



Birth Rituals and Modernity among the Dangaura Tharu of Nepal

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Abstract

This study investigates how the nature of Dangaura Tharu birth rituals, including Saunri (isolation room), Sudhini (healer), Thasaura, and Chhathi (the sixth-day ceremony), continues to influence the spiritual, gender, and community life of Tharu people. They have functions that ensure the safety and health of the mother during delivery and the newborn, secure spiritual and social purity, and unite the newborn within their family. Historical birth attendants (Sudhini), 30 and a traditional healer (Guruwa) play a central role in the cultural setting and practising for coexistence and alive. Present suggestions, including education, migration, and use of the hospital practice, have changed this type of traditional system, providing rise to an assimilated birthing culture where historical healing and recent medicine work side by side, sharing the same hospital practice. This study took place in the western Kailali and Bardiya districts of Nepal. The study applies ethnographic fieldwork, such as interviews and long-term observation from the field. The findings show that Dangaura Tharu birth rituals or cultural practices united together the structure with patriarchy, tradition with modernisation, and the sacred system of ritual with the prescription of medicine. Understanding these cultural practices, like shared birth ritual, is needed for making delivery maternal health delivery program.

Keywords: Birth rituals, Dangaura Tharu, gender role, medical pluralism, modernisation

Introduction

The birth is a genetic and biological phenomenon and a deep cultural and social



event of the Dangaura Tharu people. It shows the collective beliefs, moral values, and common ethnic identity of the Tharu people of western Nepal. In birth rituals, a delivery mother is isolated in Saunri for purification rites such as Sudhini or Chokha. Likewise, the Nwaran (naming process of a child) binds together spiritually, gender, and community in one existing tradition. Especially, inhabiting the Dang, Banke, Kailali, and Bardiya districts, the Dangaura Tharu base their social and cultural livelihood on traditions of purity, preservation, and attachment in much the same way that one might carefully clean a home at the time, keeping away both dirt and unmanaged. All birth ritual practices are at the centre of collective life for them; all warm hands are gathered around the mother and newborn child in their home for their safety and balance system in the social setting. These types of cultural rituals bring out how the Tharu community protects all its people and social environments, the spirit, tying people all together, catching hands around a newborn baby's first cry, in a system to protect their cultural birth ritual in the society.

These cultural tradition settings were gradually changed with modern social environments and the socialisation process. Including education, migration of people in that area, and increased access to modern health facilities, childbirth practices have changed day to day from village to village. The Tharu people gradually hybridise traditional and biomedical procedures, and rituals such as traditional Sudhini and Chhathi have emerged as part of adaptive culture. This combined and hybridity indicates cultural flexibility by revealing the continuity of traditional social settings with new adaptation to new health procedures, but understanding their symbolic meaning and concept in the society.

In spite of the launching of delivery practices of research on delivery and maternal health in Nepal, there is a simple lack of research focused on how cultural practicing rituals most practised among the Dangaura Tharu are interconnected with the new social environment. Many studies on Tharu often many universal delivery practices and ignore local stratification and differences in the Tharu society. This type of research or concept has limited our knowledge about how recent and modern medicinal procedures and traditional rituals work together and influence birth practices and procedures in the hospital and home, which are traditionally. The sociological and ethnographic studies have explored how women Dangaura Tharu start by the ritual with biomedical expectations and choices from the traditional practices.

Thus, many researchers try to investigate how modern technological procedure is inter-influenced and grow side by side in the birth procedure experience of Dangaura Tharu people in Nepal. This article shows how the Tharu communities find new modern traditions to protect their birthing rituals that exist in the setting, though all things are modified and change around their surroundings. When hospitals are easily accessible in the village area, many families of Tharu people still choose and apply the traditional birth procedure in the home, and there is a cause behind it. Sudhini, the traditional midwife, and healer Guruwa are not just cultural and historical past customs and values stuck in the past time in the villages. They play real, vital, essential, everyday roles, binding both the

practical side of childbirth and the kuldevta and the spiritual side, also with the knowledge and skills. If health practitioners see these types of scenes as cultural barriers, it gets a lot easier to work together with local people in the villages where they are servicing. The Saunri, that special isolated room for the delivery mother and newborn child where both stay after delivery, tells its own story of the birthing, gender, tradition, and how the Tharu female starts through the attractions and distractions of modern lifestyle and old customs and rules of the Tharu societies.

Therefore, this study applies a hybridity of sociological theories, including customs, rites, rituals of people, symbolic interactionism, the pure and impure side, and medical procedures in birthing practices in Tharu communities. Its objectives are to explore the Tharu birth rituals and to expose the cultural lens that enhances these traditions even in a changing social environment and social setting. Thus, these birth rituals establish how the Tharu community protects its identity and uniqueness while also finding ways to adapt and adjust in the modern society and system of government in Nepal. Such local cultural practising systems both support improving maternal health safety and also focus on the flexibility and elasticity of the Dangaura Tharu community in the social setting and system of modern Nepal.

Literature Review

Traditional Birth Attendants (TBAs) are connected with the Tharu ritual and medical procedure that becomes interconnected and tied for managing and maintaining cultural bonds and setting. The birth rituals among the Dangaura Tharu people have a deeply symbolic meaning in their own culture. They focus on social purity, protection, and communal identity in society. Such happens through birth practices like Sudhini or Chokha period after the child's birth in the family, food taboos, and kuldevta worship system in the communities. The changing environment with modernisation and easy access to medical services, delivery care practices and others has created a mixed birthing culture that hybridises traditional and new medical practices for birthing rituals. The recent modern influences change the birth procedure but do not remove them totally from the societies, which the meaning of Tharu rituals, by focusing on their ongoing phenomenon significances in the communities.

This literature shows on traditional and classic anthropological perspective, which uses Victor Turner's idea of the rites of passage to present how birth rituals move through separations, modifications, and restructuring, while Erving Goffman's statement of performance supports understanding the symbolic gestures and roles within those birth rituals, which are practised in societies. The Dangaura Tharu have experience is shaped by the various theories of medical procedure. It reveals how the works of traditional healers and a prescription from a health doctor work side by side (Mandala Library, 2023). Hence, looking through both birth ritual and medical procedure, we see how Dangaura Tharu families balance both tradition with modern practising care, choosing between a

healer's perception and the clinic's lens.

Traditional Birth Attendants facilitate both the Tharu families and health workers by acting as practical caregivers and ritual carriers in birthing practices. Such both hybrid practices become the fact that they can be effective partners in refining maternal health if engaged respectfully. It embodies moral authority and local trust by being missing in recognised health systems (Ansari, 2022). The claim of the researcher is that Suddhi-like rites become significant rituals in connection with other rituals. In the attached relatives' systems, through feasting and mutual support, can be maintained. Such unique ritual practices prove the profound linking between ritual purity, kinship, and community identity of the Tharu. This identity reinforces social harmony within the Tharu moral world (Himalaya, 2009). In this way, the study claims that birth rituals confirm cultural uniqueness via common representative acts.

Moreover, TBA continues to play dynamic roles in rural Tharu communities. The ritual support during the delivery period provides herbal medicines. Yet proper guidance to families through purification and protection rituals remains intact. According to Thatte et al, TBA facilitate both the families and health workers by creating trust where biomedical institutions may seem culturally distant (Thatte et al, 2009). In such a ritual context, TBA does as both practical caregivers and ritual carriers. With this, some TBAs have established formal health training; however, their practices differ widely. Some accept safer methods while others maintain traditional ones that may conflict with biomedical guidelines (Mullany et al., 2009). This is how TBAs in the area of Dangaura Tharu remain to express moral authority and local trust qualities, mainly by missing of TBA trust makes them vital associates for maintaining cultural sensitivity in maternal care.

Contrarily, the insights of safety repeatedly become different from many Tharu families that prioritise ritual safety over physical or medical safety (Kaphle et al., 2013). So, many Tharu families understand cultural meanings as attached to ritual safety can overshadow the safety messages of biomedical interventions. Although there is a hospital facility, home births may still be favoured because of gender rules, fear of shame, lack of cultural respect in institutions, and long distances (Eliciting Childbirth Practices, 2016). In the same way, emotional and socio-cultural obstacles shape the decision of childbirth. This decision leads to the favourite home births. However, programs helping skilled birth attendants show that regarding and prioritising the local rituals and practices improves the rates of hospital delivery (Frontiers, 2022). Thus, the modern maternal services, at present, work best if they adopt such traditional practices of birth rituals and begetting.

However, the dynamism and gradual modernisation of culture and society have influenced the traditional norms of such ritual of birth in Dangaura Tharu. At present, the younger Tharu women give birth to their babies in hospitals, but still embrace naming and purification ceremonies later at home, incense curling in the air (RSIS International, 2024). Likewise, contact with modern health care differs. Some communities hold it quickly, while others hold back, shaped by distance and local beliefs (Clinical Epidemiology and

Global Health, 2024). This way, the rituals of Childbirth are intensely knotted to gender, with women leading the ceremonies. At times, educated Tharu women push back against strict seclusion rules or find ways to blend a hospital stay with familiar home rituals, the scent of burning oil lamps drifting through the room as they do.

Public health research highlights that saving mothers and newborns depends on blending solid medical care with a genuine grasp of local traditions, like knowing why a village midwife burns herbs beside the birthing mat (BMJ Public Health, 2024). Thus, such a scheme and policy should hold range by making up health systems while cooperating with ritual practitioners.

As the review follows the varieties of study and criticism related to Tharu rituals, the study intends to fill a similar sort of gap to proceed more deeply. Furthermore, most studies converge on the Tharu sub-communities together, brushing past the distinct local traits you can spot in their dialects or daily rhythms. There's little recent ethnographic or mixed methods research on how rituals evolve, how people interact in hospitals, or how those changes last over time (Oxford University Research Archive, 2024). The researcher argues we urgently need fieldwork focused on the Dangaura, tracking how their rituals evolve and persist while gathering data on mothers' health, listening to chants that echo through the dusk as the clinic opens nearby.

Usually, Dangaura Tharu birth rituals continue vibrant cultural practices that keep, integrate, and symbolise new life (Cambridge University Repository, 2009). The way the Cambridge University Repository argues is that the rituals make up the cultural identity and social relations. With such a backdrop of reviews, TBA remain to connect cultural beliefs and biomedical care (Thatte et al., 2009). In this sense, the researcher posits that the birth delivery tradition (TBA) becomes a quite effective method in safe-birth initiatives. However, the rapid growth in science and technology has been changing the setting, but not the spirit of ritual. In addition to it, the hospital births and later ceremonies often coexist within (Frontiers, 2022). Thus, the adaptation of the ritual is the most common answer to modern health choices. For effective maternal health policy, cultural safety must be arranged alongside medical competence (BMJ Public Health, 2024). Therefore, the culturally safe and effective policies raise official delivery commitment while conserving self-respect.

Above all, the number of studies on Tharu rituals and culture focuses less especially on the Dangaura Tharu and their changing birth practices, and a lot of generalising about sub-communities. The current ethnographic and mixed methods data on ritual adaptation, hospital interaction, and long-term change are rare. The study, therefore, addresses this clear need for Dangaura-specific fieldwork by authenticating ritual continuity and modification together with the measures of maternal health.

Methods and Procedures

This study applies a qualitative research design grounded in anthropological and

sociological inquiry to explore the cultural meanings, social structures, and gendered dynamics of birth rituals among the Dangaura Tharu community of western Nepal. A qualitative method is suitable for exploring the lived experiences of delivery women, ritual symbols, and the interaction between tradition and recent modernisation setting through participants' lens. The sociological and ethnographic perspective was applied to permit in-depth interviews, highlighting observation of rituals, symbols and everyday concepts and meanings about delivery practices. This research design gives an interactive concept and model for exploring how Tharu women, traditional midwives (Sudhini), and healers (Guruwa) interact between traditional birth practice and biomedical practices while examining and documenting transformations in ritual meaning through a new changing environment by education, and renovations.

This study was conducted in the Kailali and Bardiya districts of western Nepal. Respondents were selected by purposive sampling to ensure representations of diverse generational, educational, socioeconomic class, and gender backgrounds. The sample included Tharu mothers, traditional midwives, elder women, ritual healers, and participant observation, and discussions were conducted in the Tharu language for the study. The triangulation of the information in qualitative methods was taken to enhance both the depth and reliability of the findings of the study. The data saturation was found by selecting participants from key roles and experiences with the Dangaura Tharu women in the communities. Ethical approval was obtained from an academic institution in the field. Informed consent was obtained informally and in writing from all respondents.

Results and Discussion

Tharu Birth Rituals and Structural Meaning

A birth ritual among the Dangaura Tharu community of Nepal is a structural and patriarchal frame which organises both the physical aspects of childbirth, but it is also the moral, social, and spiritual sequence of the Dangaura Tharu community. According to Emile Durkheim's concept of social structure, these rituals indicate the collective conscience, which ties all individuals by the shared belief and moral obligations (Durkheim, 1997). The Dangaura Tharu birth rituals work as a mechanism of social unity that modifies the individual experience of childbirth into a reaffirmation of the whole social order and community solidarity. The Tharu birth ritual is an existing traditional and cultural practice. Their ritual shows the symbolic meaning, harmony and spiritual happiness in the community. In birth practices are practicing in very tradition with herbal remedies by the Sudhini and Guruwa. The Tharu women are doing their domestic work and duties without rest while they are pregnant. Their regular roles within the house structure represent the deeply fixed practice of patriarchal norms, which connects femininity to constant work forces gender hierarchy and explains women's value by the domestic productivity, presenting the patriarchy as naturalising gender stratification through the

cultural experiences.

Role of the Sudhini (Traditional Midwife)

Sudhini is a significant healer of the Tharu childbirth system. She helps in delivery, saves the life of the mother, and does all Tharu rituals and acts for the purity and protection of both child and mother in the home or Saunri. However, the central role of Sudhini is controlled by the patriarchal ritual decisions and hierarchy in the Dangaura Tharu community (Levi-Strauss, 1969). Sudhini is doing all the functions when a child is born. She cuts the umbilical cord, purifies the newborn child and mother ritually. From a structural perspective, Sudhini's work maintains balance in the community by managing the period for life and pollution. Sudhini mediates the Tharu ritual as sacred and pollution to protect the moral unity of the community (Durkheim, 2008). Sudhini's arbitration in childbirth rituals enhances the structural unity of the Dangaura community by forming the moral and spiritual boundaries.

Saunri (Postpartum Room) and Ritual Isolation

A Saunri is formed by the four babiyo in four sides of the bed in a separate room in a home. The Saunri provides rest for the mother and child, satisfying a structural objective by giving her a healthy life for the child and mother (Brown, 1952). This ritual isolation also preserves a protective social setting, which structure and patriarchy can together control the ritual system of the Dangaura Tharu community. A newborn child and the mother are isolated in a Saunri (a separate room for the child and mother), which is considered impure culturally. The isolated period indicates both spiritual impurity and social pollution that manage moral order in a Dangaura Tharu community. According to Douglas (1966), the practice of impurity and purity shows the social norms that manage spiritual and moral values in the community. The Saunri works as a social order which preserves communal purity by symbolically separating pollution from the sacred aspect of family life. The isolation of women from social and religious activities during the delivery period reveals patriarchal control over the bodies of Tharu females. The Dangaura Tharu community introduces the female as ritually unclean, and her entry into the social setting depends on cleaned rituals by male authority (Ortner, 1974). Patriarchy shows the symbolic hierarchy, where a woman's physical work becomes ground for social isolation and ritual order.

Delivery Practices and Symbolic Remedies

During the delivery period, the Tharu people use symbolic and herbal solutions by the Sudhini and Guruwa (ritual healer) for a fast and normal delivery at home. They practice the traditional methods of delivery, such as showing the ticket of train ticket,

walking on foot for a long time, giving the bold water with chillies for normal and on time delivery. These traditional and ritual activities are guided by the belief that childbirth engages both biological and spiritual risks (Turner, 1969). Such ritual practices liminal process that changes individuals from one place to another within the social setting of the Dangaura Tharu. The delivery process of the Tharu people represents a smaller area where ritual activities manage, restore the balance, and integrate the event into the mass system of the Dangaura Tharu people. In delivery, Sudhini and Guruwa tried many solutions and herbal remedies for the delivery of the child in a traditional manner. They have done their traditional solutions to reduce the delivery pain. The Dangaura Tharu people offered the goat, cock, sweets and other things to their Kuldevta for the good and normal and painless delivery. They believe that these actions can reduce pain during delivery and help to ease delivery at home. The symbolic meaning of train tickets and the use of boiled water rituals in the delivery period reflect the symbolic interaction, shared culture and collective gestures which shape the experience of Dangaura Tharu people culturally (Goffman, 1967). He emphasises those rituals of the Tharu people which interact with the moral order in the society. The symbolic gestures in childbirth, the Tharu restructure collective understanding of life, purity and spirituality in everyday actions, which hold the structural and symbolic meaning for delivery in the community.

Thasaura Rituals and Collective Reintegration

The Thasaura is made by the rice floor, which is offered on Kuldevta in their home. After a newborn child, the Tharu people made the Thasaura by the boiled rice floor with cooked chillies and formed the oval shape of the Thasaura for the male child and the cylinder shape for the female child, which represents the patriarchal and stratified male and female. After the offering of the Thasaura on Kuldevta, and other Thasaura are provided to the neighbours with joy, cheerfulness and happiness due to childbirth in their home. The villagers are known as the male and female children by the Thasaura because it reflects the inequality in both males and females. These practices exist culturally, and all Dangaura Tharu people believe that activities for the purification, prosperity, happiness and collective reinforcement of the social structure. The Thasaura represents the purity, spiritual belief, social harmony and happiness due to childbirth. But all these activities are controlled by the male and Guruwa (Ortner, 1974). This gendered division of ritual works provides the structural patriarchy where women's contribution in ritual life is key, but symbolically male-dominated in ritual power.

The Sixth-Day Ceremony (Chhathi) and Social Reconstruction

On the sixth day after the new childbirth, the Chhathi ceremony is celebrated in the Dangaura Tharu to welcome the newborn and protect him/her from the evil spirits. The Tharu people believe that the god is framed and takes the future of the child on the sixth

day after the birth. On that day and night, they pray to the Kuldevta and burn the Diyo on whole night for the good future and prosperous life of the child. They are awake at whole night with neighbours, and they offer and listen to the good, bravery stories, religious stories which are told by the ancestors. The sixth day's chhathi rituals indicate the end of isolation and the reintegration with family in society. According to Parsons (1951), these rituals reform the collective values and shared roles in the social setting. The Chhathi ceremony of the Dangaura Tharu structurally reinforces kinship and social solidarity by the publically. A patriarchal perspective, the sixth day's chhathi ceremony highlights the gender roles where Tharu women will engage in cleaning, cooking, and preparing ritual foods, but men perform prayers and symbolic activities of Kuldevta. These divisions of ritual duties represent male spiritual authority and female domestic service (Connell, 1987). The Chhathi ceremony shows how patriarchal thought ties gendered duties in sacred rituals in the Tharu community and reinforces male dominance in the community celebration in every ritual ceremony.

Conclusion

Birth among the Dangaura Tharu people is not just a biological process. It is a social and cultural event that reflects the community's shared beliefs, moral values, and social structure. The Dangaura Tharu rituals, including the childbirth procedure with Saunri, Sudhini, Thasuara, and Chhathi, have various purposes in their community and circles. They preserve both the mother and child, ensuring spiritual and social purity from the delivery, and attach the newborn baby to their families, relatives, and community in Nepal. These practices and procedures focus on the close way between Tharu ritual, morality, and social setting, circle and community ties. Birth is both a personal and shared collective experience in the Tharu communities.

This study has shown that traditional midwives (Sudhini) and ritual healers (Guruwa) play essential and vital roles during the birthing period in the communities. They work as cultural listener, mediators, helpers with practical care and spiritual guidance and suggestions in the families and delivery mother. They also keep birthing ritual practices existed and alive in the communities, even with recent modern healthcare systems of government. The Saunri, where mother are isolated with their newborn baby, offer both protection and social control and order in their communities. It indicates how gender roles and patriarchal norms influence the birth experience of Dangaura Tharu females in their environment. Despite these limitations, females start their independence by managing and maintaining their rituals, protecting knowledge, and finding a balance between tradition and a new social environment with modern birth procedure practices in society.

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