Association of Maternal Mental Health and Child Nutritional Status: A Study in Lamkichuha Municipality of Kailali

A Mini Research Report

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List of Abbreviation

ARI	:	Acute Respiratory Diseases
CMD	:	Common Mental Disorder
DD	:	Diarrheal Diseases
EPDS	:	Edinburgh Postnatal Depressive Symptoms
HADS	:	Hospital Anxiety and Depression Scale
HAZ	:	Height for Age
LBW	:	Low Birth Weight
LMICs	:	Low Middle-Income Countries
MDG	:	Millennium Development Goal
MCH	:	Maternal and Child Health
MUAC	:	Mid Upper Arm Circumference
NDHS	:	Nepal Demographic Health Survey
PHC/ORC	:	Primary Health Care Outreach Clinic
PTSD	:	Post-Traumatic Stress Disorder
SD	:	Standard Deviation
SDG	:	Sustainable Development Goal
SRQ	:	Self-Reporting Questionnaire
UN	:	United Nations
UNICEF	:	United Nations International Children's Fund
WHO	:	World Health Organization
WHZ	:	Weight for Height
WAZ	:	Weight for Age

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Chapter I: Introduction

1.1 Background of the Study

Maternal mental health and child nutrition are critical aspects of public health that significantly influence the well-being of families and communities. Maternal mental health refers to a mother's psychological and emotional condition during pregnancy and after childbirth. Good mental health allows mothers to provide adequate care and nurturing for their children, while poor mental health can lead to inadequate caregiving practices and affect a child's growth and development. Globally, maternal mental health disorders, including depression and anxiety, are common, with an estimated prevalence of more than 10% among women in low- and middle-income countries (WHO, 2023).

Child malnutrition remains a pressing global issue, contributing to nearly half of all deaths in children under five years old (UNICEF, 2023). In Nepal, child malnutrition rates are alarmingly high, with 36% of children under five being stunted and 10% being wasted (NDHS, 2022). Malnutrition not only affects the physical health of children but also hinders cognitive development, school performance, and economic productivity later in life. The problem is even more severe in rural areas, such as Sudurpaschim Province, where socio-economic challenges, limited healthcare access, and inadequate nutrition services persist.

Research indicates a strong link between maternal mental health and child nutritional outcomes. Poor mental health in mothers can limit their ability to care for their children, negatively impacting breastfeeding practices, meal preparation, and attention to their child's nutritional needs (Rahman et al., 2018). Studies in other LMICs have demonstrated that maternal depression is associated with higher rates of stunting and wasting in children. However, in Nepal, this relationship has been underexplored, particularly in the context of rural and underdeveloped regions like Lamkichuha Municipality in Kailali District.

Lamkichuha Municipality represents a rural community in Sudurpaschim Province, where poverty, limited education, and inadequate health services contribute to poor maternal and child health outcomes. While government programs and non-governmental organizations (NGOs) have made efforts to reduce child malnutrition and improve maternal health, these interventions

often overlook the intersection between maternal mental health and child nutrition. This gap highlights the need for integrated approaches that address both issues simultaneously.
This study aims to fill this gap by exploring the association between maternal mental health and child nutritional status in Lamkichuha Municipality. By understanding this relationship, the findings can inform policies and interventions to improve the health and well-being of mothers and children, thereby contributing to sustainable development goals in Nepal.

The WHO defines maternal mental health as "a state of well-being in which a mother realizes her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her community." The Lancet series on maternal and child undernutrition emphasized maternal depression as a significant risk factor for poor child growth and recommended integrating mental health interventions into maternal and child health programs. Impaired mental health reduces a mother's capacity to provide adequate care for her child, leading to adverse outcomes for child growth and development (Lancet, 2013).

Maternal depressive disorders, which can occur during pregnancy and the postnatal period, are prevalent in both developed and developing countries. These disorders often cause functional impairments at a time when a mother's role is vital for her infant's growth and development. Positive maternal mental health, on the other hand, is associated with improved birth outcomes and parenting practices that promote academic achievement and socio-emotional functioning in children (WHO, 2014). Despite global recognition of maternal and child health as public health priorities, the targets set by the Millennium Development Goals for reducing maternal and child mortality remain unmet in many low- and middle-income countries (LMICs). Evidence suggests that neglecting maternal mental health may contribute significantly to these shortcomings.

Globally, maternal and child health programs tend to prioritize physical health while often neglecting mental health, particularly in LMICs. To address this gap, strategies for integrating maternal mental health into broader maternal and child health agendas have been recommended. A holistic approach to maternal mental health during the perinatal period must consider its impact on infants, as the mother is typically the most critical figure in a child's early life. Mothers must be physically and emotionally capable to care for their children, supported by

fathers and extended family. Addressing these challenges requires coordinated action across multiple agencies, including those within and beyond the UN system.

The interplay between maternal mental health and child nutritional outcomes is particularly relevant in contexts like Lamkichuha Municipality, Kailali located in Nepal's far-western region, this area faces numerous socio-economic challenges, including high rates of maternal depression and child malnutrition. Despite national efforts to improve maternal and child health, many families in this region continue to experience inadequate healthcare services, limited mental health support, and poor nutritional outcomes. These local challenges mirror global trends, underscoring the need for integrated programs addressing both maternal mental health and child nutrition. Given the intricate connection between maternal mental health and child nutrition, a comprehensive and integrated approach to care is essential. By addressing these issues simultaneously, policymakers and healthcare providers can create more effective interventions to improve both maternal well-being and child growth outcomes. This study seeks to explore the relationship between maternal mental health and child nutritional status in Lamkichuha Municipality, Kailali, contributing to the evidence base for targeted public health interventions in similar contexts.

1.2 Statement of the Problems

Maternal mental health refers to a mother's emotional and psychological well-being, which influences her thoughts, feelings, and behaviour. It plays a critical role in the health and development of children. However, this issue is often overlooked. Globally, about one in five women experiences mental health problems, such as depression (feeling very sad) or anxiety, during pregnancy or within the first year after giving birth (WHO, 2023). When mothers struggle with mental health issues, it can affect their ability to take care of their children, reduce household productivity, and weaken their emotional connection with their children (Rahman et al., 2018).

In Nepal, child malnutrition is a major concern. Around 36% of children under five are stunted 10% are wasted (NDHS, 2022). Malnutrition not only harms children's physical growth but also affects their brain development, limiting their ability to learn and succeed in life. On the other hand, maternal mental health issues, such as postpartum depression and

anxiety, are also common in Nepal, especially among women in rural and poor communities (Upadhyay et al., 2017). Despite the seriousness of these issues, very little research has been done in Nepal to explore how a mother's mental health affects her child's nutrition. This gap is particularly evident in Sudurpaschim Province, one of the most underdeveloped regions in the country. Lamkichuha Municipality in Kailali District is a rural community where many families rely on farming. Poverty, lack of resources, and social challenges mean that many children in this area suffer from malnutrition, and mothers often face mental health struggles.

Although there are some programs to address child malnutrition and improve maternal health, these programs often work separately and fail to consider the connection between a mother's mental health and her child's nutrition. If a mother is struggling mentally, she may not be able to provide proper food or care for her child, which can worsen malnutrition. This study aims to investigate the relationship between maternal mental health and child nutritional status in Lamkichuha Municipality. Understanding this connection will help policymakers and organizations create more effective programs that address both maternal and child health together, improving the overall well-being of families in Nepal. Thus this research problem id stated as "Association of Maternal Mental Health and Child Nutritional Status: A Study in Lamkichuha Municipality, Kailali District

1.3 Rationale of the Study

Maternal mental health and child nutrition are deeply interconnected components of family health that play a crucial role in determining the overall well-being of future generations. Despite global efforts to address these issues, many low- and middle-income countries, including Nepal, continue to face significant challenges. Nepal has alarmingly high rates of child malnutrition, with 36% of children under five stunted and 10% wasted (NDHS, 2022). At the same time, maternal mental health disorders, such as postpartum depression and anxiety, are highly prevalent, especially in rural and socio-economically disadvantaged areas like Sudurpaschim Province (Upadhyay et al., 2017).

The relationship between maternal mental health and child nutritional outcomes has been well-documented in various global contexts, showing that poor maternal mental health can lead to inadequate child feeding practices, poor hygiene, and reduced attention to a child's overall

well-being (Rahman et al., 2018). However, in Nepal, limited research has been conducted to explore this association, leaving a significant knowledge gap in understanding how maternal mental health impacts child nutrition in the country's unique cultural, social, and economic context.

Lamkichuha Municipality in Kailali District is a rural and marginalized community where child malnutrition rates remain high, and maternal mental health challenges are often unaddressed due to stigma and lack of healthcare services. Existing interventions often target maternal and child health separately, failing to recognize the interdependence of these issues. By exploring the connection between maternal mental health and child nutritional status, this study seeks to provide evidence that can inform more holistic and integrated interventions.

This research is particularly relevant in the context of Nepal's commitment to achieving the Sustainable Development Goals (SDGs), particularly SDG 2 (Zero Hunger) and SDG 3 (Good Health and Well-being). Understanding the association between maternal mental health and child nutrition can help policymakers and program implementers design effective, evidence-based strategies that address both issues simultaneously. Furthermore, the findings of this study will contribute to the limited body of research on this topic in Nepal, particularly in the rural and underdeveloped regions of Sudurpaschim Province. It will also help highlight the importance of addressing maternal mental health as a key determinant of child nutrition, advocating for the inclusion of mental health services in maternal and child health programs.

This study is not only necessary for addressing the immediate health needs of mothers and children in Lamkichuha Municipality but also for breaking the cycle of poor health and poverty that affects generations. The insights gained will pave the way for more comprehensive and impactful health interventions, ultimately contributing to improved health outcomes for families and communities in Nepal.

1.4 Objectives of the Study

General Objective

To evaluate the relationship between maternal mental health status and the nutritional status of children in Lamkichuha Municipality.

Specific Objectives

i. To assess the maternal mental health status.
ii. To evaluate the nutritional status of children aged 6-59 months.
iii. To examine the association between maternal mental health status and children's nutritional status.

1.5 Research Questions

- What will be the maternal mental health status of mothers with children aged 6-59 months in Lamkichuha Municipality?
- What will be the nutritional status of children under five years of age in Lamkichuha Municipality?
- What will be the association between maternal mental health and the nutritional outcomes of children aged 6-59 months in Lamkichuha Municipality?

1.6 Hypothesis

- **Null Hypothesis (H0):** There is no significant association between maternal mental health and child nutritional status.
- **Alternative Hypothesis (H1):** There is a significant association between maternal mental health and child nutritional status.

1.7 Delimitation of the Study

- The study will be conducted in Lamkichuha Municipality, Kailali district, and therefore its findings will not be generalizable to other populations or geographic regions.
- The analysis will be limited to quantitative data, which may restrict the comprehensive exploration of behavioral aspects and nuanced experiences of the participants.
- The study will include questions related to maternal mental health, which may be subject to recall bias, potentially influencing the accuracy of the responses.
- The research will be constrained by the available time, budget, and resources, which may limit the scope and depth of the investigation.

1.8 Operational Definition of Key Terms

Age of the child: the present study age of the child refers to the age of under five children.

Age of the mother: In this research, the age of mothers refers to the age of the postpartum mothers

Birth weight: in this study, birth weight refers to the weight of child by measuring weighing machine.

Breastfeeding: in this study breast feeding refers to the duration of mother have breast fed to their child.

Child immunization: it refers to the weather mother immunized their child or not.

Child physical health: in this study mother was asked to the physical health status of children.

Education: In this study, education refers to the education level of postpartum mothers. It includes illiterate, primary, secondary, higher secondary, intermediate level, bachelor and above bachelor level of education.

Education: In this study, education refers to the education level of postpartum mothers. It includes illiterate, primary, secondary, higher secondary, intermediate level, bachelor and above bachelor level of education.

Housed composition: it refers to the type of family composition i.e., Nuclear, joint and extended family.

Malnutrition: Malnutrition was determined by age and measurement of weight and height. It included underweight, stunting, and wasting.

Maternal well-being: Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period.

Number of infants: it refers to total number of infant present in the household.

Nutritional health status: Nutritional status of child was measured in terms of weight for age (WAZ), height for age (HAZ), and weight for height (WHZ) as per WHO reference.

School age children: it refers to the number of children went to school

Sex: in present research sex refers to the sex of the child i.e., male or female.

Stunting: Children whose height for age was below minus two standard deviations (-2SD) from the median height for age of the reference population were classified as stunted. It was dichotomized as stunted (if <-2SD) and not stunted (if >-2 SD).

Underweight: Children whose weight for age was below minus two standard deviations (-2SD)

from the median weight for age of the reference population were classified as underweight. It was dichotomized as underweight (if <-2SD) and not underweight (if >-2 SD).

Wasting: Children whose MUAC is Less than 125mm. It was dichotomized as wasted (if <125mm) and not wasted (if >=125).

Chapter II: Literature Review

This study was designed to determine the association between maternal mental health and child nutritional status. For detail concept of the study, acquiring the background information and for selecting appropriate methods, a substantial number of research information were collected from articles published in various national and international journals, reports, books and were reviewed thoroughly. There were lots of studies on nutritional status of the children all over the world. However, studies related to maternal mental health were very selective. So far revealed very few studies on Nepalese population were found. Studies done in this area were reviewed and summarized in this chapter.

2.1 Conceptual Literature

The relationship between maternal mental health and child nutritional status has been the subject of various studies worldwide. Understanding the key concepts in this field can provide a foundation for this research. The following sections discuss relevant theories, frameworks, and findings from previous studies.

2.1.1 Child Nutritional Status

Child nutritional status is an important indicator of child health and development. WHO defines the primary indicators of nutritional status as stunting (low height-for-age), wasting, and underweight (WHO, 2022). These indicators are often used to assess the extent of malnutrition in children and are closely linked to various factors, including maternal health, food availability, and access to healthcare.

Global Scenario

while pregnancy and motherhood were traditionally considered protective against mental health issues, maternal mental illness which occurs during pregnancy and up to one year after is prevalent during this time period, in the forms of first onset and recurring mental illness(WHO, 2017).The growing awareness of the prevalence and impact of maternal mental illness occurs at a time when the global health community is increasingly acknowledging the importance of mental health for overall well-being. Mental health was included as a United Nations Sustainable

Development Goal (Target 3.4) aiming to reduce premature mortality through promotion of mental health and well-being(NPC,2015). Furthermore, the World Health Organization (WHO) projects that depressive disorders will be the leading burden of disease among women by 2020, indicating that maternal mental health is a timely, important public health issue(Broad E, 2011). another global literature review show that untreated maternal mental illness in pregnancy and first year postpartum is associated with poor growth in utero .developmental delay in infant and children, difficulty with breast feeding ,and early cessation of breast feeding ((Ng-Knight et al., 2017b).

The postpartum depression can be long lasting: researcher from the united states found that children of mother with postpartum depression had higher odds of mental and social impairment throughout their own life course and were twice as likely to have physical health problem as children whose mother were not diagnosed were postpartum depression (Weissman MM et al.2006). Maternal mental illness is typically characterized by three illness types: depression, anxiety, and psychosis (including psychotic disorder or illness with psychotic episodes) (Stewart DE et.al 2003).

National Scenario

In Nepal, 36% of children under five suffered from stunting in 2022 (NDHS,2022). Nepal has a high maternal mortality ratio of 239 deaths per 100,000 live births(NDHS,2022) due to which safe motherhood, contraception and abortion have always been a priority despite having an impoverished health system. On the other hand, mental health issues of women which is also burgeoning but under-acclaimed problem, is under-researched and grossly overlooked (Regmee, J et al.2015).

The overall screening prevalence of depressive symptoms in the postnatal period (defined as EPDS=>13) was 29 %(95% CI 20.1%-37.8%) who deliver in hospital settings of university hospital at Dhulikhel (Kunwar D et al. 2015). Similarly in our society, many mothers choose to live with postpartum depression rather than get help because of their inability to recognize it as a depressive disorder or due to their ignorance and lack of provision of relevant health education that should be imparted to them during their pregnancy(Shrestha et al.,2017).

2.1.2 Assessment of Nutritional Status in Children

Nutritional status, especially in children, has been widely and successfully assessed by anthropometric measures in both developing and developed countries. Length/height and weight are the most commonly used measures, not only because they are rapid and inexpensive to obtain, but also because they are easy to use. Length is measured in case of children aged less than 24 months whereas height is measured in case of children aged ≥ 24 months. Once a child's length/height and weight have been correctly measured and their age has been recorded, the child's general nutritional status can be assessed by using a standardized age- and sex-specific growth reference to calculate length/height-for-age *Z*-scores (HAZ), weight-for-age *Z*-scores (WAZ) and weight-for-height *Z*-scores (WHZ). Height-for-age is a measure of linear growth. A child who is below minus two standard deviations (-2 SD) from the median of the WHO reference population in terms of height-for-age is considered short for his/her age, or stunted, a condition reflecting the cumulative effect of chronic malnutrition. If the child is below minus three standard deviations (-3 SD) from the reference median, then the child is considered to be severely stunted. A child between -2 SD and -3 SD is considered to be moderately stunted.

Weight-for-height describes current nutritional status. A child who is below minus two standard deviations (-2 SD) from the reference median for weight-for-height is considered to be too thin for his/her height, or wasted, a condition reflecting acute or recent nutritional deficit. As with stunting, wasting is considered severe if the child is below minus three standard deviations (-3 SD) below the reference mean. Severe wasting is closely linked to mortality risk. Weight-for-age is a composite index of weight-for-height and height-for-age, and thus does not distinguish between acute malnutrition (wasting) and chronic malnutrition (stunting). A child can underweight for his age because he is stunted, because he is wasted or both. Weight-for-age is a good overall indicator of a population's nutritional health. (De Onis, 2006). The Z-score is a measure of an individual's value with respect to the distribution of the reference population. The formula for the calculation of Z-scores is as follows:

WHO also defines severe acute malnutrition as a mid-upper arm circumference (MUAC) < 11.5 cm, a weight-for-height *z*-score (WHZ) below −3, or the presence of bilateral pedal oedema in children with kwashiorkor (WHO, 2009).

2.1.3 Factors Affecting Nutritional Status

The determinants of malnutrition cover biological, social, cultural, economic, and morbidity factors: age, birth-weight, breast-feeding duration, gender of family head, residence, house type, toilet facility, education of mother and father, child caretaker; intake levels of milk and dairy products, staple foods and cereals, and beverages; and incidence of cough and diarrhea (Tharakan and Suchindran, 1999). A study conducted in Bangladesh, Vietnam and Ethiopia recently reveals some underlying factors which affect child nutritional status i.e., child age, sex, hygiene, birth weight and illness; maternal nutrition, education, hygiene and mental health; child feeding practices, health seeking behavior, socioeconomic status and household food security (Nguyen et al., 2013). Harpham et al. mentions household poverty, household composition, maternal, education and common mental disorder (CMD), child's age, sex, birth weight, physical health and breast-feeding status as the contributing factor for child's nutritional status in four developing countries (Harpham et al., 2005). Alom et al. conducts a survey on under-five children in Bangladesh and finds child's age, mother's education, father's education, father's occupation, family wealth index, currently breast-feeding, place of delivery and division are found as the main contributing factors for malnutrition (Alom and Islam, 2012).

Maternal depression, household poverty and diarrhoeal disease are identified as the contributing factor for undernutrition of the infant in Pakistan by Rahman et al (Rahman et al., 2004). In developing countries, infectious diseases, such as diarrheal diseases (DD) and acute respiratory diseases (ARI), are responsible for most nutrition-related health problems (Gross et al., 2000). Bilateral relationship is observed between infection and malnutrition. Infection adversely affects nutritional status through reductions in dietary intake and intestinal absorption, increased catabolism and sequestration of nutrients that are required for tissue synthesis and growth. On the other hand, malnutrition can predispose to infection because of its negative impact on the barrier protection afforded by the skin and mucous membranes and by inducing alterations in host immune function (Brown, 2003).

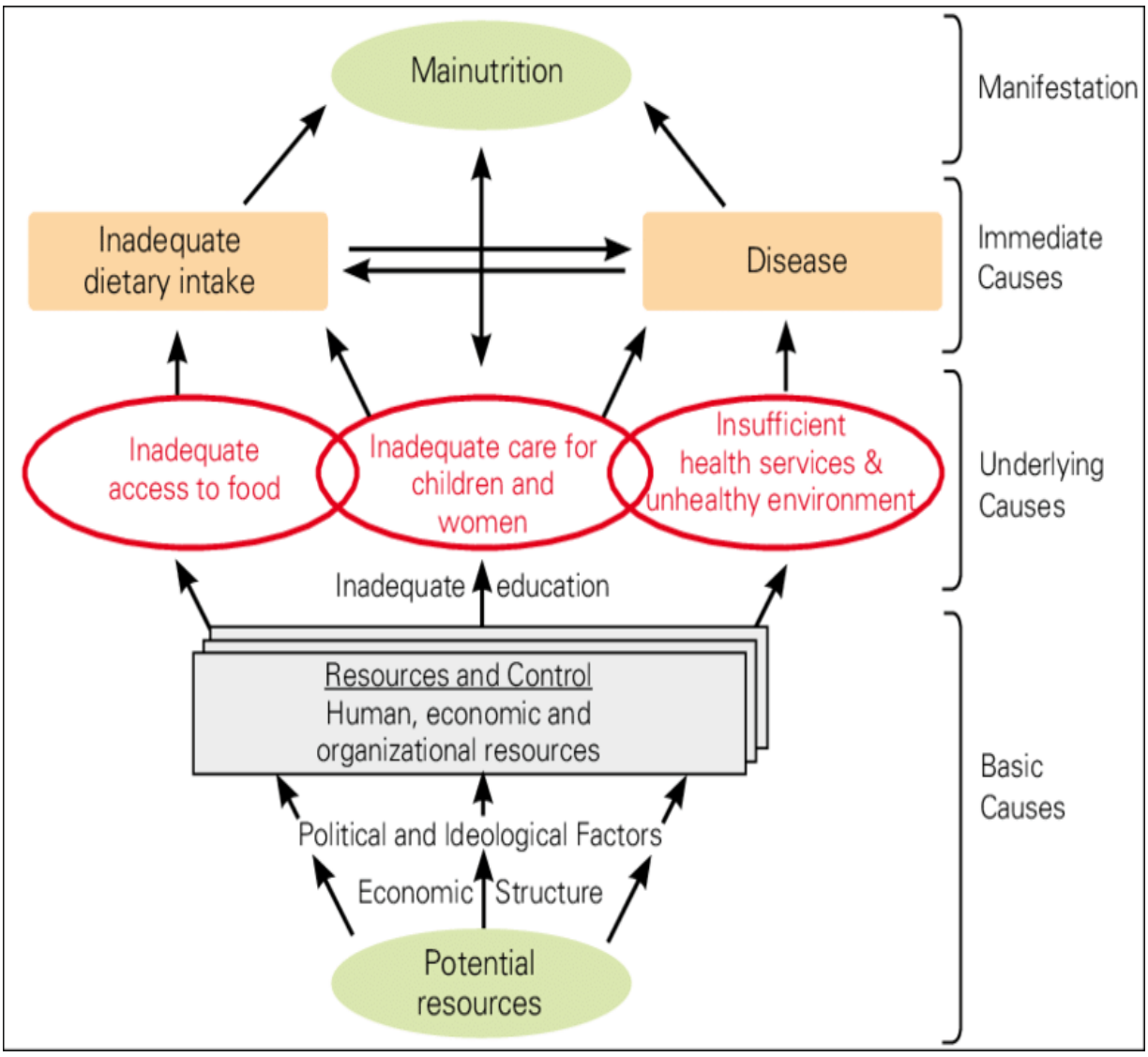

Figure 1. Factors affecting Nutritional Status

2.1.4 Child Feeding Practice

WHO recommends exclusive breastfeeding for six months, introducing age appropriate and safe complementary foods at six months, and continuing breastfeeding for up to two years or beyond (WHO, 2001). A child feeding index was developed based on current feeding recommendations for children 6-36 months. The variables used in the index creation were breastfeeding, use of baby bottles in the previous 24 hours, dietary diversity, food group frequency and meal frequency. The general scoring system was to assign a score of -1 for a potentially harmful practice, a score of 0 for medium practice and a score of 1 for a positive practice. The final child feeding index was the sum of the scores obtained for each variable. The

index ranged from -5 to +8 for 6-9 years; -6 to +8 for 9-12 years and -7 to +8 for 12-36 years age groups. Another feeding index was created for infant aged 0-6months. This index was ranged from -6 to +4. Within each age group, the feeding index scores were grouped into terciles of child feeding practice: Low, average and high (Arimond and Ruel,2001).

2.1.5 Hygiene Practice

Spot-check observation has gained increasing popularity for measuring hygiene practice recent years. In this approach, a list of predetermined conditions is observed at one point in time during a home visit. It can be performed rapidly and unobtrusively. Spot checks are intended to capture information about the product of hygiene behaviors, rather than the behaviors themselves. For example, the spot observation that mothers‟ hands and nails are dirty is presumed to reflect the fact that mothers do not wash their hands frequently (or carefully). Thus, spot-check observations provide information on "proxies" for behaviors and by definition do not require observation of the actual behaviors (Ruel and Arimond, 2002).

2.1.6 Preventive Health Seeking Practice

This index included only three variables, i.e., whether the child had been taken to growth monitoring in the previous month, and whether the child had received diphtheria, pertussis and tetanus (DPT) and measles immunizations. A score of -1 was given for children who had not received the immunization or had not attended growth monitoring in the previous month, and 0 for those who have done so. Because immunizations are expected to occur when the child reaches a certain age, these variables were included in the index only for the relevant age groups. The index scores ranged from -2 to 0. (Armar-Klemesu et al., 2000).

2.2 Mental Health

Mental health of the caregiver is identified as one of the resources for care in the extended model of care of UNICEF (Arimond and Ruel, 2001). Mental health is an integral and essential component of health. According to WHO definition, it is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. More than 450 million people suffer from mental disorders. Many more have mental problems. Mental health is more

than the absence of mental disorders. It is determined by socio-economic, biological and environmental factors. Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time. For example, persistent socio-economic pressures are recognized risks to mental health for individuals and communities. The clearest evidence is associated with indicators of poverty, including low levels of education. Poor mental health is also associated with rapid social change, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, risks of violence and physical ill-health and human rights violations (WHO, 2010).

2.2.1 Assessment of Mental Health

The Self Reporting Questionnaire (SRQ) is developed by WHO as an instrument designed to screen for psychiatric disturbance, especially in developing countries. The SRQ consists of 20 questions which have to be answered by yes or no. It may be use either as a self-administered or as an interviewer administered questionnaire. No global, generally applicable cut off score can be recommended for the SRQ, and each study should determine its own. The score used will depend upon the language used, the method of administration, the population answering it, as well as the of the research design. SRQ-20 is used as a screening instrument for mental disorders. It can also be used within general medical practice to rapidly identify those likely to be suffering from a mental disorder and who might therefore benefit from more detailed assessment and treatment for this. Each of the 20 items is scored 0 or 1. A score of 1 indicates that the symptom was present during past month; a score of 0 indicates that the symptom was absent. The maximum score is therefore 20 (WHO, 1994).

2.2.2 Maternal Mental Health

Maternal mental health refers to the psychological well-being of mothers during and after pregnancy. Mental health disorders such as depression, anxiety, and post-traumatic stress disorder (PTSD) are common in mothers, particularly during the perinatal period (pregnancy and up to one year postpartum). These disorders can negatively affect a mother’s ability to care for her child, leading to inadequate feeding practices, neglect, and poor parenting behaviours (Rahman et al., 2018).

2.2.3 Relationship between Maternal Mental Health and Child Nutritional Status

There is growing evidence that maternal mental health has a significant impact on child nutritional outcomes. Studies have shown that maternal depression and anxiety can reduce the likelihood of breastfeeding and result in inadequate complementary feeding practices (Black et al., 2013). Mothers with mental health issues may also struggle to provide proper care, leading to neglect, poor hygiene, and increased risk of infections, all of which contribute to malnutrition in children.

A study by Rahman et al. (2018) found that maternal depression was associated with a higher risk of stunting in children under five years of age. Similarly, a study by Stewart et al. (2013) indicated that maternal anxiety during pregnancy was linked to poor fatal growth, which later contributed to nutritional deficiencies in infants.

In a rural context like Sudurpaschim Province, socio-economic factors such as poverty, low educational levels, and lack of healthcare services further exacerbate both maternal mental health and child nutrition problems. Rural areas often have limited access to mental health care, which can lead to untreated maternal mental health conditions and poor child nutritional outcomes.

2.2.4 Socio-Demographic and Economic Factors

Socio-demographic factors, including age, education level, and marital status, play a significant role in both maternal mental health and child nutrition. Younger mothers, for example, are at higher risk of mental health disorders and may lack the experience or resources to care for their children effectively (Stewart et al., 2013). Similarly, maternal education has been positively associated with better nutritional practices and child health outcomes (Black et al., 2013). Economic factors, such as household income and employment status, also influence maternal mental health and child nutrition. Families with lower income often face challenges such as food insecurity, limited access to quality healthcare, and increased stress, all of which contribute to poor maternal mental health and child malnutrition (Adair, 2007).

2.3 Theoretical Literature Review

The Maternal and Child Health (MCH) theory focuses on the interdependence of maternal and child health. It posits that improving maternal health directly leads to better child health outcomes. According to this theory, maternal well-being, including physical, emotional, and psychological health, has a direct impact on the care and nutrition provided to children. Poor maternal mental health often results in inadequate feeding, increased neglect, and lower overall care quality for children, which contributes to malnutrition (Stewart et al., 2013).

The theory highlights the importance of early interventions during pregnancy and postpartum to prevent both maternal mental health issues and child malnutrition. By integrating mental health care into maternal health services, the MCH theory advocates for a holistic approach to improving health outcomes for mothers and children.

2.4 Empirical Literature Review

The empirical literature review focuses on studies that have explored the relationship between maternal mental health and child nutritional outcomes. Research in both low- and middle-income countries (LMICs) and high-income countries provides valuable insights into the factors influencing maternal mental health and its effects on child health, particularly nutrition. Below, we summarize key findings from recent studies related to maternal mental health, child nutrition, and their interconnections.

2.4.1 Maternal Mental Health and Child Nutrition

Several studies have found significant associations between maternal mental health and child nutrition outcomes, particularly in the context of low-income and rural settings. A systematic review by Rahman et al. (2018) examined studies from LMICs and concluded that maternal depression is a major risk factor for poor child nutritional status, including stunting, underweight, and wasting. The study found that mothers with mental health disorders were less likely to engage in appropriate feeding practices, such as breastfeeding and providing balanced complementary foods. Moreover, maternal depression was linked to higher rates of child neglect and a decreased ability to attend to the child's nutritional needs.

A study in Bangladesh by Suraiya et al. (2015) found that maternal depression was significantly associated with stunting in children aged 6 to 24 months. Mothers with depression

reported poorer feeding practices, including delayed initiation of breastfeeding and inappropriate complementary feeding, which contributed to nutritional deficiencies in their children. The study highlighted the need for integrating maternal mental health care into child nutrition programs to improve both maternal and child health outcomes.

Similarly, a study conducted in India by Stewart et al. (2013) investigated the relationship between maternal anxiety during pregnancy and child growth outcomes. It was found that maternal anxiety was significantly associated with low birth weight, smaller infant size, and poor early childhood growth, all of which increase the risk of child malnutrition. The study emphasized that maternal mental health issues could directly affect the intrauterine environment and subsequent nutritional outcomes for the child.

2.4.2 Impact of Socio-demographic and Economic Factors

Socio-demographic and economic factors play a crucial role in shaping both maternal mental health and child nutrition. Khan et al. (2019) conducted a study in rural Pakistan that explored the influence of socio-economic factors on maternal mental health and child nutrition. The findings indicated that low-income households were more likely to have mothers with mental health issues, which in turn negatively impacted the nutritional status of their children. Economic hardship, lack of education, and limited access to healthcare were found to exacerbate maternal depression and poor feeding practices, leading to higher rates of child stunting and underweight.

A study by Cousins et al. (2021) in Kenya also highlighted the role of maternal education in both mental health and child nutrition. The study found that mothers with higher levels of education were more likely to seek mental health care and adopt better nutrition practices for their children. In contrast, mothers with lower education levels often lacked the knowledge and resources to provide adequate nutrition, which was compounded by maternal mental health challenges such as depression.

2.4.3 Maternal Mental Health Interventions and Child Nutritional Outcomes

The effectiveness of maternal mental health interventions in improving child nutritional status has been the focus of several studies. A randomized controlled trial conducted by

Weissman et al. (2017) in Ethiopia tested the impact of a maternal mental health intervention that included counselling, psychoeducation, and support for mothers with depression. The study found that mothers who participated in the intervention had significantly lower levels of depression, which was associated with improvements in child nutrition, including increased rates of exclusive breastfeeding and improved dietary practices for young children.

In Nepal, a study by Joshi et al. (2019) evaluated the effects of integrating mental health care into maternal and child health programs. The study found that mothers who received mental health counselling were more likely to engage in better child-rearing practices, which resulted in better nutritional outcomes for their children. The study suggested that incorporating mental health services into routine maternal health care could improve both maternal well-being and child health outcomes.

2.4.4 Maternal Mental Health and Child Feeding Practices

Several studies have focused on the link between maternal mental health and feeding practices, which are key determinants of child nutrition. In a study by Chelliah et al. (2020) in Sri Lanka, maternal depression was found to be strongly associated with delayed initiation of breastfeeding and reduced breastfeeding duration. The study also noted that depressed mothers were less likely to introduce nutritious complementary foods to their infants at the recommended age, leading to malnutrition risks such as stunting and underweight.

In contrast, Heflin et al. (2019) found that maternal mental health treatment, including therapy and counselling, resulted in improved breastfeeding practices. Depressed mothers who received mental health support were more likely to breastfeed for longer durations and introduce appropriate solid foods at the recommended age, which helped prevent nutritional deficiencies in their children.

2.4.5 Findings from Nepal

Research on maternal mental health and child nutrition specifically in Nepal is limited but growing. A study by Shrestha et al. (2021) in rural Nepal investigated the relationship between maternal mental health and child nutritional status. The study found that maternal depression was linked to poorer nutritional outcomes in children, including higher rates of stunting and underweight. The study concluded that mental health support for mothers, along

with child nutrition interventions, was necessary to improve overall health outcomes in rural Nepal.

Another study by Upadhyay et al. (2017) examined the impact of maternal mental health on child growth in Kailali District, where Lamkichuha Municipality is located. The findings showed a significant association between maternal anxiety and poor child growth, particularly in children under two years of age. The study emphasized the need for integrated interventions that address both maternal mental health and child nutrition to improve health outcomes in the region.

The reviewed literature underscores the critical interconnection between maternal mental health and child nutritional outcomes. Findings highlight that maternal depression, anxiety, and other psychological morbidities are significant predictors of adverse child health outcomes, including stunting, LBW, and developmental delays. The prevalence of maternal mental health issues is notably higher in low- and middle-income countries, necessitating context-specific research and interventions. This review establishes a compelling rationale for further exploration of maternal mental health and its association with child nutritional outcomes in the context of Lamkichuha Municipality, Kailali.

2.5 Research Gap

While a significant amount of research has been conducted on maternal mental health and child nutritional status, several gaps remain in the existing literature, especially in the context of rural areas in low- and middle-income countries (LMICs) like Nepal. Most studies on the association between maternal mental health and child nutritional status have been conducted in urban or peri-urban settings, where access to healthcare, education, and social support systems is generally better. In contrast, rural areas, such as Lamkichuha Municipality in Kailali District, often face unique challenges, including limited access to mental health care, higher poverty rates, and inadequate nutrition services. Research specifically addressing the relationship between maternal mental health and child nutrition in rural Nepal is scarce. Many existing studies examine maternal mental health or child nutrition in isolation, failing to explore the interconnectedness of these two factors. While the impact of maternal mental health on child

nutrition has been acknowledged, few studies have comprehensively examined how maternal mental health disorders, such as depression and anxiety, directly affect child feeding practices and overall nutritional outcomes. There is a need for studies that examine both factors simultaneously to understand the full extent of their interaction.

Most of the studies conducted in this field are cross-sectional, which means they capture data at a single point in time. Longitudinal studies, which track changes over time, are necessary to understand the long-term effects of maternal mental health on child nutrition and development. Research that follows mothers and children over an extended period would provide a deeper understanding of how maternal mental health influences child nutrition outcomes in both the short and long term. While some studies acknowledge the role of socio-economic factors, such as income and education, in shaping both maternal mental health and child nutrition, many do not sufficiently account for the socio-cultural context, which can significantly influence these factors. In rural communities like Lamkichuha, traditional beliefs, cultural practices, and family dynamics may affect maternal mental health and child feeding behaviors. Research is needed to explore how these socio-cultural and economic factors interact with maternal mental health to impact child nutritional status.

While there are some studies that explore maternal mental health interventions, such as counselling or psychoeducation, integrated programs that address both maternal mental health and child nutrition are still limited. The effectiveness of interventions that tackle both aspects simultaneously, particularly in rural areas of Nepal, has not been thoroughly investigated. This research could contribute to the development of integrated programs aimed at improving both maternal mental health and child nutritional outcomes.

There is a general lack of research on maternal mental health and child nutrition in the specific context of Nepal, particularly in rural districts such as Kailali. Given the distinct socio-cultural, economic, and healthcare conditions in Nepal, it is crucial to conduct studies that are tailored to the local context. Research that takes into account the unique challenges faced by mothers and children in Nepal will provide more relevant and actionable insights for policymakers and healthcare practitioners.

While maternal mental health is known to influence caregiving practices, there is limited research specifically exploring how mental health disorders impact the day-to-day caregiving

behaviors that are crucial for child nutrition. Investigating how mental health issues, such as depression or anxiety, affect a mother's ability to provide optimal care, including feeding practices and emotional support, is an area that has not been fully explored in the existing literature.

Conclusion

This study aims to fill these gaps by examining the association between maternal mental health and child nutritional status in Lamkichuha Municipality, Kailali District. By addressing the relationship between these two factors, accounting for socio-cultural and economic influences, and considering the rural context of Nepal, this research will contribute valuable insights to both the academic literature and practical interventions aimed at improving maternal and child health.

2.6 **Conceptual Frame Work**

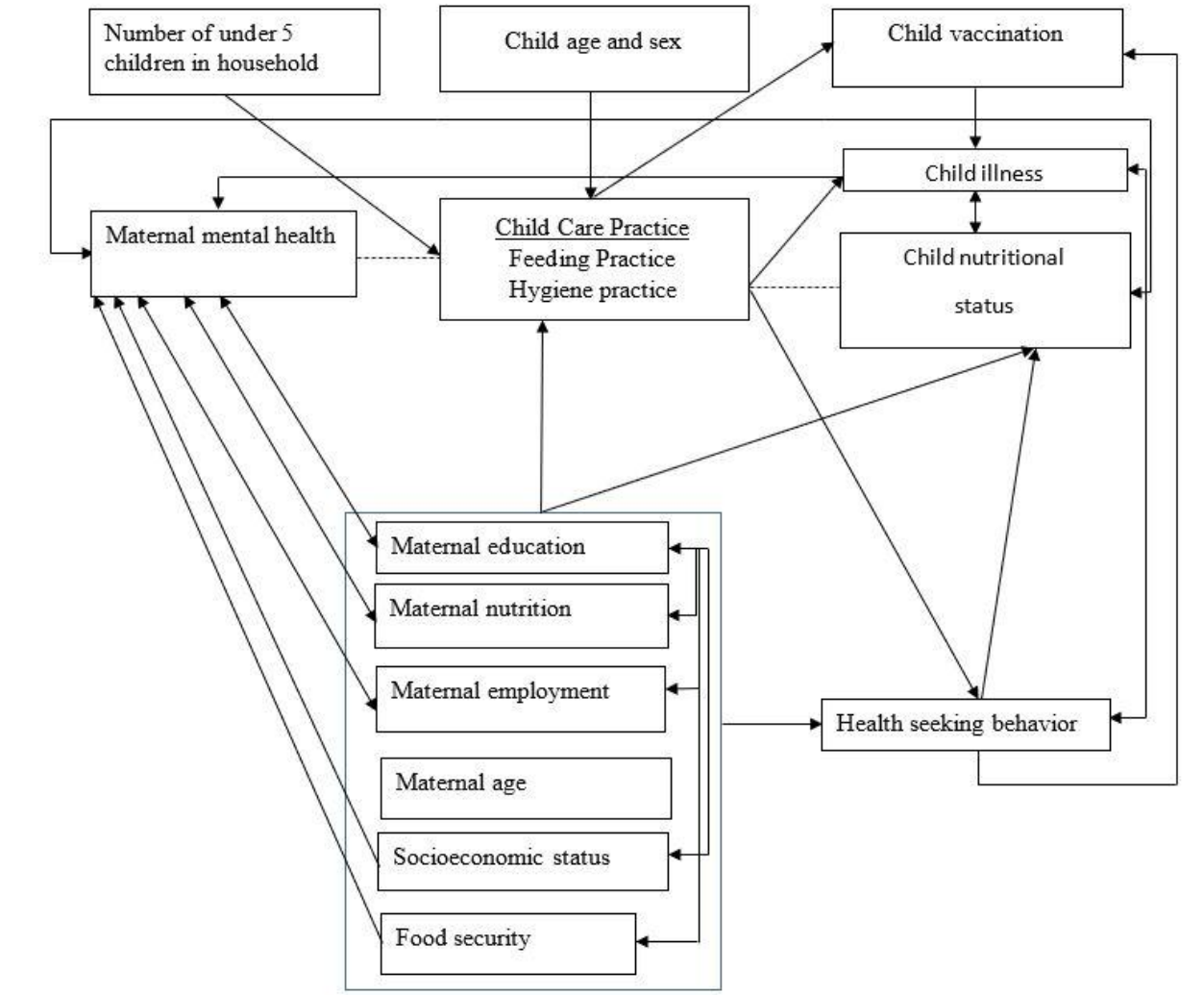

Figure 2: Conceptual Framework

Child nutrition is the dependent Variable whereas maternal education, maternal nutrition, maternal employment, maternal age, maternal mental health, socioeconomic status, food security, child age and sex, child vaccination, child illness, feeding and hygiene practices are independent variable. Childcare practices and health-seeking behavior are mediating variable.

Chapter III: Research Methodology

3.1 Study Design

A cross-sectional study will be carried out to find out the association between maternal mental health and nutritional status of the under-five children in Lamkichuha Municipality, Kailali district. In this study, both exposure and outcome will be measured at same point in time.

3.2 Study Area

The study will be conducted in Lamkichuha Municipality, Kailali. Kailali District is divided into thirteen local levels, including one sub-metropolitan, six municipalities, and six rural municipalities. Lamkichuha Municipality, with its 10 wards and a total area of 225 square kilometers, predominantly located in the terai region, has been selected as the study area. The municipality's headquarters, Bhalka, is situated at an elevation of 100 meters above mean sea level. Lamkichuha Municipality is chosen for this study because no previous studies have been conducted in this area to explore the association between maternal mental health and the health outcomes of children under five years old.

3.3 Study Population

The study population will consist of mothers and their children aged 6-59 months in selected ward Lamkichuha Municipality ward Kailali district, Sudurpashchim Province.

3.4 Sample Size

The sample size is determined by using a simple random sampling formula. For a long time, there isn't any similar study done in Kailali district. So, the previous study done in Janaki Medical College and Teaching Hospital, Dhanusha, which shows the prevalence of postpartum depressive symptoms among mother was 15.2% .so considering the prevalence 15.2% with to get the required sample size with a 95% confidence interval (C.I) and 5% error (d) and calculate sample size was198. The sample size was determined by using following formula:

Sample size = $(z^2pq)/d^2$ where,

Sample size (N0) =?

$Z\alpha$ = value of Z at α level of significance

Z = the standard normal deviate (set for a 95% CI) i.e. 1.96

P =15.2% = 0.152

Q = 1-P= 1-0.152 = 0.848

Level of significance= 5%; Allowable error (e) = 0.05

Now, by substituting the values in the formula,

Sample size= $(1.96)^2 \times 0.152 \times 0.848 / (0.05)^2$

$= 198.066 \approx 198$

After adding the 10% nonresponse rate in the calculated sample size the final sample size was 217.

3.5 Sampling Techniques and Procedure

A Simple random sampling technique will be used to select participants for this study. The Kailali District will be chosen for the study, with Lamkichuha Municipality selected among its 13 local levels (one sub-metropolitan, six municipalities, and six rural municipalities). There are four health institution conducting Outpatient Therapeutic Center which are directly involve in the management of SAM cases as a protocol of WHO. Out of four wards two wards will be randomly selected applying lottery method. All mothers with children under five years old in the two wards of Lamkichuha Municipality will be randomly selected from PHC/ORC register to meet the required sample size.

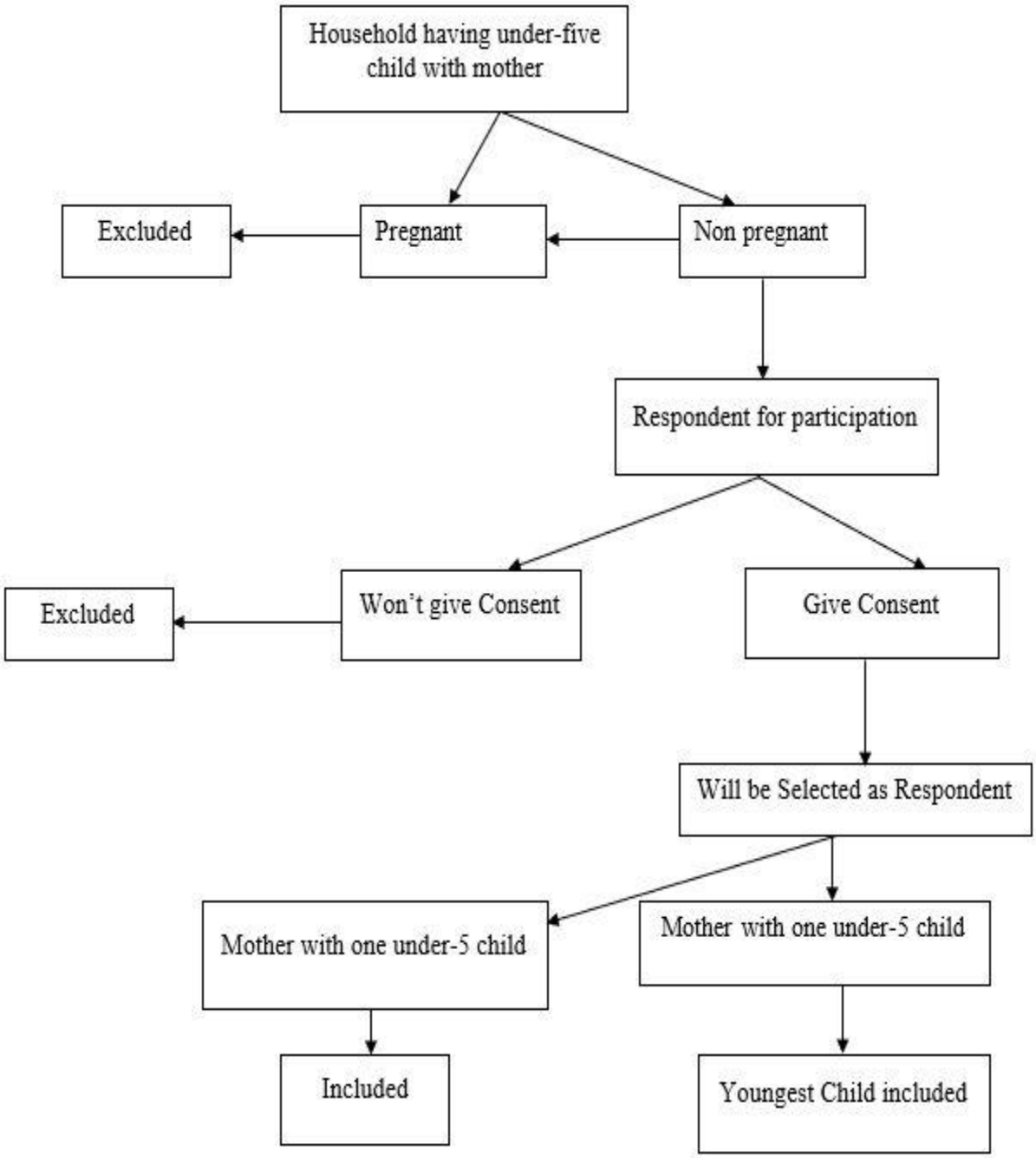

Figure 2:Schemetic representation of sampling technique

3.6 Data Sources

The primary data sources will include quantitative information collected from study participants (mothers of children under five years old) through face-to-face interviews. Anthropometric measurements will be conducted to assess the nutritional status of the children. Additionally, relevant literature will be reviewed to provide a comprehensive understanding of the research topic.

3.7 Data Collection Tools and Techniques

A structured questionnaire will be employed to gather information through face-to-face interviews and anthropometric measurements. The questionnaire is based on established tools that have been previously utilized in similar settings and populations addressing comparable research questions. The tools employed in this study include:

- **Self-Reporting Questionnaire-20 (SRQ-20)**: This instrument consists of twenty simple questions designed to assess symptoms and problems commonly associated with neurotic disorders. It uses binary (yes/no) responses, with a "1" indicating the presence of a symptom and a "0" indicating its absence. The SRQ-20 focuses on depression, anxiety, and psychosomatic complaints, grouped under common mental disorders (CMD), and has demonstrated satisfactory accuracy in identifying probable cases.

- **Warwick-Edinburgh Mental Well-being Scale (WEMWBS)**: This scale measures mental well-being by focusing on the positive aspects of mental health. It comprises 14 items covering both hedonic (pleasurable feelings) and eudemonic (meaningful functioning) aspects of mental health, including positive affect, satisfying interpersonal relationships, and positive functioning. Respondents rate their experience over the past two weeks on a 5-point Likert scale ranging from "none of the time" to "all of the time." The overall score, ranging from 14 to 70, reflects the level of mental well-being, with higher scores indicating better mental health.

Anthropometric Measurement:

Stunting (assessed via height-for-age) Height-for-age is a measure of growth faltering. Children whose height-for-age z score is below minus two standard deviations (-2 SD) from the median of the reference population are considered short for their age (stunted). Children who are below minus three standard deviations (-3 SD) are considered severely stunted.

Wasting (assessed via weight-for-height) The weight-for-height index measures body mass in relation to body height (or length) and describes acute undernutrition. Children whose z score is below minus two standard deviations (-2 SD) from the median of the reference population are considered thin (wasted). Children whose weight-for-height z score is below minus three standard deviations (-3 SD) from the median of the reference population are considered severely wasted.

Underweight (assessed via weight-for-age) Weight-for-age is a composite index of height-for-age and weight-for-height that takes into account both wasting and stunting. Children whose weight-forage z score is below minus two standard deviations (-2 SD) from the median of the reference population are classified as underweight. Children whose weight-for-age z score is below minus three standard deviations (-3 SD) from the median are considered severely underweight. Sample: Children under age 5 Overweight (assessed via weight-for-height) Children whose weight-for-height z score is more than two standard deviations (+2 SD) above the median of the reference population are considered overweight.

3.8 Validation and Reliability

The validity of the instruments will be ensured through a review of relevant literature, consultation with the respective supervisor, research advisor, and peer discussions. The developed questionnaire will initially be in English and will be translated into Nepali. It will be pretested, and necessary modifications will be made based on the pretest results. A reliability test will be conducted for the tools to ascertain their consistency. During the data collection, data entry, and analysis phases, quality checks will be implemented to maintain data integrity.

3.9 Ethical Considerations

Ethical approval will be obtained from the Department of Education at Tikapur Multiple Campus, Kailali, as well as permission from Lamkichuha Municipality and relevant local authorities in the study area. Prior to the interview, written informed consent will be obtained from the participants, clearly explaining their rights and the voluntary nature of their participation in the research. Participants will be informed that they may withdraw from the study at any time without any consequences. The researcher will also clearly communicate the responsibilities expected of participants during the data collection process.

3.10 Data Collection Procedure

Data will be collected by face-to-face interview, measurement of the height, weight and MUAC including mothers' mental status using simple random sampling. Interview will be taken at home of the participant ensuring the privacy and confidentiality as far as possible. Before the interview, the detail of the study will be explained to each eligible respondent and written informed consent was taken. Child's length/height, weight and MUAC will be measured following standard procedure. Supine length was measured upto age of 24 months and standing height was measured after 24 months.

3.11 Data Analysis and Interpretation

The data collected will be analyzed using appropriate quantitative methods. Statistical software will be used to handle the data, and descriptive and inferential analyses will be performed to address the research objectives. The results will be interpreted in the context of the research questions and objectives, with a focus on understanding the relationship between maternal mental health and the health outcomes of children under five years old in Lamkichuha Municipality, Kailali

Chapter IV: Data Analysis and Interpretation

This section deals with the result of the study which was conducted with mother and child in Lamkichuha Municipality. This chapter is divided into two major section descriptive analysis and analysis of association

4.1 Descriptive Analysis

4.1.1 Description of Socio-demographic Factors

Table 1

Respondent and household characteristics

Characteristics	Frequency (n=203)	Percentage (%)
Age of the respondent (mother) in years		
19-29	151	74.4%
30-39	52	25.6%
Mean ± SD	26.19±4.422	
Ethnicity of the respondent		
Dalit	42	20.7%
Jana Jati	89	43.8%
Brahmin/Chhetri	72	35.5%
Religion of the respondent		
Hindu	203	100%
Family type of the respondent		
Nuclear	106	52.2%
Joint/extended	97	47.8%
Education of the respondent		
Primary	72	35.5%
Secondary	86	42.4%
higher secondary/Above	45	22.2%
Husband education level		

Primary	43	21.2%
Secondary	90	44.3%
higher secondary/Above	70	34.5%
Occupation of the respondent		
Job	35	17.2%
Agriculture	138	68%
Business	30	14.8%
Occupation of the husband		
Job	50	24.6%
Agriculture	27	13.3%
Business	32	15.8%
Foreign employment	94	46.3%
Monthly income of the family		
Less than fifty thousand	190	93.6%
More than fifty thousand	13	6.4%
Residence of the respondent		
Rural	133	65.5%
Urban	70	34.5%

The mean age of the respondent was 26.19 years. Majority (74.4%) of the respondent were between 19-29 years and 25.6% of respondent were between 30-39 years. All the respondent of the study followed Hindu religion. Twenty one percent of the respondent were Dalit. About 44% of the respondent were Jana Jati and 35% were Brahmin/Chhetri. About 52% of respondent lived in the nuclear family followed by 47% in joint/extended family. Nearly 36% of the respondent were primary level of education and 42% of the mother were secondary level of education followed by 22% higher secondary. Regarding husband education,21% were primary level of education,44% were secondary and 35% were higher secondary level of education.

Majority (68%) respondent were engaging in agriculture occupation, around 17% were work on government /non-government institution and nearly 15% were engage in business activities. Forty six percent of the husband were work in foreign employment ,25% were work

on government /non-government institution ,13 % were engaging in agriculture occupation and around 16% were engage in business activities.

Lastly, Majority (96%) had monthly income less than NRs50000 followed by (4%) had more than NRs50000.

4.1.2 Description of Child Physical Characteristics

Table 2

Children Characteristics

Child Characteristics	Frequency (n=203)	Percentage (%)
Total child of the respondent		
less than two	159	78.3%
More than two	44	21.7%
Total infant > six month		
No	180	88.7%
One	23	11.3%
Total school going child of the respondent		
Less than two	188	92.6%
More than two	15	7.4%
Sleep disturbance		
No	155	76.4%
Yes	48	23.6%
Headache		
No	174	85.7%
Yes	29	14.3%
Gastro intestinal problems		
No	171	84.2%
Yes	32	15.5%
Respiratory infection		
No	139	68.5%
Yes	64	31.5%

Birth weight of last child		
<250gm	26	12.8%
>250gm	177	87.2%

more than two third (78.3%) respondent had less than two children. Around 90% of the respondent don't have infant below six months of age. Regarding schooling total respondent children more than 90 % had less than two child going school. Moreover, the respondent sleep disturbance was 24%. About fourteen percent respondent had a history of headache. Majority (84.2%) respondent do not have any gastrointestinal problem. Around 69% of the respondent had the history of respiratory infection. The last birth weight of respondent more than 250 gm was 87.2%.

4.2 prevalence of undernutrition

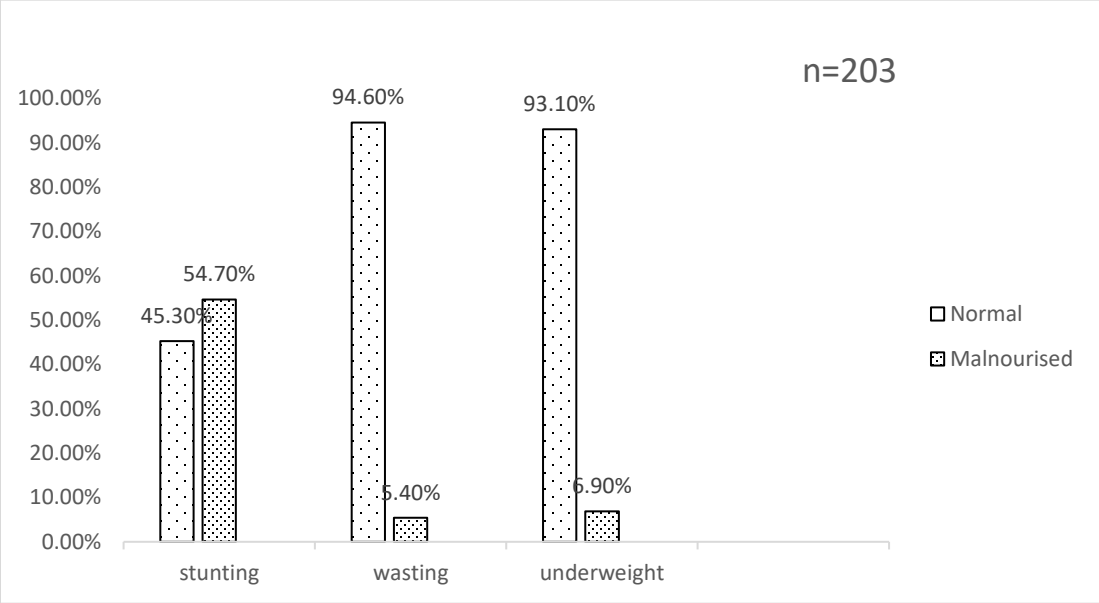

Figure 1:Prevalence of undernutrition

Figure no 3 depicts that stunting in the study population is found to be more than 50%. Similarly underweight is around 7% and wasting is in the range of around 5%.

4.3 Prevalence of Common Mental Disorder

Figure 2

Common Mental Disorder

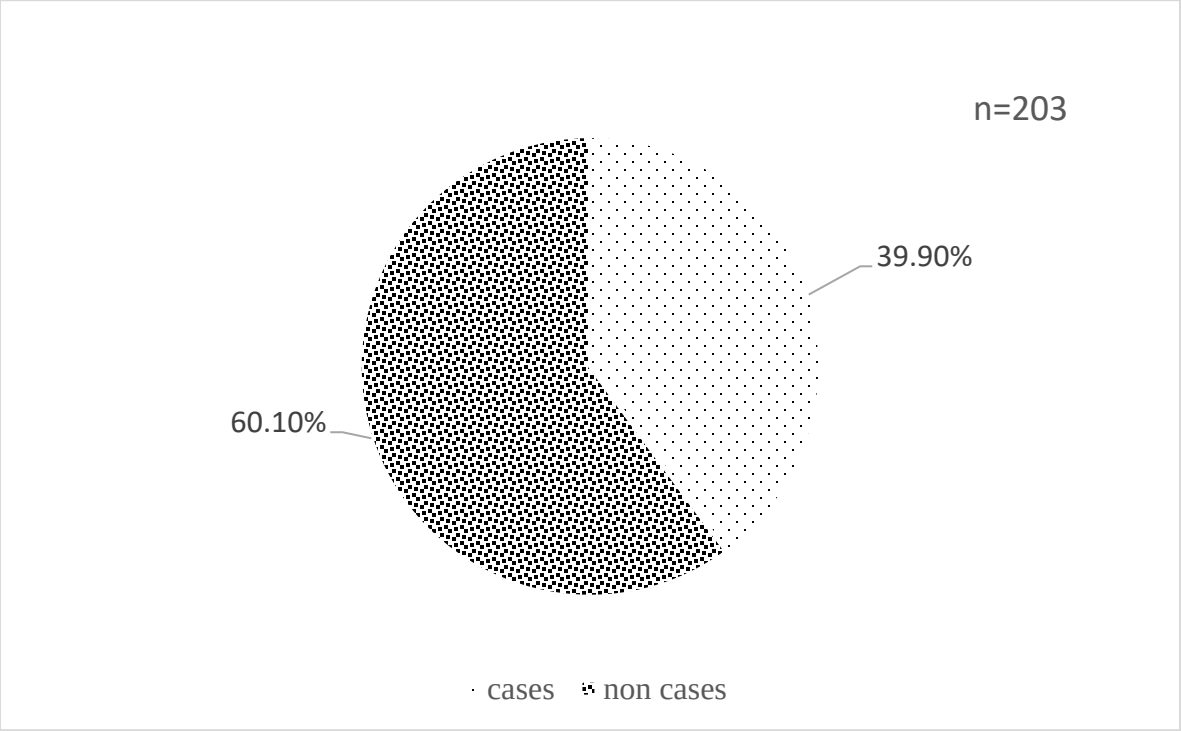

Figure 2:Common mental disorder

The above figure shows that the prevalence of common mental disorder is found to be around 40% and other were non cases.

4.4 Analysis of Association

Table 3

Association between sociodemographic characteristics and height for age (stunting) of respondents

Variables	Stunting Normal	Stunted	P-Value
Age of the mother			0.432
19-29	66(43.7%)	85(56.3%)	
30-39	26(50%)	26(50%)	
Ethnicity			
Dalit	32(34.8%)	57 (51.4%)	0.004*
Jana Jati	28(30.4%)	14(12.6%)	

Brahmin/Chhetri	32(34.8%)	40(36%)	
Family type			0.786
Nuclear	49(46.2%)	57(53.8%)	
Joint/extended	43(44.3%)	54(55.7%)	
Mother education			0.716
Primary	30(41.7%)	42(58.3%)	
Secondary	40(46.5%)	46(53.5%)	
Higher Secondary/Above	22(48.9%)	23(51.1%)	
Husband			0.414
Education			
Primary	16(37.2%)	27(62.8%)	
Secondary	41(45.6%)	49(54.4%)	
Higher Secondary/Above	35(50%)	35(50%)	
Mother Occupation			0.691
Job	18(51.4%)	17(48.6%)	
Agriculture	60(43.5%)	78(56.5%)	
Business	14(46.7%)	16(53.3%)	
Husband			0.002*
Occupation			
Job	31(62%)	19(38%)	
Agriculture	12(44.4%)	15(55.6%)	
Business	19(59.4%)	13(40.6%)	
Foreign Employment	30(31.9%)	64(68.1%)	
Residence			0.014*
Rural	52(5%)	81(73%)	
Urban	40(43.5%)	30(27%)	
Income			
<50k	89(46.8%)	101(53.2%)	0.096

>50k	3(32.1%)	`10(76.9%)

There was signification association of stunting with ethnicity, husband occupation and residence (p- value <0.05).

Table 4

Association between Children characteristics and height for age (stunting) of respondents

Variables	**Normal**	**Stunted**	**P Value**
Sleep disturbance			0.803
No	71(45.8%)	84(54.2%	
Yes	21(43.8%)	27(56.3%)	
Headache			0.095
No	83(47.7%)	91(52.3%)	
Yes	9(31%)	20(69%)	
Gastro Intestinal			0.333
Problem			
No	80(46.8%)	91(53.2%)	
Yes	12(37.5%)	20(62.5%)	
Respiratory			0.068
Infection			
No	69(49.6%)	70(50.4%)	
Yes	23(35.9%)	41(64.1%)	
Birth Weight			0.110
<2500gm	8(30.8%)	18(69.2%)	
>2500gm	84(47.5%)	93(52.5%)	
CMD	normal	stunted	p value
SRQ≤7(Good)	62(50.8%)	60(49.2%)	0.053
SRQ≥8(Poor)	30(37%)	51(63%)	

There was no signification association of stunting with Children characteristics (p- value <0.05).

Table 5

Association between sociodemographic characteristics and weight for height (wasting)

Variables	Wasting Normal	Wasted	P-Value
Age of the mother			0.121
19-29	145(96%)	6(4%)	
30-39	47(90.4%)	5(9.6%)	
Ethnicity			0.139
Dalit	81(42.2%)	8(72.7%)	
Jana Jati	41(21.4%)	1(9.1%)	
Baramin/Chhetri	70(36,5%)	2(18.2%)	
Family Type			
Nuclear	103(97.2%)	3(2.8%)	0.089
Joint/Extended	89(91.8%)	8(8.2%)	
Mother Education			0.150
Primary	66(91.7%)	6(8.3 %)	
Secondary	81(94.2%)	5(5.8%)	
Higher Secondary/Above	45(100%)	0(0%)	
Husband Education			
Primary	38(88.4%)	5(11.6%)	0.067
Secondary	85(94.4%)	5(5.6%)	
Higher Secondary/Above	69(98.6%)	1(1.4%)	
Mother Occupation			0.216
Job	34(97.1%)	1(2.9%)	
Agriculture	128(92.8%)	10(7.2%)	
Business	30(100%)	0(0%)	
Husband Occupation			0.081
Job	48(96%)	2(4%)	

Agriculture	27(100%)	0(0%)	
Business	32(100%)	0(0%)	
Foreign Employment	85(90.4%)	9(9.6%)	
Residence			0.242
Rural	124(64.6%)	9(81.8%)	
Urban	68(35.5%)	2(18.2%)	
Income			0.708
<50k	180(94.7%)	10(5.3%)	
>50k	12(92.3%)	1(7.7%)	

There was no signification association of wasting with sociodemographic characteristics (p-value <0.05).

Table 6
Association between Children characteristics and weight for height (wasting)

Variables	**Wasting**		**P-Value**
	Normal	**Wasted**	
Total Child			0.772
Less than two	150(94.3%)	9(5.7%)	
More than two	42(95.5%)	2(4.5%)	
Total Infant<6month			
No	171(89.1%)	9(81.8%)	0.461
One	21(10.9%)	2(18.2%)	
Total School Child			0.824
Less than two	178(94.7%)	10(5.3%)	
More than two	14(93.3%)	1(6.7%)	
Sleep Disturbance			
No	148(85.5%)	7(8.4%)	0.307
Yes	44(91.7%)	4(8.3%)	
Headache			0.206
No	166(95.4%)	8(4.6%)	

Yes	26(89.7%)	3(10.3%)	
Gastro Intestinal			0.054
Problem			
No	164(95.9%)	7(4.1%)	
Yes	28(87.5%)	4(12.5%)	
Respiratory Infection			0.307
No	133(95.7%)	6(4.3%)	
Yes	59(92.2%)	5(7.8%)	
Birth Weight			0.016*
<2500gm	22(84.6%)	4(15.4%)	
>2500gm	170(96%)	7(4%)	
CMD	normal	wasted	p value
SRQ≤7(Good)	116(95.1%)	6(4.9%)	0.699
SRQ≥8(Poor)	76(93.8%)	5(6.2%)	

There was signification association of wasting with Birth weight (p- value <0.05)

Table 7
Association between sociodemographic characteristics and weight for age (underweight)

Variables	**Underweight Normal**	**Underweight**	**P-Value**
Age of the mother			0.793
19-29	141(93.4%)	10(6.6%)	
30-39	48(92.3%)	4(7.7%)	
Ethnicity			0.052
Dalit	79(41.8%)	10(71.4%)	
Jana Jati	42(22.2%)	0(0.0%)	
Baramin/Chhetri	68(36%)	4(28.6%)	
Family Type			0.467
Nuclear	100(94.3%)	6(5.7%)	
Joint/Extended	89(91.8%)	8(8.2%)	

Mother Education			0.297
Primary	65(90.3%)	7(9.7%)	
Secondary	80(93%)	6(7%)	
Higher Secondary/Above	44(97.8%)	1(2.2%)	
Husband Education			0.256
Primary	39(90.7%)	4(9.3%)	
Secondary	82(91.9%)	8(8.9%)	
Higher Secondary/Above	68(97.1%)	2(2.9%)	
Mother Occupation			0.029*
Job	35(100%)	0(0%)	
Agriculture	124(89.9%)	14(10.1%)	
Business	30(100%)	0(0%)	
Husband Occupation			0.166
Job	48(96%)	2(4%)	
Agriculture	25(92.6%)	2(7.4%)	
Business	32(100%)	0(0%)	
Foreign Employment	84(89.4%)	10(10.6%)	
Residence			0.026*
Rural	120(63.5%)	13(92.9%)	
Urban	69(36.5%)	1(7.1%)	
Income			0.310
<50k	176(92.6%)	14(7.4%)	
>50k	13(100%)	0(0%)	

There was signification association of underweight with mother occupation and residence (p-value <0.05).

Table 8:Association between Children characteristics and weight for age (underweight)

Variables	**Underweight**		**P-value**
	Normal	**Underweight**	
Total Child			0.982
Less than two	148(93.1%)	11(6.9%)	
More than two	41(93.2%)	3(6.8%)	
Total Infant<6month			0.035*
No	170(89.9%)	10(71.4%)	
One	19(10.1%)	4(28.6%)	
Total School Child			0.971
Less than two	175(93.1%)	13(6.9%)	
More than two	14(93.3%)	1(6.7%)	
Sleep Disturbance	normal	Underweight	p value
No	147(94.8%)	8(5.2%)	0.080
Yes	42(87.5%)	6(12.5%)	
Headache			0.018*
No	165(94.8%)	9(5.2%)	
Yes	24(82.8%)	5(17.2%)	
Gastro Intestinal			0.034*
Problem			
No	162(94.7%)	9(5.3%)	
Yes	27(84.4%)	5(15.6%)	
Respiratory Infection			0.006*
No	134(96.4%)	5(3.6%)	
Yes	55(85.9%)	9(14.1%)	
Birth Weight			0.000*
<2500gm	20(76.9%)	6(23.1%)	
>2500gm	169(95.5%)	8(4.5%)	
CMD	normal	Underweight	p value
SRQ≤7(Good)	119(97.5%)	3(2.5%)	0.02*
SRQ≥8(Poor)	70(86.4%)	11(13.6%)	

There was signification association of underweight with total infant<6month, headache, Gastro intestinal problem respiratory infection, birth weight, CMD (p- value <0.05).

Table 9
Bivariate analysis of associated factor and nutritional status of children

Variables	Stunting COR (95%)	P-Value	Underweight COR (95%)	P-Value	Wasting COR (95%)	P-Value
Ethnicity						
Dalit	1.191(0.583-2.434)	0.631	2.152(0.646-7.173)	0.212	3.457(0.710-16.819)	0.124
Jana Jati	0.501(0.198-1.270)	0.145	0.000(0.00-0.00)	0.998	0.854(0.075-9.708)	0.899
Brahmin/Chhetri	ref		Ref		ref	
Husband Occupation						
Job	0.409(0.175-0.953)	0.038*	0.350(0.074-1.664)	0.187	0.394(0.082-1.896)	0.717
Agriculture	0.656(0.262-1.641)	0.367	0.672(0.138-3.271)	0.622	0.000(0.0-0.0)	0.998
Business	0.452(0.177-1.1641)	0.096	0.00(0.000-0.00)	0.998	0.000(0.0-0.0)	0.998
Foreign Employment	ref		Ref		ref	
Residence						
Rural	1.074(0.512-2.251)	0.851	7.352(0.897-60.252)	0.063	2.468(0.518-11.749)	0.257
Urban	ref		Ref		ref	
Total Children						
Less than two	ref		Ref		ref	
More than two	1.350(0.569-3.202)	0.496	0.984(0.262-3.695)	0.982	0.798(0.165-3.814)	0.773

Total Infant<6 Month						
No	ref		Ref		ref	
One	9.837(2.197-44.045)	0.003*	3.579(1.023-12.526)	0.046*	1.810(0.366-8.943)	0.467
Total School Going Children						
Less than two	ref		Ref		ref	
More than two	2.933(0.667-12.909)	0.155	0.962(0.117-7.896)	0.971	1.271(0.152-10.660)	0.825
Headache						
Yes	0.493(0.213-1.144)	0.100	0.466(0.111-1.956)	0.297	0.418(0.104-1.677)	0.218
No	ref		Ref		ref	
Respiratory Infection						
Yes	0.569(0.309-1.047)	0.70	0.303(0.082-1.123)	0.074	0.532(0.156-1.814)	0.313
No	ref		Ref		ref	
Birth Weight						
<2500gm	2.032(0.840-4.917)	0.116	6.337(1.996-20.126)	0.002*	4.416(1.196-16.304)	0.026*
>2500gm	ref		Ref		ref	
CMD						
Good	ref		Ref		ref	
Poor	1.757(0.990-3.118)	0.054	6.233(1.681-23.109)	0.006*	1.272(0.375-4.315)	0.7

*P-value less than 0.05

References = 1

job holder’s children were more likely to have less stunting than foreign employment COR (0.409 ,95% CI (0.175-0.953). Having infant(<6month) likely to stunting than no infant

(COR=9.837,95%CI (2.197-44.045). Similarly having infant(<6month) likely were around 4 times more underweight than no infant (COR=3.579,95%CI (1.023-12.526).

The children below less than 250gm were 6 times likely to have underweight than more than 250gm birth weight.

Similarly, those mothers who had the cases of common mental disorder were 6 times more likely to have underweight their children than non-cases of common mental disorder; COR=6.233,95%CI (1.681-23.109).

Lastly the children below less than 250gm were 4 times more likely to have wasting than 250gm birth weight (COR=4.416,95%CI (1.196-16.304).

Chapter V: Conclusion, Major Finding and Recommendation

The study design followed during this study was descriptive cross-sectional and quantitative method. The purpose of the study was to find out the association of maternal mental health and child nutritional status i.e., stunting wasting and underweight in Lamkichuha Municipality. A total of 217 mother, 203 involved with the response rate of 93.54 percent.

5.1 Prevalence of Common Mental Disorder and Children Nutritional Status

Out of 203 mothers, (39.90%) were found suffering from CMD. This result is similar with the previous study conducted in Ethiopia 39.4%.However the finding of this study is lower (49%) to a previous study conducted in Bangladesh (48). Although CMD is very common in developing countries, its prevalence varies from country to country—Vietnam 31.2%, Ethiopia 39.4% (48), Peru 30% and India 30% (3). Mental health of the mother was evaluated by WHO recommended SRQ-20. The reliability and validity of this instrument are well established(46) and it has been used in several studies (3,48). The variability in findings among the three countries, especially regarding the association between maternal CMD and child undernutrition, may be explained by socio-cultural differences in care and feeding practices, differences in maternal resources such as education, knowledge or time, or in household food insecurity and wealth.

In order to assess the nutritional status of under five children, anthropometric indices were used and were compared to WHO's reference growth chart. Deviation of the anthropometric indices from the standard value is regarded as evidence of malnutrition. In this study, weight for-height, height-for-age, weight-for-age are used as the main anthropometric indices and deficit from these indices are called wasting, stunting and underweight respectively. For each of these indices, Z-score below -2SD and -3SD are considered moderate and severely malnourished respectively.

This study showed that the prevalence of stunting(54.70%),wasting(5.40%) and underweight (5.60%) was more than the study conducted in Dolakha and Kavre district showed (7.0%) were wasted, in height for age analysis, (39.9%) were stunted and in weight for age assessment, (18.9%) were underweight (49).

One of the key findings of this study is that more than half of the children (55%) in the study population are stunted, and is higher than the results of a survey conducted in children at Nepal Medical College Teaching Hospital(50) .

5.2 Factor Associated with Nutritional Status

The study showed that parental occupation was associated with stunting. This is line with the survey conducted with NDHS2016 (51). This is surprising, because male out-migration is a strategy to improve household economic status However, adolescents' work burden outside the house (i.e. in agriculture or other activities) might increase because of their father's absence. For instance, evidence from Mexico suggests that adolescent boys intensify their work outside the house when their fathers migrate, which may lead to increased energy expenditure, absence during meal times and eventually to thinness (52,53) .

The current study has revealed a strong positive association between LBW and undernutrition among children in Doti district. For instance, the risk of being stunted (55%), underweight (5%) and, wasted (1%) in the course of the early childhood years were found to be higher in children with LBW than in those with normal birth weights .The study conducted in Malawi showed increased odds of stunting and underweight were found among children with perceived small sizes at birth than average birth sizes (54).Similarly, in a study of infant growth patterns and their relations to birth weight in Bangladesh found that birth weight was the most essential predictor of succeeding growth status for the period of infancy (55).

5.3 Major Finding

This current study has highlighted to determine the association of maternal mental health and child nutritional status in Lamkichuha Municipality. The major finding showed the following

- Maternal mental health was significantly associated to child weight for age. However, the maternal mental was not significantly associated with stunting and wasting.
- Regarding parent occupation those parents where job holder was more likely to have less stunting than foreign employment. similarly having infant(<6month) likely to stunting than no infant in the house.
- The children below less than 250gm were likely to have underweight than more than 250gm birth weight.

- Similarly, those mothers who had the cases of common mental disorder were more likely to have underweight their children than non-cases of common mental disorder.
- Lastly the children below less than 250gm were more likely to have wasting than 250gm birth weight.

5.4 Recommendation

- Poor maternal mental health, given its high prevalence, should be further examined as a potential risk factor for undernutrition in children. According to other recent findings it should be investigated whether the youngest children, up to 1 year, are particularly vulnerable to poor maternal mental health
- The results from the present study contribute to the growing evidence of the potential negative effects of maternal mental health on child undernutrition and illness. The findings underscore the importance of identifying ways to prevent, detect and address maternal mental health in the context of programmes aimed at improving child health and nutrition in these countries and in similar settings elsewhere.

ANNEX: PERMISSION LETTER FROM MUNCIPALITY

email:lamkicm@gmail.com

लम्कीचुहा नगरपालिका
नगर कार्यपालिकाको कार्यालय
स्वर्णद्वारी, भल्का, कैलाली
सुदूरपश्चिम प्रदेश,नेपाल

आ.व. ०८१/८२ च.न. २०१६ मितिः-२०८१/१०/०६

विषयः- अनुमती सम्बन्धमा ।

श्री तस बहादुर भण्डारी
टीकापुर बहुमुखी क्याम्पस
टीकापुर कैलाली

प्रस्तुत विषयमा तहाँ क्याम्पसमा, एम.एड.चौथो सेमेष्टरमा अध्यायनरत बिद्यार्थी तस बहादुर भण्डारीले "Association of Maternal Mental Health and Child Nutritional Status in Lamkichuha Municipality, Kailali District" Topic मा रिसर्च गर्नु पर्ने भएकोले Data Collection को लागि अनुमती माग भइ आए अनुसार निज तस बहादुर भण्डारीलाई यस नगरपालिका क्षेत्रभित्र "Association of Maternal Mental Health and Child Nutritional Status in Lamkichuha Municipality, Kailali District" Topic को रिसर्चको लागि Data Collection को लागि अनुमति दिइएको व्यहोरा अनुरोध छ।

बोधार्थ
श्री सुदूरपश्चिम विश्वबिद्यालय
टीकापुर बहुमुखी क्याम्पस,टीकापुर कैलाली

०८१/१०/०६
बिक्रम चौधरी
नि.प्रमुख प्रशासकीय अधिकृत
नि. प्रमुख प्रशासकीय अधिकृत

व्यावसायिक र सिर्जनशील प्रशासन, विकास, समृद्धी र सुशासन

ANNXE: PHOTO GALARY

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Work Plan

Task to be performed	Dec 2024	Jan 2025	Feb 2025	Feb 2025	Mar 2025	Mar 2025	Apr. 2025	Mar 2025
Preparation and submission of research proposal								
Ethical clearance from authority								
Data collection								
Data analysis								
Report writing and dissemination of preliminary study findings to report to TMC								
Submission of final report toTMC								

Budget Sheet

S.N.	Budget head	Justification	Unit	Quantity	Rate	Total (NRs)
Phase I: Study design and development						
1.1	**Human resources**					
1.1.1	Principal investigator	Self	Person	1	-	-
1.1.2	Enumerators	Self	Person	1	-	-
1.2	**Stationeries**					
1.2.1	Stationeries	For literature review and field level data collection (pens, pencil, eraser, A4 size papers, note books)	Stationery materials	-	-	4000
1.2.2	Questionnaire printing and photocopy related costs	For literature review and field level data collection	Page print	210		5000
Phase II: Field work organization						
2.1	Local transportation	For travelling to different wards	Fuel Petrol	20	160	3200
2.2	Data entry	For data entry support	Person	1	3000	3000
2.3	Data analysis	For data analysis support	Person	1	5000	5000
Phase III: Research dissemination						
3.1	Report editing and binding	For dissemination of report/findings with hard binding	Print binding	5	1000	5000
3.2	Miscellaneous	Other contingency costs (10% of total cost)	-	-	-	5000
	Grand Total					**NRs. 30200/-**

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Annex

Consent Form

Informed Consent
Far Western University
Research Management Cell
Tikapur Multiple Campus

Namaste,

We Associate Prof. Lal Singh Karki and Mr. Tapta Bahadur Bhandari, a student at TMC are here to collect data for a mini research project entitled **"Association of Maternal Mental Health and Child Nutritional Status"** in Lamkichuha Municipality. The study procedure involves no foreseeable risk or harm to you.

We will be very grateful if you could spare 25-30 minutes of your time for an interview. We hope to receive accurate and honest answers. All the information you share will remain strictly confidential. If you do not wish to answer any question or feel uncomfortable, you are free to skip it or withdraw from the study at any time. However, we sincerely hope for your kind cooperation and support to the best extent possible.

Are you interested to participate in the interview?

Yes (……) No (……)

Form number: …….

Interviewee's Name: …….

Date: …….

Time: …….

Section A: Sociodemographic Information

S. N	Questions	Code	Answers
1	Age of the mother (in years)		……..
2	Ethnicity	1 2 3 4 5	Dalit Jana Jati Madhesi Brahmin /Chhetri Others
3	Religion	1 2 3 4 5	Hindu Buddhist Muslim Christian Others
4	Type of Family	1 2 3	Nuclear Joint Extended
5	Level of Education (mother)	1 2 3 4 5	No formal education Primary (1-5) Secondary (6-10) Higher secondary (11-12) Bachelors and above
6	Level of education(husband)	1 2 3 4 5	No formal education Primary (1-5) Secondary (6-10) Higher secondary (11-12) Bachelors and above
7	Occupation(mother)	1 2 3	Government employee Non-government employee Agriculture

		4	Business
		5	Student
		6	Health worker
		7	House Manager
		8	Retired
		9	Unemployed
		10	Daily wages
		11	Others……..
8	Occupation (Husband)	1	Government employee
		2	Non-government employee
		3	Agriculture
		4	Business
		5	Student
		6	Health worker
		7	House Manager
		8	Foreign employment
		9	Unemployed
		10	Daily wages
		11	Others……..
9	Number of children	1	One
		2	Two
		3	More than two
10	Number of infants	1	No
		2	One
		3	Two
		4	More than two
11	School age children	1	No
		2	One
		3	Two
		4	More than two

12	Total monthly family income		
13	Residence	1 2	Rural Urban

Section B: Question to assess CMD

S.N.	Questions	code	Answers
1	Do you often have headache?	0 1	No Yes
2	Is your appetite poor?	0 1	No Yes
3	Do you sleep badly?	0 1	No Yes
4	Are you easily frightened?	0 1	No Yes
5	Do your hands shake?	0 1	No Yes
6	Do you feel nervous, tense or worried?	0 1	No Yes
7	Is your digestion poor?	0 1	No Yes
8	Do you have troubled thinking clearly?	0 1	No Yes
9	Do you feel unhappy?	0 1	No Yes
10	Do you have cry more than usual?	0 1	No Yes
11	Do you find it difficult to enjoy your daily activities?	0 1	No Yes

12	Do you find it difficult to make decision making?	0 1	No Yes
13	Is your daily work suffering?	0 1	No Yes
14	Are you unable to play a useful part in life?	0 1	No Yes
15	Have you lost interest in things?	0 1	No Yes
16	Do you feel that you are worthless person?	0 1	No Yes
17	Has the thought of ending your life been on your mind?	0 1	No Yes
18	Do you feel tired all the time	0 1	No Yes
19	Do you have uncomfortable feeling in your stomach	0 1	No Yes
20	Are you tired easily?	0 1	No Yes

Section C: causal path way

Breast feeding			
S.N.	Questions	Code	answers
1	Do you ever have breast feeding	0 1	No Yes
2	Duration of breast feeding	1 2 3 4	6 months 1 year 2 years More than 2 years

3	Do you still breast feed your last child?	0 1	No Yes
4	Do you stop breast feeding?	0 1	No Yes
5	Did you never breast fed your child?	0 1	No Yes

Child immunization

Child nutritional assessment

S. N	Age in the month	sex	height	weight	MUAC	oedema	remarks

Immunization status

S.N.	questions	Code	Answers	
1	Have you heard about immunization?	0 1	No Yes	
2	Have you immunized your child?	0 1	No Yes	If yes fill the below with reference of immunization card
3	If no, why didn't you immunize your child?	1 2 3	No availability of services Don't know Others……(mentions)	

S.N.	Immunization	Dose of immunization		
		First dose	Second dose	Third dose
1	BCG			
2	DPT/Hep.B			
3	PCV			
4	Polio			

5	JE			
6	MR			
7	FIPV			

Child physical health (status/condision)			
S. N	Questions	code	Answers
1	Sleep disturbance	0 1	No Yes
2	Headache	0 1	No Yes
3	Gastro intestinal problems	0 1	No Yes
4	Respiratory infections	0 1	No Yes
5	Birth weight of last child	1 2	<2500gm >2500gm

Mental well beings

Below are some statements about feelings and thoughts. Please tick (√) the box that best describes your experience of each over the last 2 weeks

Statements	**None of the time**	**rarely**	**Some of the time**	**often**	**All of the time**
I have been feeling optimist about the future	1	2	3	4	5
I have been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5

I’ve had energy to spare	1	2	3	4	5
I’ve been dealing with problems well	1	2	3	4	5
I’ve been thinking clearly	1	2	3	4	5
I’ve been feeling good about myself	1	2	3	4	5
I’ve been feeling close to other people	1	2	3	4	5
I’ve been feeling confident	1	2	3	4	5
I’ve been able to make up my own mind about things	1	2	3	4	5
I’ve been feeling loved	1	2	3	4	5
I’ve been interested in new things	1	2	3	4	5
I’ve been feeling cheerful	1	2	3	4	5

सुदूरपश्चिम विश्वविद्यालय

टीकापुर वहुमुखी क्याम्पस

टीकापुर, कैलाली

सुसूचित मन्जुरिनामा

नमस्कार !

हामी टीकापुर वहुमुखी क्याम्पसका सह-प्राध्यापक लाल सिंह कार्की र विद्यार्थी तप्त बहादुर भण्डारी, लम्कीचुहा नगरपालिकामा "आमाको मानसिक स्वास्थ्य र बालबालिकाको पोषण अवस्थाको सम्बन्ध" (**Association of Maternal Mental Health And Child Nutritional Status in Lamkichuha Municipality Kailali**) शीर्षकको सानो अनुसन्धान परियोजनाका लागि तथ्याङ्क संकलन गर्न यहाँ आएका छौं । यो अध्ययन-अनुसन्धाको तथ्याङ्क संकलन प्रकियामा तपाइको बहुमल्य सहयोगको लागि अनुरोध गर्दछौ । यस अध्ययन प्रक्रियामा तपाईंलाई कुनै खतरा र नोक्सानी हुने छैन । तपाईंले २०–२५ मिनेट यस अध्ययन-अनुसन्धाको लागि समय दिनु भएमा हामी आभारी हुनेछौ । हामीले तपाईबाट ठिक तथा वास्तविक उत्तरको आशा गरेका छौ । तपाईंले दिने सबै जानकारी महत्वपूर्ण तथा गोप्य हनेछन् । यदि तपाईंलाई कुनै प्रश्नको उत्तर दिन मन नलागेमा नदिन पनि सक्नु हुनेछ, तर हामी आशा गर्दछौ कि तपाईले हामीलाई पूर्ण रुपमा सहयोग गर्नु हुनेछ ।

अन्तर्वार्तामा सहभागी हुन इच्छुक हुनुहुन्छ ?

छु (.....) छैन (.....)

फारम नं.....

अन्तरवार्ता दिने ब्यक्तिको नाम .....

मिति .....

खण्ड १ : सामाजिक एवम् जनसांख्यिक बिवरण

क्र.स.	प्रश्नहरु	कोड	उत्तरहरु
१	आमाको उमेर (पुरा बर्ष)		
२	तपाईको जातीय परिवेश के हो ?	१ २ ३ ४ ५	दलित जनजाती मधेसी ब्राह्मण/क्षेत्रि अन्य .....
३	तपाई कुन धर्म अवलम्वन गर्नुहुन्छ ?	१ २ ३ ४ ५	हिन्दु बौद्ध मुर्सलिम किस्चियन अन्य .....
४	तपाईको परिवारको प्रकार ?	१ २	एकल संयुक्त
५	तपाईको शैक्षिक योग्यता कति छ ?	१ २ ३ ४ ५	औपचारिक शिक्षा छैन प्राथमिक (१–५) माध्यामिक (६–१०) उच्च माध्यामिक (११–१२ स्नातक वा सो भन्दा माथि
६	तपाईको श्रीमानको शैक्षिक योग्यता कति छ ?	१ २ ३ ४ ५	औपचारिक शिक्षा छैन प्राथमिक (१–५) माध्यामिक (६–१०) उच्च माध्यामिक (११–१२ स्नातक वा सो भन्दा माथि
७	तपाईको पेशा के हो ?	१ २ ३	सरकारी कर्मचारी गैरसरकारि कर्मचारी कृषि

		४	व्यापार
		५	विद्यार्थी
		६	स्वास्थ्यकर्मी
		७	सेवानिबृत
		८	बेरोजगार
		९	दैनिक ज्याला
		१०	अन्य .....
८	तपाईको श्रीमान को पेशा के हो ?	१	सरकारी कर्मचारी
		२	गैरसरकारी कर्मचारी
		३	कृषि
		४	व्यापार
		५	विद्यार्थी
		६	स्वास्थ्यकर्मी
		७	बैदेशिक रोजगारी
		८	बेरोजगार
		९	दैनिक ज्याला
		१०	अन्य .....
९	बच्चाहरुको संख्या	१	ए
		२	दुई
		३	दुईभन्दा बढी
१०	तपाईको घरमा शिशुहरुको संख्या कति छन् ?	१	छैन
		२	एक
		३	दुई
		४	दुईभन्दा बढी
११	तपाईको घरमा स्कुल जाने बच्चाहरु कति छन् ?	१	छैन
		२	एक
		३	दुई
		४	दुईभन्दा बढी
१२	तपाईको परिवारको मासिक आम्दानि कति जति हुन्छ ?		
१३	तपाइको बसोबास कहा छ ?	१	ग्रामिण
		२	शहर

खण्ड २ : सामान्य मानसिक विकारको आकलनको लागि प्रश्न (CMD)

सि.न.	पश्नहरु	कोड	उत्तरहरु
१	के तपाईको अक्सर(बारम्बार) टाउको दुख्छ ?	१ ०	छ छैन
२	के तपाइलाई भोक लग्दैन ?	१ ०	छ छैन
३	के तपाइलाइ निन्द्रा लाग्दैन ?	१ ०	छ छैन
४	के तपाई सानो कुरामा पाीन डराउनु हुन्छ ?	१ ०	छ छैन
५	के तपाईको हात काम्छ ?	१ ०	छ छैन
६	के तपाई अचित बैचैन वा चिन्तित हुनु हुन्छ ?	१ ०	छ छैन
७	के तपाइलाइ खाना राम्रारी पच्दैन ?	१ ०	छ छैन
८	के तपाइलाई राम्रारी सोच्न गाह्रो हुन्छ ?	१ ०	छ छैन
९	के तपाईको मन दुःखी छ ?	१ ०	छ छैन
१०	के तपाई पहिले भन्दा वढी रुनु हुन्छ ?	१ ०	छ छैन
११	के तपाइलाई आफनो दैनिक काम गर्न गाह्रो लाग्छ ?	१ ०	छ छैन
१२	के तपाइलाई निर्णय लिन कठिन हुन्छ ?	१ ०	छ छैन
१३	के तपाईको दिन दिनको काम बिग्रीरहेको छ ?	१ ०	छ छैन
१४	के तपाईले आफनो जीवनमा राम्रो काम गर्न नसकेको जस्तो लाग्छ ?,	१ ०	छ छैन
१५	के तपाईको कुनै पनि कुरामा रुचि हराएको जस्तो लाग्छ ?	१ ०	छ छैन
१६	के तपाईले आफुलाई काम गर्न ठान्नु हुन्छ ?	१	छ

		०	छैन
१७	के तपाईलाई अश्वाबिक(जिवन त्याग्ने) कदम लिने मन लाग्छ ?	१ ०	छ छैन
१८	के तपाई जति बेला पनि थाकेको जस्तो अनुभव गर्नु हुन्छ ?	१ ०	छ छैन
१९	के तपाई पेटमा गडबडि भएको अनुभव गर्नु हुन्छ ?	१ ०	छ छै
२०	के तपाईलाई छिटै थकाई लाग्छ ?	१ ०	छ छै

खण्ड ३: कारक तत्व

स्तनपान सम्बन्धी

सि.न.	पश्नहरु	कोड	उत्तरहरु
१	के तपाईले कहिल्यै स्तनपान गराउनु भएको छ ?	० १	छ छैन
२	स्तनपान गराउने अबधि	१ २ ३ ४	छ महिना एक बर्ष २ बर्ष २ बर्ष भन्दा बढि
३	के तपाइले अझै पनि तपाईको अन्तिम बच्चालाई स्तनपान गराउनु हुन्छ ?	० १	छैन छ
४	के तपाइ स्तनपान गराउन बन्द गर्नुहुन्छ ?	० १	छैन छ

६-५९ महिनाको बच्चाहरुको शारीरिक बिवरण

सि.न	उमेर महिनामा	लिङ्गग	उचाई	तौल	पाखुराको नाप	सुन्निएको	बिविध

बच्चाहरुको खोप स्थिति

सि.न	प्रश्नहरु	कोड	उत्तरहरु	

१	के तपाइले खोपको बारेमा सुन्नु भएको छ ?	० १	छैन छ	
२	के तपाइले आफनो बच्चालाई खोप लगाउनु भएको छ ?	० १	छैन छ	यदि लगाउनु भएको छ भने तलको खोप काड भरनुहोस
३	यदि लगाउनु भएको छैन भने किन नलगाउनु भएको ?	१ २ ३	सेवाहरुको उपलब्धता नभएर थहा नभएर अन्य ( )	
खोपको मात्रा				
क्र.स	खोपको प्रकार	पहिलो	दोस्रो	तेस्रो
१	बि सि जि			
२	डी. पि. डी/हेप बि हिव			
३	पी .सि. भी			
४	पोलियो			
५	जापनिज इन्सेफलइटिस्			
६	दादुरा रुबेला			
७	एफ .आई् .पि .भि			
बच्चाको शारीरिका स्वास्थ्य अवस्था				
सि.न.	प्रश्नहरु	कोड	उत्तरहरु	
१	सुत्नमा समस्या	० १	छैन छ	
२	टाउको दुख्ने	० १	छैन छ	
३	पेटमा समस्या	० १	छैन छ	
४	श्वासप्रश्वासको समस्या	० १	छैन छ	
५	तपाईको पछिल्लो बच्चा जन्मदा तौल कति थियो ?	१ २	<२५०० ग्राम (२.५के.जि) >२५०० ग्राम (२.५के.जि)	

खण्ड ३ : मानसिक स्वास्थ्य

तलका भावनाहरु र विचारहरुको बारेमा तपाइको भनाइ के छ ? कृपया कुनै एक बक्समा (√) टिक गर्नुहोस् जसले पछिल्लो २ हप्तामा तपाइँको अनुभव को वर्णन गर्दछ ।

सि.न.	प्रश्नहरु	कुनैपनि समय	विरलै	कहिलेकाँही	प्राय	पत्येक समय
१	म भविश्यको बारेमा आसाबादी छु	१	२	३	४	५
२	म उपयोगी महसुस गरिरहेको छु	१	२	३	४	५
३	म आरम महसुस गरिरहेको छु	१	२	३	४	५
४	म अन्य मानिसहरुको बारेमा चासो राखिरहेको हुन्छु	१	२	३	४	५
५	मसंग अतिरिक्त काम गर्न उर्जा छ	१	२	३	४	५
६	म समस्यालाइ राम्रोसंग सुल्झाउन सक्छु	१	२	३	४	५
७	म स्पष्ट रुपमा सोच्छु	१	२	३	४	५
८	म आफनो बारेमा राम्रो महशुश गछु	१	२	३	४	५
९	म अन्य मानिसहरु संग नजिक छु	१	२	३	४	५
१०	म पुणरुपम आत्माबिश्वास महसुश गर्छु	१	२	३	४	५
११	म कुनैपनि कुराको बारेमा धारण बनाउदा आफनै दिमाग प्रयोग गर्छु	१	२	३	४	५
१२	मैले मलाई अरुलेपनि माया गरेको महसुस गरेको छु	१	२	३	४	५
१३	म नया कुरामा रुचि राख्छु	१	२	३	४	५
१४	मैले हर्षित महसुस गरेको छु	१	२	३	४	५

धन्यवाद

A Mini Research on

Social Effects of Sickle Cell Anemia: A Case of Janaki Rural Municipality

Submitted to:

Research Management Cell (RMC)

Tikapur Multiple Campus

Tikapur Kailali

Submitted by:

Shiv Charan Chaudhay

Dipak Prasad Sharma (Student MA Sociology 4th Sem.)

(7th Asar 2082)

Abstract

This study explores the social effects of sickle cell anemia (SCA) among the Tharu people in Janaki Rural Municipality, Kailali, Nepal, where SCA occurrence is high. The genetic disorder causes chronic pain, anemia, and medical emergencies, leading to social discrimination, isolation, and emotional trauma. The study investigates the lived experiences of sufferers through qualitative in-depth interviews, revealing rejection from family, schools, and workplaces. Limited healthcare access, driven by low awareness, high costs, and a shortage of trained doctors, exacerbates the issue despite some government support. The sampling for the study has been purposive. The study employs semi-structured interviews with four patients to explore their experiences in depth, alongside a questionnaire used as a secondary data collection method. The key aim of the study is to examine the social impacts of SCA on patients' lives while assessing healthcare access within their community. This research is significant as it highlights marginalized voices, advocating for improved healthcare, education, and social acceptance. It paves the way for future interventions combining medical and community support to alleviate SCA's burden in Tharu communities.

Introduction:

The *Tharu* people, an indigenous ethnic group in Nepal's Terai region, face significant health challenges, particularly due to the prevalence of sickle cell anemia (SCA). This genetic blood disorder, caused by a mutation in the hemoglobin gene, alters red blood cells, making them crescent-shaped and impairing their ability to transport oxygen effectively. The condition leads to anemia, vaso-occlusive episodes, and complications like organ damage and susceptibility to infections. Globally, SCA primarily affects individuals of African, Mediterranean, Middle Eastern, and Indian descent. Among the *Tharu* population, however, it is disproportionately prevalent, exacerbated by socio-economic and geographical barriers (Ministry of Health, 2020). The disorder poses challenges such as chronic anemia, debilitating pain, and frequent medical emergencies. Sickle cell disease (SCD), a severe form of the disorder involving two copies of the altered gene, leads to rapid red blood cell destruction, chronic symptoms, and heightened healthcare needs (Pandey & Shrestha, 2022). Despite being non-communicable, the episodic nature of SCD profoundly affects.

In Nepal, it is estimated that 2,000 Tharu individuals suffer from SCA, with the highest prevalence in the Midwestern and Far Western regions. Since 2011, over 1,300 cases have been diagnosed in these areas. To be more specific, the study intends to explore on the Sickle Cell anemia cases of Janaki Rural Municipality, individuals' quality of life and imposes significant financial burdens. The study employs a mixed method prioritizing descriptive mode for analysis. The Scickle Cell Anemia affected people of Janaki Rural Municipality will be the sampled population. The data for the study will be collected applying questionnaire and interview as primary tool. The study is significant

for maintaining health and socio-economic challenges faced by sickle cell anemia of the *Tharu* people of the aforesaid targeted area. It emphasizes the urgent need for targeted interventions, improved healthcare access, and socio-psychological support to address the chronic and financial burdens associated with SCA in marginalized communities.

Sickle cell anemia's impact on the Tharu is intertwined with broader social and health inequities. The disorder primarily affects marginalized communities in Nepal, where access to healthcare is limited. Hospital-based studies highlight that districts like Banke, Bardiya, Dang, Kailali, and Kanchanpur are the most affected. While comprehensive national data on hemoglobin disorders in Nepal is lacking, localized research highlights the urgent need for targeted interventions (Ministry of Health and Population, 2074). In line with this sickle cell (SC) prevalence among *Tharu* has been genetically hurdle causing both in physique and in socio-psycho impact.

The Nepalese government has implemented measures to address this issue. The National Insurance Policy and the Social Health Insurance Program (2071), aim to improve access to healthcare and provide financial security. Since its inception in 2015, this program has expanded to all 77 districts by 2021, offering free treatment for serious conditions, including sickle cell anemia, under a one-door system. These efforts are critical in mitigating the healthcare burden faced by affected communities (Poudel & Shrestha, 2020). As Paudel has stated, the mitigation part of the disease has been challenging. However, the researcher intends to clarify on the sociological perception and impact on Sickle Cell anemia.

As a whole, sickle cell anemia (SCA) among the *Tharu* people of Nepal highlights on the complex relation between genetic status and socio-economic difficulties

in public health. With an estimated 2,000 Tharu individuals affected, particularly in the Midwestern and Far Western regions, the disorder imposes a severe health and financial burdens, intensified by limited access to healthcare and systemic inequities. In spite of having government's efforts, such as the Social Health Insurance Program providing free treatment for SCA, challenges remain in addressing the chronic pain, anemia, and socio-psychological impacts associated with the disease. The expected cases of the issues are urgently needed to address these challenges, including improved healthcare infrastructure, community education, and enhanced genetic research. By combining medical advancements with policies that address social determinants of health, Janaki Ruaral Municipality can work toward reducing the burden of SCA and improving the quality of life for the *Tharu* community, exemplifying a holistic approach to tackling inherited disorders in marginalized populations. Thus, the study has tried to place spot spotlight on the overall effects of sickle cell anemia via the delimited sample size.

Statement of the problem:

Sickle cell anemia (SCA) represents a significant public health challenge among the *Tharu* community in Nepal, particularly in the Janaki Rural Municipality of Kailali District. As a hereditary disorder, it disproportionately affects this marginalized group, intertwining genetic predisposition with socio-economic inequities. The episodic and chronic nature of SCA leads to severe health complications, including chronic anemia, pain crises, organ damage, and heightened vulnerability to infections, significantly reducing the quality of life for those affected. Despite the implementation of government

programs such as the Social Health Insurance Program aimed at reducing the healthcare burden, inadequate access to specialized care, limited community awareness, and insufficient healthcare infrastructure exacerbate the challenges.

In Janaki Rural Municipality, these challenges are compounded by a lack of educational awareness about SCA among teachers, students, and families, leading to further marginalization of affected individuals. School health services, which could play a pivotal role in supporting students with SCA, remain underdeveloped, leaving a critical gap in bridging health and education. The absence of school health nurses and insufficient collaboration between educators, parents, and healthcare workers hinder the effective management of the condition, resulting in academic risks and social isolation for affected students (Pandey & Shrestha, 2022). What Pandey and Shrestha state is that the lack of school health nurses and poor collaboration among educators, parents, and healthcare workers exacerbate academic risks and social isolation for students with health conditions?

As a whole, there has been significant research, criticism, and publication regarding the physical hazards and other challenges faced by the *Tharu* people living across Nepal. Among these issues, Sickle Cell Anemia has received some research interest in research publications. However, an in-depth study focusing on the socio-physical impacts of this problem has largely been untouched. Therefore, this study purposes to explore the socio-physical impacts of Sickle Cell Anemia on the *Tharu* people residing in Janaki Rural Municipality. Thus, emphasizes the urgent need for a holistic approach that combines medical care, educational support, and community engagement to address the multi-layered impacts of SCA in the *Tharu* community.

Research Questions:

The research questions of the study are:

a) What are the social impacts of sickle cell anemia (SCA) on the social life of *Tharu* people in Janaki Rural Municipality?
b) How does healthcare access of SCA in the *Tharu* community of the targeted area?

Objectives of the Study:

The following are the specific objectives of the study.

a) To analyze the social impacts of sickle cell anemia (SCA) on the social life of Tharu patients.
b) To explore the healthcare access of SCA in the Tharu community of the targeted area.

Delimitation of the Study:

This study is specifically delimited to the Tharu community residing in Janaki Rural Municipality, focusing on individuals affected by Sickle Cell Anemia (SCA). The number of population will be approximately five. The research emphasizes the socio-physical impacts of SCA, including quality of life and financial burdens, with a special focus on the challenges faced by this marginalized group. The study does not aim to cover the entire population of Nepal or other communities outside the specified ward. It prioritizes the descriptive analysis of data collected through questionnaires and interviews, which limits its findings to the perspectives and experiences of the sampled population.

Moreover, the study will explore the gaps in health and education services, such as the lack of awareness about SCA among teachers, students, and families, and the absence of school health services like trained nurses. While the research highlights the broader need for improved healthcare access and socio-psychological support, it does not include an exhaustive evaluation of healthcare policies or interventions at the national level. Instead, it focuses on the *Tharu* people's experiences in the specified geographic and social context. This focused scope has ensured an in-depth understanding of the socio-physical impacts of SCA within this specific community, leaving broader generalizations or comparisons beyond the study's boundaries.

Thus, to be more specific, the study has focused focus only on the *Tharu* indigenous people.

Significance of the study:

The study is significant for exploring the socio-physical impact of sickle cell anemia of sickle cell patients residing in Janaki rural municipality, Kailali. Besides, the study concentrates on the challenge of sickle cell anemia for the easy treatment of the people. Moreover, the research is important for the perception of Tharu people of Sickle Cell Anemia. The research hopes to be an effective tool to raise awareness the people about the problem of fatal and genetic diseases. Furthermore, the local government, via the case of the Rural Municipality, can be supported to make a composite plan for managing sickle cell disease.

Review of Literature:

The *Tharu* people of Janaki Rural Municipality in Kailali District face significant social challenges related to sickle cell disease (SCD). The various studies, literatures, criticism and publications reveal that the prevalence of SCD varies among the affected population, forwarding the issue of genetic grip. Symptoms such as recurrent fatigue, shortness of breath, joint pain, eye problems, and pallor are common. Socially, the burden of managing this chronic condition, coupled with limited healthcare resources, exacerbates the challenges of securing proper treatment and maintaining quality of life. Misdiagnoses and disparities in prevalence across sub-groups further highlight the need for targeted interventions and awareness in the community. The literatures, so far I have found, do not address on the problematic issue of the study rather than covering on the peripheral issues of the disease. Thus, I intend to be focused on the case of Sickle Cell Anemia highlighting the aspect of social impact of Sickle Cell anemia of *Tharu* people of Janaki Ruarl Municipality.

The management of SCA has traditionally focused on alleviating symptoms and preventing crisis events, such as vaso-occlusive episodes, acute chest syndrome, and stroke, which are prevalent in SCA patients. While these strategies have undeniably improved the care of individuals with SCA, they do not directly address the underlying chronic anemia that is central to the disease. This anemia is a result of both the destruction of sickled red blood cells and the reduced lifespan of the few healthy red blood cells that are produced (Obeageu, 2024). Hence, as Obeagu, the traditional management of SCA has centered on symptom relief and crisis prevention without

tackling the chronic anemia. The focus as Obeagu has claimed is general that is a bit surficial in my claim.

Similarly, other screening was conducted in India and reported that sickle cell disease among tribal populations is generally milder than among non-tribal groups with fewer episodes of painful crises, infections, acute chest syndrome, and need for hospitalization. It had partially been attributed to the very high prevalence of a-thalassemia among these tribes as well as higher fetal hemoglobin levels. However, there was no more information available on maternal and perinatal outcomes in tribal women with sickle cell disease (Poudel, 2020). Here, Paudel has stressed more the case of Scikle Cell Anima of the general-tribal case beyond condensing and typicalizing the issue of Tharu.

Erythropoietin (EPO) therapy, traditionally used to treat anemia, is gaining attention as a potential treatment for Sickle Cell Anemia (SCA). EPO, a hormone produced by the kidneys in response to low oxygen levels, stimulates red blood cell production in the bone marrow. For SCA patients, this therapy aims to alleviate chronic anemia by increasing healthy red blood cell production, potentially reducing the frequency and severity of vaso-occlusive crises, alleviating pain, and improving overall well-being. This review explores the mechanisms, recent advancements, clinical trials, and challenges of EPO therapy in SCA, highlighting its promise in extending lifespan and enhancing quality of life (Sharma, 2020).

Similarly, a study on sickle cell anemia in India reported that the clinical manifestations of sickle cell anemia in India seem to be milder than in Africa and Jamaica. Mostly homozygous sickle cell anemia patients seek treatment for vaso-

occlusive crises, which have the greatest incidence during the rainy season and follow by winter. It was also found that both sickle cell anemia patients and carriers have iron deficiency Thalassemia is one of the major epistasis factors responsible for amelioration of the disease. Simple measures like vaccination in childhood, adequate oral intake of fluids with electrolytes during vaso-occlusive crises, and avoidance of exposure to extreme temperatures reduce the number of patients with vaso-occlusive crises. Premarital counseling and prenatal diagnosis also help to reduce the number of births of homozygous children (Nepal Red Cross Society, 2021). The above research carried, hence, by Nepal Red Cross Society becomes a bit akin (similar) basically in terms of reducing scheme as I have intended to study.

In addition to this, a study conducted in Saudi Arabia reported that while SCD usually results in anemia, the primary symptomatic manifestation of SCD is pain. Children with homozygous disease face a chronic disease, with onset in childhood, resulting in serious complications. Those SCD children are at higher risk of developing many psychological problems, including anxiety and depression. Also, chronicity of the disease is distressing for children as well as parents or guardians, which have negative effects on the psychological state of children. In addition, frequent problems of pain, withdrawal from normal social surroundings, and frequent or long stays in hospital during the pain episodes may bring also negative consequences to the normal development of a child at stages of emotional, socio-behavioral, cognitive, and academic progress and contribute significantly to impaired psychosocial functioning, altered intra- and interpersonal relationships, and reduced quality of life. Indeed, those SCD children are at increased risk of developing internalizing problems as a result of their disease, and

often manifest neuro-cognitive impairments and learning problems, problematic interpersonal relationships, low self-esteem, and maladaptive coping patterns. Psychological problems that complicate chronic physical illness in children with SCD are common and pediatric liaison services in developing countries attending to the psychological health needs of those children are limited (Bakri, 2014). Bakri, hence, is a bit near to my instinct because the way he focused on the psychological health needs of the children he studied also relates to my case.

Besides, the different impacts of Sickle cells on different organs of the body, It has explained that cardiomegaly, left ventricular hypertrophy, dilated cardiomyopathy, and diastolic dysfunction on Cardiac Organs. As well as, the evaluated tricuspid regurgitate jet velocity and pulmonary artery systolic pressure, Pulmonary Hypertension in the lungs of humans. Furthermore, Alumina, and sickle nephropathy on renal originals. As well as, Increased TCD velocity, stroke, silent cerebral infraction, neurocognitive impairment, proliferative retinopathy, cerebral maculopathy, and Moyaoma syndrome on Neurological organs. In addition, Bone infractions, osteonecrosis, chronic skin ulcers, and low bone mineral density on bone. Furthermore, Fatigue, weakness, disability, and health-related quality of life had general impacts on health Bhatta, et al,, 2021). Thus, Bhatta asserts that fatigue, weakness, disability, and health-related quality of life collectively highlight the profound and multifaceted impact of chronic health conditions on an individual's overall well-being and daily functioning, emphasizing the need for holistic care approaches.

Again, another study suggested that sickle cell hemoglobin pathy poses a health problem to many other ethnic groups, including populations native to Italy, Greece,

Turkey, Saudi Arabia, India, Pakistan, Bangladesh, China, and Cyprus. As penicillin prophylaxis has been shown to reduce the risk of sepsis among children with SCA, many governments have established newborn screening programs to improve the health outcomes for patients with this disease. As a group, patients with SCA incur large numbers of hospital admissions, emergency department visits, and outpatient visits, often at substantial costs, hence, obtaining adequate health insurance is a problem for many patients. A common theme present in studies reviewed in this article is that a small proportion of patients tends to account for a majority of the total healthcare costs (Onimoe, 2020). However, the context that Onimoe has mentioned is rather feasible for my case.

Moreover, a study on the Tharu sub-ethnic groups found varying prevalence of sickle cell traits, with frequencies of 53.8 percent in Kanwar, 46.8 percent in Dadaha, and lower percentages in other groups, while the allelic frequencies of HbA and HbS were 0.9 and 0.1, respectively. Another study in Banke reported a 12 percent prevalence of sickle cell disease, with 88 percent of positive cases being sickle cell trait, 15.2 percent homozygous sickle cell disease, and 3 percent compound heterozygous for sickle cell beta-thalassemia. Common symptoms included fatigue, shortness of breath, and eye problems (Bhatta, 2019). A third study in Nepal found that 75.9 percent of Tharu individuals were Hb As heterozygotes, 4.5 percent were Hb SS homozygotes, and 19.5 percent were false positives (Bhandari & Adhikari, 2021). However, my research is focused on the Tharu community in Janaki Rural Municipality, and does not address the broader data on sickle cell anemia. Therefore, the specific focus of my study is to explore

the causes, longevity, and socio-physical aspects of Sickle Cell Anemia within this community.

The aforementioned literature on sickle cell anemia (SCA) primarily explores the general impacts of the disease on various populations, including tribal groups, focusing on symptom management, genetic prevalence, and healthcare interventions. However, there is a notable gap in research that specifically addresses the socio-physical impacts of SCA within the Tharu community of Janaki Rural Municipality, Kailali. Most studies rather touched up on the unique socio-cultural challenges faced by this community, including their perception of the disease, the role of local government in healthcare, and the specific social burdens on patients. This research purposes to fill this gap by examining the socio-physical impacts of SCA on the Tharu people in this region.

Methodology:

Research Design

This study has adopted a qualitative research design; it is a qualitative approach with descriptive mode. The qualitative design is chosen to provide a comprehensive understanding of sickle cell anemia among the Tharu people in Janaki Rural Municipality, enabling both numerical data and in-depth personal accounts of the experiences of the affected individuals.

Qualitative Approach

A qualitative approach focuses on understanding human experiences, perspectives, and social contexts through methods like interviews (semi-structured) and questionnaires, emphasizing depth over breadth. In this case, this approach captures the personal, lived experiences, cultural perspectives, and social implications of living with

sickle cell anemia. By exploring socio-cultural, psychological, and familial impacts, the study provides rich insights into how the disease shapes individuals' lives within this specific cultural context.

Sampling Procedure

Given the nature of the study, the sampling has been purposive, as there have been four known patients of sickle cell anemia of Janaki Rural Municipality. There are many sickle cell patients but this study has taken only three patients for study by the purposive sampling method. I have selected the sample who has given me the information for the study. Here is the more sickle cell patients than the other municipality in Kailali district and they were backed from the all facilities provided by the government because they have no idea for that and cultural stigma is the barrier for their treatment.

Data Collection Tools and Techniques

The primary tool for data collection has been interview (in-depth). Semi-structured interviews conducted with the five patients to gain a deeper understanding of their experiences, challenges, facing mechanisms, and the socio-cultural and physical impacts of the disease. These interviews conducted in a culturally sensitive manner to ensure that the Tharu participants feel comfortable sharing their experiences. Likewise, to get further information questionnaire applied as the second tool of data collection. As per need, secondary tools also applied.

Discussion and Analysis:

The Tharu people of Nepal have been living in the Terai region for a long time. The Terai is a hot and humid area, which creates a good environment for mosquitoes to breed. Because of this, malaria which is a dangerous disease spread by mosquitoes has been an epidemic problem in this region. Malaria is especially serious in places where people do not have access to proper treatment because it has no medicine for that.

Over many generations, the Tharu people were repeatedly exposed to malaria. As a natural defense, adjustment and setting in that environment, their bodies developed a unique adaptation in their blood vessels in the body. In some Tharu individuals, the red blood cells changed its shape into a "sickle" or curved shape. These sickle-shaped cells help to stop the malaria parasite from spreading in the blood of the body. This natural changing of red blood cells are protected them from getting seriously sick from malaria.

In this way, the same adaptation has a downside naturally in blood vessels. When the red blood cells become sickle-shaped, they don't move smoothly through the blood vessels. The sickle shaped red blood cell is helping to stop the blood circulation in the vessel; and they blocked the flow of blood, which causes pain and other health problems. This condition is called sickle cell anemia**.**

Sickle cell anemia is now seen mainly among ethnic groups living in the Terai, especially the Tharu community. It is a genetic disease, which means it is passed down from parents to children. While the sickle-shaped cells were helpful in fighting malaria, they also bring serious health risks that can affect a person's entire life.

Individuals use cultural maps to make sense of their health condition and social life of people who are suffering from sickle cell anemia and that we need to consider whole cultural systems of beliefs, attitudes and values to understand how and why individuals use or do not use services and social setting of the society. The social life of the sickle cell patients is very difficult and traumatic due to discrimination of the society. They have taken their life as a burden and bearing the unhappier life. The social life of the sickle cell patients of the study area are analyzed here.

The social impacts on social life of sickle cell anemia suffered patients

The illness was nothing but a myth; as such "illness" lacked the characteristics that we normally require from healthiness, most importantly some form of biological deviation. It simply represented the problems in living and in some way reflects a normal response to an abnormal world.

Social interactions and culture give the initial source of social traumatic meaning of sickle cell suffered patients in the society. The sickle cell anemia patients are treating unsocial and discriminated from their family, peer groups, teachers, friends, work places, and public spaces also. They are isolated from the social structure because stigmazed by the sickle cell anemia due to cultural meaning of sickle cell anemia disease.

The social impacts on the life of sickle cell patients are the very traumatic pain. They have beared many social and psychological difficulties and problems due to sickle cell anemia. This study has focused on social impacts of life of sickle cell patients. It found the more information and traumatic pain of the patients by the interviews. Their interviews are given below.

Mor nau Lal Bahadur Chaudhary ho. mai char barash se sickle cell rog se beram batu. mai beram huina se pahile mor gharek sakku jane bahut maja manaih. Asteke morik saghriya hukre fen maja manaih au mai jaha kam karu oha fen maja manaih. sakku jane sangge vat khai, ghume jai. sakku jane lagge lagge rahaih. saghariyan sag mela jai, sangge suti fen. mor jiban hansikhushi se rahe.

Mano jaun din mai beram huinu to ghani kaha ghani kaha aspatal gili tab nepalgunj aspatal me mor sickle cell rog ho kahike pata lagal. jaun din se sickle cell rog lagal pata lagal taun din se morik sakku saghariya hukre mahin se dur dur hui lagnai. sab je mahin apan lagge nai aai dehe lagnai. tuhin to sickle cell rog lagal ba hamar than nai aais kahe lagnai. mahin to chhichhi durdur karai lagnai. mahin se lag nai pariah. sakku saghariya hukre.

Asteke morik kam karna thaume fen morik berami janke mahin he dur karai lagnai. tai ab kam kare nai aais kahe lagnai ka kareki tuhin sickle cell rog lagal ba. tai hamhan fen silga debe kahike apan lagge nai jai dehe lagnai. Aste karti karti mahin yakdin to kam se nikar fen denai ka kareki mahin sickle cell rog laggil.

Asteke mirik gharpariwarke mania fen chhomai has karaih. sabkoi mahin se dur rana, lagge nai aai dena. dawai karaik man nai karna, Aaur jahan fen sari kahike dur rahis kathai sakku jane. Gaun gharek mania, o natapata, saghariya hukre sabje fen mahin se dur dur rahe lagnai. Mahin chhichhidurdur karai lagnai. Sabkoi helha karai lagnai, e rog to nai chokhaith, tai margibe, tuhin pap lagal ba, halhal marjais kahike sabjane bat sunaih.

Rojroj ke chhichhidurdur o ghirna, sanka, sakhun se dur rahna e sab chij mai sahe nai seknu. na to koi hausla dehna nato koi sahyok karna mai to bikka huginu. Bas ab jike

michchai has lagal, jiya nai seke ola lagal bas yak din mai fansi lagalenu ghareme. Mano ghareme aaur jane rahain bas mahin dekhlenai to chhuta denai bas mai mare nai painu. O fen se ji ginu. Tavun fefn sab je ostahi karaih mahin. Sakhun ke bojh hus lage lagal to fen se mai mare ginu mano fen se mare nai seknu. Astahi ke mai tin chot aatma hatya o marek kosis karnu mano mare nai seknu. Morik jindagi bahut dukh ba. Koi fen maja nai manath tavun fen dawai karaiti batu o giaal batu sir.

This study found that the life of Lal Bahadur who has very traumatic, social and emotional painful life. He was stigamized by the sickle cell anemia and all were made distances from him. His life is very painful because social structure is making the cultural meaning of sickle cell.

Mr. Lal Bahadur Chaudhary, (Name changed) was living a happy and socially supported life. His family, peer groups, seniors and all social circles treated him well before they did not know; he had suffered from sickle cell anemia. He was engaged in social activities and had a normal daily social life like others. But his normal daily social life was not long because he was fall from the disease and identified by the sickle cell anemia in the hospital. He was culturally and structurally stigmatized in the social circles when he found out that sickle cell disease. Stigmatized individuals possess some attribute or characteristic that conveys a social identity that is devalued in a particular social context. (Stafford and Scott, 1986). Like ways, his social context is changed and his social identity was devalued from the social structure and social stigma of sickle cell disease. Everything was changed, from that day. He started facing many social discrimination, misbehavior, loneliness and isolation. His family, friends, and even co-workers began to ignore, mistreat him and keeping distance from their social circles. He

was excluded from his social groups and treated as if he was different or devalued. According to the structural theory of Emile Durkheim, society is like a system where all parts (family, kinship, marriage, religion, education) ties and works together to maintain balance and social order. When one part of social system fails to support an individual, the problems arise in the society. Similarly, Lal Bahadur Chaudhary' social life also devalued and all were cut off from social support which created a social imbalance and led to his suffering and mental breakdown.

This kind of social isolation and rejection caused him a lot of psychological stress, social and emotional pain, and loneliness. He went into depression and felt that he no longer belonged to the society and his social daily life. He tried to commit suicide three times because he could not handle the pain of being rejected and isolated. By luckily, all his suicide attempts were unsuccessful.

His suicide case is connected to the Suicide theory of Emile Durkheim. Where individual is alone, unconnected, and unsupported by the social system then commit to egoistic suicide. As per, Lal Bahadur also, lost his social ties, rejection and isolation made him feel that his life had no value after his disease was known. That's why he tried to end his physical life because of lack of belonging and deep social pain.

Morik jindagi ke kahani to bahut dukhdae ba sir. Mai hero sir hasti khelti rahu. Sughur fen rahu, sabje hai hai karaih. Gaunghar me sabkoi bahut maja manaih. Din bitti gil, mai barwar huiti ginu sir. Yak mahin laura o okar gharek manai mahin herefen aainai o morik magni fen hui gil. Magni paxe u laura o mor okar ghar aaina jaina hui lagal. Sabkoi maja manaih o hamar jindagi maja se fen bitti rahe. U laura o okar gharek manai

fen mahin bahut maja o maya fen karaih. Morik jindagi bahut maja se biti kahike sochti rahu.

To yak din mai beram hui ginu, sab jane mahin aspatal lai ginai tab daktaruwa kahal ki ehin he to sickle cell rog lagal batis.Tab se sab jane mahin se ghirna kare laganai. Gaun var morik halla hui gil ki uhin he sickle cell rog lagal batis okarthan nai jiho. Sakkuhun ke chhichhidurdur kare lagnai. Mai roiti din bite lagal. Yak to beram omna se sakhun ke chhichhidurdur mai kaisike jiaam sir. Morik voj karna batchit fen huui gil rahe. O hamar voj huina fen das bara din kil rahe tave mai beram huiginu.

Jab mahin sickle cell rog lagal morik sasral ke pata painai tab se oine fen aawajahi chhor denai. U laura morik huina ola tharwa fen mahin se vete nai lagal. Mahin he maya karna fen chhor dehal. Okar gharek manai fen koin nai aailagnai. Sickle cell lagal manain nai voj karna ho, kono kam nai kare sekthai o okar larka fen sickle cell rahal huihi. Hamar man fen sarjai kahike sasral ke fen koi fen nai aai lagnai. Jab ki das bara din kil rahe voj aina vojek tayari fen huigil rahe dunu or mano. Tab sasral ke manai o aaguwa aake hamar ghar kahal ki aab hamre tuhun chhai nai lehab, tohan chhai he sickle cell rog lagal batis, e rog to kabbu fen nai chokhaith nato kam kare sekthai o larkaparka fen sickle cell rahal huithai o hamar man fen sarjai tave ab hamre tohan chhai se voj nai kare sekab kahike mahin se o hamar gharpariwar se nata sambandh sab tutadenai.

Mai bedhab roinu sir bedhab roinu. Sakku or halla huigil kil falanuwa he to sickle cell rog lagal batis kahike. Tabse to aaur sakhun se chhichhidurdur karwa pailagnu. Mai roiti roiti batu sir, kaisike chokhai e rog. Mai to dongil huigil batu. Abse to mor jindagi astahi jai.

Like ways, this study was found that event of Susmita Chaudhary (Name changed) who was a young woman who was engaged to be married. Her social life was going happily, fine, and everything was planned for the wedding. At that time, nobody knew that she had sickle cell anemia because she was not sick. She was happy and hopeful about her future and married life.

But just one week before the marriage she was falls sick and her illness was diagnosed sickle cell anemia. After that identified the disease, the person who was going to marry her cancelled the marriage because the sickle cell disease is stigmatizing culturally. That event sudden change broke her emotionally. She felt rejected, sad, and hopeless. Because of this painful event, she went into depression. Now, she is taking medicine for depression and sickle cell too.

According to social structural theory of Emile Durkheim, the society is made up of different units (marriage, family, health system, culture, and social norms). These units work together to keep individual's life balanced and meaningful. Marriage is an important part of social life. It gives emotional support, social status, and future security. When the marriage of susmita's was suddenly cancelled due to her illness, it broke the normal structure of her life. She was lost emotional and social support from her circles and his family. The negative attitude towards people with sickle cell disease also made her feel isolated and unworthy. This disruption in her social structure caused her to fall into depression.

Ram ram sir. Morik chhaik jindagi to bahut nai majai huigilis sir. Mor chhai abbe chauda barash ke huigil. Mor chhai hastikhelti ka hui gil ka ni sir. chhotte se school jaya. Okar sakku saghariya hukre o okar teacher hukre fen bahut maya karaih. Mor chhai

gharese khaina lai jawaito sab jane badke khaih. Okar teacher hukre fen ghare aake kahai ki tohan chhai bahut jannaha ba, milansar ba kabbu nai jhagra karath. katra khusi rahi hamre sakku jane. Mor chhai barwar huke parhke barwar manai bani kahike bahut sapna dekhle rahu sir. Kakarbo daiba ke khel sir. mor chhai he kani ka rog laggilis ki kakhu. Jab e beram huil to aspatal laigili tab aspatal me dactaruwa kahal ki tohan chhai he sickle cell rog laggilis. Tab mai to behos huiginu sir. Mor chhai fen bahut roil sir. Tab se mor chhai bahut chinta lehath. School jaith to okar sakku saghariya hukre uhin he apanthan nai baithaithai sir. Okar teacher hukre fen school nai aais kathai. Sakku jane uhin he chhichhidurdur karaithai sir. Mor chhai school se roiti aaith. Gau var hall aba ki okar chhai he to sickle cell rog lagal batis. sabjane school nai pathais kathai. Aaur jahan me e rog sarjai kahike. O school me fen sirhukre nai aai dethai. O mor chhai fen ber ber beram fen huith tave mare mai school nai jai dethu sir. Okar teacher hukre o saghariya hukre fen koi nai maja manath tave chhai fen nai jaik man karath. Mai fen school nai jais kathu. Tave mare mor chhai school o parhai fen chhut gil ba sir. E sickle cell rog kana kaisin rog ho. ki sab jane nai maja manthai, Gaunsamaj me sabjane chhichhidurdur karaithai. E rog to kihno fen nai lagis kathu. Ber ber aspatal laijai parna, aspatal me fen yakr dewai nai ho sir. Yakdam yakdam ragat charaiparath. Sakku jahan se helha huina. Mor chhai beram se chhukara paikinai, ehin he ke voj kari kahike bahut chinta huith.

Similarly, the study found that the next case of Roshni Chaudhary (Name changed) who was a young girl was living a normal and happy life. She used to go to school, play with her friends, and was loved by her family and teachers. Everyone was treated her well because they didn't known she had any illness. But one day, she became sick and the

doctor found that she had sickle cell anemia. After this, all people's behavior was changed completely. At school, her teachers and friends started to treat her differently and badly. They didn't play with her or sit near her. Some teachers ignored her or treated her like a burden. At house, elders and relatives also started keeping distance from her. Her peer group also rejected her. She was made to feel like she didn't belong.

Because of this social rejection, she became very sad and dropped the school. Not because of the disease, itself, but because of the way people treated her.

This event also connected to the social structural theory because the social units help to ties and formed the social system together. The social units' help to imbalance the social life of an individual if don't match together. Like ways, the structure of society around her started to breakdown which made her feel rejected, lonely, and emotionally hurt. Finally, she had to leave school, not because of her physical health, but because of the social discrimination which she was faced.

Morn au manbasiya Tharuni ho. Mor duitho larka aatai sir. mai apan janma ghar baithau sir. Jab mai maja rahu to morik sasural me mahin khub maja manaih morik sasu o sasura. Asteki morik tharuwa fen bahut nik manai. Mai gharek sakku kam karke fen samua me chal jau aau larkan school fen pathai jau. Morik tharuwa gharse bahar kam kare jaih.Gaunghar me sakku jane maja se bolaih. Mor tharuwa fen dher se dher maiya karai mahin.

Yak din mai beram parginu to aspatal gaili. o aspatal me dactaruwa kahal ki mahin sickle cell rog lagal ba. To mai mare has lagal.Morik tharuwa to daragil. Morik sasu o sasura hukre aaure gaunme sickle cell ke bareme sunle rahai. Tab mahin to bahut

garyainai fen.Boksiniya ho ehin he ghar se nikarde kahike apan chhawa he fen kanai.Morik tharuwa fen e to nai maja rog ho o larkan me fen saral hui kahike garyaiti mahin se dur dur hui lagal. Mahin se bolchal karna chhor dehal mor tharuwa. Na to morik larkan apan than jai dehe lagal nato oinke budibudu than jai dehe lagal. Gaume fen sab je sickle cell rog lagal medharuwa aaita kahike dur dur vagain sakku jane.Morik o morik tharuw se rotdin jhagara huiti rahe o sasu sasura se fen rotdin jhagra huiti rahe.Mai ohar beram aau dosar ohar tharuwa dosar medhruwa ghar me nan lehal. Mai bedhab roinu o morik larka fen bahut roinai sir.Mano ke hamar bat suni. Tab asti huiti gil. Mahin vat fen khai nai dehai sir. Katra din to vukhle rahu. Ohar larkaparka herna ohar beram kam nai kare sekna bahut dukh painu sir.

Astahi huiti huiti yak din to tharuwa mahin pitti garyaiti mahin gharemese nikardehal. Sasu sasura hukre fen garyaiti hamhan dutho larka hukrahan fen sangge ghar se nikar denai. Mai to bahut marnas lage sir mano ka karu chhotchhot larka rahai ke heri kahike mai mare nai seknu.Ba mai apan janmal ghar aake baithail batu sir. Na to paisa ho nato rog oraitho ka karna ho ni ka.

As per, the study found that next case of the woman name Manbasiya Tharuni (Name changed) who was living a happy and socially connected life with her husband, family and friends also. Everyone was respected her and treated her fine when they did not know she had fall from sickle cell disease. She had a normal social daily life. Her husband and her parents in law also loved her.

But everything was changed after she became seriously ill and was found out with sickle cell anemia. From that moment, all people's behavior towards her changed. Her family, friends, and parents in law began to discriminate against her. She was faced mistreatment

at home and public space also. Her husband was taken next wife and beaten her .Her husband even divorced her and left the home, abandoning her along with their two children from the house. Then she was gone her father's house with her two children but there was also mistreated her from the society.

This social rejection and misbehavior deeply hurt her. She was felt socially isolated and suffered from emotional trauma and mental depression. Feeling hopeless and unsupported, she was tried to end her life but when she thought about her two children's life who would take care of them if she was died. She was stopped herself from committing suicide.

According to social structural theory and in this woman's case before the illness, she was well structured and connected to these existing social systems. But after being identified from sickle cell, those social structures broke down for her and boycotted from that circles. Her family rejected her, her husband left her, and society isolated her and her children. The breakdown of these social structures and connectivity led to her social exclusion, discrimination, misbehavior, and suffering, from all surrounding.

In this way Durkheim explained suicide as a result of the level of social integration and regulation a person's life. He described the suicide from their social setting. These feelings of the woman by her husband and family, she was punished her toward suicide. But her sense of responsibility of her children prevented her from that step of suicide. Her role was shown as a mother gave meaning and kept her going with social challenges in her all social structures and she was lived with social trauma due to her children

The above cases of Lal Bahadur, Susmita, and Roshni Chaudhary clearly showed that how sickle cell disease not only impacts on physical health but also deeply impacts on social and emotional life an individuals. Before, their sickness was identified; they were treated fine and lived happily in their social circles and social system. When disease was recognized, their lives were changed drastically due to stigma and social rejection from the social norms, structure. They had faced social discrimination from family, friends, schools, and society, which led to emotional pain, loneliness, depression, and even suicide thoughts.

According to Emile Durkheim's social structural theory, when the social units like family, marriage, education, and peer support fail to work together, an individual feels disconnected and suffers from the isolation. These stories highlighted that the breakdown of social support can cause serious mental and emotional damage. Therefore, sickle cell patients not only need medical care but also strong social acceptance and support to live a normal and healthy life. Society must treat them with dignity and care.

Access to healthcare for sickle cell anemia patients in Nepal

In Nepal, access to healthcare for sickle cell anemia patients is still limited and challenging.

Lack of awareness

Many people, even in the medical field, don't know much about sickle cell disease. Because of that, the disease is often not diagnosed early, and patients suffer without proper treatment.

Limited Testing and Diagnosis

A few hospitals in Nepal, especially in cities have proper facilities to test for sickle cell anemia. In remote areas, testing is not available, and people may not even know they have the disease.

Cost of Treatment

The treatment for sickle cell anemia can be expensive. It includes regular checkups, pain management, blood transfusions, and medicals hydroxyurea. Many poor families cannot afford these costs, if they know about the disease.

Government Support

The Government of Nepal has started some free treatment programs and financial support for sickle cell patients. The province government is providing one lakh financial support to the sickle cell patients. Especially in the Tharu community, where the disease is more common, is still not enough and not available everywhere.

Lack of Specialized Doctors

There are very few doctors who are trained to treat sickle cell anemia in Nepal. Most health workers are not fully aware of how to manage the disease properly.

Social discrimination

Due to social structure, stigma, education and awareness of people with sickle cell disease often face discrimination, isolation and rejection in the society.

Sickle cell disease remains a serious but neglected health issue in Nepal, among marginalized communities like the Tharu. The major challenges include a lack of awareness even among healthcare professionals, limited testing and diagnostic services. High cost of treatment which poor families cannot afford and government has not support. The medical and structural barriers, social stigma and discrimination make feel isolated patients, making their lives more difficult.

Conclusion:

The study on sickle cell anemia (SCA) among the Tharu people in Janaki Rural Municipality, Kailali District, reveals the deep socio-physical impacts of the disease. It links genetic tendency with significant social and economic challenges. The findings highlight that SCA not only causes chronic anemia, pain crises, and organ damage but also leads to severe social consequences, including stigma, discrimination, and isolation. Cases like Lal Bahadur, Susmita, and Roshni Chaudhary illustrate how the diagnosis of SCA disrupts social ties, leading to exclusion from family, peer groups, schools, and workplaces. This social rejection, rooted in cultural misconceptions and a lack of awareness, results in emotional distress, depression, and, in extreme cases, suicidal tendencies, as seen in Lal Bahadur's attempts. To be more specific, the findings show how the breakdown of social units like family, education, and marriage destabilizes individuals' lives, exacerbating the psychological toll of SCA. Furthermore, access to healthcare remains a critical barrier, with limited diagnostic facilities, high treatment costs, and a lack of specialized doctors hindering effective management of the disease. While government initiatives like the Social Health Insurance Program and provincial

financial support offer some relief, these measures are insufficient, particularly in remote areas where awareness and infrastructure are lacking.

The Future concerns of the study include the urgent need for enhanced healthcare infrastructure, community education, and socio-psychological support to address SCA's complex impacts. Strengthening school health services, increasing awareness among educators and families, and expanding access to affordable testing and treatment are critical steps. Moreover, addressing social stigma through community engagement and counseling can mitigate isolation and improve quality of life. Thus, this study emphasizes the necessity for a holistic approach, combining medical advancements with policies targeting social determinants of health, to reduce the burden of SCA and foster inclusivity for the Tharu community in Janaki Rural Municipality.

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स्नातक तहका अनिवार्य नेपाली भाषापाठ्यक्रमको तुलना

सुदूरपश्चिम विश्वविद्यालय टीकापुर बहुमुखी क्याम्पसको सङ्कायगत अनुसन्धानका लागि प्रस्तुत

लघु अनुसन्धान प्रतिवेदन

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प्रस्तोता

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टीकापुर, कैलाली

विषयसूची

अध्याय एक : परिचय

पृष्ठभूमि

सुदूर पश्चिम विश्वविद्यालय नेपालका प्रमुख विश्वविद्यालयहरूमध्ये एक हो, जसले विभिन्न शैक्षिक कार्यक्रमहरूको माध्यमबाट विद्यार्थीलाई ज्ञान र सिपको विकास गर्नका लागि अध्ययन गर्ने अवसर प्रदान गर्दछ । स्नातक तहसम्मका अनिवार्य नेपाली पाठ्यक्रमको मुख्य उद्देश्य भाषिक सिपको विकास गर्नु भएकाले यिनलाई भाषापाठ्यक्रम अन्तर्गत राखिन्छ ।

भाषापाठ्यक्रम एउटा दस्तावेज हो यसमा किन पढाउने, के पढाउने, कति पढाउने, कति समयमा पढाउने, कुन सामग्री प्रयोग गरेर पढाउने, कसरी पढाउने, पढाइको प्रभावकारिता कसरी जाँच्ने भन्ने कुराको सुस्पष्ट मार्ग निर्देशन रहेको हुन्छ । भाषापाठ्यक्रमका विभिन्न स्तम्भ वा तत्त्वमा यिनै कुराहरू समावेश गरिएका हुन्छन् ।

भाषापाठ्यक्रम शिक्षण सिकाइको व्यापक र बृहत् कार्यक्रम हो । यसभित्र शिक्षाका राष्ट्रिय उद्देश्यहरू, साधारण उद्देश्यहरू, विशिष्ट उद्देश्यहरू, ती उद्देश्य पूरा गर्नका लागि पठनपाठन गरिने पाठ्यवस्तुहरू, ती पाठ्यवस्तु सिकाउने विधि र सामग्रीहरू, सिकाइको प्रभावकारिता जाँच्ने मूल्याङ्कनका तौरतरिका आदि सूचनालाई विभिन्न स्तम्भमा प्रस्तुत गरिएको हुन्छ । यसमा अङ्क भार, समयभार आदि सूचनाहरू पनि समावेश गरिएका हुन्छन् ।

भाषापाठ्यक्रम भाषा सिकाइको आवश्यकता विश्लेषणका आधारमा तयार गरिन्छ । भाषापाठ्यक्रम निर्माण गर्दा राष्ट्रिय अन्तर्राट्रिय परिस्थितिको विचार गरिन्छ । देशको राजनीति, दर्शन, नवीन, खोजआविष्कार आदि पक्षको विश्लेषण गरेर त्यसको आधारमा भाषापाठ्यक्रम बनाइन्छ । विशेष गरी, बीएड र बीएका पाठ्यक्रमहरू विद्यार्थीलाई भाषिक सिप समृद्धिमा योगदान पुऱ्याउने उद्देश्यले तयार गरिन्छ । प्रस्तुत अध्ययनमा शिक्षाशास्त्र संकाय अन्तर्गत बीएड र मानविकी तथा समाजशास्त्र अन्तर्गत बीए तहका अनिवार्य नेपाली भाषा पाठ्यक्रमहरूको तुलनात्मक अध्ययनमा केन्द्रित रहेको छ ।

समस्या कथन

सुदूर पश्चिम विश्वविद्यालयमा सञ्चालन भइरहेका बिएड र बीएका अनिवार्य नेपाली पाठ्यक्रममा के भिन्नता र समानताहरू छन् भन्ने कुराको पहिचान हुन नसक्नु प्रस्तुत शोधको मुख्य समस्या हो । यसबारे हालसम्म पर्याप्त अध्ययन गरिएको पाइएन । विद्यार्थीहरूको भाषिक क्षमतामा प्रभाव पार्ने यी पाठ्यक्रमहरूको तुलनात्मक विश्लेषण गर्नु महत्त्वपूर्ण देखिन्छ । यस अनुसन्धानमा शिक्षाशास्त्र र मानविकी संकायका अनिवार्य नेपाली पाठ्यक्रमको पाठ्यक्रममा हुनुपर्ने स्तम्भगत संरचना र त्यसअन्तर्गतका आवश्यक सूचनाहरूको उपयुक्तता र पर्याप्तताबारे तुलनात्मक अध्ययनका पक्षलाई यस लघुअनुसन्धानको समस्याका रूजमा लिइएको छ ।

प्रस्तुत अनुसन्धानलाई मूलतः निम्न समस्यामा केन्द्रित गरिएको छ :

क. सुदूर पश्चिम विश्वविद्यालय अन्तर्गत बिएड र बीएका तहका अनिवार्य नेपाली पाठ्यक्रमका स्तम्भगत संरचना केकस्तो छ ?

ख. यी पाठ्यक्रमका सबलता र दुर्बलता के कस्ता छन् ?

अनुसन्धानको उद्देश्य

प्रस्तुत लघु अनुसन्धानका उद्देश्यहरू निम्नानुसार रहेका छन् :

क. बिएड र बीएका अनिवार्य नेपाली पाठ्यक्रमहरूका तत्वहरूको तुलनात्मक विश्लेषण गर्नु

ख. पाठ्यक्रमको सबलता र दुर्बलताको पहिचान गर्नु ।

अनुसन्धानको औचित्य

प्रस्तुत अनुसन्धान सुदूरपश्चिम विश्वविद्यालयका बिएड र बीए तहका अनिवार्य नेपाली पाठ्यक्रमहरूको तुलनात्मक विश्लेषण गर्नका लागि महत्त्वपूर्ण हुनेछ । यसले पाठ्यक्रमको सुधारका लागि महत्वपूर्ण मार्गदर्शन प्राप्त हुने देखिन्छ । साथै, यस अध्ययनले शिक्षकहरूलाई शिक्षण विधि र मूल्याङ्कनका नयाँ दृष्टिकोणहरू अपनाउन मद्दत पुग्ने देखिन्छ । विद्यार्थीहरूको भाषिक सिप र सामर्थ्य विकासमा सुधार

ल्याउने उद्देश्यले पाठ्यक्रममा परिवर्तन गर्नका लागि यस अनुसन्धानले यथोचित मार्गदर्शन गर्ने भएकाले यस अनुसन्धानलाई औचित्यपूर्ण कार्य मानिएको छ ।

अनुसन्धानका सीमा

प्रस्तुत अनुसन्धानलाई निम्नलिखित पक्षमा सीमित गरिएको छ :

क. यो अनुसन्धान सुदूरपश्चिम विश्वविद्यालयअन्तर्गत स्नातक तहका पाठ्क्रममा सीमित रहेको छ ।

ख. यस अध्ययनलाई अनिवार्य नेपाली पाठ्यक्रममा मात्र सीमित गरिएको छ ।

ग. यो अनुसन्धान सुदूरपश्चिम विश्वविद्यालयका बिएड र बीए तहका अनिवार्य नेपाली पाठ्यक्रमहरूको तुलनात्मक विश्लेषणमा सीमित रहेको छ ।

घ. यसमा पाठ्यक्रमको सबलता र दुर्बलताको पहिचान गरिएको छ ।

ङ. यसमा माथिल्लो तह र तल्लो तहसँगको सम्बन्धको विश्लेषण गरिएको छैन ।

अध्याय दुई : पूर्वकार्यको समीक्षा र सैद्धान्तिक अध्ययन

प्रस्तुत अनुसन्धान सम्बद्ध हालसम्म विभिन्न अनुसन्धान भएका छन् । यिनलाई प्रस्तुत अध्ययनसँग सम्बद्ध पूर्वकार्यका रूजमा लिइएको छ ।

यसै सन्दर्भमा अधिकारी (२०६३) ले आफनो *भाषा शिक्षण केही परिप्रेक्ष्य तथा पद्धति* पुस्तकमा भाषा पाठ्यक्रम, पाठ्यपुस्तक र यसमा राखिने स्तम्भगत तत्त्वका बारेमा प्रकाश परेका छन् । गिरी (२०७५) ले अभ्यास शिक्षण पाठ्यक्रमको विश्लेषणात्मक अध्ययन शीर्षकमा अनुसन्धान गरेको पाइन्छ । पौडेल (२०६७) ले आफनो पुस्तक *भाषापाठ्यक्रम, पाठ्यसामग्री तथा शिक्षण पद्धति* पुस्तकमा भाषापाठ्यक्रम र पाठ्यपुस्तक विश्लेषणका आधारहरू उल्लेख गरेका छन् । यस अतिरिक्त प्रशस्त पुस्तक, अनुसन्धानात्मक जर्नल, शोध पत्र तयार भएका देखिन्छन् तापनि स्नातक तहका पाठ्यक्रमका बारेमा अनुसन्धान भएको यस अध्येताले हालसम्म फेला नपारेकाले यस शीर्षकमा लघु अनुसन्धान गर्न थालिएको हो । पौडेल (२०७६) ले *भाषिक परीक्षण* नामक पुस्तकमा भाषिक परीक्षणका उद्देश्य क्षेत्रका बारेमा स्पष्ट पारेका छन् । यसमा उनले बेन्जामिन एस. ब्लुम (सन् १९७२) को मत सबैभन्दा बढी चर्चामा रहेको धारणा राख्दै संज्ञानात्मक, मनोक्रियात्मक र भावनात्मक क्षेत्र भाषिक परीक्षणका सम्बन्धमा पनि उपयोगी हुने उल्लेख गरेका छन् ।

शर्मा (२०६३) ले *विद्यालय तहका भाषा पाठ्यक्रम-भाषापाठ्यपुस्तक अनुरूपताको अध्ययनका आधारहरू* शीर्षकको लेख *सम्प्रेषण* अङ्क-३, २०६३ मा प्रकाशित गरेका छन् । शिक्षा स्नातकोत्तर तहका छात्रछात्राहरूका लागि विद्यालय तहमा निर्धारित अनिवार्य भाषाहरू, मातृभाषा, सम्पर्क भाषा वा विदेशी भाषा विषयका पाठ्यक्रम-पाठ्यपुस्तकका बिचको तालमेल पहिल्याउन मार्गदर्शन गर्ने उद्देश्य राखेर तयार पारिएको यस लेखमा भाषापाठ्यक्रमको प्रयोजन, यसमा रहने स्तम्भहरू र तिनमा रहने सूचनाहरू, भाषापाठ्यक्रमको स्वभाव, भाषापाठ्यक्रम र पाठ्यपुस्तकको सम्बन्ध, भाषापाठ्यक्रमको उद्देश्य र विधाको शिक्षणीय प्रयोजनबारे प्रकाश पारिएको छ ।

पौडेल (२०६६) ले *माध्यमिक तह (कक्षा ९/१०) का नेपाली पाठ्यपुस्तकको पठनीयताको अध्ययन* शीर्षकको विद्यावारिधि शोधप्रबन्धमा पठनीयताका दृष्टिले नेपाली पाठ्यपुस्तकहरूमा के कस्ता समस्या तथा कठिनाइहरू रहेका छन् भन्ने मूल समस्यामा केन्द्रित रहेर अध्ययन गरेका छन् । उक्त अध्ययनमा

माध्यमिक तह (कक्षा ९/१०) का नेपाली विषयका पाठ्यपुस्तकहरूको पठनीयताका दृष्टिले अध्ययन गर्नु, नेपाली पाठ्यपुस्तकका सन्दर्भमा पठनीयताका अध्ययनका मापदण्ड स्थापित गर्नु, विविध पृष्ठभूमिका विद्यार्थीहरूका लागि निर्दिष्ट पाठ्यपुस्तकको पठनीयतास्तर पहिल्याउनु जस्ता उद्देश्यहरू रहेका छन् ।

कठायत (२०७४) ले *कक्षा नौको वर्तमान नेपाली भाषापाठ्यपुस्तकमा समाविष्ट व्याकरणको विश्लेषण* शीर्षकमा स्नातकोत्तर शोधपत्रमा व्याकरणिक अभ्यासहरूको पाठ्यक्रमअनुरूपताको अध्ययन गर्ने, पाठको प्रकृति र व्याकरणिक अभ्यासको अन्तरसम्बन्ध पहिचान गर्ने र व्याकरण शिक्षण गर्दा देखिएका समस्या पहिचान गर्नु कार्य गरेका छन् ।

रिमाल (२०७५) ले *कक्षा आठको वर्तमान नेपाली भाषा पाठ्यपुस्तकमा समाविष्ट व्याकरणिक अभ्यासको विश्लेषण* शीर्षकमा स्नातकोत्तर शोधपत्रमा कक्षा आठको पाठ्यपुस्तकमा व्याकरणका अभ्यासहरूको पाठ्यक्रमअनुरूपता पहिचान गर्ने, पाठको प्रकृति पहिचान गर्ने, पाठ र व्याकरण अभ्यासको सम्बन्ध पहिचान गर्ने, भाषिक सिपका दृष्टिले व्याकरणका अभ्यासको विश्लेषण गरेका छन् ।

यसरी नेपाली भाषा र व्याकरण शिक्षणका क्षेत्रमा विविध पक्षको अनुसन्धान भएको पाइन्छ । भाषा र व्याकरण शिक्षणका क्षेत्रमा भाषा शिक्षणसँग सम्बन्धित विधि प्रविधिका बारेमा केही समसामयिक खोजीहरू भएका छन् । यिनबाट उपयोगी दृष्टिकोणहरू प्राप्त गर्न सकिन्छ । व्याकरण शिक्षणका सम्बन्धमा शैक्षिणिक व्याकरणको दृष्टिकोण विकास भएको छ । भाषा शिक्षणका प्रविधिका बारेमा पनि प्रशस्त अनुसन्धान प्रकाशन भएका छन् ।

अनुसन्धान अन्तराल

पूर्वअध्ययनहरूमा पाठ्यपुस्तक र तयसमा समाविष्ट व्याकरणिक अभ्यास आदिका बारेमा अध्ययनहरू भएका देखिए पनि पाठ्यक्रमको तुलनात्मक अध्ययन भएको नपाइएको हुँदा प्रस्तुत शोधकार्यले उक्त रिक्ततालाई पूरा गर्ने अपेक्षा गरिएको छ ।

सैद्धान्तिक अध्ययन

भाषा पाठ्यक्रमको सैद्धान्तिक परिचय

भाषा मानवीय विचार सम्प्रेषणको साधन हो । यसमा मानव जातिले अनुभव गरेको ज्ञान, विज्ञान, अनुभव, दर्शन, कला, संस्कृति विविध कुराहरू रहेका हुन्छन् । भाषा संसारमा धेरै छन् । भौगोलिक दुरी, राष्टियता, सामाजिकता, धार्मिकता, जातीयता आदि विविध कारणले भाषामा विविधता पाइन्छ । भाषाका सामाजिक, कालिक, भौगोलिक, विषयगत कारणले पनि विभिन्न भेदहरू सिर्जना भएका हुन्छन् । यसका मानक अमानक भेदहरू सिर्जना भएका हुन्छन् । जीवनमा आमाको काखमा सिकेको भाषाले मात्र नपुग्ने भएकाले अन्य भाषाहरू पनि सिक्नु पर्ने आवश्यकता पर्दछ । सबैले सबै भाषा सिकेर साध्य पनि हुँदैन । त्यसैले सिकारुका आवश्यकता, रुचि, क्षमता, उमेर आदिलाई ध्यानमा राखेर भाषा सिकाइलाई व्यवस्थित बनाउन विद्यालय तथा विश्वविद्यालयहरूले भाषा सिकाइको योजना बनाएका हुन्छन् । भाषा सिकाइको यही योजनालाई भाषापाठ्यक्रम भनिन्छ । पाठ्यक्रम शब्द अङ्ग्रेजी भाषाको करिकुलम (Curriculum) को नेपाली रूपान्तर हो । करिकुलम शब्द ल्याटिन भाषाको कुरेर (Currere) बाट बनेको मानिन्छ । यसको अर्थ धावन मार्ग वा दौडको मैदान भन्ने हुन्छ । भाषा पाठ्यक्रमका सन्दर्भमा भन्नु पर्दा भाषा पाठ्यक्रम भाषा शिक्षणको उद्देश्यसम्म पुग्न बनाइएको दौडरूजी कार्यक्रम हो भन्न सकिन्छ ।

भाषापाठ्यक्रमको अर्थलाई केलाउँदा पाठ्य कुराहरूको क्रम वा सिलसिला भन्ने हुन्छ । यो एउटा दस्तावेज हो यसमा किन पढाउने, के पढाउने, कति पढाउने, कति समयमा पढाउने, कुन सामग्री प्रयोग गरेर पढाउने, कसरी पढाउने, पढाइको प्रभावकारिता कसरी जाँच्ने भन्ने कुराको सुस्पष्ट मार्ग निर्देशन रहेको हुन्छ । पाठ्यक्रमका विभिन्न स्तम्भ वा तत्त्वहरूमा यिनै कुराहरू समावेश गरिएका हुन्छन् ।

भाषापाठ्यक्रम शिक्षण सिकाइको व्यापक र बृहत् कार्यक्रम हो । यसभित्र शिक्षाका राष्टिय उद्देश्यहरू, साधारण उद्देश्यहरू, विशिष्ट उद्देश्यहरू, ती उद्देश्य पूरा गर्न पठनपाठन गरिने पाठ्यवस्तुहरू, ती पाठ्यवस्तु सिकाउने विधि र सामग्रीहरू, सिकाइको प्रभावकारिता

जाँच्ने मूल्याङ्कनका तौरतरिका आदि सूचनाहरूलाई विभिन्न स्तम्भमा प्रस्तुत गरिएको हुन्छ । यसमा अंक भार, समयभार आदि सूचनाहरू समेत समावेश गरिएको हुन्छ ।

पाठ्यक्रम सम्बन्धित विषयको आवश्यकता विश्लेषणका आधारमा तयार गरिन्छ । यसमा राष्ट्रिय लगानी, प्रक्रिया र प्रतिफल आदि कुराहरू समेटिन्छन् । पाठ्यक्रम निर्माण गर्दा राष्ट्रिय अन्तर्राट्रिय परिस्थितिको विचार गरिन्छ । देशको राजनीति, दर्शन, नवीन, खोजआविष्कार आदि पक्षको विश्लेषण गरेर त्यसको आधारमा पाठ्यक्रम बनाइन्छ । यिनै सन्दर्भहरूका आधारमा भाषापाठ्यक्रमको पहिचान गर्न सकिन्छ ।

भाषा पाठ्यक्रमको परिभाषा

– पाठ्यक्रमकै परिभाषाहरूका आधारमा भाषापाठ्यक्रमका परिभाषा बनेका देखिन्छन् ।

१. भाषा पाठ्यक्रम *शिक्षाको* ***(भाषा शिक्षणको)*** लक्ष्य हासिल गर्न बनाइएको शैक्षिक कार्यक्रम हो । –रा.शि.प.यो. २०२८

२. विद्यालयको भित्री अथवा बाहिरी अवस्थामा (भाषा शिक्षणका) अपेक्षित उद्देश्य हासिल गर्न गरिने सम्पूर्ण प्रयासलाई भाषा पाठ्यक्रम भनिन्छ ।

–सेलर तथा अलेक्जेन्डर

३. (भाषा) पाठ्यक्रम (भाषा) सिकाइको एक योजना हो ।

– हिल्डा टाबा

४. शिक्षा (भाषा शिक्षण) को उद्देश्य प्राप्तिका लागि विद्यालयदवारा उपयोग गरिने सबै (भाषिक) अनुभवलाई (भाषा) पाठ्यक्रमभित्र राखिएको हुनु पर्दछ ।

मुनरो

यसप्रकार भाषा शिक्षणको उद्देश्य प्राप्तिका निम्ति तयार पारिएको व्यवस्थित योजना नै भाषा पाठ्यक्रम हो ।

भाषापाठ्यक्रमका प्रकार

भाषापाठ्यक्रमलाई निम्न तीनओटा आधारमा वर्गीकरण गरिन्छ :

पद्धतिनिष्ठताका आधारमा

भाषा शिक्षणका क्षेत्रमा प्रचलित विभिन्न पद्धति र विधिहरू विकास भएका छन् । यी पद्धतिका भाषा शिक्षण सिकाइका मान्यता र तरिकाहरू भिन्न भिन्न हुनसक्छन् । भाषा शिक्षणका क्षेत्रमा पूर्वविकसित पद्धतिहरूबाट प्रभावित भएर पाठ्यक्रमका विषयवस्तु संगठन गरिएको हुन्छ । यिनै पद्धतिअनुरूज बनेका पाठ्यक्रमलाई पद्धतिनिष्ठताका आधारमा वर्गीकरण गरिन्छ । जस्तै : निगमनात्मक पद्धति, आगमनात्मक पद्धति, श्रुतिभाषिक पद्धति, सम्प्रेषणात्मक पद्धतिअनुरूज शिक्षण गर्न पाठ्यवस्तुलाई भिन्न भिन्न तरिकाले प्रस्तुत गरिएको हुन्छ । पद्धतिनिष्ठताका आधारमा भाषापाठ्क्रमलाई खास गरी दुई प्रकारमा विभाजन गरिन्छ :

क. संरचनात्मक पाठ्यक्रम

संरचनात्मक पाठ्यक्रममा भाषाको संरचना पक्षमा जोड दिइएको हुन्छ । संरचना भन्नाले व्याकरणात्मक संरचना हो । यस्ता पाठ्यक्रमले मूलतः वाक्यात्मक संरचनामा जोड दिन्छन् । यिनमा लिङ्ग, वचन, पुरुष, आदर, काल, पक्ष, भाव, वाच्य, करणअकरण, कारक आदिको अभ्यास गराउने, विभिन्न वाक्यसंरचना र तिनलाई आवश्यक पर्ने शब्दभण्डार विकास गर्ने उद्देश्य रहेको हुन्छ । यसमा आधारभूत ध्वनि वर्ण, रूप, शब्द, पदावली, उपवाक्य, वाक्य, संकथन आदिको ढाँचामा भाषा सिकाउने र भाषिक संरचनाको व्याकरणिक कार्यसमेतको अभ्यास गराउने उद्देश्य रहेको हुन्छ । यस्ता पाठ्यक्रम भाषा शिक्षणका प्रस्तावित पद्धति, निगमन पद्धति, व्याकरण अनुवाद विधि आदिअनुरूप फरक फरक ढाँचामा तयार पारिएका हुन्छन् । यिनले भाषाको संज्ञानात्मक तथा सैद्धान्तिक पक्षमा विशेष जोड दिन्छन् । यस्ता पाठ्यक्रम अमेरिकी भाषावैज्ञानिक नोअम चमस्कीका भाषा सिकाइका सिद्धान्त तथा भाषा शिक्षणका संज्ञानात्मक पद्धतिसँग निकट देखिन्छन् । यस्ता पाठ्यक्रमले व्यवहारवादी सिद्धान्त, प्रत्यक्ष विधि, श्रुतिभाषिक पद्धति आदिबाट पनि आवश्यक कुरा ग्रहण गरेका हुन्छन् ।

संरचनात्मक पाठ्यक्रमले व्याकरणिक संरचनामा जोड दिन्छन् । भाषाको यान्त्रिक, बौद्धिक अभ्यासमा जोड दिन्छन् । भाषिक नियम र व्यवस्थामा जोड दिन्छन् । वाक्यात्मक केन्द्रियतामा वर्ण, रूप, शब्द, पदावली, उपवक्य, वाक्यात्मक र संकथनका शृङ्खलामा भाषा सिक्नु पर्ने कुरामा झुकाब राख्छन् । भाषालाई एकीकृत र पृथकीकृत दुबै तहमा सिकाउन सकिन्छ भन्ने मान्यता राख्छन् । यिनले संरचनात्मक अवधारणा र उत्पादनात्मक क्षमता विकासबाटै भाषिक सामर्थ्य र सम्पादनात्मक सिप विकास गर्न सकिन्छ भन्ने मान्यता राख्छन् । यस्ता पाठ्यक्रमहरूले वर्णनात्मक भाषाविज्ञानका मान्यतालाई अनुसरण गरेको पाइन्छ ।

ख. सम्प्रेषणात्मक पाठ्यक्रम

भाषाका सम्प्रेषण पक्षमा जोड दिने पाठ्यक्रम सम्प्रेषणात्मक पाठ्यक्रम हुन् । यस्ता पाठ्यक्रम सम्प्रेषणात्मक र कार्यमूलक हुन्छन् ।'भाषा सम्प्रेषणका लागि' भन्ने मान्यतामा आधारित हुन्छन् । विभिन्न कार्यकलापका माध्यमबाट विद्यार्थीहरूमा सम्प्रेषणात्मक सामर्थ्य विकास गराउन जोड दिन्छ । यसैबाट व्याकरणिक सचेतताको विकास हुन्छ भन्ने मान्यता राख्दछ । यस्ता पाठ्यक्रममा राखिने पाठ्यवस्तुको प्रकृति संरचनात्मक पाठ्यक्रमका पाठ्यवस्तुभन्दा भिन्न प्रकृतिका हुन्छन् । यसको प्रस्तुति विविध सामाजिक सन्दर्भअनुसारको रहन्छ । यी सामाजिक भाषा विज्ञानका मान्यतामा आधारित रहन्छन् । यी पाठ्यक्रम सम्प्रेषणात्मक सामर्थ्य विकासमा सहयोगी हुन्छ । यसमा परिचय आदानप्रदान, अभिवादन, मानिसका रुचिका विषय, कुनै कार्य गर्न निर्देशन, प्रश्न, इच्छा आदि सन्दर्भका कुराकानी रहनसक्छन् ।

सम्प्रेषणात्मक पाठ्यक्रममा व्याकरणात्मक पक्षभन्दा भाषाको सामाजिक सन्दर्भ अनुरूजको प्रयोगमा जोड दिइन्छ । यसमा सम्प्रेषणात्मक प्रयोगकुशलतामा जोड दिइन्छ । यसले स्वतन्त्र परिवेशमा भाषा सिकाउन जोड दिन्छ र भाषिक खेल, अभिनय, भूमिका प्रदर्शन जस्ता आगमनात्मक शिक्षण विधिमा जोड दिन्छ । यसले भाषाको उत्पादनात्मक सामर्थ्य विकासमा जोड दिन्छ ।

प्रबन्धनिष्ठताका आधारमा भाषापाठ्यक्रम

प्रबन्धन भन्नाले भाषिक पाठ्यवस्तुको संगठन तथा क्रम निर्धारणलाई बुझिन्छ । पाठ्यक्रमका विषय वस्तुहरूलाई कसरी सङ्गठित गरेर स्तरणीकृत गरिएको छ भन्ने कुरा नै प्रबन्धनिष्ठता हो । भाषित विषय वस्तुको स्तरण गर्दा वैज्ञानिकता, सुसिक्यता, अन्तर सम्बन्धितता, रुचिपूर्णता जस्ता कुराहरूलाई आधार मान्नु पर्दछ। यिनै भाषिक विषय वस्तुहरूको अनुक्रम मिलानका दृष्टिले भाषा पाठ्यक्रमलाई रेखीय र चक्रीय गरी मूलतः दुई वर्गमा वर्गीकरण गरिन्छ ।

रेखीय पाठ्यक्रम : यसलाई पङ्क्तीय पाठ्यक्रम र लम्बात्मक पाठ्यक्रम पनि भन्न सकिन्छ । यस प्रकारको पाठ्यक्रममा पाठ्य सामग्रीहरूलाई क्रमशः तह मिलाउँदै अगाडि बढाइन्छ। यसमा एउटा भाषिक एकाइको समाप्तिपछि अर्को भाषिक एकाइको सुरुवात गरिन्छ । उदाहरणका लागि शब्दवर्ग सकिए पछि शब्द निर्माण, शब्द निर्माण सकिए पछि वाक्यतत्त्व र वाक्य निर्माण अनि वाक्यान्तरण आदि । सिपगत हिसाबले सुनाइ पछि बोलाइ, बोलाइ पछि पढाइ, पढाइ पछि लेखाइ जस्ता क्रममा भाषिक विषय वस्तुहरूलाई सङ्गठित गरेर राख्ने प्रक्रिया यसमा अपनाइएको हुन्छ । यस प्रकारको पाठ्यक्रमा एक पटक पुरा भइ सकेको विषय वस्तुलाई पुनः दोहोर्‌याइँदैन र जुन विषय वस्तु वा भाषिक एकाइको शिक्षण जुन क्रममा गरिने हो, त्यसको प्रशस्त मात्रामा चर्चा, अध्ययन र अभ्यास गरेर समाप्त गरे पछि मात्र अर्को एकाइ वा विषय वस्तुमा प्रवेश गर्ने तरिका अपनाइएको हुन्छ । पछिल्लो एकाइको शिक्षणमा पहिलो एकाइको अन्तर सम्बन्ध गाँस्न र पुनरावृत्ति गर्न आवश्यक ठानिँदैन । यसैले रेखीय पाठ्यक्रममा भाषाका पाठ्य सामग्री वा पाठ्यवस्तुलाई एकीकृत रूपमा नभएर पृथकीकृत रूपमा राख्ने प्रयास गरिएको हुन्छ र व्यवहार पक्षलाई भन्दा सिद्धान्त पक्षलाई बढी महत्त्व दिइएको हुन्छ । भाषाको रेखीय पाठ्यक्रमले परम्परागत अवैज्ञानिक प्रबन्धन प्रस्तुत गरेको हुन्छ । यस्तो पाठ्यक्रम सिप पक्षभन्दा सिद्धान्त पक्षतर्फ उन्मुख हुने हुनाले भाषा शिक्षणका अपेक्षा हासिल गर्न कमै उपयोगी मानिन्छ । फेरि भाषिक विषय वस्तुलाई पृथक् पृथक् गरेर शिक्षण गर्न प्रेरित गर्ने हुनाले भाषा शिक्षणका दृष्टिले पनि यसलाई उपयोगी मान्न सकिँदैन ।

भाषाका विषय वस्तुहरू एक आपसमा अन्तर सम्बन्धित भएर गाँसिएका हुन्छन् । उदाहरणका लागि सुनाइको अभ्यास बोलाइसँग बेग्ल्याएर गराउन सकिदैन; त्यसै गरी बोलाइ, उच्चारण र सस्वर पढाइ उत्तिकै अन्तर सम्बन्धित हुन्छन् भने पढाइ अनुसारको लेखाइ, बोलाइ अनुसारको

लेखाइ, लेखाइ अनुसारको पढाइ र बोलाइ, सुनाइ अनुसारको पढाइ, लेखाइ र बोलाइ अनि बोलाइ र पढाइ अनुसारको सुनाइ सबै एक आपसमा अन्तर सम्बन्धित हुन्छन् । त्यस्तै शब्दवर्गका बिचमा हुने अन्तर सम्बन्ध र वाक्यात्मक कार्यलाई एकबाट अर्कोमा पृथक् गर्न खोज्नु अन्यौल सिर्जना गर्नु मात्र हुन सक्छ । यसैले रेखीय पाठ्यक्रम भाषाको प्रवृत्ति अनुरूप पनि अवैज्ञानिक मानिन्छ ।

भाषाको प्रवृत्ति आवृत्तिमूलक हुन्छ र एक अर्का एकाइमा अन्तर सम्बन्धित हुन्छ । तसर्थ एक पटकमा एउटा एकाइको मात्र अध्ययन अभ्यास गराएर समाप्त गरी अर्को एकाइको अध्ययन अभ्यास गराउन प्रेरित गर्नु भाषा शिक्षणका दृष्टिले उपयुक्त होइन । भाषिक एकाइहरू दोहोरिएर अभ्यासमा आइ रहन पाएनन् भने सुरु सुरुमा सिकेका कुरा बिर्सँदै जाने र अन्तमा शून्य नै हुन सक्ने स्थिति नआउला भन्न सकिन्न । हो, उच्च तहमा व्याकरणगत सैद्धान्तिक धारणा बसाल्न रेखीय पाठ्यक्रम उपयोगी नै मानिन्छ र प्रयोगमा पनि आएकै छ तर तल्ला तह र कक्षा जहाँ भाषाका आधारभूत सिप विकास गर्नु आवश्यक हुन्छ, त्यस्ता ठाउँमा रेखीय पाठ्यक्रम एकदमै अनुपयोगी मानिन्छ । त्यसैले वर्तमान सन्दर्भमा भाषा शिक्षणका लागि रेखीय पाठ्यक्रमको प्रचलन बिस्तारै न्यून हुँदै गएको छ । उच्च कक्षामा भने शिक्षणीय सरलता, सैद्धान्तिक ज्ञानको अपेक्षा आदिका दृष्टिले यस्तो पाठ्यक्रमलाई अनुपयोगी भन्न सकिँदैन । यस्तो पाठ्यक्रम व्याकरणात्मक सैद्धान्तिक ज्ञानका लागि उच्च तहमा अपरिहार्य नै मानिन्छ किनकि थोरै नियमबाट धेरै अभ्यास र सुझ विकास गर्न भाषिक सबलता आइ सकेका विद्यार्थीका लागि उपयोगी नै हुन्छ ।

चक्रीय पाठ्यक्रम : चक्रीय पाठ्यक्रमलाई समतलीय पाठ्यक्रम पनि भनिन्छ । यस प्रकारको पाठ्यक्रममा भाषाका पाठ्य सामग्रीहरूलाई पटक पटक दोहोरिने गरी समावेश गराइन्छ । रेखीय पाठ्यक्रममा जस्तो एउटा विषय वस्तुको अध्ययन पूरा गरे पछि मात्रै अर्को विषय वस्तु सुरु गर्ने किसिमको नभई विभिन्न पाठ्य विषयवस्तुको अन्तर सम्बन्ध अनुसार एकीकृत गरेर जुन विषय वस्तु वा सिपलाई बढी जोड दिन पर्ने हो त्यसलाई अन्य विषय वस्तुसँग समीकृत गरेर शिक्षण गर्न मिल्ने गरी प्रस्तुत गरिएको हुन्छ ।

भाषा पाठ्यक्रमको चक्रीय प्रबन्धन वैज्ञानिक र प्रभावकारी मानिन्छ । यसले भाषिक विषय वस्तुका अन्तर सम्बन्ध र प्रवृत्तिलाई पछ्याएको हुन्छ । भाषा शिक्षणको मूल ध्येय भाषिक सिपको विकास गर्नु भएकाले तिनै सुनाइ, बोलाइ, पढाइ र लेखाइ जस्ता सिपहरू बारम्बार पुनरावृत्ति र सबलीकृत एवम् विस्तृत व्यापक बनाउने गरी चक्रीय पाठ्यक्रममा स्तरण गरिएको देखिन्छ । पाठ्यवस्तुहरूको आवृत्तिमूलक प्रबन्धन गरिने हुनाले यस्तो पाठ्यक्रम सुसिक्यताका दृष्टिले अत्यन्त प्रभावकारी मानिन्छ ।

प्रयोजनका दृष्टिले पाठ्यक्रम

भाषापाठ्यक्रम विभिन्न प्रयोजनले निर्माण गरिएको हुन्छ । कुनै पाठ्यक्रम भाषाका सामान्य ज्ञानसिप हासिल गराउने उद्देश्यले बनाइएका हुन्छन् । कुनै भाषापाठ्यक्रम विज्ञान प्रविधि, सूचना, सञ्चार, साहित्य, कानुन आदि क्षेत्रसँग सम्बन्धित भाषिक सिप विकास गर्ने उद्देश्यले बनाइएका हुन्छन् । यस आधारमा भाषा पाठ्यक्रम सामान्य र विशेष गरी दुई प्रकारका हुन्छन् । यिनका संक्षिप्त परिचय तल दिइएको छ :

क. सामान्य पाठ्यक्रम : भाषिक सम्प्रेषणका सामान्य उद्देश्य संवाद, कुराकानी, छलफल, पठन, लेखन, श्रवण, तथा सन्दर्भपरक औपचारिक, अनौपचारिक भाषिक कार्यकलापमा निपुण बनाएर सामान्य रूजमा सम्बन्धित भाषाको सम्प्रेषणात्मक क्षमता विकास गर्न बनाइएका पाठ्यक्रम सामान्य पाठ्यक्रम हुन् ।

ख. विशेष पाठ्यक्रम : भाषाको सामान्य प्रयोजन नभई खास खास प्रयोजनका निम्ति तयार पारिएका पाठ्यक्रमलाई विशेष पाठ्यक्रम भनिन्छ । कानुन, चिकित्सा, व्यापार, राजनीति, विज्ञान प्रविधि आदि विषय क्षेत्र अनुसारका भाषासम्बद्ध पाठ्यक्रम यसअन्तर्गत पर्दछन् । यस्ता पाठ्यक्रमलाई पनि निम्न तीन प्रकारमा विभाजन गरिएको पाइन्छ :

अ. कार्यकलापमूलक : भाषा सिकाइका कार्यकलापलाई जोड दिएर बनाइएका पाठ्यक्रम कार्यकलापमूलक पाठ्यक्रम हुन् ।

आ. भूमिकामूलक : सिकारुले भविष्यमा गएर नेता, व्यापारी, चिकित्सक, वकिल आदि भूमिका निर्वाह गर्न सक्षम बनाउने उद्देश्यमा आधारित पाठ्यक्रम भूमिकामूलक पाठ्यक्रम अन्तर्गत पर्दछन् ।

इ. समस्यामूलक : सिकारुलाई भाषा सिक्दा हुने खास खास समस्यालाई ध्यानमा राखेर निर्माण गरिएका पाठ्यक्रम समस्यामूलक पाठ्यक्रम हुन् ।

भाषा पाठ्यक्रमको संरचनात्मक स्वरूप

भाषापाठ्यक्रमको संरचना यसका केन्दीय र परिधीय तत्व मिलेर निर्माण भएको हुन्छ । यसका मुख्य वा केन्द्रीय तत्व अन्तर्गत भाषा पाठ्यक्रमको संरचनात्मक स्वरूप उद्देश्य, विषयवस्तुको क्षेत्र र क्रम, शिक्षण प्रक्रिया र मूल्याङ्कन प्रक्रिया पर्दछन् भने परिधीय तत्वअन्तर्गत पाठ्यक्रमको शीर्षक, पाठ्यक्रमको परिचय भाषा पाठ्यपुस्तक र सन्दर्भपुस्तक स्तम्भ पर्दछन् ।

भाषापाठ्यक्रमको संरचनात्मक स्वरूप निम्न प्रकारको हुन्छ :

क. पाठ्यक्रमको शीर्षक

भाषा पाठ्यक्रममा सबैभन्दा शीर्ष स्थानमा पाठ्यक्रमको शीर्षक रहेको हुन्छ । यसअन्तर्गत पाठ्यांश वा पाठ्यक्रमको नाम, तह, सेमेस्टर वा वर्ष, कोड नम्बर, पूर्णाङ्क, उत्तीर्णाङ्क, वार्षिक तथा साप्ताहिक पाठ्यभार, प्रतिहप्ता पाठ्यघन्टी, पाठ्यक्रमको प्रकृति, क्रेडिटआवर आदिका सूचनाहरू रहन्छन् । यी सूचनाहरू पदावली वा शब्दात्मक रूपमा रहेका हुन्छन् ।

ख. पाठ्यक्रमको परिचय

– दोस्रो क्रममा पाठ्यक्रमको परिचय रहेको हुन्छ । यो अनुच्छेद वा बुँदागत रूपमा रहेको हुन्छ । यसअन्तर्गत पाठ्यक्रम कुन तह पार गरेर आएका विद्यार्थीका लागि हो, यसका मुख्य अपेक्षाहरू के के हुन्, यसका निर्माण प्रक्रियाहरू के कस्ता थिए आदिका बारेका संक्षिप्त परिचय दिइएको हुन्छ । यसरी पाठ्यक्रमको शीर्षक र पाठ्यक्रमको परिचय पाठ्यक्रमको अग्रस्थानमा रहने परिधीय स्तम्भ हुन् ।

ग. पाठ्यक्रमको उद्देश्य

भाषा पाठ्यक्रमको तेस्रो तथा सबैभन्दा महत्त्वपूर्ण अङ्गका रूपमा पाठ्यक्रमका उद्देश्यहरू रहेका हुन्छन् । उद्देश्यहरूलाई खासगरी साधारण र विशिष्ट गरी प्रस्तुत गरिएको हुन्छ । यी उद्देश्यहरूका बिचमा अन्तरसम्बन्ध हुनु पर्दछ । विशिष्ट उद्देश्यहरू साधारण उद्देश्य पुरा गर्नमा सहयोगी हुनु पर्दछ । उद्देश्यहरू स्पष्ट, बुँदागत, मापनीय, व्यवहार प्रदर्शनीय र पुरा गर्न सकिने गरी उल्लेख गरिनु पर्दछ साथै उद्देश्यलाई विद्यार्थीका आवश्यकता, रुचि, तह, क्षमता आदि पक्षलाई ध्यानमा राखेर प्रस्तुत गर्नु पर्दछ ।

घ. विषयवस्तुको क्षेत्र र क्रम

भाषा पाठ्यक्रममा उद्देश्यलाई पुरा गर्न सहयोगी विधागत पाठहरू, सिपगत अभ्यासहरू र व्याकरणात्मक अभ्यासहरूको निर्देशनका लागि विषयवस्तुको क्षेत्र र क्रम चौथो स्तम्भका रूपमा प्रस्तुत गरिएको हुन्छ । यसअन्तर्गत विधा कथा, कविता, निबन्ध, जीवनी आदिका क्षेत्र सामाजिक, ऐतिहासिक, पौराणिक राजनीतिक आदि हुन सक्छन् । यो पनि भाषा पाठ्यक्रमको केन्द्रीय स्तम्भ हो । यसले भाषा पाठ्यपुस्तकमा के कस्ता पाठ्यवस्तुहरू प्रस्तुत गर्ने, कुन क्रममा के कसरी प्रस्तुत गर्ने भन्ने कुराको सूचना दिन्छ । यी पाठ्यवस्तुहरू उद्देश्यलाई आधार मानेर सचेततापूर्वक सूचीकरण गर्नु पर्दछ ।

ङ. शिक्षण प्रक्रिया

भाषा पाठ्यक्रमको पाँचौ स्तम्भका रूपमा शिक्षण प्रक्रियाको सूचना रहन्छ । शिक्षण विधि र शिक्षण सामग्रीको संयुक्त नाम शिक्षण प्रक्रिया हो । यसअन्तर्गत उद्देश्यअनुरूप निर्धारण गरिएका पाठ्यवस्तुहरू के कस्ता क्रियाकलापका आधारमा सिकाएर विद्यार्थीका सिकाइ व्यवहारमा परिवर्तन ल्याउन सकिन्छ तथा भाषाका सुनाइ, बोलाइ, पढाइ र लेखाइ सिपसम्बन्धी के कस्ता भाषिक सिपमा सक्षम बनाउने भन्ने कुरा निर्धारण गरिएको हुन्छ । यसमा के कस्ता श्रव्य, दृश्य, श्रव्यदृश्य तथा पाठ्यसामग्री आदिको प्रयोग गर्ने भन्ने जस्ता कुराको विस्तृत मार्गदर्शन शिक्षण प्रक्रिया स्तम्भमा प्रस्तुत गरिएको हुन्छ ।

च. मूल्याङ्कन प्रक्रिया

भाषा पाठ्यक्रमको छैटौँ स्तम्भका रूपमा मूल्याङ्कन प्रक्रिया रहेको हुन्छ । यो केन्द्रीय स्तम्भअन्तर्गत नै पर्दछ । यसमा मूल्याङ्कन प्रक्रियाको सूचना गरिएको हुन्छ । यसअन्तर्गत भाषा पाठ्यक्रमले निर्धारण गरेका उद्देश्यहरू पुरा भए नभएको पहिचान गर्न के कस्ता मूल्याङ्कन प्रक्रिया अवलम्बन गर्ने, के कस्ता पक्षमा के कस्ता प्रश्नका आधारमा मूल्याङ्कन गर्ने, लिखित, मौखिक, प्रयोगात्मक कस्ता प्रश्न सोध्ने, कति समयको अन्तरालमा कस्ता प्रकृतिका परीक्षण गर्ने, मूल्याङ्कन अङ्कभार, कसरी विभाजन गर्ने, निर्माणात्मक निर्णयात्मक कस्ता परीक्षा कसरी सञ्चालन गर्ने यावत कुराको जानकारी दिन मूल्याङ्कन स्तम्भको व्यवस्था गरिएको हुन्छ । मूल्याङ्कन र उद्देश्यको अन्तरसम्बन्ध बलियो हुनु पर्दछ । उद्देश्यका आधारमा विशिष्टीकरण तालिका तथा मूल्याङ्कन योजना तयार पारेर उद्देश्यका अपेक्षा वा संज्ञानात्मक, भावनात्मक र मनोक्रियात्मक क्षेत्रलाई ध्यानमा राखेर मूल्याङ्कनको व्यवस्था गर्नु पर्दछ । विद्यार्थीमा अपेक्षा गरिएका भाषिक ज्ञान, सिप र धारणात्मक परिवर्तनका महत्त्वपूर्ण विन्दुहरूलाई सचेतापूर्व अङ्कन गरी मूल्याङ्कन स्तम्भको व्यवस्था गरिनु पर्दछ ।

छ. पाठ्यपुस्तक

भाषा पाठ्यपुस्तकमा सातौं स्तम्भका रूपमा भाषा पाठ्यपुस्तक स्तम्भ रहेको हुन्छ । यसअन्तर्गत भाषा पाठ्यक्रमले निर्धारण गरेका उद्देश्य पुरा गर्न आवश्यक पर्ने भाषा पाठ्यपुस्तकको सूचना रहन्छ । यसअन्तर्गत भाषा पाठ्यपुस्तकका लेखकको थर, नाम, प्रकाशन वर्ष, पुस्तकको नाम, प्रकाशन स्थल, प्रकाशक आदिको सूचना दिइन्छ ।

ज. सन्दर्भपुस्तक

भाषा पाठ्क्रमको अन्तिम तथा आठौं स्तम्भका रूपमा सन्दर्भ पुस्तक वा सन्दर्भ सामग्री स्तम्भको व्यवस्था गरिएको हुन्छ । यसअन्तर्गत भाषा पाठ्यपुस्तक बाहेकका अन्य सहयोगी सामग्रीको सूचनालाई भाषा पाठ्यपुस्तक स्तम्भकै ढाँचामा प्रस्तुत गरिएको हुन्छ । भाषा पाठ्यपुस्तक र सन्दर्भ पुस्तक स्तम्भ पनि भाषा पाठ्यक्रमका परिधीय स्तम्भ अन्तर्गत पर्दछन् ।

यस प्रकार भाषापाठ्यपुस्तकमा रहने मुख्य स्तम्भ तथा केन्द्रीय स्तम्भका रूपमा पाठ्यक्रमका उद्देश्य, पाठ्यवस्तुको क्षेत्र र क्रम, शिक्षण प्रक्रिया र मूल्याङ्कन प्रक्रिया गरी चार स्तम्भ रहेका

हुन्छन् भने यसका परिधीय वा सहयोगी स्तम्भका रूपमा सुरुमा रहने पाठ्यक्रमको शीर्षक, पाठ्यक्रमको परिचय र अन्तमा रहने भाषा पाठ्यपुस्तक तथा सन्दर्भ पुस्तक रहेको हुन्छ । कतिपय पाठ्यक्रमले गौण स्तम्भलाई खासै महत्त्व नदिएर मुख्य स्तम्भलाई मात्र विस्तृत रूपमा प्रस्तुत गरेका हुन्छन् । भाषा पाठ्यक्रमका यी स्तम्भहरू अन्य पाठ्यक्रमका पनि स्तम्भ हुन् तर यिनमा रहने विषयवस्तु र प्रस्तुति प्रकृति आफ्नै विषय अनुकूल रहेको हुन्छ ।

भाषापाठ्यक्रम र भाषापाठ्यपुस्तक

भाषा सिकाइका उद्देश्य पूरा गर्न बनाइएको बृहत् योजना नै भाषापाठ्यक्रम हो । रा. शि.प.यो. २०२८ ले पाठ्यक्रमलाई शिक्षाको लक्ष्य हासिल गर्न बनाइएको योजनाका रूपमा परिभाषित गरेको छ । "भाषापाठ्यक्रम भनेको भाषा शिक्षणका सुनिश्चित उद्देश्यसम्म पुग्नका लागि तय गरिएको एउटा व्यापक व्यवस्थित तथा योजनाबद्ध गोरेटो हो" (पौडेल, २०६७ पृ. ६) । यसमा पनि अन्य विषयका पाठ्यक्रमका झैं मुख्य तत्त्वहरू उद्देश्य, विषयवस्तुको क्षेत्र र क्रम, शिक्षण प्रक्रिया र मूल्याङ्कन प्रक्रिया रहेका हुन्छन्। "भाषा शिक्षणका नाममा गरिने शास्त्रीय शैलीको शिक्षणलाई भाषाशिक्षण भन्न सकिँदैन" (आचार्य, २०६६, पृ.४४) । यसमा भाषाकै माध्यमबाट भाषा सिकाउने दृष्टिकोण रहेको हुन्छ । भाषा पाठ्यपुस्तक भाषा पाठ्यक्रमको अपेक्षा पूरा गर्न तयार पारिएको मूल सामग्री हो । पाठ्यपुस्तकमा विधागत पाठहरू, सिपगत अभ्यासहरू र व्याकरणिक अभ्यासहरू समावेश हुन्छन् । भाषा पाठ्यपुस्तकका अभ्यासमा विविधता, सिर्जनात्मकता, क्रमिकता रहनाले सिकाइ अर्थपूर्ण बनाउन सहयोग पुग्दछ ।

अध्याय तीन : अनुसन्धान विधि

अध्याय तीनमा अनुसन्धान ढाँचा र नमुना छनोट, तथ्यको संकलन र विशलेषण प्रक्रिया उल्लेख गरिएको छ ।

अनुसन्धान ढाँचा र नमुना छनोट

प्रस्तुत अनुसन्धान गुणात्मक अनुसन्धान ढाँचामा सम्पन्न गरिएको छ । यसमा उद्देश्यपूर्ण नमुना छनोट प्रक्रियाका आधारमा स्नातक तहका अनिवार्य नेपाली पाठ्यक्रमलाई दस्तावेजका रूपमा लिई पुस्तकालयीय अध्ययन प्रक्रियाका आधारमा पाठ्यक्रमको अध्ययन विश्लेषण गरिएको छ । पाठ्यक्रमका सन्दर्भ सामग्रीहरूको विश्लेषण गरेर दुई पाठ्यक्रम बिचको भिन्नता, समानता तथा सबल दुर्बल पक्ष पहिचान गरिएको छ ।

तथ्याङ्कको स्रोत

प्रस्तुत अध्ययनमा प्राथमिक र द्वितीयक स्रोतको उपयोग गरिएको छ । प्राथमिक सामग्रीका रूपमा स्नातक तहका नेपाली भाषापाठ्यक्रमबाट अनुसन्धाता स्वयम्ले सङ्कलन गरेका सूचनाहरू रहेका छन् भने द्वितीयक स्रोतका रूपमा सैद्धान्तिक पुस्तकहरू, पाठ्यपुस्तकहरू, पत्रपत्रिकाहरू, जर्नलहरू, पूर्व अनुसन्धाताहरूबाट सम्पन्न शोध ग्रन्थहरू आदि रहेका छन् ।

तथ्याङ्क सङ्कलन र विश्लेषण प्रक्रिया

प्रस्तुत अध्ययनका लागि अध्ययनका समस्या एवम् उद्देश्यअनुसार सर्वप्रथम पुस्तकालयीय अध्ययनलाई केन्द्रविन्दु बनाइयो । अध्ययनको सैद्धान्तिक अवधारणा निर्माण गर्न र सामग्रीको विश्लेषण गर्ने सुझ प्राप्त गर्न सम्बद्ध पुस्तक-पुस्तिका तथा पत्रपत्रिकाको आवश्यक अध्ययन रेखाङ्कन र टिपोट गर्ने प्रविधि अपनाइयो । प्रस्तुत अध्ययनसँग सम्बद्ध प्राथमिक सामग्रीका रूपमा स्नातक तहका नेपाली

भाषापाठ्यक्रमबाट अनुसन्धाता स्वयम्ले सङ्कलन गरेका तथ्यहरू रहेका छन् । यी तथ्यहरू सङ्कलनका लागि पाठयक्रमको पुस्तकालयीय अध्ययन गरी आवश्यक सामग्री सङ्कलन गरियो । विषय शीर्षकसम्बद्ध अन्य सैद्धान्तिक पुस्तकहरू, जर्नल तथा पत्रपत्रिकाहरूबाट पनि आवश्यक द्वितीयक सामग्री सङ्कलन गरिएको छ । यसरी उपर्युक्त सामग्रीको अध्ययन रेखाङ्कन गर्ने, बुँदाका रूपमा टिपोट गर्ने, वर्गीकरण गर्ने प्रविधिअनुरूप सामग्री सङ्कलन गरियो । उक्त सामग्रीको पुनरावलोकन तथा सत्यापन गरी सामग्री सङ्कलनको मुख्य कार्य सम्पन्न गरिएको र अध्ययन विश्लेषणका क्रममा पनि आवश्यक तथ्यहरूको पटक पटक पुनरावलोकन गर्ने, टिपोट गर्ने, रुजु गर्ने कार्य गर्दै सामग्री सङ्कलन कार्य गरिएको छ ।

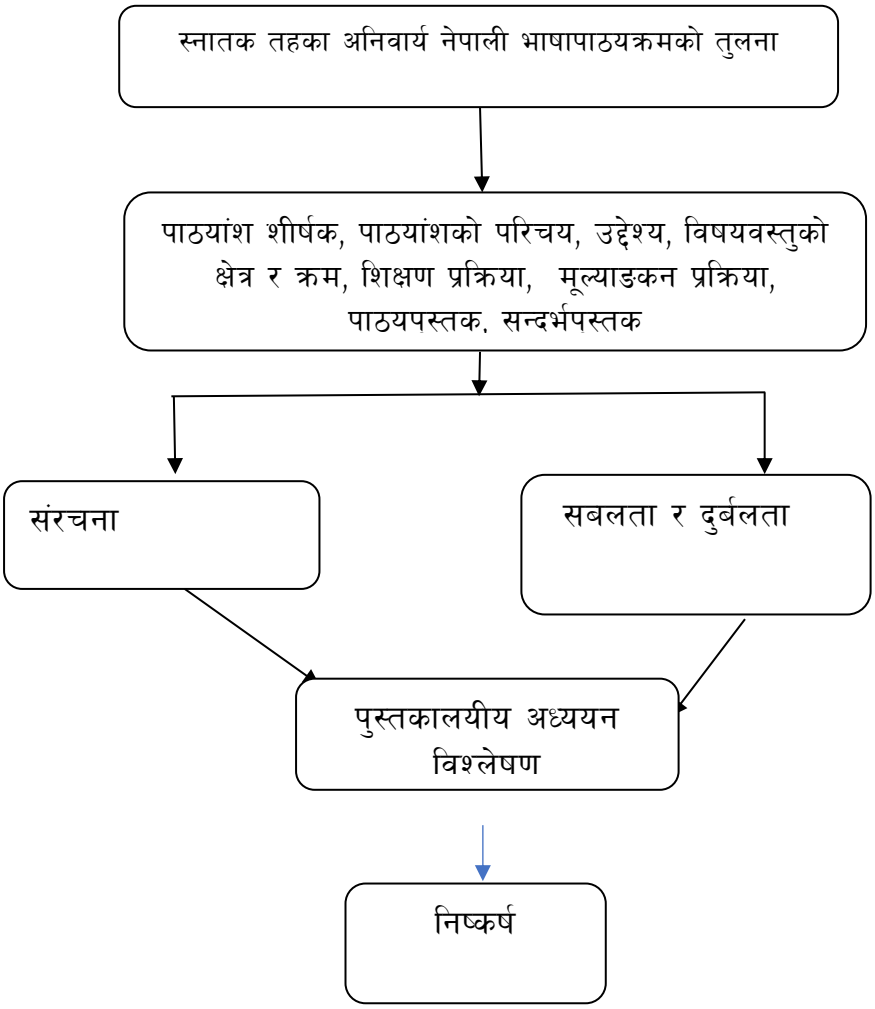
तथ्याङ्क विश्लेषण विधि

प्रस्तुत शोधकार्य पूरा गर्नका लागि प्राथमिक र द्वितीयक स्रोतसामग्रीको अङ्गीकार गर्दै सङ्कलित सामग्रीलाई व्याख्या, विश्लेषण, तुलना गर्ने प्रविधि अपनाइएको छ । विश्लेषणका क्रममा अनुसन्धान प्रश्नअनुरूप विश्लेषण गरिएको छ । पाठ्यक्रमका स्तम्भगत तत्वहरूको तुलनात्मक विश्लेषण गरिएको छ ।

विश्लेषणका क्रममा पाठ्यक्रमका विविध पक्षका तथ्यहरूको वर्णन, सूचीकरण, तालिकीकरण, उदाहरण प्रस्तुतीकरण, तुलना, व्याख्या-विश्लेषण जस्ता प्रक्रियाका माध्यमबाट निष्कर्षमा पुग्ने तरिका अवलम्बन गरिएको छ । अनुसन्धानको सन्दर्भाङ्कन, सन्दर्भ सामग्रीहरूको सूचीलगायत सम्पूर्ण पक्षलाई एपिए ढाँचामा प्रस्तुत गरिएको छ ।

उक्त सैद्धान्तिक ढाँचाअनुरूप प्रस्तुत अध्ययनको अवधारणात्मक रूपरेखा निम्नानुसार रहेको छ :

अनुसन्धानको रूपरेखा



प्रस्तुत अनुसन्धानको अध्याय विभाजन देहायबमोजिमको रहेको छ :

अध्याय १ : परिचय

अध्याय २ : पूर्वकार्यको समीक्षा र सैद्धान्तिक अवधारणा

अध्याय ३ : अनुसन्धान विधि

अध्याय ४ : तथ्याङ्कको विश्लेषण

अध्याय ५ : निष्कर्ष

अध्याय चार : स्नातक तहका पाठ्यक्रमको तुलना

प्रस्तुत अध्यायमा स्नातक तह बिए र बिएडका पाठ्यक्रमको विश्लेषण र तुलना प्रस्तुत गरिएको छ :

बीए प्रथम सेमेस्टरको अनिवार्य नेपाली पाठ्यक्रमको विश्लेषण

यस पाठ्यक्रमलाई भाषापाठ्यक्रममा रहनुपर्ने स्तम्भका आधारमा तल संक्षेपमा चर्चा गरिएको छ :

पाठ्यक्रमको शीर्षक

भाषा पाठ्यक्रममा सबैभन्दा शीर्ष स्थानमा पाठ्यक्रमको शीर्षक रहेको हुन्छ । यसअन्तर्गत पाठ्यांश वा पाठ्यक्रमको नाम, कोड नम्बर, पूर्णाङ्क, उत्तीर्णाङ्क, वार्षिक तथा साप्ताहिक पाठ्यभार, प्रतिहप्ता पाठ्यघन्टी आदिका सूचनाहरू रहनु पर्दछ। यी सूचनाहरू संक्षिप्त रूजमा पदावली वा शब्दात्मक रूपमा रहेका हुन्छन् ।

यस पाठ्यक्रमको प्रारम्भमा विश्वविद्यालय र संकायको जानकारी प्रस्तुत गरिएको छ । यसमा सुदूरपश्चिम विश्वविद्यालय मानविकी तथा सामाजिक शास्त्र सङ्काय स्नातक अनिवार्य नेपाली भनी तहगत सूचना प्रस्तुत छ। त्यसपछि पाठ्यांश शीर्षकः वर्णविन्यास, शब्दभण्डार र व्याकरण, विषय संकेत नं. : CNEP 101 पूर्णाङ्क : १००, विषयको प्रकृति : सैद्धान्तिक, उत्तीर्णाङ्क : ४५, तहः स्नातक, क्रेडिट आवरः ३, सत्र : पहिलो, जम्मा पाठघण्टा : ४५ भनी पाठ्यांश शीर्षकको बारेमा पर्याप्त सूचना प्रस्तुत गरिएको पाइन्छ ।

पाठ्यक्रमको परिचय

भाषा पाठ्यक्रमको दोस्रो क्रममा पाठ्यक्रमको परिचय रहेको हुन्छ। यो पनि पाठ्यक्रमको परिधीय स्तम्भ नै हो । यो स्तम्भ अनुच्छेदमा, बुँदामा वा दुबैको मिश्रित रूपमा प्रस्तुत गर्न सकिन्छ। यस स्तम्भअन्तर्गत सम्बन्धित भाषा पाठ्यक्रम कुन तह पार गरेर आएका विद्यार्थीका लागि हो ? यसका मुख्य अपेक्षाहरू के के हुन् ? यसका निर्माण प्रक्रियाहरू के कस्ता थिए ? यसमा कुन कुन पक्षलाई विशेष जोड दिइएको छ

? आदि सूचनाहरू संक्षिप्तमा रहनु पर्दछ । अनावश्यक गन्थन र भद्दा रूजमा नभई आवश्यक कुरा स्पष्ट रूजमा उल्लेख गरिएको हुनु पर्दछ ।

बीए प्रथम सेमेस्टरको पाठ्यांशको परिचय खण्डमा चारबर्से स्नातक तहमा अध्ययन गर्ने विद्यार्थीहरूमा नेपाली भाषाको मानक उच्चारण र वर्णविन्यासको पहिचान गर्ने क्षमताका साथै नेपाली व्याकरणको ज्ञान तथा लेख्य नेपालीमा प्रयुक्त विविध रचनाकौशलको विकास गर्नका लागि तयार गरिएको कुरा उल्लेख छ । यसमा नेपाली भाषाको कथ्य स्वरूप र लेख्य वर्णविन्यास, वाक्यतत्त्वपरक रचना, वाक्यान्तरण र वाक्यसंश्लेषणसम्बन्धी विशिष्ट क्षमताको विकास गर्ने पाठ्यवस्तुहरू समावेश गरिएको कुरा उल्लेख गरिएको देखिन्छ । यसलाई हेर्दा प्रस्तुत बीए तहको पाठ्यक्रम लिखित अभिव्यक्ति सिपको विकासमा कमजोर नै देखिन्छ ।

पाठ्यक्रमको उद्देश्य

भाषा पाठ्यक्रमको तेस्रो तथा सबैभन्दा महत्त्वपूर्ण अङ्गका रूपमा पाठ्यक्रमको उद्देश्य रहेको हुन्छ । उद्देश्यलाई खासगरी साधारण र विशिष्ट गरी प्रस्तुत गरिएको हुन्छ । यी दुबै प्रकारका उद्देश्यहरूका बिचमा अन्तरसम्बन्ध रहनु पर्दछ । विशिष्ट उद्देश्यहरू साधारण उद्देश्य पूरा गर्नमा सहयोगी हुनु पर्दछ । उद्देश्यहरू स्पष्ट, बुँदागत, मापनीय, व्यवहार प्रदर्शनीय र पूरा गर्न सकिने गरी उल्लेख गरिनु पर्दछ । उद्देश्यलाई विद्यार्थीका आवश्यकता, रुचि, तह, क्षमता आदि पक्षलाई ध्यानमा राखेर प्रस्तुत गर्नु पर्दछ ।

यस पाठ्यक्रमको उद्देश्य खण्डमा पाँचवटा बुँदामा उद्देश्यहरू : क) कथ्य र लेख्य नेपालीको स्वरूप पहिल्याई त्यसका मानक वर्णविन्यासको प्रयोग गर्न ख) शब्दभण्डारगत शब्दस्रोत, शब्दवर्ग र शब्दनिर्माण प्रक्रिया पहिल्याउन, ग) वाक्यतत्त्वको पहिचान र विश्लेषण गर्न, ख) विभिन्न शैलीमा वाक्यतत्त्वपरक अनुच्छेद रचना गर्न र तिनको वाक्यान्तरण गर्न, घ) विभिन्न वाक्यमा व्यक्त छोटो सङ्कथनलाई एकल वाक्यमा संश्लेषण गर्न रहेका छन् ।

बीए प्रथम सेमेस्तरको यस पाठ्यक्रममा साधारण र विशिष्ट उद्देश्य खुलाइएको छैन । साधारण उद्देश्यका रूजमा उल्लेख गरिएका पाँचवटा बुँदाहरूको क्रम पनि मिलेको छैन अर्थात् क, ख, ग, ख, घ भएको देखिन्छ । यसमा प्रत्येक एकाइमा विशिष्ट उद्देश्य उल्लेख गरिनुपर्नेमा त्यसो गरिएको पाइँदैन ।

त्यसपछि एकाइ विभाजन भनेर यसप्रकारको एकाइविभाजन प्रस्तुत गरिएको छ :

एकाइ क : अक्षरीकरण र वर्णविन्यास

एकाइ ख : शब्दभण्डार

एकाइ ग : वाक्यतत्त्वपरक रचना र वाक्यान्तरण

एकाइ घ : वाक्यसंश्लेषण

एकाइ विभाजन विषयवस्तुको क्षेत्र र क्रम स्तम्भअन्तर्गत रहनुपर्ने कुरा हो । यसरी छुट्टै उल्लेख गर्नुको औचित्य देखिँदैन । यो ढाँचा भाषापाठ्यक्रमको स्तम्भगत संरचनामा नवीन ढाँचाका रूपमा रहेको देखिन्छ ।

विषयवस्तुको क्षेत्र र क्रम

यो स्तम्भ भाषा पाठ्यक्रममा उद्देश्यलाई पूरा गर्न सहयोगी विधागत पाठहरू, सिपगत अभ्यासहरू र व्याकरणात्मक अभ्यासहरूको निर्देशनका लागि चौथो स्तम्भका रूपमा प्रस्तुत गरिएको हुन्छ । यसअन्तर्गत विधा कथा, कविता, निबन्ध, जीवनी आदिका क्षेत्र सामाजिक, ऐतिहासिक, पौराणिक राजनीतिक आदि हुन सक्छन् । यो पनि भाषा पाठ्यक्रमको केन्द्रीय स्तम्भ हो । यसले भाषा पाठ्यपुस्तकमा के कस्ता पाठ्यवस्तुहरू प्रस्तुत गर्ने, कुन क्रममा के कसरी प्रस्तुत गर्ने भन्ने कुराको सूचना दिन्छ। यी पाठ्यवस्तुहरू उद्देश्यलाई आधार मानेर सचेततापूर्वक सूचीकरण गर्नु पर्दछ ।

बीए प्रथम सेमेस्टरको यस पाठ्यक्रममा एकाइगत पाठ्यवस्तु विवरण नामकरण गरेर यसप्रकार उल्लेखगरिएको पाइन्छ :

एकाइ (क) नेपाली शब्दहरूको अक्षरीकरण र वर्णविन्यास पाठ.घ. १०

क.१. नेपाली शव्दहरूको अक्षरीकरण

क.२. नेपाली वर्णविन्यास (ह्रस्वदीर्घ, श ष स, ब व, य ए, ज्ञ ग्यँ, क्ष छे, पदयोग, पदवियोग

तथा लेख्यचिह्नको प्रयोग र अभ्यास)

एकाइ (ख) नेपाली शब्दभण्डार पा.घ. १०

ख.१. शब्दस्रोतगत वर्गीकरण (तत्सम, तद्भव र आगन्तुक)

ख.२. शब्दवर्ग

विकारी : नाम, सर्वनाम, विशेषण र क्रिया

अविकारी/अव्यय : नामयोगी, क्रियायोगी, संयोजक, निपात र विस्मयादिबोधक

ख.३. शब्दनिर्माण प्रक्रिया : उपसर्ग, प्रत्यय, समास र द्वित्वद्वारा शब्दनिर्माण

ख.४. नेपाली वर्णानुक्रम र कोशीय प्रविष्टिको पहिचान र प्रायोगिक अभ्यास

एकाइ ग. वाक्यतत्त्वपरक रचना र वाक्यान्तरण पा.घ. १५

ग.१ वाक्यतत्त्व : उद्देश्य र विधेय (उद्देश्यविस्तार तथा विधेयविस्तारसहित)

ग.२ वाक्यतत्त्वपरक रचना : लिङ्ग, वचन, पुरुष, आदर, काल, पक्ष, भाव, वाच्य तथा करणअकरणका आधारमा सङ्गतिपूर्ण वाक्यरचनाको अभ्यास

ग.३ वाक्यान्तरण : लिङ्ग, वचन, पुरुष, आदर, काल, पक्ष, भाव, वाच्य तथा कथन (प्रत्यक्ष-अप्रत्यक्ष)सँग सम्बद्ध वाक्यान्तरणको अभ्यास

एकाइ घ. वाक्यसंश्लेषण पाठघण्टा १०

घ.१ सरल वाक्यबाट सरल वाक्यमा संश्लेषण

घ.२ सरल वाक्यबाट संयुक्त वाक्यमा संश्लेषण

घ.३ सरल वाक्यबाट मिश्र वाक्यमा संश्लेषण

पाठ्यवस्तुको क्षेत्र र क्रमलाई यहाँ एकाइगत पाठ्यवस्तुविवरण भनी उल्लेख गरिएको छ । यसलाई सूक्ष्म रूजमा प्रस्तुत गरिएको पाइँदैन । यसमा व्याकरण खण्डमात्र रहेको देखिन्छ । यसरी व्याकरणलाई विधाबाट अग गरी प्रस्तुत गर्नु भाषा सिकाइका दृष्टिले वैज्ञानिक मानिदैन । यस्तो पृथकीकृत शिक्षण परम्परागत, निगमनात्मक, निरसिलो र अव्यावहारिक हुने देखिन्छ । भाषा सिकाइको मर्मअनुरूज देखिँदैन । मानविकी तर्फ विषयवस्तुगत ज्ञान र सिपगत अभ्यासको आवश्यकता पर्ने देखिएता पनि यस पाठ्यक्रममा विषयवस्तु अपर्याप्त र न्यून रहेको देखिन्छ ।

शिक्षण प्रक्रिया

भाषा पाठ्यक्रमको पाँचौ स्तम्भका रूपमा शिक्षण प्रक्रियाको सूचना रहन्छ । शिक्षण विधि र शिक्षण सामग्रीको संयुक्त नाम शिक्षण प्रक्रिया हो । यसअन्तर्गत उद्देश्यअनुरूप निर्धारण गरिएका पाठ्यवस्तुहरू के कस्ता क्रियाकलापका आधारमा सिकाएर विद्यार्थीका सिकाइ व्यवहारमा परिवर्तन ल्याउन सकिन्छ तथा भाषाका सुनाइ, बोलाइ, पढाइ र लेखाइ सिपसम्बन्धी के कस्ता भाषिक सिपमा सक्षम बनाउने भन्ने कुरा निर्धारण गरिएको हुन्छ । यसमा के कस्ता श्रव्य, दृश्य, श्रव्यदृश्य तथा पाठ्यसामग्री आदिको प्रयोग गर्ने भन्ने जस्ता कुराको विस्तृत मार्गदर्शन शिक्षण प्रक्रिया स्तम्भमा प्रस्तुत गरिएको हुन्छ ।

यस पाठ्यक्रममा शिक्षण प्रक्रियाको सूचना पनि रहेको छैन । यस दृष्टिले यो पाठ्यक्रम त्रुटिपूर्ण रहेको छ ।

मूल्याङ्कन प्रक्रिया

भाषा पाठ्यक्रमको छैटौँ स्तम्भका रूपमा मूल्याङ्कन प्रक्रिया रहेको हुन्छ । यो केन्द्रीय स्तम्भअन्तर्गत नै पर्दछ । यसमा मूल्याङ्कन प्रक्रियाको सूचना गरिएको हुन्छ । यसअन्तर्गत भाषा पाठ्यक्रमले निर्धारण गरेका उद्देश्यहरू पुरा भए नभएको पहिचान गर्न के कस्ता मूल्याङ्कन प्रक्रिया अवलम्बन गर्ने, के कस्ता पक्षमा के कस्ता प्रश्नका आधारमा मूल्याङ्कन गर्ने, लिखित, मौखिक, प्रयोगात्मक कस्ता प्रश्न सोध्ने, कति समयको अन्तरालमा कस्ता प्रकृतिका परीक्षण गर्ने, मूल्याङ्कन अङ्कभार, कसरी विभाजन गर्ने, निर्माणात्मक निर्णयात्मक कस्ता परीक्षा कसरी सञ्चालन गर्ने यावत कुराको जानकारी दिन मूल्याङ्कन स्तम्भको व्यवस्था गरिएको हुन्छ । मूल्याङ्कन र उद्देश्यको अन्तरसम्बन्ध बलियो हुनु पर्दछ । उद्देश्यका

आधारमा विशिष्टीकरण तालिका तथा मूल्याङ्कन योजना तयार पारेर उद्देश्यका अपेक्षा वा संज्ञानात्मक, भावनात्मक र मनोक्रियात्मक क्षेत्रलाई ध्यानमा राखेर मूल्याङ्कनको व्यवस्था गर्नु पर्दछ । विद्यार्थीमा अपेक्षा गरिएका भाषिक ज्ञान, सिप र धारणात्मक परिवर्तनका महत्त्वपूर्ण विन्दुहरूलाई सचेतापूर्व अङ्कन गरी मूल्याङ्कन स्तम्भको व्यवस्था गरिनु पर्दछ ।

बीए प्रथम सेमेस्टरको पाठ्यक्रममा मूल्याङ्कन प्रक्रियाको सूचना रहेको छैन । पाठ्यक्रमको मूल स्तम्भनै छुट्नु त्रुटिपूर्ण देखिन्छ । यस्तो प्रस्तुतिले पाठ्यक्रमको मर्मअनुसारको शिक्षण गतिविधि सञ्चालन गर्न अन्योलता सिर्जना हुने देखिन्छ । कार्यक्रमसञ्चालनको क्रम र अन्तमा यसको प्रभावकारीता पहिचान गर्न नसकिने देखिन्छ ।

भाषा पाठ्यपुस्तक

भाषा पाठ्यपुस्तकमा सातौं स्तम्भका रूपमा भाषा पाठ्यपुस्तक स्तम्भ रहेको हुन्छ । यसअन्तर्गत भाषा पाठ्यक्रमले निर्धारण गरेका उद्देश्य पुरा गर्न आवश्यक पर्ने भाषा पाठ्यपुस्तकको सूचना रहन्छ ।

प्रस्तुत बीए प्रथम सेमेस्टरको पाठ्यक्रममा सन्दर्भ सामग्री भनेर पाँचवटा सूची मात्र दिइएको छ । यसमा पनि एम. एल ए. ढाँचाको अवलम्वन गरिएको छ तर कुनै सामग्रीमा मिति नखुलाई राखिएकाले यसको पूर्ण अनुसरण भएको देखिँदैन । जस्तै : सोमनाथ सिग्द्याल, मध्यचन्द्रिका, साझा प्रकाशन ।

सन्दर्भपुस्तक

भाषा पाठ्क्रमको अन्तिम तथा आठौं स्तम्भका रूपमा सन्दर्भ पुस्तक वा सन्दर्भ सामग्री स्तम्भको व्यवस्था गरिएको हुन्छ । यसअन्तर्गत भाषा पाठ्यपुस्तक बाहेकका अन्य सहयोगी सामग्रीको सूचनालाई भाषा पाठ्यपुस्तक स्तम्भकै ढाँचामा प्रस्तुत गरिएको हुन्छ, जस्तै : मोहनराज शर्मा, नेपाली सन्दर्भपरक व्याकरण, नेपाल प्रज्ञा प्रतिष्ठान, २०७५ । सोमनाथ सिग्द्याल, मध्यचन्द्रिका, साझा प्रकाशन हेमाङ्गराज अधिकारी, प्रयोगात्मक नेपाली व्याकरण, साझा प्रकाशन, ललितपुर, २०६७ ।

यस प्रकार सन्दर्भसामग्रीको यस्तो प्रस्तुति व्यवस्थित र वैज्ञानिक हुन सकेको पाइँदैन । किनभने कुनै सामग्रीको प्रकाशन मिति नै उल्लेख भएको देखिँदैन । अतः सन्दर्भ सामग्री खण्डका सामग्री उपयुक्त रहेको छ तर यसको प्रस्तुतिलाई अझ व्यवस्थित गर्नुपर्ने देखिन्छ ।

बीए दोस्रो सेमेस्टरको अनिवार्य नेपाली पाठ्यक्रमको विश्लेषण

सुदूरपश्चिम विश्वविद्यालय अन्तर्गत बीए दोस्रो सेमेस्टरको अनिवार्य नेपाली पाठ्यक्रमको स्तम्भगत विश्लेषण यस प्रकार रहेको छ :

पाठ्यक्रमको शीर्षक

यस स्तम्भमा बीए दोस्रो सेमेस्टरअन्तर्गत सुदूरपश्चिम विश्वविद्यालय मानविकी तथा सामाजिकशास्त्र सङ्काय स्नातक अनिवार्य नेपाली बोध, अभिव्यक्ति र रचना विषय सङ्केत नं. CNEP 121.1 पूर्णाङ्क : १०० उल्लेख छ । यसमा विषयको प्रकृति : सैद्धान्तिक उत्तीर्णाङ्क : ४५, तह: स्नातक, क्रेडिट आवर: ३, सत्र : दोस्रो, जम्मा पाठ्यघण्टा : ४५ भनी पाठ्यक्रमका शीर्ष सूचनाहरू प्रस्तुत गरिएका छन् । यी कुराहरू पर्याप्त नै देखिन्छन् । यी कुराहरू संक्षिप्त, स्पष्ट र बुँदागत रूजमा प्रस्तुत गरिएका छन् । यस खण्डका सूचनाहरू पर्याप्त देखिन्छन् ।

पाठ्यक्रमको परिचय

पाठ्यक्रमको परिचय स्तम्भअन्तर्गत यस पाठ्क्रममा पाठ्यांश शीर्षक नामकरण गरिएको छ । यसमा रहेका सूचना अतिसंक्षिप्तमा उल्लेख गरिएकाले अपर्याप्त देखिन्छन् । यसमा यो पाठ्यांश चारबर्से स्नातकतहमा अध्ययन गर्ने विद्यार्थीहरूलाई नेपाली भाषामा सम्प्रेषण कौशलको विकास गर्न तयार पारिएको, यसबाट नेपाली वाङ्मयका विभिन्न क्षेत्रका गद्यांशको पठनबोध, शब्दभण्डार तथा बुँदाटिपोट, सङ्क्षेपीकरण र प्रयोजनपरक विषयकेन्द्री अभिव्यक्तिका साथै निबन्ध र प्रतिवेदन लेखन क्षमताको विकास हुने अपेक्षा गरिएको आदि कुरा एक अनुच्छेदमा खुलाइएको छ । यसमा पाठ्यक्रम निर्माणप्रक्रियाको पनि सूचना समावेश गर्नुपर्ने देखिन्छ ।

पाठ्यक्रमको उद्देश्य

यस खण्डमा 'उद्देश्य' भनी उल्लेख गरेर साधारण उद्देश्यमात्र उल्लेख गरिएको देखिन्छ । यसमा यस पाठ्यांशको अध्ययनपछि विद्यार्थीहरू निम्नलिखितअनुसार भाषिक सिप आर्जन गर्न सक्षम हुनेछन् भनेर पाँचवटा बुँदामा साधारण प्रकृतिका उद्देश्यहरूको सूची प्रस्तुत गरिएको छ, जस्तै : (क) नेपाली

वाङ्मयका विविध क्षेत्रका गद्यांशहरू पढी तिनमा आधारित बोधप्रश्नहरूको उत्तर दिन, (ख) पठित गद्यांशहरूमा प्रयुक्त शब्दहरूको स्रोत, वर्ग, बनोट तथा अर्थको पहिचान गर्न, (ग) सम्बद्ध गद्यांशको बुँदाटिपोट र सङ्क्षेपीकरण गर्न, (घ) पाठ वा पाठांशको विषयवस्तुमाआधारित भई स्वतन्त्र अनुच्छेदमाअभिव्यक्तिदिन, (ङ) विभिन्न विषयमा आत्मपरक तथा वस्तुपरक निबन्धलेख्न,

(च) विभिन्न प्रयोजनका लागि व्यावहारिक लेखन गर्न र प्रतिवेदन तयार गर्न ।

यस पाठ्यक्रममा पदयोगगत त्रुटिहरू धेरै देखिन्छन्, विशिष्ट उद्देश्य उल्लेख गरिएको पाइँदैन । उद्देश्यलाई स्पष्ट र मापनीय बनाउने प्रयास गरिएको देखिन्छ ।

३. एकाइ विभाजन

एकाइ क) पठनबोध

एकाइ ख) बुँदाटिपोट, सङ्क्षेपीकरण र प्रतिवेदन-लेखन

एकाइ ग) संसक्तिमूलक अनुच्छेदरचना र निबन्धलेखन

एकाइ घ) व्यावहारिक लेखन

एकाइ ङ) साहित्यिक रचनाहरूको आस्वादन तथा समीक्षा

एकाइगत पाठ्यवस्तु विवरण

एकाइ क) पठनबोध पा.घ. ९

नेपाली वाङ्मयका साहित्य, संस्कृति, विज्ञानप्रविधि, अर्थव्यवस्था, सञ्चार, दर्शन, स्वास्थ्य, वातावरण, खेलकुद तथा

समाजविज्ञान क्षेत्रका दृष्टांश तथा अदृष्टांश पाठ्यांशको पठनबोध र बोधात्मक प्रश्नोत्तरको अभ्यास ।

एकाइ ख. बुँदाटिपोट, सङ्क्षेपीकरण र प्रतिवेदन-लेखन पा.घ. ७

ख.१. निर्धारित अनुच्छेदबाट बुँदाटिपोटको अभ्यास

ख.२. निर्धारित अनुच्छेदबाट सङ्क्षेपीकरणको अभ्यास

ख.३.विभिन्न घटना, समारोह, भ्रमण, निरीक्षणमा आधारित प्रतिवेदन लेखनको अभ्यास

एकाइ ग. संसक्तिमूलक अनुच्छेद रचना र निबन्धलेखन पा.घ. ६

ग.१. व्याकरणिक तथा कोशीय संसक्तिमूलक अनुच्छेद रचनाको अभ्यास

ग.२. वस्तुपरक तथा आत्मपरक निबन्धलेखनको अभ्यास

एकाइ घ. व्यावहारिक लेखन पा.घ.७

ङ.१. व्यक्तिगत चिठी, निवेदन तथा सम्पादकलाई चिठीलेखनको अभ्यास

ङ.२. विज्ञापन, शुभकामना, निमन्त्रणापत्र, बधाई तथा श्रद्धाञ्जलि लेखनको अभ्यास

ङ.३. व्यक्तिवृत्त(बायोडाटा) लेखनको अभ्यास

एकाइ ङ. साहित्यिक रचनाहरूको आस्वादन तथा समीक्षा पा.घ. १६

ङ.१. कविता

क. लक्ष्मीप्रसाद देवकोटा र उनको 'यात्री' कविता

ख. भूपी शेरचन र उनको 'घण्टाघर' कविता

ग. मञ्जु काँचुली र उनको 'सहिदप्रति' कविता

घ. रामचन्द्र भट्टराई र उनको 'फूल' कविता

ङ.२. कथा

क. विजय मल्ल र उनको 'अन्तिम भोज' कथा

ख. राजेन्द्र विमल र उनको 'ऐजेरू' कथा

ग.हरिहर खनाल र उनको 'सहरको रङ्ग' कथा

घ. रामलाल जोशी र उनको 'पापीघाट' कथा

ङ.३. निबन्ध

क. लक्ष्मीप्रसाद देवकोटा र उनको 'आषाढको पन्ध्र' निबन्ध

ख. भैरव अर्याल र उनको 'टाउको' निबन्ध

ग.राजेन्द्र सुवेदी र उनको 'म हुँ औला नकाटिएको एकलव्य' निबन्ध

यस प्रकार बीए प्रथम सेमेस्टरको पाठ्उक्रमको विषयवस्तुको क्षेत्र र क्रम खण्डलाई पाँचओटा एकाइमा विभाजन गरी प्रस्तुत गरिएको पाइन्छ। यसमा प्रत्येक एकाइको पाठ्यघन्टीको सूचना दिइएको छ। यसमा पहिला एकाइ र एकाइ शीर्षकलाई प्रस्तुत गरी एकाइको विस्तृति दिनु राम्रो र नयाँ तरिका अपनाइएको छ।

यस पाठ्यक्रममा पनि शिक्षण प्रक्रिया र मूल्याङ्कन प्रक्रियाको निर्देशन पाइँदैन

पाठ्यपुस्तक र सन्दर्भपुस्तक

यी स्तम्भलाई अलग अलग रूजमा प्रस्तुत गर्नुपर्नेमा एकमुस्ट रूजमा **पाठय तथा सन्दर्भसामग्री**

शीर्षक दिएर प्रस्तुत गरिएको छ, जस्तै

अनिवार्य नेपाली विषयसमिति, त्रि.वि. अनिवार्य नेपाली शिक्षण निर्देशिका,साझा प्रकाशन,ललितपुर, २०६६ ।, लक्ष्मीप्रसाद देवकोटा, लक्ष्मी निबन्धसङ्ग्रह,साझा प्रकाशन, ललितपुर ।

यस्तो प्रस्तुति सान्दर्भिक देखिँदैन किनभने पाठ्यक्रम निर्माणजस्तो महत्त्वपूर्ण कुरालाई स्पष्ट रूजमा पाठ्यपुस्तक कुन हो र सन्दर्भपुस्तक कुन हो भनेर छुट्याउनु पर्ने देखिन्छ।

यसमा बीए प्रथम सेमेस्टरकै ढाँचामा उद्देश्य रहेको छ। विषयवस्तुको क्षेत्र र क्रममा व्याकरणिक पाठ्यवस्तु समावेश छैनन्। शिक्षण प्रक्रिया र मूल्याङकन प्रक्रियाको सूचना रहेको छैन। कतिपय वर्णविन्यासगत त्रुटिहरू रहेकै छन्।

बीएड प्रथम सेमेस्टरको अनिवार्य नेपाली पाठ्यक्रमको विश्लेषण

पाठ्यक्रमको शीर्षक

यस अन्तर्गत सुदूरपश्चिम विश्वविद्यालय शिक्षाशास्त्र सङ्काय बी.एड. अनिवार्य नेपाली भनी जानकारी गराइएको छ । यसमा विषय शीर्षक : अनिवार्य नेपाली-१, विषय संकेत नं. : अ.नेपा. १०१ पूर्णाङ्क : १००, विषयको प्रकृति : सैद्धान्तिक उत्तीर्णाङ्क : ४५, तहः स्नातक वर्ष : प्रथम, सत्र : प्रथम जम्मा पाठ्यघण्टा : ४५ आदि सूचना स्पष्ट रूजमा उल्लेख गरिएको छ ।

पाठ्यक्रमको परिचय

यस अन्तर्गत पाठ्यांश परिचय शीर्षक दिएर यस्तो परिचय उल्लेख गरिएको छ : यो पाठ्यांश आठ सत्रे स्नातक तहमा अध्ययन गर्ने विद्यार्थीहरूमा नेपाली भाषाको मानक उच्चारण र वर्णविन्यासको पहिचान गर्ने क्षमताका साथै लेख्य नेपालीमा प्रयुक्त विविध रचनाकौशलको विकास गर्नका लागि तयार गरिएको हो । यसमा नेपाली भाषाको कथ्य र लेख्य स्वरूप, वाक्यकोटिपरक रचना र वाक्यान्तरण, पत्ररचना तथा व्यावहारिक लेखन, साहित्यिक रचनाको आस्वादन र कृति समीक्षाका विशिष्ट क्षमताको विकास गर्ने पाठ्यवस्तुहरू समावेश गरिएका छन् । यो परिचय खण्ड एक अनुच्छेदमा संक्षेपमा रहेको छ ।

पाठ्यक्रमको उद्देश्य

बीएड प्रथम सेमेस्टरको पाठ्यक्रमको उद्देश्य खण्डलाई सामान्य उद्देश्य र विशिष्ट उद्देश्यमा विभाजन गरिएको छ । यसमा सामान्य उद्देश्य निम्न छ वटालाई यसरी प्रस्तुत गरिएको छ :

यस पाठ्यांशको अध्ययनपछि विद्यार्थीहरू निम्नलिखित भाषिक सिप आर्जन गर्न सक्षम हुनेछन् :

(क) कथ्य र लेख्य नेपालीको स्वरूप पहिल्याई त्यसको मानक रूपको प्रयोग गर्न,

(ख) विभिन्न शैलीमा वाक्यकोटिपरक अनुच्छेद रचना गर्न र तिनको वाक्यान्तरण गर्न,

(ग) विभिन्न वाक्यमा व्यक्त छोटो सङ्कथनलाई एकल वाक्यमा संश्लेषण गर्न,

(घ) निर्धारित ढाँचामा विभिन्न प्रकृतिका पत्ररचना र व्यावहारिक लेखन सम्पन्न गर्न,

(ङ) विभिन्न विधाका फुटकर रचनाहरूको आस्वादनका आधारमा समीक्षा गर्न,

(च) निर्धारित साहित्यिक कृतिहरूको समीक्षात्मक टिप्पणी गर्न ।

विषयवस्तुको क्षेत्र र क्रम

यस पाठ्यक्रममा **विषयवस्तुको क्षेत्र र क्रमलाई** विस्तृत विषयवस्तु र विशिष्ट उद्देश्य भनी उल्लेख गरिएको छ । पाठ्यघन्टीको उपयुक्त सूचना रहेको देखिन्छ । विषयवस्तुका रूजमा व्याकरण, कथा, कविता, गीत, गजल, एकांकी निबन्ध, पत्ररचना तथा व्यावहारिक लेखन, कृतिको समीक्षात्मक परिचय

विभिन्न साहित्यिक तथा साहित्येतर विधाका, कृतिहरूको अध्ययनका आधारमा कुनै चार विधाका

एक एक कृतिको समीक्षा र कक्षा प्रस्तुतिलाई (विद्यार्थीको प्रयोगात्मक कार्यका रूजमा समावेश गरिएको छ ।

उपर्युक्त पाठ्यवस्तुको क्षेत्र र क्रमलाई अध्ययन गर्दा यसमा पाठ्यवस्तु र यसको क्रेडिट आवरलाई हेर्दा विषयवस्तुको बोझ अत्यधिक देखिन्छ ।

शिक्षण प्रक्रिया

यसमा शिक्षण प्रक्रियाको स्पष्ट उल्लेख पाइन्छ, जस्तै : यो पाठ्यांश मुख्यत: विद्यार्थीहरूको भाषिक सिपको विकाससँग सम्बन्धित भएकाले यसलाई अभ्यासमा केन्द्रित गरी सञ्चालन गरिनुपर्छ । यस क्रममा विभिन्न एकाइका पाठ्यवस्तुलाई शिक्षण गर्नका लागि उपयुक्त निर्देशन गरिएको देखिन्छ :

मूल्याङ्कन प्रक्रिया

यस पाठ्यक्रममा मूल्याङ्कनको सूचना स्पष्ट उल्लेख गरिएको छ । यसमा सत्रको अन्त्यमा परीक्षा नियन्त्रण कार्यालयले निम्नानुसार बाह्य मूल्याङ्कनमा आधारित लिखित परीक्षा सञ्चालन गर्ने र आन्तरिक मूल्याङ्कन ४० % हुने स्पष्ट निर्देशन गरिएको छ । यस पाठ्यांशको आन्तरिक मूल्याङ्कन शिक्षकद्वारा निम्न गतिविधिहरूको आधारमा सञ्चालन गरिने कुरा उल्लेख छ : क) उपस्थिति र कक्षा गतिविधिहरूमा सहभागिता: ५+५ = १० अङ्क

ख) मूल्याङ्कन (असाइनमेन्ट) १ : प्रतिबिम्बात्मक प्रश्नहरूमा नोट बुक र कक्षा प्रस्तुतीकरण: ५+५ = १० अङ्क (प्रत्येक एकाइको अन्तमा शिक्षकले दिएका २ देखि ४ प्रश्नहरूमा प्रतिबिम्बात्मक नोटबुक तयार गर्ने र त्यसको परीक्षा गर्ने र तीमध्ये कुनै दुई प्रश्नसंग सम्बन्धित बिषयमा प्रस्तुतीकरण गर्न लगाउने) ग) मूल्याङ्कन (असाइनमेन्ट) २ : अध्ययन पत्र/निबन्ध/परियोजना र अन्तर्वार्ता : ५+५ = १० अङ्क (विद्यार्थीहरूले छानेको र शिक्षकद्वारा अनुमोदित विषयहरूमा तार्किक निबन्ध/अध्ययन पत्र(टर्म पेपर) /परियोजना तयार गर्न लगाउने/त्यसमा अन्तर्वार्तासमेत लिने घ) मध्यसत्र परीक्षा १० अङ्क, बाह्य मूल्याङ्कन ६०%

पाठ्यपुस्तक र सन्दर्भपुस्तक

यस स्तम्भमा पाठ्यपुस्तक र सन्दर्भपुस्तकको सूचना समग्रमा सन्दर्भ सामग्री भनेर यसरी उल्लेख गरिएको छ, जस्तै : अधिकारी, हेमाङ्गराज (२०६७), प्रयोगात्मक नेपाली व्याकरण, साझा प्रकाशन । (एकाइ १-३), आचार्य, व्रतराज र गौतम, देवीप्रसाद (२०६१). विशेष नेपाली : प्रयोजनपरक बोध र लेखन, विद्याार्थी पुस्तक भण्डार । (एकाइ १-३) जोशी, गणेशराज, खतिवडा, लयप्रसाद, कडायत, हरीकृष्ण, बम, सुरेन्द्रकुमार र बडू, प्रकाशचन्द्र (२०७८), साधारण नेपाली रचना. शुभकामना प्रकाशन । (एकाइ १-६) पाठ्यक्रम विकास केन्द्र त्रि.वि.(२०६९), नेपाली साहित्यिक रचना, साझा प्रकाशन । (एकाइ ५)

श्रेष्ठ, प्रिया पत्थर(२०६७), ओभाएका छैनन् आँखा (गजल सङ्ग्रह), अनाम मण्डली । -एकाइ ५)

यसमा पनि पाठ्यपुस्तक र सन्दर्भपुस्तकको सूचना स्पष्ट र अलग अलग रूजमा उल्लेख गर्नु पर्नेमा त्यसो गरिएको पाइएन ।

बीएड दोस्रो सेमेस्टरको अनिवार्य नेपाली पाठ्यक्रमको विश्लेषण

पाठ्यक्रमको शीर्षक

पाठ्यांश शीर्षक अन्तर्गत अनिवार्य नेपाली–२ भनेर पाठ्यक्रमको नाम स्पष्ट उल्लेखगरिएको छ । विषय सङ्केत नं. : C.Nep. 120 विषयको प्रकृति : सैद्धान्तिक, तह : स्नातक, जम्मा पाठ्यघण्टा : ३, सत्र : द्वितीय, शिक्षण घन्टी : ४५ भनेर स्पष्ट सूचना गरिएको छ । व्यवहारमा भने शिक्षण घन्टी ४८ बनाइएको देखिन्छ । यो प्रस्तुति पर्याप्त नै देखिन्छ ।

पाठ्यक्रमको परिचय

प्रस्तुत पाठ्यक्रममा पाठ्यक्रमको परिचय अन्तर्गत यो पाठ्यक्रम शिक्षाशास्त्र सङ्कायअन्तर्गत सत्र प्रणाली (आठ सेमेस्टर) मा आधारित बी.एड. कार्यक्रममा अध्ययन गर्न चाहने विद्यार्थीहरूका लागि तयार पारिएको, यसबाट विद्यार्थीहरूमा नेपाली भाषाका पठनबोध, शब्दभण्डार, संसक्ति, सूचनाको रूपान्तरण, बुँदाटिपोट, अनुच्छेद लेखन, प्रतिवेदन लेखन र निबन्ध लेखन, बोध तथा अभिव्यक्ति क्षमताको विकास गर्ने ध्येय लिइनुका साथै नेपाली भाषाका शब्द, वाक्यरचना र अनुच्छेद तथा निबन्ध रचनाका तहमा विद्यार्थीहरूले आआफ्ना विचार अभिव्यक्त गर्न सक्ने क्षमताको विकास गर्ने अपेक्षा गरिएको आदि सूचना स्पष्ट रूजमा प्रस्तुत गरिएको देखिन्छ । पाठ्यक्रम निर्माणको प्रक्रिया उल्लेख गरिएको छैन । अन्य आवश्यकीय सूचना पर्याप्त नै देखिन्छ ।

पाठ्यक्रमको उद्देश्य

बिएड दोस्रो सेमेस्टरको पाठ्यक्रमको उद्देश्यलाई साधारण र विशिष्ट उद्देश्य गरी दुई भागमा विभाजन गरिएको छ । साधारण उद्देश्यहरू निम्न प्रकारका देखिन्छन् : क) नेपाली वाङ्मयका विविध क्षेत्रका गद्यांशहरू पढी तिनलाई बुझेर आफ्नो भाव अभिव्यक्त गर्न, (ख) पठित गद्यांशहरूमा प्रयुक्त शब्दहरूको स्रोत, वर्ग, बनोट तथा अर्थको पहिचान गर्न र सन्दर्भपूर्ण प्रयोगगर्न, (ग) कोशीय तथा व्याकरणिक संसक्ति पहिचान र प्रयोग गर्न, (घ) सूचनाको रूपान्तरण गर्न, (ङ) सम्बद्ध गद्यांशको बुँदाटिपोट र सङ्क्षेपीकरण गर्न, (च) विविध विषयवस्तुमा आधारित भई स्वतन्त्र रूपमा विभिन्न प्रकारका अनुच्छेदमा

अभिव्यक्ति दिन, (छ) विभिन्न विषयमा आत्मपरक तथा वस्तुपरक निबन्ध लेख्न र (ज) विभिन्न प्रयोजनका लागि प्रतिवेदन तयार गर्न । उपर्युक्त उद्देश्यहरू स्पष्ट देखिन्छन् ।

विशिष्ट उद्देश्यहरूलाई प्रत्येक एकाइका पाठ्यवस्तुसँग प्रस्तुत गरिएको छ । पाठ्यवस्तुको प्रकृतिअनुसार यी साधारण उद्देश्य पुरा गर्न सहयोगी देखिन्छन् ।

विषयवस्तुको क्षेत्र र क्रम

यसमा पठनबोध सम्बन्धी विषयवस्तुलाई पाठघन्टी १० घण्टा, नेपाली शब्दभण्डार (पाठघन्टी ८), एकाइ तीन : संसक्ति (पाठघन्टी ५), एकाइ चार : सूचनाको रूपान्तरण (पाठघन्टी ४),एकाइ पाँच : बुँदाटिपोट र सङ्क्षेपीकरण (पाठघन्टी ४), एकाइ छ : अनुच्छेद रचना (पाठघन्टी ५), एकाइ सात : निबन्ध र प्रतिवेदन लेखन (पाठघन्टी ९)

शिक्षण प्रक्रिया

यस स्तम्भमा प्रत्येक एकाइका लागि आवश्यक शिक्षण विधिको निर्देशन गरिएको पाइन्छ जस्तै : क) एकाइ एकको शिक्षणका क्रममा विभिन्न विषय क्षेत्रका गद्यांशहरू विद्यार्थीहरूलाई मौनपठन गर्न लगाई बोधको अभ्यास गराउनुपर्ने, (ख) एकाइ दुईको शिक्षणका क्रममा एकाइ एकमा प्रयुक्त गद्यांशहरूबाट शब्दस्रोतको पहिचान, शब्दवर्ग पहिचान र शब्दहरूको बनोट पहिचान विशेष अभ्यास गराउनुपर्ने आदि

मूल्याङ्कन प्रक्रिया

यस स्तम्भमा आन्तरिक मूल्याङ्कन ४० प्रतिशत र बाह्य मूल्याङ्कन ६० प्रतिशत हुने भनी विभिन्न पक्षको स्पष्ट निर्देशन गरिएको छ । बाह्य मूल्यांकनमा प्रश्नका प्रकार र अंकभारको जानकारी स्पष्ट खुलाइएको छ । जस्तै :

क) कक्षा गतिविधिहरूमा उपस्थिति र सहभागिता : ५+५ = १० अङ्क

ख) मूल्याङ्कन (असाइनमेन्ट) १ : प्रतिबिम्बात्मक टिप्पणीहरू र कक्षा प्रस्तुतीकरण : ५+५ = १०

ग) मूल्याङ्कन (असाइनमेन्ट) २ : अध्ययनपत्र, निबन्ध, परियोजना र अन्तर्वार्ता : ५+५ = १० अङ्क

घ) मध्यसत्र परीक्षा १० अङ्क

यस पाठ्यांशको सत्रको अन्त्यमा परीक्षा नियन्त्रण कार्यालयले बाह्य मूल्याङ्कन गर्ने जानकारी गराइएको छ ।

पाठयपुस्तक र सन्दर्भपुस्तक

पाठयपुस्तक र सन्दर्भपुस्तक दुबै स्तम्भ अलग अलग व्यवस्था गर्नु पर्नेमा त्यसो नगरी एउटै सूची बनाई सन्दर्भ सामग्री नाम दिइएको छ । जस्तै : अधिकारी, हेमाङ्गराज र भट्टराई बद्रीविशाल (२०६९, दोसं.). प्रयोगात्मक नेपाली शब्दकोश. विद्यार्थी पुस्तक भण्डार । (एकाइ २ का लागि), अनिवार्य नेपाली विषय समिति, त्रि.वि. पाविके (२०६६). अनिवार्य नेपाली शिक्षण निर्देशिका, साझा प्रकाशन । (सबै एकाइका लागि) आदि । यसप्रकारको सूचीमा रहेका पाठ्यपुस्तक तथा सन्दर्भपुस्तक उपयुक्त र सान्दर्भिक देखिन्छन् ।

अध्याय पाँच : निष्कर्ष

बी.ए. प्रथम वर्षको पाठ्यक्रममा पाठ्यांश शीर्षकको बारेमा पर्याप्त सूचना प्रस्तुत गरिएको पाइन्छ । यो पाठ्यक्रम लिखित अभिव्यक्ति सिपको विकासमा कमजोर नै देखिन्छ । यस पाठ्यक्रममा साधारण र विशिष्ट उद्देश्य खुलाइएको छैन । साधारण उद्देश्यका रूपमा उल्लेख गरिएका पाँचवटा बुँदाहरूको क्रम पनि मिलेको छैन । प्रत्येक एकाइमा विशिष्ट उद्देश्य उल्लेख गरिनु पर्नेमा त्यसो गरिएको पाइँदैन । यसमा व्याकरणका पाठ्यवस्तुहरू मात्र छन् । विधाहरू छैनन् । यसरी व्याकरणलाई विधाबाट अग गरी प्रस्तुत गर्नु भाषा सिकाइका दृष्टिले वैज्ञानिक मानिदैन । यस्तो पृथकीकृत शिक्षण परम्परागत, निगमनात्मक, निरसिलो र अव्यावहारिक हुने देखिन्छ । भाषा सिकाइको मर्मअनुरूप देखिँदैन । मानविकीतर्फ विषयवस्तुगत ज्ञान र सिपगत अभ्यासको आवश्यकता पर्ने देखिएता पनि यस पाठ्यक्रममा विषयवस्तु अपर्याप्त र न्यून रहेको देखिन्छ । के कस्ता श्रव्य, दृश्य, श्रव्यदृश्य तथा पाठ्यसामग्री आदिको प्रयोग गर्ने भन्ने जस्ता कुराको विस्तृत मार्गदर्शन शिक्षण प्रक्रिया स्तम्भमा प्रस्तुत गरिएको हुनुपर्नेमा यस पाठ्यक्रममा शिक्षण प्रक्रियाको सूचना पनि रहेको छैन । यस दृष्टिले हेर्दा यो पाठ्यक्रम अपूर्ण नै रहेको देखिन्छ ।

बीए दोस्रो सेमेस्टरको पाठ्यक्रममा पनि पाठ्यक्रमको शीर्षसूचनाहरू संक्षिप्त, स्पष्ट र बुँदागत रूपमा प्रस्तुत गरिएका छन् । यस खण्डका सूचनाहरू पर्याप्त देखिन्छन् । पाठ्यक्रमको परिचय खण्डमा राखिने अधिकांश कुराहरू समावेश भएका छन् । यसमा पाठ्यक्रम निर्माण प्रक्रियाको पनि सूचना समावेश गर्नुपर्ने देखिन्छ । कतिपय उद्देश्यहरू साधारण वा विशिष्ट के हुन् स्पष्ट उल्लेख छैन । विशिष्ट उद्देश्य खण्ड स्पष्ट उल्लेख गर्नुपर्ने देखिन्छ । यस पाठ्यक्रममा वर्णविन्यासगत त्रुटिहरू पनि देखिन्छन्, जेजस्तो उद्देश्यको सूची छ त्यसलाई स्पष्ट र मापनीय बनाउने प्रयास गरिएको देखिन्छ । यसरी बिएका पाठ्यक्रम दुबैमा एकाइ विभाजन भनेर स्पष्ट उल्लेख छ जुन नवीन र सबल पक्ष मान्न सकिन्छ भने बीएका दुबै पाठ्यक्रममा शिक्षण प्रक्रिया र मूल्याङ्कन प्रक्रियाको सूचना नहुनु दुर्बल पक्ष देखिन्छ । यस दृष्टिले यो पाठ्यक्रम अपूर्ण रहेको देखिन्छ । बीएका प्रथम र दोस्रो दुबै सेमेस्टरका पाठ्यक्रममा भाषापाठ्यपुस्तक र सन्दर्भपुस्तक स्तम्भलाई अलग अलग शीर्षक दिएर प्रस्तुत गर्नुपर्नेमा एकमुस्ट रूपमा पाठय तथा सन्दर्भसामग्री भनेर उल्लेख गरिएको छ जुन पाठ्यक्रमको दुर्बल पक्षका रूपमा देखिन्छ ।

बिएड प्रथम सेमेस्टरमा पाठ्यक्रमका विभिन्न स्तम्भमध्ये पाठ्यवस्तुको क्षेत्र र क्रम बोझिलो देखिन्छ । पाठ्यवस्तुको अधिक बोझले गर्द निर्धारित क्रेडिट आवर अनुसार शिक्षण पूरा गर्न कठिन देखिन्छ

। बिएड प्रथम र दोस्रो सेमेस्टरका पाठ्यक्रममा पाठ्यपुस्तक र सन्दर्भपुस्तकको सूचना स्पष्ट र अलग अलग रूपमा उल्लेख गर्नु पर्नेमा त्यसो गरिएको पाइएन । यसबाहेक सबै स्तम्भहरू पूर्ण र पर्याप्त नै देखिन्छन् । पाठ्यक्रमका साधारण र विशिष्ट उद्देश्यहरूको स्पष्टता, पाठ्यवस्तुको एकाइ विभाजन र पाठ्यभार वितरण, शिक्षण प्रक्रियाको विस्तृत जानकारी, मूल्याङ्कन प्रक्रियाको विस्तृत निर्देशन आदिले बीएका पाठ्यक्रमभन्दा पूर्णता पाएको देखिन्छ ।

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सुदूरपश्चिम विश्वविद्यालय, मानविकी तथा सामाजिक शास्त्र सङ्काय स्नातक अनिवार्य नेपाली पाठ्यक्रम दोस्रो सेमेस्टर ।