International Research Journal of MMC (IRJMMC)
ISSN 2717-4999 (Online) | 2717-4980 (Print)
Volume 7, Issue 3 | June 2026

Indigenous Health Practices: A Study of Health-Seeking Behavior of the Lepcha Community in Ilam, Nepal

Supendra Karki[1] | Indira Adhikari[2] | Dr. Sunira Karki[3] | Dr. Nishan Aryal[4]

[1]Madan Bhandari Health Science Academy, Hetauda

[2]Madan Bhandari Health Science Academy, Hetauda
Email: indira.adhikarip@gmail.com, indira.adhikari@mbahs.edu.np

[3]Department of oral Masilo surgery, Dhulikhel Hospital
Email: karkisunira77@gmail.com

[4]Department of Medicine, Dhulikhel Hospital
Email: nishanaryal1997@gmail.com

Corresponding Author
Supendra Karki
Email: supen17@gmail.com, supendra.karki@mbahs.edu.np

To Cite this article: Karki, S., Adhikari, I., Karki. S. & Aryal, N. (2026). Indigenous health practices: A study of health-seeking behavior of the Lepcha community in Ilam, Nepal. *International Research Journal of MMC, 7*(3), 79-93.
https://doi.org/10.3126/irjmmc.v7i3.97135

Submitted: 15 April 2026 **Accepted:** 15 May 2026 **Published:** 15 July 2026

Abstract

The Lepcha community is an indigenous group residing in the Ilam District of eastern Nepal. Their health-seeking behavior is influenced by cultural beliefs, traditional healing practices, and access to healthcare services. Understanding their healthcare utilization patterns helps identify community health needs and existing barriers. This knowledge is important for developing culturally appropriate and effective health interventions. The primary objective of this study is to examine the relationship between health, culture, and indigenous practices among the Lepcha community in Ward No. 3 of Rong Rural Municipality, Ilam District, Nepal. This study examined health-seeking behavior, health service access, and awareness of non-communicable diseases among the Lepcha community of Rong Rural Municipality–3, Ilam. A descriptive cross-sectional design with census sampling of 42 households was employed. Data were collected through semi-structured interviews and key informant interviews using both quantitative and qualitative methods. The study was conducted over six days, from 2082, using both primary and secondary data sources. The study found that the Lepcha community continues to preserve its cultural identity through traditional festivals, rituals, indigenous knowledge, and strong social values despite the challenges of modernization and population decline. Traditional healing practices and the role of Dhami/Jhakri remain important in health-seeking behavior. At the same time, lifestyle changes have contributed to increasing risks of non-communicable diseases such as hypertension and diabetes. The findings emphasize the need for culturally sensitive health programs and community-based initiatives to improve health outcomes while safeguarding Lepcha cultural heritage. The findings highlight the importance of integrating indigenous

health beliefs and practices into formal health programs to improve healthcare utilization among the Lepcha community. Culturally sensitive awareness and education initiatives are essential for strengthening preventive healthcare and promoting informed health-seeking behavior. This study is significant for understanding the indigenous health practices and health-seeking behavior of the Lepcha community, helping to preserve their traditional knowledge and cultural heritage. It also provides valuable evidence for policymakers and healthcare providers to develop culturally sensitive and inclusive public health interventions in Nepal.

Keywords: Lepcha community, health-seeking behavior, indigenous practices, cultural health beliefs, non-communicable diseases.

1. Introduction

The Lepcha community is an indigenous ethnic group primarily residing in the eastern Himalayan regions, especially in Ilam of Nepal, Sikkim, and Darjeeling in India. They are believed to be one of the earliest inhabitants of these mountainous areas and possess a unique cultural identity. The Lepcha people have their own language, known as the Róng language, along with rich oral traditions, folklore, and spiritual beliefs that are closely connected with nature and the environment (Katawal, 2021). Traditionally, they depend on agriculture, livestock rearing, and forest-based resources for their livelihood. Their social structure is based on strong community bonds, mutual cooperation, and respect for natural resources. The Lepcha culture reflects deep harmony with nature, where forests, rivers, and mountains hold spiritual significance. In recent years, they have been undergoing social and economic changes while still striving to preserve their indigenous identity, culture, and traditional knowledge system (Chhetri and Rai, 2010).

Lepcha healing practices are based on traditional knowledge of herbs and spiritual rituals. Shamans diagnose illness through spiritual methods and use medicinal plants found in forests for treatment. Healing is often linked with rituals to balance natural and supernatural forces (Shah, 2023). These practices are an important part of the indigenous health system of the Lepcha community, where health is understood as harmony between humans, nature, and spirits. According to ethnographic studies on Himalayan indigenous medicine, Lepcha shamans, known as Mun and Bongthing, play a central role in both physical and spiritual healing processes (Gorer, 1996). Research on traditional healing systems in Sikkim and eastern Nepal also highlights the use of forest-based medicinal plants and ritual performances in treating illness. These practices continue to exist alongside modern healthcare services in rural Lepcha settlements.

The Lepcha are an indigenous community mainly living in Sikkim, Darjeeling hills, eastern Nepal, and parts of Bhutan, and are believed to be among the earliest inhabitants of the eastern Himalayan region. They have a distinct cultural identity closely linked with nature, mountains, and forests, and they traditionally refer to their homeland as “Mayel Lyang,” meaning a hidden paradise. The Lepcha people possess their own language called Róng (Lepcha language), which belongs to the Tibeto-Burman language family. Their culture is rich in oral traditions, folk songs, rituals, and traditional attire, reflecting a deep spiritual connection with the natural environment. Most Lepcha communities practice a blend of animism and Buddhism, where natural elements like rivers, mountains, and forests are considered sacred (Singh, 2015).

The Lepcha community is one of the oldest and most distinctive indigenous groups of Nepal, primarily residing in the eastern districts of Ilam District, with smaller populations in Panchthar District and Taplejung District. The term “Lepcha” is often interpreted as “unintelligible speakers,” while the people identify themselves as “Rangpa” or “Rong,”

meaning inhabitants of mountains or ravines, and are believed to have migrated from Tibet. In Rong Rural Municipality, the Lepcha population is about 1,061, including around 230 individuals in Ward No. 3, reflecting their small and localized demographic presence. Despite government and local initiatives aimed at improving their socio-economic conditions, they remain a minority and socially marginalized group facing multiple challenges (Sharma, 2007). Although access to education, health services, and social security allowances benefiting around 3,926 individuals has improved, their population is gradually declining. Nevertheless, both the Government of Nepal and local bodies continue efforts to uplift their living standards. A significant aspect of Lepcha culture is their indigenous knowledge of herbal medicine, which remains integral to their healthcare practices; about 90 plant species are used to treat 12 categories of ailments, with the highest use for gastrointestinal disorders and the least for dental and nervous problems, reflecting their deep ecological knowledge and sustainable relationship with nature (Bhattarai, 2017)

1.1 Research Gap

Despite several studies by Bhattarai (2013), Gorer (1996), Rai (2017), Karki and Sharma (2024), and Lamichhane and Neupane (2022) on the Lepcha community of Ilam, limited research has explored the interrelationship between health, culture, and indigenous practices from a sociological perspective. Previous studies have mainly focused on ethnomedicinal practices, traditional healing systems, and socio-economic conditions, while broader cultural dimensions of health behavior remain underexplored. There is still inadequate understanding of how traditional beliefs, rituals, food habits, and indigenous knowledge shape health-seeking behavior and community wellbeing. Furthermore, the effects of modernization, migration, and formal healthcare systems on indigenous practices and cultural identity have received limited scholarly attention. Most existing studies are descriptive in nature and lack in-depth analytical interpretation of lived experiences. Therefore, this study attempts to fill this gap by examining the relationship between health, culture, and indigenous practices among the Lepcha community in Ilam District, Nepal.

1.2 Research Objective

The primary objective of this study is to examine the relationship between health, culture, and indigenous practices among the Lepcha community in Ward No. 3 of Rong Rural Municipality, Ilam District, Nepal

1.3 Research Significance

This study is significant because it explores the relationship between health, culture, and indigenous practices among the Lepcha community in Ilam district, Nepal, an area that has received limited sociological attention. The research helps preserve and document indigenous knowledge, traditional healing systems, cultural beliefs, and health-related practices of the Lepcha people, which are gradually changing due to modernization and globalization. It contributes to academic understanding of indigenous communities and their cultural approaches to health and wellbeing. The study also provides valuable information for researchers, policymakers, health workers, and development organizations working in indigenous health and cultural preservation. Furthermore, it highlights the importance of integrating indigenous knowledge and cultural sensitivity into healthcare and community development programs. By focusing on the lived experiences of the Lepcha community, the study contributes to the broader discourse on cultural diversity, traditional knowledge, and sustainable community wellbeing in Nepal.

1.4 Limitations of the Study

This research study was carried out under the following limitations:

1. The study is based on limited theoretical perspectives, which may not fully explain the complex cultural realities of the Lepcha community in Rong Rural Municipal at Ilam District.
2. The research is confined to the specific objectives and methodological framework defined for this study, which limits the scope of analysis and interpretation.

2. Literature Review

Literature review embraces both theoretical and empirical studies.

2.1 Theoretical Review

The Explanatory Model of Health in Medical Anthropology explains how different cultures understand illness, its causes, and appropriate healing practices. It emphasizes that health and disease are not only biological conditions but are also shaped by cultural beliefs, values, and social experiences. According to this approach, individuals and communities develop their own explanations for sickness, which may include natural, spiritual, or supernatural causes. As a result, healing practices often involve a combination of biomedical treatment, spiritual rituals, and traditional herbal medicine. This model is highly relevant in studying indigenous communities, where local knowledge systems strongly influence health-seeking behavior. It also helps researchers understand the interaction between patients and healers in a cultural context. Kleinman (1980) highlights that recognizing these cultural explanations is essential for improving communication between health providers and patients and for developing more effective and culturally sensitive healthcare systems in diverse societies.

Symbolic Interactionism explains how individuals understand health, illness, and healing through daily social interactions and shared cultural meanings. It focuses on the way people interpret symbols, language, and behaviors when they experience sickness or seek treatment. According to this theory, health is not only a biological condition but also a social reality constructed through communication with family members, community, and health practitioners. People assign different meanings to illness based on their cultural background, beliefs, and experiences. In indigenous communities, these meanings often include spiritual, traditional, and social explanations of disease, which influence healing practices and treatment choices. Blumer (1969) emphasizes that meaning is created through interaction and is constantly modified through social processes. Therefore, understanding symbolic meanings in health behavior is essential for analyzing how individuals respond to illness and how they combine traditional and modern healthcare systems in their everyday lives.

The topic “Health, Culture, and Indigenous Practices” in the Lepcha community can be effectively explained through Medical Anthropology and Symbolic Interactionism. Kleinman’s Explanatory Model of Health (1980) shows that Lepcha people understand illness through cultural, spiritual, and herbal interpretations, combining traditional healers and medicinal plants in their healthcare system. Similarly, Blumer’s Symbolic Interactionism (1969) explains that health meanings are constructed through social interactions within families and communities. In the Lepcha context, beliefs, rituals, and shared cultural symbols influence how people define sickness and choose treatment. These theories together show that health practices are not only biological but also deeply cultural and social. Therefore, Lepcha indigenous health practices reflect a blend of symbolic meanings and explanatory models shaped by tradition, interaction, and cultural identity in everyday life (Lamichhane and Neupane, 2022).

2.2 Empirical Literature Review

The Lepcha community indicates that indigenous knowledge, traditional healthcare practices, and cultural identity are central to their everyday life. These elements not only shape their health-seeking behavior but also strengthen community cohesion and continuity of traditions. Bhattarai (2013) documented 35 ethnomedicinal plant species used by the Lepcha people of Ilam district to treat common illnesses such as fever, asthma, diarrhea, and diabetes. The findings reveal that the community relies heavily on locally available herbal resources and the knowledge of traditional healers for primary healthcare. Such practices are deeply rooted in their cultural beliefs and are passed down through generations. However, the study also suggests that this valuable indigenous knowledge is at risk due to modernization, migration, and the growing influence of formal healthcare systems. Therefore, preserving and integrating indigenous practices with modern health services is essential for sustainable community development and cultural preservation.

Chase et al. (2018) explain that culture and traditional social systems play a crucial role in shaping the understanding of mental health and healing practices in Nepal. In many indigenous communities, mental health is not viewed only as a medical issue but is closely linked with spiritual beliefs, social relationships, and cultural values. People often interpret mental illness through religious or supernatural perspectives, which influences their choice of treatment methods. As a result, indigenous communities commonly combine spiritual rituals, traditional healing practices, and modern healthcare services in their daily lives. Traditional healers, such as shamans and faith healers, remain important figures in providing care and guidance. At the same time, there is a gradual acceptance of modern medical treatment, especially in urbanizing areas (Budhathoki and Aryal, 2025). This blending of practices reflects a pluralistic healthcare system, where multiple approaches coexist. Understanding this cultural context is essential for designing effective and culturally sensitive mental health programs in Nepal.

Byrne et al. (2013) examined mountain communities in Nepal and found that several structural and socio-cultural factors limit the use of maternal and general health services. Poor transportation and difficult geography make it hard for people to reach health facilities, especially during emergencies. Limited awareness about available services and low levels of education further reduce service utilization. Economic hardship also plays a major role, as many households cannot afford travel costs or treatment expenses. In addition, cultural beliefs and traditional practices influence health-seeking behavior, often leading people to rely on home-based care or traditional healers instead of modern facilities (Budhathoki, 2026). The study shows that indigenous communities living in remote areas face multiple barriers to accessing quality healthcare. These challenges highlight the need for improved infrastructure, community awareness programs, and culturally sensitive health services to ensure better access and utilization of healthcare in rural Nepal.

Research on other indigenous and marginalized communities in Nepal also shows similar patterns in healthcare behavior and service utilization. Sharma and Karki (2014) emphasized that cultural beliefs, norms, and local traditions play a significant role in shaping how people perceive illness and seek treatment. In many communities, health-related decisions are influenced not only by medical knowledge but also by cultural values, religious practices, and family structures. As a result, people often prefer traditional healing methods or community-based practices before visiting formal health institutions. The study further suggests that public health programs that ignore cultural contexts may fail to achieve their objectives. Therefore, the authors recommend the implementation of culturally sensitive and community-based health interventions. Such approaches can improve trust, increase participation, and ensure more effective delivery of health services (Tamang and Singh,

2015). Overall, the study highlights the importance of integrating local cultural understanding into health policy and development planning in Nepal.

An ethnomedicinal study conducted among the Lepcha communities of Ilam and Jhapa districts in eastern Nepal documented the use of about 90 plant species for treating various diseases (Rai et al., 2017). These medicinal plants are traditionally used to cure common health problems such as fever, stomach disorders, skin infections, and respiratory illnesses. The study revealed that traditional healers, elders, and experienced community members possess rich indigenous knowledge of herbal medicine. This knowledge has been preserved and transmitted orally from generation to generation within the community. However, the research also found that this valuable traditional knowledge is gradually declining. Migration of younger generations, increasing modernization, formal education, and the influence of globalization are major factors contributing to this loss. As a result, the continuity of indigenous healing practices is under threat. Therefore, proper documentation and integration of ethnomedicinal knowledge into modern healthcare systems are necessary for preservation and sustainability (Budhathoki, 2025).

3. Methods and Materials

This study adopted a descriptive cross-sectional research design to assess the health-seeking behavior, health service access, and awareness of non-communicable diseases among the Lepcha community. The study population included all 42 households of the Lepcha community in Ward No. 3 of Rong Rural Municipality, Ilam. A census sampling method was applied, where every household was included in the study to ensure complete and reliable data representation. The study was conducted over a period of six days from 2082/10/11 to 2082/10/16. Both primary and secondary data sources were used. Primary data were collected from household heads or family members above 18 years, the Ward President, the Public Health Inspector, and key informants from the Lepcha community, while secondary data were obtained from the annual report of Rong Rural Municipality.

For data collection, both quantitative and qualitative approaches were used to ensure comprehensive analysis. The main tool for quantitative data collection was a semi-structured questionnaire**,** administered through face-to-face interviews to gather standardized household information related t**o** health behavior and service utilization. Qualitative information was collected through interviews with key informants to gain deeper insights into community health practices and perceptions. This mixed-method approach helped in triangulating data and improving the validity and reliability of the findings. The combination of census sampling and multiple data sources ensured a detailed understanding of the health situation of the Lepcha community in the study area.

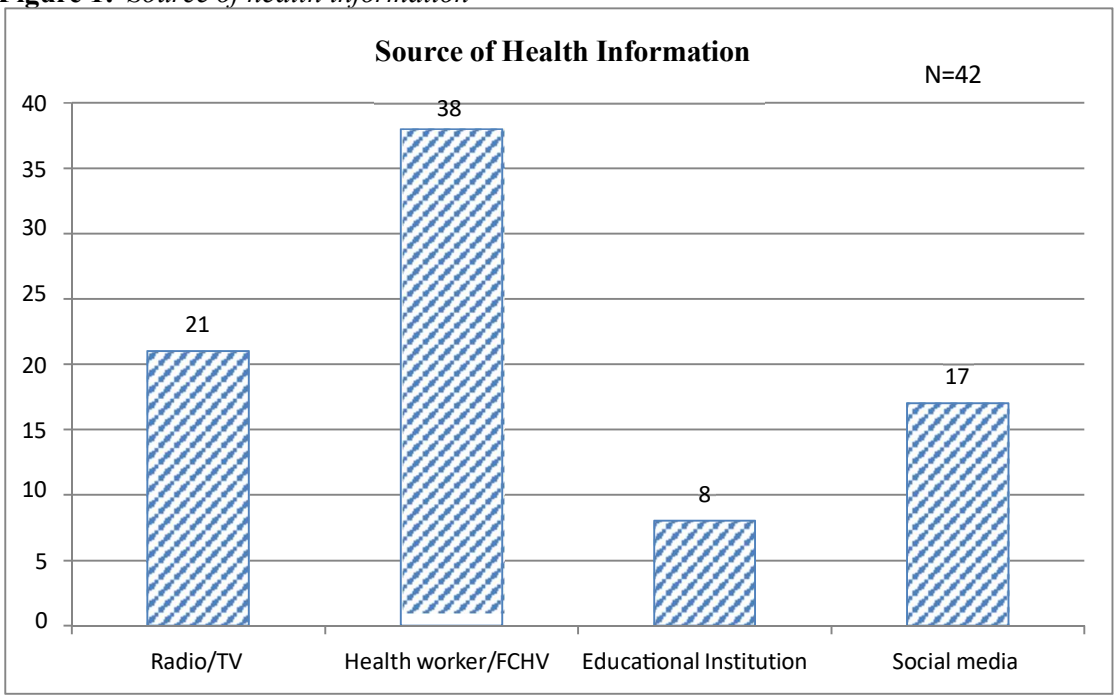
4. Data Analysis and Interpretation

Data analysis and interpretation are essential components of any research study, as they transform raw data into meaningful information. Data analysis involves organizing, summarizing, and examining collected data using statistical or qualitative methods to identify patterns and trends. Interpretation follows analysis and focuses on explaining the findings in relation to the research objectives, theoretical framework, and existing literature. Together, they help in drawing valid conclusions and making informed decisions. In social science and community-based research, data analysis and interpretation provide a clear understanding of social, economic, and health-related issues, ensuring that findings are reliable, relevant, and useful for policy and practice

4.1 Source of Health Information

The Lepcha community of Ilam District is one of the indigenous nationalities of eastern Nepal, known for its distinct language, culture, and traditional way of life. Most Lepcha settlements are located in the hilly areas, where agriculture remains the primary occupation. Due to geographical remoteness and limited infrastructure, access to health information and services has historically been challenging for many community members. In recent years, government health programs, Female Community Health Volunteers (FCHVs), health workers, mass media, and social media have contributed to improving health awareness. Understanding the sources of health information among the Lepcha community is important for assessing health communication effectiveness and promoting informed health-seeking behavior.

Figure 1: *Source of health information*



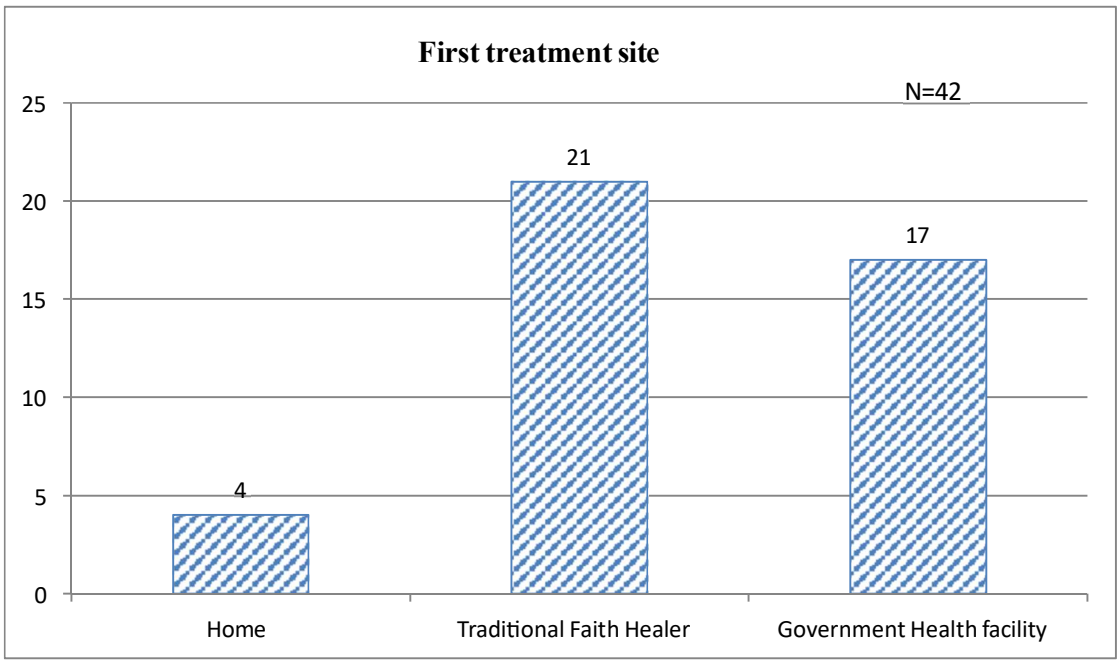
The data reveal that health workers and Female Community Health Volunteers (FCHVs) were the most trusted and widely used sources of health information among respondents, with 38 out of 42 individuals relying on them. This indicates the strong role of community-based health personnel in disseminating health-related knowledge and promoting awareness at the local level. Radio and television were the second most important sources, informing 21 respondents, demonstrating the continued relevance of mass media in health communication. Social media served as a source of information for 17 respondents, reflecting the growing influence of digital platforms in health awareness. In contrast, educational institutions were the least utilized source, with only 8 respondents reporting them as a source of health information. This suggests a need to strengthen the role of schools and educational institutions in community health education and awareness programs.

4.2 First Treatment Site of Lepcha

The choice of the first treatment site an important indicator of health-seeking behavior within a community. Among the Lepcha community of Ilam, decisions regarding where to seek initial treatment were influenced by cultural beliefs, traditional practices, accessibility of health facilities, economic conditions, and awareness of modern healthcare services.

Traditionally, many Lepcha households have relied on faith healers and indigenous healing practices for the treatment of illnesses. However, increasing access to government health facilities, health education programs, and community health services has gradually encouraged the use of formal healthcare institutions. Examining the first treatment site of the Lepcha community helps to understand prevailing health practices, treatment preferences, and the extent to which modern healthcare services are utilized within the community.

Figure 2: *First treatment site*

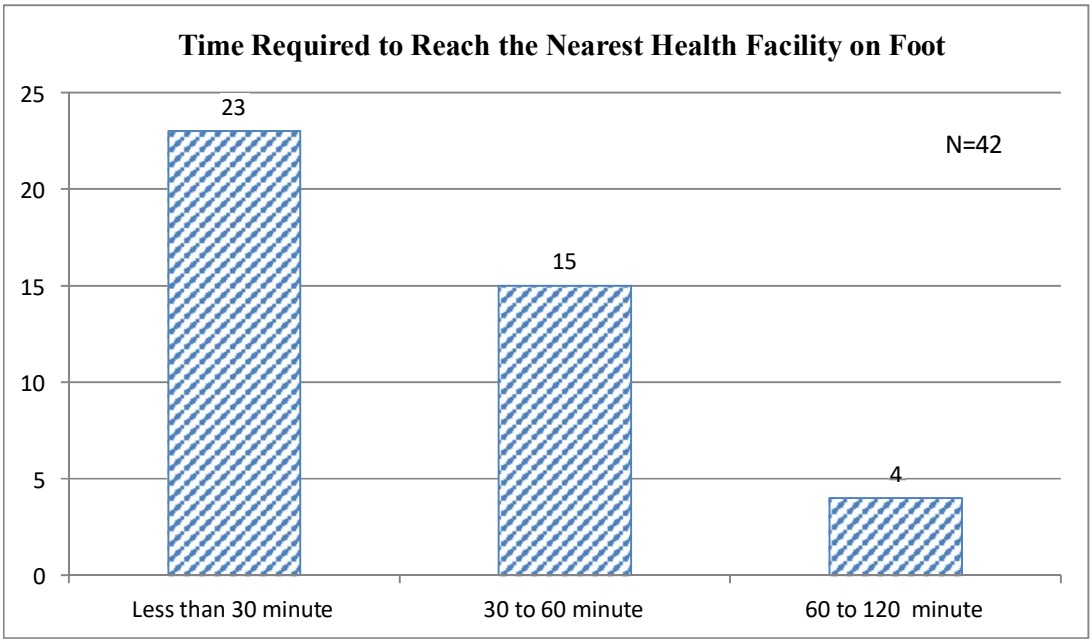


The data indicate that traditional faith healers remained the most common first treatment option among the respondents, with 21 out of 42 individuals seeking their services before pursuing other forms of care. This finding reflects the continued influence of cultural beliefs, traditional healing practices, and community trust in indigenous healthcare systems. Government health facilities were the second most preferred option, utilized by 17 respondents, suggesting a growing acceptance of modern healthcare services. Only 4 respondents reported receiving treatment at home, indicating limited reliance on self-care practices. Overall, the results demonstrate that traditional healing continues to play a significant role in health-seeking behavior within the community.

4.3 Time Required to Reach the Nearest Health Facility on Foot

Access to health facilities is a key determinant of healthcare utilization and overall community health. In rural and geographically challenging areas such as Lepcha settlements in Ilam, the distance and time required to reach a health facility can significantly influence health-seeking behavior and timely treatment. Shorter travel times generally improved access to essential healthcare services, while longer distances may discourage people from seeking professional medical care. Assessing the time required to reach the nearest health facility on foot provides valuable insight into the accessibility of healthcare services and the challenges faced by community members in obtaining timely medical attention.

Figure 3: *Time Required to Reach the Nearest Health Facility on Foot*



The data show that a majority of respondents (23) could reach the nearest health facility within 30 minutes on foot, indicating relatively good accessibility of basic health services. A moderate number of respondents (15) required 30–60 minutes, suggesting that some households still faced moderate distance barriers. Only a small proportion (4) need 60–120 minutes to reach a facility, reflecting limited but existing geographic challenges in remote areas. Overall, the findings suggest that while most people had convenient access to health facilities, a minority still experience longer travel times that may affect timely healthcare utilization and service access.

4.4 Enrollment in Health Insurance

Health insurance is an important component of financial protection in healthcare, ensuring access to essential services without placing a heavy economic burden on households. In the study area, enrollment in health insurance reflects the level of awareness, affordability, and perceived usefulness of insurance schemes among the population.

Table 1: *Enrollment in Health Insurance*

Enrollment in Health Insurance	**Yes**	**No**
Frequency	27	15
Percentage	64	36

Source: *Field Survey, 2026*

The data show that most respondents (27) are enrolled in health insurance, while 15 are not enrolled, indicating a generally good level of insurance coverage in the study population. This suggests that awareness and access to insurance schemes are improving. However, the presence of a notable uninsured group highlights the need for further expansion and awareness programs.

4.5 Reasons for Not Enrolling in Health Insurance

Health insurance plays an important role in ensuring financial protection and access to healthcare services. However, enrollment remains low in some communities due to various

socio-economic and awareness-related factors. Understanding the reasons for not enrolling helps identify barriers and supports the development of effective health insurance promotion strategies.

Table 2: *Reasons for Not Enrolling in Health Insurance*

Reason	Lack of time	Lack of awareness	Financial constraints	Not necessary	Not effective
frequency	1	5	4	4	1

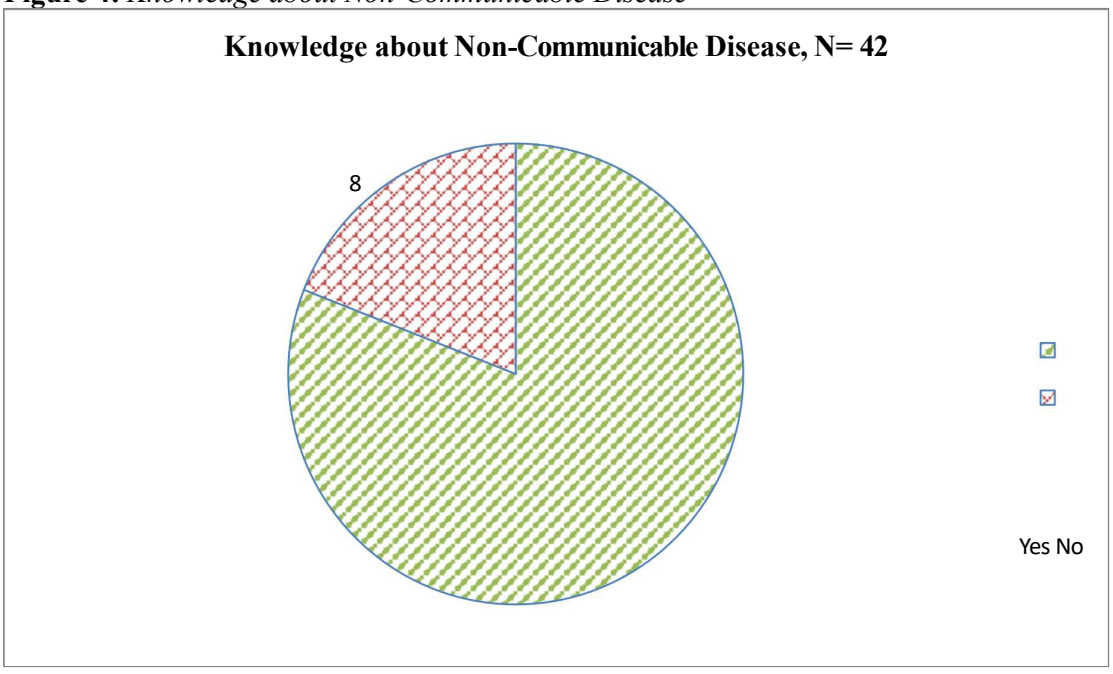
Source: *Field Survey, 2026*

The data indicate that lack of awareness was the most common reason for not enrolling in health insurance, reported by 5 respondents, highlighting gaps in information and outreach. Financial constraints and the perceptions that insurance was not necessary were equally significant barriers, each cited by 4 respondents, showing both economic and attitudinal challenges. In contrast, very few respondents mentioned lack of time (1) or the belief that insurance is not effective (1) as reasons. Overall, the findings suggest that improving awareness campaigns and addressing affordability issues are crucial for increasing health insurance enrollment in the community.

4.6 Knowledge about Non-Communicable Disease

Non-communicable diseases (NCDs) such as diabetes, hypertension, cardiovascular diseases, and cancer were becoming major public health concerns in both urban and rural communities. Unlike infectious diseases, NCDs are long-term conditions that were often influenced by lifestyle factors, including diet, physical inactivity, tobacco use, and alcohol consumption. Awareness and knowledge about NCDs played a crucial role in the prevention, early detection, and proper management of these diseases. In many communities, limited health education and inadequate access to reliable information affect people's understanding of NCD risks and prevention measures. Therefore, assessing knowledge about non-communicable diseases was essential for designing effective health education and awareness programs.

Figure 4: *Knowledge about Non-Communicable Disease*

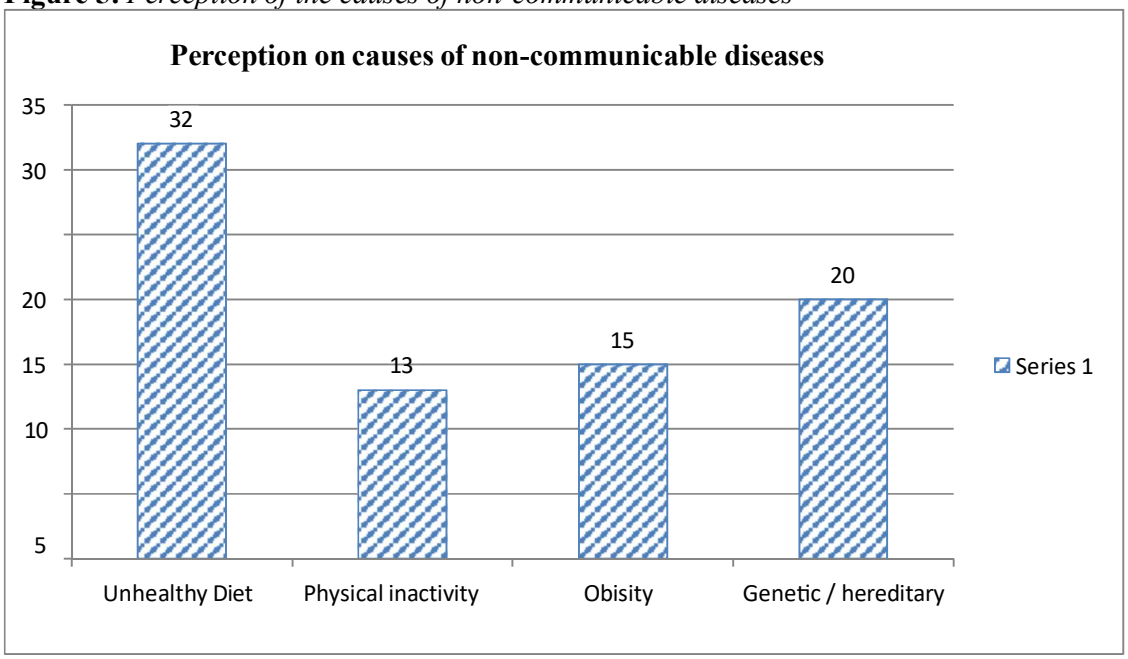


The data show that a majority of respondents (34) were aware of non-communicable diseases, while only 8 respondents lacked such knowledge. This indicates a generally good level of awareness within the community regarding NCDs. he findings suggested that health education, media exposure, and community health programs might have contributed to improving understanding of these diseases. However, the presence of a minority with limited knowledge highlighted the need for continued awareness campaigns, particularly focusing on prevention, risk factors, and early detection. Strengthening health education efforts could further enhance community readiness to address the growing burden of non-communicable diseases effectively.

4.7 Perception of Causes of Non-communicable Diseases

Non-communicable diseases (NCDs) were largely influenced by lifestyle, environmental, and genetic factors, and understanding their perceived causes was considered essential for effective prevention. Commonly recognized causes included unhealthy diet, lack of physical activity, tobacco and alcohol consumption, stress, and hereditary factors. Perceptions of these causes varied across communities depending on education level, cultural beliefs, and access to health information. In many rural settings, misconceptions and incomplete knowledge about the causes of NCDs delay prevention and early intervention. Therefore, assessing community perceptions of the causes of non-communicable diseases was important for identifying knowledge gaps and designing targeted health education and awareness programs.

Figure 5: *Perception of the causes of non-communicable diseases*



The data revealed that the majority of respondents perceived an unhealthy diet as the leading cause of non-communicable diseases, highlighting their awareness of lifestyle-related risks. Genetic or hereditary factors were identified as the second most common cause and were mentioned by 20 respondents, followed by obesity with 15 responses. Physical inactivity, reported by 13 respondents, was considered a comparatively less significant cause. Overall, the findings indicated that respondents had a reasonable understanding of the key risk factors, although continued emphasis on lifestyle modification remained essential for the prevention of non-communicable diseases.

4.8 Family History of Non-Communicable Diseases

Family history played an important role in understanding the risk of non-communicable diseases (NCDs). Individuals with a family history were more likely to develop conditions such as diabetes, hypertension, and heart disease. Studying family history helped identify high-risk groups and supported early prevention and health planning.

Table 3: *Family History of Non-Communicable Diseases*

Family History	Yes	No
Frequency	13	29

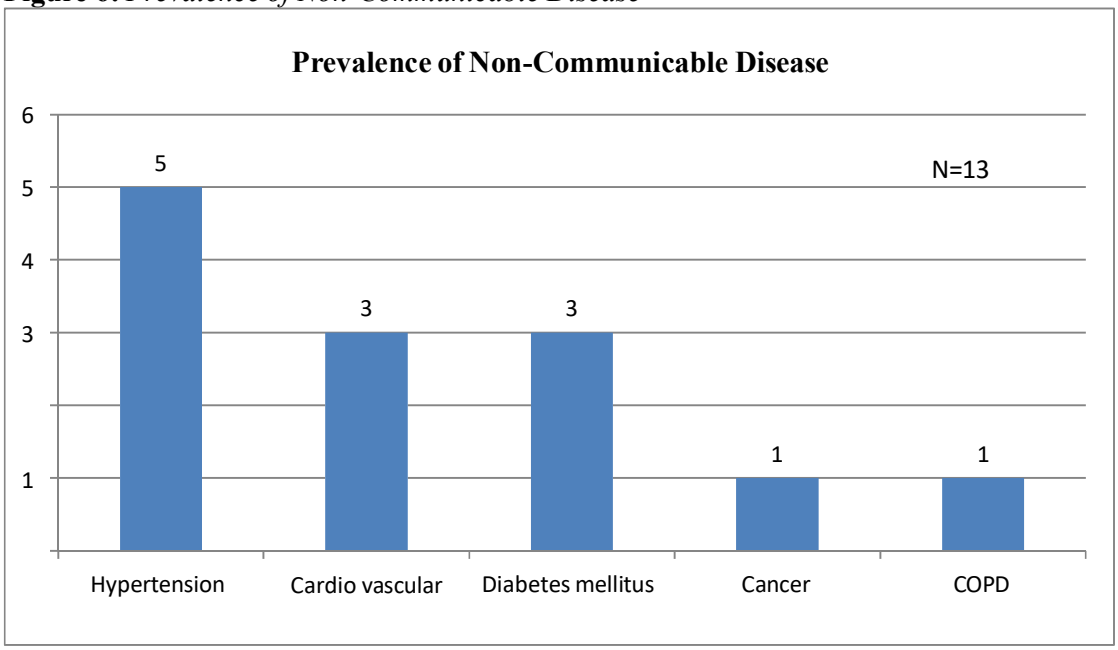
Source: *Field Survey, 2026*

The data showed that a smaller number of respondents (13) reported a family history of non-communicable diseases, while the majority (29) did not. This indicated that most respondents were not genetically predisposed, although a notable minority might still have faced a higher risk and required targeted health monitoring and preventive measures.

4.9 Prevalence of Non-Communicable Disease

This chart presents the distribution of non-communicable diseases (NCDs) among the respondents. It shows the number of individuals affected by different NCDs, including hypertension, diabetes mellitus, cardiovascular disease, cancer, and COPD. The chart helps identify the most common health conditions within the study population.

Figure 6: *Prevalence of Non-Communicable Disease*



The data indicated that hypertension was the most frequently reported non-communicable disease among respondents, with 5 cases, making it the predominant health concern in the study population. Cardiovascular disease and diabetes mellitus were equally reported by 3 respondents each, showing a moderate prevalence of these conditions. In contrast, cancer and chronic obstructive pulmonary disease (COPD) were the least common, with only 1 case each. Overall, the findings suggested that lifestyle-related conditions, particularly hypertension, were more widespread, highlighting the need for focused prevention, regular screening, and awareness programs to address the growing burden of non-communicable diseases.

4.10 Ethnomedicine

In the Lepcha community of Nepal, ethnomedicine plays an essential role in everyday healthcare practices. When someone falls ill, the first preference is given to traditional healers (Dhami/Jhakri), followed by the use of medicinal herbs, and only later are modern health facilities considered, especially in serious cases. Common ailments like fever are treated with plants such as Chinfin or Chiraito, while coughs and respiratory problems are managed using remedies like ginger, maha, or Aakhleyjhar. For injuries, plants like Bhuichampa and Andrographis paniculata (Titepati) are applied. These medicinal herbs are usually grown at home, but if unavailable, they are collected from nearby forests or villages. This traditional knowledge is passed down to younger generations through observation and practical guidance, helping preserve the community's rich indigenous healing practices

4.11 Traditional Faith Healers (Dhami/Jhakri)

The Lepcha community of Nepal, traditional faith healers known as Dhami or Jhakri, play a vital spiritual and cultural role. These healers usually emerge from within the community and are believed to receive their powers through divine blessing rather than formal training. Initially unaware of their abilities, they gradually come to understand them through repeated spiritual experiences and rituals, eventually becoming confident in channeling divine energy. Dhami/Jhakri perform various ceremonies to heal illness and address spiritual disturbances, and the community holds deep faith in their powers. They are believed to possess extraordinary abilities, such as accessing difficult places or performing acts beyond normal human capacity, and their treatments are widely trusted as effective, reinforcing their strong authority and significance in Lepcha society.

5. Results Analysis

The findings of the study on the Lepcha community of Ilam District reveal important patterns related to health information sources, health-seeking behavior, accessibility, insurance coverage, and awareness of non-communicable diseases (NCDs). The data show that health workers and Female Community Health Volunteers (FCHVs) are the most trusted sources of health information, indicating their strong role in community-level health communication (Chetri and Rai, 2010). Mass media such as radio, television, and social media also contribute to health awareness, although educational institutions play a relatively minor role (Budhathoki, 2026). In terms of health-seeking behavior, traditional faith healers remain the most common first treatment site, followed by government health facilities, reflecting the continued influence of cultural practices alongside gradual acceptance of modern healthcare services. Accessibility analysis shows that most respondents can reach health facilities within 30 minutes, suggesting relatively good physical access, although a smaller proportion still face longer travel times that may delay timely care (Tamang and Singh, 2023).

Further analysis highlights improvements in health system engagement within the community. A majority of respondents are enrolled in health insurance, although a lack of awareness, financial constraints, and perceived non-necessity remain key barriers for those not enrolled. The study also shows generally good awareness of non-communicable diseases, with most respondents able to identify major risk factors such as unhealthy diet, genetic factors, obesity, and physical inactivity. However, hypertension emerges as the most prevalent NCD, followed by cardiovascular disease and diabetes, indicating a growing burden of lifestyle-related conditions (Bhattarai et al, 2015). Family history data show that most respondents are not genetically predisposed, though a minority remain at higher risk. Overall, the findings suggest that improving health awareness, strengthening preventive

programs, and enhancing access to formal health services are essential for improving health outcomes in the Lepcha community.

6. Conclusion

Lepcha community of Chindeypani, Rong Rural Municipality–3, Ilam, provided valuable insights into one of Nepal's officially endangered indigenous groups. Lepachha population are in decline phase, socio-economic marginalization, and modernization are gradually affecting the Lepcha language, identity, and cultural practices. Despite these challenges, the community continues to preserve its heritage through festivals, rituals, traditional clothing, and strong collective social values.

The study also found that traditional belief systems, ethnomedicine, and the use of Dhami/Jhakri play a central role in health practices. However, emerging issues such as changing lifestyles, increased alcohol and tobacco use, and rising non-communicable diseases like hypertension and diabetes are becoming serious public health concerns. Although government health services, insurance schemes, and social security programs have improved access to care, cultural preferences and limited awareness still influence health-seeking behavior. Overall, the findings highlight the need for culturally sensitive and community-based interventions to preserve Lepcha culture while improving health and socio-economic conditions.

References

1. Bhattarai, K. P. (2013). Ethnomedicinal plants of the Lepcha community in Ilam district, eastern Nepal. *Nepalese Journal of Biosciences, 3*(1), 64–68.
2. Bhattarai, K. R. (2017). Ethnomedicinal practices of the Lepcha community in Ilam, East Nepal. *Journal of Plant Resources, 15*(1).
3. Bhattarai, S., et al. (2015). Health-seeking behavior and utilization of health care services in Eastern Hilly Region of Nepal. *Journal of College of Medical Sciences–Nepal, 11*(2), 8–16. https://doi.org/10.3126/jcmsn.v11i2.13669
4. Blumer, H. (1969). *Symbolic interactionism: Perspective and method*. Prentice-Hall.
5. Budhathoki, D. (2024). Sustainable eco-tourism in Tinjure Hills: A spotlight on Nepal's rhododendron capital. *International Research Journal of MMC, 5*(5), 220–231. https://doi.org/10.3126/irjmmc.v5i5.73777
6. Budhathoki, D., & Aryal, U. (2025). Cultural continuity and identity formation: A study of the Gopali community in Makawanpur district, Nepal. *International Research Journal of MMC, 6*(5), 176–188. https://doi.org/10.3126/irjmmc.v6i5.89086
7. Budhathoki, D., & Upadhyay, P. (2026). Transformation of higher education in Nepal: Emerging challenges and the necessity of rethinking approaches. *International Research Journal of MMC, 7*(2), 57–68. https://doi.org/10.3126/irjmmc.v7i2.94423
8. Byrne, A., Hodge, A., Jimenez-Soto, E., & Morgan, A. (2013). Looking beyond supply: Demand-side barriers to health service utilization in the mountains of Nepal. *Asia Pacific Journal of Public Health, 25*(6), 438–451.
9. Chase, L. E., Sapkota, R. P., Crafa, D., & Kirmayer, L. J. (2018). Culture and mental health in Nepal: An interdisciplinary scoping review. *Global Mental Health, 5*, e36. https://doi.org/10.1017/gmh.2018.27
10. Chhetri, R. B., & Rai, S. (2010). Traditional medicinal plants and healing practices in the eastern Himalayas. *Journal of Ethnobiology and Ethnomedicine, 6*(12), 1–10.
11. Gorer, G. (1996). *The Lepchas of Sikkim*. Cultural Publishing House.
12. Katwal, S. (2021). Efficiency of Water Users' Association of Lepcha community in construction of irrigation canal: Evidence from Rong Rural Municipality of Nepal.

International Journal of Science and Research, 10(4), 87–94. https://doi.org/10.21275/SR21401113303

13. Kleinman, A. (1980). *Patients and healers in the context of culture*. University of California Press.
14. Lamichhane, B., & Neupane, N. (2022). Improved healthcare access in low-resource regions: A review of technological solutions. *arXiv*. https://arxiv.org/abs/2205.10913
15. Rai, S. K., et al. (2017). *Ethnomedicinal practices among Lepcha communities in eastern Nepal.*
16. Saha, A. (2023). The use of ethnomedicinal plants in the indigenous healthcare practice of the Hajong tribe community. *arXiv*. https://arxiv.org/abs/2305.17756
17. Sharma, S. (2007). *Socio-economic status of Lepcha in Shree Antu VDC, Ilam* (Master's dissertation). Tribhuvan University, Kirtipur, Kathmandu, Nepal.
18. Sharma, S. R., & Karki, N. (2014). Towards culturally sensitive public health interventions in Nepal. *Health Prospect, 13*(1), 1–3.
19. Singh, P. (2015). Indigenous health practices among Himalayan communities: A study of Sikkim and Darjeeling. *Himalayan Journal of Social Sciences, 8*(2), 45–60.
20. Tamang, P., & Singh, N. B. (2015). Medical ethnobiology and indigenous knowledge system of the Lapcha of Fikkal VDC of Ilam, Nepal. *Journal of Institute of Science and Technology, 19*(2), 45–52. https://doi.org/10.3126/jist.v19i2.13851