualitative research method. I have planned to interview some workers of Normisjon in Oslo, Norway and some of the respondents from Nepal who are working as doctors, Nurses and health assistants in Okhaldhunga hospital. I have decided to do face to face semi-structured interview with the respondents in Oslo whereas skype interview to the informants of Nepal.

4.6.2 Secondary source of data

A researcher has to be prepared everything related to his subject of research to make comfort and knowledgeable for collecting and analyzing data along with deducible analysis. This source of information is a bit easier than the primary source of data because a researcher can seek different information in various places for example books, magazines and internet. Good access

to internet naturally provides the researchers' plenty of information directly connected to the subject matter of research. A perfect researcher always learns many secondary sources to make himself and herself accomplished to the research area so, he or she can accumulate the right and correct information for the research. For the secondary source of data, I have mostly used the internet as a prime source. My secondary source of data has been elaborated in the previous chapter as a literature review.

4.7 Area of research

A researcher must do the field research especially for the primary source of data. Field research is the natural setting in which the researcher attempts to obtain the information by probing to the respondents. The setting for the research is various concerning to the research arena.

My research field is the Normisjon office in Oslo, Norway and the Okhaldhunga hospital in Nepal.

4.8 Data analysis

It is the second last stage just before concluding the research of the researchers. A researcher mostly spends enough time in pondering on the information accumulated from the primary and secondary source of data. It is a complicated and complex stage of research because here the researcher has to analyze the data based on theories and has to find out the appropriate solution to the research problem.

For the data analysis, the researcher at first do an in-depth study of the collected data, and the data is categorized into different levels basing on different ideas and information to elaborate differently. The researcher endeavors to find the core information of the research problem and ways to solve the problems. This is the hardest part of the research work.

So, a researcher after collecting the primary source of data by interviewing to the respondents commences reading the data collected and comprehend and apply the theory. My research field concerns on Normisjon and its activities for upgrading the children health condition in Nepal. So, my data presents you how the health situation of sick children have been overhauled and boosted.

4.9 Validity and reliability of data

In the field of research, excellent researchers always attempt to accumulate useful data for the research work. The information in the natural setting collected by the interviewer must be credible and plausible from the respondents to answer his or her research questions. The findings from these informants as a primary source are to be reliable and valid to make the research trustworthiness. What outcomes are obtained by probing to the interviewees as a resolution of the research question should always be same and sure all the time? Certainty and accuracy in the solution of the research question is the validity of the research work of the researcher. Such conclusion of the findings must be akin even if research is conducted with the same variables by the different researchers again.

The writers Selltitz, Wrightsman & Cook describe “reliability is concerned with the consistency, stability and repeatability of the informants’ accounts, as well as the researcher’s ability to collect and record information accurately.”¹³⁹ In the same way, the writer Miles and Huberman say, “whether the process of the study is consistent, reasonably stable over time and across researcher.”¹⁴⁰ So, here, the writers explain a research work is valid when the same result is found again and again by the different researchers applying same methods and variables which shows the consistency and accuracy in the result. Likewise, the writer Le Compte and Goetz convey, “Validity is concerned with the accuracy and truthfulness of scientific findings.”¹⁴¹

Similarly, the writers Le Compte and Goetz further delineate

Reliability in qualitative research as the extent to which the set of meanings derived from several interpreters are sufficiently congruent. Security refers to the degree to which other researchers performing similar observations in the field and analysis such as reading field notes transcribed from historical data would generate related interpretations and results.¹⁴²

The writers Kirk and Miller portray “reliability is the extent to which a data collection procedure and analysis yield the same answer for multiple participants in the research process.”¹⁴³

So, by the definitions of these writers, we can conclude that reliability and validity of research are if the gathered data provides consistency and accuracy and also if other researchers again conduct the same study also will produce the same result several times then the findings for the research are valid and reliable.

¹³⁹ Brink, Hilla et al. (2006), p.118

¹⁴⁰ Ibid, p.118

¹⁴¹ Ibid, p.118

¹⁴² Thyer, Bruce (2010), PP. 355-356

¹⁴³ Ibid, p. 356

My research embraces validity and reliability because the data are pertinently from the face to face interview method to the informants with recoding. The recording of the information assists me to deliver my findings are genuine and trusty due to consistency and accuracy in the tapes.

4.10 Ethics of research

In every field of study, a good researcher always ponders of rules and regulations of the particular area. It is the researcher's responsibility to be prudent and cautious to the research work while working and collecting information from the respondents until reaching findings. The protocols of social research are essential to be kept in mind while conducting research work. A researcher always abides by moral conducts to prevent balance in research work.

Ethics are the moralities that a good researcher should follow since the beginning to the conclusion of a research work to make equilibrium in information collected for research and the respondents.

“Ethics help to define what is or is not legitimate to do, or what ‘moral’ research procedure involves.”¹⁴⁴ So, ethics assist to the researchers to find out the right and wrong in the process of collecting data for the research work. A researcher cannot go beyond the field of morality and always think of a right way to complete and collect the required data. The writer W. Lawrence Neuman in his book *Basics of Social Research: Qualitative and Quantitative Approaches* informs “social researchers balance potential benefits – such as advancing the understanding of social life, improving decision making, or helping research participants – against potential costs – such as loss of dignity, self- esteem, privacy, or democratic freedoms.”¹⁴⁵ So, a researcher usually considers of protecting and keeping personal identity secured of the respondents. It is the right of the respondents to agree or disagree with the researchers to be involved in the interview process. A respondent at any time can withdraw his or her name. A researcher is not allowed to force informants to come and give information. A researcher must often determine the physical harm, psychological stress, personal identity of the interviewees to keep the ethical issues in balance.

A research worker has to know the necessary codes and consent along with confidentiality which is to be kept in mind of him or her while manipulating research work. Privacy and honesty are to be in the process of collecting information from the informants and let the informants do open interactions for his or her freedom. The researchers should not misinterpret

¹⁴⁴ Lawrence W. N. (2007), P.48

¹⁴⁵ Ibid, p.48

the report of the respondents to complete the work in a stylistic way as well as the researchers also cannot put the informants in risky. As a researcher, he or she cannot involve the life of the respondents in a perilous and precarious situation. A researcher cannot be oblivious in the process of accumulating messages from interviewees. So, personal information of all the respondents should be in anonymity and autonomy should always be there for respondents.

I have considered all the ethical codes before conducting research work and let the informants know about their rights and what they can do in the condition of unwillingness. I have submitted them informed consents which inform them about research work, time for an interview, privacy, freedom and what to do with the information after completion of research work and protection of self-respect. So, I being a researcher have applied all the ethical issues carefully and thoughtfully to keep my research accomplished and out of unethical.

4.11 Conclusion

The main idea of this chapter is the use of right data collection method – semi-structured interview method as the best method for the accumulation of information from the natural setting which assists in providing reliability and validity in the research, and it also comprises the protocols and designs of research work.

Chapter Five

Findings

5.0 Introduction

This section embraces the information collected from the informants pertinently linked to the dissertation. It includes data from the working staff from Normisjon applying semi-structured interview method. Here, I am extending the information received from the respondents categorising them in the different related segments. This chapter uncloses how development theory as a theme of change affects in both personal development and societal situation for quality of life.

5.1 Perspectives of informants

I have all the respondents from Normisjon, and they are total seven in numbers - four males and three females. I have raised questions regarding Normisjon and its roles for children in Nepal in connection to health in Okhaldhunga district. The respondents have provided me with a lot of information regarding the situation of children's health situation in Okhaldhunga district in which some of the respondents work in Okhaldhunga hospital. The accumulated data has been divided into various categories, and the information has been keenly put together which are related to a particular subject.

So, I have made some questions here to separate the ideas of the respondents linking each other in categorised clusters.

5.1.1 What does this organisation do for children?

Normisjon is a Christian organisation which works for marginalised and more impoverished people especially centralising Okhaldhunga district including all different groups, and it focuses mostly on children and pregnant women. Nepal is a poverty-stricken country which has brought lots of problems obstructing lots of physical and mental development in every human. Due to lack of health education, health awareness, lack of medicine, shortage of doctors and nurses and lack of health posts and hospital in the different places indeed germinated mortality and morbidity rate high in my country. To relinquish these health-related problems, Normisjon has played a vital role to wipe out these problems especially in Okhaldhunga district in Nepal.

I would like to add the information, which I collected in an interview with the participants that convey how the organisation has been assisting marginalised and most deprived children and pregnant women.

The informant “A” informed that this organisation works for children who are sick and injured with taking `no fee`. He further said that the Okhaldhunga hospital has been providing health care to children in which the patient support fund pays the bill to the hospital for the treatment of the neediest children and children who are `under 12 kg` freely. This organisation directly underpins to the children in their financial problem. Every poor people gets `free treatment` for their children when injured and sick.

The hospital in Okhaldhunga has the financial patient fund for the sick and injured children which is supported by Normisjon. This organization also does the treatment until complete recovery of both mother and child. The other respondent, “G” replied that if a mother is pregnant and she is in a hazardous condition for giving birth to a child, then she is taken care in the hospital until delivery and even after delivery the child is under consideration whether the born child is healthy or not. She again told that if the child is suffered from any disease and physical and mental problem, then the monetary fund assists until recovery of the child for example if the child is suffered from malnutrition.

This organization also goes on helping to the children even if the children is physically handicapped and mentally disable. Another respondent “B” replied on this issue that this organisation also espouses for disabled children. This Normisjon has set up a housing care for physically and mentally abnormal children. He further told that the house is called `ABBS` (Hope for children`s development) in which many volunteers are assisting to these children, and the organisation takes all the financial responsibility for the housing and children. It is palpable that all the respondents A, G and B have the same opinion concerning the fund service provided by the organization, Normisjon indicates the organization which pays attention to the health condition of children. To add emphasis to these respondents, the other respondent “C” delineated that this hospital is for wounded children in which the children below 12kg get free treatments `no matter how old they are`. There is a supporting financial fund for the most unfortunate family of the children. If the children are suffered from tuberculosis, pneumonia and malnutrition and other diseases, then the children are autonomously treated in the hospital with the assistance of patient fund.

Normisjon not only supports the children by offering the free treatment but also takes care of whole VDC in the Okhaldhunga district so it can provide as much as services to the children in the places of the district. To match this idea, the respondent “F” replied that Normisjon aims to

take care of the necessary health of the whole population of children of Okhaldhunga district. Normisjon has formed a health management committee which has a role to look after the health posts of the region. This management has the liability to provide all the medicines required in the health posts and a regular visit of the health posts for the regularity of staff in the health post or not. He furthermore told that this organisation funds all the expenses for medicine and staff salary. The idea of respondent “F” is supported by the respondent “C” and she told that a mother group has been formed to propagate the health services regarding pregnancy and child care before and after birth, and This mother group visits every VDC (village development committee) to render health issues and way of solving the problems. These females as health workers approach different parts of the district and inform about sanitation, immunisation, vaccination, nutrition for pregnant women and children need for, breastfeeding and other many solutions for being away from diseases.

By the information provided, it can be estimated that Normisjon has an essential role improving the health conditions of children in Okhaldhunga district rendering health issues every part of the community and offering the free treatment to the children in the Okhaldhunga hospital.

5.1.2 How is the situation of health situation of children now in Okhaldhunga district?

Normisjon is an international Christian organisation helping to the people of Okhaldhunga district, and the focus of it is children and women. The primary motto of this organisation is to provide much education regarding health issues and ways for solving these issues. Since a long time, this organisation is espousing to children for their better life and healthy life. The Okhaldhunga hospital has been giving services to all the residents of Okhaldhunga district, but concerning to the children, it has concentrated its emphasis on children with the assistance of this organisation. Due to its help, many children have benefitted the services and have got a new life and became very pleasant. The situation now is changed because of many things such as new hospital and new technologies in a hospital and health-related education provided by this organisation. Here, the information provided can prove that the organization has in fact rectified the health condition of the children in the district.

One of the respondents “C” reiterated that at present, the situation of children in Okhaldhunga is decent because many children are getting excellent treatment from the hospital which has been supported by Normisjon. She further informed that there is a health committee that assists to all the health posts in the Okhaldhunga district. She told that there are ‘trainings’ to the nurses

how to handle the critical situation of the born child and provide perfect oxygen to the children in need. So, most of the children of the Okhaldhunga district are obtaining the treatment in a perfect way which exhibits the situation of them in flawless condition. By her information, it is obvious that the organization is serving its best services conducting different programs in relation to health to children. The services on health by volunteers to the different places of the district and training to the working staff are the best means to let the health services go well to the poorest children in the district.

Similarly, the improvements in methods, buildings and many more have significantly supported the condition of children better because there has been erected a new hospital with solar system with better equipment for the better services to the inhabitants of the district. The other informant "E" portrayed that there are entirely changes to repair the health condition of children. Firstly, there is 'a new hospital' that for all the people of Okhaldhunga which is far better than the previous hospital. The new hospital is 'a solar system' so there would be no problem in delivery time because of electricity. That is the best which let the delivery do correctly and have a high chance of survival of the child as it borne. This new building has reduced child mortality rate and mother's demise.

But the respondent "B" has different view about the health situation of the children and he reiterated that the circumstance of children has been rapidly altered due to the 'education to parents' whose children are suffered from diseases it is because when the child is sick, then the hospital provides primary health services to the parents to let them know what they have to do when they take the sick child to the home. He further informed that the nutritious food sources are informed to the parents so that they can take care of their children. He again told that it is also one of the best ways to make the children health condition better. It is also the education on pregnant women and child via volunteer work which also shows the health situation of the children in Okhaldhunga is far improved than previous.

So, slowly and gradually the health status of the children in the district is being overhauled and rectified. By the information provided above let us know that there are many ways for healing to the sick children and providing the better services to them for their better and secured life.

The informant "A" supported the idea of respondent "C" and said that there is also a 'nursing building for teaching nurses' so there would be more nurses to take care of the children while born and in other time, too. 'A Swedish Christian organisation' helped for the building. She again said that there is also nutrition centre in which if a child does not want to eat is kept here and treated until it eats. These changes have really, upgraded the situation of children than the previous.

In the same way, the informant "F" has a different view on the improvement of health condition of the children in Okhaldhunga district. He further said that there is 'oxygen factory' in the hospital. So, he again informed that there is no problem in a deficiency of oxygen to the critical situation of children especially when they are in incubators. He reiterated that here is a separate room for children, a different ward for children which was not before in the hospital. Such changes in the hospital have in fact improved the health condition of the children of Okhaldhunga district.

So, Normisjon is espousing to this Okhaldhunga hospital for the treatment of children who are normal or abnormal. It has worked with many local and international partner organisations such as United Mission to Nepal to improve the health condition of children in Nepal.

5.1.3 How does Normisjon co-ordinate with UMN for children's health?

Normisjon partner organisation is United Mission to Nepal which has been working in Nepal since 1954, and it is helping to the health sector of the most impoverished people (informant "B"). Similarly, the informant "A" told that UMN is the main partner of Normisjon, and it has been assisting to Okhaldhunga hospital even before Normisjon. Normisjon is working as a co-partner of it. In the same way, the other informant "C" also informed that UMN is working in both places in Kathmandu and Pokhara for children's health.

Normisjon and UMN both have the same motto. Normisjon and UMN target is to provide as much as health services to the children in Okhaldhunga district. They are launching various programmes together for the better health services to the people of the region. So, both organisations are doing their best works for the treatment of the children of Okhaldhunga district for their quality of life.

5.1.4 How do the destitute children get fund for treatment?

Normisjon is underpinning the marginalised children in Okhaldhunga district for a long time. It is an international organisation which needs financial support for the better health condition to provide to the children of the region, Okhaldhunga district. It has established a patient fund in the Okhaldhunga hospital for the most unfortunate family of the very district. So, the children and women are benefited from the fund for their treatment. It has many donors for its support from around the world.

The informant "D" said that there are 'private donors in Norway' who always assist to this organisation financially for the treatment in the Okhaldhunga hospital only for the poorest

family. There are also many 'schools in Norway' that also espouse for this organisation in the health sector. Likewise, the other respondent "C" informed that Some of the funds this organisation gets from government and this organisation provides the fund for all to everyone who is most miserable, and the fund is only given after financial condition is checked and found weak. In the case of children, if a child is below 12kg then, the fund provides an extra fund for the recovery of the child if the child is suffered from malnutrition or also in the case when the child is below 12kg until the age 5.

So, the children from the marginalised family background receive the financial support from the patient relief fund in Okhaldhunga district which has been donated through Normisjon.

5.1.5 Why did Normisjon select Okhaldhunga district for children's health?

Nepal has geographically contained many sensitive places to get reached. Any infrastructure of development is hardly available each part of it and is in the condition of incomplete. In regarding health in Nepal, there are enough provinces out of the touch of health services and health workers. Some of the hospitals in the rural areas could not run because of the lack of doctors and instruments for the hospital and other problems. Okhaldhunga hospital is in Okhaldhunga district where there were many obstructions, but a solution was not found fulfilling the requirements of doctors.

The informant "G" explained that in Nepal, there were the Norwegian doctors who previously worked in Okhaldhunga hospital returned Norway but later they head the situation of Okhaldhunga hospital was decidedly worse. Then, they decided to resume the work there in the hospital in Okhaldhunga. They were working there since more than seventeen or eighteen years ago, and the hospital had been running by UMN. But later, the doctors requested for help in Norway for the hospital. Then, Normisjon as being co-partner of UMN to the hospital had been donating in the health sector especially for children and women. She further said that it was a historical relationship that is why Normisjon was working there in Okhaldhunga hospital, and its main motto was health services to the poorest people of the district.

So, it has the historical reason behind why Normisjon has been assisting to this Okhaldhunga hospital and people of Okhaldhunga district.

In the same way, the interviewee "B" responded that the hospital was been run UMN and Normisjon was its co-partner, and their combined focus was health. So, it was a big project for Normisjon and lots of money had been accumulated from different parts mainly from Norway. There was also a new hospital in Okhaldhunga district erected by the assistance of Normisjon.

So, it was better to go for the enormous project instead go yearly, and it went for a long time rebounding the health condition of children and women geographically located area, Okhaldhunga.

That is why Normisjon has been taking care of the health condition of the children and women in Okhaldhunga district.

5.1.6 How does Normisjon treat the disabled children?

Normisjon has been working in Okhaldhunga hospital for a long time, and the children are in priority. There are almost eight thousand births in a year (informant G). All the born children are not sure to be normal. In the Okhaldhunga district the hospital goes on treating for children so far as possible in a better way for the children but in the case of abnormality, Normisjon has different housing to take care of such disabled children also.

The informant "A" informed that there is a day-care centre in Kathmandu that is called ABBS. The disabled children are here in the care of Normisjon and the fund for this is assisted by Normisjon. The other respondent "C" who has also same feeling on it and replied that we have day-care centre that is for abnormal children. She further informed that in her last visit, she saw, there was a girl who was mentally abnormal is still living in this care house. she asked volunteers for the help in the day-care centre, and many were interested in coming mainly from Norway. She reiterated that there was a girl in the day-care centre who always fed to the children who could not feed themselves, she also changed matters, pillows and made fun for them.

Normisjon erecting a day-care centre is also espousing to the mentally and physically disabled children in Kathmandu. And many handicapped children are benefitted from this centre.

5.1.7 What are the challenges to work as a Christian Organisation in developing country like Nepal?

Nepal is a developing country, and it is a male-dominated nation as well as a politically unstable state. There are many hindrances in the developmental works. The country always endeavours to improve every situation concerning human development. Most of the primary human needs are only promised to provide for a long time, but nothing better has occurred. If something starts for the following task of the people, there seems fraudulence and corruptions that let the work in reverse gear. That is why, it is hard and vast to conduct any developmental work. The nation itself has many problems, and lack of hefty financial budget for any sustainable actions has penetrated in the mind of people a feeling of dependency. It has hardly possible to launch

any act for a progressive task. That is why, the concept of dependability aroused which stretched its hands for supports from different international organisations.

Normisjon is an international Christian organisation from Norway espousing for a long time in many provinces of Nepal. It is, of course, a bit harder to work in Nepal, a country of Hinduism. The work from Christian organisation to some extent might be religiously evaded, but there is no other option for the developmental tasks without assistance like this organisation.

The informant "A" said that there were some challenges to work in Nepal mainly working in the health sector. For example, if anyone was needed to send from Norway to Nepal even as a role of volunteer then there came language problem because the children and women could not speak the English language even and the volunteer from here also could not utter to Nepali, too. He further said that there was no significant language problem now because the leaders of this organisation are in Nepal and they can speak to the Nepali language who can tackle any situation and has no problem in coordinating, but new volunteers from Norway and other countries have issues.

In the same way, the next informant "G" informed that there were problems of course because some of the volunteers from Norway even from other countries had visa problems. Two out of ten might not get a visa for work. They sometimes had to face problems regarding rules for conducting different programmes, for example, women awareness in the society by the volunteers.

Most of the women in the village area are illiterate and they only accept the orders from their husband and father because Nepal is a male dominated society in which every child and woman has to follow what the males of the family inform them to do. So, the women and children have less chance of contact with these health volunteers. So, it is awkward to render the health awareness to both females and children without permission of both father and husband in the remote areas in Nepal.

Likewise, the other candidate "E" said that Social inequality and disparity had been a problem it was because their mission was health services to all males and females, boys and girls but the society seemed to focus on boys rather than girls which extended the problem. The respondent "E" further informed that last time when she went, and she saw a girl injured, but the parents did not even take the girl to a hospital which showed the perception of girls as subordinate. If the same event occurred to a boy, then they would take the injured boy to a hospital.

In the same way, the next candidate "C" who has different view on the challenge and she explained that Poverty was the primary challenge for the people because the poor people had no time for learning health education. They needed to rush for money because if they did not

go to work, then they could not have money for food and had to sleep without eating. Due to the poverty, children had even no schools and women had no time for a check-up for health when they got pregnant even. And it was tough for us to make them comprehend why health education was essential for both mother and child.

The other informant “D” told that there was a superstitious faith which was deeply rooted in their mind. If anyone from any age group was sick, then they instead of going to health post they used to go firstly to a witch doctor. At the eleventh hour, they only used to think of health post. So, it had been a strenuous job for us to provide them health education for their better and robust life.

So, it is challenging for these international organisations to work in our country due to many obstacles. But such global organisations by hook or crook are attempting to cast their best health services to the people of developing countries. Presently, due to free education, health awareness, free services and more elements have twisted the mind of these people and dragged to the importance of health in life for quality of life.

5.2 Conclusion

The deductible part of this chapter embraces the prime roles for overhauling and rebounding the health condition of children in Okhaldhunga district by Normisjon. This chapter also includes the views from respondents about Normisjon, health situation of children in Okhaldhunga district at present and some of the hindrances they encountered in the process of propagating health awareness in the remote areas of the Okhaldhunga district.

Chapter Six

Analysis of data

6.0 Introduction

The analysis section is also meant the discussion or result section in which, a qualitative researcher attempts to elaborate the accumulated data from the research field. Here, the prime aim of a researcher is to present the data immaculately in details. The researcher also here endeavours to relate the information with literature review he or she performed and why the information is valuable and pertinently linked to the dissertation. The analysis also involves a theoretical accoutrement to find out the findings relevant or not. So, this a time-consuming section of thesis and critical where a researcher has to concentrate to sources of data and theoretical application while probing.

6.1 Health and development

Health is a central part of a human existence which is to be paid attention since a child is in its mother's gut. The health of a child is based on what is the health condition of its mother. If a mother is robust and has taken every check-up and follow according to a doctor until delivery, then the born child is ensured to be in a decent condition.

Normisjon is an organisation assisting the most impoverished children in Okhaldhunga district concerning the physical and mental development of the children of Okhaldhunga district. Its motto is to propagate the knowledge of health awareness and provide health facilities to the whole community and reduce the mortality rate and maternity's demise. This organisation has set up a patient relief fund in Okhaldhunga hospital to assist the marginalised children. The fund is especially for all the people in Okhaldhunga district who are economically bankrupted, but the fund is exclusively and freely provided to children.

The respondent "A" informed that this organisation operate for children who are sick and injured without taking any fee and also if the child is under twelve kg, there is a free treatment for the child. So, this organisation is financially supporting the most deprived children and providing excessive health services. This assistance has indeed brought development to the children's physical and mental health. There are many endeavours from both governmental and non-governmental organisations to evade the health-related problems especially poor and marginalised people by offering many free health care services. The writer Shiva Subedi in his

writing, *Nepal's Free Health Care Policy in Practice: Perspectives from Community Stakeholders, Providers and Users of Health Services in Myagdi District* delineates

Since 2007, Nepal adopted a policy of free healthcare services to the weak and vulnerable citizens attending primary health care centers and district hospitals (up to 25-bed capacity) as a targeted exemption provision from 2007; additional free outpatient services were also offered to the same groups from the district hospitals in 35 districts on the basis of lowest ranked Human Development Index from 2008.¹⁴⁶

In the same way, Ministry of Health and Population (MoHP) conveyed “Primary Health Care Revitalization Division(PHCRD)has made some provision of fund for the treatment of all patient related to target groups at a central, regional, sub-regional and zonal hospital.”¹⁴⁷

Likewise, Dr. Susan Heydon in his writing *Nepal: Primary Health Care, Universal Health Coverage and Foreign Aid* explained

The Khunde hospital provides an interesting case study on the challenges facing donor aided healthcare in Nepal. It was in the 1960s that New Zealander Sir Edmund Hillary, who in 1953 with Tenzing Norgay had made the successful first ascent of Mt Everest, received permission from the Nepalese government to build a small hospital. Khunde Hospital was established in 1966 to provide free, essential medical services (both curative and preventive) and medicines for the approximately 3000, mainly Sherpa inhabitants of the remote Mt Everest region, near Nepal's northern border.¹⁴⁸

There are governmental, on the one hand, to facilitate in the health sector, on the other hand, there also many international organizations to abet to the needy people mostly to the poorer countries like Nepal. Such INGOs run many health-related services, especially to women and children. Their attempts at helping these vulnerable people have mended the health situation of both children and women in the developing countries.

Development of the impoverished country is hard to go ahead, but by the assistance of wealthy nations, the developing countries are overhauling in the developmental infrastructures. It is said “modernization theory elaborates the development process within the societies. A theory states that the marginalized and underdeveloped societies develop in the same phase with that of other developed countries by providing proper support.”¹⁴⁹ The writer John Donnelly in his journal *How Did Sierra Leone Provide free healthcare?* expressed “Sierra Leone’s free health-care

¹⁴⁶ Subedi, Shiva (2015), p.225

¹⁴⁷ Ibid, p.225

¹⁴⁸ Heydon, Susan (2015).

¹⁴⁹ Communication Theory (2010).

plan has substantially increased services for mothers, and particularly for children.”¹⁵⁰ He further informed “People are too poor here. We know of women who have died giving birth in homes...With this free medical care, so many lives will be saved.”¹⁵¹

By the information provided by these above writers, and practical implication from the act of Normisjon, which worked in the field of health as a free service provider indicated the physical and mental development of both children and mother. There is an improved situation of both mother and children in Okhaldhunga because of quality health services that are free. So, progress is improvement¹⁵² which I found in the data collected from the research field.

In the same way, even in the case of physically and mentally abnormal condition, Normisjon erected a daycare center in Kathmandu, capital of Nepal to bring the positive changes in children, named as ABBS (hope for children’s development, respondent B). Regarding the situation of abnormality to children, the organisation has spent currency for their recovery and requested many volunteers from different countries to help them. This organisation tried to improve the condition of these abnormal children in the daycare center providing health treatment for their better life ahead. There is a girl in ABBS center who always attempts to provide services to all children in the care center to make them feel comfortable and comfort by feeding to some of them, changing matters, pillows and cracking jokes (respondent C). Transcultural psychosocial organisation Nepal (TPO Nepal) utters

One of Nepal's leading psychological organisation. It was established in 2005 with the aim of promoting psychosocial well-being and mental health of children and families in conflict-affected and other vulnerable communities. TPO Nepal is a knowledge-driven, innovative organisation working in areas disrupted by violence and poverty. We strive to develop local psychosocial, mental health and conflict resolution capacity and systems that promote community resilience, quality of life and self-reliance through education, research, service delivery and advocacy.¹⁵³

UNDP (United Nation Development Program) in his report *Human development report 2001* mentioned “expanding the choices people have to lead lives that they value.”¹⁵⁴ Here what UNDP wanted to inform us that people should have freedom. So, they can have changes in their lives which indicate a quality of life that is known as human development.

¹⁵⁰ Donnelly, John (2011), p.1394

¹⁵¹ Donnelly, John (2011).

¹⁵² William, David (2013), p.5

¹⁵³ TPO Nepal (Transcultural psychosocial organisation Nepal), (2018).

¹⁵⁴ Hopper, Paul (2012).

Similarly, CMC- Nepal (Centre for Mental Health and Counselling – Nepal) articulates

CMC- Nepal has been working at community level, in close collaboration with government and non-government agencies in the prevention, treatment and promotion of mental health by directly working with service providers and beneficiaries, at various levels to increase knowledge and skills required in the management of mental health and psychological problems and to promote positive practices that prevent and cure mental health problems.¹⁵⁵

So, many NGOs and INGOs are working in Nepal as some supportive organizations to deliver positive changes in health sector so the susceptible and marginalized children can relish their lives as they wish.

6.2 Oral health services and development

Normisjon as an INGOs has been supporting the health sector especially to children and women in Okhaldhunga district. The district is geographically uneven to reach there to the hospital, and the road to the hospital is rough. So, it is like an arduous journey to go to the hospital. The district has many health posts, and the health posts have inadequate medicines and there is not punctuality in staff which proliferate residents of the district unwillingness to go to the health posts. On the other hand, the people in the district are also unaware of a health condition and pitfalls to avoid in lives. But Normisjon since a long time is providing services regarding health services to the villagers concerning on health issues and a way to dissolve the health problems. So, it has not only espoused providing funds but also overhauled the health situation of both mother and child propagating health consciousness to the villagers of the district.

The respondent “C” said that a mother group of volunteers has been formed to render health issues and way of solving the issues visiting different VDC in the district. These females visit the whole VDC providing health awareness for example sanitation, nutrition for a child and pregnant women, immunization, and different diseases and many more. By this, it can be estimated that the organization has indeed underpinned the children’s health condition and provided a quality of life increasing their life expectancy at birth and decreasing mortality rate and maternity demise. The writers Ning Pang, Li Cai, Caijuan Xu, Han Guan and Yu Jin in their article *Orla health knowledge, behaviors and parental practices among rural-urban migrant children in Gusngzhou: a follow – up study* uttered that there are changes to the rural

¹⁵⁵ CMC- Nepal (Centre for Mental Health and Counselling – Nepal) (2017).

and urban migrant children health by oral health knowledge, behaviors and parental practices in China.¹⁵⁶

Similarly, the respondent "B" said that the circumstances of children rapidly altered due to the education to parents because when the children suffered from diseases, then the hospital provided primary health services to the parents how to handle in that situation to their children and get them rid of diseases. The UN and the global frontrunners in 2015 in their report *Every Women Every Child Global Strategy for Women's Children's and Adolescents' Health* explained "the strategy has emphasized the needy, marginalized and susceptible children, women and adolescents in which the report has applied the holistic approach focusing on mitigating inequalities, boosting ramshackle health system of children and women which has a target of preventing the demise, sickness and wound by 2030."¹⁵⁷

According to the World Bank in an article *Nepal- Health Facility Survey(NHFS)* outlined

2015, NHFS was an assessment of healthcare facilities in the formal sector of Nepal. It was designed to provide information on the availability of primary and essential health care services and the readiness of health facilities to provide quality services to clients. The primary objectives of the 2015 NHFS were to: assess the availability of essential and essential services in Nepal health facilities, including maternal and newborn care and child health, family planning, and reproductive health services, as well as services for NCDs and certain infectious diseases (HIV/AIDS, STIs, malaria, and TB).¹⁵⁸

There could be seen plenty of organizations working in the health sector focusing on reducing child mortality and increasing life expectancy and mitigating mother's death while giving birth. In a way, Normisjon is one of the organizations keeping its eye on the health situation of both children and mother and thinking always to provide health services to them. The mother group formed by Normisjon in Okhaldhunga district has almost offered enormous services regarding health issues. By the information of the informants, I apprehend positive changes in health of these children in Okhaldhunga district. The villagers knew general matters to children and ways to get rid of these problems related to health. NCBI (National Center for Biotechnology Information) in its journal *Nepal: Integrated health services project* conveyed

¹⁵⁶ Pan, Ning et al. (2017).

¹⁵⁷ EWEC (Every Women Every Child Global Strategy for Women's, Children's and Adolescents' Health), (2017)

¹⁵⁸ The World Bank (2018).

It is a part of Nepal's current 5-year development plan, will aim at minimal health services to the maximum number of people. The project plans to provide for basic health needs through home visits by village health workers. The object is to stem high mortality particularly of mothers and infants through home nutrition, immunization, and teaching oral rehydration techniques, and induce a decline in fertility with conventional devices and ad hoc sterilization camps.¹⁵⁹

So, the organizations' roles for recuperating the health condition of marginalized people indeed have provided betterment in the health condition of children. There is steady and gradual development in the health consciousness of the people in Nepal. In Okhaldhunga district, at present, children are getting the benefits of health services well. So, they are physically and mentally capable of doing things in their lives without any obstacles. So, this is a progress in human development completely in health situation of those people in the district. The writer John Harriss said, "development theories are about understanding how the processes of change in societies take place."¹⁶⁰ It is the work of organizations that in fact modified the previous health situation of Nepalese children from negative to positive ones. So, from every information of the writers and the information from the informants, it can be vividly speculated that there are of course changes in the health condition of both children and women in Nepal.

The USAID's project *Health for Life (H4L)* informs

The primary goal of H4L is to strengthen the Government of Nepal's capacity to plan, manage, and deliver high-quality and equitable family planning, maternal, newborn, and child health services. H4L activities directly address key health system constraints in the following areas: local health systems governance; data for decision making and evidence-based policy development; human resources management; quality improvement systems; and knowledge and behavior change.¹⁶¹

The vicissitudes in quality of life and right family planning management and also many more changes in life by health services symbolizes a good change in human development. That is why, the writer Robert Chambers defines development as a good change.¹⁶²

Concern on health since a long time has been an area of study in a developing country from the many NGOs and INGOs which are attempting to eradicate the health-related problems by coordinating with counterparts. These all organizations have the same motto to provide plenty

¹⁵⁹ NCBI (National Center for Biotechnology Information), (1977).

¹⁶⁰ Harriss, John (2013).

¹⁶¹ USAID (2017).

¹⁶² Hopper, Paul (2012), p.20

of health services to children and women to wipe out the causes of poverty and diseases. To relinquish these health-related problems is the best way for the human development in a society which in fact brings positive changes, that all have been possible with the joint help of all NGOs and INGOs. The writer, Alan Thomas informs, “development is increasingly viewed as the practice of development agencies like multilateral organizations, governments, NGOs and social movements that conceptualize development concerning alleviating problems and settings targets.”¹⁶³

Similarly, UN in the year 2000, started a Millennium Development Goals which focused on poverty and its goals were: eradicate extreme poverty and hunger, achieve universal primary education, promote gender equality and empower women and reduce child mortality.¹⁶⁴The informant “A” said that United Mission to Nepal is the main partner of Normisjon, and it has been assisting to Okhaldhunga hospital even before Normisjon. Normisjon is working as a co-partner of it. It is also said, “Normisjon is an important supporter of Okhaldhunga hospital, operated by UMN. The hospital located eight miles from Mount Everest is the only functioning hospital in an area of over 250,000 people.”¹⁶⁵

Normisjon with its partner organisation, United Mission to Nepal has been taking care of the children in the Okhaldhunga district providing funds to the Okhaldhunga hospital which is mainly for the marginalized and most destitute children and women of the region and others, too.

6.3 Health and fund

Every country in the world is very much concerned on the issue of its citizens because if the citizens are healthy and robust, then the work for development for the nation is only possible with human main powers. The rich countries are even anxious about the health situation of people and always pondering preventive methods and sustainable ways for the better and quality health. To some extent, these affluent countries might not need to any foreign aid for the health services to be offered to its citizens because they might have different income sources domestically. But in the case of developing countries, there is a different view because the developing nations have many scarcities for the developmental tasks. Firstly, the developing nations mostly in the situation of corruption and fraud. Secondly, these nations have fewer

¹⁶³ Hopper, (2012).

¹⁶⁴ Ibid

¹⁶⁵ <https://www.normisjon.no/post/373907/helse-i-nepal?projectID=306002> accessed on 22nd July 2018.

income sources for the nation's treasure. There are plenty of problems, and it becomes very awkward and tough for these nations to get rid of pitfalls.

There is a necessity for help for these countries so that these nations might develop a bit further and better. It is also the wish of sophisticated nations to add financially to these poorer countries. So, many INGOs began to support to these developing countries, and even some NGOs also established to work for altruism coordinating with these international organizations. So, in this way, many NGOs commenced to proliferate in Nepal along with international organizations to assist the poorer and needy people in every sector. According to NCBI, in an online publication *NGOs, Foreign Aid, and Development in Nepal* "the number of non-governmental organizations (NGOs) working in Nepal has grown significantly since the 1990s due to a range of factors. A total of 39,759 NGOs and 189 international non-governmental organizations were registered in Nepal between 1977 and 2014 in various sectors, including health, agriculture, poverty alleviation, and good governance."¹⁶⁶ By this information, it is palpable to divine how much fund is provided from different INGOs and how the fund is mobilized to the different sectors for the human development. Among these organizations there are 98 NGOs in AIDS and abuse control, 1,149 NGOs in child welfare, 758 NGOs in handicapped and disabled and in health services, 875 NGOs are working in Nepal.¹⁶⁷

By this, it is distinct that these organizations have overhauled the health sector of Nepal. So, it is a progress in the health sector which is an emblem of human development. Similarly, many INGOs are also assisting in the health sector in which I would like to write some of them concerning children and maternal health. According to AIN (Association of International NGOs in Nepal) in its report *A Mapping of INGOs Contributing to Health Sector: Efforts towards reaching MDGs and NHSP II* provides the lists of INGOs working in the health sector which I mention only some of the related to the children health are:

Table 1: Lists of INGOs and their fund and motto

Names of organizations	Fund	Information
Action Aid International Nepal (AAIN)	Around NRs. 4,500,000/-	It is an anti-poverty agency which is committed to improving the quality of life of the poor and excluded

¹⁶⁶ NCBI (National Center for Biotechnology Information), (2016).

¹⁶⁷ Ibid

		people so that they can live a life of dignity.
The Britain Nepal Medical Trust (BNMT)	Approximately NRs. 300 million	Works for TB, child health, nutrition, malaria sanitation, safe motherhood and others.
CPCS International Child Protection Centers and Services International	NRs. 6 million	Prevention form HIV, treatment for cut, injuries, burn, chest infection and others.
Child Welfare Scheme (CWS)	US\$ 900,000 approx.	Maternal & Newborn; Child & Adolescent; public health priority for poor, marginalized hard to reach population.
Finnish Evangelical Lutheran Mission (FELM-Nepal)	NRs. 25,270, 274/-	Child mental health, primary health care and community health programme
World Vision International Nepal (WVIN)	NRs. 150,511,104/-	Maternal Child Health and Nutrition, HIV & AIDS, water sanitation and Hygiene.

Source: AIN (Association of International NGOs in Nepal) 2011¹⁶⁸

So, there is a long list of INGOs to support in the field of health both for children and mother in Nepal. Normisjon is also encouraging in the health sector financially. The informant "D" said that there are private donors in Norway and many Norwegian schools to help to the Okhaldhunga hospital via Normisjon in the health sector for the poorest people. So, it is an advent of development in the health sector with the assistance of foreign aid. The writer, David William in his article *the study of Development* mentioned “‘internationally it emerges alongside the institutionalization of the ‘project of international development’ itself in international politics – the establishment of bilateral and multilateral development agencies and the provision of foreign aid.”¹⁶⁹

That is why, foreign aid in the country like Nepal has been a source a substantial amount for relinquishing the health-related pitfalls. By providing health services, too many poor and

¹⁶⁸ Association of International NGOs in Nepal (AIN), (2011).

¹⁶⁹ William, David (2013).

marginalized people in Nepal, are benefitted, and the quality of life has been improved with time and situation by the providence of fund to the health sectors by these INGOs.

6.4 Health and faith-based organization

Since the initiation of foreign aids in Nepal, it has been luxurious to the nation for the developmental works in every discipline. It has a long history of financial support from different western countries. Nepal has many NGOs which also activated to serve to the needy people in the various field such as poverty, education, health and so on. But NGOs also has a financial problem, and these organizations required donors. That is why, the roles of these NGOs are insufficient in the sector of human development. So, many international organizations were set up to assist financially to these NGOs to help destitute and miserable people. INGOs penetrated in many developing and underdeveloped countries in which Nepal is one. There are a lot of INGOs working in the different sectors, but concerning to health at present, there can be vividly perceived plenty of INGOs working from separate organizations.

WHO, UN and IMF and many more organizations admired the arrival of FBOs in the development of health sector. It is because FBOs could spiritually and religiously nurse the injured and sick people and, in the context of Nepal, it is essential where people have a passionate belief in God. According to the writers Cleary and McConville “demands for greater developmental justice from faith-based organizations dovetails with the wider call from both citizens and international agencies, including the United Nations and the World Bank- for better governance.”¹⁷⁰ So, the beginning of the FBOs in Nepal drastically improved the health situation of most of the Nepalese people. Among these FBOs, Normisjon is one. Normisjon is an evangelical Lutheran organisation¹⁷¹ which is working with UMN and underpinning to the poorest people of Okhaldhunga district in the health sector. According to National Center for Biotechnology Information (NCBI), in an article, *The Scale of Faith-Based Organization Participation in Health Service Delivery in Developing Countries: Systemic Review and Meta-Analysis* delineates

Faith-based organizations (FBOs) are considered an essential partner in health-systems strengthening and assuring equity of access to healthcare in developing countries. For decades churches played an important role in low- and middle-income country health services. During the eighteenth and nineteenth centuries, mission societies began

¹⁷⁰ Haynes (2007), p.3

¹⁷¹ <https://www.normisjon.no/om-oss/om-normisjon>, accessed on 23rd July 2018.

providing medical aid under colonial governments in Asia, Africa, and Latin America. These historical roots remain evident in the continued presence and stature of FBOs in developing countries. As health systems evolved and social services of all kinds became a core component of national social system structures, the relative importance of FBOs within the broader structure of health services of developing countries has become less confident.¹⁷²

In the same way, Katherine Marshall said, “the work of faith communities and faith-based organizations engaged in development-related work, such as HIV/AIDS prevention, health care, education, environmental protection and conflict resolution.”¹⁷³

So, presently plenty of NGOs, INGOs and FBOs are espousing in the sector of health in the developing countries like Nepal. The development in health arena has been rapidly escalating which brought enormous human development offering quality of life.

6.5 Conclusion

The analysis chapter involves the elaboration of informants’ views relating to the theoretical accoutrements along with literature reviews which reassures that the improvement in the health sector in Okhaldhunga district of children by Normisjon is an act for health development.

¹⁷² NCBI (National Center for Biotechnology Information), (2012).

¹⁷³ Deneulin (2009), p.2

Chapter- Seven

Conclusion

This dissertation embraced the activities of Christian organization, Normisjon in overhauling the health condition of marginalized and poorest children in Okhaldhunga district providing financial support to them via patient relief fund in Okhaldhunga hospital. A semi-structured interview as a qualitative research method to accumulate the pertinent data was applied. A development theory was implemented to find out the progresses of health development as an emblem of human development in both physical and mental sectors of those children.

The paper presented that Normisjon has been assisting to the ostracized and disregarded children in the discipline of health affording pecuniary endorsement and also conducting many oral health services in all the VDC of the Okhaldhunga district. The poverty- stricken and penniless children especially under twelve kg. and who suffered from malnutrition customarily obtained the complimentary services. The institute offers a complete assistance to those women whose physical situation if found in critical and also runs primary health services to the parents, so the parents could take care of their born babies and injured ones. This association is espousing to the malformed and anomalous children initiating a care house for them in Kathmandu, capital of Nepal known as ABBS. The organization provided plenty of child health education to the health workers in the hospital so each staff in the hospital could take ascertain those children's healthiness prudently. For the quality health circumstance of the newborns and teens, an oxygen factory and a latest building with solar system were erected. So, there might not be any obstacle in delivery situation which could put both mother and baby out of menaces that unveiled an improvement and development in the health state of children.

The primary and community-based health programs based on women and children indeed enhanced the life expectancy of both of them entirely. Those agendas in fact lessened the mortality and morbidity rate of mother and child. The scheme of the association for enriching the health consciousness got the villagers apprehended the positive repercussions. Those plans for educating the residents of Okhaldhunga on health awareness in fact made them comprehend the significance and implication of health education in their life. The inhabitants of the district experienced healthiness had an enormous effect in a living standard of life.

Health education has a practical implication in human life without it, life becomes doomed because people cannot ponder anything in default of it. A good thinking only regenerates if the

human body is sound then an excellent future can be secured and acquired and live a quality of life.

This dissertation encompassed the study of children's health situation in Okhaldhunga district and the consequences of health services and education on them and their living standard. The limitation of the thesis is that any researcher can study further research relating women's health condition which was not the subject of this dissertation.

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